EMBODIED NARRATIVE: CREATING SPACE FOR DANCE IN BIOETHICS

BY

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A Thesis Submitted to the Graduate Faculty of

WAKE FOREST UNIVERSITY GRADUATE SCHOOL OF ARTS AND SCIENCES

in Partial Fulfillment of the Requirements

for the Degree of

MASTER ARTS

BIOETHICS

MAY 2012

Winston-Salem, North Carolina

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“It may look as if the artist is behaving like an activist, when actually all she is doing is building a world in which she can live and work.”
Choreographer Liz Lerman

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Acknowledgments

I am grateful to all who have encouraged me to pursue my dream to integrate dance and bioethics. A special thank you to my advisor and supporter Nancy King, your confidence in me empowered my body to dance, my mind to write, and my spirit to lift. Also, to my dance partner Jo Owens, thank you for graciously diving into a yearlong project for the sake of a stranger. At the time we had just met but this project bore a beautiful faith-filled friendship that I consider a blessing. A project the size of *Moving Beyond Words* is possible through an abundance of additional support including my performance sponsors: the Wake Forest Center for Bioethics, Society, and Health, David Carnish and the Cone Health Department for Spiritual Care, Jay Foster and the Department for Chaplaincy and Pastoral Education at Wake Forest Baptist Medical Center, and Dee Leahman and the Hospice and Palliative Care Center, my committee: John Moskop and Richard Robeson, Kate Wolters for dance props, and photographers: Todd McLean and Gerardo Maradiaga. Thank you to others who also challenged me as I explored bioethics including Ana Iltis, Brad Tharpe, Mark Hall, Hannah Hardgrave, and Andrew Lustig. Thanks be to God for the gift of dance and those who have imprinted my heart and inspire choreography: Margaret Dalton, Jill Kunstle, First B dancers, Storling Dance Theater, Jo Owens, Angela Yarber, Megan Bell, Kristin Bell, Brooke Moeckly, Stephanie Swanson, and Courtney Willis. A heart of gratitude is extended to my supportive family and friends who offer love, guidance, and prayer, always embracing me as I dance passionately through life. Finally, thank you to my mom who always cheers me on and to my husband for believing in me, celebrating me, and loving the family we are becoming.
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ABSTRACT

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EMBODIED NARRATIVE: CREATING SPACE FOR DANCE IN BIOETHICS

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Narrative, as a medium for communication in bioethics, has potential to liberate patient care and education as it acts as a bridge between the aesthetic and the ethical, giving expression to accounts of authentic living. Recognizing that narrative practice in bioethics unites healthcare, personal experience, and story, this thesis suggests that narrative’s liberating potential for transformative meaning-making and elicited change are best met through embodied narrative. Embodied narrative is a wordless concept that consists of the retrieval of life experiences, too deep for words, yet deserving ethical consideration; embodied narrative is the fleshing out of life experience and a physical, visual, depiction of ethical complexities. Embodied narrative can be utilized at the bedside, in the classroom, and in communal education. This thesis documents a yearlong project, Moving Beyond Words: An Embodied Narrative for the End of Life and defines the innovative theory of embodied narrative. Moving Beyond Words consisted of three live dance performances visually depicting a journey at the end of life. Each performance was followed by a Curtain Call discussion between dancers and audience, prompting conversation about some of life’s greatest complexities. Embodied narrative moves beyond words, giving body to authentic lived experience, and challenges bioethics to delve into the whole self, integrating the body, mind, and spirit.
INTRODUCTION

This thesis documents a yearlong project titled *Moving Beyond Words: An Embodied Narrative for the End of Life*. *Moving Beyond Words* is a dance with discussion inspired by the experiences of patients and caregivers at the end-of-life. *Moving Beyond Words* re-presents bioethics through its ability to put life behind experience and encourage difficult conversation. The project included three separate thirteen-minute live dance performances, each followed by Curtain Call, an interactive post-performance discussion. The first performance was held in the sanctuary of Saint Andrews Episcopal Church in Greensboro, NC for a group of clergy members in cooperation with a regional Clinical Pastoral Education gathering in July 2011. The second performance, sponsored by the Wake Forest Center for Bioethics, Health, and Society in October 2011, invited students of bioethics and community members to a large classroom on the campus of Wake Forest University in Winston-Salem, NC. The final performance was held in March 2012 at the Hospice and Palliative Care Center in Winston-Salem, NC to an audience of healthcare providers. A compilation video recording of the three performances can be found at [http://youtu.be/MeHTHIrlNtc](http://youtu.be/MeHTHIrlNtc) and is a resource to be utilized in conjunction with the reading of this thesis.

As a creative medium for bioethics education and communication, *Moving Beyond Words* is interdisciplinary and motivated by my personal experience as a trauma center chaplain, twenty-nine years of dance training, and a close study of the role of narrative as integrated into the discipline of bioethics. Echoing modern dance pioneer Martha
Graham, my writing claims that, “the body says what words cannot.” *Moving Beyond Words* is choreographed to promote critical reflection on ethical issues, from a nuanced range of perspectives, by seeking to convey what words alone cannot. The Curtain Call discussion following each dance performance included an audience directed, but leader facilitated, conversation between audience and dancers. Together the audience and dancers explored embodied narrative and the integration of the body, mind, and spirit, bestowing form to what was formless and making visible what was once invisible. As documented in this thesis, the Curtain Call discussions played a pertinent role in the formation of the theory, embodied narrative. At the conclusion of each performance and Curtain Call those in attendance were invited to complete a written response to two questions: *What insight did embodied narrative prompt internally? Did you learn anything from the others who also participated in the Curtain Call discussion?* The responses are included in the body of this text and indicate the project to have successfully prompted difficult conversation about the end of life. *Moving Beyond Words* has life ahead of this thesis; *Moving Beyond Words* carries a hope to be applied to bioethics communication and education, reaching a broad audience in years to come.

*Moving Beyond Words* will be able to move into the future because it recognizes a cultural desire for integrative studies. Born from the fields of dance, religion, and bioethics, *Moving Beyond Words* explores the transformative abilities of embodied narrative, a wordless concept that consists of the retrieval of life experiences, too deep for words, yet deserving ethical consideration. Embodied narrative is the fleshing out of life experience and a physical, visual, depiction of ethical complexities. When spoken and
written language fail, embodied narrative has potential to transform the meaning of lived experience. Embodied narrative voices the unhearable (Charon 2006) as our bodies move beyond words and articulate meaning through an inimitable “three-dimensional kinetic design.” (Brown 1998) The depths of line and movement transcend the linear plane of utterance and carve out space, exposing our whole self. Restricted only by the anatomical limits of its own self, the body can visually depict its own spirit’s breath, movement, and desire.

The written portion of my thesis attempts to assign words to the movement of embodied narrative. Embodied narrative works with concepts that are theoretically familiar to the studies of dance, religion, and bioethics but appear differently when they become three-dimensional. Therefore, a glossary is included as a reference to clarify the spatial meaning of language as this thesis works to move grammar from paper to space. The use of deconstructed language is inserted intentionally to remind readers of the origins of certain words and the specificity of their proposed meaning. The abstract vocabulary of this thesis is deliberate as the body, mind, and spirit work to give voice to the movement of humanity and reach a diverse audience. Partnering with dance, *Moving Beyond Words*, the theory of embodied narrative, and its grammar challenges us to experience humanity, feel dis-ease or discomfort, ask questions, and respond.

Embodied narrative can liberate healthcare conversations, care, and decisions as it empowers the authentic lived experiences and the voices of all who vulnerably enter into intersubjectivity. This thesis sets the stage for liberation by first introducing narrative, in
Chapter One, as it currently interacts with the field of bioethics. Next, my theory of embodied narrative is pioneered in Chapter Two and proposed as a medium to be utilized for liberation within the healthcare system. Chapter Three integrates embodied narrative with the field of bioethics and justifies how embodied narrative can be applied at the bedside, in the classroom, and in community education. Chapter Four defines my project *Moving Beyond Words: An Embodied Narrative for the End of Life* and establishes a foundation for Chapter Five where the choreography and music of the project are visually and verbally depicted. Finally, Chapter Six discusses the success of the project including a conversation about Curtain Call followed by personal reflections and concluding remarks. This thesis is the choreography of liberation and is to be taught, rehearsed, and performed with a desire to transform healthcare and embrace a wholistic approach to patient-centered care.
An-other: A person outside of one’s self. The other person in a relationship. Listening to an-other is a completely selfless act as one invests into the life of someone other than oneself.

Dis-ease: Disease is often referred to as an infection or element of disorder. When hyphenated, the variation to the word is used in correlation to health and wellness with an emphasis on the natural state of ease. When ease is imbalanced, disrupted, or removed from wholeness, dis-ease occurs.

Embodied Narrative: A medium for the communication and sharing of lived experience, integrating the body, mind, and spirit. To put body behind spirit in the exchange of narrative.

Meaning-making: Meaning formation or enlightened understanding.

Narrative: While the term is used broadly within the field of bioethics, narrative differs from story for purposes of this thesis. Story (refer to further definition below) includes both fictional and nonfictional characters and plots that may or may not point toward reality. Narrative, instead, includes characters and plots employed specifically to illumine the actuality of life. Fictional and nonfictional characters and plots are also found in narrative, but narrative differs from story because narratives creativity is directed toward enhancing the recognition and sharing of lived experience.
**Re-collection:** (re-collect) The act of recollection is often defined as the gathering again of what has been scattered. In addition to this traditional understanding, embodied narrative offers the opportunity to regain control of personal narrative through discovery, search, and inquiry. To re-collect is to grasp that which is scattered by controlling what is collected and what is left untouched. While an individual does not always have choice in life experience, through re-collection an individual is given the choice to control what life accounts are permitted to resurface and be woven into a larger narrative. To re-collect is to call for that which lay dormant, sort, and take with.

**Re-distribute:** In contrast to redistribute defined as the simple act of handing out again, re-distribute includes a season of new beginnings. Re-distribute is to disperse or communicate narrative in a new manner that ultimately promotes an illumined understanding. Embodied narrative re-distributes narrative by means of visual depiction and creates space for the re-distributed accounts to be metabolized in a way that leads to new energy and understanding.

**Re-member:** The word remember traditionally is understood as the bringing to mind of memory once again. To re-member, in the context of embodied narrative, includes the bringing to mind of lived accounts but in an orderly fashion that permits each part to find a new belonging within the whole. In re-membering, each individual recalled account is brought back into membership with one’s larger life experience or narrative.

**Re-present:** To represent is literally to embody. With an added hyphen, re-present uses the body to impart or introduce an idea or concept again with innovation.
**Story:** Any account, fact or fiction. Story includes both fictional and nonfictional characters and plots that may or may not point toward reality. Story differs from narrative (see definition above) as narrative has the duty to illumine the actuality of life. Fictional and nonfictional characters and plots are used in story to entertain and share what may not even be realistic.

**Wholistic:** Bringing the whole self fully present through integration of the body, mind, and spirit.
CHAPTER ONE

NARRATIVE AND BIOETHICS

One of narrative’s greatest tasks in the field of bioethics is to allow the aesthetic to nudge toward transformation. The aesthetic evokes an occasion for narrative to “move to the interpretive community that allows moral choice”¹ and provides scaffolding for liberated healthcare conversations, care, and decision-making. The term aesthetic is simply understood as relating to the beautiful or pleasing in appearance, however, aesthetic was once more deeply defined as “giving expression to”² or “human self-transcendence in reaching out to the other.”³ The traditional understanding of aesthetic as beauty includes artistic expression, however the relationship between art and the aesthetic experience has transformed over time. Initiating when art had one distinct aesthetic purpose, aesthetic transitioned through a phase where art was “to be enjoyed for its own sake, beauty being in the eye of the beholder, in the imagination of the individual.”⁴ My thesis argues that today’s relationship between art and the aesthetic experience once again includes the notion of giving expression to. Within narrative, choices must be made as to how a human will transcend beyond the self, reach out to an-other, and give expression to both the quest for truth and authentic life experience. Narrative, as both a medium of art and an aesthetic experience, has potential to liberate healthcare and act as a bridge between the aesthetic and the ethical as it gives expression to accounts of authentic living.
Narrative, as art, can shape an illusory existence if it is devoid of the authentic suffering of reality.⁵ If an artist chooses to ignore what Søren Kierkegaard labeled the either/or situations of life, situations involving choice, the artist has also chosen to offer an illusion. It is, however, the authentic suffering of reality, illustrated through aesthetic experience, that permits narrative to act as a bridge between art and ethics. Kierkegaard struggled to find complete harmony between the aesthetic and the ethical as he claimed, “the ethical stage demands responsibility of a person to another and to society.”⁶ Kierkegaard desired the aesthetic to also be responsible to another and to society by authentically representing truth, suffering, and reality. He warned of the dangers of staying in a continuous stage of creative imagination without experiencing the quest for truth.⁷ Kierkegaard posited that if one remains strictly in the creative realm, one also remains inauthentic as reality is ignored.⁸ In *Either/Or*, he acknowledged two distinct identities of person: the aesthetic individual and the ethical individual. From this dualistic perspective, he insisted that it is a choice of self to transition from the aesthetic and into the ethical. In advancing from the aesthetic individual to the ethical individual, a person continually reshapes his or her identity⁹ and recognizes the demand for responsibility “to another and to society.”¹⁰

I disagree with Kierkegaard’s dualism between the aesthetic experience and the ethical experience; I believe the aesthetic also has duty to another and to society. Still, I recognize his claim to have had influence on the aesthetic becoming a placeholder in ethical conversations. Kierkegaard argued for the aesthetic has the to be responsible for representing the actuality of life. In *Journals and Papers* he suggests that the transition,
or relationship, between aesthetics and ethics is *pathos* driven, appealing to emotion through an experience of suffering.\(^{11}\) Kierkegaard’s attention to emotion and to the tension between the aesthetic and the ethical encourages writers like myself to delve into how the aesthetic re-presents the actuality of life, shapes the ethical experience, and contributes to bioethics. Kierkegaard stated that the more creative something becomes, the “less it enters into life.”\(^{12}\) I suggest the opposite, the more creative something becomes, the more it enters life. When utilized correctly the aesthetic will actually draw one into life and toward an ethical experience. What Kierkegaard perhaps should have wrestled with, instead, is the role of ambiguity, or uncertainty brought forth by obscurity, within an aesthetic experience. It is through ambiguity that creativity has potential to move an aesthetic individual toward an ethical understanding.

When the art of narrative is integrated into medicine, ambiguity plays a crucial role. Ambiguity may bring discomfort and carve space for potential disputes between qualitative and quantitative studies. However, it is the unsettled character of aesthetic ambiguity that offers narrative the potential to transform and liberate healthcare. The unsettledness of discomfort challenges the status quo through questions and exploration, eliciting change through creative inquiry. The aesthetic experience of narrative and its ambiguity invites new perspective. Thus, in search for new meaning, questions triggered by the challenge of aesthetic experience and the discomfort of ambiguity promote new prospects for the moral life. While humans do not have the ability to choose every experience, they can choose to question that which has happened. The articulation of experience reveals the core of humanity, challenges internal moral discourse, and exposes
what one holds most valuable in life. To understand how experiences shape humanity is to understand the values that “are ideally manifested in actions.”\textsuperscript{13} The actions of experience ultimately link ethics with the aesthetic, as narratives “transgress the boundaries of the moral world in order to bring ethical questions indirectly to light.”\textsuperscript{14} This understanding of the transformative power in aesthetic ambiguity is beneficial for patients, families, caregivers, and healthcare professionals alike. When prompted by specific questions, patients are encouraged to describe their life experiences and reveal their interests and values. Guided by that information, professionals and patients can make better-informed treatment choices.

