

DIDASKALIA 

The Journal for Ancient Performance



Didaskalia is an electronic journal dedicated to the study of all aspects of ancient Greek and Roman performance

DIDASKALIA

Volume 11 (2014)

<http://didaskalia.net>

ISSN 1321-485

About Didaskalia

Didaskalia (διδασκαλία) is the term used since ancient times to describe the work a playwright did to teach his chorus and actors the play. The official records of the dramatic festivals in Athens were the διδασκαλία. *Didaskalia* now furthers the scholarship of the ancient performance.

Didaskalia is an English-language, online publication about the performance of Greek and Roman drama, dance, and music. We publish peer-reviewed scholarship on performance and reviews of the professional activity of artists and scholars who work on ancient drama.

We welcome submissions on any aspect of the field. If you would like your work to be reviewed, please write to editor@didaskalia.net at least three weeks in advance of the performance date. We also seek interviews with practitioners and opinion pieces. For submission guidelines, go to didaskalia.net.

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Didaskalia is published at Randolph College.

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Didaskalia is an online journal. This print representation of Volume 11 is an inadequate approximation of the web publication at didaskalia.net, which includes sound, video, and live hyperlinks.

Philoctetes as a Health Educator

Robert Hackey

Providence College

Ancient Greek drama offers health educators a powerful tool for raising public awareness of difficult health-policy issues. A reader's-theater production of *Philoctetes* at Providence College in 2008 sought to foster a sense of empathetic understanding of patients' experience with chronic disease. This production drew its inspiration from the work of the Theatre of War Project, which introduced audiences to "timeless social issues through ancient Greek and Roman plays."¹ Performances and the lively post-play reflections that followed brought audiences face-to-face with the struggles—and persistent, gnawing pain—that often accompanies chronic disease. Staging *Philoctetes* offers a rich and challenging experience for predominantly young and healthy undergraduate audiences to reflect on the meaning of illness and to explore how we treat the sick in our midst.

Theater creates openings for much-needed, often-difficult conversations among patients, families, and caregivers by bringing audiences face to face with the raw, emotional ordeal of persons living with chronic pain. Building public awareness of chronic disease is vital today, as more than 100 million American adults—40% of the U.S. population—suffer from chronic pain.² As the Institute of Medicine's landmark report on *Relieving Pain in America* noted, although "pain is a universal experience" many health professionals, patients, and the larger society must be educated about "how to better understand pain."³ Too often, the struggles of patients living with chronic pain remain hidden. Millions of Americans continue to live with pain that is poorly managed and not well understood by their families, friends, and health providers. *Philoctetes* offers a vehicle for audiences to explore the experience of living with pain, and also illuminates the ethical and professional challenges facing caregivers who tend to the chronically ill.

First produced in 409 BCE, Sophocles' tragedy *Philoctetes* provides 21st-century audiences with fresh insights on the experience of illness. Struggling to cope with constant pain from his wounded foot, Philoctetes alienates and verbally abuses those who offer to help him. Banished to the desolate island of Lemnos for the good of his community, he's a burden to his fellow warriors and difficult, if not impossible, to live with. As Odysseus recalls in the opening scene of the play, "I can still hear the howling, the gnashing of teeth, that kept us from pouring libations, the screams that pierced the stillness before the sacrifice."⁴ The social isolation faced by many chronically ill patients is evident as the chorus describes his hardscabble existence on the rocky shores of Lemnos:

Poor man. I pity him:
isolated and alone,
no one to nurse him,
he talks to himself,
sharing his body
with a brutal disease.
How does he do it?
The gods work well
when men suffer
endlessly and die.⁵

This unmitigated experience of pain and suffering defines the play and provides a powerful touchstone for contemporary audience members who either live with pain or care for those who do. Sophocles captures Philoctetes' infection—the source of his chronic pain—in "gruesome detail: it oozes, it drips, it

smells, the blood which comes out of it is noxious and black.”⁶ The chorus paints a vivid picture of Philoctetes suffering in isolation, with no one to care for him or treat his wound; even before he appears on stage, the chorus announces his presence by describing

