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Necessary Medicine: Rethinking Health Communication at Burning Man

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NECESSARY MEDICINE:
RETHINKING HEALTH COMMUNICATION AT BURNING MAN

A Dissertation

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College in
partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

in

The Department of Communication Studies

by

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TABLE OF CONTENTS

ACKNOWLEDGMENTS.....	ii
ABSTRACT.....	vii
CHAPTER	
1. INTRODUCTION: A PERFORMANCE APPROACH TO DEFINING HEALTH COMMUNICATION	1
Performance Comes to Health.....	6
The Culture Centered Approach to Health.....	11
Burning Man: Health as Public Performance.....	14
Transformational Festivals as Sites of Cultural Struggle.....	26
Method: Health as Cultural Performance.....	29
Chapter Outline.....	34
2. CONTEXTUALIZING AND DEFINING THE BIOMEDICAL PARADIGM.....	37
Biomedicine as Paradigm.....	42
The Enlightenment, Reason, and Progress.....	45
Disease, Patient, and Therapy.....	49
The Rise of the Objective Physician.....	55
3. COUNTERING POSITIVISM AT THE INTERSECTION OF PERFORMANCE AND ANTHROPOLOGY.....	62
Positivism.....	64
The Performative Turn in Anthropology.....	66
Three Trips.....	84
4. NARRATIVE PERFORMANCES OF HEALTH AT BURNING MAN.....	93
Narrative in Public Health Research.....	96
Narrative in Patient-Physician Research.....	99
Turning to Narrative Performance.....	102
A Sea of Bodies.....	105
Living Your Best Life.....	108
Some People Just Worry About Surviving.....	109
Narrative Analysis of A Sea of Bodies, Living Your Best Life, and Some People Just Worry About Surviving.....	110
5. “LET ME TELL YOU A STORY ABOUT SOMETHING THAT HAPPENED TO ME,”: THREE ETHNOGRAPHIC PERSPECTIVES OF BURNING MAN.....	146
Let Me Tell You a Story About Something That Happened to Me.....	146
Meta-fiction.....	155
The Burner.....	161
The Default Ethnographer.....	165
The Descendent Ethnographer.....	169

6. CONCLUSION.....	176
Limitations.....	181
Areas for Future Research.....	186
REFERENCES.....	190
VITA.....	198

ABSTRACT

This study turns to the annual Burning Man Festival held in Black Rock City, Nevada as a site of cultural performance where participants negotiate health meanings. I adopt a culture-centered approach to health communication and utilize critical performance ethnography and narrative performativity as methodological and theoretical frameworks to investigate the specific communication practices that bring about health meanings at the festival. Analysis revealed the significance of everyday life practices performed through narrative for understanding how Burning Man participants understand, reinforce, and counter various health meanings with implications for the field of health communication and performance studies.

CHAPTER 1: INTRODUCTION: A PERFORMANCE APPROACH TO DEFINING HEALTH COMMUNICATION

One of my favorite things about Burning Man are the transitions: the delicate blanket of light mingling with dust as night turns to day, the palpable energetic shift that moves through the city's camps as the heat of the day gives way to the chill of the night air. The sun had just begun to set on my second day at Burning Man as Penny and I strolled the playa on foot. Rather than the commitment of "exploring" which required bicycles, long distances, and several hours, we let our feet and the intensity of conversation carry us away from our tent, through the intersection of four thirty and Apple Pie and out onto the Esplanade¹. "I feel kind of like a clam without my shell," I confessed to her. At Burning Man, finding the right words to describe your experience feels like finding fresh produce at a small town gas station along the interstate so I was proud of myself for coming up with such an accurate illustration of the physical and emotional vulnerability I felt. In my first two days at Burning Man, I had laughed, cried, screamed, and been terrified. My nervous system felt delicate and fragile. "So you don't want to go to The Thunder Dome then?" she laughed, gesturing to the cheering crowd that had climbed the exterior metal piping of a giant geometric dome. From several stories up, spectators gripped the bars of the Thunder Dome as they watched two women suspended on swings below beat each other with rubber sparing bars to a heavy metal soundtrack and the spasm of white strobe lights. "Hell no." I responded. "I wouldn't like that on a normal day," I laughed. The intense sound of the base vibrated through my nasal cavity and I blinked back tears. As we made our way past the The Thunder Dome I tried to reconcile this violent spectacle with my image of Burning Man, with the warm embrace of a man named Bubbles at the city's entrance two days earlier. "Welcome

¹ As I will describe in more detail in Chapter 5, Black Rock City is laid out in a semicircular

home,” he said into my ear as we hugged for what felt like two minutes in the glow of our Uhaul’s headlights. “I guess it’s kind of like a fight club type thing?” I asked Penny as soon as we were far enough away from the music to hear each other speak again. “The thunder dome, is it like people wanting to really feel their bodies through violence in a way that they can’t within capitalism?” I clarified.

“Yeah, I mean, Burning Man is really about everyone being able to do what they want to do but can’t in the default world because society tells them they are wrong, as long as it’s consensual of course. Some people want to fight,” she explained matter-of-factly.

We happened upon a set of leather couches arranged in a circle beneath giant flower sculptures made of LED lights. Without discussing it, we decided to nestle into the couch. “I mean, I am not a violent person,” Penny continued as we made our selves comfortable, “but I get why people like that. I will probably go watch at some point this week.” We sit together, talking and watching bikes wiz by. A man and a woman approach, “Can we sit here for a moment?” the woman asks. “Of course,” Penny welcomes them. They sit together on the couch next to ours rummaging through a backpack. While the woman unzips various pouches and compartments the man turns to Penny and me.

“How are you guys doing tonight?” he asks.

“Wonderful,” I respond. “How about you guys?”

“We’re good,” he glances over at the woman who has found the schedule booklet and is now thumbing through it. “We’re trying to find a camp called Pretty Pickle. We’re supposed to meet some of our friends there but we can’t remember where they said it is.”

“Hmmm. We don’t know where that is,” Penny says apologetically.

“Oh no worries. It’s all good. So are you guys from Texas?” he asks. Penny and I look at each other in surprise. “How did you know that?” I ask laughing.

“I just figured...the cowboy boots.” He says gesturing to the boots I had purchased at the Wal-Mart in Reno.

“Ha! Those are from the Wal-Mart in Reno” Penny announces without regard for the stigma against shopping at Walmart. “But we are from Texas. Well, we grew up there. I live in Arizona now and she lives in Louisiana.”

“Oh wow! Louisiana. I’ve never been to the Deep South. I’ve always wanted to go though. I’m originally from Sacramento but we live San Francisco now.”

“Ahhh ok, cool.” I say. We all nod.

“Ok. It’s at Ballyhoo and 8:15” the woman says, rising to her feet and slinging her pack over her shoulder.

“Oh that should be just over there then right?” he says standing and pointing toward a large medieval castle outlined in green neon lights.

“Yep. I think so.” the woman responds. We stand up to hug them as they prepare to set out across the playa.

“It was nice meeting ya’ll,” I say.

“You as well.” The woman responds with a smile as they set off into the darkness. A few moments later a man wearing ass-less chaps, and a cowboy hat approaches.

“Mind if I join you?”

“Not at all.” Penny smiles. Unlike the couple that paused to regroup, this man sat down to visit.

“How’s you’re Burn² going so far?” he opened.

“Not too bad.” Penny replies, “How about yours?”

“Pretty good, Pretty good. I was with a friend of mine at some 90’s techno party over there, but we got separated, so...I’m just kind of wandering around,” he shrugged.

“That’s cool.” Penny says laying her head in my lap.

“I’m Lizard, by the way.”

“I’m Penny.”

“Rachel.³”

We exchange normal pleasantries with a Burning Man twist. When you meet someone new at Burning Man the questions get a little more intimate in a shorter period of time, the responses a little less predictable and usually more profound, eye contact is more frequent and intense, and hand shakes are often replaced by long, tight, full body embraces. I had only been at Burning Man for a few days but it seemed perfectly natural to be discussing Lizard’s divorce within the first few minutes of meeting him. He recalled, “A mutual friend of ours sent us an email that said, ‘You know, it’s a real shame that the only way to have a successful marriage in our culture is for someone to be dead at the end of it.’ That really helped me realize that sometimes, successful means admitting it’s not good for either of us--that we are better people apart. Why can’t our marriage be a success because we ended it at the right time, because we shared our lives with each other for some time and then moved on?” This lead to a long discussion about

² Burners often refer to the festival as “the Burn.”

³ Rachel is not meant to function as a pseudonym. I changed my name from Rachel to Raquel just before beginning elementary school. My sister, mother, and several members of my extended family continue to call me Rachel. When I am with my sister I usually go by Rachel.

our cultural orientation to sadness, grief, and emotional pain. Lizard worked as an adolescent psychologist for several years before discovering a love of rocks, abandoning his practice to study geology, and moving to Utah after his divorce. “The religious zealotry can be kind of difficult but the rocks in Utah are just truly amazing,” he explained, reaching into his pack and pulling out a rock to gift⁴ each of us.

“It just got to be too much,” he explained. “I would work with these kids who were struggling to find their place in the world or they would be wrestling with their emotions or these really deep questions and no one had any tolerance for their sadness or discomfort. A lot of the kids just needed someone to listen to them. To validate them and say, ‘It’s ok that you feel that way.’ But the parents couldn’t deal with that. If their kid was unhappy or angry or had any negative emotion, it was my job to fix them. Adolescence is about going through all that and learning how to cope, but no one would give them room to learn how to be unhappy. It was just crazy.”

We shared funny stories of our travels to Black Rock City. I told Lizard about how emotionally difficult the last few days had been. Penny added the connection between food and emotional health to our discussion of sadness. “It’s fucking sugar!” she exclaimed in frustration. We sat talking until we could no longer stand the cold night air in our scant day-wear. We hugged and parted ways.

⁴ Lizard had come to Burning Man with a bag full of unique rocks that he distributed to individuals he met throughout the week. This is an example of the practice of gifting. While I describe the practice of gifting and its place within the larger definition and narrative of the festival this particular example demonstrates that participants gift not only on the basis of need or predetermined desires as one might in a barter system (“You need this so I will give it to you.” Or “You want this and I want that.”) but they also bring trinkets that they find meaningful and then share stories and pass on meaning by gifting those objects.

This project grew out of a hypothesis that the annual Burning Man festival held in Black Rock City, Nevada has something to tell health communication scholars about their object of study. In the above narrative I recount my experience of one evening during my first trip to the festival in the summer of 2014. At first glance this story might appear to have little if anything to do with the study of health. However, in what follows I adopt Mohan Dutta's culture-centered approach to health as a framework for challenging the parameters that guide health communication research. In this study I draw upon performance studies theories and practices to conduct a critical performance ethnography in order to answer the central question I pose in this project: how do Burning Man participants constitute the meaning of health at and beyond the festival?

Performance Comes to Health

The Department of Communication Studies at Louisiana State University recently hosted prolific communication scholar Gary Kreps to lecture about his extensive work in the field of health communication. Kreps outlined the far-reaching scope of his work both within and beyond the academy in order to demonstrate the range of opportunities for communication scholars across the discipline to contribute to the growing field of health communication. Kreps described his work consulting for private corporations like Coco-Cola, government organizations like the Center for Disease Control and Prevention and his impressive list of academic publications including one of the first health communication textbooks (Kreps "Theory and Practice"). Kreps literally wrote the book on health communication, so as he concluded his presentation, I was surprised to have no explicit, coherent definition of health. I wondered how the conception of health might differ from one context to another. For example, Kreps described research aimed at improving the eating habits of African American men. Later, he discussed his work consulting

with executives at Coca-Cola. In the context of his lecture, Kreps defined health and what it means to be healthy as a presupposed condition to be achieved and maintained. A few representative examples of health communication literature reveal a similar orientation in which health pre-exists communicative context.

Scott Ratzan introduces the inaugural issue of *The Journal of Health Communication* by stating “This new *Journal of Health Communication* is dedicated to offering practical and heuristic insights into the reciprocally beneficial relationship between optimal health and effective communication” (v). In the lead article of the same issue Everett Rodgers provides a brief survey of the field of health communication at the time and demonstrates the continued growth and necessity of the discipline. He begins by establishing definitional clarity. He states, “Health communication is any type of communication whose content is concerned with health” (15). The author cites various instances of communication about health and contends,

These examples suggest that communication is a vital ingredient in almost every form of medicine and health. Often communication plays the key role in determining whether medical research and health programs that seek to apply research-based knowledge are effective in helping to solve health problems. (15)

Communication, for Rodgers, “links media/health expertise on the one hand, with the public and its health problems on the other” (15). As the relatively nascent field of health communication emerged, researchers like Ratzan and Rodgers described health communication by justifying the need for attention to communication in health contexts. In this way, health functions as a modifier for the act of communication, which if done optimally, serves as an effective vehicle for carrying knowledge from producers to consumer/subjects. Health remains uncomplicated, presupposed, and undefined.

Similarly, in her textbook *Health Communication: From theory to practice*, Renata Schiavo addresses an expansive audience of academics, students, health and social change

agents, program managers, health care providers and community leaders. In an introductory section entitled, “Defining Health Communication” the author explains, “This section analyzes and aims to consolidate different definitions for health communication. This analysis starts from the literal and historical meaning of the word communication” (4). In bold print Schiavo highlights in bold various components of communication such as intended audience and communication channels and then discusses how understanding of each element contributes to increased efficacy when communicating about health. Having defined communication, the author proceeds, titling the subsequent section, Health Communication. By dedicating an entire subsection to the definition of communication and its components while leaving health undefined, Schiavo assumes from the outset that communication is a complex multifaceted process that warrants definitional clarity while the term health is self-evident and in need of no further elaboration. I do not mean to suggest that these or health communication scholars more generally fail to address communication context when it comes to health and health care. In fact, their unique understanding of and attention to physical, psychological, interpersonal, social, and cultural context poises health communication scholars to offer unique contributions to the theory and practice of health care. Faced with the realities of globalization and cultural mobility, health communication scholars have increasingly attended to cultural context (Dutta, 1).

For example, in another textbook, *Health Communication in the 21st Century*, Kevin Wright et al, describe health and communication as equally complicated concepts. Rather than defining both terms explicitly (health is x and communication is y), the authors describe various health contexts and explain how health communication scholars might approach each one differently.

For example, researchers who study health communication from an intrapersonal communication perspective tend to focus on people’s attitudes, beliefs, values and

feelings about health-related concepts and messages. . . Other health communication scholars examine health from an organizational standpoint, and they tend to focus on features of the health organizations such as hierarchies, information flow in organizations and employee management relationships. (5)

By defining health communication in terms of multiple, constitutive communicative dimensions, Wright et al, demonstrate the way in which context dictates the specific aspect of health to which a researcher might attend. In this case, health cannot exist apart from its communicative context.

Unsurprisingly, scholars of health communication devote their time and publications to defining components of communication. After all, communication scholars are not physicians, biologists or physiologists. They probably did not attend medical school. They are not sanctioned by academic or government institutions, students or the general public to determine the meaning of health. Rather, the communication scholar is seen to have a distinct knowledge base that when applied to various health contexts improve health outcomes through more effective transmission between those with knowledge about health and those seen to benefit from that knowledge. Generally, health care and communication function as institutionally and theoretically exclusive. For example, Patricia Geist and Monica Hardesty point out that despite training in objectivity, physicians are influenced by a patient's social, physical, and emotional characteristics as they form impressions of the patient that ultimately affects the quality of care. The authors describe the often unconscious process of perception formation and impression management as communicative behaviors that are "non-medical" and "unrelated to illness" (69).

In this study, I adopt the culture-centered approach to health communication outlined by Dutta in order to challenge the institutional structures, largely unquestioned assumptions, and dominant epistemologies that have guided health communication. I argue that the theories and methods of performance studies and critical performance ethnography (Conquergood; Denzin "Performance Ethnography"; Madison) equip the health communication scholar with the

conceptual and practical tools to investigate and better understand health communication in cultural contexts. Perhaps most importantly, both the culture-centered approach to health and critical performance ethnography foreground cultural sensitivity and ethical engagement with the Other and understand the function of research not as a means to reinforce the status quo, but rather as a means for seeking a more just and equitable world. In this study, I engage the culture-centered approach to health and critical performance ethnography in order to ask how health is constituted in and through communicative, performative practice.

The tendency to presuppose a definition of health is not unique to communication scholars. Health communication research does not exist inside a vacuum. Rather, the field's values, methods, and epistemological assumptions are produced, reinforced, and sustained by broader institutions and discourses. Lisa Schreiber offers an analysis and critique of the disciplinary language used to define and describe various health care models and orientations to health. For example, she argues that the terminology used to describe holistic medicine positions its practices as inherently inferior to biomedical health practices. Citing Peter Berger and Thomas Luckman's contention that language is constitutive of experience, worldview, and reality, Schreiber asks, "How are medical practice and healthcare defined by communication scholars and how do these meanings shape research agendas and the literature?" (175). For the author, the answer to this question lies, at least in part, in health communication scholarship's uncritical use of language that validates what she refers to as the biomedical model at the expense of holistic health care models despite their ubiquity and continued growth in the United States. According to Schreiber, biomedicine,

refers here to medical practices and beliefs derived primarily from Western scientific thought...Biomedicine is based on biologic theory which seeks to explain causation, pathophysiology and the course of illness. ...Epistemologically, biomedicine is

characterized by reductionism, and in practice, the mind and the body are treated separately. (181)

Based on Schreiber's characterization, one can see the assumptions of biomedicine undergirding the work of the health communication scholars I have discussed. Grounded in a biomedical orientation, scholars like Kreps, Ratzan, Rodgers, and Schiavo assume health to be an empirical, observable state. I trace the relationship of biomedicine and health communication more fully in chapter two. This study is an attempt to answer the call of Schreiber and others for a broader, more inclusive approaches to health communication by investigating how health is understood and constituted beyond biomedical contexts. Dutta critiques the assumptions of the biomedical foundation upon which health communication scholarship is built by outlining the culture-centered approach. Following Dutta, I take a culture-centered approach in order to understand how health is constituted at Burning Man fest, an annual week-long festival held in Nevada.

The Culture Centered Approach to Health

In the context of globalization and increased individual and cultural mobility communication scholars have paid increasing attention to culture and its implications for health outcomes (Airhihenbuwa ix; Brislin 366). Dutta outlines a culture-centered approach in a book length project. He explains,

In discussing the culture-centered approach, the book suggests that the nature of how and what we communicate about health is embedded in our taken-for-granted assumptions about what it means to be healthy, what it means to be ill, and how we approach disease and illness. In suggesting this, the culture-centered approach is set up in opposition to the dominant approach of health communication, which represents the status quo and uses psychological cognitive theories to predict health attitudes and behaviors. (2)

Drawing upon critical theory, cultural studies, post-colonial theory, and subaltern studies, the culture-centered approach conceives of health at the intersection of structure, culture, and agency. The culture-centered approach to health is primarily concerned with issues of power,

marginalization, context, stories, and resistance. In chapter two, I outline the biomedical world-view that has hitherto dominated health communication research and continue by demonstrating how the culture-centered approach and critical performance ethnography offer epistemic and methodological challenges to the status quo in chapter 3. For now, I briefly outline the culture-centered approach upon which I ground the present study by elaborating on each of its key concerns: power, marginalization, context, stories and resistance.