Therefore, narrative’s fullest potential to liberate and change patient care resides in ability and willingness to be vulnerable and to take creative risks that expose the ambiguity. Yet, the potential is difficult to unearth precisely because of these risks; it is difficult to set the self aside and assume vulnerability and authenticity. Thus, without risk, narrative often remains a stagnant, or truncated, reiteration of an event or a mere documentation of something that once had life. In the clinic a member of the healthcare team may not fully invest into, or hear, the words of a patient or family member. Conversations may become rote and morph into everyday routine. The same can occur during the classroom practice of written case study analysis. As explained by ethicist Tod Chambers, case study is a kind of narrative [story] “of the tangible, embodied world, yet told in an abbreviated form, artificially displayed.”\textsuperscript{15} Chambers and Laurie Zoloth therefore call for a “reawakening”\textsuperscript{16} of narrative knowledge so that the storyline can “work on us”\textsuperscript{17} while the creative mind engages in the reading of such literature.
Narrative practice in bioethics “binds”\textsuperscript{18} together healthcare, personal experience, and story. Without all three essential components, a narrative is incomplete. Conversations about healthcare play a leading role in our society while personal experience and story are often stifled. In 1999 John K. Iglehart, founding editor of Health Affairs’ Narrative Matters, called for new voices to emerge from the healthcare margins, preferably those that have been previously silenced by the system. Iglehart recognized then that the voices of patients, their families, and their caregivers were often lost in the “relentless shuffle”\textsuperscript{19} and urged for their liberation through narrative practice. Fitzhugh Mullan also insisted that written narrative was an “invitation to change things, to battle mortality, and to connect the little picture with the big.” Written narrative, for Mullan, was an art that functioned as a springboard for both personal investment and cultural change.

Over a decade has passed, but this thesis joins a similar argument describing an effort, however, at moving beyond words to further consider narrative as liberation for patient-care. Written narrative is bound by the confines of the margins of the piece of paper. Its analysis has the potential to become dynamic when conversation occurs among those who have read the document and creative inquiry is facilitated. Even more case study analysis revisits the dynamics of life through the integration of the body, mind, and spirit in embodied narrative. Narrative within the discipline of bioethics teeters between promoting life (creative inquiry) and the threat of becoming stagnant analysis (rote). Settled between the two, narrative currently functions in bioethics as an aesthetic filter
with potential to move principle-based discussion toward both individual and communal reflection on the moral life. Liberation is viable when case study regains life and transforms narrative from reiteration into re-collection and forces the self to enter care with recognition of the “bodies, lives, families, beliefs, values, histories, hopes for the future” of an-other. This way, narrative’s potential makes certain that the deepest parts of the self are not fragmented away from the whole self nor from the deepest parts of another. Narrative, via aesthetic ambiguity, becomes shared experience and revolutionizes ethical responsibilities of patient care.

Long dominated by its “principlist paradigm,” the discipline of bioethics has responded to the 1999 “narrativist turn” and moved forward by binding together medicine, personal experience, and voice. Narrative practice has emerged as an efficient tool both in the classroom and out in the field. The utilization of narrative in the education of medical students prepares them for clinical rotations by conversing honestly about real life situations. Such practice can literally, and figuratively, move students from the classroom to the clinic as they learn to take seriously the duties to not only listen, but authentically hear and respond to personal narrative in diverse medical settings. Narrative practice trains healthcare professionals to intentionally “lean into” the deepest parts of patients and caregivers as authentic accounts of suffering, illness, and human vulnerability transpire. Through such acts of storytelling, re-collections of the lived experiences shaping one’s life can then be strung together, exposing the core of being. As a mode of authentic communication, narrative deepens the capacity of voice heard as
doctors, chaplains, nurses, ethicists, patients, and caregivers “sit in one another’s presence, silenced by the other’s mystery.”

As silence is turned to conversation, narrative’s role in bioethics encourages the respect of both patients and caregivers as moral agents; narrative permits patients and caregivers to inform ethical considerations, add significant voice to conversation, and appreciate another’s mystery. Engaging as coinhabitants, both the narrative-giver and narrative-receiver offer insight into the life of an-other as they experience the world together. There is mutuality in the exchange between narrative-giver and narrative-receiver as one self gains life from the benefit of meeting an-other in narrative. Narrative has potential to liberate by helping to uncover new meaning through intersubjectivity and presenting opportunity for creative inquiry. Simply by asking authentic questions, narrative can pave the way to uncharted meaning, redefine the old, and stimulate change, as illustrated by choreographer Liz Lerman:

It took a while to understand that [questioning] could be a way of life, a way of making art, a way of making space for others to engage in the conversation, of naming things to encourage dialogue, of reordering ideas, or making something useful or beautiful or both.

Chambers and ethicists Adam Zachary Newton, Rita Charon, and Hilde Lindemann also consider the role of inquiry as they give attention to the role of narrative in bioethics. They examine how ethical questions arise through narrative, and precisely what happens as the self sits in mystery with an-other. These scholars debate the particular role of narrative and question its ability to inform the moral life. Brought to the table is whether
narrative even ought to inform the moral life.\textsuperscript{27} In response, Charon offers that narrative partners with philosophy, as a means of connection, and assists in the revealing of “things to us that we know but didn’t know we knew.”\textsuperscript{28} Charon suggests that narrative be utilized in training students to recognize that healing requires reciprocity between themselves and another’s narrative and that it “calls forth a benevolent willingness to be subject to them, subjects of them, and subjected to their transformative power.”\textsuperscript{29} Narrative equips and informs healthcare providers to recognize suffering, actively listen, and be open to intersubjectivity.

Newton, conversely, suggests that the aesthetic filter of narrative performs as more than a connection or an informing system. Newton’s challenge, like Charon’s, stems from subjectivity, but in addition from the perspective of the “mediating and authorial role each takes up toward another’s story.”\textsuperscript{30} Newton claims that narrative not only informs ethics but also is, in and of itself, ethics. It is an ethical responsibility to take a close look at another’s narrative and enter into mutual subjectivity. Lindemann and Chambers join this conversation, also suggesting that narratives ought to inform the moral life, although neither view narrative as ethics itself. Chambers writes that narrative ought to be “as vital to the discipline [of bioethics] as moral theory itself,”\textsuperscript{31} while Lindemann concludes that narratives, above all, help us make moral sense out of life. Central to all, regardless of whether narrative is ethics or not, is the role of intersubjectivity and the potential for authentic “human communion”\textsuperscript{32} in the exchange between self and other.
Intersubjectivity instigates the “entanglement” of one self into the narrative of an-other and permits narrative to thrive in the liminal space created “between what actually took place and what people can tell of it.” Being entangled in the narrative of an-other compels narrative to move away from the stagnancy of representation and toward the act of re-collecting. Narrative as re-collection invites self and other to actively search for missing components of life experience; narrative, assisting in the re-collecting of actual life accounts, enhances narrative knowledge and has potential to aid in the contemplation of life’s complexities:

Most of the information about an event lies about us on the cutting room floor. We walk off with our story, leave the remains on the floor, and go on our way. We seldom notice we’ve left so much behind… This gap between what actually took place and what people can tell of it is the space where a narrative approach does its primary work. Much like a movie editor trying to find essential pieces of film for a scene, a curious person can go to that heap of neglected information on the cutting room floor and find other narratives—stories that may reinforce or challenge the one that’s been told.

For intersubjectivity to have an effective purpose in narrative bioethics, the whole self must ultimately commune with the whole other. Intersubjectivity, therefore, partners with the aesthetic power of narrative in search of silenced narratives. Unearthed narratives from the cutting room floor, frequently “disruptive experiences” of illness, suffering, and pain, are sought to better understand the self and how the self relates to an-other. By uncovering what has been left behind, narrative contributes to the reciprocal relationship through authenticity and vulnerability. The significance assigned to intersubjectivity by the discipline of bioethics implies that there are obligations to both hear stories of
suffering and encourage others to aesthetically explore that which has yet to be discussed. When faced with ethical decisions, a search soul deep has potential to clarify mutual understanding and prompt co-created health-care choices. It is difficult, however, to access missing narrative that is beyond the ability of the self and is instead found in the hands of others journeying alongside the ill. When professionals and laypersons work together, as co-creators, and seek missing narrative, they are better able to work toward common goals. The retrieval of back-story and counter-narratives from the cutting room floor maintains that narrative ought to inform the moral life.

Whether at the bedside or in the classroom, narrative powerfully shapes who we think ourselves to be and how others perceive us. Through the aesthetic filter of narrative we seek to translate and describe life’s most complex and grappling experiences. Narrative can expose the most vulnerable parts of the self and other, even those that have been well hidden; narrative can reclaim experience, action, and emotion, name suffering and validate life experience. This appreciation allows for a search for meaning in a seemingly meaningless culture and a search for certainty in a world that no longer is defined by a single set of truths. The aesthetic has potential to differentiate between what is and what ought to be through its transcendental quality; going beyond the surface, narrative’s aesthetic quality. Narrative can challenge moral identity, present new perspectives, and explore a more profound sense of existence. Narrative, therefore, ought to inform the moral life through its transcendental aesthetic ability to go beyond the surface, explore options in safe space, and invite new voices to emerge where closure is
lacking. Narrative will challenge the status quo and ought to inform the moral life until the last breath is taken:

Every person is an unfinished story. We dare to explore the unfinished story and we dare to create until we draw our last breath. Our stories are not finished; the portrait of our lives remains unfinished until we breathe for the last time.\textsuperscript{38}

All persons journey as unfinished stories toward life chapters of conclusion. Though death may not be imminent, every breath taken continues the journey toward the end of life. Each person, both the ill and the well, should be granted opportunity to dwell in the liminal space between the known and unknown and engage in the living out of narrative.\textsuperscript{39} Each other arrives as an individual sufferer, each case study presents an unique query, and each self struggles to find meaning. If one is passionate about meeting the ethical needs of others, one must be able to retrieve silenced monologues and assist others to continue, or sometimes complete, their life narrative. In communion, the self and other can actively ask clarifying questions that creatively move ethical comprehension and decision-making toward clarity. Our lives are continued narratives and the aesthetic ambiguity of narrative continues the value of our lived experiences. Rehearsed in the classroom through case study analysis, narrative practice has the potential to eventually perform well in patient-centered care. Through both the giving and the receiving of narrative, lives are invited to be touched, challenged, and even nudged toward transformation. The art of narrative study is powerful and can reveal authentic human experience, interaction, and relation; the art of narrative study ultimately promotes wholeness:
Narrative medicine has come to understand that patients and caregivers enter whole—with their bodies, lives, families, beliefs, values, histories, hopes for the future—into sickness and healing, and their efforts to get better or to help others get better cannot be fragmented away from the deepest parts of their lives.\(^{40}\)

At its best, narrative’s liberating acts of transformative meaning-making and elicited change evolve as stories reveal the humanity of each voice and attempt to bring the whole self into conversation with the moral life. There are, however, chapters in our narrative that are too deep for words and remain lost in the abyss of our unspoken being. Where no words are available, and experience is too deep for words, gaping holes in life narrative exist; if we do not search soul deep, we leave behind vital experiences that shape our truest selves. When spoken and written language fails, a wholistic approach to narrative has potential to transform the meaning of lived experience through embodied narrative. The hope for inclusive liberation, transformation, and meaning-making then resides in embodied narrative. Giving body to the spirit, informed by the mind, acknowledges the complexities of human joy, suffering, and journey. Within such a framework of wholeness, healthcare choices consistent with patients’ understanding of a good life are achievable and new meaning can be assigned to life experience. Wholeness promotes change in thought, approach, and action; wholeness brings life to decision-making as the act transforms from a list of facts to a process of story-telling itself.
This thesis therefore pioneers a proposed personal theory of embodied narrative and the notion that narrative will act as a springboard for wholeness and liberation when all voices are given opportunity to be heard. Embodied narrative integrates the body, mind, and spirit and will stimulate liberation when all narratives, both those written and those silenced within, are given choice to surface and be recognized as able to “maintain perspective and promote wisdom.”

Inspired by the foundations of narrative in bioethics, as outlined in this first chapter, embodied narrative moves beyond words, is greatly enhanced by personal physical experience, and wholistically brings the whole narrative, of the whole person, into conversation. By itself narrative practice liberates patient care as it honors story and assigns words to what was once unheard:

Narrative ethics exposes the fundamentally moral undertaking of selecting words to represent what before the words were chosen was formless and therefore invisible and unhearable. It is the very act of fitting language to the thoughts and perceptions and sensations within the teller so as to let another “in on it” (that other, the listener or the reader, now bound intersubjectively if, indeed, authentic contact is made) that constitutes the moral act. The telling exposes the moral freight of the story (along with, of course, its aesthetic freight, its psychological freight, its freight of delight) not only to the light of day but also the lights of others.

The contribution of embodiment, however, adds a tangible dimension to care as the body visually depicts what was once formless, that which is too deep for words. As individuals listen to the body of an-other, embodied narrative summons both the audible and embedded voices of patients, their families, and caregivers to emerge from the margins of healthcare. “The body says what words cannot” and the integration of the physical self assists narrative in reaching its fullest potential. Inspired by Zoloth I claim
that the body both tells, and is, the story, reproducing narrative to the visible world. The body aids narrative’s aesthetic ability to illumine new meaning and together the two, as embodied narrative, allow personal narrative to “regain freshness and [be] renewed.”

This fresh perspective, further defined in later chapters, is essential to the utilization of narrative practice in bioethics as healthcare professionals, patients, and caregivers seek to form significant interpersonal relationships. Consistent with the historical hope for narrative practice in bioethics, the addition of embodiment further motivates members of the healthcare team to enter into reciprocal relationships of mutual subjectivity with patients and their loved ones.

In this chapter I have argued that narrative contributes to the moral life by enabling us to achieve a deeper understanding of both others and ourselves. Through the articulation of experiences strung together in narrative, familiar stories are linked with those newly recollected. Within healthcare, narrative moves from paper to relationship and the aesthetic is able to offer invitation to live out one’s narrative. Narrative embraces personal voice and recognizes influential experiences that have shaped individual identity. Aesthetic ambiguity searches for silenced experience so that an entire autobiography is heard and anticipation is afforded that health care choices mirror the personal values of the ill and ethical standards are upheld.
NOTES:


5 Ibid.

6 Ibid.

7 Ibid.

8 Ibid.


10 Ibid., 159

11 Ibid., 196.

12 Ibid., 197


14 Ibid.


17 Ibid.


19 Ibid.


22 Ibid., iv.
23 To lean into is to listen, with intention, into the story of an other. Leaning into a story is investing into a story that is not one’s own.
24 Many times voices from the margins are exposed and respected when narrative is used as a mode of communication. Narrative can thus lead to liberation.
29 Ibid., 216.
30 Ibid., 55.
35 Ibid.


46 Ibid., 203.
CHAPTER TWO

EMBODIED NARRATIVE

In the words of modern dance pioneer Martha Graham, “the body says what words cannot.”

Embodied narrative is a wordless concept, utilizing a grammar of gesture, that consists of the retrieval of life experiences, too deep for words, yet deserving ethical consideration; embodied narrative is the fleshing out of life experience and a physical, visual, depiction of ethical complexities. As a three-dimensional work of art, an embodied method of narrative more profoundly illumines lived experience. Lived experience is sought as the aesthetic ambiguity of narrative searches for silenced experiences lying dormant on the cutting room floor, assigning words to what was once unheard. Lived experience is enhanced by embodiment as the physical self delves into the deepest notions of narrated memory, putting real life behind experience, and bringing the motions of humanity to the forefront. Embodiment moves storytelling to new levels of tactile and transforms exchanges into liberated and meaningful physical experiences in the community, classroom, and clinic.

Embodied narrative integrates the body, mind, and spirit, bestowing form to what was formless and making visible what was once invisible. Embodied narrative voices the unheard as our bodies in motion move beyond words and articulate meaning through an inimitable “three-dimensional kinetic design.”

The depths of line and movement transcend the linear plane of utterance and carve out space, exposing our whole self. Restricted only by the anatomical limits of its own self, the body can visually depict its
own spirit’s breath, movement, and desire. Together the body, mind, and spirit work to allot voice to the very acts of humanity. As the body gives life to that which is within, it is as if each tendon has the ability to connect one account of our being with the next. Each ligament works to string together the body, mind, and spirit, and bind individual parts to make a whole. Our muscles and bones give life to all that we are and communicate the deeply embedded narratives of our being. Embodied narrative articulates meaning through wordless motions of re-membering, as the body, mind, and spirit work to cultivate wholeness, give body to spirit, and bring all of our self into membership. Ultimately embodiment liberates narrative as two bodies come into connect with an-other with a deliberate awareness to openness and a willingness to engage in authentic, vulnerable communication.