A noise, the kind a man
 makes clenching his teeth
 in agony, over here, now
 over there, it sounds just like
 an animal, crawling on all fours.
 There, I hear it clearly again,
 a body in pain, a man in great
 distress, reduced to howling.⁷

Millions of Americans endure chronic pain, but the medical profession has been slow to respond to the need for palliative care, even though such therapies can improve patients’ quality of life and control costs.⁸ Indeed, the medical profession long expressed skepticism about conditions such as fibromyalgia and “dismissed it—along with chronic fatigue and irritable bowel—as a ‘wastebasket’ syndrome, meaning it does not fit into established categories of physical disease. The message implicit in such a term is that the patient’s symptoms are clinically insignificant, a hodgepodge of complaints without physical explanation.”⁹ In many cases, providers attributed patients’ reports of chronic pain to psychological problems rather than physical ones, and often “labeled” them as problem patients. Unlike Philoctetes, whose festering foot was all too obvious to those around him, many patients today have to struggle to convince their caregivers and physicians that they are, in fact, sick. As Jerome Groopman observed, “‘fibromyalgia’ did not formally enter the medical lexicon until 1990.” Today, millions of Americans live with this condition, which includes “persistent muscle pain throughout the body, pain that is often accompanied by severe fatigue, insomnia, diarrhea and abdominal bloating, bladder irritation, and headache.”¹⁰ Although the number of patients suffering from fibromyalgia is hard to measure because of under-reporting, estimates suggest that it may be greater than the number who will develop cancer each year, and six times higher than the number of Americans living with H.I.V.¹¹ In a similar fashion, many veterans returning from the Gulf War and individuals suffering from chronic fatigue often faced skeptical physicians who attributed their symptoms to psychological conditions.

Throughout human history, societies often isolated and shunned the sick. Lepers lived at the margins of society, barred by religious edicts in the book of Leviticus from interacting with others. During the middle ages, plague victims and their families were socially ostracized or consigned to mass graves, as traditional explanations of illness often identified moral failings or sin as the cause of disease. Alas, the stigmatization of illness is not simply a historical artifact. In the 1980s, individuals living with HIV and AIDS also faced widespread social stigma.¹² Most recently, the outbreak of Ebola in Africa in 2014—followed by the first confirmed cases in the United States—led many states to impose strict quarantine policies for potentially infected individuals, while African nations limited travel and imposed strict isolation policies for patients and their families.¹³

In contemporary America, Meghan O’Rourke writes that “one of the hardest things about being chronically ill is that most people find what you’re going through to be incomprehensible—if they believe you *are* going through it. In your loneliness, your preoccupation with an enduring new reality, you want to be understood in a way that you can’t be.”¹⁴ Too many Americans find themselves invisible—marginalized and socially ostracized—while they struggle to cope with debilitating illness. For decades, palliative care—the management of pain—has occupied a back seat in medical education. Curative treatments and therapies, not palliation, dominate the research and teaching agenda for doctors. One of the most powerful indictments of our current approach to end-of-life care, for example, is the fact that

more than one in five patients endure untreated or undertreated pain in their last months. Physicians—who are responsible for ordering pharmaceutical treatments—often discount the complaints of patients with chronic pain. Furthermore, many patients with chronic conditions often experience a sense of isolation when seeking care, as physicians regard their inability to help such patients as a personal and professional failure.¹⁵ In this context, ancient Greek dramas such as *Philoctetes* can encourage audiences to look at illness in a new light, as the raw, emotional ordeal of the characters on stage exposes the isolation and social ostracism facing those living with pain.