First, Dutta argues that issues of access and knowledge production are critical for understanding the experience of health, illness and healthcare. The availability of health resources and the construction and distribution of various types knowledge are intimately wedded to questions of power. He explains, “The culture-centered approach is concerned with the way the ideology of healthcare serves the positions of power within social systems” (13). As those in power work to maintain control via hegemonic discourse and limited ways of knowing, those groups with less power are relegated to the margins. Dutta defines marginalization in terms of healthcare “as an array of practices through which the social structures limit the resources and opportunities for participation in certain communities and cultures” (13). As a result, marginalized communities lack access to basic health resources and are strategically excluded from contributing to the discourses and epistemological assumptions that constitute how we understand what it means to be healthy. Significantly for the present project, Dutta explains the contributing role of health communication research to maintaining systems of power and knowledge. He notes, “Culture-centered theorists point out that mainstream health communication programs create conditions of marginalization by supporting agendas of the powerful social actors and by simultaneously ignoring the health needs of subaltern communities” (13). Rooted in a culture-centered understanding of health, this study aims to

intervene upon systems of knowledge production that serve the interests of biomedical status quo by positing performance ethnography as a methodological approach that seeks to counter the hegemonic power relations inherent in the positivist, biomedical methods of health communication research.

In addition to power and marginalization, Dutta describes the significance of context for culture-centered theorists of health communication. “Context,” he explains, refers to the

locally situated nature of healthcare experiences, and is articulated through ‘thick’ descriptions of the lived experience of cultural members. Context taps into the dynamics of the continually contested nature of health communication such that health experiences become meaningful only when located in the parameters of local context. (13)

Culture-centered health communication theorists strive for intimate engagement with the nuances of everyday life experienced by members of marginalized communities. Through dialogue embedded in local context, culture centered theorists hope to create space for the voices, experiences, and concerns of individuals too often excluded from public discussions of health.

One of the primary ways researchers attempt to understand the needs and concerns of a particular community while creating discursive openings is through stories. Dutta observes, “It is through stories that healthcare scripts are circulated. Stories are built upon shared cultural meanings and offer insight into the ways in which culture constitutes its meaning of health, approaches health and illness, and engages in healthcare practices” (14). By paying attention to how community members share their experiences and pass stories from one generation to the next the culture-centered theorist gains insight into how community members construct, maintain, and transform what it means to be healthy or ill. Dutta notes, “The culture-centered approach permanently draws our attention to the stories through which culture continues, and yet transforms” (14). Culture-centered theorists are interested in how health meanings are produced and transmitted via discursive practices like storytelling. They are also concerned with practices

of resistance performed at both the micro-level of individual agency and the macro-level of political demonstrations and community organizing. For Dutta, “Resistance reflects an array of communicative practices through which the dominant structures are challenged” (14).

In this study, I adopt a culture-centered approach to health communication. I turn to Burning Man as a seemingly unlikely health context in order to understand how its participants constitute health at the intersections of institutional structures, culture, and agency. In the next section, I offer a brief picture of the Burning Man festival by drawing on a combination of scholarly and popular literature regarding Burning Man as well as participant responses I collected during Skype interviews with festival participants. Taken together, the range of descriptions I offer function to characterize the festival as a site of cultural contestation where issues of power, marginalization, and resistance come to the fore. I conclude by describing critical performance ethnography as a radically contextual method for engaging with the festival and its participants in an effort to understand how health is constituted at Burning Man.

Burning Man: Health as Public Performance

Previous health communication research has turned to biomedical institutions such as hospitals (Apker; Venetis et. al), physician’s offices (Alderman et al.; Geist and Hardesty), and analysis of public health messages (Abroms and Lefebvre; Andsager and Powers) to investigate, dissect and ameliorate the communication of individuals or communities facing health challenges. As such studies suggest, when we study health from a biomedical perspective, we are often studying its absence, or a lack of health. Liz Dunn and Bonita Perry found that up to 70% of those who engaged in holistic health care practices did not report use of such therapies to their physician (721). The authors conclude that a host of common health norms and practices exist but remain unseen to the biomedical community. The invisibility of holistic health care practices

that Dunn and Perry highlight persists among health communication scholars as well as medical institutions. Researchers like Leanne Chang and Iccha Basnyat have addressed this oversight by suggesting attention to institutional and linguistic biases and research that includes practices like acupuncture, yoga, massage and chiropractic, and naturopathic clinics.

While the biomedical model views healthcare as a response to malady, a great deal of holistic health care is geared at illness prevention and maintaining a state of wellness. When holistic prevention strategies are successful, one has little need for biomedical institutions. Thus, practitioners of holistic health care modalities remain unnoticed by research limited to biomedical contexts such as hospitals, clinics, and public health campaigns. The invisibility of holistic practice to biomedicine does not reflect a lack of health related communication or behavior. In fact, disease prevention and maintenance often requires significant, even constant attention to health and wellness via a multitude of quotidian practices like grocery shopping, food preparation, and stress management techniques. While holistic health care is largely integrated into everyday practices, biomedicine is generally more clearly demarcated, or set apart from everyday reality via physical institutions such as hospitals or clinics. Clear identity positions are adopted as subjects become patients subjected to a hierarchy of color-coated medical authority, doctors in white coats, residents in blue scrubs, nurses in pink scrubs. Everyday language gives way to specialized medical discourse recognizable as such even if not comprehensible. At home, the bright orange prescription bottle distinguishes itself from the other more benign, less authoritative bottles of vitamins, over the counter analgesics, creams, and ointments. This bottle has your name on it. In short, we know when we are in the presence of biomedicine. By contrast, holistic health care is much more nebulous, less distinguished, and demarcated often making it difficult to study (Eisenberg et al. 246). Physical locations certainly

house holistic healthcare practitioners but they are much more varied, ranging from acupuncture centers and massage parlors to supplement shops, yoga studios, naturopathic clinics, and even specialized grocery stores. Authority is more diffuse and subject positions fluctuate from client, to patient, to practitioner from one practice to another. From a research perspective, in the absence of predetermined locations or diagnosed population, the question becomes, where does one go to study the communication of those people who are healthy according to biomedicine? I argue that one answer lies in the Nevada desert as 66,000 people descend upon its dusty expanse to erect the temporary utopian metropolis of Black Rock City, better known as the Burning Man festival.

I contend that when understood as cultural performance, transformational festivals like the annual Burning Man festival provide health communication scholars a bounded, highly visible communicative context where participants publicly negotiate what it means to be healthy by means of cultural performances that both reflect and resist dominant discourses. Rather than a stable, a priori condition, health represents a site of cultural contest and struggle (Dutta 46). Schreiber advocates the use of more inclusive language in health communication research. Her argument underscores the tension, or struggle, between holistic and biomedical assumptions, methods, and practices that characterize the contemporary medical landscape. At first glance, the biomedical and holistic approaches Schreiber describes appear to exist in stark contrast to one another. However, in contemporary practice, the biomedical and holistic models are not mutually exclusive but rather, they are woven together in a complex social, cultural, political and ideological web (Chang and Basnyat, 241). Grounded in the culture-centered approach that largely conceptualizes health as a struggle between dominant power structures and marginalized

communities and ways of knowing, I turn to Burning Man as a cultural text where such tensions are made public and thus uniquely visible.

Burning Man

On a National Public Radio segment dedicated to exploring various dimensions of human play, Guy Raz describes Burning Man succinctly for a broad public audience. He explains, “You’ve probably heard of Burning Man. It takes place in the deserts of Northern Nevada every year. Think art festival crossed with a dance and costume party in a giant utopian village. Its like a free-for-all of self expression” (Press Play).

As Burning Man and other transformational festivals continue to grow in size and notoriety⁵ they have garnered a great deal of popular and scholarly attention from across a wide range of popular and academic discourses. In its preliminary stages this study relied on a wide range of textual artifacts to understand transformational festivals, particularly Burning Man, from afar. I have drawn upon academic publications, documentaries, photographs, poetry, first hand accounts and collected stories, public addresses, blogs, and newspaper editorials to define some contours of transformational culture and gain a basic understanding of Burning Man as a transformational festival.

After exploring transformational culture from afar for about a year, I was compelled to attend a festival myself. In May of 2014, I traveled to Saguaro Man, a regional Burning Man event⁶ held in Snowflake, Arizona, and in August of that same year, I attended my first Burning

⁵ According to an official Burning Man timeline the festival has grown in population from 35 in 1986 to 65, 922 in 2014 (Timeline).

⁶ “The Burning Man regional network plays a key role in the year-round extension of the Burning Man experience, supporting it as a global, cultural movement. In cities around the world, regional contacts help local Burners connect with each other while bringing Burning Man principles and culture into their local communities through events and activities year-round” (The Network).

Man festival. While certain themes, aesthetics, and motivations recur across accounts and often align with my personal experience, a simple definition of transformational festivals is nowhere to be found. As Lee Gilmore observes, “Burning Man is many things, and most participants would probably agree with the oft-spoken dictum that it can be whatever you want it to be” (2). During an interview I conducted via Skype in June of 2016, a festival participant echoed Gilmore’s claim in more detail, describing Burning Man by saying,

Burning Man is an event that happens once a year and it is designed to be an experiment in temporary community which means that like thousands of people come together to this desolate uninhabited space and they build a city from the ground up, like with streets and living establishments and there’s this whole entire area called the playa which is purely dedicated to temporary art structures that they either build or bring in. So people go there for a week to experience the world in a different light than what we’re used to. It’s a different set of social norms that operate while people are there...Some people just go for the art. Some people just go for the community and like meeting new people under different circumstances. People go for the sexual liberation which is sort of an underlying theme. Some people go for the mind expanding drug aspect of it. Some people go for the dance parties. But the underlying theme is experimenting with personal and social boundaries. (Allen)

Scholars, reporters, organizers, and participants have attempted to elucidate and theorize specific aspects of Burning Man to a variety of ends. In chapter four, I analyze three participant narratives with the goal of providing a better understanding of the festival and its relationship to health communication. In chapter five, I offer a narrative description of my own experience at Burning Man. For now, I provide a brief review of the literature regarding transformational festivals broadly and Burning Man more specifically in order to underscore the complexity of transformational festivals and further define Burning Man as site of cultural struggle over meaning.

Jeek Kei Leung has participated in transformational festival culture for almost two decades as a musical performer, festival organizer, presenter, and most recently as a spokesperson educating the general public about what he describes as a “remarkable cultural

phenomena that's been brewing and evolving for over fifteen years now and has largely been almost completely overlooked in mainstream media and awareness" ("Transformational Festivals"). In a TEDx lecture delivered in Vancouver, Leung explains that because transformational festivals and the culture that has sprung up around them has never been branded, coherently labeled, or signified in an agreed upon fashion they do not lend themselves to a simple definition. Instead, he dedicates his talk to outlining some basic features of transformational festivals by taking his TEDx audience on an imaginary journey through a transformational festival highlighting persistent themes and features along the way. In the second episode of *The Bloom*, a documentary series about transformational festivals narrated by Leung, he characterizes Burning Man as "Undeniably one of the most influential transformational festivals in the world today..." ("Practicing The New World").

First, Leung points out that festivals are held outdoors in nature. More specifically, in North America, transformational festivals are disproportionately held along the United State's west coast, the pacific-northwest, and up into the west coast of Canada, at least in part due to the relatively mild climate and attractive scenery of the region. Next, Leung highlights the central role of electronic dance music and musical performances at transformational festivals noting that sound stages and dance floors often occupy the festival's central space. He goes on to point out the range of workshops, classes, and activities offered at transformational festivals. He explains that participants can chose among workshops that "run the gamut of interest from raw foods and yoga to Naseem Harrimen's unified field theory, to the latest music production software, to natural building and permaculture" ("Transformational Festivals").

In addition to the natural environment, electronic dance music and opportunities for learning and personal growth through workshops, Leung describes the various forms and

varieties of art that comprise transformational festivals. He describes visionary art that “is evoking on canvas the transforming perception of our selves and our universe” but points out that,

You soon start to notice that there is art everywhere. And it might be decorating some stage or structure or it might just be filling some nook or cranny or it might be some epic installation all unto itself. And the art goes hand in hand with performance. And many touch on mythic themes, the so-called ‘prayer-formances.’ A good portion of them feature fire. (“Transformational Festivals”)

Leung briefly mentions the social economy of the market places featured at transformational festivals before saying,

But the thing that makes us stop and take a deep breath is that we notice that it’s not all just art for art’s sake. There’s this whole sacred stream. There are alters everywhere, at every stage. Sometimes there’s even full on temples. And there’s people, holding sacred space in circles and ceremonies. Not under the flag of one religion or spiritual stream but something more direct and unmediated. (“Transformational Festivals”)

Finally, he notes the role of the festival participant as co-creator of the festival experience.

Rather than a pre-planned event where participants purchase a ticket and engage in an experience predetermined by corporate sponsors, festival planners or musical performers, the festival content is driven by the diverse skills, talents, interests, and passions of those who attend each festival. Leung concludes the descriptive portion of his talk by describing transformational festivals as

the confluence points for cultural- creatives, the tribal trading roots of our modern day. They are playing a significant role in the lives of hundreds of thousands of people. Achieving transformation through inspiration by stoking us to take it to the next level with little expended on resistance and all on creating the world now as dreamed up for this very moment. (“Transformational Festivals”)

This cursory overview of six recurrent components of transformational festivals-- their location in a natural environment, the centrality of electronic dance music, participant driven knowledge and skill sharing workshops, often performance based visionary art, a social

economy, and an emphasis on the sacred-- is by no means a complete or coherent definition. Rather, as Leung educates a broad public audience, he provides the present study with a basic descriptive foundation that both corresponds and conflicts with participant descriptions and my own experience. For example, while for Leung, the capacity of Burning Man to affect broad cultural change is central to his definition of transformational festival culture, several participants I interviewed offered a contrasting view. One participant explained, "Actual change, I feel like stays within Burning communities. The change is from Burners in the default world. I don't know if non-Burners are very much affected" (Deska). Each of the components Leung offers might exist alone or in some combination in a cultural context we might never describe as a transformational festival. Moreover, each component Leung describes is itself the site of competing definitions and histories. For example, the electronic music central to the transformational festival experience has historically been and continues to exist in tension, not only with other musical genres, particularly rave culture, but with other art forms (Jones). For Leung, transformational festivals are important as part of a cultural movement, that he argues has the to power to affect broad cultural change. Like Leung, scholars from across a wide range of academic disciplines have recognized the richness of transformational festivals as cultural, social, political, economic texts with much to tell observers about their respective subjects.

In this particular lecture, Leung devotes relatively little time to discussion of the social economy of transformational festivals in favor of broader cultural implications. However, economists, politicians, and market researchers have taken notice of thousands of self-titled "Burners" gathering in the desert of Nevada each August to enact a direct challenge to the values and norms of capitalism as a cultural and economic system via core principles like radical self-reliance, de-commodification, and gifting. An official Burning Man website entitled, "The

Culture: Philosophical Center” briefly describes each of the ten core principles of the festival.

The site explains,

Burning Man co-founder Larry Harvey wrote the Ten Principles in 2004 as guidelines for the newly formed regional network. They were crafted not as a dictate of how people should be and act but as a reflection of the community’s ethos as it had originally developed since the event’s inception. (“Principles” par. 1)

Third among the principles Harvey outlines is de-commodification. For Harvey, participation functions as a challenge to the market. He explains,

In order to preserve the spirit of gifting, our community seeks to create social environments that are unmediated by commercial sponsorship, transactions or advertising. We stand ready to protect our culture from such exploitation. We resist the substitution of consumption for participatory experience. (“Principles” par. 3)

Robert Kozinets goes so far as to define Burning Man as a “one-week long anti market event” (20) and outlines key discursive, artistic and performative practices participants and organizers deploy to distance Burning Man and thus themselves from the market. For example, not only is corporate sponsorship forbidden, participants are encouraged to cover up brand names and logos on equipment, vehicles, and clothing. From an economic standpoint Burning Man is perhaps most notable for its gift economy. Distinct from the quid-pro-quo exchange that characterizes a barter-system, a gift economy encourages participants to give goods and services freely without expectation of something in return. Kozinets observes that, “Although most theme-camps provide free services—such as free massages, interactive art experiences, bondage and domination rituals and suntan oil application—others offered free goods” (27). In addition, the related principles of participation, communal effort and self-reliance work in practice as well as discursively to construct the capitalist consumer as a passive, selfish, isolated automaton and Burning Man and its ethos as a place of respite. However, the participants I interviewed often painted a less optimistic picture than the official festival narrative. One participant criticized the

festival as “very very problematic.” She explained, “You know, people like to imagine that this is like a currency free society...but there is a ton of money that is exchanged leading up to, prior to, arriving and a lot of that money is basically just people paying for junk from China on Amazon that they then bring to this place and then dispose of so it’s like this very wasteful and capitalist event. Which is fine, I think it’s still a wonderful experience but people like to pretend that it’s not which kind of annoys me.” (Allen)

Burning Man’s description of gifting and de-commodification conjures associations with the midcentury American counter culture where “hippies” often under the influence of psychotropic substances were encouraged by Timothy Leary and others to “tune in, turn on, and drop out” of modern society. While Burning Man and transformational culture certainly finds historical and ideological antecedents in the anti-establishment, make-love-not-war movement that has come to characterize a decade and a generation, the Burner-hippie parity has its limits. Instead of the familiar teen-age injunction to beware of anyone over thirty, Burning Man participants range in age from babies to the elderly. According to a 2011 demographic survey, more than half of those who filled out the survey have at least a bachelor’s degree. Moreover, most burners hold down full-time employment, with the computer and information technology representing the most common careers amongst Burners (Clark par. 3). While Kozinets explores the subversive consumption practices at Burning Man, Fred Turner theorizes the implication of the Burning Man ethos for the information technology industry. Focusing primarily on Google, Turner posits Burning Man as “a key cultural infrastructure for the Bay Area’s new media industries” (73). Taken together, researchers like Kozinets and Turner and participants like Kate, reveal the way in which Burning Man affects and is affected by the consumer markets it both counters and helps to create, sustain, and transform.

For cultural analysts, the challenge Burning Man poses to the dominant logic of consumption is simply one aspect of the festival's countercultural function. Steven Jones, a journalist from San Francisco, dedicates a book length project, *The Tribes of Burning Man* to understanding and defining what has become the largest, most popular transformational festival in the world ("Practicing the New World"). As the title implies, Jones is primarily interested in the relationship between "the urban tribe" as a re-emerging social unit formed and sustained through Burning Man and the contemporary potential of American counter-culture. Stevens begins with a brief introduction to orient his readers to the weeklong desert festival he takes as his subject. "The essential history goes like this," he says,

After a few years of this weird little summer solstice beach party called Burning Man, the San Francisco police cracked down, so its stagers and supporters moved the event out to the Black Rock Desert in rural Nevada, a desiccated ancient lakebed now affectionately known as The Playa. And there, it grew and grew, every year, eventually morphing from scattershot frontier filled with freedom loving freaks into a dynamic city of about 50,000 colorful souls—Black Rock City—that burns brightly for a week in late August and then disappears into dust after labor day. (10)

The terse, broad strokes with which Stevens initially describes the festival immediately gives way to thick description of his experience of the playa. He writes,

A light breeze rustles our tent, beckoning me from sleep. There's that waking moment when you're sometimes not sure where you are, particularly after a night of partying, when the morning haze is thickest. But between the floating feel of the air mattress that Rosie and I are warmly nestled into and the powdery smell of alkaline dust in the air, I know exactly where I am. I'm at Burning Man, a thought that makes me giddy with anticipation about the world to come. (19)

Oscillating between broad, generalized reporting and the subtle nuance of his personal, embodied encounter with/on The Playa, Jones offers a picture of Burning Man as a constellation of institutional, organizational, personal, and ideological struggles with broader counter-cultural and political implications.

