CLINICAL APPROACHES: 'CRIPPLE BILLY' IN MARTIN MCDONAGH'S THE CRIPPLE OF INISHMAAN

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Abstract - Through the study of literature and narratives, skills such as attentive listening, responsive engagement, and critical thinking are developed among practicing physicians and healthcare professionals. Cooperation between scholars and professors in the fields of literature and medicine have resulted in a greater understanding of the potential for literary texts to enhance practical skills for pre-medical and medical students. Literature, both in discussion and writing, can instill habits of attention and empathy which are particularly significant for clinical encounters between patients and healthcare professionals, and furthermore, cognitive psychology has realized that the study of literature can foster stronger empathetic responses to patients' needs. Drawing on this approach to literary texts, this paper will study narrative features in Martin McDonagh's play The Cripple of Inishmaan, focusing on the character of 'Cripple Billy'.

Keywords - Literature and Medicine, Narrative Features, Clinical Skills, Martin McDonagh, The Cripple of Inishmaan.

I. INTRODUCTION

The study of literature has been shown to improve a wide range of academic and social skills including attentiveness, engagement and response, and critical thinking. These skills are crucial to the effective performance of healthcare professionals and there has been a recent increase in academic studies concerned with ways in which these skills can be improved within the healthcare profession.

'Act Together', for example, is a program designed by the Institute of Theatre and Social Change at USC School of Dramatic Arts in California, run by USC's director, Brent Blair. The program aims to improve the performance of healthcare professionals who deal with vulnerable patients through the performance of carefully scripted scenes. Blair hires actors, playing the roles of patients, to work with doctors, nurses, and medical technicians to develop the performance pieces. Healthcare professionalsare asked to use their experience to step into the scene on a number of occasions and give different performances with improvedoutcomes each time. "The audience," Blair says, referring in this case to the healthcare professionals,"has changed from being passive to feeling active, useful and engaged." [1]. In the same fashion, published plays and performances by well-known playwrights can also be seen to produce similar results in terms of engaging healthcare professionals on a new level with the needs of patients in their care.

II. UNDERPINNING APPROACHES

The relationship between literature and medicine has been a prolific and recurrent topic in English literature. Since the 1970s, medical schools have started to include the study of literary texts to examine concerns related to health, the body, and other medical issues. These studies work to help physicians develop skills in medical practice and ethics [2]. Literature is replete with representations of illness, disabilities, and contagion which have grasped the attention of scholars from both fields and which have led to a wide range of interdisciplinary research. Interest in medical humanities and narrative medicine has seen an increase in terms of scholarly research and publications in the past twenty years. *Narrative Medicine: Honoring the stories of Illness* by Dr Rita Charon (2006), *Medical Humanities in Theory and Practice* edited by Andrzej Kapusta, Michal Lytovka(2017), *Critical Dialogues in the Medical Humanities* edited by Emma Domìnguez-Ruè (2019), among other books and journal articles, serve to open up new vistas in the study of literature and medicine.

Ronald Schleifer, a professor of twentieth century literature and culture, and Dr Jerry Vannatta, a professor of internal medicine, both from the University of Oklahoma, wrote *Literature and Medicine: A Practical and Pedagogical Guide* (2019), which investigates the importance of storytelling and narrative to medical students, physicians, and healthcare professionals.

Most recently, literary texts have been studied as an area of vicarious experience, useful for healthcare professionals to develop cognitive responses. Such cognitive responses, according to Schleifer and Vannatta, are the enhanced practice of empathy, and the transportation of experiences of narrativeto which literature gives rise [3]. While recent research investigates this relationship mainly through fiction and (auto)biographical writings, this article explores the issue through drama and theatre by examining some features of narrative as introduced in Schleifer and Vannatta's book.

In any written or performed narrative, the form of presentation is as important as the content and the details of the story. Schleifer and Vannatta suggest that:

Inexperienced readers of literature often focus primarily on the content rather than the form, thinking that what a text "is about" exhausts its meaning and

power, and in so doing they neglect to focus upon how it is structured and organized, and what meanings and feelings its structure suggests and provokes. [3]

The same could be said to apply to inexperienced healthcare professionals. In the first chapter of their book, Schleifer and Vannattapin point 13 narrative features which can contribute to the understanding of the fundamental skills needed for interpreting clinical stories.Paying close attention to the manner of the patient or the discourse used to deliver their story reinforces the social skills instilledthrough an understanding of literary narratives. Schleifer and Vannatta also make the connection clear between this feature and other narrative features such astwice-telling and patterned repetitions which are often present in literary narratives. As another feature, the 'unsaid' in storytelling also relates to such artistic parallelism as literary narratives teach readers, and by extension caregivers exposed to these narratives, to attend to characters' implicit thoughts and concerns. To discover the 'unsaid' necessitates afocus on the relationships among and the configuration of a set of facts which constitute the narrative [3]. The study of narrative features achieves narrative competence and, accordingly, results in a more humane medical practice.