Beginning in the 1960s, productions of ancient Greek tragedies responded to a variety of significant public issues, from the Vietnam War to the role of women in American society.¹⁶ Over the past decade, Bryan Doerries' Theater of War (ToW) Project has demonstrated that Sophocles' message still resonates with contemporary medical students who recognize their own patients from medical rounds at Veterans Administration hospitals in the characters onstage.¹⁷ Reflecting on the early work of the *Philoctetes* Project in New York City, Doerries argued that "my production of *Philoctetes* has helped physicians, psychiatrists, medical students, and others address tough questions about doctor-patient relationships, medical ethics, and debilitating, long-term illness."¹⁸ Subsequent ToW productions staged performances of *Philoctetes* and *Ajax* on military bases and medical schools around the U.S. These productions created a unique space for audiences, for "ToW sits at the interstices between theatrical event and social tool. It is part classical homage, part Sophoclean revival, part town-hall meeting, part therapeutic group session, part social-impact project."¹⁹ Theater of War presented a stripped-down reading of *Philoctetes* by professional actors without special lighting, makeup, or costumes, followed by a panel discussion by veterans, family members, and health providers. Afterwards, audience members shared their own experiences and responses to the panelists and the performance.²⁰ The themes raised in the play afforded an opportunity to explore both patients' personal experiences with illness and the challenges facing caregivers who work with "difficult patients" living with chronic pain or other conditions.

After reading about Doerries' work in 2008, I decided to explore the possibility of producing *Philoctetes* at Providence College. As a faculty member in an interdisciplinary health-policy and management program, I hoped that staging the play would engage students in a deeper conversation about the challenges of caring for patients with chronic disease. Much work remains to be done on this front, for "the person suffering from chronic illness faces a difficult balancing act. You have to be an advocate for yourself in the face of medical ignorance, indifference, arrogance, and a lack of training."²¹ I hoped our production would create opportunities for current undergraduates to engage in a lively discussion with local health providers and patients.

In the spring of 2008, I reached out to Mary Farrell, a colleague in the Theater, Dance and Film Department at Providence College, to inquire about the prospects of jointly producing the play. After an enthusiastic response to my initial inquiry, we met to discuss the logistics of hosting a performance and to review potential scripts. We considered a variety of options, including Seamus Heaney's *The Cure at Troy* and several translations in the public domain, but ultimately decided to ask Bryan Doerries about the possibility of using his contemporary translation of the play for an undergraduate production.

Beginning in 2006, Providence College sponsored an annual Health Policy Forum to stimulate an ongoing conversation about the ethical, organizational, and political challenges facing healthcare providers and decision makers in Rhode Island. By using *Philoctetes* as the focal point of our Health Policy Forum we sought to educate clinicians, patients, and undergraduate students about the importance of caring for chronically ill patients with empathy and compassion. In addition, staging an ancient Greek play offered a unique professional-development opportunity that underscored the power of theater to provide a fresh perspective on living with illness. Unlike the wounded veterans and clinicians who attended most Theater of War performances, the target audience for our production consisted primarily of traditionally

aged (18–22 years old) college students, far removed from the trauma of battle and the daily experience of caring for the sick.

As an undergraduate liberal-arts college, Providence College offered a particularly fertile setting for a dialogue about health and illness using ancient Greek drama. Since 1971, all undergraduates have been required to complete a two-year interdisciplinary Development of Western Civilization program (DWC) as the cornerstone of the College's core curriculum.²² All first-semester DWC students read Greek dramas, so staging *Philoctetes* offered students an opportunity to see firsthand how ancient plays could be adapted for contemporary audiences. I offered to visit DWC classes for a guest lecture on significant themes in the play such as caring for the chronically ill, the need for palliative care to manage pain and suffering, and the challenges of managing chronic illness. One section with roughly 180 students accepted our invitation; we visited each section of the team's large (85–90 students) lectures roughly six weeks before our production to place the themes of the play in a contemporary context and build student interest. Before our visits, DWC faculty introduced students to traditional themes in Greek drama such as piety, loyalty, and ethics. Since all students in the class read the play as an assigned text, guest lectures focused on relating the struggles of Philoctetes to the needs of patients in the present American healthcare system. We challenged students to think beyond the play's immediate setting—a desolate Greek island—to consider how contemporary society regards individuals in our midst who are “prisoners” of diseases such as AIDS, cancer, fibromyalgia, and post-traumatic stress.