The theory of embodied narrative is born of my personal experience as a trauma center chaplain, twenty-nine years of dance training, and a close study of bioethics literature, including the compilation *Stories and Their Limits: Narrative Approaches to Bioethics* edited by Dr. Hilde Lindemann. Lindemann’s understanding of narrative closely resembles the traditional understanding of narrative in bioethics as explored in chapter one. In her introduction Lindemann allows storytelling, as a form of narrative art, to perform within the field of bioethics through five categories: telling, reading, comparing, analyzing, and invoking. She notes that the offering of narrative through the act of telling creates opportunity for an intrinsic consideration of the ethical as the self morally redefines itself as storyteller. Through the storyteller’s reflection on the personal experience shaping the narrative, the self can be morally redefined. In contrast, the
receiving of another’s narrative (reading or hearing a story) is an opportunity for narrative to sharpen the moral sense of the receiver. Supported by ethicist Martha Nussbaum, Lindemann suggests that great writers of literature, film, and theater grapple with life’s nuances and guide the receiver to a place of moral contemplation. Lindemann’s third and fourth classifications use narrative to compare and analyze experience; both emphasize the desire to utilize story in search of moral guidance, meaning, virtue, and responsibility. The final category Lindemann offers is narrative’s ability to be invoked in order to make or illustrate a moral point (fables and parables).

I propose embodied narrative is a medium by which narrative and bioethics might converse through non-verbal communication. While Moving Beyond Words: An Embodied Narrative for the End of Life employed embodied narrative through dance, embodied narrative is also applicable at the bedside where traditional dance may not be accessible. As will be discussed in later chapters, embodied narrative is applicable to not only dance but also to communal and classroom education, and at the bedside as the body contributes to difficult healthcare decision-making. Embodied narrative is applicable in many diverse settings because of its integrative approach to the retrieval of narrative that is beyond body language, vocalized language, and even storyline itself. Acknowledging the commendable work already pioneered by Lindemann this thesis uses her theory as a foundation to extend an argument that narrative can expand beyond a storyline and offer multi-dimensional form to life accounts through physicality and wholly integrated embodiment. Embodied narrative moves beyond story as it permits the aesthetic freedom
to creatively integrate fiction and nonfiction with the restraint of always pointing toward the actuality of life.

In cooperation with Lindemann’s established categories, the embodying of narrative can be a transformational experience for teller (or mover) as the individual searches to better comprehend internal embedded narrative. Moreover, embodied narrative is analogous in function to the reading of written narrative as those witnessing the embodied art can develop and sharpen their moral perceptions based on how they interpret the work. Finally, the art of embodied narrative as a medium for ethical reflection can be utilized for educational and professional practices; embodied narrative can be invoked, used to compare perceptions, and applied to experiential analysis. However, through the integration of the body, mind, and spirit, embodied narrative prompts untapped conversation and permits even further exploration of the backbone supporting a human understanding of bioethical situations. Embodied narrative stretches beyond story as it considers and challenges the why and how of real ethical decision-making while innate gesture searches for meaning and body is given to the actualities of life. Giving body to spirit, embodied narrative digs deep within and challenges the mind to seek unexplored experience and inquire of creative, multi-dimensional perspectives.

Embodied narrative is in harmony with the traditional understanding of narrative as an aesthetic filter with potential to move principle-based discussion toward a process of both intrinsic and communal reflection on the moral life. The physical body, however,
contributes an additional stimulus to seek after narrative’s fullest potentials by visually depicting what is not spoken. Embodiment steers narrative toward full liberation through the palpable inclusion of the whole self in conversation with the moral life. Embodiment has historical roots in bioethics; for example, Arthur W. Frank writes of the communicative body; “bodies are realized—not just represented but created—in the stories they tell.” Embodied narrative’s three-dimensional character resists an identity of simple story-telling because of its embrace of active re-collection of dormant memories. The re-membering of newly re-collect experiences back into the whole self adds meaning to the larger narrative. Embodied narrative has potential to contribute significantly to ethical conversation, comprehension, and decision-making through this process of re-collecting and re-membering because they are what allow the two words, embodiment and narrative, to come together in membership and be in dialogue. Narrative as something concrete, perceptive, or already personified in human form is moved away from stagnancy and toward the active role of giving form to the formless. By providing body to spirit, missing interior monologues are re-collected and embodied through re-membering. Liberation is found as voices in the margins, once silenced, are now heard.

Within the construct of embodied narrative our stories and bodies continue to expose elements of clarity and bring profundity into ethical conversation. A unique process of decoding and encoding retrieves missing voice and eventually surfaces a new understanding of humanity through inquiry. Embodied narrative has the capability to liberate bioethical conversations by unlocking the code (decoding), asking questions (inquiry), and then promoting wholeness through intentional re-sequencing (encoding).
This is different from story-telling as narrative, because the novel construct of decoding and encoding through embodiment contests a need for action. Thus, in the clinic embodied narrative encourages a creative process of decoding innate gesture as healthcare professionals authentically listen to the body of another. The decoding process of embodied narrative illumines personal wishes, asks questions, seeks answers, and promotes verbal and nonverbal conversation at the bedside. Embodied narrative can retrieve information that allows for continued or completed patient narrative as one converts a patient’s own embodied, or encoded, narrative into shared meaning. The transitive property of embodied narrative promotes justice through the act of narrative retrieval, upholds autonomy by giving body to silenced desires or wishes, and actively incarnates spirit. Embodiment discloses, intentionally and unintentionally, the deepest parts of our spirit that in turn guide how we live, or wish to live.

A lens of incarnation gives embodied narrative permission to explore the soul, evoke discomfort, and question the source of dis-ease. At the crossroads of embodiment and narrative there is potential for the transformation of wholistic communication, discomfort stimulated inquiry, and ultimate liberation. As with other theories of narrative ethics, embodied narrative is not designed to dictate one’s beliefs but to stimulate conversation:

Narrative does not necessarily tell us who is right or wrong. In fact, it actively undermines the false confidence—born of absolutist, objectivist theories of morality—that an ethical dilemma necessarily calls for or needs a single right action. What narrative offers to bioethics are means to enhance understanding of the multiple values and conflicting perspectives at stake in medical action or inaction. It offers to situate moral thought within a form of understanding that finds stories as valuable, in their own way, as statistics.
Embodied narrative does not declare a right or wrong but encourages an act of remembering, or becoming whole again, in the liminal space between self and other where authenticity can elicit change. Embodied narrative allows the whole voice of humanity to guide conversation and transform inquiry into new revelation. Whether at the bedside or in the classroom, embodied narrative mimics an understanding held by Rita Charon. Because we each have a body, embodied narrative urges us into relatedness and forces health care professionals to enter into care with our “bodies, lives, families, beliefs, values, histories, and hopes for the future.” We are our bodies and bring our whole selves into conversation; our very essence cannot be “fragmented away from the deepest parts of [our] lives” as we enter into ethical exchange with other bodies. Embodied narrative exposes the most vulnerable parts of health providers, patients, and families, putting life, action, and feeling behind suffering. Vulnerability ultimately enhances patient-centered care. As a creative process of encoding, embodied narrative in academics may literally give body to an-other’s spirit and sequence their gesture, wishes, attitudes, and beliefs into a format that lends to efficient transmission. A mover can encode a non-mover’s narrative so that an audience, or observer, can gain insight and be transported to new revelation.

In this chapter I have clarified embodied narrative and its transformational ability to provide foundation for personal and communal meaning-making. Yet to be explored, however, is the role that the sharing narrative holds for both meaning making and the field of bioethics. Eventually it is the communication of experience, or re-distribution of narrative, that offers both an individual and a community a sense of human
connectedness and shared life experience. Such potential for story re-distribution is shaped first by the re-collection of personal dormant memories, followed by the prospect for a fresh understanding through re-membering, and finally by the ability to share the illumined experience with other humans. The power in re-distributed stories, shaped by personal and shared meaningful experience and physically embodied, exponentially increases the opportunity for ethical consideration, discussion, and decision-making.

NOTES:


5 Ibid., x.


10 Ibid.
CHAPTER THREE

EMBODIED NARRATIVE AND BIOETHICS

Moving Beyond Words: An Embodied Narrative for the End of Life is a personal project consisting of a choreographed embodied narrative physically depicting and sequencing difficult ethical conversations through dance. Moving Beyond Words is a dance with discussion inspired by the experiences of patients and caregivers at the end-of-life. My own embodied narrative, that of a daughter of a man with a terminal brain disease, unites with other familiar stories like that of Karen Ann Quinlan to unfold a uniquely creative presentation on the end-of-life. Moving Beyond Words situates life behind experience and encourages difficult conversation. As a physical instrument for feeling and thought, the use of the body through dance can be a “more effective medium than verbal language in revealing needs and desires or masking true intent.”¹ This thesis advocates for dance as a powerful medium of embodied narrative that can be used in the field of bioethics to effectively communicate the intricacies of ethical decision-making. Its physical ability to prompt internal questions in turn provokes discussion through visual depiction. Dance visually depicts elements of ethical consideration in ways that cannot be attained by lectures, verbal exchanges, or publications alone. The visual messages told through dance cross cultural boundaries and engage unspoken dialogue to create new communication pathways for bioethics. The movement provided by dance allows opportunity for people to experience the breath and reality of life; dance shifts the narrative study in bioethics from the linear plane of a piece of paper toward the multidimensional realities of our world.
Moving Beyond Words is just one example of embodied narrative as a wholistic approach to re-distributing narrative. Narrative is re-distributed after re-collection and re-membering so that the experience can be shared with new meaning. Like re-collection and re-membering, re-distribution is an ongoing process; re-distribution is a continuous cycle because new meaning is explored continually as re-collected life experience can regain membership and alter the larger narrative. The process is unremitting, as re-collection permits individuals to sift through neglected experiences, awakening them from hibernation, and then to act as editor-in-chief as they re-collect their own autobiographical memories. Surfaced memory finds new membership and aroused experience is assigned new function as the individual-as-editor searches internally for novel meaning and then restructures the framework of the narrative. Enlightened narratives are re-distributed with new features and an invitation for shared understanding is extended. Embodied narrative moves narrative away from simple written text and toward abstract shared experience. Embodied narrative re-distributes narrative in many forms of physical activity, including, but not limited to, simple gesture, innate motion, and choreographed sequence.

The physical body has potential to generate fresh conversation and create dialogue in uncharted territories, contributing to attentiveness to and understanding and comprehension of even the most controversial issues found within the field of bioethics. The use of embodiment as a creative medium for narrative expression permits humans to fully explore the conversations, emotions, and actions surrounding ethical decision-
Because of my background in dance I am able to utilize embodied narrative to notice the simple gestures in life but also feel them with my own body. These gestures are found in every day conversations and those I have as a hospital chaplain. It is possible to feel another’s gesture because a dancer is acquainted with the body: the arms, legs, torso, head, hands, and even the toes. He knows every muscle in his body if not by name at least by its aches and pains, and she understands what it is like to trust the body and enter into deeply embedded out-of-body experience. A dancer recognizes the soul’s ability to lead and take control of movement. Over time a bodily consciousness develops and the dancer is suspended in time, paralyzed in the aesthetic, appreciating the intricacies of such an unique and powerful medium for expression, the body. The aesthetic value in even the simplest movements permits a dancer to dwell in liminal space, clarified as a “suspension”\(^2\) or a “threshold of perception,”\(^3\) and be transformed by the embodied experience. While a background in dance has encouraged me to practice embodied narrative, embodied narrative is a tool available for all human beings. As stated by modern dance pioneer Martha Graham, “training, technique, is important; but it is always only the means to an end. Movement’s importance is that it frees the body to become its ultimate self.”\(^4\)

Author and dancer Judith Lynne Hanna notes that even the most technical understanding of dance is better understood as a form of human behavior. Hanna offers that dance can be most usefully defined as human behavior that is “purposeful, intentionally rhythmical, and culturally patterned sequences of nonverbal body movements other than ordinary motor activities, the motion having inherent and aesthetic value.”\(^5\) As will be further
defined in this chapter, embodied narrative itself contradicts the latter portion of Hanna’s theory of dance but supports her belief that “because humans are multisensory, they act and watch or feel more often than they verbalize and listen.” Her words challenge me as I consider the bodies with whom I come in contact. Her argument presents a two-fold challenge: first, to further explore the tension between embodied narrative and bioethics and, second, to inquire how our culture can be liberated through a multisensory approach to healthcare.

EMBODIED NARRATIVE AS LIBERATION

Our American culture does not always promote the simultaneous integration of the body, mind, and soul that shapes bodily consciousness; our culture instead is shaped by a disembodied society where many ponder experience predominantly through the mind:

Many of us have learned either to ignore our bodies or to see them as something to be controlled. This is a far cry from...wholeness. There seems to be an unspoken premise in Western culture, that body and souls are divided and disconnected. We listen [or pray] with our hearts and minds but ignore much of our bodies; we become ‘disembodied.’

Our bodies are exiled as emphasis is placed on the academic ability to process thought of the mind and the body is disregarded for fear of over-emoted response. Though yoga, tai chi, and pilates have recently begun to make headway in our Western world, it is those in the Eastern world who demonstrate an inclusive ability to live wholistically and embrace embodiment. Our culture detaches our heads from our bodies and encourages a reliance
on words to move us from one life chapter to the next. And so while it is true that in our most complete form humanity is multisensory, it is extremely difficult to assist our culture to honor the actions, observations, or feelings. Our culture is not reared to be a culture that acts, watches, or feels “more often than [to] verbalize and listen.”

An aesthetic experience, or filter, is not always available in a disembodied society; the unfortunate dualism between body and mind has habit to steal the capacity for wholeness. While Hanna directly references dance, she also recognizes the problem of body/mind disconnect, noting that when bodily movement is overemphasized as “emotional behavior,” dualism is encouraged. She alerts her readers that viewing dance, or any physical expression, as such “primarily conditioned phenomenon perpetuates” the problematic conceptualization of a mind/body disconnect. Strongly rooted in Puritan ethics and biblical interpretations the exiled body does not solely exist in communities of religion or performing arts. The exiled body is all around us and we are reminded of the bruises of the world through rape, famine, murder, sexual exploitation, and other horrific tragedy. Our televisions and newspapers are full of images portraying how the body has been distorted, broken, neglected, and wounded. The body has lost respect and while this dualism may have originated from elements outside the body it has, indeed, been perpetuated by that which is to care for the body. The stories of Karen Ann Quinlan, Terri Schiavo, and Nancy Cruzan are just three of many narratives that question the body/mind connection as it relates to medical ethics. The body that was once revered is sometimes forgotten as it is overpowered by “disruptive experiences.” “Disruptive experiences” of illness, suffering, and a desire to fix the body may blind the self from
one’s own narrative and that of an-other. Here, in the “disruptive experience,”¹⁴ healthcare professionals have a duty to guide a patient out of exile, from disembodiment to embodiment, and create space for a whole narrative to enter conversation, care, and decision-making. Embodied narrative liberates patient-centered care by reawakening narrative knowledge at the bedside for healthcare professionals as they guide complex conversations and patients as they voice concerns and questions during difficult decision-making. Embodied narrative liberates patient-centered care by reawakening narrative knowledge in educational settings as the body, mind, and spirit, work together to prompt conversation about ethical complexities.