Religious anthropologist, Gilmore applies ritual and performance theory to his exploration of contemporary religious practice at Burning Man. For example, Lee describes “the considerable fervor and enthusiasm” that surrounds the festival’s climactic event—the burning of the man, or as participants refer to the event, “the burn.” On the final Saturday night of the festival thousands of festival goers gather around the 105 foot⁷ wooden man as he is set ablaze in a fantastic pyrotechnic spectacle complete with fire-works, a cacophony of music emanating from drummers and roving art cars, and flame dancers. Anticipation builds and as the man begins to burn, participants cheer wildly. The man begins to burn slowly and participants celebrate through the night and into the daylight with wild dance parties. Like the festival itself, the man and his fiery demise does not represent one thing, the ego, the oppressive power of the proverbial man, individual or collective grief to be released so that individuals might find solace and inner peace. For any one Burner, the fiery collapse of the man might mean one or all these simultaneously as well as take on entirely new meanings as burners commune with each other. The burning of the man offers one, hyper-visible ritual spectacle that for Lee evidences a site of cultural struggle. Specifically, Lee is interested in the shift away from large-scale institutionalized religions to what individuals often refer to as “spiritual but not religious.” Acknowledging the precariousness of religion, spirituality, and movement as central terms for his study Lee argues that,

Burning Man is an important site on the vanguard of this contemporary movement in which creative expressions or spirituality and alternative conceptualizations of religions are favored, thereby destabilizing and reinventing normative cultural assumptions about what constitutes religion. (2)

⁷ The wooden man participants burn each year has grown progressively taller over the years. In 1986, the first man stood at 8 feet and burned for a crowd of 35 people. At the most recent festival 65, 922 burners attended the festival where a 105-foot man burned. (Timeline)

Transformational Festivals as Sites of Cultural Struggle

Viewed collectively, these brief exemplars elucidate a few of Burning Man's critical features and ground the present study in a more detailed though far from complete picture of the festival. Moreover, the literature on Burning Man demonstrates ideological debate and struggle over a host of cultural meanings, particularly when the broad claims are juxtaposed with the accounts and perceptions of individual Burners. From its earliest incarnations when conflict with local law enforcement forced the small San Francisco beach gathering to change locations, to the conflict among administrators and artists that took place in the early 2000s, to the more recent battles that rage in online message forums claiming for example, "rich pricks ruined Burning Man" (Biddle) Burning Man has never been an easy text to pin down. Rather, Burning Man epitomizes what Steward Hall refers to as a "cultural battlefield" (237). In fact, the constant struggle over meanings, be they economic, religious, artistic, or cultural may be the most essential feature of transformational festivals like Burning Man. Lee highlights the contemporary significance of the constant negotiation over meaning that typifies Burning Man noting that the festival "emerged at the crossroads of the twentieth and twenty first centuries and is an expression of the trends, circumstances, and desires arising at this juncture in contemporary American cultures" (45).

Wright et al. point out that, "Despite the fact that we all have ideas about what it means to be healthy or ill, the term health is a complicated concept to define, due to multiple interpretations based on individual experience and culture" (5). For Dutta, health comes to exist by means of culture as its meaning is constituted and shared through storytelling and experienced at the intersections of structures, culture, and agency. Like commerce, art, and kinship the concept of health is fraught with historical, institutional, ideological, and individual struggle

about how best to define, achieve, and maintain it. Following Lee's observation of Burning Man's potential to tell us a great deal about the particular cultural moment in which we find ourselves, I argue that contemporary tensions between biomedical and holistic approaches to health represent yet another cultural tension thrown into sharp relief by the Burning Man festival.

Leung's relatively brief TEDx presentation represents but a passing overview of his larger collaborative projects documenting transformational festivals and its attendant culture. In a four-part documentary series entitled, *The Bloom: A Journey Through Transformational Festivals* Leung and his collaborators combine digital art, music, and ethnographic interviews to offer a creative, in-depth exploration of this emergent phenomena. From the very outset, health, and wellness emerge as an important impetus for transformational festivals like Burning Man. For example, the third segment of the first episode underscores health and wellness specifically. Standing in front of a yoga tent, Leung narrates,

The final theme that we explore in this first episode of *The Bloom* is that of healing. How transformational festivals have been developing a culture that empowers participants to lead a more holistic and healthier lifestyle. We also consider why transformation festivals have become containers where participants are experiencing spontaneous breakthroughs at pivotal moments that lead to a deep healing and release of grief that becomes fundamentally life altering. ("Fundamental Frequencies")

During the same episode festival yoga instructor explains,

When we're doing yoga at a festival, there is a purificatory process and I believe that yoga becomes necessary medicine. Festival culture, provides this really safe space I think for whatever you're feeling, to clear out and to release and let go and there's generally a shift that happens to awakening daily and to opening daily and to really become forces of nature in our own individuality and offering something really potent and powerful to the community. ("Fundamental Frequencies")

Interview subjects echoed a similar relationship between health and Burning Man. For example, one participant explained that while he spends relatively little time thinking about his choices in

terms of health in daily life, he becomes keenly aware of his health habits at Burning Man because,

Everyone out there is so healthy. In the general population I feel like I'm doing ok because I take more care than most but at Burning Man people are on a whole other level...I find Burners prioritize their health way more than the average person. And I find them to be more knowledgeable in general...I feel like Burners are more likely to do their own research and to not really buy into just whatever they're told as far as health goes. (Deska)

These examples as well as countless others point to health, wellness, and healing as a significant if not primary impetus for creation of and participation in transformational festivals. Significantly for the present project, these brief examples clearly evidence an alternate, holistic orientation toward wellness and healing and the construction of medical knowledge as a sites for resisting the biomedical model that dominates health communication literature. For example, what is in need of healing and who is capable of healing according to festival participants differs dramatically from the consolidated authoritative diagnosis of biomedicine. One festival organizer represented in The Bloom notes,

You can't heal the wound unless you first open it and show it. And so I think that may be the missing piece. You know, everybody's beautiful and we're going to have a great song tonight but we might have to cry a little bit first to earn our song.

Whereas sanctioned, authoritative adherents to the biomedical model seek to diagnose an empirically observable malady presented by an individual patient, festival-goers work together in an essentially communal and on-going process to confront and heal deep-seated physical, psychic, emotional, and spiritual ailments. Malady, healing, wellness and health take on new meanings. I investigate the construction and experience of these new meanings in this project by asking: How Burners constitute health at and beyond Burning Man?

Method: Health as Cultural Performance

In order to answer the question, how do Burning Man participants constitute health via communication practice, I rely upon the techniques, theories, and practices of performance ethnography. In chapter three I describe the intersection of anthropology and performance studies and critical performance ethnography as ideal frameworks for the project of understanding health beyond the biomedical paradigm. For now, it will suffice to observe that one implication of health communication's privileging of biomedicine is methodological approaches largely focused on various states of illness, disease, and malady in biomedical locations and institutions. Movement beyond the biomedical tenants that have permeated health communication research requires alternate methods of inquiry and openness to different ways of knowing. An investigation of how health is constituted outside of institutions that largely define health in terms of its absence requires a research method predicated on an integration of variables contributing to health rather than the controlled isolation of those that diminish it. The present study finds such a method in the context-specific practice of performance ethnography.

A well-established tradition of utilizing ethnographic technique to study, understand, and improve upon health and health outcomes exists across the human sciences. Within anthropology, where performance studies scholars find disciplinary roots, an entire sub-discipline of medical anthropology applies fieldwork methods in response to pressing health issues. In a book-length introduction to the field, Merrill Singer and Hans Baer define the aims of medical anthropology broadly. They observe,

...medical anthropologists are engaged in using and expanding many of anthropology's core concepts in an effort to understand what sickness is; how it is understood and directly experienced and acted on by sufferers, their social networks, and healers; and how health-related beliefs and practices fit within and are shaped by encompassing social and cultural systems and contexts. (11 emphasis added)

The authors explain the medical anthropologist's attention to the social and cultural systems in which health and health beliefs are embedded. In an effort to gain a better understanding of the daily-lived experience of their subjects, researchers immerse themselves in the physical and cultural environments of the communities they investigate, often for an extended period of time. "This is an approach to research known as ethnography" (51).

As Singer and Baer demonstrate, immersion in the particular place and time and among the subjects one hopes to better understand provides the researcher with a more holistic picture of the individual, social, and cultural dimensions of a particular health problem. While the present project diverges from Singer and Baer's focus on illness to investigate how a particular population constitutes health, the author's characterization of ethnographic field-work as interconnected or holistic and immersed in everyday practices provides the present project with a means by which to ask how health is experienced and enacted at Burning Man. From a theoretical perspective, sustained participant observation corresponds with the attention to context called for by the culture-centered approach to health communication (Dutta 13). However, ethnographic methods do not inherently counter the positivist world-view that sustains biomedicine. Critical performance ethnographer Norman Denzin offers five characteristics of the positivist approach upon which much ethnographic research has been conducted: a.) There is an objectively observable reality; (b) A researcher subject that is distinct and distanced from his/her object of study; (c) Observations made by an objective researcher are not confined to context but rather are generalizable across time and situation; (d) All phenomena can be understood in terms of discernable causes and effects; (e) Analysis can be objective and free from the values of the ethnographer ("Interpretive" 44). Soyini Madison echoes Denzin's depiction of the role

positivism has played among ethnographers. She offers an overview of ethnographic methods generally saying,

Fieldwork research has a very long and early history of scientific empiricism and concern with systematic analysis that is testable, verifiable, and objective without the distraction or impairment of subjectivity, ideology or emotion. What many researchers, particularly during the colonial and modern period, did not recognize was that their stalwart 'objectivity' was already subjective in the value-laden classification, meanings and worldview they employed and superimposed upon people who were different from them. (8)

In what has been variously referred to as “post-positivism” (Madison 12) “the performative turn” (Conquergood 82), “the new-ethnography” or “the seventh-movement” (Denzin, “Interpretive” 44) ethnographers have taken issue with the tenants of positivism and its implications for scholarship and the people it takes as its objects.

The field of performance studies finds disciplinary roots among anthropologists like Victor Turner who came to conceive of human behavior, such as ritual, as social drama. Perhaps most significant from a methodological standpoint, Turner argued that the anthropology of performance offered ethnographers an alternative to the positivist and functionalist schools of anthropology that aimed to “count the people involved, state their social status roles, describe their behavior, collect biographical information about them from others, and place them structurally in the social system of the community manifested by the social drama” (12). Reviewing the work of Turner and others, Dwight Conquergood details what he describes as the performative turn in anthropology by reviewing four book-length projects that exemplify “The shift from thinking about performance as an Act of culture to thinking about performance as an Agency of culture...” (82). He observes that in addition to recognizing the performative nature of social life, ethnographers have taken up performance as both cultural text and as a method for doing research. In fact, for Madison, “Critical ethnography becomes the ‘doing’ or the

‘performance’ of critical theory. It is critical theory in action” (15). I situate the present project in this turn, at the intersection of performance studies and anthropological research as a means of doing the critical theory that grounds the culture-centered approach to health.

Like the culture-centered approach to health, the performative turn arose in anthropology as an alternative to the logical positivism that had hitherto dominated fieldwork methods. Conquergood documents this change in world view by examining four key terms that he contends evidence a significant turn in anthropological thinking: poetics, play, process and power. These terms not only reflect what anthropologists have come to value but also, what researchers subvert, resist, and displace by doing so. As Conquergood points out, research situated within the performative turn is characterized by a skepticism of terms such as, “‘science,’ ‘structure,’ ‘system,’ ‘distance,’ ‘objectivity,’ ‘neutral observer,’ and ‘falsifiability’” (83). Grounded in a culture-centered approach to health communication, the present study aims to answer the call of scholars like George Engel who demonstrates the limits of the biomedical model and observes that, “We are now faced with the necessity and the challenge to broaden our approach to disease to include the psycho-social without sacrificing the enormous advantages of the biomedical approach” (131). I argue that critical performance ethnography offers an expanded way of thinking about health by turning away from the positivist assumptions of biomedicine upon which the field has been grounded. In chapter three, I describe Conquergood’s use of each of the critical terms he identifies in greater detail as a framework for establishing performance ethnography as an appropriate method for investigating how health is constituted at Burning Man. By connecting Conquergood’s articulation of poetics, play, process and power with both the culture-centered approach to health and the festival itself I demonstrate the

significance of non-biomedical cultural contexts like Burning Man and the utility of critical performance ethnography for health communication scholars.

This ethnographic study relies upon fieldwork conducted across three separate Burning Man events and ten ethnographic interviews conducted via Skype after my most recent trip to the festival. As I explain in Chapter three, I have broadly conceptualized each trip in terms of its contribution to the overall project. In May of 2014 I attended Saguaro Man, a regional festival held in Snowflake, Arizona. As my first real experience in a festival context, the regional Burn served as a kind of reconnaissance mission where I familiarized myself with the cultural norms of Burner culture on smaller, more intimate scale. Later that year, in August, I attended Burning Man for the first time. Because of the overwhelming nature of the physical and cultural environment at the full-scale festival, I spent much of my first trip to the Burning Man considering upon my own physical, mental, and emotional experience. Thus, I have come to think about this trip largely in terms of self-reflection. Finally, in 2015 I attended Burning Man for a second time. Having attended both Saguaro Man and Burning Man, I had acclimated enough to engage the ethnographic other in a more dialogic way. Thus, I describe my third and most recent trip into the field as other-centered. These broad categories obviously do not function as absolutes as the concepts of self and other are themselves mutually constituted. Rather, I retroactively apply the characterizations of reconnaissance, self-centered, and other-centered to organize the story of my experiences in the field around significant tensions and themes that I wrestled with throughout this project—the complex, recursive, embodied, and dialogic process of coming to know a culture, the self, and the other.

Chapter Outline

In this chapter I have provided a foundation for the study by briefly establishing the need for an alternative way of defining health within health communication scholarship. After identifying health communication's privileging of the biomedical model, I have outlined the culture-centered approach to health I adopt in this project. I argue that Burning Man offers a significant public performance with much to tell communication scholars about the way participants conceive of health with, against, and beyond biomedicine. Finally, I situate this project methodologically within the performative turn in anthropology. I argue that performance ethnography's attention to poetics, play, process and power provides this project with a productive method for approaching Burning Man as public performance and for challenging positivist epistemological assumptions of biomedicine.

While chapter one posits that a biomedical worldview undergirds much health communication research, chapter two develops this observation more fully. In chapter two, I counter the tendency to accept biomedicine as the only legitimate model for understanding health and illness (Dutta 118). Drawing upon Thomas Kuhn's foundational work on the formation of the scientific paradigms, as well as drawing from medical historians Roy Porter, Laurence Foss, and Kenneth Rothenberg, I situate biomedicine within its cultural and historical context. After establishing the major epistemic, ideological, and methodological features of biomedicine, the chapter demonstrates the influence of the biomedical worldview upon the social sciences generally and health communication research specifically.

In chapter three, I justify performance ethnography as my methodological approach in more detail. As the chapter demonstrates, biomedicine and early social science grew out of the same epistemic foundation. I offer a broad overview of the history of ethnography beginning

with the Enlightenment rationality that gave rise to both biomedicine and the positivist ethnographer. I then argue for the combined utility of performance theory, critical performance ethnography, and the culture-centered approach to health communication to challenge biomedical assumptions that undergird health communication research. I describe Conquergood's description of poetics, play, process, and power as theoretical terms uniquely suited to the study of Burning Man, as a primary framework to characterize performance ethnography more fully, and demonstrate the efficacy of the method for answering this project's central question: How do Burning Man participants performatively constitute health? I conclude the chapter by outlining my research plan.

Chapter four builds upon Dutta's identification of stories as a central feature of the culture-centered approach to health communication (14). I review the place of narrative in health communication literature in order to argue that Eric Peterson and Kristin Langellier's understanding of narrative performance provides health communication scholars a conceptual framework for understanding health and illness narratives as both crafted communication artifacts and social, cultural enactments of meaning—as both a making and a doing (174). I spend the majority of the chapter offering a narrative analysis of three narratives I collected during interviews collected via Skype in early 2016. Using Peterson and Langellier's observation of narrative performance as embodied, materially situated, discursively embedded, and capable of reinforcing and critiquing existing relations of power, the chapter illustrates how Burners enact, critique, and reinforce a range of health meanings through narrative both at and beyond Burning Man.

Having provided a broad overview of the project in chapter one, defined biomedicine as the dominant medical model in chapter two, described my method in chapter three, and offered

an extensive narrative analysis in chapter four, I offer my account of Burning Man in chapter five. I structure my narrative account of the festival around Jill Taft-Kaufman's description of adapting meta-fiction for the stage. In her adaptation of Robert Coover's meta-fictional text, *The Leper's Helix*, Taft-Kaufman identifies three distinct narrative voices: the inventive, the conventional, and the transcendent. I find a constructive parallel between the tripartite structure Taft-Kaufman's observes in Coover's narrator and the perspectival tensions inherent in ethnographic experience, observation, recording, and representation. By taking on and juxtaposing three distinct narrative points of view, I illustrate Conquergood's description of ethnographic research and writing as creative fictions. Moreover, when taken together, the inventive, conventional, and transcendent narrators allow me to offer the reader a coherent picture of the culture I seek to understand without obscuring or denying the messy, complicated, unfinished, and dialogic nature of Burning Man, culture, ethnography, and knowledge.

Finally, in chapter six I conclude the project by offering some implications for both the field of health communication and performance studies. While I have positioned my project as a contribution to health communication, in the final chapter I offer some implications of a performative approach to health for the field of performance studies. As a discipline to which the body, personal narrative, and institutional subversion are so foundational, it seems curious that serious discussions of health seem to be only recently rising to the fore. My goal is that the present investigation of how participants constitute health through performance at Burning Man will not only contribute to the way we define health in future research but to the way we theorize, teach, and engage in performance practice. I conclude the chapter by pointing to some areas for future research.