Since our production targeted undergraduate students, our director, Mary Farrell, opted to present a reader's-theater version of *Philoctetes*. Readers' theater offers a number of advantages in settings where it is difficult to recruit and pay professional actors.²³ In readers' theater, “actors read from their scripts, but their acting is not purely vocal. They often turn to the character whom they are addressing, and eye contact and facial expressions are important to audiences and actors alike.”²⁴ This format added dramatic interest to the production without requiring extensive sets or props; as Hawkins observed, the lack of extensive sets, lighting, and sound effects does not detract from the power of the performance. In Pennsylvania State University's Hershey Medical Center medical-theater program, for example, “gestures and physical contact between actors were used sparingly and thus became very powerful. Indeed, these stripped-down performances proved, once again, that in the theater less is often more.”²⁵

Two performances of the play were staged in the College's black-box theater in December 2008. This setting offered flexible seating arrangements and an intimate performance space (seating was limited to roughly 100 persons). Beginning in late October, the cast held six rehearsals to prepare for the production in early December. Each student actor committed more than 20 hours to the performance. In addition to three undergraduates (Billy Allen, Ryan Desaulniers and Kevin White), the cast included a recent graduate of the college (Katie Hughes), a faculty member (Bob Hackey), and an accomplished local actor who has had recurring roles in *The Brotherhood* and other local theatrical productions (Anthony Paolucci). The production included several modern touches to update ancient Greek drama for a predominantly undergraduate audience. First, several cast members were clad in modern military attire: as Greek soldiers, Odysseus and Neoptolemus donned fatigues and combat boots, while Philoctetes wore a tattered t-shirt and cargo pants. Lighting in the black-box theater focused the audience's attention on each speaker, and a commissioned soundscape established a sense of suspense and pathos as the play opened. The performance also added a contemporary dimension to *Philoctetes* by featuring a percussion soundscape and lighting design created by Providence College undergraduates (Paul Perry and Peter Hurvitz, respectively). Sound effects were limited during the production, but reinforced the dialogue read by the actors (e.g., the sound of helicopters overhead was audible as Odysseus and Neoptolemus searched for Philoctetes' hiding place). At the end of the play, Heracles appeared in the form of a “talking head” on a large-screen TV (truly a *deus ex machina*). This technique simulated the setting of a contemporary press conference or policy briefing broadcast over the airwaves.

Following Bryan Doerries' example, each performance featured an interactive panel discussion to help our largely undergraduate audience draw connections between the events described by Sophocles and the experiences of patients in 21st-century America. The organizing principle for these discussions reflected Doug Paterson's observation that "progressive theater work must be a dialogue, not a monologue."²⁶ In the end, we wanted our audience not only to attend the play, but to reflect on its meaning and draw connections to their own lives.

Many professional conferences and lectures gather immediate feedback from attendees using short-answer (e.g., multiple choice, numerical ratings) survey forms, but we wanted to dig deeper. Students needed time to reflect upon and process what they'd seen and heard during our performance. To assess how attending performances of *Philoctetes* and participating in the post-play discussions shaped students' views of patients living with pain, we offered students enrolled in introductory-and upper-level courses in health policy and management an opportunity to submit a written extra-credit reflection (1–2 pages) during the week following the performances. These student responses were thoughtful, and often incorporated deeply personal connections to the play, providing us with a much clearer sense of how the audience had engaged with the themes presented onstage and in our discussion.