EMBODIED NARRATIVE AT THE BEDSIDE

Healthcare professionals have a duty to utilize embodied narrative to completely listen to, and hear, their patients. What this means for the field of bioethics is that through embodied narrative we more fully disclose authentic human needs for, and responsibility to, autonomy, justice, nonmaleficence, and beneficence.¹⁵ In addition to the principles of bioethics, raw life emotions arise when one body is set in motion and others are able to relate because of their own living, moving, bodies. Life placed behind experience divulges the vulnerability of intersubjectivity and paves way for authentic recognition or discussion about realities, responses, and reactions to narrative. Giving witness to and connecting with authentic human movement provides each person the opportunity to catch a glimpse of new understanding and better life. Like a dancer coached in bodily consciousness that, as a mover, is aware of his body but, as a human being, appreciates the body of an-other, all humans can experience this bodily connectedness, or
intersubjectivity. In a just world, bodily consciousness would appear to be an excellent advocate of autonomy and assist the decoding, understanding, and meaning-making in life narrative. Bodily consciousness would assist in making certain healthcare decisions are in the best interest of the whole patient. Such practice could transform the lives of both the giver and receiver of story by allowing the body, mind, and soul to embody and interpret personal narrative. The physicality of embodied narrative and bodily consciousness causes communication to depend upon the reading and decoding of body language, a skill all of humanity can acquire with the help of time, patience, and the risks of creativity, ambiguity, and self-awareness.

While healthcare professionals are trained to fix the body, not all cases call for such action. When it is not possible, or even ethical, to fix the body, a healthcare professional can utilize a theory of embodied narrative by giving note to simple gestures and innate motion. Then, in the presence of authentic vulnerability, the exiled body can be profoundly touched, transformed, and changed by the power of embodied narrative. The exiled body may be physically nearing end of life but may also once again find wholeness by reexamining elements of its own story:

We need to have places where we have permission to find our feelings, name them, and live in them. Our body movement can be one of those places. Many of our experiences, through the sometimes mountainous and even torturous trek in life, are buried within us, even stored in our bodies; deep hurts, losses, disappointments, and traumas waiting to find release in our lives. It is these deepest of feelings that must find voice. They are the inner eye of our lives, and they yearn to be alive.16
As well, healthcare professionals benefit from partaking in an eyewitness account of an other’s re-collection, re-membering, and re-distribution of personal narrative. Embodied narrative has multifold healing potential and could reshape the lives of the suffering. Patients must be encouraged to explore that which is too deep for words when making ethical decisions. Many times access to the missing narrative is beyond the ability of the self and instead is found in the hands of those gifted the privilege to journey alongside the ill. The aesthetic power of embodiment is evoked in the most basic of authentic gestures and postures that physically narrate our internal whispers.

A healthcare provider may be in tune with embodied narrative to better understand a patient narrative by simply noticing the gesture of the patient’s hand to his heart or head when discussing his own end-of-life. The same is true with family members receiving difficult news about a loved one in the emergency department. As a chaplain I am often present with family as a doctor informs them of a loved one’s passing, fight for life, or terminal prognosis. A simple hand to the heart, belly, or mouth speaks louder than words and embodies shock, disbelief, grief, or confusion. A familiar but difficult invitation I offer, “I see your tears. Can you tell me about them?,” acknowledges the embodied narrative observed and offers intersubjectivity. Gesture alone speaks to the heart of matters at hand. Similarly, a member of the healthcare team may glean insight into a non-verbal, semi-conscious patient’s life wishes by giving witness to the innate motion of her body. As a chaplain I have listened to the bodies of many in an attempt to be the voice for the voiceless. An example of this is best exemplified in the following personal experience:
D’s Narrative

His body was stiff and lifeless as it lay on the gurney. His partner of over 50 years kept vigil at his side. One body, overcome by anxiety, required Xanax; his body required all mediums of life preserving measures. Tears streamed down his partner’s face and onto a weary lap as the chaplain held their hand and wiped tears. It had been a long morning and the loved one had been on their hands and knees cleaning his bowel off their hallway floor. He had been carried from his recliner to the toilet and back. The partner was tired but would not leave the room. Their two bodies had loved for over 50 years and they would not be separated until “death do us part.” And so they watched as the doctors did the best that they could do. It would not be long, or so the doctors said, and so they remained with him and he with them.

Time was a phenomenon that morning. The minutes turned to hours and accumulated into a whole days worth of hours. When the sun came up the next day his listless body began to stir. His body began to speak to all who cared for him. His body held close the hands of his beloved and rejected those of the health care team. His eyes stared into all who would listen and spoke of his exhaustion and pain. His tongue, trapped by his very source of life, worked diligently to remove the tube from his throat and he groaned as if hoping at least one person would listen.

As his partner sat and enjoyed breakfast, drank coffee, and watched the morning show all seemed as it should be, two bodies strong and in love with the other. But, all was not as it should be and the nurse recognized it. The chaplain was called and the sight she saw when she entered the room took her breath away. She was greeted by a wave, a physical wave from the hand of the beautiful man who just yesterday lay lifeless on the gurney. The chaplain took a seat and as the two individuals sat side by side, each body told a story. One voice, however, was much louder than the other as his body ached and yearned for a listening ear. His eyes screamed for help and his tired body groaned for respite. His stare was one the chaplain would never forget. It cut into her soul and challenged her to pry deeper into exploring the care she offered. When their time concluded the chaplain attempted to leave the room but the other body groaned again. This time the chaplain stopped dead in her
tracks, finally recognizing the others embodied narrative.

The patient did not want the tube. In fact, he did not want to be in the hospital. He loved his partner but his body was tired and ready to go home. As the chaplain stood frozen in her steps, listening to the groans of the room, her own body began to ache as it embodied the pain of the other. Listening to her gut she took a deep breath, invited her body to lead the conversation, and turned back into the room, walked toward the partner basking in the warm sun and again took a hand.

By listening to the body of an-other I was allowing intersubjectivity to take its course and legitimately attempting to hear their narrative. As I acknowledged the embodied narrative of the patient, my own body connected with him and I was able to share his experience and help him make meaning. Embodied narrative allowed me to be the voice for the voiceless and prompt a conversation in which the patient could participate and nod in response to questions asked. It is difficult to enter into embodied space because both parties are vulnerable and the exchange can be overwhelmingly powerful. Also, there are many other variables that cannot be ignored medically, spiritually, and emotionally. However, in the aforementioned case, the patient was still of decision-making capability and simply needed a new normal way of communication. The absorption of an other’s embodied narrative is a gift and opportunity to invest with interest in a narrative that is not your own. Though it may take practice and patience and the body-mind connection yet remains a mystery, innate motion should not be ignored as a form of patient-caregiver communication. The ultimate goal is to become what modern dancer Isadora Duncan coined an “active recipient”18 where the spectator does not analyze an experience for meaning but rather follows the inner prompting of intuition.
As noted by Zoloth, “we live by stories, claim the narrative ethicists, and see the world as a series of tales needing resolutions.” Embodied narrative challenges ethicists as case study analysis because of its lack of resolution and, instead, encouragement of creative inquiry. Embodied narrative shapes a place for human communion that allows moral choice. It is the aesthetic ambiguity that prompts critical examination of personal response to an embodied narrative; the aesthetic ambiguity urges a moral discourse to begin within when embodied narrative is applied to academic settings. Similar to patient care where both the self and other are allowed to dwell in liminal space, embodied narrative as education uses liminality to unveil surprising newness. Liminality carves a safe space in which to explore various conclusions to the unfinished narratives of life, which are often left open ended and without closure. The lack of closure spurs challenge and narrativity emerges out of a question of moral selfhood as embodied narrative is embraced as an educational tool and mode of communication within the field of bioethics.

My personal choreographed project, *Moving Beyond Words: An Embodied Narrative For the End of Life*, is an example of an embodied narrative used as a tool of education. As is its inspiration, *Butterfly*, produced by Storling Dance Theater in Kansas City. Both dance productions are embodied narratives that can evoke moral discourse, challenge scholarly conversation on the actualities of life, and stimulate ethical conversation. It was *Butterfly* that motivated me to consider the potential for the aesthetic ability of dance to be a bridge between narrative and an ethical experience. *Butterfly* urged me to inquire of
embodiment’s ability to move beyond gesture/authentic movement and toward a conversation between aesthetic and ethics. *Butterfly* embodied the narrative of an individual’s journey with Alzheimer’s disease. Choreographed by Mona Enna, the company members sought to visually depict what was too deep for words without losing the complex realities of a disease that directly changes a life’s experience. As reviewed by the Kansas City Star, "*Butterfly* tells a very human story with pathos, intelligence, humor and guts.” Stimulated by the life-narrative of Helen Bernard and guided by insight offered by Bernard’s husband, *Butterfly* is a fictional narrative of her journey with Alzheimer’s that yet led audiences into the actuality of life and the delicate journey’s of a patient, family, and caretaker. Without using verbal language to explain every movement on the stage the aesthetic of embodied narrative carved liminal space in which the audience could dwell and immerse themselves in the narrative of an-other.

Through dance the raw emotions of confusion, anger, frustration, and mystery are illumined and the audience is left to digest what is before them on stage. The hour-long production opens as Helen is cleaning the home in anxious anticipation of her family’s arrival for holiday. During the duration of the program the audience is transported and begins to understand how Helen’s role changes even within the relationships with her family members through the choreographed depiction of a life changed by Alzheimer’s disease. Additional scenes continue to display her confusion and difficulty making decisions with dark colors and fierce dancing. As the production concludes the audience is led to Helen’s death by witnessing interaction between four different dancers representing distinct ages and chapters of Helen’s life. The interaction between the four
dancers clearly embodies former life experiences that significantly contributed to Helen’s larger life narrative. Though Helen dies, the embodied narrative conclusion is still open-ended and ambiguous. The sacred space created by this embodied narrative challenges the audience to not only reevaluate the disease itself but also reconsider the ethical decisions that surface through its lived experience.

*Butterfly* and *Moving Beyond Words* use embodied narrative to visually depict the realities of lived experience to those in the audience. Both, due to the aesthetic ambiguity of dance, lack resolution and draw the audience into personal contemplation between the known and the unknown. Naturally *Butterfly* and *Moving Beyond Words* create gaps, or what I call liminal space created by aesthetic ambiguity, and challenge the audience to deeply consider the illustration before them. Zoloth, in response to Erich Auerbach’s discussion on Hebrew narratives, also speaks of gaps and the role of liminal space in classroom case study analysis:

> The gaps in [the] story [then] create the possibility of both intertextuality and moral discourse—when no rule, duty, or motive is given, the moral activity is to argue and reason about what it might be.  

She continues and suggests that it is in the gaps that our moral self begins to “fill in the story with what we know” and “write in the moral possibilities and arguments.” She concludes by claiming:

> Hence, it is the possibility of permeability and inclusion that enlivens the form. It would be a form that is one step beyond narrative ethics, toward something more like an interruptive narrative, a multi-vocal conversation in which
there is overlapping assent, dissent, and more tales.\textsuperscript{25}

The enlivened form of narrative I understand Zoloth to be calling for is much like the theory I propose, embodied narrative. I hear a challenge for an educational tool within the field of bioethics that allows the aesthetic to create liminal space in which students, community members, and ethicists can gather in the gap between the known and unknown. This chapter has defined how embodied narrative is applicable to the field of bioethics and offers the conclusion that whether at the bedside or in academia, embodied narrative creates space for our moral self to dwell in the unknown and begin to discuss the various moral possibilities and arguments of ethical ambiguity.

\section*{NOTES:}

\begin{enumerate}
\item Ibid., 28.
\item Ibid., 4.
\item Ibid.
\item Ibid., 8.
\item Ibid., 9.
\item Ibid.
\end{enumerate}

14 Ibid.


17 Names and significant information has been changed for patient confidentiality.


23 Ibid.

24 Ibid.

25 Ibid.
CHAPTER FOUR

MOVING BEYOND WORDS: INSPIRATION AND FOUNDATION

*Moving Beyond Words: An Embodied Narrative for the End of Life* is a dance with discussion inspired by the experiences of patients and caregivers at the end-of-life. *Moving Beyond Words* embodies bioethics through its ability to put life behind experience and create gaps that encourage difficult conversation. *Moving Beyond Words* enables the aesthetic experience to illustrate an ethical deliberation and the ethical experience to be illumined by the aesthetic. As a dance with discussion, inspired by real life experiences, *Moving Beyond Words* is choreographed in the hope of easing difficult conversations surrounding the either/or, or highly debated ethical, questions at the end of life. *Moving Beyond Words* is designed to prompt inquiry, conversation, and change, with an end goal of conducting an end of life discussion from a new point of view. As a project, *Moving Beyond Words* consisted of three performances of the same thirteen-minute live dance performance, followed by a forty-minute Curtain Call (or interactive post-performance discussion). The curtain call discussion, audience directed yet monitored by the presenters, was structured purposely to facilitate reflective post performance conversation regarding the witnessed embodied narrative. Each performance also included a reception that invited the opportunity for continued small group discussion.

The choreography of *Moving Beyond Words* was created with the specific intention to promote critical reflection on ethical issues, from a nuanced range of perspectives, by
seeking to convey that which was once not only wordless, but also formless. This approach to choreography gives *Moving Beyond Words* life beyond this thesis as I seek to continue to use the dance with discussion as a tool for community and classroom education. *Moving Beyond Words* is able to live beyond this written document because it re-distributes a re-collects narrative by re-membering the parts to the whole by means of dance. Re-membering liberates the audience to continue the conversation at home and supports the idea that more discussion regarding the end of life is necessary. *Moving Beyond Words*, as a change agent in public discourse, provides foundation for conversation and, as called for by Liz Lerman, a sort of dress rehearsal of the agony body, mind, and spirit at life’s end:

I was in Milwaukee, where I had grownup, because I was to be the keynote speaker for the Theater Communications Group’s annual meeting. I decided to stay with my stepmother, whose own mother, Kathryn, was in the last stages of her life. We went to her bedside and spent the last night of her life with her. Somewhere around two in the morning, I heard my stepmother announce: “Well, it’s over.” It was true, her mother had stopped breathing. We began to cry a little, and then Kathryn started to breathe again. “Oh,” I said, “she is rehearsing.”

Maybe she was, maybe we were. I know that my stepmother got an extra hour of life with her mother, as well as a glimpse of what the world would be like without her. This is a precious thing, and this is one of the powerful aspects of rehearsing. When everyone is committed fully to the project, the room is filled with small and great opportunities for gaining insight into life’s mysteries.¹

Sitting at her step-grandmother’s bedside Lerman was alerted to a new kind of rehearsal, that for death, and was prompted to ask, “What is the rehearsal for change?”² Lerman concluded that “to make change at all, you first have to notice what is going on around
Lerman’s story spurred my own revelation as I inquired about the discomfort that surrounded me. Before I even could dream of the choreography of *Moving Beyond Words* I had to first question why I was uncomfortable with the conversations surrounding the end of life that already occurred. It was not that the conversations went too deep; rather the conversations didn’t say enough. I then had to inquire more deeply and ask why end of life conversations are so difficult and are often silenced. It is essential to know what one wants to change in order to cultivate an influence of change. Finally I wondered how, if even, dance could function as a change agent for end of life conversation and why a project such as *Moving Beyond Words*, functioning as a dress rehearsal for real life, should even be considered.

By considering how embodied narrative can illicit change and stimulate the liberation of silenced voices I realized the need to look for missing pieces of personal narrative that might be attained by physical depiction. By searching into the gaping holes of life-narrative, the places words cannot reach, the experiences of re-collection and re-membering shape our truest selves. These experiences deserve ethical consideration, and those attending *Moving Beyond Words* encounter embodied narrative’s capacity to go where words cannot. As the fleshing out of life experience and a physical, visual, depiction of ethical complexities *Moving Beyond Words* embodies the very breath between life and death. *Moving Beyond Words* delves into the either/or moments in situations of life and death through the visual depiction of struggle and reinforces the notion that all people share one universal experience, our bodies. The embodied narrative serves as a reminder that we are each not only simply born with a body; we are
our bodies. Through the use of the physical body *Moving Beyond Words* as an embodied narrative draws “attention to our origin” and reproduces “our experience, our history, our suffering, which remain stamped on [our body] and are hard to heal.” All in attendance are invited to liberated self-revelation through the aesthetic experience, like those who witnessed “Butterfly,” and while not all people connect with artistic endeavors, more people can connect to a body in motion. To move is to be human and “humanity almost universally expresses itself in dance,” whether dance be defined as the innate gesture of a twitching eye or a grand jeté across the stage. With the body as a universal shared experience, the construct of *Moving Beyond Words* purposefully integrates movement with quest for truth in order to transport the art from a mere aesthetic experience to a great ethical encounter for all people.