CHAPTER 2: CONTEXTUALIZING AND DEFINING THE BIOMEDICAL PARADIGM

In the previous chapter I demonstrated the tendency of health communication scholars to presuppose, and as a result often neglect to address, the meaning of health as their object of study. The meaning and function of health in a great deal of health communication research is assumed to be self-evident and stable across historical, cultural, and social contexts. I have argued that the adoption of an a priori notion of health among health communication researchers derives from the unquestioned function of the biomedical model privileged in most health communication scholarship. In fact, because researchers generally accept the biomedical model of health, it would seem redundant to define or negotiate the term anew. Moreover, as a result of the rigid boundaries of the scientific paradigm that gave rise to biomedicine, the definition of health is understood to exist outside the purview of communication scholarship. The central aim of this project is to challenge the assumption of a stable definition of health that precedes its context by asking how the meaning of health and what it means to be healthy comes to exist in and by means of constitutive communicative practice. Specifically, I ask how participants in a non-biomedical context understand and enact health through performative public practice at the annual Burning Man festival. In the present chapter I clarify my use of the term biomedicine and its relationship to health communication research and practice.

Gary Kreps defines health communication as “an active area of inquiry concerned with the role of human interaction in health and the health care process” (11). A culture-centered approach to health communication acknowledges and interrogates the predispositions and assumptions embedded in this generally accepted disciplinary definition. In her call for the development of a critical health communication praxis, Deborah Lupton points to Kreps’ widely accepted conception of health communication. She observes that, “the field generally draws

together elements of health education, health promotion, preventive medicine, organizational communication, and the interpersonal communication in the health care settings” (56). As a result of the disciplinary focus on crafting public messages, effective health education, and patient physician interaction, health communication has developed alongside and in service of dominant biomedical institutions of health. “Consequently,” according to Lupton,

the tendency of health communication scholars, researchers, and practitioners has been to accept the prevailing orthodoxy of health promotion ideology, focusing on the planning of health education campaigns, cost effectiveness, and the evaluation of measurable effects, but devoting comparatively little attention to the critical analysis of the ethical and political implications of their endeavors, or the ways in which audiences make sense of mass media products in the context of their everyday lives. (57)

Lupton calls for health communication researchers and practitioners to engage in political advocacy based upon the results of reflexive, critical cultural analysis of medical discourse at both the interpersonal level of conversation and the structural level of politics, media, and public messages. She advocates a view of culture that pays attention to micro-level practices such as artistic forms and eating habits as well as those broad concepts by which culture is often defined such as beliefs and values. Thus, according to Lupton, “it can be argued that, apart from their biomedical manifestations, health, illness, and disease may be considered products of cultural practices” (57). I adopt the view of health as constituted at the intersection of everyday cultural practices such as storytelling, food preparation, and domestic division of labor and broad structural systems such as industrialization, the profit driven pharmaceutical industry, and urban sprawl. Such a view is consistent with Mohan Dutta’s culture-centered approach to health communication in which I have grounded my study. Dutta defines health as the interaction of structure, culture, and human agency (5). Because of the critical role dialogue plays in his schema, Dutta draws heavily on the work of Dwight Conquergood, and cites the theories of Mikhail Bakhtin. Despite substantial theoretical overlap, Dutta never explicitly points to

performance studies or performance theories to make his argument. I contend that its emphasis on cultural context, dialogue, process, reflexivity, and power make critical performance ethnography uniquely suited to address some of the limitations health communication faces as a result of its relatively exclusive adherence to the biomedical model. For example, a performance approach understands cultural practices to bring about various cultural and social meanings. Interrogating health from this perspective, allows health communication scholars to approach customs, beliefs, values, and every day practices not as impediments or obstacles to health but as generative sites that both reveal and enact health meanings. To acknowledge that health comes to exist in and through performance is to recognize that it could be performed differently.

Particularly in Western cultures, one cannot understand the cultural production of health meanings, apart from the discourses and institutions of the biomedical model. Essential to Dutta's articulation of a culture-centered approach to health communication is the recognition of biomedicine as one culturally and historically situated model among many for understanding the human body, illness, and therapy. Critical cultural theorists of history, sociology, anthropology, philosophy, and feminism have written extensively about biomedicine's implications for "the body as a site of surveillance and control, the medical encounter as a struggle for power, and medicine as an institution of social control" (Lupton 58). Here, Michele Foucault's work has been both prolific and foundational. Through its intimate connection with power, knowledge, enlightenment rationality and natural science, medicalization and capitalist interests, modernist notions of progress, and globalization, the biomedical model has spread throughout the world and remains largely unchallenged (Dutta 118). Biomedical theories, claims, and practices enjoy such a monopoly of power and knowledge that its features, history, and cultural context remain relatively obscured and thus go unexamined. Despite the well-established critique of biomedicine

among cultural theorists, health communication scholars have yet to seriously adopt critical perspectives on a broad scale (Lupton). Roy Porter justifies his almost exclusive attention to Western medicine at the expense of non-western medical developments in his book-length treatment of medical history by pointing to its unparalleled global dominance (6). He observes, “What began as the medicine of Europe is becoming the medicine of humanity. For that reason its history deserves particular attention” (7). Similarly, George Engel bases his critique of the biomedical model on its canonical status. He argues that,

the historical fact we have to face is that in modern Western society biomedicine has not only provided a basis for the scientific study of disease, it has also become our own culturally specific perspective about disease, that is, our folk model. Indeed, the biomedical model is now the dominant folk model of disease in the Western world... The biomedical model has thus become a cultural imperative, its limitations easily overlooked. In brief, it has now acquired the status of dogma. (30)

In their description of the presuppositions upon which biomedicine rests, Laurence Foss and Kenneth Rothenberg explain that, “... to accept the biomedical perspective is to accept a package of premises and assumptions concerning the nature of the world and the best approach by which to come to understand it” (44). The biomedical model is predicated upon a world-view that has been accepted by Westerners and spread throughout the world via imperialism and globalization. The “package of premises and assumptions” entailed in this paradigm are often taken for granted as they are inextricably tied to the very nature of reality itself in centuries of Western thought. Dutta argues that description of biomedical features, assumptions, historical foundations, and contextual practices is itself an important challenge to the status quo perpetuated by contemporary biomedicine’s dominion over the way medicine is understood, experience, and practiced around the world. He argues, “This act of making visible the values underlying the biomedical model is both a discursive and a political stance” (123).

Rather than a universal, objective, or scientific truth that operates independently of culture, biomedicine, like the natural sciences from which it derives, is a cultural product. According to Foss and Rothenberg, biomedicine represents an enduring outcome of what they refer to as, the first medical revolution, brought on by the European Enlightenment of the seventeenth and eighteenth centuries. Viewing the Enlightenment as the first, they propose a second medical revolution that moves beyond biomedicine to a post-modern paradigm that “treats the individual patient in the context of his or her mutually interacting ‘bio-cultural’ identity” (2). Using Thomas Kuhn’s notion of a scientific paradigm Foss and Rothenberg locate biomedicine in its historical, philosophical, and epistemological context. They do so to underscore,

the importance of the foundations of medicine as a discipline in its own right. As such, our analysis supports the idea that the premises of medicine should be subject to sustained examination to ensure the best fit of premises to contemporary health care needs. (3)

With a challenge to biomedicine as a central component of my project as a whole, the present chapter clarifies my use of the term biomedicine and its implications for health communication research in further detail. Drawing upon Kuhn’s foundational description of paradigmatic science, I begin by tracing the historical emergence of medicine as a distinct scientific paradigm during the European Enlightenment before laying out the features and implications of the biomedical model that resulted. By tracing the historical development of medicine as a disciplinary science, this chapter aims to make biomedicine, and by extension, the epistemological and philosophical assumptions of health communication visible for examination. In this way, I position my project in the discursive and political stance Dutta calls for, a stance that challenges the relations of knowledge and power sustained by the biomedical worldview.

Biomedicine as Paradigm

Foss and Rothenberg advance their argument for a new medical paradigm in four parts, the first of which locates biomedicine within the natural science paradigm. The authors proceed from Kuhn's articulation of a paradigm in one of the most influential texts of the twentieth century. In *The Structure of Scientific Revolution* Kuhn posits a cyclical historical pattern of scientific thinking that proceeds from normal science, to crisis, to extraordinary science before returning to normal science. By normal science Kuhn, "means research firmly based upon one or more past scientific achievements, achievements that some particular scientific community acknowledges for a time as supplying its foundation for further practice" (10). Given Kuhn's definition, Foss and Rothenberg define biomedicine in terms of normal science, with the past achievements in the natural sciences at its foundation. Closely related to the notion of normal science is Kuhn's definition of a paradigm. Emanating from key exemplars, a paradigm, according to Kuhn, is comprised of "accepted examples of actual scientific practice—examples which include law, theory, application, and instrumentation together—and provide models from which spring particular coherent traditions of scientific research" (10). Once generally accepted, a scientific paradigm provides researchers with a framework that delimits what questions can and should be asked, the possible methods for addressing those questions, what constitutes relevant data, and the range of criteria for accessing the outcome of such research. For example, Newtonian physics is not only comprised of laws of motion but prescribed methods and instrumentation for applying its laws to further inquiry. According to Foss and Rothenberg, through the lens of the Kuhnian notion of a paradigm, biomedicine becomes intelligible as the dominant model for contemporary medical research and practice. They explain,

In rendering the biomedical model, we see that it is founded upon a generally accepted tradition that has all the important characteristics of a reigning paradigm, and that

medical researchers and self conscious practitioners are engaged in the activity of normal science based on this tradition. (6)

By unreflexively adopting the biomedical paradigm as the model for conceptualizing health, disease, illness, and therapy, health communication scholars inherit its epistemological framework for theorizing the role communication plays in various dimensions of health, disease, illness and therapy. Rather than continually debate basic premises anew, an established paradigm allows researchers to proceed from generally agreed upon truths. As a result research becomes increasingly efficient and the scientist is freed to consider ever more esoteric problems and phenomena. In this way, health communication scholars operate from an agreed upon definition of health, relevant communication contexts and questions for investigating health and illness, and appropriate standards for evaluating the outcome of such investigations. For example, in the present study, I make the case that an annual public festival is germane to understanding and defining health. Such a proposition seems new, contentious, or even debatable only because a deeply entrenched paradigmatic world-view that places shared ritual practices, community organization, personal development, religion, and spirituality outside the domain of health. Yet, in fact, in terms of medical history, such thinking is relatively new.

The natural sciences--physics, chemistry and biology--represent the reigning paradigm that produced and sustains biomedicine. As is evident in the definitions scholars provide, in many ways, biomedicine's basis in the natural sciences characterize it as a distinct medical model. Lisa Schreiber defines biomedicine as,

medical practices and beliefs derived primarily from Western scientific thought. Grounded in germ theory it describes the type of healthcare that originates from or relates to the natural sciences—biology, biochemistry and biophysics. Biomedicine is based on the biologic theory, which seeks to explain causation, pathophysiology, and the course of illness. (181)

Engel points to biomedicine as the dominant explanatory model for disease today, “with molecular biology its basic scientific discipline. It assumes disease to be fully accounted for by deviations from the norm of measurable biological (somatic variables)” (130). In their comparison of biomedicine with traditional Chinese medicine, Leanne Chang and Iccha Basnyat explain, “Rooted in Western natural science, the biomedical model emphasizes rationality and causal explanations of the origin, nature, and course of diseases” (241). According to Dutta, biomedicine’s connection with the truth claims of natural science shield its assumptions and practices from scrutiny. He argues that the natural science paradigm not only gave rise to biomedicine, it is responsible for its unprecedented global proliferation. He notes that, “The biomedical model is presented to us as the only viable model, one which is scientifically based and therefore perhaps is the only legitimate resource for dealing with issues of health and illness within the modernist project” (118).

To view biomedicine in paradigmatic terms is to understand the European Enlightenment of the seventeenth and eighteenth centuries that gave rise to the natural science paradigm. Foss and Rothenberg refer to the philosophical, conceptual, and practical shift produced by the Enlightenment as the first medical revolution. In the next section, I briefly outline the tenants of Newtonian physics and Cartesian dualism as two primary epistemological and philosophical premises of the Enlightenment and their implications for the scientific medicine that resulted. In addition, I discuss the impact of two central Enlightenment ideas, progress and reason, on medical thinking. Then, following Foss and Rothenberg, I underscore the biomedical orientation to three critical concepts central to a coherent theory of medicine. By tracing the evolution of the concepts of disease, patient, and therapy the paradigm of biomedicine begins to take shape,

becoming visible for evaluation. Finally, I point to the emergence of the objective physician as “a dramatic by-product of the commitment to the biomedical model” (Foss and Rothenberg 37).

The Enlightenment, Reason, and Progress

For many, to understand the history of Western medicine is to begin in Ancient Greece with Hippocrates (Foss and Rothenberg 23). Although no one is exactly sure who penned the famed Hippocratic oath, The American Medical Association’s Code of Medical Ethics venerates the document, noting that it “has remained in Western civilization as an expression of ideal conduct for the physician” (Tyson, par. 1). Hippocrates, and later the Roman, Galen embraced a preservative view of health wherein health resulted from a state of equilibrium among the four bodily humours: blood, yellow bile, black bile, and phlegm. Conversely, illness manifested as an imbalance. Accepting the Hippocratic emphasis on equilibrium, Galen went further by observing the interaction of somatic and behavioral factors and understood health, and the role of the physician in holistic terms. As Porter notes, “Philosophy should promote medicine, Galen taught, though the physician must master philosophy—logic (the discipline of thinking), physics (the science of nature), and ethics (the science of action)” (74). From the perspective of the ancients, health was a natural state to be preserved by means of correct living. As a result, the physician took part in the teaching of virtue. However, two seventeenth century events precipitated a shift in thinking away from the preservative orientation to health characterized by a state of balance to a restorative view that emphasized the regaining of health through the treatment of discrete diseases.

First, Renee Descartes published *Traite de l’homme* (Treatise on Man) in 1662. Descartes posited a radical bifurcation of reality into the two distinct realms of mind and matter. Porter explains that for Descartes, mind and matter “were incommensurable: matter was extended,

corpuscular and quantifiable, mind (or soul) was insubstantial and immortal, the source of consciousness. The two could (almost) never meet” (217). In addition to this dualism, which separated the immaterial mind from the physical body, Descartes conceived of the material body in mechanical terms. In fact, he went so far as to theorize that the body would be capable of similar function should the mind be removed altogether. Foss and Rothenberg illustrate the French philosopher’s mechanical thinking. They explain that for Descartes “A human being consists of a mind plus a body, much as a unit of transportation might be thought to consist of a driver plus a machine” (24). Rather than the holistic balance of bodily humours and the interaction between somatic and behavioral factors that epitomized health in antiquity, Descartes posited that both the human body, and the natural world more generally, were reducible to matter in motion. As a machine, the body suffers from a malfunction of its parts. The role of medicine then is not to preserve balance but to restore the body to proper function much like an auto-mechanic repairs a vehicle.

Second, in *Mathematical Principles of the Natural World* Isaac Newton took up Descartes’s proposition of a mechanical natural world that literally functioned like clockwork. Fulvio Mazzocchi attributes the epistemological foundations of contemporary science to Newtonian mechanics. For Newton, Mazzocchi observes, ““Truth is ever to be found in the simplicity and not in the multiplicity and confusion of things”” (par. 1). Newton argued that the complex whole of the universe could be understood by reduction, isolation, and analysis of its component parts. Separate from the natural world, objective human observers could understand the whole of reality by discerning the interaction of isolated parts in idealized, controlled environments. For example, Mazzocchi notes, “a perfect sphere, rolling down a smooth plane in a vacuum” provided a generalizable exemplar for understanding velocity (par. 1). Foss and

Rothenberg observe, “Scientific advances made by applying the methodology incorporating these dualistic and reductionist premises undercut the holistic ties to the Greek and Roman approaches to health and disease” (25). Descartes’s dualism and mechanical philosophy combined with Newtonian reductionism to form the basic philosophical and epistemological premises for the natural sciences paradigm that houses biomedicine.

Out of this period of intellectual change came two lasting concepts that continue to influence the experience and practice of biomedicine: reason and progress (Foss and Rothenberg 25). The Enlightenment fostered the idea that through reason, human beings are capable of endlessly improving upon their condition. Unlike Renaissance thinkers who, emerging from the dark ages where literacy and learned medicine were scarce, turned back to the texts of classical antiquity for wisdom, Enlightenment thinkers advanced a kind of unidirectional, linear movement forward to an ever more desirable state of human affairs. Driving modernist progress was an unyielding faith in reason, best exemplified in the scientific method. Advanced in large part by Newton and Galileo, the scientific method provided the primary conceptual tool by which a complex natural world could be reduced, controlled, and thus understood. Scientists saw mind-body dualism, reductionism, and the scientific method as having great success in explaining physical phenomena and eventually applied the same approach to the human body and medicine. As part of the Enlightenment project of progress, the body was viewed as a machine to be dismantled and reassembled. By extension, illness became a mechanical malfunction to be repaired. Rather than a state of imbalance among interconnected physical, psychological, and environmental factors, disease came to be viewed as a single, isolatable cause to be identified and eliminated.

Descartes' embrace of William Harvey's demonstration of blood circulation through the body evidences this intersection of the mechanical thinking of the natural sciences with medicine. Prior to Harvey's explanation, the Galenic belief in two different types of blood, each with their own unique origin and function survived. Rather than continual circulation throughout the body, Galen posited that blood was produced by the liver and the heart and traveled by means of an innate pulsation of the arteries. In 1628, Harvey published *Exercitatio Anatomica de Motu Cordis et Sanguinis in Animalibus* (An Anatomical Study of the Motion of the Heart and of the Blood in Animals) where he advanced his conclusion that,

the heart worked as a muscle, with the ventricles contracting and expelling blood in systolic contractions rather than sucking it in during diastole (relaxation); the arteries pulsated because of the shockwave from the beating heart—they did not pulsate of their own intrinsic pulsative virtue. (Porter 213)

Harvey's description validated Descartes's mechanical philosophy. As Foss and Rothenberg note,

By the end of the nineteenth century, with the development of physiology, cellular pathology, and bacteriology, the preeminence of a biochemical and physio-material approach was consolidated. The major elements of the first revolution were in place. The body was recognized as a physiological mechanism, the patient as biological entity whose protection from disease depended on internal intervention. The highest level of organization studies was the individual organism. (27)

This broad sweep of the major philosophical tenants fostering the development of the natural science paradigm situates biomedicine and the natural sciences in the historical context of the Enlightenment. Motivated by a relatively recent faith in infinite human progress made possible by knowledge of and dominion over the natural world, the Enlightenment produced a particular world-view with specific implications for medicine and the field of health communication that developed around it. With a basic understanding of biomedicine's place in the natural science paradigm and the philosophical and epistemological foundations of that paradigm articulated, I

continue to define biomedicine by describing its orientation to the primary concepts of disease, patient, therapy, and the physician. I argue that just as the biomedical paradigm allows health communication researchers and practitioners to assume a ready-made, delimited definition of health, the model also determines how scholars conceive of the disease, the patient, and therapy as well as the relational dynamic between the patient and the physician.