III. THE CRIPPLE OF INISHMAAN

Martin McDonagh's *The Cripple of Inishmaan* is a 1996 play which explores the experiences of the inhabitants of Inishmaan when a Hollywood crew arrives to film life in the islands in neighboring Inishmore, and the villagers vie for a part in the film. The playcenters around a disabled 17-year-old orphan Billy who is brought up by his aunts, two spinster shopkeepers, after the death of his parents. Billy travels to the United States for a Hollywood screen test only to discover that it is not as he dreamed it would be. Through its focus on the character of Billy, the titular ‘cripple’, the play is full of features that develop the conjoined areas of narrative and medicine. This paper traces situations and scenes from Billy's life in relations to narrative features which will contribute to a more efficient understanding of the medical and personal concerns of patients.

The beginning of the play emphasizes the feature of twice-told stories as an example of patterned repetition in narratives. "Literary acts of telling stories twice," Schleifer and Vannatta argue, "is the larger source of the discursive art of literature that creates all kinds of parallelisms of language, event and meaning" [3]. As the play opens, the conversation between Kate and Elieen, Billy's aunts, reveals information about Billy and his "host of troubles" before he appears in the scene [4]. Although they clearly care about Billy, their deliberate use of sarcasm towards him and his looks perpetuates the general attitude towards Billy throughout the play,in which he is belittled, bullied, and reduced to nothing more than a joke. Billy's story is depicted by juxtaposing the bleak comedy of what we hear from other characters against the miserable tragedy of Billy's healthcondition and what is seen to be happening to him. Such a narrative could have a profound impact on those working with people with disabilities within a healthcare setting. When medical students are exposed to such scenes, for example, it can lead to an increased understanding of how patients can feel based on what they hear from people in their communities. Narrative comprehension teaches medical students to appreciate the details and understand the different perspectives of the narrated stories.

Such engagement with literary narratives develops empathy as a cognitive response which is particularly useful in building a strong relationship between patients and healthcare professionals [3]. In *The Cripple of Inishmaan*, empathy is experienced through the names used to address Billy. To call a person 'cripple', 'one-leg man', or 'bad-leg-boy' is devoid of sentiment:

"Isn't your name Billy and aren't you a cripple?" [4]
"I should’ve guessed that. Who else shuffles?" [4]

Billy is understood to *prefer* isolation and "looking at cows" [4] in the meadow to escape social rejection and to liberate himself from the sense of entrapment in the company of others.

For a disabled person like Billy, dreams and future plans are subjects of constantdeprivation and ridicule. His disability also denies him the affections that are otherwise normal in the life of a young man who needs to love and be loved—Billy will "never be getting kissed. Unless it was be a blind girl" [4]. Billy must hide his romantic feelings for Helen, the girl who continuously insults him. When Billy shows an interest in the town gossipJohnnypateenmike's news about the Hollywood team coming to Inishmore to make the film 'The Man of Aran', his remaining hopesfor his life are mocked, increasing his sense of abandonment and uselessness. Billy therefore decides to spare himself the unbearable pain of mockery and develops a plan to secretly go to Inishmore and audition for a role in the film. For a medical student, imagining the plight of the patient through performed scenes such as this enables them to treat all patients with greater empathy and thus treat them both socially and physically more effectively.

Some truths and facts in narratives are not explicitly mentioned by writers but are rather implied in the telling of the narrative, a fact that is often brought to the attention of healthcare professionals through their patients' stories. This feature is usually named' the unsaid' in storytelling but also can relate to telling the truth in medical training as an ethical practice. The unsaid and the ethics of truth-telling are important issues within *The Cripple of Inishmaan*. Billy's escape to the meadow to gaze at cows, mentioned above, reflects the unsaid rejection of demeaning treatment

and name-calling and a desire to be treated as he sees his peers treated. As a reaction to this hostility, Billy sadly lowers his head every time, "Going drowning meself I'd often think of when I was here, just to . . . just to end the laughing at me" [4]. The job of understanding the patient's story entails attentiveness to such unspoken details.

Billy eagerly seeksthe truth from his aunts, his doctor, and Johnnypateenmike about the death of his parents and the cause of his disability, listening to unconfirmedgossip about his parents from the people around him. Billy knows that his parents drowned in the sea in their way to America, but in a conversation with Helen, hears that in fact his parents drowned themselves when they discovered his physical condition. In relation to his disability, the doctor eventually confirms to Billy that it was caused by a disease in utero and not because his father punched his mother, saying "Don't go romanticising it" [4]. Later, Johnnypateenmike tells Billythat his parents had killed themselves in order to release the insurance money needed to save him. It is not until the end of the playthathis aunts disclose the awful truth that Billy was the one tied to a bag of stones and that Johnnypateenmikewas the one who saved him.

Billy's case raises the question of truth-telling as a professional and ethical issue as opposed to withholding information or justifiable lying, especially after he shows signs of tuberculosis at the end of the play. The medical profession requires ethical understanding as an important principle in clinical practices.

IV. CONCLUSION

Engaging with narrative of illness and pain is good practice of skills that healthcare professionals are advised to be cognizant of. *The Cripple of Inishmaan* chronicles Billy's tryst with disability and illness. The play also foregrounds the treatment to which he is subjected by his family and community at large. In doing so, it presents features of narrative in literature and medicine to which both instructors and students are asked to apprehend in their clinical encounters with patients. In medical study and training, attending to literary features through both form of presentation and content develops the professional skills required forcommunication, ethical responses, and accurate diagnoses in patient-physician interactions. Future research on the cooperation between storytelling and medicine can extend the explanations focusing ontheatrical performances.

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