As a project with life beyond this thesis, *Moving Beyond Words* continues to aim to reach all people: community, healthcare professionals, patients, caregivers, old, young, healthy, ill, bodily abled, and differently abled. Birthed out of a personal sense of duty to help others find liberation through the retrieval of silenced narratives, *Moving Beyond Words* first came from a personal recognition of the dis-ease I felt around me. I was at dis-ease with the lack of rehearsals for the end of life. The revelation that sparked the project for me was that I finally understood that in order to change what surrounded me, I had to first ask the hard questions (inspired by the inquiry portion of chapter 1). As I furthered my education in bioethics I soon realized I had many more questions than answers to some of life’s most challenging situations. I felt an internal urge to not only enhance conversations around these issues, but also to do something, anything, about the
injustice I discovered. I found it unjust to the dying body to have avoided end of life rehearsal. Justice lacks where conversation is absent. Thus, I wanted to be creative and to facilitate conversation in new fashion as encouraged by Hanna:

Just as the key feature of human speech is that any speaker of the language is capable of producing and understanding an indefinitely large number of utterances never encountered, so, in dance performance, new sequences of movement and gesture never previously encountered may be created by the performer and understood by the audience.9

Inspired by Hanna’s continued conclusion that in choreography there is always a “catalyst, determining who dances, why, where, and how”10 I worked backwards in attempt to make sense of the pattern of dis-ease and injustice I was experiencing. I realized then that my discomfort about the lack of end of life rehearsal stemmed particularly from my own lived experiences as a chaplain and as a daughter of a dying father. Through these first hand experiences I have confronted the reality that while ethical complexities surround us each day, conversations of such are most uncomfortable in private and public settings. Often the conversations that need to occur take place too late or never at all. And so Moving Beyond Words attempts to allow dance to be a change agent in our world and lure people to rehearsal, or conversation, before it’s too late. As one Moving Beyond Words audience member alleged, the embodied narrative makes you “recognize the uncomfortable places that I/we hate going” and be moved to make a change.
Though I recognized my invested interest in visually depicting an end of life discussion through dance I also wanted to consider the curiosities of others. To determine which issues of bioethics might most benefit from a dress rehearsal for real life experience I used a personal system of evaluation. The first step in my evaluation was to simply listen. I listened to my classmates, professors, clients, patients, family and friends as to what ethical dilemmas are of relevance to this particular time in history. I did not ask questions aloud at first; I simply listened. I listened for emotion, concern, and passion; I listened for personal engagement, experience, exhaustion, and questions. Through active listening I narrowed my inventory of issues to: women’s reproductive rights, end of life care, end of life decision-making, aging, global women’s rights, tragedy in Haiti, and the role of caretaker. I then surveyed which topics might best be visually depicted through dance. I asked myself where the body, mind, and spirit are more integrated, considered, and challenged. All of the topics contain much authentic human emotion and could easily be told through movement. However, I was particularly drawn to those that also included an actual physical presence of a physical body. For example, the body physically changes with aging as well as when death approaches. In addition, caretakers physically invest themselves into the physical life of another. It made most sense to look closely into this kind of integration of the body, mind, and spirit for my first embodied narrative performable case study project.

My catalyst was the silenced narratives at the end of life and this catalyst affirmed the need for *Moving Beyond Words*. My presumption was that the profound physical correlation between a moving body and a dying body, displayed first-hand on stage,
would captivate the audience’s intellectual and emotional attention. *Moving Beyond Words* accomplished just this as another audience member said, “it was interesting to sense being stirred emotionally by a dance while I was sitting still. Internally I struggled with you, soared with you, and felt your frustration.” His still body interacted with my moving body much like the relationship between life and death. Although each patient suffers from disease uniquely and each caretaker gives of himself or herself in a unique way, we relate to an-other through our bodies. Matters of life and death are embodied through stillness and movement, inviting relation through intersubjectivity.

For each person struck with questions of end of life, the prospect of death signals the end of a life embodied or an embodied narrative. Even the caretaker’s life is tightly intertwined with the body of an-other. For these reasons I chose to embody end-of-life ethical questions and the role of a caretaker. As will be visually displayed in the upcoming chapter my choreography physically depicted the questions engulfing the withdrawal of treatment, the burdens placed on the shoulders of caregivers and surrogate decision-makers, and the various stages of the dying process. I arrived at my choreography by asking difficult questions. At home I learned that my father is afraid of death and that my mother, as primary caretaker, is exhausted. Neither my father nor mother feels supported at large by the healthcare system, although they recognize the sustaining love of our family. Inquiry at the work place, as a hospital chaplain, led me to see that even the finest doctors shy away from discussing the realities of end of life. I found myself providing care in situations that could have benefited from a rehearsed final breath and in the middle of conversations that could have happened 30 years ago or at
least at the point of diagnosis. These revelations are not to point out faults but to exemplify the need for projects such as *Moving Beyond Words*. These revelations did not change my opinion of family or the healthcare system; rather they nudged me to acknowledge a sense of duty.

In the field of bioethics, where duty is often discussed, I suggest that the re-collecting, re-membering, and re-distributing of lost narrative through dance also be considered a duty. *Moving Beyond Words* blossomed out of a personal sense of duty to empower autonomy and promote wholeness. In response, I felt a duty to stimulate public conversations about complex ethical situations stems from the duty and responsibility of self, as noted by Kierkegaard, to others and society. Already established is a duty of a physician to educate and openly converse with a patient regarding his or her health,\(^{11}\) aligned with the duty of shared decision-making between the patient and healthcare team:

> It seems indisputable that physicians are now more aware that the patient is the final arbiter of treatment decisions, and informed consent is a part of their daily interaction, even if often meager and formalistic. Patients, too, are more aware of their right and need for ample communication.\(^ {12}\)

I suggest the conversation extend further into the arena of public education and discourse. Supported by Albert Jonsen, who claims that the duty to educate patients is in fact a result first of public discourse, I argue that the public conversations shaping medical ethics have provided the foundation for enhanced patient care. Jonsen accentuates that “each conversation will be an improvisation, suited to situation and to the personalities, but the moral and legal requirement that there must be a conversation including certain
elements” mirrors conversation that has already taken place in public. In a similar fashion, embodied narrative can be a first step in liberating patient care and changing the conversation between patient, family, caregiver, and healthcare team. Projects such as *Moving Beyond Words* can function as a dress rehearsal for life’s most difficult questions, decisions, and requests for action.

Great choreographers, like ethicists, grapple with life’s nuances and seek to provide opportunities for others to do the same. Choreographers intentionally create space for not only themselves, but also the participants and audience, to pause and glimpse life through an alternate lens. After hours of rehearsal in the classroom, embodied narrative will bring clarity when its choreography is set on stage. In the same sense, after a public experience such as *Moving Beyond Words*, clarity will be found and ease embodied when the choreography of death is set at the bedside. Rehearsal is essential because it changes what isn’t efficient and clarifies what is murky. *Moving Beyond Words* is a sort of rebellion as it attempts to mold the behavior of members of our culture in opposition to the already existing cultural patterns. As backed by Hanna, this sort of cultural patterning “even affects the deliberate breaking of rules.” Asking the difficult questions, breaking the rules, bringing liberation, and allowing dance to be an agent of change is not new to the dance world. The mothers of modern dance, Isadora Duncan (1877-1927), Ruth St. Denis (1878-1968), and Martha Graham (1894-1991), pioneered the adventure of risky choreography long ago. Thus, remembering these phenomenal dance pioneers I trudged forward assuming choreography can prompt change if that choreography is shaped by inquiry urged through discomfort.
Duncan, St. Denis, and Graham, though dancing through history at different times, each understood the body as sacred. To understand the body as anything but a tool to manipulate was a change in culture during their careers and it often included the breaking of traditional dance rules. Traditionally dance had been defined by the technique that molded the body to conform to unreasonable standards, or what St. Denis referred to as grotesque things.\(^{15}\) Individually and collectively the women recognized the body “as a temple, divine symbol, and a center for receiving information and communicating ideas,”\(^{16}\) and are widely remembered to have been able to transport audiences from one world to the next. Each is often commended for her influence in the modern dance world and all three women’s names still resonate throughout dance studios worldwide for their transformative liberation of the world of dance. As explained by Alanzo King, the “deeply embedded in the youthful bodies of Isadora Duncan, Ruth St. Denis, and Martha Graham was an intuitive understanding of the sacred and liberating aspects of the dance.”\(^{17}\) The three women left behind a tremendous legacy of liberation as they each founded their own unique and rebellious schools of training and performed, published, and persevered in a man’s domain. As a feminist, even before the term developed its current meaning, Duncan refused to allow others instruct her on the “how to’s” of performance while St. Denis disputed the rigorous structure of the rules in dance technique. Arguing that dance should be regarded “fundamentally as a life experience, as the ultimate means of expression and not something to be taken on from the outside—something to be painfully learned—or something to be imitated”\(^{18}\) St. Denis was an advocate for authentic dance that “began in the unconscious.”\(^{19}\) Finally it was Graham
who demanded more from the dance than any other pioneer and liberated movement to a wholistic approach to embodiment by stating, “the puritanical concept of life has always ignored that fact that the nervous system and the body as well as the mind are involved in experience, and art cannot be experienced except by one’s entire being.”

Dancing with the wisdom from the modern dance pioneers I began my four-month choreography process. My choreography is always a work in progress because as I ask more questions I always learn more backstory, a term coined from a course titled Performable Case Studies and taught by Professor Richard Robeson. The backstory is documented information, stretching beyond the familiar story, which is used as a sounding board for creative exploration. The backstory is the surfacing of archeology, or digging deep into the historical elements of an event before designing a case study; the backstory is the channel for creativity in case study design. The value of a backstory is found in the composition of a well-written case study inspired by a real life situation. In other words, the back-story is silenced narratives from the cutting room floor or dormant elements of a storyline that can enhance overall understanding and comprehension.

When new back-story of real life experience surfaces, I often find that my creative energy calls for liberated structure. Many times this liberation is found in the form of a different emotive response or first-hand experience that has subtly or drastically changed the direction of my choreography. The back-story found in my choreography toolbox included my personal narrative, the stories I come in contact with as a chaplain, words
offered by friends and strangers alike, and the narrative of Karen Ann Quinlan. One of my most profound experiences I have had, as a chaplain, was when a woman turned to me saying, “my story is now yours. Take it and share it with others.” Her storyline is traced throughout the embodied narrative, as is that of Quinlan and her mother, Julia. I used the historical narrative of Quinlan as a springboard particularly because I gravitated to the ways dance could embody her silenced struggle with an eating disorder. My body could also mimic that of a young, carefree, college-aged girl. Julia’s book, My Joy, My Sorrow: Karen Ann’s Mother Remembers illumined the realities of family turmoil while balancing religion, politics, and healthcare. Quinlan’s narrative produced solid historical back-story, drawing the body, mind, and spirit together in the same wholistic mold I wished to implement in the embodied narrative.

As my construction process progressed from research to choreography I was reminded of many additional valuable lessons learned during Robeson’s course. Not only did Robeson introduce me to a stimulating method of developing a case study in dramatic form through back-story but I also discovered the rich value found in composing a well-written case study inspired by such real life situation. We explored new depths by fully researching and investigating a real life situation so that we might better understand the various components, emotions, perspectives, and angles before designing the case study. Through research, conversation, and reflection we uncovered the back-story and used it as a facilitator for our own creative investment in the written case study. I was reminded of the significance of a process and inspired to acknowledge the creative journey as well as the final product. I applied this approach to my own work and performable case study
development and following in the spirit of our Performable Case Studies course I embraced the opportunity to add, alter, and leave out aspects of the factual case in order to best convey the narrative through the lines of dance. Adhering to the guiding principles offered by Robeson I discovered that the creation of choreography for an embodied narrative is a retrieval of missing narrative and is born in the gap between that which is known and the back-story that remains hidden. The divergence from the factual narrative is part of the creative process and often adds to the disturbed ambiguity of the piece. My goal is not to replicate any one narrative that has already taken place but rather to use a careful study of the back-story to craft a nuanced piece that provides the audience with a range of issues to be discussed at the performances conclusion. Thus, creating choreography in the liminal space that is between the known and unknown permits originality to surface and the imagination to be inspired.

Also brought forth in the liminal space is an opportunity for a work of art to establish rapport with its occupants. In doing so, the narrative witnesses can be open to receiving the art-filled gift of surprising newness in ethical revelation. In addition to the choreography of Moving Beyond Words, the music track I composed and fused of hymns, noise, beeping machines, hallway chatter, silence, and the breath of life drew the audience into the embodied narrative. Establishing the music to support the embodied narrative was a lengthy and tedious process of my own personal reflections on the sounds of hospital experiences, stories shared by others, and lived end of life journey with my father. I sat in front of my computer to draft the first version for twelve hours straight and allowed creativity, fate, and ambiguity to mold the additional aesthetic experience.
The sound and choreography of *Moving Beyond Words* will be discussed in detail in the upcoming chapter, but first I suggest a helpful technique offered by Martin Seel to assist in the understanding of the aesthetic experience offered by narrative, and how it might converse in the field of bioethics.

Seel describes the aesthetic experience of narrative to include [a progression from contemplation, correspondence, and imagination.][23] Seel’s three dimensions of aesthetic experience also illuminate the key elements of narrative that play a major role in ethical experience. I remembered the progression of contemplation to correspondence to imagination as I composed the supporting sound and choreographed movements for *Moving Beyond Words*. Seel’s theory shaped the Curtain Call to encourage inquiry, conversation, and liberation. I learned that it is through the act of contemplation that the receiver “submerges oneself in the story,”[24] and allows him/her to be receptive to the aesthetic. One fully experiences the potential ethical enlightenment capable of being produced by the aesthetic narrative process as they are submerged in the narrative. With this in mind I attempted to create sacred spaces in the sound and choreography for stillness, repetitive patterns, and contemplation. In addition to the sound and movement, the extended elements of the project, Curtain Call and the reception, also initiated potential for further contemplation.

Opportunities for contemplation are essential so that people are guided to correspond with the aesthetic. In correspondence those witnessing the narrative recognize the soul-deep experience that is being shared and identify with the aesthetic on a personal level;
correspondence stimulates exchange between the shared, or given, narrative and the receiver’s actual lived experience. Correspondence stimulates aesthetic transcendence as the witness seeks to identify what reality might look like if his/her life were placed in conversation with the shared narrative. Here is where embodied narrative fulfills the duty of utilizing dance to re-collect, re-member, and re-distribute silenced narratives from the cutting room floor. Empowering both the giver and the receiver to retrieve missing narratives through the intersubjectivity of embodied narrative is a unique feature of this narrative practice. Finally, and I argue most importantly, imagination allows this created reality to become dynamic, new, and fresh, allowing receivers to ponder the ethical situation given to them but in light of their own imagined reality. Here, in imagination, the aesthetic value creates space for persons to dwell in that valuable, yet sometimes dreaded, ambiguous liminal space and promote liberation through inquiry. *Moving Beyond Words* creates space for new ethical understandings to arise from the cutting room floor and give witness to the very human side of illness and suffering. By identifying with the real and human elements of illness, as embodied before their eyes, members of the audience were able to submerge themselves in the plot and truly contemplate the shared experience visually depicted. Seel’s element of correspondence was enabled through the exchange of narrative and invitation to question what life might be like for the patient with a terminal disease and how such experience might be received by family, caretakers, and health professionals. *Moving Beyond Words* authentically removed the veil of what was already considered about the end of life and creatively invited the imagination to explore new realities. Through embodiment, narrative was
allowed to push the limits of the moral world, lift the veil of aesthetic appearance, allow marginal voices to be heard, and bring to the table new ethical questions.28

Dance as a mode of embodied narrative involves great elements of ambiguity, inviting individual interpretation. A later exchange between the eye-witnesses encourages unique moral contemplation as insights are shared amid the group. While publications target a specific audience, the impact of choreography can be far more civilian and offer challenge to a larger number of people. Further explanation of the curtain call experience and the processing of new ethical questions are found in chapter 6. This chapter has solidified that dance affords multidimensional ethical reflection with its intentional integration of whole self, triggering a response unlike work focusing on one sense; dance, as multi-sensory experience, permits narrative to reach its full potential, serving as a medium for ethical reflection. As is the case with Moving Beyond Words: An Embodied Narrative for the End of Life, a mover can sequence narrative, literally giving body to spirit, and pave a way for this deep moral contemplation. As a liberator the dancer visually depicts humanity and challenges raw exchange between choreographer, participant, and observer, bringing discomfort when one body displays images that are familiar to all bodies. Embracing the liberating work of dance Lerman reminds us that, “It may look as if the artist is behaving like an activist, when actually all she is doing is building a world in which she can live and work.”29 Dance as embodied narrative is a call for all humans to build a just world in which we can live, experience humanity, feel dis-ease or discomfort, evoke inquiry, and elicit change. Liberating life’s greatest
complexities to find voice, dance prompts revelations to be shared within a group setting, surfaces new insight, and can set forth agents of change.