Disease, Patient, and Therapy

Horacio Fabrega offers a generalized, historical categorization of disease. He observes that,

When people of various intellectual and cultural persuasions use terms analogous to ‘disease’ they have in mind, among other things, that the phenomena in question involve a person-centered, harmful, and undesirable deviation or discontinuity associated with impairment or discomfort. (1501)

As an uncertain and disruptive force, disease represents one of humanities most consistent and pressing exigencies necessitating interpretation and subsequent response. In this way, biomedicine emerged, like humoral imbalance, or folk medicine, as a socially adaptive explanatory framework for understanding and responding to disease. However, unlike other models, medical scientists conceived of biomedicine as a systematic means for studying disease. Engel explains that, as a scientific model, biomedicine, “involved a shared set of assumptions and rules of conduct based on the scientific method and constituted a blueprint for research” (130). George Spaeth and Winston Barber observe that, “A major determinant of our conception of disease is our epistemology, our understanding of how we know. As our epistemology changes so do our concepts of disease and health” (36). The technological innovation and scientific method spawned by the Enlightenment were not simply mechanisms for discovering a previously unknown truth about disease. Rather, as biomedicine took paradigmatic shape, it re-

characterized disease as a discrete entity to be located, isolated, and eliminated. In this way, biomedicine defined the very phenomena it sought to understand.

By the middle of the nineteenth century medical thinking had been fully infused with the epistemological tenants of a mind that can be fully separated from the body and the reductionist premise that the body can be understood in terms of its mechanistic, interacting parts. As Foss and Rothenberg put it, “Medicine’s first revolution was an accomplished fact” (31). The turn to human reason as a resource for limitless progress led to a faith among the general public and scientists alike that once the cause of a particular disease was identified, an effective vaccination and cure would invariably and swiftly follow. By 1850, the locus of medical investigation, research, and education had shifted from hospitals to the laboratory. While laboratory research was not entirely new to medicine, Porter notes that, “Nineteenth-century laboratory lions prided themselves on creating a distinct scientific medicine based on microscopy, vivisection, chemical investigations, and everything else measurable, weighable, and testable in its uniquely controlled environment.” (320) Most notable during this period was the development of bacteriology, or germ theory, and its consolidation as a scientific enterprise. To use Kuhnian terms, it was during this period that bacteriology, along with the related disciplines of pathophysiology (the study of the mechanics and processes of disease) and histology (the study of microscopic cells and tissues) crystalized into paradigmatic form.

Generally associated with French biochemist, Louis Pasteur, germ theory is based on his position that, “microorganisms were responsible for disease, putrefaction, and fermentation; that only particular organisms could produce specific conditions; and that once those organisms were known, prevention would be possible by developing vaccines” (Porter 433). Pasteur famously concluded that mirco-organisms, as opposed to spontaneous generation, were responsible for the

fermentation of milk, wine, and beer and that simply heating the substance could neutralize the offending bacteria and prevent fermentation. Named in his honor, the pasteurization process remains in use today to purify food supplies. Extrapolating his findings to the human body, Pasteur identified the microorganisms responsible for rabies and anthrax and developed effective vaccines. Pasteur had a penchant for dramatic display. He greatly contributed to the wide spread acceptance of experimental biology by presenting his experimental successes publicly. However, the German, Robert Koch's precise methodological rigor solidified the germ concept of disease and bacteriology's status as a scientific discipline. Koch emphasized strict methodological conditions that he argued were necessary for the effective identification of the causal mechanisms responsible for any particular disease. In 1882 he enumerated four formal postulates. He argued that definitive claims regarding the cause of disease must show:

1. That the organism could be discoverable in every instance of the disease;
2. That, extracted from the body, the germ could be produced in a pure culture, maintainable over several microbial generations;
3. That the disease could be reproduced in experimental animals through a pure culture removed by numerous generations from the organism initially isolated;
4. That the organism could be retrieved from the inoculated animal and cultured anew;

Employing these rigorous prescriptions, Koch and his pupils discovered the micro-organisms responsible for “diphtheria, typhoid, pneumonia, gonorrhea, cerebrospinal meningitis, undulant fever, leprosy, plague, tetanus, syphilis, whooping cough and various other streptococcal and staphylococcal infections” (Porter 437). Porter observes that, “The thinking behind these rigorous postulates, and their applicability, boosted the dogma of a specific aetiology—the idea that a disease has a specific causative agent, with the implication that once this agent has been isolated, it will be possible to control the disease” (436). By sketching out systematic methodological parameters for inquiry, Koch provided bacteriology with the paradigmatic exemplar necessary for the establishment of Kuhn's normal science. Accepting Koch's premises

allowed a community of scientists to focus on ever more specific problems and fortified the boundaries of scientific medicine. Indeed, in 1884 the American William Belfield contended that not just anyone was fit to contribute to scientific knowledge and added a fifth postulate to Koch's prescriptions. Lester King notes that in addition to Koch's requirements, Belfield argued that causal claims further depended upon, "the competence of the observer and the accuracy of his observations" (King 797).

Fueled by the proliferation of biomedical technology like the microscope, the stethoscope, and later, the x ray, germ theory and the biomedical paradigm had specific consequences for how disease was and continues to be defined. The Cartesian split of the mind from the physical body afforded medical scientists an observable, quantifiable object of inquiry unencumbered by immaterial psychosocial and environmental variables. For bacteriologists, inquiry can and should be engaged through an objective, ahistorical, a cultural, and impersonal lens. Such investigations result in universalized truth claims. Through reductionism disease can be isolated to a singular, causal relationship. Any troublesome human phenomenon that cannot be explained in the language of biochemistry and physics is thought to lie outside the scope of medicine. Engel illustrates the function of the biomedical paradigm to determine what can be counted as disease. He claims that contemporary medicine is in a state of crisis as a result of biomedicine's definition of disease in exclusively observable somatic terms and the consequent parameters of medical relevance. He points to the comments of physicians at a Rockefeller Foundation seminar on the concept of health. He recalls,

One authority urged that 'medicine concentrate on the real diseases and not get lost in the psychosocial underbrush. The physician should not be saddled with problems that have arisen from the abdication of the theologian and the philosopher.' Another participant called for, 'the disentanglement of the organic elements of disease from the psychosocial elements of human malfunction' arguing that medicine should deal with the former only. (129)

Engels points to the limitations of the biomedical conception of disease as exclusively somatic and argues for what he terms a bio-psychosocial definition of disease. Such an approach, he contends, would not ignore the undeniable advances of biomedicine. Instead, the bio-psychosocial model Engels posits affords equal consideration to psychological and social contributions to an individual's dis-ease rather than deny the existence of disease in the absence of reducible physical evidence. Health communication research certainly calls attention to the social and psychological context in which individuals experience diseases like AIDS, cancer, diabetes, and autism. In fact, as Lupton points out, health communication has disciplinary roots in the field of social psychology (55). However, by accepting the biomedical definition of health as the absence of observable somatic aberrations, health communication scholars tend to ignore a wide range of communicative behaviors that have much to tell us about how individuals experience health and illness. According to the biomedical paradigm on which health communication scholars generally rely to diagnose and thus determine relevant subjects for investigation or intervention, the participants of this study would generally be considered healthy. This project investigates how health comes to exist through the communicative practices of Burning Man participants rather than how communication impacts the experience of biomedically determined disease. My argument is not that diseases like AIDS, cancer, or diabetes are not pressing health problems or that deeper understanding of the communication surrounding such biomedical diagnoses is not beneficial and necessary. Rather, reviewing the specific historical development of disease produced by germ theory and bacteriology demonstrates both the significance and the limitations of biomedical diagnosis and the biomedical model as one explanatory frame among many for thinking about health and illness.

The biomedical adherence to a strictly somatic definition of disease produces a particular orientation to the human patient it takes as its subject. One medical dictionary defines disease as,

A definite pathological process having a characteristic set of signs and symptoms. It may affect the whole body or any of its parts and its etiology, pathology, and prognosis may be known or unknown. (Disease)

Rather than affecting a patient, a person, or an individual this configuration defines the human patient as the whole body or any of its parts. In this manner, the biomedical paradigm frames the patient in biological terms, as the organismic locus of disease. The model relies upon the Cartesian principle of a mechanical body operating independent of the immaterial mind.

However, this consideration of the body as a whole is less reductive than the bacteriological approach to the causal links between micro-organisms and disease in that it,

recognizes body systems, organs, and functions, not as separate entities or processes, but as dynamically interrelated. While disease may affect one particular organ or system, the manifestations and consequences of disease affect the entire body; the parts of the organism are capable of nonsummative behavior. (Foss and Rothenberg 32)

Margaret Lock and Vinh-Kim Nguyen describe the implications of biology and its statistical techniques as the unitary lens for understanding the human body. As a result of Enlightenment rationality, “Individual bodies were ‘normalized’ both biologically and statistically. Once individual bodies were described and quantified, they were then assessed against ‘normal’ values established by statistical surveys of ‘healthy’ populations” (32). From the biomedical perspective of the human patient as a mechanical set of interdependent organic systems, the capacity for pathogens to cause disease results from either too much of a deleterious substance (for example, cholesterol), too little of a necessary substance (like protein), or the introduction of an intrinsically damaging entity (such as radiation). The relative notions of excess, deficiency, and damage that came to define pathology could only be understood in opposition to a standardized normal body. Moreover, Lock and Nguyen note the intimate

connection between the normal as a statistical abstraction, normative ideas about the meaning of health, and morality (32). Thus the embodied subject position of biomedical patient is far from a neutral designation. Rather, the patient, understood as a biological organism, arises in what Lorraine Daston refers to as a “specific moral economy” (3). In this way, the institutions of biomedicine became part of “numerous and diverse techniques for achieving the subjugation of bodies and the control of populations” which Michel Foucault terms bio-power (140). I discuss the operation of bio-power as it relates to biomedicine in more depth in chapter four. Given the reduction of disease to a singular, observable somatic cause and the human patient as a systemic organism, appropriate biomedical therapy is physical in nature. Whether chemical, electrical, or surgical, treatment functions to diagnose and counteract the excess, deficiency, or harmful external agent by realigning the patient-body within statistically normal ranges (Foss and Rothenberg 33).

The Rise of the Objective Physician

Finally, having laid out the philosophical developments leading to medicine’s first revolution and their epistemological implications for notions of disease, patient-bodies, and therapy I turn now to the changing role of the physician. Here, I chronicle what Foss and Rothenberg describe as, “a dramatic by-product of the commitment to the biomedical model. It is the rise of the objective physician” (37). The philosophic tenants of the Enlightenment, accelerated by technologic innovations, chiefly the microscope, engendered a particular epistemological orientation to laboratory investigation of disease, the human patient, and the appropriate therapeutic response. However, at the level of clinical practice, physicians did not immediately take up the microscope or bacteriological findings as diagnostic tools. In fact, as Stanley Joel Reiser notes, the humoral view of disease posited in classical antiquity persisted

throughout the seventeenth and eighteenth centuries (“Medicine” 1). The Ancients, like Hippocrates and Galen, believed illness to result from a disruption in the natural balance of the four bodily humors: blood, black bile, yellow bile, and phlegm. Although it took many forms and is subject to the unique composition of the individual, dis-equilibrium was essentially the only state of disease. Thus, physicians ultimately aimed to restore bodily harmony and had little use for complex diagnostic techniques that sought to link disease to distinct pathogens originating outside of and separate from the patient’s body. Physicians remained at best indifferent to laboratory technologies despite the general availability of the microscope as early as the seventeenth century. Others overtly criticized the microscope arguing that its use detracted attention away from the more useful site of diagnosis, the bedside. It would be another century and half before the pathological and pharmacological innovations of Pasteur and others would firmly root clinical diagnosis in the objective rational method of today’s biomedicine (Foss and Rothenberg 38). As Reiser observes, the seventeenth century physician relied primarily on three techniques for diagnosing illness in his patients: clinical dialogue, physical observation of the patient, and manual examination of the patient’s body. Most important among these was clinical dialogue, comprised of the patient’s narrative account of his or her illness accompanied by prompting and questioning from her physician. Whereas scientists valued laboratory findings for their supposed objectivity and distance between researcher and subject, clinical dialogue is a highly subjective process. Reiser characterizes clinical dialogue in terms worth quoting at length. He argues that,

Illness stirs introspection and curiosity in people about the circumstances which might have influenced its genesis, the sensations felt which led to suspicions that a problem existed, the decision to seek help (was it too late or in time for therapy to be effective?), the possible length of therapy, the cost, the pain, the likely outcome. Transformed by passage through the patient’s mind, such impressions can yield a uniquely personal statement of the meaning of the illness to the patient and provide crucial information

about its causes, when harvested by the physician through dialogue. (“Clinical Dialogue” 305)

Physicians took patient’s subjective descriptions, accounts of the sensations they experienced, and responses to their perceptions at face value. Patient reports occupied a central role in understanding and diagnosing illness. The seventeenth and eighteenth century practice of treating patients via correspondence demonstrates the physician’s confidence in the patient’s narrative as a reliable diagnostic tool (Reiser, “Medicine” 6). However, by the start of the nineteenth century physicians grew increasingly aware of the limitations of human memory and the inadequacy of common vernacular for accessing illness and its effects and began to turn to detailed anatomical observation and physical engagement with the human body as the primary tool for diagnosis.

As Europe emerged from the dark ages, where general access to the written word and the learned medicine of the Ancients was uncommon, and transitioned to the Renaissance period of the fourteenth and fifteenth centuries, medical thinkers dedicated themselves to the texts of the Ancients with an almost religious fervor (Porter 170). They sought to make universal claims based upon theoretical and philosophic principles while venerating the traditions and texts of Galen and other Ancients at the expense of natural observation. As in Ancient Greece, a strong stigma existed among physicians against manual work, which they considered inferior to the more virtuous, mental labor of the head. “Thus,” as Reiser notes, “physicians generally left manual activities to others: the preparation of drugs to apothecaries, therapy involving cutting and manipulation to barbers and surgeons, and dissections to barbers” (“Medicine” 13). Social and religious constraints prevented second century physicians like Galen from dissecting the human body. Instead, he worked on animals and extrapolated his findings to make claims about human anatomy. Galen’s observations were widely accepted without challenge until the Belgian,

Andreas Vesalius published *De Humani Corporis Fabrica* (On the Fabric of the Human Body) in 1543.

Vesalius offered detailed descriptions of the skeletal, muscular and vascular systems of the human body. According to Porter, the *Fabrica* represents a turning point in medical history not because of any profound discovery but because the author privileged the human corpse over Galen's authority (180). Moreover, Vesalius provided clear methodological directives. He insisted that the anatomist lecturer must have first-hand knowledge of the human body by performing dissections himself and that visual evidence was more important than textual authority. As a result of Vesalius's text, the dissected human cadaver became the guarantor of all anatomical claims and the truth of disease was to be found beneath an obfuscating corporeal surface. Porter characterizes dominant medical thinking of the time. He explains, "Medicine was represented as a probe into nature's secrets, peeling away layer upon layer in the hunt for the truth; nothing would resist its gaze" (181).

In addition to studying normal anatomical structures, physicians began to track the effects of disease upon human tissue. In 1761, over two centuries after Vesalius's *Fabrica*, Giovanni Battista Morgagni published *The Seats and Causes of Diseases Investigated by Anatomy* (Reiser, "Medicine" 16). He established anatomical knowledge gathered by means of dissection as a principle method by which physicians came to understand and diagnose disease. Surgery began to rise in status and the search for physical markers of disease via dissection shifted emphasis away from the academic physician trafficking in philosophical theory learned from the sacred texts of antiquity. In his place, the hands-on physician-scientist, who learned from his own skilled observation arose. While Morgagni linked anatomical signifiers with specific diseases through dissection, Leopold Auenbrugger first tried to connect disease with the anatomical

evidence exhibited by living bodies using a technique he called percussion. Auenbrugger distrusted patient articulations of their illness and contended that striking the patient's body with his fingers allowed him to diagnose underlying malady by interpreting the sound produced by his touch. Auenbrugger was largely unsuccessful at conveying his method in a way that other physicians could replicate. For example, he described the sounds he found to characterize different illnesses in vague idiosyncratic language that only made sense to him. Over time, a growing sense of,

distrust of the accuracy with which sense impressions gained at the bedside were engraved on the memory of the doctor, a distrust of his ability to accurately describe and recall these impressions, and to attain full insight into the facts that he had acquired. (Reiser, "Medicine" 228)

Like the inadequate memory and insufficient linguistic resources that lead physicians to turn away from the patient's account of his or her illness, physicians began to realize that their perceptual faculties suffered from the same ambiguity and began to seek more diagnostic objectivity.

Building upon Morgagni's link of pathology to anatomical lesions discovered during autopsy and Auenbrugger's percussive approach to the living body, a young French physician, Rene-Theophile-Hyacinthe Laennec published *On Mediate Auscultation* in 1819 after developing a prototype of what would later become the stethoscope. Unlike Auenbrugger's largely unsatisfying description of his manual practice, Laennec's text comprised 928 pages that described in fastidious detail the various physical markers of disease discovered during autopsy. Even more significant, just as physical examination began to supplant patient testimony as the key to diagnosis, Laennec proposed a new technique he termed mediate auscultation, in which he used an instrument to listen for auditory indicators of disease in the living patient. Auenbrugger's percussion required a certain level of skill on the part of the physician and necessitated a reliable

means of translating those findings into a common medical language. By contrast, the stethoscope offered a tool that physicians could easily manipulate without inconveniencing themselves or their patients with cumbersome readjustments or the indecency of physical contact with the patient needed for manual percussion. Importantly, the auditory signifiers Laennec discovered using the stethoscope could be verified by reference to visual evidence uncovered during autopsy and in the laboratory. As medicine began to take shape as a scientific paradigm, the stethoscope provided physicians concrete indication of the body's inner workings insofar as audible signs corroborated visual evidence. As Reiser notes,

One metaphor that recurred regularly in the medical literature between 1820 and 1950 was 'seeing' disease by listening through the stethoscope: 'We anatomize by auscultation (if I may say so), while the patient is yet alive,' proclaimed a doctor, for whom the ear became an eye through auscultation. ("Medicine" 30)

Following Reiser and Foss and Rothenberg, I underscore the stethoscope because it significantly contributed to the rise of the objective physician. Reiser goes so far as to compare the advent of the stethoscope in diagnostic practice to the shift in Western culture from the oral to literate traditions. He explains,

Print and the reproducible book had created a new private world for man. He could isolate himself with the book and ponder its messages... Similarly, auscultation helped to create the objective physician, who could move away from involvement with the patient's to a more detached relation, less with the patient but more with the sounds from within the body. Undistracted by the motives and beliefs of the patient, the auscultator could make a diagnosis from sounds that he alone heard emanating from body organs, sounds that he believed to be objective, bias-free representations of the disease process. ("Medicine" 38)

The subjective sensory experience of the patient and later the idiosyncratic approach to external observation by the physician gradually faded into obsolescence in favor of internal somatic data that could be converted into infallible, stable visual artifacts such as tables, graphs, diagrams, and charts. Coupled with the prevailing dualism, the patient became a biological object of scientific

inquiry. By keeping records, physicians could track patterns over time and point to deviations from an observable, measurable norm. The use of such specialized technology required expertise. Over the course of the nineteenth century, the diagnostic method underwent a marked shift from reliance on clinical dialogue, external examination of the patient, and finally to the exclusive technologic expertise of the medical scientist.