Post-play conversations with the audience began by considering the timeless challenge of caring for "difficult" patients such as Philoctetes. Before our performances, we expected that many if not most students would have difficulty relating to the visceral portrayal of suffering onstage. Indeed, Philoctetes insists that Neoptolemus cannot possibly understand the experience of living with such excruciating pain since he has not directly experienced it himself. Philoctetes' pain is so intense that it defines his existence, as illustrated by his exchange with Neoptolemus:

NEOPTOLEMUS
 What's that matter?
 Why won't you tell me?
 You seem like you're in trouble.

PHILOCTETES
 I wanted to keep the pain
 to myself, son, but now
 it cuts straight through me.
 Do you understand?
 It cuts straight through me.
 I am being eaten alive.
 There is no I, only it.
 If you have a sword,
 chop here. Take my foot.
 I want it off, I want it off.

NEOPTOLEMUS
 What is this pain
 that all of a sudden
 strikes so quickly?

PHILOCTETES
 You know, my boy.

NEOPTOLEMUS
 No. What is it?

PHILOCTETES

How could you know?
Ahhhhhhhhhhhhhhhhhh!

NEOPTOLEMUS

I can't bear to look
at your condition.

PHILOCTETES

I know. It's terrible.
It is beyond words.
Please, take pity on me.²⁷

When we asked audiences to envision what it's like to be a patient whose life is framed by chronic pain, we didn't realize how the play would touch students' own lives. Producing the play opened our eyes to how many college students personally experienced the burden of chronic illness. One senior underscored Bryan Doerries' observation that the message of Sophocles' play is "timeless," noting that "we can all relate in some way to the struggle and sense of abandonment shown by Philoctetes." For others, the play brought back painful memories. As one junior recalled, "My grandfather was placed into a rehabilitation center after having a stroke. He was completely conscious but had dementia and was unable to form any words. After visiting the first few times, I even found myself having difficulty remembering his calm and caring nature because those memories were overshadowed by his screams and ill temper." For many chronically ill patients, pain pushes all other feelings and senses out. Philoctetes is overcome by all-consuming pain that drowns out all other senses, and though he tries to describe the sensation to Neoptolemus, words fail him.

PHILOCTETES

Ahhhhhhhhhhhhhhhhhh....
as we speak, blood
is oozing from the sore,
a dark red sign of evil
things to come. The pain
swells underneath my foot.
I feel it moving upward,
tightening my chest.
OH I AM WRETCHED!
Don't go. Please. Don't go.
You understand. You know.
Ahhhhhhhhhh. Stay with me.
I wish they could feel this,
Odysseus and the generals.
DEATH! DEATH! DEATH!
Where are you? Why, after
all these years of calling,
have you not appeared? Son,
my noble son, take my body,
scorch it on a raging fire,
as I once burned the owner
of the bow that you now hold. ²⁸

Students connected the characters' experiences to contemporary healthcare cases. As one student wrote,

“in both watching the play and listening to the engaging follow-up discussion . . . I was able to visualize a patient, suffering perhaps from cancer, longing for help, human contact, and relief from his pain.” Watching *Philoctetes*, students gained a new appreciation for the physical and emotional burden of sickness. Another student described the performance as “an eye-opener to what the world is really like and how many people are suffering from chronic diseases.” She wrote that the play “gave me a very different outlook on health policy. During the scenes I was trying to relate them to health policy, and was noticing the pain and suffering that Philoctetes was going through. I don’t think I realized how many people today are actually experiencing the same thing. When Neoptolemus was ignoring Philoctetes and shaking him off, it made me realize that chronically ill patients are also treated in this way today.” Others also echoed this sentiment, noting that “as interesting as I found the play to be, the discussion was most fascinating . . . [it] helped to clarify some aspects of the play, but I also found it to be a captivating conversation concerning problems that [chronically ill] people face daily.”