NOTES:

2 Ibid., 243.
3 Ibid., 3.
7 Ibid., 302.
9 Ibid., 34-35.
10 Ibid., 78.
13 Ibid.
17 Ibid., xv.

19 Ibid.


21 Professor Richard Robeson, Adjunct Assistant Professor of Bioethics at Wake Forest University Center for Bioethics, Health, and Society. Bioethics 717: Performable Case Studies, Spring 2011, Wake Forest University.

22 Ibid.


24 Ibid., 362.

25 Ibid., 353-376.

26 Ibid.

27 Ibid.

28 Ibid.

Moving Beyond Words is a weaving together of back-story, creativity, and authentic physical response. This chapter is a step-by-step journey into the sound and choreography of Moving Beyond Words. Each photo captured by photographers Todd McLean and Gerardo Maradiaga contains a brief description of the choreographed event displayed in the still, followed by choreography/sound notes, inspiration, and responses gleaned from a post-performance evaluation. This chapter is dedicated to including you, the reader, in the visual physical elements of this project. Without this chapter the project is merely words on a piece of paper, defeating the principle objective to move beyond words. As astutely stated by Lerman:

Choreography is a way of thinking. It is a way of gathering evidence, laying out the pieces, organizing the trail. Choreography is a way of seeing the world. The things that move against each other and then back into their own places. Choreography can happen in less than a second as a vision appears, then later in time as the vision is made real. Choreography is watching a person rise out of the chair and seeing in that action the awkward beauty, the purpose, the muscles at work. It is recognizing when someone needs to be told what to do and giving them directions. It is noticing when someone has the skills and talent and capacity and will to move forward, then allowing them the space to do so. Choreography is time–based, but the time shifts. Choreography is a medicine chest, a Torah scroll, and acupuncturists needle, a beat, a belt, a bullhorn.¹

As this trail translates movement into meaning and back again,² allow the choreography to help you see the world. Watch for awkward beauty, purpose, and muscles at work.
Listen for nuances and moments of resolution. Contemplate the actualities of end of life through sound and reflect on how you correspond with the experience. Allow the time to shift and be suspended in the liminal space that is created intentionally for you to dwell and contemplate. Give your imagination permission to go where you have never been and return with parts of your narrative that have been silenced too long.

**Figure 2 (below): Embodiment**

Partially through my process of choreography I found myself in a car accident that disabled my left arm. In a matter of just moments I found myself disembodied and physically living out that which I was trying to portray through choreography. Prior to the accident my choreography had tried to re-present the advancement from a state of full bodily ability, through deterioration, and ultimately arriving at disembodiment. Once I personally experienced disembodiment, my choreography had to change. Disembodiment was much more limiting than I had imagined and the confines of my differently abled arm were much more constricting than I had originally choreographed. The embodied narrative therefore was altered by my own real life experience as well as parts of my own narrative that had been silenced. My injured arm prompted the re-membering of my own hospitalizations at age 2 and 23. Both hospitalizations were due to a virus attacking my immune system, causing me to be placed in isolation. As I
choreographed, I re-collected these memories and was able to re-member them in an order that not only provided unique personal healing but also strength to re-distribute them with time. My whole self showed up in the choreography including dormant narratives that had been long forgotten but play a crucial role in my life. My vulnerability then stretched into the contemplation, correspondence, and imagination of the audience. Because my arm still had limited mobility I was able to live the difference between embodiment and disembodiment with my own physical body as I followed the tune of a nuanced instrumental arrangement. I quickly learned the privilege of being able to use my limbs; I quickly rediscovered the gift of dance I had taken for granted for years. With my own physical limitations in each of the three performances the embodied narrative began in stillness. Silently my right arm was lifted in preparation for the music to signal the choreography of my muscle memory to begin. It was just as any typical dance performance starts, filled with anticipation for the freeing, healing, motions of dance.

**Figure 3 (below): Freedom**

With both arms stretched wide my body visually depicted freedom, as it resembled suspension during the opening minutes of *Moving Beyond Words*. My intention was to fully embody a weightless attitude for the purpose of cementing a clear picture of embodiment prior to the restrictions that were to come. Hanna claims, “All dance has purpose or intent. The purpose may be primarily movement, the creation of an ephemeral, kinetic design in which concept
(ideas about dance), process (what leads to performance), medium (the body instrument), and product (the dance performance) merge.” The purpose of dance shifts throughout *Moving Beyond Words* but its beginning intent is kinetic design in which the concept is to represent a body that is fully able to move and be free through embodied narrative. Following the line of an electric guitar my initial choreography mimics movements much like Quinlan may have embodied as a carefree college student, my father prior to his degenerative brain disease, a life without the burden and responsibility of caretaking, and a lifted spirit before a terminal diagnosis. The aesthetic ambiguity of embodied narrative challenges the audience to use their imagination to explore who is dancing and what role they are playing. I did not give a clear introduction as to what character or idea, if any, I was going to represent during the dance. Neither did I explain what narrative the body of my dance partner, Jo Nygard Owens, would tell. I did, however, consider what clues I could set out for my audience so that they could follow the choreographed sequence.

Engulfed in the responsibility to use to enhance an ethical experience I was forced into greater inquiry regarding the communication between self and other. When I first began to dream of the choreography I had a large vision that included many dancers, a thick plot, and intense staging. Yet, my injured arm and the restrictions it brought helped me consider how my movement translated to the audience and practically did my choreography for me, transforming my vision into *Moving Beyond Words*. I don’t think my arm injury was necessary for the choreography to come to be but I cannot deny that it powerfully, and effectively, changed my direction. As suggested by Lerman my inquiry
brought by injury prompted change and liberated my choreography to “consider new ways to contextualize what was on stage and to seek choreographed techniques that would help make these ideas clear when necessary.”

Dance is often filled with abstraction but I was cautious to bookend the abstract with concrete images the audience could connect with. With this in mind I started with the barebones of what choreography could look like and allowed my body the control to enhance its potential. My body could portray dis-ease, illness, and suffering but it could also stretch the imagination and through abstract movement embody concrete ideas such as a person on a ventilator. Such abstraction is only found after much research, consideration, and inquiry has taken place so that the choreographer is certain that the audience can still follow the ambiguous movement without losing freedom in imagination. “Abstraction is a hard-won skill,” requiring time, creativity, risk, and freedom.

My choreography began as a single person adventure but developed with the addition of yet another embodied voice, that of Jo. When my vision was altered to a slight skeleton
of the once multi-faceted, many player, event I had dreamt, I knew I only needed one other dancer. The gift of time, energy, and creativity invested by my co-collaborated Jo is to be commended. As two skilled and trained dancers, choreography literally fell into place as Jo and I worked to set *Moving Beyond Words* in motion to the sound I had created. One of the many wonders of working together in choreography is that one move is often born of the next and together two trained dancers can allow both the movement and the sound to take the lead. Choreography is a beautiful process insomuch as not even the choreographer can anticipate the precise move that will transpire after the completion of a sequence. While I had a roadmap and sketch, Jo and I allowed the process of choreography to take its course as we watched the slight skeleton become a moving embodied narrative. Here, as Robeson’s course had prepared me, creativity was permitted enough freedom to move away from factual case analysis without changing the meaning or intention of the lesson, narrative, or voice.

As the choreography progressed I found it vital to repeat certain sequences of movement throughout the embodied narrative in order to retain audience interest. I did so encouraged by Hanna’s book, *To Dance is Human: A Theory of Nonverbal Communication* where she speaks at length about what she has named “intentional rhythm.”

8 Intentional rhythm is described by Hanna as a “patterned, temporally unfolding phenomena” which I translate to be segments of choreography that build momentum throughout an embodied narrative and are repeated so that they become recognizable to the observers. Confirming my decision to incorporate intentional rhythm into the choreography came a written comment, “I was drawn to the section where you
were bound by bandages. You were trying to keep on doing your signature moves, even when you were incapacitated. I found myself asking, how do I continue to be authentically me when the time comes that I can no longer dance my own dance?”

Figures 4 and 5 illustrate one sequence that was structured both at the beginning and end of the embodied narrative depicting ambiguous freedom. Hanna continues the conversation by adding that intended rhythm could also be something implicit. In other words, the repetition of Figures 4 and 5 at the beginning and end of the embodied narrative are merely bookends for the same choreography repeated in the middle, only with my left arm bound. While the music did repeat at the conclusion, most of the choreographed repetition occurred with diverse music to re-present the actualities of mundane life experiences of illness and suffering set against different backdrops. Intended rhythm completes the kinetic design\textsuperscript{10} introduced by Hanna where the ideas about the dance shape the process and the body as the instrument, or medium, of the soul merges with the overall product of performance.

My transitions between embodiment and disembodiment were rooted in the same choreography and audiences were able to follow the flow. As one non-mover audience member said to me after a performance, “My own arm hurt when you repeated the same choreography only bound in fabric. Actually, my soul hurt.” Intentional rhythm is powerful, transformable, and should be utilized to continually draw in the audience with its comfort in repetition. Below is a series of intended rhythm visually depicting the contrast between embodiment and disembodiment, supported by an intentional repetition in sound, found in the choreography of Moving Beyond Words:
To relay images of embodiment and disembodiment, the choreography needed to include props such as fabric, chairs, and other restricting materials. The props functioned as additional audience clues as the music grew and I was forced to inquire as to what props might best depict the journey toward end of life. Specifically in terms of disembodiment and my own arm injury I had to think creatively as to what functions practically in choreography and figuratively in the imagination. In his book, *Signs, Language, and Behavior* (1955), philosopher Charles Morris developed his theory of semiotics, or a behavioral theory of signs. Hanna has taken Morris’ theory, adapted it, and considers dance to be a meaningful behavior dwelling within Morris’ developed three domains: pragmatics, semantics, and syntactics.11 According to Hanna, pragmatics focuses attention to the “relation of signs to interpreters, the “real–life” level of antecedents, consequences, and ideology.”12 I believe pragmatics also involves a discussion regarding the origin of choreography and the why behind every sequence I situate into an embodied narrative. Take for instance the truth that I wanted to choreograph a piece about the end of life. To do so the movement progresses from large to small, traveling the body from freedom to confinement, and triggering a tempo change in order to signify a transition.
from life to lethargy. There is a pragmatic intention behind the ephemeral experience. Within pragmatics is reasoning behind every step, grand jeté, and tour jeté of the choreography.

Next, in the context of dance, the semantics narrows in on the “relation of signs to what they signify, information content, and the substantive nature of motional patterns.” Sometimes described as meaning cut out of shapes, semantics play a large role in *Moving Beyond Words*, assisting audience members in greater understanding and giving them clues along the choreography trail. A close look at the use of semantics in *Moving Beyond Words* helps justify the choreography; semantics application in *Moving Beyond Words* follows in conjunction with visual models. Semantics can be concrete such as a motion or device outwardly portraying reality:

![Figure 7: Caught](image)

**Choreography/Sound Notes:**

**Visual Depiction:** Illustrating the life experience of being caught off guard by disembodiment and the sense of entrapment with no escape.
Sound: Opening instrumental piece with increased energy and tempo.

Clue: A yellow exercise band was used as a device to outwardly portray reality. Though the band itself could have been understood by the imagination in numerous ways, the intention behind its use was to literally show the first stages of disembodiment. The exercise band has elasticity and therefore fulfilled the purpose of showing an arm that can still move but is restricted by limitations.

Inspiration: An element of my own current narrative, a car accident.

Response: An audience member stated that the yellow band with limited movement caused her to think how “illness entangles, but yet we can still be free when bound.” I appreciated this written response, as one question I danced with during this piece of choreography was whether there is any comfort at all when bound. Is there freedom yet to be found?

Figure 8: Wrapped in Suffering

Choreography/Sound Notes:

Visual Depiction: This choreography involved the use of fabric to further depict the binding of my arm to a point of complete disembodiment. The wrapping of
fabric was not done in ease and re-presented the struggle found in many disembodied narratives. Jo and I pulled the fabric between the two of us as she tried to pull me in to wrap and I resisted the binding. Suffering, pain, and struggle were apparent, allowing the audience to fill in the gaps with their moral discourse.

**Sound:** Increased tempo and volume of opening instrumental piece. The music gifted the audience with a audio re-presenting of struggle and intensified pain.

**Clue:** Three strands of the same linen fabric. With each spiral turn toward Jo I was bound by an additional piece of fabric until I could no longer pull my arm away from my body.

**Inspiration:** My own fear of never being able to dance again or use my arm as I had always known, in addition to every amputee narrative I encountered in the hospital as a chaplain. Their narratives remind me how quickly life can change.

**Response:** My mother, having no insight into the chorographical intentions, wrote “My husband has a degenerative brain disease which has progressively taken memory, physical components, and life style entitlements (i.e.: driving, his job) away from him. The 3 wraps of fabric struck me as not only his progressive restrictions but also his personal rebellion in fighting each loss.”
Choreography/Sound Notes:

**Visual Depiction:** Caught in disembodiment and frozen in fear, heartache, and exhaustion. This segment stopped movement in its tracks as I balanced in an arabesque for an extended time and re-presented disruptive illness.

**Sound:** Conclusion of song one tapering off into silence.

**Clue:** A cotton rope was used as a lasso to signify being captured and confined by illness, condition, others, the self, or any other imaginative interpretation.

**Inspiration:** The moment when all that is left to do is accept. The dichotomy between the loss of freedom and will to fight, struggle in chaos and peaceful surrender, desire to move but always attached, and that between joy and sorrow.

**Response:** “Your dance evoked the daily experiences I see in critical care. The feelings of chaos and calm, struggle with right and wrong, faith and faithfulness. I saw and felt the longing to let go contrasted with the longing to hold on.”
Semantics can also be understood as an icon, or a representation of a condition, that responds as if it were such:

![Figure 10: Resistance](image)

**Choreography/Sound Notes:**

**Visual Depiction:** This sequence physically re-presented an individual resisting the icons that symbolize any attempt to pull them down, into, or a different direction. The dance visually depicted a life experience that tugs and pulls away from illness, disability, or other internal and external factors.

**Sound:** A transition from silence into the hymn, “Go My Children” connected by the sound of a beeping heart monitor and layered with the typing from a computer used for resident rounding. The heart monitor itself created unique ambiguity and left a gap for the audience to consider life and death.

**Clue:** A cotton rope.

**Inspiration:** This is one instance where the choreography fell naturally into place in the sequence we created. With that said, this movement is representative of
every illness narrative I have been privileged to witness.

**Response:** This image triggered a response from an audience member regarding her own work with people with an arm amputation. The audience member was not aware of the origins of this choreography, but the image moved her to tears. She noted that she better understood what her clients meant when they tell her, “Sometimes I dream that I have arms. Sometimes its hard to accept that I will never have my arms again, I just resist it.” The supporting sound triggered yet a difference response from an audience member at this precise moment of choreography, “I was fascinated the entire time by the dichotomy of the heartbeat in that it can signal life as well as death.”

Semantics is stylization when movement creates abstraction within structured form:

![Figure 11: Respirator](image)
Visual Depiction: This series of images displays many different accounts shaping one's narrative. First is the dependency on life support and the vulnerability required (figure 11), next the reflections of a mother (figure 12), and finally the will to fight (figure 13).