As I have demonstrated, the Enlightenment emphasis on reason, objectivity, and progress had profound effects on both the theory and practice of medicine. The implications of the scientific method and its attendant epistemology were not limited to the natural sciences or medicine. Rather, the principles established during this period took on ontological status and eventually influenced the social sciences. In this chapter I have provided a broad overview of a particular history of the prevailing biomedical paradigm that this study aims to understand and critique and discussed its impact on health communication. In the next chapter, I introduce positivism and discuss its methodological and theoretical implications. I then describe critical performance ethnography as the methodological approach for my investigation of health at Burning Man. I argue that an ethnographic approach rooted in performance theories and methods not only challenges the positivist approach taken by anthropologists but, when applied to health communication, provides an epistemological framework for reconsidering health beyond the strictures of the biomedical context.

CHAPTER 3: COUNTERING POSITIVISM AT THE INTERSECTION OF PERFORMANCE AND ANTHROPOLOGY

In the previous chapter I defined biomedicine as a scientific paradigm rooted in the natural sciences and bacteriology. By situating the biomedical model within the historical context of the Enlightenment, I demonstrated how biomedicine evolved into a scientific paradigm that continues to dominate the way health communication researchers think about various dimensions of health, disease, and treatment. I concluded the chapter by discussing the role of the objective physician that arose as a result of what Laurence Foss and Kenneth Rothenberg term the first medical revolution (3). Propelled by the Enlightenment, the first medical revolution championed the concepts of mind-body dualism, reductionism, objectivity, and progress. These concepts combined with technologic advances, such as the stethoscope and the microscope, and culminated in a scientific method wherein a non-biased scientist became capable of perceiving universal truths by reducing the complexity of reality to comprehensible singular variables and observing their interactions.

For medicine, the epistemological shift toward rationality and progress manifested itself in the objective physician who favors visible somatic data over other diagnostic tools like narrative accounts of patient experience or the sense impressions gathered by physicians themselves. For the social sciences, the Enlightenment had equally profound implications for fields like sociology and psychology where health communication finds disciplinary roots, cultural anthropology where I situate this project, and the way researchers of each approach their respective subjects (Lupton 55). In fact, Marvin Harris begins his book *The Rise of Anthropological Theory: A History of Theories of Culture with the Enlightenment*. He goes so far as to say, "...all that is new in anthropological theory begins with the Enlightenment" (9). According to Harris, the first attempts to explicitly define culture were not the work of

ethnographers and anthropologists but of Enlightenment philosophers. Specifically, he cites John Locke's *An Essay Concerning Human Understanding* as "the midwife of those modern behavioral disciplines including psychology, sociology, and cultural anthropology which stress the relationship between conditioning environment and human thought and actions" (11). In his essay, Locke posits what is now commonly referred to as enculturation as the basis for human understanding. He contends that when human beings enter the world, their minds resemble empty cabinets. Rather than innate predispositions or preexisting knowledge of universal truths the mind comes to be filled with knowledge and ideas based on the experienced sense impressions that an individual acquires in a particular environment. Thus variation in learned environmental factors accounts for differences across groups. However, for Locke, locating cultural differences in acquired environmental factors did not amount to a cultural relativism where all behaviors were equally relevant or acceptable. As Harris explains,

Neither Locke nor his followers cared to leap from the elusiveness of innate ideas to the abeyance of moral censure. And thus, during the next century and a half social science followed Locke in his conviction that despite differences in experience, reason, correctly applied, would eventually lead man, everywhere, to the same social institutions, moral beliefs, and scientific technical truths. Just as the information of the senses worked over by reason lead to an understanding of the laws of motion, so too would empirical inquiry eventually lead one to knowledge of religious and moral verities. (13)

In this way the principles of rationality, objectivity, Cartesianism, and progress that so profoundly influenced medicine and produced the objective physician came to impact the social sciences. Eventually, this epistemic shift produced a researcher capable of the same objective distance who was qualified to assert universal truths in the realm of culture. This epistemology became known as positivism. In this chapter I provide a brief overview of the historical positivist methodological approach to both cultural anthropology and health communication. I then turn to the intersection of performance studies and anthropology as a theoretical and methodological

starting place for approaching Burning Man as a site of public culture and for challenging the prevailing positivist legacy of the Enlightenment. Specifically, I illustrate how performance ethnography integrates theory and method in a way that challenges positivism. After laying out the theoretical and ideological merit of critical performance ethnography, I provide a detailed explanation of my approach to gathering field notes, interviewing participants, representing my interpretations in writing, and drawing conclusions based upon my findings.

Positivism

Within the social sciences, positivism is generally attributed to the nineteenth-century French philosopher, Auguste Comte (O'Reilly 163). Having seen the success of empiricism and the scientific method for the natural sciences, Comte sought to apply the principles of objectivity to the social world. In her review of the fundamental concepts of ethnography, Karen O'Reilly defines positivism as “the application of the empiricist model of natural science to the study of society” (163). Similarly, Ted Benton and Ian Craib outline seven basic assumptions that guide the positivist orientation to the study of society. The authors explain that for positivists,

1. Our minds begin as blank canvases. We acquire knowledge and culture.
2. All truth claims are verifiable by empirical observation and experiment.
3. If we cannot observe something, we cannot know it.
4. Scientific laws can be used to describe General recurring patterns of experience can be stated as scientific laws.
5. Explanation of phenomena involves demonstrating that they are instances of such scientific laws.
6. If explaining a phenomena is a matter of showing that it is an example of ‘instance’ of a general law, then knowing the law should enable us to predict future occurrences of phenomena of that type. The logic of prediction and explanation is the same.
7. Scientific objectivity rests on the clear separation of (testable) factual statements from (subjective) value judgments. (14)

I draw upon Norman Denzin’s broad history of anthropological approaches to the study of culture to explain the epistemological shift from positivism to critical cultural research (“Interpretive Interactionism”). Denzin begins by introducing the historical period when

positivism predominated field research. He refers to this period as “the traditional period” that began in the early twentieth century and continued through the Second World War. During this period, ethnographers sought objective accounts of a strange and exotic other. Positivist ethnographers of the traditional period “were concerned with offering valid, reliable, and objective interpretations in their writing” (16). The positivist perspective continued into what Denzin terms the modernist period as researchers pursued systematic approaches to qualitative inquiry. Denzin observes, “The modernist ethnographer and sociological participant observer attempted rigorous qualitative studies of important social processes, including deviance, and social control in the classroom and society” (17). Then, in the latter part of the twentieth century, a period Denzin calls, Blurred Genres ethnographers drew upon a wide range of theories and methods including symbolic interactionism, critical Marxism, structuralism, and feminism. It was during this period that, “[Clifford] Geertz suggested that all anthropological writings were interpretations of interpretations. The observer had no privileged voice in the interpretations that were written” (“Interpretive Interactionism” 17). By destabilizing the singular locus of interpretation that characterized modernist anthropological approaches to the field, Geertz opened the door for the fourth historical moment Denzin highlights, the crisis of representation. Ethnographers began to acknowledge the power researchers wielded as they characterized their subjects in writing. The crisis of representation produced a more reflexive researcher and lead to writing that underscored the race, class, and gender of authors as well as research subjects (17). I situate my theoretical and methodological approach to a constitutive model of health, the Burning Man festival, and its participants in the space of Denzin’s fourth period, in the crisis of representation.

Dwight Conquergood explains that as the positivist quest for objectivity gave way to questions about the nature of interpretation, the identity of the researcher as well as her subjects, and reflexivity about the act of inquiry itself, the language of performance studies became increasingly relevant to anthropological theory and practice. In fact, in what he describes as the performative turn in anthropology, Conquergood explicitly positions the anthropology of performance in direct opposition to logical positivism (82). Following Conquergood's assessment I discuss poetics, play, process, and power as the theoretical foundation of my methodological approach to the question: how do Burning Man participants constitute the meaning of health?

The Performative Turn in Anthropology

Conquergood identifies poetics, play, process, and power as emblematic of the epistemological shift that resulted as anthropologists began to view performance as a means of cultural enactment rather than simply discrete cultural products for observation. Following Conquergood, I use these four terms to ground my approach to health communication at Burning Man. Poetics, play, process, and power provide the theoretical and interpretive schema for understanding health as constitutive and Burning Man as a site of cultural performance where such constitution becomes uniquely visible. Specifically, my analysis helps demonstrate how performance theory intervenes upon the historical positivist enterprise that continues to significantly influence our understanding of health communication both within and beyond scholarly contexts. In fact, Conquergood notes that the attention given to poetics, play, process, and power reflects a disciplinary stance in direct opposition to terms like, “ ‘science’, ‘structure’, ‘system,’ ‘distance’, ‘objectivity’, ‘neutral observer,’ and ‘falsifiability’ ” (83). In 2004 Burning Man Festival founder, Larry Harvey laid out 10 principles that “were crafted not as a dictate for

how people should be and act, but as a reflection on the community's ethos and culture as it had organically developed since the event's inception" ("Principles" par. 1, emphasis added). When considered alongside Burning Man's principles of radical inclusion, gifting, decommodification, radical self-reliance, radical self-expression, communal effort, civic responsibility, and leaving no trace, the concepts of poetics, play, process, and power lay the interpretive groundwork for thinking about Burning Man as a cultural site particularly well suited for investigating health communication both in relation to and beyond the biomedical paradigm. Using Soyini Madison's explanation of theory as synonymous with as well as distinguished from method (15), I conclude the explanation of my approach in this project by defining the particular tasks I undertake in order to answer the central question I pose in this study: How do Burning Man participants constitute the meaning of health?

Power

Conquergood begins his description of the performative turn in anthropology by explicating the term, poetics. However, power exists at the center of the culture-centered approach to health communication, critical performance ethnography, and the present investigation of how Burning Man participants performatively constitute health. One of the primary aims of this study is to critique the discursive, cultural, and institutional power maintained by health communication scholarship's continued privileging of the biomedical model at the expense of other ways of experiencing and studying health. Likewise, the culture-centered approach to health communication has its roots in critical cultural studies which emphasizes questions of ideology, hegemony, and the social construction of knowledge (Dutta 10). As its name suggests, critical ethnography is likewise rooted in its capacity to undermine the

existing relations of power and domination in an effort to move toward an ever more just reality.

Madison explains,

The critical ethnographer also takes us beneath surface appearances, disrupts the status quo, and unsettles both neutrality and taken-for-granted assumptions by bringing to light underlying and obscure operations of power and control. Therefore, the critical ethnographer resists domestication and moves from “what is” to “what could be.” (5)

I begin with the concept of power so as to anchor my project in the critical enterprise Madison calls for and to demonstrate how each of the proceeding three terms, poetics, play, and process serve the project of destabilizing the particular relations of power and knowledge I address in this study.

Mohan Dutta notes that the culture-centered approach to health communication calls attention to power “and interrogates its role in pushing a certain social construction of reality as superior, or as a better form of knowing” (124). In terms of health, power is largely consolidated in the biomedical model as the superior, if not the only, available way of knowing or understanding the lived realities of health, disease, and treatment. As The technologies of biomedicine derive discursive, economic, and cultural power as a result of their place within Western scientific knowledge that emphasizes efficiency and productivity. Moreover, the aims of biomedicine have become deeply entwined with the forces of capitalism and globalization (Dutta 120). Researchers like Richard Brown have addressed the relationship between capitalism, globalization, and biomedicine. Brown opens his book length treatment of the subject by stating, “The crisis in today’s health care system is deeply rooted in the interwoven history of modern medicine and corporate capitalism” (1).

Marie Garlock interrogates the function of power as it relates to health in a manner particularly salient in the context of the present effort to understand how health is performatively constituted in a specific cultural context, and thus worth discussing at length. In the spring of

2016 Garlock staged an approximately 90-minute aesthetic performance in the Hopkins Black Box theater on Louisiana State University's campus entitled Flipping Cancer. She opened her collaborative production as an energetic representative of the Susan G. Komen foundation's Pink campaign. Through a hyperbolic satirical character, Garlock held up the myriad contradictions and hypocrisies of a philanthropic organization ostensibly dedicated to eradicating breast cancer by means of branding and the corporate sponsorship of fast food, cosmetic companies, professional athletic franchises, the oil, gas, and coal industries, producers of chemotherapy and other pharmaceuticals designed to treat breast cancer, and law enforcement agencies. As Garlock makes clear, the broad range of cultural actors who publicly take part in the Pink campaign encourage early detection through mammography and public awareness while deflecting attention from their own profit-driven role in causing breast cancer. For example, considerable research has demonstrated the positive correlation between diets high in saturated fat and artificial preservatives and a glut of health problems including breast cancer. Yet the Kentucky Fried Chicken franchise proudly serves Pink buckets of high-fat fried chicken demonstrating to consumers the company's solidarity in the race to eradicate breast cancer. The audience learns that when studies posit the link between the products pedaled by Komen's corporate sponsors and the disease the foundation purports to fight, the organization responds by simply dismissing the legitimacy of the research. Garlock mocks this tactic by reporting instance after instance of conflict between corporate interests and research findings, inviting the audience to repeat, "Not our studies," after each successive example.

During the latter half of the show, Garlock re-presents the narratives of interview subjects whose lives have been variously affected by cancer, juxtaposing their stories with visual metaphors for the physical, emotional, discursive, individual, and collective experience of

cancer. She embodies narratives ranging from a frustrated oncology nurse forced to battle insurance companies rather than attend to her patients, residents of a neighborhood riddled with brain-cancer as a result of toxic coal ash produced by a near-by plant, and her own letter written to comfort a loved one facing breast cancer. Taken as a whole, *Flipping Cancer* works to highlight the insidious, often invisible grip of neo-liberal ideology and corporate power upon our individual and collective experience of cancer and its treatment.

As Garlock persuasively argues, those individuals and institutions served by the biomedical model effectively delegitimize other systems of value and knowledge that threaten to disrupt the pervasive ideology that frames illness as the consequence of personal choices surrounding diet, exercise, risky behaviors like smoking and unprotected sex, and when and how often to consult a physician while ignoring the structures that constrain, or even dictate those choices. As a result, a significant amount of health communication research has focused on efficiently distributing biomedical knowledge and ensuring that audiences, configured as passive and uniform, understand and correctly interpret the information they receive from the knowledgeable authorities. For example, in their consideration of the relationship between mass communication and public health Charles Atkin and Elaine Arkin list “the ignorance and apathy of the general public” (26) as an obstacle to be overcome by health communication specialists invested in improving public health outcomes. Indeed, scholars often cite the distribution of health information and the capacity to influence individuals and communities as central to the very definition of health communication. In an article titled, *Setting the agenda for health communication research and development*, Gary Kreps distinguishes the discipline of health communication from purely theoretical pursuits. He writes that health communication scholars aim, “not to break out in print but to generate health communication knowledge for directing

health care policy, practice, and intervention” (14-15 emphasis added). Renata Schiavo defines health communication by explaining, “One of the key objectives of health communication is to engage, empower, and influence individuals and communities” (5 emphasis added). She continues, “The goal is admirable because health communication aims to improve health outcomes by sharing health related information” (5). The Center for Disease Control defines health communication as “the study and use of communication strategies to inform and influence individual and community decisions” (“Gateway” par 8 emphasis added). Finally, Kreps titled the address with which I opened this project, “The Role of Communication Research in Promoting Health of Vulnerable Populations.” Much of his presentation described the role of accurate, relevant, and salient information for at-risk populations. In the context of his lecture, the health inequities he addresses primarily result from disparities in knowledge. He summarizes the relationship between health information and health disparity:

1. Marginalized populations often have limited access to relevant health information.
2. They are often confused and misinformed about key issues related to disease prevention and control.
3. At-risk populations also often have limited opportunities to share their health needs and concerns.
4. Increased access, understanding, & use of health information can help reduce disparities. (“Promoting” emphasis added)

By explaining health inequity in this way, Kreps implies a definitive, objective knowledge passed down from a qualified authority. The institutional power of biomedicine and health communication research operating in its service, qualify Kreps to distribute, educate, correct, and give voice to the vulnerable populations he describes. The job of health communication researchers and public health campaigns within this framework is to efficiently and effectively carry biomedical knowledge from authority to subject and if needed, translate complex scientific knowledge for those lacking in the requisite literacy. Such definitions of

health communication presume information to be a neutral vehicle for better health outcomes rather than a historically contingent, discursively constructed mechanism of power. With information, knowledge creation and distribution, influence, and motivation comprising at least a significant part of the discipline's foundation, health communication scholars cannot ignore the intimate connection of knowledge, power, and health communication and the role their scholarship plays in perpetuating the very inequity they strive to ameliorate.

As Dutta explains, the culture-centered approach to health communication grows out of its roots in critical cultural theory that call attention to the knowledge-power relationship. He explains that,

the culture-centered approach locates knowledge as the subject of inquiry. As a first point of entry into talking about health communication, it looks at the ways in which knowledge claims are intrinsically tied to the positions from which they are made. To this extent, the culture-centered approach investigates the claims made in dominant health communication approaches and the ways in which these claims serve those in positions of power, thus primarily starting as a deconstructive exercise. (9)

I argue that theories of performance and critical performance ethnography offer health communication researchers a theoretical language and methodological procedure for interrogating the interplay of knowledge, power, positionality, and health communication research.

Conquergood describes the attention to power that results from anthropology's performative turn. He writes, "This keyword invokes politics, history, ideology, domination, resistance, appropriation, struggle, conflict, accommodation, subversion and contestation" (84). By making much of the role power plays in shaping cultural meaning critical performance ethnographers ask, "How does performance reproduce, legitimate, uphold, or challenge, critique, and subvert ideology?" (84). Garlock's performance asks us to consider the performance of personal narratives as one way the ill body speaks back to and contests systems of power while

simultaneously being constituted by those very systems. In chapter four, I connect Langellier and Peterson's work on narrative performance with Arthur Frank's notion of the communicative, ill, narrating body in order to position narration as both a constitutive performance that brings about health meanings and a cultural artifact for observing health as the fluctuating relationship between agency, institutions, and culture.

I have argued that health represents a historical site of contest over legitimate or “relevant” knowledge and Burning Man as one cultural site where that struggle becomes particularly perceptible. The festival explicitly attempts to speak back to capitalist systems of power and domination as participants carve out literal space for experiences, desires, and narratives that resist commodification. Harvey details the festival's principle of decommodification. He explains,

In order to preserve the spirit of gifting, our community seeks to create social environments that are unmediated by commercial sponsorships, transactions, or advertising. We stand ready to protect our culture from such exploitation. We resist the substitution of consumption for participatory experience. (“Principles” par. 4)

In terms of health, we might view the contemporary rise of various holistic medical practices offered at Burning Man as an effort to wrestle power away from the mutual, profit-driven interests of medical and pharmaceutical industries as well as government institutions, legislators, and corporate food suppliers. Who has the authority to define, diagnose, and treat a particular malady? What kind of information is valid and whom does such information serve? What kind of stories can be told and for what purpose? As such questions emphasize, the way researchers study, define, and disseminate health related knowledge is absolutely bound up in questions of power that have real implications for the individual, social, and collective experience of health. Importantly, performance theory allows for complex reading of power

relations that does not reduce the workings of power to the simplistic binary of those with and those without power.