Students also reflected on the profound sense of isolation that accompanied chronic pain. Although Philoctetes wants others to understand what he’s going through, how can we? We’re not experiencing *his* pain. This becomes a major challenge for patients who require palliative care. As one student wrote, Philoctetes’ pain “drives others away. Sick people are often isolated and transformed by chronic disease. This initiates a dread of being alone and forgotten that can surpass the dread of pain or even death.” For another student, “the idea that care takers, both professionals and family members, can become fatigued by their relationship with the sick is heartbreaking. Like Philoctetes, those with chronic conditions are most in need of compassionate care, yet their attitudes—frequently depressed and dejected—cause others not to want to be around them. In consequence, they are avoided or ignored, which only serves to perpetuate their hopelessness.”

In the absence of a cure, the sick seek companionship and compassion—someone who will support them on their journey. Caring for the chronically ill, however, also takes a toll on family members, friends, and other informal caregivers who provide most long-term care. We see this effect in the play, as Neoptolemus appears awkward and ill at ease when forced to confront Philoctetes’ suffering firsthand, declaring that “Your pain is painful to observe.” Despite his obvious discomfort, Neoptolemus demonstrates an essential characteristic of compassionate caregiving by simply being present in the moment of Philoctetes’ suffering. The all-consuming experience of suffering for the chronically ill raises fundamental questions of how society views the sick. One of the most important things we can do is to simply be present, to care, in their darkest moments. Philoctetes expresses the significance of this simple act of caring when he awakens from his painful stupor to find Neoptolemus by his side.

PHILOCTETES

Never, my dear son,
did I imagine waking
to find you still here
patiently waiting for
the suffering to end.
The light is beautiful
after sleep, especially
when friends are near . . .

You remained
in spite of the smell
and the loud groaning.²⁹

In 21st-century America, chronically ill patients are not snake-bitten war veterans in exile, physically

isolated on craggy, desolate islands. Instead, the sick suffer among us, often invisible or shunned. As a result, in many respects, patients like Philoctetes face an even more painful existence in contemporary America, for they experience a profound sense of both physical *and* social isolation. As one junior health-policy and management major wrote, the “performance made the experience of Philoctetes very relatable . . . to today and how people with fibromyalgia [and] post-traumatic stress . . . are treated like the plague and avoided at all costs.” Because the chronically ill “tend to be unpleasant or difficult to deal with,” one student noted that it is “therefore easy to disenfranchise or just ignore them.” Another observed that “it was interesting how the play depicted the feeling of the general public that . . . we cannot do much to help them, therefore why not place them in an institution?” Although this student noted that “Philoctetes was banished to an island,” she argued that “there’s not much difference between a long-term care facility and such an island.” In the end, she felt the performance offered “a great interpretation of our nation’s long-term care system.”

Unlike other industrialized nations, the United States still does not offer its citizens universal access to health care; even after the passage of the Affordable Care Act (“ObamaCare”) more than 40 million Americans in the US remain uninsured.³⁰ Surveys reveal that uninsured Americans are less likely to seek care for non-emergency conditions, often defer visits to doctors and hospitals because of cost concerns, and frequently do not have a regular source of care.³¹ As a result, millions continue suffer in isolation. *Philoctetes* enabled students to see, in a personal way, the impact of untreated conditions on patients’ daily lives. As one student noted, “many Americans suffer from chronic illnesses that health-insurance companies will not cover, leaving them uninsured. This is not a good prospect for a doctor who would treat such patients.”