Sound: Increased volume of heart monitor and keyboard, supported by the hymn. In addition, hallway chatter is fused with the foundational sounds giving the music depth. Finally, as the hymn concludes and hospital sounds taper the sound of a respirator remains as the sound structure. Added to the respirator was my
own live, embodied, deep breathing as though I were literally on the machine.

**Clue:** Our own bodies (stylization). I.e. figure 11 re-presents the vulnerability forced upon one bound to a respirator by using a technique often integrated into Alvin Ailey’s choreography. Figure 11 re-presents the vulnerability of a respirator by exposing the most vulnerable parts of the body: the wrists, chest, belly, and throat.

**Inspiration:** The narrative of Karen Ann Quinlan and that of a similar patient inspired this choreography. With permission to share, this summer I encountered a young adult who suddenly became ill and was on full life support. I journeyed with the family as they made difficult decisions in regards to patient care. I wept with a mother who understood her child was living vicariously and held the hand of the patient as they miraculously fought against the breathing machine and recovered to share the experience.

**Response:** This choreography has forever changed me. I had worried about the abstraction, yet many people mentioned that this was the most difficult portion of the dance to watch because it was so realistic. I literally got lost in my own inhaling and exhaling as my body arched and contracted to the rhythm of a respirator. I fell into a rhythm that kept me going throughout a large segment of the embodied narrative, my body led me and I was no longer in control. As I moved I was reminded of the aforementioned patients fight against the confines of the life support and of the joy that came after the struggle. Today, every time I walk into a life support patients room, my body feels every inhale and exhale; the stylization ability of my body has liberated my personal understanding of those
fighting to be alive, struggling to accept, or finally able to surrender.

Semantics is a metonym when dance is a motional “conceptualization of one thing for that of another, of which the former is associated or contiguous in the same frame of experience.”

Figure 14: With Love

Figure 15: Trapped

Figure 16: Help

Choreography/Sound Notes:

Visual Depiction: Surrender of condition but accepting of love (figure 14),
literal entrapment (figure 15), and a cry for help (figure 16).

**Sound:** A fast tempo acoustic violin piece.

**Clue:** A red body bag.

**Inspiration:** As I creatively brainstormed options for audience clues I struggled with how to best illustrate entrapment. It was then I remembered the senior solo dance of my friend Kate Knudson Wolters and her use of a body bag to make beautiful shapes on stage. With Kate as an inspiration I permitted creativity and ambiguity to transport me to a new place of imaginative discovery. Generating an image in opposition to Kate’s beautiful images, my body, limited by the fabric but unchained by the space inside the bag, set to literally epitomize a longing to be free. At the conclusion of my struggle the metonym of Jo literally grabbing my hand and assisting me out of the bag was a powerful picture of eventual freedom.

**Response:** I was thankful for the numerous written comments I received about the red bag. Here are just a few: “The red fabric was particularly significant for me. When you were covered, I saw the loss of identity that so often happens for people who are intubated, sedated, and struggling for life. They become, in a way, objects instead of people.”
Semantics is a metaphor when dance expresses a thought in place of another with a suggested analogical relationship:

**Figure 17: Stillness**

*Choreography/Sound Notes:*

**Visual Depiction:** Visually depicting the contrasting narratives of embodiment and disembodiment, stillness and motion, and perhaps even life and death.

**Sound:** A folksong singing of a long journey interspersed with moments of silence and breath.

**Clue:** Our own bodies

**Inspiration:** As I choreographed I questioned what ethical conundrums I was trying to address about the end of life and how I could communicate them through metaphor. As clear in the pictures of this chapter, the catalysts were inner conflict with dis-ease, relationships, healthcare team interactions, disembodiment, entrapment, and the experience of stillness.

**Response:** “The music and sounds felt well integrated, not only with one
another, but also with the dance. The snippets of hymn and folk playing in the midst of silence in the first half of the piece were particularly poignant for me.”

Semantics is an actualization when dancers find themselves inside the choreography:

![Figure 18: Chaos](image)

**Choreography/Sound Notes:**

**Visual Depiction:** Moments of current or lost independence (figure 18). Complete and utter exhaustion physically, mentally, and spiritually (figure 19).

**Sound:** Utter chaos as the song builds to include layers of hymn, folk, hospital noise, and instrumental sounds.

**Clue:** Our own bodies

**Inspiration:** In dance, abstraction is something you can start with and then develop into a narrative parallel. However, as I was reminded by Lerman, there is also beauty in the non-narrative and in the wonder at making line and shape and color and energy and dynamics all real without including a hint of reality or literal connectedness.” Lerman continues by saying that spontaneous movement is “the kind of gesture that is very particular to a person’s story.” Lerman then
discusses being in a nursing home and observing a woman sewing without needle or thread: “Instantly her hands were dancing in the air, shaping a kind of paperthin silvery-veined filigree she did a variation of threading her machine. She wasn't showing me about it. She was doing it. I gasped at the beauty. But when I tried to do it, I realized I didn't have the physical capacity to find the essence of her movement.”

Similarly I became an eye-witness to a gentleman who was being allowed to die in the emergency room but yet suffered in pain, agony, and fear. I tried to mimic his motions but it was too painful for my own body. However, when I let my spontaneous movement take control my body told a narrative in a manner more powerful than I could have choreographed. My body used gesture that was particular to the narrative of our intersubjectivity.

Finally syntactics determines how various signs and symbols may join together to become one. While often semantics and syntactics are inseparable in spoken and written language, they can function individually in that which is too deep for words. Meaning
often depends on the context, the intersection of syntax and semantics, but even that is situational. Overall the syntax of dance is what weaves together the diverse components of the back-story to shape a communicable embodied narrative. This chapter has demonstrated how the language of dance strung together with life, ropes, stillness, body bags, fabric, death, energy, sound, and movement sanctions *Moving Beyond Words* an embodied narrative for the end of life.

![Compilation](image)

**Figure 20: Compilation**
NOTES:

1 **Liz Lerman.** *Hiking the Horizontal: Field Notes from a Choreographer.* (Middletown, CT: Wesleyan University Press), 2011, 282.

2 Ibid.


4 **Liz Lerman.** *Hiking the Horizontal: Field Notes from a Choreographer.* (Middletown, CT: Wesleyan University Press), 2011, 72.

5 Ibid., 93.

6 Photo credit to Todd McLean

7 Photo credit to Gerardo Maradiaga


9 Ibid., 28.

10 Ibid., 24.

11 Ibid., 40.

12 Ibid.

13 Ibid., 41.

14 Ibid.

15 Photo credit to Todd McLean

16 Ibid.

17 Ibid.

18 Ibid.

19 Photo credit to Gerardo Maradiaga

20 Photo credit to Todd McLean

21 Photo credit to Gerardo Maradiaga


23 Photo credit to Todd McLean

24 Photo credit to Gerardo Maradiaga

25 Ibid.

26 Photo credit to Todd McLean

27 Photo credit to Gerardo Maradiaga

28 **Liz Lerman.** *Hiking the Horizontal: Field Notes from a Choreographer.* (Middletown, CT: Wesleyan University Press), 2011, 93.

29 Ibid. 61.

30 Ibid.

31 Photo credit to Todd McLean
CHAPTER SIX

MOVING BEYOND WORDS: CURTAIN CALL, A POST-PERFORMANCE DISCUSSION

Moving Beyond Words: An Embodied Narrative for the End of Life exemplifies how embodied movement can generate fresh dialogue within the field of bioethics. As revealed in this writing, dance as an embodied narrative has the potential to create new pathways for ethical conversation through its physical ability to visually depict complexities, prompt internal questions, and provoke discussion. The visual depictions of abstract ethical questions prompt conversations that stretch the limits and restrictions of verbal communication. Even so, a primary goal\(^1\) of the embodied art is to engage audience members in a verbal discussion about issues that are illuminated through the non-verbal artistic expression:

The creative act is not performed by the artist alone; the spectator brings the work in contact with the external world by deciphering and interpreting its inner qualification and thus adds his contribution to the creative act.\(^2\)

Every dance with an audience present has at least one choreographer, one performer, and one observer. The body is a “vehicle for conceptualization”\(^3\) that allows these three key players to interact. An audience adds a peculiar dynamic to a piece of choreography as the communication shifts from an internal focus to intersubjectivity with an-other. Even when one body is moving and the other is still, the experience of being a body is shared universally. The communal experience of being a body is stimulus for powerful discussion. The final portion of the project Moving Beyond Words therefore includes Curtain Call, a facilitated post-performance large group discussion between the
choreographer, performers, and audience. Curtain Call is designed to allow embodied narrative to help us make moral sense out of our lives. Curtain Call stimulates us to talk about the witnessed art and helps the choreographer, performers, and audience make moral sense out of the application of ethical complexities to real life.

Curtain Call is strongly influenced by the existing frameworks established by Professor John Moskop and Professor Richard Robeson, both of Wake Forest University in Winston-Salem, NC. Both professors have extensive background in the category of humanities within bioethics as well as the writing, rehearsing, and presenting of performable case studies through means of Readers Theater. I was fortunate to have conversations and coursework with both Moskop and Robeson through which I benefited from their experience, insight, and guidance. In preparation for Curtain Call discussions Moskop suggested I construct an approach to inquiry that provokes audience participation with both myself, as the choreographer, but also the larger group. With this suggestion I formatted questions that began in a safe space and later developed into a place of more discomfort. Invited to the conversation are three diverse groups of persons: religious, medical, and non-professional/public. The first performance included clergy through a statewide Clinical Pastoral Education meeting; the second entered dialogue with other students of bioethics and community members at large; and the third targeted healthcare professionals and those directly affected by end of life decision-making. Each curtain call session began with the welcoming of any initial reactions and flowed toward structured questions. Questions posed included:
1. What stood out to you in the presentation?

2. What part of the choreography was meaningful to you?

3. Did anything surprise you?

4. Were you challenged? Moved to discomfort?

5. How did that (the red bag/rope, etc.) make you feel?

6. Did the embodied narrative prompt any questions?

7. What insight did embodied narrative prompt internally?

It was pertinent that I facilitated or guided the conversation, instead of dictating, because fruitful insight was gleaned through the intersubjective conversation that occurred between audience members. The final question presented on the short post-performance written evaluation addressed intersubjectivity by asking, *did you learn anything from the others who also participated in the Curtain Call discussion?*

Curtain call is intended to allow the work of art occasion to settle into the bones of the audience. Influenced also by Seel, Curtain Call guides both the giver and receiver of narrative to move from contemplation to correspondence and finally to imagination. Curtain Call also holds me, as choreographer, accountable to expose the real human elements of death and exhaustion of caretaking so that the audience is submerged into the plot and can truly contemplate the shared experience visually depicted. Through the integration of the body, mind, and spirit, dance prompts untapped conversation through the retrieval of missing narrative. Dance permits further exploration of the backbone supporting a human understanding of the ethical situations all people face each day. This
wholistic approach to narrative not only considers, but also challenges, the why and how of ethical decision-making. Because of the nature of the performances, that of safety and inclusion, a goal was to support those gathered as they addressed the why and how of ethical confrontations while dwelling in the gaps of embodied narrative. This required much authenticity as they settled into the vulnerability of human movement. Given permission to fully invest in the dances, the audiences were intellectually and emotionally drawn into the movements and brought back to physical reality through the Curtain Call discussion.

I had speculated that each diverse gathering of individuals would be drawn to discuss the concepts that mirrored their distinct profession. I wondered if the clergy would primarily focus on the spiritual realm, the students on ethics, and the medical professionals on the facts of the dying process. While heaven was only mentioned at the clergy performance and the facts of Quinlan’s death surfaced amongst medical professionals, I was pleasantly surprised to discover that spiritual, ethical, and medical comments arose at all three performances. In addition to the original questions posed, each of the Curtain Calls conducted excellent conversation and comments about narrative on the written evaluation. Reflecting on embodied narrative as a medium for communication a clergy member remarked, “The embodied narrative internally prompted the moment of the ending of many stories with the struggle to continue on. While someone is present in the moment holding the story, and another has passed, the story is precious and a privilege to have been part of.” From one student came an understanding of embodiment as s/he found him/herself “more swept up in the story and taken in rather than if it had been.
read” and for another came recognition of the humanity that is often lost when case studies are put on paper. A healthcare professional contributed, “I found myself thinking of that moment after a hard conversation. A conversation in which I’m trying to catch my own breath and finally process the story.” Very few comments were passive, however those that voiced a negative opinion hit the core of my biggest fear, ambiguity.

Questions like “Was there a message or was that just a dance?”, “The ending wasn’t clear, did the patient die?”, and “Was there resolution?” stem from the aesthetic ambiguity of embodied narrative. Deep within every performance of choreography is an element of immense ambiguity. In dance there is seldom verbalization or explanation provided for every movement on the stage; instead, as earlier discussed, the aesthetic ability of embodied narrative carves the liminal space in which all persons can immerse themselves in the narrative of another. *Moving Beyond Words* does not have audible verbal communication aside from a welcome and the Curtain Call conclusion. The lack of a verbal conclusion urges dance as embodied narrative to function in open-endedness and with an invitation to all three parties (choreographer, dancer, and audience) to dwell in the liminal space. Again, this resonates with Zoloth’s perspective on narrative gaps. It is here, in this ambiguity, where individual resolution may be sought, questions asked, personal comfort challenged, and new ethical discoveries uncovered. I believe the art-filled skill of storytelling through dance is that a conclusion is rarely drawn. Instead, there is creative power in the process of narrative choreography, or embodied narrative, to bring persons into the “concrete life experience” of another while stimulating conversations. There is no one correct conclusion available during the performance.
because, as observed by Chambers, the interpretation of the exchange is subject to the audience (all stories are told by a person who is revealing and concealing an experience).9

Moving Beyond Words creates space for new understandings to arrive, even for the choreographer, and Curtain Call offers a time of processing the ambiguity.

Curtain Call exists to process the lack of conclusion by embodied narrative. This lack of conclusion is not unique to dance and is also found in the narratives brought to ethics consultations and major healthcare decisions. The ambiguity within all narrative prompts critical self-examination and provides opportunity for various perspectives, opinions, questions, and enlightenment. Therefore it is no surprise that the aesthetic ambiguity of embodied narrative would also trigger numerous interpretations and understandings of both the experience visually depicted and the moral discourse embedded within. The sacred space created by embodied narrative challenges the eyewitnesses to not only reevaluate the issue at hand (i.e. death or caretaker) but also consider the deeper ethical decisions that eventually surface through its lived experience. Curtain Call paired with Moving Beyond Words allows health care professionals, religious leaders, and the general public to be motivated by embodied narrative to do something about silenced narrative. Every narrative has potential for a profound, soul-deep exchange between storyteller and witness, and when successful, narrative should allow voices to be heard from the margins for the first time. Despite the lack of a conclusion, the aesthetic does have potential to differentiate between what is and what ought to be through its transcendental quality, which challenges us to reconsider our moral identity. The aesthetic gives each of us a sense of existence.10 It is here Curtain Call stimulates our bodies to talk about the
witnessed art and helps the choreographer, performers, and audience make moral sense out of the application of ethical complexities to real life.

Moving forward in my creative endeavors and addressing how an audience might respond to an abstract, wordless exchange I depended heavily on the insights gleaned from Lerman’s book, *Critical Response Process: A Method for Getting Useful Feedback on Anything You Make, from Dance to Dessert*.\(^1\) Supported by the Liz Lerman Dance Exchange, the book reflects the mission of the exchange, founded in 1976, a “unique brand of dance/theatre [that] breaks boundaries between stage and audience, theater and community, movement and language, tradition and the unexplored.”\(^2\) By means of contemporary dance the Liz Lerman troupe exchanges personal narrative and hosts formal concerts, professional training institutes, and interactive performances to engage people in the making of art. Robeson’s course, combined with conversations with Moskop, in addition to my discovery of the Liz Lerman Dance Exchange and the book, *Critical Response Process: A Method for Getting Useful Feedback on Anything You Make, from Dance to Dessert*\(^3\) provided the scaffolding necessary for me to take my next steps forward. Lerman’s book features just one of the many projects supported by the exchange and outlines her Critical Response Process, a “four-step, facilitated dialogue between artists, peers, and audiences.”\(^4\) Her process was originally created to nurture the development of artistic works-in-progress, however the Process is now applied in many settings including finance, bakery, and art. As an intentional response to Lerman’s own growing unease with peer reviews, and the type of criticism people felt compelled to offer, her first goal of the Process was to assist the artist in taking control of critical
sessions. Lerman’s Process acted as a blueprint for the Curtain Call in *Moving Beyond Words* as it was created specifically with the intention to prompt conversation and dialogue with an open invitation for critique. It was Lerman’s desire to motivate effective communication that first drew me to her Process and continued to impel me to take a risk and apply her method, without fear of mistakes, to the Curtain Call discussion.