By linking knowledge claims to the individuals, structures, and institutions from which they derive their authority, critical performance ethnography and the culture-centered approach to health communication each call attention to the interests served by adherence to particular discourses and epistemologies. An effective challenge to dominant ways of knowing about health and health communication cannot rely upon research methods that seek to reduce human experience to observable, quantifiable, and measurable variables. While Burners strategize year around, travel great distances, spend significant money, and physically labor to erect a demarcated physical space for enacting alternative narratives of human experience, critical ethnography opens a theoretical and methodological space for challenging the status quo and institutional authority sustained by particular ways of knowing and representing reality. The remaining concepts of poetics, play, and process demonstrate how the turn to performance at Burning Man facilitates a research practice that “resists domestication and moves from ‘what is’ to what could’ be” (Madison, 5).

Poetics

Conquergood highlights the focus among anthropologists on poetics, or the creative making of culture. Rather than a pre-existing, stable sense of culture that can be observed external to the researcher, categorized, and measured, human actors actively construct cultural practices and identities. “Even,” Conquergood argues, “like fictions, they are ‘made up’” (83). An emphasis on the creative doing of culture leads ethnographers to cultural texts that call attention to and blur the boundaries between art and life, fiction and nonfiction, real and

imagined. According to Conquergood, such contexts include festivals, rituals, spectacles, dramas, narratives, metaphors, games, and celebrations.

Every August, thousands of self titled “Burners” journey to the Black Rock desert in Nevada where they erect Black Rock City for themselves. Complete with a post office, an airport, streets, villages, a radio station, a sacred temple, rangers tasked with keeping the city’s citizens safe, and a central market known as Center Camp, Black Rock City epitomizes the kind of self-conscious, poetic making Conquergood describes. In addition to working together to create an elaborate, functioning city from a desolate dried up river-bed, festival-goers participate in a gifting economy, adopt playa names and identities, form new kinship relationships, organize theme camps, art cars, musical performances, and workshops, and adorn costumes. All ten Burning Man principles are shot through with a common belief that human agents have an active role to play in the construction of reality. Indeed, Burners commonly refer to the world outside the temporal-spatial context of the festival as “the default world” where individuals fail to recognize their individual and collective capacity to make and unmake society. The principle of “Participation” offers the most explicit articulation of the generative ethos that guides the Burning Man festival. Harvey outlines the principle. He states,

Our community is committed to a radically participatory ethic. We believe that transformative change weather in the individual or in society, can occur only through the medium of deeply personal participation. We achieve being through doing. Everyone is invited to work. Everyone is invited to play. We make the world through actions that open the heart. (“Principles” par. 10 emphasis added)

Theorizing cultural performances such as festivals, Conquergood writes that, “The heightened, reflexive genres reveal the possibilities and limits of everyday role playing and invention...They hold out the promise of reimagining and refashioning the world” (83). In *The Bloom: A Journey Through Transformational Festivals* documentary film artist Jeet Kei Leung testifies to the

potential of transformational festivals to change the world by awakening the individual capacity to make and transform oneself and the world around you. In the second episode of the series entitled, *Practicing the New World: Co-Creation, Participation and Modeling*, Leung explains how festival participants learn to make, unmake, and remake culture within and beyond the festival context. He welcomes viewers to the second episode by describing the function of the participatory world making that characterizes transformational festivals like Burning Man. He begins,

In this episode we look at the themes of co-creation, participation, and modeling and how applying these principles is fostering opportunities for us to practice the world we would wish to live in. And not just to practice it but to then live the shared experience of that very world for days at a time. (“Practicing” emphasis added)

Dutta’s culture-centered approach to health communication defines health at the intersection of structure, culture, and agency. The anthropological turn to a performative perspective aligns with the way Dutta thinks about agency. For Dutta,

Agency refers to the capacity of cultural members to enact their choices and to participate actively in negotiating the structures within which they find themselves. In other words, the concept of agency reflects the active process through which individuals, groups, and communities participate in a variety of actions which directly challenge the structures that constrain their lives, and, simultaneously, work with the structures in finding healthful options. (7)

Performance theory calls attention to Burning Man as a cultural site where participants explicitly articulate, cultivate, and rehearse the creative, poetic, and imaginative capacity of human actors to construct their identities and their environment. Viewed through the lens of performance, Burning Man offers health communication researchers a fertile context for understanding the potential of individual actors to negotiate, contest, and resist the dominant institutional health structures they exist within without reducing the struggle to individual choices or simple dichotomies between the powerful and the powerless or successful and unsuccessful resistance.

Rather, when coupled with the culture-centered approach, performance theory enables a constitutive view of health where health exists at the dynamic intersection of agency, culture, and structure. Indeed, the relative economic and cultural privilege of the typical Burner has garnered significant attention and often deserving criticism from veteran Burners longing for an ideological purity (Rich Pricks) and academics with an apt suspicion of any attempt to escape the reach of capitalism and commodification (Kozinets). As a graduate student, both studying and working within the increasingly tenuous economic structure of higher-education, I recognize the paradox of Burner's spending hundreds of dollars stocking up on camping and art supplies at Wal-Mart in Reno before driving three hours north to escape commodification. Kate, who's narrative I analyze in depth in chapter four demonstrates that Burner's themselves are far from ignorant of the issues of privilege that come to the fore at Burning Man. During an interview she explained,

I feel that Burning man is also very very problematic...It doesn't seem to be a very welcoming space for like people of color. Like it's a pretty white event for the most part and I like to imagine, what would happen, what would we think if there were like a convention of like thousands of Saudi Arabians that were getting together in the desert in Nevada like every year and going crazy? (Allen)

Like Kate, I acknowledge, reflect upon, and grapple with the ways that Burners might embody and reinforce various types of inequality, exclude the bodies and voices of already marginalized groups, and provide fuel for proponents of neo-liberal ideology. However, to simply dismiss Burning Man out of hand because its participants are relatively privileged or because it is not as revolutionary as participants might hope would be to reduce the myriad modalities and manifestations of power. Further, while valid in many respects, declarations of the futility of attempts at social change often flatten measures of success to linear cause-effect relationships that ignore the often slow, multifaceted, unpredictable nature of cultural change. For example,

the common sentiment that “the hippies” of the 1960’s reached adulthood, got haircuts, and moved to the suburbs without affecting any cultural change represents an exceedingly narrow view of history. If we widen our lens, fifty years becomes a rather short historical era and it becomes clear that we are still grappling with the integration of women into the public sphere, the rights of African Americans and other minority groups, and the global human toll of never-ending wars. The aim of this study then, is not to determine whether or not Burning Man is successfully combating capitalism or dismantling biomedicine but rather to better understand the constitutive tension between culture, power, and individual agency at work in a particular cultural context.

Finally, the creative making of cultural identity illuminated by performance not only implicates the subjects of ethnographic research but the researcher herself. Conquergood argues that,

Participant observation research is based on artifice, and requires the willing suspension of disbelief by both parties to the encounter. Ethnographic monographs and articles derive their authority from the construction of a scholarly persona. Scholarly writing is the persuasive telling of a story about the stories one has witnessed and lived. (83)

The positivist researcher creates a scholarly persona capable of maintaining a fabricated critical distance from his research subjects. The researcher imagines he can effectively control for his identity, biases, emotions, and previous life experiences and that as a result he will have no impact upon the human subjects he studies or the cultural context within which he operates. Likewise, he pretends his experience in the field will only impact his view of the question he set out to answer. His interactions with the human subjects, physical environment, and cultural content he observes will not affect him physically, emotionally, spiritually, or intellectually nor will they impact his ability to collect data and accurately represent his finding for his colleagues in writing. In order to persuade institutional authorities and by extension, those subject to that

authority to count his findings among generalizable relevant knowledge the character of positivist ethnographer conforms to rigid, academically sanctioned storytelling conventions to craft a representation of what he has experienced and lived. He disappears behind the third person omniscient perspective. Most importantly, he must obscure all traces of the poetics required to construct and maintain the artifice of objectivity. In this way, he represents reality as external to the human observer and therefore impervious to his own biases and desires or the interests of the powerful.

As Stuart Hall argues, the act of representation is not neutral but rather a deeply political act. Madison notes, “Representation has consequences: how people are represented is how they are treated” (4). Critical ethnography seeks to intervene upon objectivity as a representational mechanism of power by not only acknowledging, but embracing the “fabricated, invented, imagined, constructed” (Conquergood 83) nature of ethnographic identity and research. The critical ethnographer commits herself to emancipatory knowledge that seeks to bring about greater equity and justice. However, for Madison,

Politics alone are incomplete without self-reflection. Critical ethnography must further its goals from simply politics to the politics of positionality. The question becomes, how do we begin to discuss our positionality as ethnographers and as those who represent Others?” (6)

Rather than deny or obscure my interpretive function as the observer/researcher in this study, I tell a story fraught with ambiguity, gaps, and emotions. I tell the deeply political story of what I witnessed and lived in my attempt to understand how participants, including myself, performatively constitute health at Burning Man. In chapter five, I utilize Jill-Taft Kaufman’s description of meta-fiction as a method for representing my experience as a researcher at Burning Man. By defamiliarizing the traditional relationship between author, text, characters, and

readers, meta-fiction provides a means of disrupting the positivist story often told in health communication research.

Play

Play, represents Conquergood's third concept at the intersection of performance and anthropology. He describes the anthropological emphasis on play saying, "This term is linked to improvisation, innovation, experimentation, frame, reflection, agitation, irony, parody, jest, clowning, and carnival" (83). For ethnographers, through play, experimentation, and imagination individuals discover the vulnerability of institutions and social order. Play points to the possibility of alternative identities, social dynamics, and institutions. Interestingly, the hard sciences have turned toward the potential of human play in ways particularly relevant to the current project. Primatologist Isabel Behncke studies the social behavior of the bonobo monkeys in the Congolese jungle (Press Play). Behncke observes that, compared to the aggressive, male-dominated social life of chimpanzees, female-led bonobo populations demonstrate incredible tolerance and peace. She attributes the highly adaptive, resourceful, and tolerant social reality of bonobo life to the unique centrality of play among bonobos within and across various social demarcations of age, size, and sex. Behncke's observation of the various social functions of play among our closest evolutionary ancestor leads her to ask, what can humans learn from bonobos? How might the characteristics of play, often dismissed as frivolous or the purview of children—imagination, the suspension of disbelief, temporary disruption of identity positions, and social orders—be highly adaptive, even necessary for human adaptation and survival? Behncke contends that bonobos

hold the secret to our future. A future where we need to adapt to an increasingly challenging world through greater creativity and greater corporation. The secret is that play is the key to these capacities. In other words, play is our adaptive wild card. In order to adapt successfully to a changing world we need to play...Play is not frivolous. In times

when it seems least appropriate to play, it might be the time when it is most urgent. (Press Play)

Behncke finds the adult human play she calls for at Burning Man, which she describes as “adult play in the wild.” While, like play generally, Burning Man is often dismissed as nothing more than the wild drug fueled mania of sensation-seeking anarchists, or adults who refuse to grow up, the festival’s transformational potential is largely a product of Burning Man’s playful foundation. Behncke describes her observation at the festival. She notes,

Obviously adult play is a route for personal transformation. Festivals like Burning Man allow for that to happen. I see enduring friendships being formed. I see people exploring and pushing their limits and doing things they perhaps would not have dared to do before. Then they take that back to their lives.

As Conquergood explains, “Appreciation of play has helped ethnographers of performance understand the unmasking and unmaking tendencies that keep cultures open and in a continuous state of productive tension” (83). In this way, performance ethnography helps redirect our focus on health conceived as a stable, pre-existing state to a constitutive contingent performance of tension between cultural forcers, institutional structures, and agency. As Burning Man invites, even mandates creative, imaginative play, it offers an ideal field site for discovering how health is made and unmade through performance. Perhaps most importantly this desert playground provides space for experimenting, testing, and imagining how our current institutions and discourses might continue to evolve toward greater equity and justice. Play allows us to ask, how might our conceptions of health be otherwise? How might the stories we tell in scholarly writing push boundaries and test the limits of existing methods for representing research findings? Taking play seriously means that ethnographers can and should experiment with scholarly personas, try out various modes of observation, improvise and adapt to the limitations and possibilities that arise in the field, be critical of the conventions of traditional academic reporting,

and challenge the limitations of language. Just as play helps the bonobo monkey adapt to her environment or the Burner to overcome her fears, the spirit of play offers the ethnographer a conceptual and practical tool for facing the challenge, the crisis, of representation. In chapter four, I counter the biomedical turn away from patient narratives by looking closely at three participant narratives of their experience at Burning Man. In chapter five, I use metafiction to experiment with narrative form and point of view in my own account of what I have witnessed and lived at Burning Man. By investigating health in seemingly unlikely cultural texts like personal narratives, festive play, and metafiction, texts outside the purview of biomedicine, and representing my findings as inter-subjective, non-linear, and unstable this project asks, how might our thinking about health both within and beyond academic institutions be otherwise? In both chapters four and five, an emphasis on play informs both the theoretical interpretation of my research site, my interview subjects, and health communication, and the practical embodied actions I undertake to answer the question, how do participants performatively constitute the meaning of health at Burning Man?

Process

In addition to power, poetics and play, Conquergood points to process as a fourth concept signaling the performative turn in anthropology. He observes,

Commitment to process and the shift from product to productivity has had a corrosive effect on positivism. Instead of static structures and stable systems with variables that can be measured, manipulated and managed, culture is transacted through performance. (83)

Lisa Schreiber points out that holistic medical paradigms similarly view health in terms of process instead of the stable product of capitalism and biomedicine. For example, from a holistic perspective, “people can continually strive toward higher levels of health regardless of their current health status” (182). Accordingly, this project does not aim to discover a new, contemporary definition of health to be taken up and applied universally across time and context.

Rather, I continually strive toward Conquergood's notion of dialogic performance. As Madison notes of Conquergood's expansive work on dialogue,

Dialogue is framed as performance to emphasize the living communion of felt sensing, embodied interplay, and engagement between human beings. For Conquergood, dialogue resists conclusions. It is intensely committed to keeping the meanings between conversations with researcher and the Other ongoing." (9)

Similarly, the culture-centered approach entails a commitment to making space for those voices that have been overlooked or actively excluded from dominant cultural discourses of health. For Dutta, dialogic engagement with community members is the central task of the health communication scholar. He argues that genuine dialogue can only be achieved through the presence of the researcher and participants in shared dialogic space. He argues,

This placement of the researcher within the discursive space is critically different from that of traditional health communication approaches, where the researcher takes the objective position of the omniscient observer, who can document the practices of a culture on the basis of his/her superior abilities. (61)

Rather than maintaining a critical distance in order to observe Burning Man participants from afar, I immerse myself in the dust, costumes, heat, and music. I make new friendships and negotiate existing relationships on the playa. While the objective biomedical and positivist researcher aims to control for, minimize, or ignore personal biases, emotional responses and connections, and unexpected encounters this study aims to mark the complexity of human experience. Burning Man is a messy place. By attending to the unfolding collective performance of making and playful destabilization of our experience of health at Burning Man, this project provides insight into the ongoing process by which health, and research about health, comes to exist. I investigate health along the anthropological shift away from positivism and towards the unfolding, continuous, destabilizing processes of performance, in an effort to expand upon health communication research that struggles to reconcile health's cultural contingency with the stable,

a priori definitions produced by the biomedical worldview. By exploring the personal narratives of festival participants as embodied, materially situated, discursively embedded, and capable of reinforcing and resisting power (Langellier and Peterson 8) in chapter four, I rely upon the ongoing, unfixed process of performative narration to understand health in equally unstable terms. Taft-Kaufman describes the central role of process rather than product in meta-fictional texts. She explains, "In the stories that emerge from this group of writers, meaning remains unshaped and indefinite. Process rather than meaning becomes the subject" (67). My aim in chapter five is to use the tenants of meta-fiction Taft-Kaufman lays out as a way of telling an un-finalized, dialogic, unstable story of my experience of health at Burning Man.

Three Trips

As should be clear by now, the theoretical and methodological approaches to my research site are tightly interwoven. Indeed, as Madison notes, performance ethnography brings critical theory to life as an embodied practice where theory and method collapse into one another. Yet, she argues, that method can be understood independent from theory in order to accomplish the concrete actions necessitated by a particular ethnographic context (15). As I have found to be true of any ethnographic pursuit, theory takes on new meaning when the researcher slides her field notebook into a special pocket of her backpack, protecting the bond of ink to paper from the threat of a leaky water canteen, carefully chooses pens that write smoothly without bleeding through the relatively thin pages of her bright yellow mole-skin notebook, mounts her bike, and rides off into the field. Even Madison's acknowledgment that specific physical, social, and cultural contexts demand certain activities and behaviors on the part of the ethnographer has taken on new meaning in the process of completing the present project (14). I dedicate the remainder of this chapter to describing some of the precise activities I engaged in to answer the

central question of this project. As I briefly outlined in chapter one, my investigation of how Burning Man participants constitute the meaning of health is based upon my participation in three separate Burning Man events: A regional Burn⁸ known as Saguaro Man, and two consecutive Burning Man festivals in 2014 and 2015. In describing the purpose, the lessons, the limitations, and the discoveries of each trip in broad terms, a general theme emerges that characterizes the function of each trip in relation to the overall goal of this project. The first of the three trips, Saguaro Man, served as a type of reconnaissance mission through which I was introduced to the cultural norms of Burning Man and the physical requirements of a weeklong outdoor festival in the desert. My first Burning Man festival, my second trip into the field, can be broadly characterized in terms of self-reflection. Finally, I traveled to Burning Man a second time. I characterize my third trip into the field as Other-centered. Obviously these designations represent coarsely drawn, artificial distinctions. For example, one possible explanation for the self-dominated field notes that resulted from my first trip to Burning Man is that I was still struggling to adjust to the novel norms and environment of the festival even after the trip I describe in terms of reconnaissance. With my mental and physical faculties overwhelmed, I instinctively turned inward, leaving little energy for the open, generous ethnographic spirit I anticipated. Moreover, as the lens of performance makes apparent, cultural norms and environmental challenges are far from stable variables that can be fully known and mastered. Rather reconnaissance remained an ongoing goal of my second trip to the festival. Similarly, performance ethnography, with its emphasis on dialogue, calls attention to the way the self and

⁸ Burners often refer to Burning Man as “The Burn.” For example, “Did you get your tickets to the Burn yet?” Similarly, regional Burning Man festivals are referred to as “regional Burns”.

the other mutually constitute one another. That is, I cannot know who I am at Burning Man without the other participants and my presence affects and constitutes those same participants as we share space, swap stories, and enact what it means to attend Burning Man. In short, reconnaissance, the self, and the other are present throughout my research. The distinctions I make here simply serve to highlight three overall themes that organize how I have come to think about each trip in relationship to the larger project.