Staging *Philoctetes* challenges audiences to confront the stigmatization of the sick. Compassionate care requires not only health providers, but also families, friends, co-workers, and neighbors to develop a sense of empathy and compassion for patients like Philoctetes who live among us. Oftentimes, patients with chronic illness face skepticism from family, friends and providers, adding a powerful sense of social isolation to their daily experience of coping with the physical manifestations of their condition. Students shared deeply personal examples of how they had viewed the chronically ill. For one senior, watching the play “encouraged me to reflect on my own personal experiences. As a child, I had always known [that] my uncle had multiple sclerosis. However, the illness had never been explained to me, leading me to the ignorant belief that he was the ‘weird uncle’ because he couldn’t play games with the rest of the family . . . The stigma that is attached to those with illnesses, especially those that are visible or potentially communicable, could almost be considered worse than the actual diagnosis.” Another student related a similar story, recalling that “my uncle had suffered from diabetes from the age of 8 until the age of 48. His diabetes was so bad that he would have to go to dialysis three times a week; eventually he had both of his legs amputated and [he lost] three of his fingers. Every day he was in such pain from having his legs amputated. They never completely healed and would bleed constantly. He would never do a day without being in pain. At the time, it was extremely hard to understand why my uncle was in such a bad mood whenever I saw him, or why he’d be moaning and hunched over. After seeing the play, I know it must be brutal for an individual who can never be better and who will never be able to live a fully normal life.” Neoptolemus’ decision to stay with Philoctetes marked a turning point, for he not only validated his suffering, but shared in his struggle.

Performances also helped students to connect the dots between the characters on stage and “real world” medical decision-making. In the midst of his suffering Philoctetes pleads with Neoptolemus to “Release me. Release me. Just release me.” Overcome with pain, he implores the Earth to “swallow this body whole, receive me just as I am, for I can’t stand it any longer.”³² As one senior wrote, “what was really important for Philoctetes throughout the entire situation . . . was his control over his own destiny.” As a result, the play highlighted the complexities of end-of-life care, “manifested in Philoctetes’ desire to

simply die on his own terms. The promised cure [at Troy] enraged him further since [it meant] subjecting himself once again to the will of others. A cure was not in the forefront of Philoctetes' mind—rather it was his constant pleas to 'go home,' the flight away from the rocky prison he'd been subjected to that mattered to him more than mere survival. One need not be a larger-than-life Greek tragic figure in order to have that kind of stubbornness to irrationally sacrifice one's own prospects for survival simply for the sake of having (or gaining back) personal freedom. One of the major criticisms of the American healthcare system is the extent to which is institutionalized." In the contemporary American healthcare system, doctors, nursing homes, and other providers—along with third-party health insurers—define the caregiving options for patients and their families. As this student noted, autonomy is a critical issue in contemporary health-policy debates. "Indeed, the detached presence of some of the figures in the play (e.g., Heracles) was also particularly relevant because patients are often all too well aware of the invisible actors in the healthcare field that exercise significant influence over their fate." *Philoctetes*, in short, reminds audiences of the need for patients to take charge of their healthcare decision-making, and for providers to respect their desires.

Since an effective healthcare system not only provides services to patients, but care in the hour of our need, performances of *Philoctetes* afford audiences an opportunity to consider what kind of healthcare system we want. A common theme in student responses to the play was the need for compassionate, empathetic relationships between patients, providers, and other caregivers. Too often, however, caring for the chronically ill is a challenging—if not frustrating— ordeal for family members and friends who cannot fully fathom their experience of illness. The challenges of caregiving are evident in the play as Neoptolemus, exasperated by repeated attempts to persuade Philoctetes to seek the promised cure at Troy, finally declares: "I give up. You are impossible. It's time for me to stop talking. You can go on living this way."³³

"Compassion," as one student who worked in the healthcare system recalled, "is easy when the patient is good natured and sweet, but angry, bitter people are not likely to stir up many warm emotions . . . The character of Philoctetes hits particularly close to home for me, as I was recently attacked by an angry patient at the hospital where I work. The patient was elderly, terminally ill, and in extreme pain. He had never been violent before, but the severity of his pain and the frustration and desperation of being terminally ill caused him to lose control. After his outburst, I witnessed the care he received decrease enormously. He was confined to his bed, and many diagnostic tests were cancelled because technicians did not want to enter his room. The nurses were much slower to answer his call light and reluctant to give him any type of comfort. Eventually during the day he was heavily sedated for the purpose of quieting him. This could all have been avoided had the man been treated with compassion prior to this. He became violent after his requests for pain medication were dismissed needlessly and his appeals to be left alone ignored. He grew tired of being treated with disrespect and indifference. While his reaction was extreme, many patients feel that healthcare providers treat them dismissively and do not listen to their needs." As this student's reflection illustrated, theater not only introduces audiences to important social issues, but fuses individuals' life experiences with the characters and stories playing out on stage.

