

Magnificent Healing: Sustaining Health Dignity for Women in Diaspora

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Act I

A woman enters the room carrying a hand-painted teapot and moves to the low coffee table to arrange cups and fill them with the aromatic tea of her Vietnamese culture. A knock is heard and she looks up. "Come in." The door opens and four women arrive, clearly friends by the way they greet each other. After hugs and warm wishes, they take their cups of steaming tea and move to a semi-circle of chairs, draped with the colorful textile traditions of their respective countries: Vietnam, Iran, Somalia, Nepal and Ecuador. The host looks at the other women and says, "What should we talk about today?"

Bel begins and the others follow, each one reciting individual lines from actual personal interviews.

The doctors here don't know me,  
my history,  
my culture.

They ask me questions,  
lots of questions,  
and make me fill out forms,  
lots of forms.

**I don't understand;**

And I feel like an immigrant

**all over again;**

Seeking refuge from my country

**all over again**

Listen to my heart, doctor  
there's a story beating there  
yearning to be told

Listen, doctor  
listen closely to my words  
though you might not understand

Learn about my culture  
before you criticize  
or laugh behind my back

I don't want pills  
I don't have insurance  
I have a secret, doctor

**Be patient**

Listen

Listen

Listen

**Listen to what health means to me**

Happiness

Confidence

Caring

Vitality

Value

**Strength**

A frown

A smile

A tear

**Same as you, doctor**

Listen to my heart, doctor

Treat me as a person

not a number

Treat me as someone with a beating heart

filled with love for her family,

her old country,

her new country,

her culture

**Same as you, doctor**

We are more than our scars,

our wounds,

our aches,

our pains

Same as you, doctor

We are more...

We are more...

**We are SO...MUCH...MORE.**

Thus ends Scene One of *Magnificent Healing*, a reader's theater presenting the cultural challenges that refugee and immigrant women have faced in adjusting to western medical systems.

After this opening scene, the women begin to tell their individual stories; stories gathered through personal interviews and refined in collaboration with Lori Myers, a playwright who is herself, the daughter of immigrant parents. Told with empathy and humor, as if the women are sitting

around the kitchen table, the stories beg for awareness and understanding from the doctors and nurses sitting in the audience.

Zohreh who grew up with polio in a rural village far from the nearest larger city, is forced to rely on her estranged spouse as the interpreter for a visit to her doctor. She must expose her new personal health secret to her soon-to-be-divorced husband in order for the doctor to be able to help her.

Mai, the youngest in the group, had to serve as interpreter for her parents before they learned English; learning things about their health that no nine-year-old daughter should have to know, and filled with the fear and anxiety that if she mis-interpreted anything she might further contribute to her parent's illness.

Madina has had to contend with the harrowing ramifications and cultural misunderstandings of female circumcision and genital mutilation. Her American doctor actually assumed she was defective when she went for her first obstetric exam. And her pregnancy was marred by pain and health complications that baffled the doctors.

Bel has found her way back to health from a debilitating disease through traditional dance rather than the pills and diet changes offered by her physician who told her to give up her traditional staples of rice and beans.

And Ho-Thanh tells a bittersweet story about trying to maintain her healthy food traditions despite the typically unhealthy foods offered in our cacophonous American grocery stores. In between these stories, snippets of other experiences are shared by the "chorus."

These transformative stories highlight issues of interpretation, cultural collisions and destructive traditional practices. Performing the stories empowers these women to stand up for their healing beliefs and those of all women in diaspora.

*Magnificent Healing* is a project of PAIRWN – the Pennsylvania Immigrant and Refugee Women’s Network. PAIRWN was created in 2001 to honor and enhance the lives of refugee and immigrant women in Pennsylvania and I have served as an advisor to the organization since the beginning. Until recently, the Board of Directors has been composed solely of refugee and immigrant women. Quoting from their website, “Our mission is to help refer, advocate, network and empower these women to live to their fullest potential. We also strive to educate others about our cultures and our contributions to American society.”