The Liz Lerman Critical Response Process consists of three instrumental roles and four vital steps. The three roles determined and declared by Lerman within her Process are the role of an artist, the responders, and the facilitator. Specifically for the original intention of the Process, to spur useful feedback on works-in-progress, Lerman suggests the artist’s attitude upon entering the critical session will dramatically shape and guide the direction of the discussion. Lerman first hoped that the process would urge artists to take the valuable criticism gained from the session and apply it to future projects; Lerman offers that “the Process is most fruitful when artists are invested in the future evolution of the art they are showing” or at least open to listening to what others have to offer. I was able to learn from each Curtain Call and make slight adaptations between the different performances based on critique. I was cautious, however, so as not to change the meaning or intent behind any of the choreography, and all adaptations were slight modifications for clarification.

It was useful to consider Lerman’s perspective on critique when facilitating the Curtain Call with the responders, or persons witnessing a work of art and offering the corrective criticism. An important feature of responders, noted by Lerman, is that responders
(regardless of whether they themselves are also artists, family members, or from within the community) must share the common aspiration to see this artist succeed. Here Lerman reminds readers that often times the artistic world is filled with a competitive spirit that hinders the ability to truly offer constructive criticism. Lerman’s Process urges the setting aside of personal goals and instead the promotion of the artist’s, not individuals, best. Finally, the facilitator assumes many roles throughout the Process and is said to have a job description that includes “initiating each step and managing the transition to the next, keeping the Process on track, and assuring that the artist and responders all understand the guidelines and get the most out of them.” Facilitators also have the responsibility of deepening the dialogue. Lerman may have originally intended for these three roles to be integrated into a peer review of an artistic composition; however, the Process was a good fit for Moving Beyond Words. Curtain Call was not an evaluation of a work still in progress, yet it has a creator, responder, and facilitator. Thus, while it is not unique to identify different roles within a conversation, it is Lerman’s capacity to guide the diverse voices of a dialogue into a place of neutrality and active listening that makes the Critical Response Process unique.

Within the safety and power of neutrality is where I deviated from Lerman’s suggested application of her Process to artistic works-in-progress and instead focused on her desire to motivate effective communication, without the fear of mistakes, beyond critique sessions. Liz Lerman’s Critical Response Process lures all participants of a diverse conversation into a single neutral arena through a four-step method: (1) statements of
meaning, (2) artist as questioner, (3) neutral questions from responders, and (4) permissioned opinions. With a belief that all art is created with some form of meaning, step one invites both the artist and responders to consider the meaning of the work of art. As quoted by Lerman, “the Critical Response Process begins with the philosophy that meaning is at the heart of an artist’s work, and to start with meaning is to begin with the essence of the artistic act.” Therefore, instead of opening wide the curtain without boundaries and waiting for the audience to voice what they liked, or disliked, the facilitator has a responsibility to initiate the conversation through a manner that provides the responders with a vocabulary. The questions designed for Curtain Call helped create a language that could address the powerful communication of the piece of art. By asking “what has meaning for you about what you have just seen?” or “what was stimulating, surprising, evocative, memorable, touching, meaningful to you?,” a choice vocabulary is introduced and the responders are persuaded to pull from this wordbank in order to express their reactions to the piece of art. Specifically for Moving Beyond Words, step one encouraged the move away from asking did you like what you saw and toward what part of the choreography was meaningful to you? Step one and its search for meaning served as an excellent filter for the abstract elements of the embodied narrative that were difficult for some to comprehend.

The reworded search for meaning in step one sets the foundation for step two where questions are now pursued. Before the responders have the opportunity to ask questions (step three), the artist is first given the opportunity to analyze her own work. Step two offers a broad spectrum of stances from which the artist can start, including whether or not she even wishes to ask
questions. The artist is also able to set boundaries for the discussion about their work of art and decide what she is willing to discuss. Artists may be encouraged by comments surfaced in the statements of meaning from step one and decide that they do, or do not, wish to ask for further explanation from the responders. Step two moves conversation away from asking what did you think? and toward how did you experience X, Y, or Z? Lerman notes that “when the artist starts the dialogue, the opportunity for honesty increases.” Step two is useful if artists are seeking to further develop their work and are having a difficult time choosing between two options, want input, ask directed questions, broad or narrow conversation, redirect questions to yield the information they are seeking. In the happenstance of a work that is already completed, for instance Moving Beyond Words, step two also makes available a chance for the artist to further expound on his or her work of art and clarify areas she too questions. Reversing the dialogue, step three allows the responders to ask questions of the artist. The fascinating component that distinguishes Lerman’s Critical Response Process from others is that the questions asked must be shaped by neutrality; both questions and opinions must be formed into neutral questions. An example provided in her book was of a responder wishing to ask why the stage was so dark and reshaping the question to read, “What governed your choices in lighting the piece?”

While many find step three to be a daunting task, Lerman comments that the “actual process of trying to form opinions into neutral questions enables the responder to recognize and acknowledge the personal values at play.” The goal is not to cover up true emotion or response, but rather to reconfigure the asking of a question so that the artist is more receptive and can learn from the situation. Lerman is quick, and right, to point out that as soon as defensiveness starts, the learning stops. With this in mind step three, in particular, is applicable
to abstract works of art as it “allows the responder to determine the relevance of the opinion and lays the groundwork for the artist to hear the opinion from a non-defensive posture.”27 Had I more time to prepare the audience, I would have gladly welcomed an introduction on neutral comments and questions. Neutrally posed questions embrace both the artist and the work of art while still being hospitable to the questions the audience may hold. Step three assists in the avoidance of inquiry that challenges the artistry of the creator, such as asking why an element was chosen, or focusing on unnecessary elements that distract from the true meaning of the art as earlier discovered in step one. In the Curtain Call of Moving Beyond Words I took a risk and entered into the vulnerable place of facilitator and choreographer. It was, therefore, difficult to ask a responder to reword a question, posed in neutrality. If there had been more time to prepare the audience, a discussion about neutral statements and questions might have been beneficial. Seeing as there was not a conversation, however, I report that there were no major confrontations or disruptive questions. Had the groups been larger, a neutral discussion would probably have been helpful and I will remember step three for future presentations. Again, the most challenging element of implementing step three, and four as will soon be explored, was the multiple hats I wore of choreographer, performer, and facilitator.

Neutrality aids in discovering the heart of the matter. Although a responder may still try to pry an apologetic explanation from a neutral question, it is the responsibility of the facilitator to redirect the interrogation and avoid what Lerman names “fixits.”28 A fixit, according to Lerman, is a direct suggestion for a change. Fixits surface in all four steps; most predominantly, they arise in step one, where the offering of a meaningful statement might offer a fixit, e.g., through saying I liked X but I wish X would have lasted longer, and in step three, with the
misunderstanding of neutral questions. Finally in step four, where fixits come most naturally, opinions are invited and guided by instruction to ask permission before offering the opinion. A suggested format for step four is *I have an opinion about the script, would you like to hear it?* Asking permission is an important component that is required of every offered opinion. While this form might seem monotonous, Lerman claims the ritual of asking permission affords both the artist preparation time to become receptive and responders a moment to think before they speak. It is here in step four where I gleaned important insight from Lerman’s book through a statement offered by Nick Olcott of the Round House Theatre’s New Voice Playreading series. Olcott states, “I have learned in step four never to call on anyone who has not participated in steps one through three. Those are the destructive opinion mongers who have not contributed helpfully to the Process.”29 This advice is well noted as I recall many witnessed situations where an opinion was offered regarding a piece of choreography that was loaded with insult and arrived from a place of audience naivety. While it is important to listen to the opinions of the audience I value Lerman’s requirement of first seeking permission, as it provides an opportunity to prepare for reception and consider the opinion offered.

I did offer an explanation of step four during the first Curtain Call; however, it did not seem to make a difference in the overall conversation, because of my many roles. It would have been very disruptive had I paused and forced people to rephrase a question or opinion. I did, though, keep in mind the idea of not calling on someone who has not already participated, which proved to be extremely wise. I felt comfortable rearranging the Process because though Lerman strongly suggests the sequential following of all four steps, there is flexibility in the Process for a facilitator to carefully transport the group forward or backward within the steps and allow a
“more organic flow to the discussion.”20 Utilizing the resources available to me assisted in a more organic flow to discussion for the Curtain Call of *Moving Beyond Words*.

This chapter recommends that a post-performance discussion is necessary for embodied narrative to serve as liberation as the Curtain Call aids in the understanding of ethical complexities found within the art. My main goals were to explore whether dance as a medium for communication could provoke deeper reflection in ethical dialogue, which, in turn, would encourage continued conversation beyond the performance. After three performances of the exact same choreography, presented to three diverse groups of people, I conclude that embodied narrative does promote a unique discussion that differs from other methods of addressing issues of bioethics. Many people commented that the post-performance discussion of the embodied narrative empowered them to understand that their perspective was valid as they were surprised at the diversity in response. At almost every performance it was mentioned that someone hadn’t thought about certain perspectives in the way they did after the performance and discussion. One audience member said “the Curtain Call discussion is most valuable because many different interpretations are surfaced and I found new meaning to some of life’s hard questions.” The field of bioethics will benefit from embodied narrative post-performances because different perspectives are voiced which, in turn, prompt a unique conversation regarding ethical complexities. Said by an eye-witness of *Moving Beyond Words* and participant of Curtain Call, “it is fascinating to hear the various interpretations discussed. Curtain Call was a powerful reminder of how in life we can all look at the same situation and see completely different things in it.”
Embodied narrative promotes liberation as the art evokes questions that challenge for change and eventually affect society. This chapter outlines how *Moving Beyond Words* evoked questions about the end of life and challenged responders to think critically about themselves and others. *Moving Beyond Words* encouraged inquiry through Curtain Call and the conversations between responders liberated the conversations that are yet to be had. Curtain Call discussion revealed the diversity in opinion, the importance of voice, the need for conversation, and a challenge to think about things the audience never would have come up with on their own. In addition to the growth in narrative understanding participants remarked that they were urged to embody their own narrative and, what I name, retrieve missing narratives of their own long forgotten narrative. The level of intimacy between physical bodies, provided by embodied narrative, permits dance to be a creative medium for narrative expression that permits humanity to fully explore the intricacies of bioethics and actively participate in the duty of responsibility of self to others and society.
NOTES:

1 Professor Richard Robeson, Adjunct Assistant Professor of Bioethics at Wake Forest University Center for Bioethics, Health, and Society. Bioethics 717: Performable Case Studies, Spring 2011, Wake Forest University.


5 John C. Moskop, PhD, Wu Chair in Biomedical Ethics and Professor of Internal Medicine at Wake Forest School of Medicine.

6 Professor Richard Robeson, Adjunct Assistant Professor of Bioethics at Wake Forest University Center for Bioethics, Health, and Society.

7 John C. Moskop, PhD, Wu Chair in Biomedical Ethics and Professor of Internal Medicine at Wake Forest School of Medicine.


12 Ibid.

13 Ibid.


16 Ibid.

17 Ibid., 15.

18 Ibid., 18-26.

19 Ibid., 19.

20 Ibid.

21 Ibid.
23 Ibid.
24 Ibid., 21.
25 Ibid.
26 Ibid.
27 Ibid.
28 Ibid., 42.
29 Ibid., 47.
30 Ibid., 40.
CONCLUSION

PERSONAL REFLECTIONS

I am encouraged by the project *Moving Beyond Words: An Embodied Narrative for the End of life*. As my worst critic I have taken the time needed to review video, read evaluations, and write personal reflections. This time has helped me reclaim the project and the notion that embodied narrative is absolutely needed in today’s society to prompt difficult conversation. Embodied narrative, if nothing more, can help us wake up to the whole narrative of others and ourselves. *Moving Beyond Words* was a success because the primary goal of stimulating conversation around issues at the end of life was met. *Moving Beyond Words* provided opportunity for an aesthetic experience to become an ethical experience and invited all audience members to contemplate and respond to some of life’s most challenging complexities.

As I reflect I remember a small child present at the final performance of *Moving Beyond Words*. When the choreography called for me to stop moving and be still on the ground, she was troubled and started yelling out my name. The small child was disturbed that a moving body had just stopped and was lying motionless on the ground. No adult had mentioned this in any Curtain Call discussion and yet a four-year-old child was at dis-ease. This experience returns me to the tension between embodiment and disembodiment and the lack of such awareness in today’s society. Perhaps it is even a lack of the lack in awareness. I continue to inquire what it will take for us to wake up. As I ponder how people, long separated from their bodies,⁠¹ might be changed by *Moving Beyond Words* I
recall a comment from a responder declaring that, “it is so hard to die in America.” The responder is absolutely correct and their seven simple words scream the need for embodied narratives like *Moving Beyond Words* to be available to healthcare professionals and the public alike.

*Moving Beyond Words* digs in the soul in a way unobtainable by past methods of case study analysis and the resulting dialogue has potential to change healthcare. There is much to yet learn about case study design, back-story, narrative potential, and post-performance discussion. However, this experience has expanded my aesthetic horizon as I seek to explore how best to achieve an “organic flow”\(^2\) to the creation of, and conversation following, an embodied narrative. The most impactful feedback I received from audience members responding to *Moving Beyond Words* was a comment noting, “I am not a dancer so I’ve never thought much about all the research involved in a piece like this. You did a lot of hard work and research!” *Moving Beyond Words* was indeed a lot of hard work and did involve extensive research to provide ample back-story. The hard work combined with the risks of authenticity and creativity made the project vulnerable in the sense that the control provided by research was outweighed by the aesthetic ambiguity.

I learned to take a risk and rely on my resources, counting on them to afford me the stepping-stones I needed to pave the way toward an effective discussion of even the most abstract presentation of a controversial subject. Lerman’s desire to motivate, rather than deflate, through constructive criticism\(^3\) furthers the exploration of my belief that the
abstract visual depiction of concrete ethical questions through the medium of dance is indeed not a hindrance and instead an effective vehicle for conversation unobtainable by verbal exchange alone. As *Moving Beyond Words* came to a conclusion, the choreography ceased and Jo and I stood still in a wide stance with wrists exposed. Jo and I took a risk in vulnerability as our own exhausted selves were revealed through our out-of-breath audible inhales. Though the movement had ceased, the sound of a heartbeat continued on for an intentional awkward 30 seconds. *Moving Beyond Words* created the imagery of dancing with patients in their own dances of life and death; *Moving Beyond Words* challenged audience members in both movement and stillness to contemplate the beating of their own heart. As enthused by several audience members, is because of embodied narrative that narrative lives on. We can live out our own narratives and continue to dance with the narrative of an-other long after the curtain has closed. Our body has much to teach us, as inspired by Frank Kermode, as it is a text through which we glimpse the “radiant secrets” of life.

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NOTES:

2. Ibid., 40.
3. Ibid., 10.
RESOURCES


*Bioethics 717: Performable Case Studies.* Professor Richard Robeson, Adjunct Assistant Professor of Bioethics at Wake Forest University Center for Bioethics, Health, and Society. Spring 2011, Wake Forest University.


Charon, Rita and Maura Spiegel. “Editor’s Preface Discursive Bodies, Embodied Text,” *Literature and Medicine.* Fall 2003, Volume 22, Number 2. 133.


Moskop, John C. Wu Chair in Biomedical Ethics and Professor of Internal Medicine at Wake Forest School of Medicine. Interview.


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