The stories we tell on stage, and the characters who tell them, can open our minds to new ways of looking at important social issues. As one health-policy and management major recalled, "when I sat down in the theater to watch *Philoctetes*, I was unsure of how it was going to connect to [my major]. The Greek play, army uniforms, and health policy and management all in one production didn't seem to fit at first." By the end of the performance and the post-play discussion, however, she felt our production "was a great way to not only entertain us, but [to] stimulate connections I would not have made before." Another student, a junior, noted that "while the play was interesting the conversation following was perhaps more so. It was nice to have an eclectic group on stage discussing the prevalent issues from the play . . . It was clear that there is a divergence of opinions about how people from different perspectives view health

care, and more specifically, palliative care.” Still others felt the performance “opened my eyes to the challenges a provider or caregiver faces when dealing with the chronically ill. It’s hard to relate to someone in so much pain so it’s hard to know how to be sympathetic and care for them.”

Theatre is particularly well suited to educate communities of providers, patients and other caregivers about the human face of illness. “Medicine,” as Hawkins observed, “is inherently and essentially dramatic. Death and dying have been central to drama from antiquity: a play that deals with such a subject speaks to all who must confront the death of patients, the death of loved ones, and their own eventual death—it speaks, in other words, to everyone.”³⁴ Performances of *Philoctetes* provided students with a chance to confront timeless health-policy challenges: grief, loss, and pain. By putting a human face on chronic illness, the production also encouraged students to explore their own views of the sick, and to reflect upon the importance of compassionate, patient-centered care.

notes

¹ Key Reporter 2008.

² Institute of Medicine 2011. This groundbreaking report provided a comprehensive overview of the incidence of pain in America and presented a disturbing picture of the state of palliative care in America, as millions of patients live with untreated or poorly managed pain.

³ Institute of Medicine 2011: 2.

⁴ Doerries 2008: 2.

⁵ Doerries 2008: 11.

⁶ Goetsch 1994.

⁷ Doerries 2008: 12.

⁸ Rockoff 2014.

⁹ Groopman 2000: 81.

¹⁰ Groopman 2000: 78.

¹¹ Groopman 2000: 78.

¹² Gonsalves and Staley 2015: 2348.

¹³ Gonsalves and Staley 2015 provide a detailed account of state-level quarantine policies to restrict contact between patients suspected of carrying Ebola—in most cases without any documented evidence; Mogelson 2015 describes the implementation of strict quarantine policies used in Liberia and elsewhere in West Africa in a mad scramble to bring the raging epidemic under control.

¹⁴ O’Rourke 2013.

¹⁵ Groopman 2007.

¹⁶ Cf. Foley 2012.

¹⁷ Zuger 2007.

¹⁸ Key Reporter 2008.

¹⁹ Rogers 2011.

²⁰ Rogers 2011.

²¹ O'Rourke 2013.

²² For more information about the Development of Western Civilization program, please refer to the Providence College catalog:
http://catalog.providence.edu/preview_program.php?catoid=6&poid=325&returnto=211.

²³ Case and Micco 2006; Hawkins et al. 1995.

²⁴ Hawkins et al. 1995: 16–17.

²⁵ Hawkins et al. 1995, 17.

²⁶ Paterson 2001: 65.

²⁷ Doerries 2008: 34.

²⁸ Doerries 2008: 36.

²⁹ Doerries 2008: 39.

³⁰ Tavernise 2014.

³¹ Collins 2014.

³² Doerries 2008: 38.

³³ Doerries 2008: 64.

³⁴ Hawkins 1995: 18.

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