PAIRWN has had 12 years of community-based work with refugee and immigrant women and their families. This has resulted in a deep understanding of the need to be an advocate and voice for immigrant and refugee women in our area. To that end, we have developed several projects such as monthly Story Circles, an annual Women’s Health Conference, the *Our Voices* exhibition installed at the State Museum for four months and two theater productions. Through these programs, PAIRWN has helped many immigrant and refugee women express themselves, gain confidence and have their voices heard.

All of these programs are drawn from ethnographic listening. As issues arise within the group, we return again and again to their personal narratives for stories that might help to change people’s attitudes toward

newcomers in their neighborhoods, churches and workplaces. Health awareness has been an ongoing issue so we crafted this Reader's Theater which the women perform themselves for healthcare practitioners in our region. We have performed at our own Women's Health Conference, twice at the Hershey Medical Center where the audience is composed of doctors, nurses and medical students, and next month we will be performing for the staff of Highmark Blue Shield. Highmark will be recording the performance and simulcasting it to five regional headquarters in Pennsylvania, Delaware and West Virginia. We are likely to reach over 300 people who will be watching during their lunch hour.

In *Navigators of the Contemporary: Why Ethnography Matters*, David Westbrook encourages us to shift the object of inquiry from traditional cultures to present-day situations in order to better navigate our own world; to look beyond the geographically or culturally defined frames of early ethnography, to instead examine the social situational frames of contemporary communities. Westbrook is an attorney who sees value in the ethnographic experience and its emphasis on conversation as data – not so much to understand others but to understand ourselves, our contemporary lives and the issues that impact our world. While this shift changes many things about ethnography, he is quick to say, it “does not transform either the fundamental stance of the ethnographer or even the activity of learning through conversation.” (43)

Westbrook invites us to re-imagine ethnography as the effort to “foster certain kinds of conversations with people who know something...and just maybe, from such a knowledgeable position...influence the exercise of power, or at least better inform it.” (23) With conversation at its core,

he asks, cannot ethnography be used to confront and think through, the chaos of contemporary social life? (23) The ethnographer of the contemporary becomes a navigator, triangulating “between disparate points that establish a position, [and] form a meaningful whole, as they are considered vis-à-vis one another...” Just as nobody individually represents a contemporary situation; so no single reading or bearing establishes a position. Rather, multiple narratives brought together may be seen to represent the structure of a contemporary situation. “Thus for the navigator, her interlocutor does not so much transmit the map of culture as provide data that can be used to help determine where the navigator herself is, much like the glow from Havana’s lights over the horizon.” (47)

The navigator plots her course, takes bearings off visible stationary points along the way, and records her position at regular intervals. This is the only way she can be sure of her position within the contemporary sea of any situation. In my work with PAIRWN over the past 12 years, I have taken my bearings from individual conversations and group Story Circles to best understand the broader contemporary experiences or situations of refugee and immigrant women. Health and personal dignity have always risen above the horizon as beacons guiding me, the ethnographer, safely into harbors of responsibility; perhaps even to “influence the exercise of power, or at least better inform it.”

So, have we been successful? Have we been able to influence medical practitioners, or at least help them to be better informed? After each performance of *Magnificent Healing*, we have asked the audience to

complete a response form with some simple prompts. The prompts include:

~ Listening to these stories reminded me that....

~ Hearing these stories taught me...

~ New ideas I have about my work after seeing this performance include....

Some of the responses indicate that we have been able to impact power structures within this situation.

A medical student said, "...we need to treat every patient as a person, not as a culture, it reminds me how important it is to be culturally competent. You don't know what people have gone through, and you can't judge them."

Another said, "No matter the cultural background, people have the common desire to be understood by their physicians, and providing that empathy is more powerful than any medicine."

A nurse wrote, "I will strive to take more time to listen and learn from my patients."

Another remarked, "Although lives and conditions have improved for many women in the world, much still needs to be done in caring for each other."

One doctor said, in response to something the stories taught her, "I am not doing enough!"



A medical student was surprised to learn how closely culture and identity are tied to food.

Another student noted that “As a future physician, I will be in these situations and may be a first impression for a patient coming to this country.”

“As a student, it is difficult to remember the personal side of medicine while constantly studying. This presentation made me remember the most important part about being a physician.”

“As a physician, it will be my job to understand and communicate with my patients. It is not their sole responsibility to understand me.”

“I am motivated to become more educated about other cultural beliefs, especially related to health care.”

One person simply wrote, “Very Bold! I loved it”

Now, obviously we have no way of knowing exactly how these health care professionals will change their behaviors and attitudes as a result of seeing this performance. We do not have the resources to set up an on-going evaluative plan to assess their behaviors and attitudes in 6 months, a year or five years. But these comments are at least encouraging and have emboldened the women to continue their efforts to share this slightly theatrical version of their powerful stories. And, as is common with stories, each performance has encouraged more stories.

The original performance included three main narrators and two members of a “chorus” who lent support to the main narratives. But with each performance, one of the chorus members has been moved to share her own story, so the play has evolved with each telling. In addition, new PAIRWN members have come forward with their own stories. So when we perform it in November, all five women will have a significant narrative to share. Some tell their own, some tell other women’s stories, depending on who is available. But the performance has become an organic entity they all own, growing with the women’s own confidence and maturity.

Last week I had the opportunity to ask the women why they do this and how they feel as a result of sharing such deeply personal and important parts of their lives. They sat quietly for a few moments and then began to respond. Here is how the conversation went.

“We are telling them what they don’t know, so they can chip in and help. Some really don’t know what happens or how it feels to us. We want the doctors to know how people look at someone with a health problem.”

“The main goal is for them to have empathy. When I was young, we were treated not that kind. Most of the doctors don’t know a second language but we were expected to.”

“You are challenging yourself to learn, so maybe the doctors can be inspired to learn too. For nine years, I am challenging myself to learn this language and to do something as a citizen here. I am not here to collect welfare. I work hard to have my own wealth.”

“Yes, America is the melting pot. People are here from all over the world. We all try to assimilate, to do our best and do good for the community. We are not a burden.”

“I feel relieved when I read my story because now I have no shame. I have opened myself up. My story helps all people with physical problems, especially when they are visible problems.”

“It was especially rewarding to see Yeli come through so well. I tried to offer her help with her English and her pronunciation, but she did it on her own. It was so wonderful to see that growth in confidence. And afterwards, the nurses were all talking to her and giving her advice about nursing school”

“You could hear a pin drop. They were all very attentive and that helped a lot. And I felt their empathy.”

“Zohreh, you were worried that it wasn’t going to be so good...but we worked together and we were all strong.”

The performance of *Magnificent Healing* demonstrates the role of conversation and listening as an ethnographic strategy for sustaining the health and dignity of women in diaspora. The script is based on a mental health concept we have implemented at PAIRWN – the Story Circle. Story Circles are held in members’ homes where women have an opportunity to share their experiences, practice their English, talk about important issues such as child rearing and education, and find

camaraderie and resources across cultures. These Story Circles often have specific themes. *Magnificent Healing* grew out of one of those Story Circles where conversation and listening are conducted as ethnography.

Now, these women are not actors. And in some cases, they are not telling their own story. But they have all shared the experience of the Story Circle and know the power of narrative to heal. While the women in the performance have overcome the challenges of navigating our medical system, they recognize that the challenges still exist for others. As they so beautifully articulate in their own words in the closing scene:

We are...human beings who have the right to be healthy  
and happy,  
and get the best care.

**Are you listening, doctor? Our stories heal our souls, but only you  
can heal our minds and our bodies. Let's heal each other**

without prejudice

without judgment

Allow the healing to begin and it will be wonderful

beautiful

glorious

**And magnificent.**

References

Westbrook, David. *Navigators of the Contemporary: Why Ethnography Matters*. University Of Chicago Press, 2008.