First, in the spring of 2014, I traveled to Saguaro Man, a regional Burning Man event held on Double Dolphin Farm just outside of Snowflake, Arizona. I chose to attend a smaller regional event before traveling to Burning Man for two reasons. First, both mediated and personal communication warned of the large, often overwhelming scale of Burning Man. By the time I began this study, my sister, Penny had attended two Burns and three regional festivals. At the time, she attended naturopathic medical school at Southwest College of Naturopathic Medicine in Tempe, Arizona. She served as a gate-keeper⁹ (O'Reilly 132) throughout my research for practical (she already owned much of the expensive equipment needed for camping in the desert; she knew the complicated process for acquiring tickets), geographic (she lives a drivable distance to the festival), and interpersonal reasons (she knows many participants, many of whom are naturopathic medical students or physicians). I deal with her considerable, at times problematic influence upon this project in more detail in chapter five. For now, I note that it was Penny's classmate Veronica (who over the years introduced Penny to festival culture and offered her guidance) who first warned, "Your first Burn is a lot to take in. It's going to be hard to study it when you first go." Heeding Veronica's advice, I attended Saguaro Man in order to make

⁹ O'Reilly defines gatekeepers as, "...sponsors or individuals who smooth access to the group. They are the key people who let us in, give us permission, or grant access" (132).

contact with a smaller group of participants, in a more intimate context and to and familiarize myself with the culture on a less daunting scale before traveling to the larger event. I chose Saguaro Man in particular because the timing better accommodated the course schedule of the performance class I taught that semester than other regional festivals and because its location allowed me to fly into Tempe, prepare food and camping equipment at my sister's house, and then drive four hours north with Penny in her car. Although my first trip to Burning Man three months later is still, without hyperbole, the most overwhelming experience of my life, Saguaro Man served an essential familiarizing function. When participants learned I had never attended Burning Man many would offer their advice for how to best enjoy and survive the festival. In hindsight, one of the most important benefits of the regional festival was that, compared to Burning Man one finds significantly less to do. Aside from one major sound stage and a few camps offering food at particular times, Saguaro Man consists largely of hanging out. Many festival goers knew each other well, sat in circles of folding chairs drinking, playing music, dancing, napping, and partaking in various drugs. The primary task I completed at Saguaro Man was to observe and record the cultural norms. The relaxed, laid back atmosphere of the regional festival allowed me to more seamlessly record extensive observations in my field note journal without having to negotiate other physical activities like biking, dancing among large crowds, and traveling long distances between camps while getting a sense of cultural norms that proved helpful at the larger festival. For example, at Saguaro Man I learned that Burners find the cultural orientation to time necessitated in "the default world" to be oppressive so few people, if any carry a watch, a cell phone, or any device that measures time for them. "Isn't it nice to be free of all that? You can learn to just eat when you're hungry and sleep when you're tired and let go of having to do anything at any particular time," a tall thin nineteen-year-old named Christian

told me. Had I not attended Saguaro Man, I might have assumed that the aversion to electronics and time-keeping technology primarily derived from the danger the dust poses to delicate valuables like watches and cell phones on the playa. But while the terrain of Saguaro Man presented its own challenges, dust does not threaten to ruin one's phone or watch.

In August of 2014 I traveled to my first Burning Man festival in Black Rock City, Nevada. As blogs, websites, and friends had correctly cautioned, my first Burn shocked and overwhelmed my body, my mind, and my spirit. As we drove the twenty hours from Tempe to Black Rock City, Penny warned me, "I know you have a lot of research to do but I think you will learn more if you just experience it, especially your first Burn." I quite foolishly assumed that Saguaro Man had prepared me for Burning Man and that I would be more than capable of striking the right balance of observation and participation, practically if not theoretically. My hubris in the face of what was still, almost completely unknown despite countless hours spent transcribing The Bloom Series, attending a regional festival, reading first hand accounts, and talking to those who had attended, seems laughable in hindsight. I managed to take considerable field notes, including several in depth descriptions of chance interactions with other Burners, but when I return to the field notes my first Burn yielded, personal reflection crowds most pages, leaving little room for the kind of dialogic engagement with the Other I sought then and continue to strive for now. I spent considerable time lamenting my lack of focus on others at the festival but have come to realize that my findings shed considerable light upon how health is constituted at Burning Man even if those findings are not what I intended to investigate. Through my embodied experience on and with the playa, I have come to know Burning Man as a site where the meaning of health is made, unmade, and made again in performative process and to understand the self and other as mutually constitutive.

My second Burn proved much more other-centric for several reasons. First, while I spent much of my first Burn sleep deprived, disoriented, and dehydrated, my second Burn felt much more manageable. Armed with electrolyte hydration tablets and mental strategies for sleeping through the ceaseless, repetitive beats of contemporary electronic dance music, I traveled to Burning Man for the second time, comprising the third of my three ethnographic ventures into the field. I knew that despite the heat, hot soup actually provided the most comforting sustenance when I felt physically and emotionally stressed. I knew keeping my feet warm during cold desert nights was one of the most important elements of a goodnight's sleep. I knew that too much time alone together caused my sister and I to focus on the weaknesses in our relationship and that other people prompted us to behave as friends rather than siblings with no patience for the other's short-comings. All of this to say, uncertainty is powerful. With a great deal of uncertainty reduced, I was able to consider and attend to others in a much more focused way.

Secondly, Penny and I spent much of my first Burn alone, just the two of us. We traveled from Phoenix to Black Rock City alone and although we set up our tent with a theme camp, Camp-Walter, and were surrounded by other campers, we camped alone. By comparison, new characters seem to overflow from the story of our second Burn. By this point, Penny had graduated from medical school and was living in Oregon, where she is completing her residency at a Portland clinic. Her boyfriend, Jackson flew from D.C where he attends medical school, to Portland and the three of us packed for the trip and made the considerably shorter nine-hour drive to Black Rock City. We stayed with Camp-Walter again, but because Penny's good friend Veronica attended this year, we camped with her in a village, a subdivision of Camp-Walter. As part of the village we ate, worked, slept, and played with a close-knit group of about ten people.

The time I spent with this group of ten people from Arizona comprises much of the observation data I collected on my second trip to Burning Man.

The playa provided a second observational tool that I could not have predicted. 2015 was an unusually dusty year at Burning Man. It was certainly dustier than the previous year I had attended and many participants commented on the exceptional amount of dust. More than once, our tribe huddled into “the shenanigans tent” for hours to escape a debilitating dust-storm that kicked up so much dust one could not see far enough ahead to walk forward without fear of running into a neighboring tent or being hit by an art car. Burners refer to these particularly intense storms as “white-outs.” Camp-Walter brings some of Burning Man’s most iconic art cars, including The Peace Train which consists of three metal box-cars each named (peace, hope, and love), thematically decorated, and comfortably furnished. Because of their strong metal exterior and cozy interiors, The Peace Train’s cars provided much needed respite from the daily heat or from sudden white-outs that stranded Burners caught far from their own camps when a storm struck. I noticed this early on and began to plant myself in my favorite of the three cars, Love, and visit casually with the various participants who popped in and out. This small, enclosed space allowed me to narrow my focus from the dizzying expanse of the festival to a quiet intimate context where I got to know a random sample of passing Burner’s with varying degrees of intimacy. Some came in and simply slept on the couch across from me. Many chatted relatively briefly, about forty-five minutes to an hour. One evening, I spent eight-hours conversing with a man named Cable as various other people moved in, joined our conversation, and moved on. I described the serendipitous arrangement to my sister as “ethnographic speed-dating.” I did not collect names, or other identifying information from most of these wandering Burners. With the exception of those who entered and exited without conversation, I (at a

minimum) disclosed that I was writing my dissertation on Burning Man. In most cases, such a disclosure naturally prompted a more detailed conversation about my project.

The third and most formal component of my investigation involves formal interviews conducted via Skype after the festival. In chapter four, I use Langellier and Peterson's description of personal narrative as an analytical frame for identifying the place of the body and the role of institutional and discursive power in three Burner's narratives. I chose to conduct formal interviews outside the physical context of the festival for several reasons. First, the formidable wind and dust I experienced at my first Burn made me wary of attempting to organize interview equipment like microphones, recording devices, or consent forms. Second, a significant amount of participants at Burning Man engage in alcohol and/or illegal drug use. Not only did the altered mental state of many festival participants present an ethical challenge to ensuring informed consent, I assumed the presentation of official, legal documents requiring signatures in such an environment would alienate participants. Instead, I filled small two ounce glass bottles with a refreshing mixture of rose water and tea-tree oil to distribute as a "playa gifts"¹⁰ to individuals I met throughout the festival. I printed my name, email address, and phone number on the bottle's exterior and explained my project as I distributed the gifts. If the recipients were interested in participating in the project, they contacted me after the festival. This method for gathering participants proved relatively unsuccessful, in part I suspect because small trinkets have a way of disappearing amongst the chaos of the festival. I distributed approximately

¹⁰ The gift economy at Burning Man relies on gifts given freely, without expectation of exchange or compensation. Many Burners prepare gifts ahead of time such as hand-made jewelry or food to share. Theme camps organize large-scale planned events like offering massages, theme parties where alcohol is distributed until the supply runs out, or places to sleep in the shade during the day.

60 bottles and heard responses from only three individuals. I conducted the remaining seven interviews with fellow Camp-Walter members. With the exception of two, I met each of the participants at my second Burning Man festival. Of the ten formal interviews I collected, I chose three narrative excerpts from three separate interviews for narrative analysis. I site and reference the other seven interviews to draw conclusions and general observations but do not offer extended narrative analysis.

Having established the theoretical and methodological foundations of my approach to health communication at the intersection of performance and anthropology, I proceed to the remaining two chapters before drawing conclusions and offering future directions in chapter six. Understanding health and health communication research in terms of poetic construction, play, on-going dialogic process, and deeply embedded in relationships of power provides this critical ethnography with the conceptual touchstones for rethinking our reliance upon biomedicine and positivism and in so doing opening the possibility of a more equitable, more just way of doing research and experiencing health.

CHAPTER 4: NARRATIVE PERFORMANCES OF HEALTH AT BURNING MAN

Having laid out the historical and cultural context of biomedicine in chapter two and described critical performance ethnography as a theoretical and methodological intervention upon the objective, quantitative epistemology that undergirds both biomedicine and positivist social science in chapter three, I turn to storytelling as communicative performances that both evidence and bring about health meanings in this chapter. The central question I pose in this project is: How do Burners bring about health meanings both at and beyond Burning Man? This chapter proceeds from the assumption of stories as central to defining and understanding health in cultural context. Thus, storytelling represents a partial answer to the question of how health meaning comes about for Burners. In addition to power, marginalization, context, and resistance Mohan Dutta underlines stories as key features of the culture-centered approach to health communication. He argues that stories maintain cultural orientations to health as health meanings circulate through communities and across time (14). For example, in *A Sea of Bodies*, a story one participant told during the interview process, Kelly (a pseudonym) begins to tell a comical and moving story about a particular encounter she shared with my sister and group of friends at Burning Man several years ago. When my facial expression indicated that I had already heard this story from my sister's perspective Kelly hesitated ("Well...I'm sure you might have heard this story already") but I encourage her to re-tell the story ("Yes, but tell it, tell it. I love it,") because, as an ethnographer I am interested in her unique telling and retelling but as a member of a particular storytelling community, I take pleasure in its performance as it both entertains and constitutes my identity in relation to others—particularly, other Burners. In addition to maintaining existing meanings, Dutta argues, "It is also through stories that new meanings of health are articulated and change is brought about through the introduction of new possibilities

into the discursive space” (14). The narratives I have selected to represent here, *A Sea of Bodies*, *Living Your Best Life*, and *Some People Just Worry About Surviving*¹¹ each rely on existing meanings of health, the body, the environment, and medicine while also making those meanings visible and open to modification. Accordingly, in this chapter I turn to storytelling as a particular communicative practice where Burners both reinforce dominant biomedical health meanings and bring about new possibilities for defining, practicing, and experiencing health.

As part of the multi-disciplinary turn toward narrative among the human sciences, health communication scholars have recognized the significance of narrative accounts in relation to various aspects of health, illness, and the health care process. Leslie Hinyard and Mathew Kreuter advocate use of narrative communication in public health campaigns by describing narrative as, “the basic mode of human interaction and a fundamental way of acquiring knowledge” (777). Similarly, Barbara Sharf argues for a narrative approach to physician-patient communication. Beginning with Walter Fisher’s narrative rationality she observes, “Within the last decade, narrative theory has come into prominence as a paradigmatic approach to many disciplinary fields of knowledge” (221). In what follows I briefly review the place of narrative in these two significant areas of health communication scholarship where narrative has received considerable attention: public health campaigns and physician-patient communication.

Researchers of the former draw heavily from social-psychological theory to name, categorize, predict, and influence various health related behaviors. This theoretical foundation generally locates behavior in individual cognitive process (Dutta 50). Within public health campaign scholarship, researchers tend to frame narrative as an available tool for influencing and

¹¹ In order to discuss the narratives I analyze below, I have titled each story using a direct quote from the story.

promoting behavior modification and normalizing desirable health behaviors in a social environment. By contrast, research dedicated to physician-patient communication addresses the significance of the interpersonal interaction between health care providers and patients in a clinical setting with the medical interview receiving particular attention. The broad goal of physician-patient interaction research has been to effectively understand and ameliorate “doctor-patient rapport; patient physician satisfaction; patient adherence to the treatment plan; and frequently the course of the illness itself” (Eggly 339). In the context of the medical interview, patient narratives have traditionally operated as a means by which the physician extracts relevant data for diagnosis and treatment.

As I have argued at length, health communication generally proceeds from a biomedical perspective. However, communication scholars of both public health campaigns and clinical dialogue have acknowledged the limitations of a strictly somatic disease centered approach and turned to narrative and storytelling as means of incorporating social and psychological health factors into healthcare aims. Despite more comprehensive approaches such as the bio-psycho-social model (Engle), research generally remains focused on biomedical contexts, is generally directed toward biomedical aims and norms, and often does not address the role of institutional structure and power for health outcomes. Thus, this chapter aims to both review and contribute to the narrative turn in health communication. Specifically, I argue that Kristin Langellier and Eric Peterson’s performative conception of narrative offers health communication scholars a schema for understanding health meanings at the intersection of culture, structure, and agency. I begin by reviewing the dominant place of narrative within scholarship regarding public health and the medical interview in more depth. Then I turn to three narratives Burners shared during Skype interviews I conducted upon returning from Burning Man in 2015 to demonstrate the theoretical

and practical implications for performing health narratives. I hope to demonstrate the utility of performative narrative theory for health communication scholars as well as critical ethnographers and to answer the central question I pose in this project: How do Burner's constitute the meaning of health?

Narrative in Public Health Research

Public health campaigns represent an area of health communication research where narrative has received significant attention. In an essay titled *Using Narrative Communication as a Tool for Health Behavior Change*, Hinyard and Krueter ask, "How and why would narrative communication contribute to changes in behavior and other health related outcomes?" (779). The authors review several common models health communication scholars have used to theorize the role of narrative for affecting behavioral changes related to health. Here I describe the place of narrative within two such models: Social Cognitive Theory and The Theory of Reasoned Action.

Social Cognitive Theory and The Theory of Reasoned Action

Social Cognitive Theory (SCT) considers the role of self-efficacy for adopting behavior. Albert Bandura argues that an individual's appraisal of his or her capacities influences,

the choices individuals make, their aspirations, how much effort they mobilize in a given endeavor, how long they persevere in the face of difficulties and setbacks, whether their thought patterns are self-hindering or self-aiding, the amount of stress they feel when coping with taxing environmental demands, and the vulnerability of depression. (257)

According to SCT, behavioral modeling and observational learning play a critical role in increasing an individual's perceptions of his or her own capacity to adopt a particular behavior. Researchers have applied Bandura's model of behavioral change to health outcomes, finding that the more efficacious an individual feels, the more likely he or she is to adopt positive health behaviors. Within this social framework, narratives operate as communicative objects for modeling positive health behaviors to identified, targeted populations. For example, drawing on

SCT, The Philadelphia Health Management Corporation conducted a community based HIV intervention in five United States cities. Trained community members distributed media material “containing authentic stories about people from the community that described how they were changing (or preparing to change) their HIV related risk behavior” (337). Researchers distributed the stories along with condoms and bleach¹² to individuals categorized as high-risk for contracting HIV predicting that observation of other community members engaged in preventive measures would increase individual perceptions of their capacity to adopt similar behaviors. Like condoms and bleach, narratives function as objects for use in the effort to prevent HIV.

While SCT locates behavioral change in individual perceptions of efficacy, the Theory of Reasoned Action (TRA) attempts to predict behaviors. Icek Ajzen and Dolores Albarracin explain that, the TRA proposes that individuals conduct reasoned calculations along three separate considerations, or beliefs, as they formulate intentions to engage in or abstain from a particular behavior. First, the individual develops a positive or negative attitude toward the behavior based upon his or her existing beliefs regarding the range of consequences for the behavior in question. Second, the individual develops normative beliefs about how important social others judge the behavior. These norms describe the individual’s subjective experience of social pressure to perform or not perform the behavior. Finally, the individual considers other factors that might prevent him or her from engaging in the behavior before determining their capacity to perform the behavior. TRA proposes that the more positive an attitude and subjective norm an individual develops, the greater the degree of behavioral control he or she will perceive.

¹² In the mid-1980’s public health campaigns began distributing bleach to intravenous drug-users as a means to prevent the spread of HIV by quickly disinfecting contaminated needles (Watters 743).

In turn, the more behavioral control an individual feels, the stronger his or her intention to perform the behavior should be (Ajzen and Albarracin 4-5). Within this predictive theoretical framework, narrative serves a normative function as storytellers model behavior as sanctioned, practical, effective, and common.

Dutta takes a critical approach to the theoretical foundations of a great deal of public health campaigns. Founded on the epistemological traditions of social psychology, public health campaigns rely on an individualistic and cognitive bias while minimizing critical dimensions of the communication context. For example, the TRA assumes an individual who, after conducting a rational cost-benefit analysis arrives at an intention to either perform or abstain from the behavior in question. Similarly, SCT frames individual cognitive processes as the locus of health behavior. Dutta argues,

By treating self-efficacy as an audience orientation variable (read psychological variable, a thing of the mind) without taking into account the actual resources of the environment, the proponents of self-efficacy run the risk of losing the pivotal structural context in developing an appropriate understanding of the culture. (30)

As I have discussed in detail in previous chapters, Dutta accounts for the cultural and structural dimensions of health by defining health at the intersection of culture, structure, and agency. Dutta cites stories among the key components of the culture-centered approach to health communication. “It is through stories” Dutta argues, “that healthcare scripts are circulated. Stories are built upon shared cultural meanings and offer insights into the ways in which the culture constitutes its meanings of health” (14). Analysis of Burner narratives as performative enactments reveals both familiar biomedical notions of health and illness and the emergence of scripts that counter dominant health meanings. Rather than stable mechanisms for normalizing biomedical health practices for designated populations, I frame Burner narratives as deeply

contextual processes where storyteller and listener negotiate health meanings at the intersection of culture, structure, and individual agency.

Narrative in Patient-Physician Research

In addition to public health campaigns, health communication researchers have called attention to narrative in the clinical context as patients attempt to communicate dis-ease to physicians who then use patient accounts to diagnose the patient. Stanley Joel Reiser attributes the rise of the objective physician to the diminished significance health care providers place on the patient's account of their subjective experience for the diagnostic process in clinical settings. He explains that prior to the nineteenth century, physicians relied primarily, if not exclusively, on the patient's report of physical sensations and events leading up to an illness to define the nature of particular maladies ("Medicine" 1). With the rise of technological instruments, beginning with Rene Laennec's stethoscope, the diagnostic importance of clinical dialogue dwindled as physicians placed increasing emphasis on quantifiable data produced by instruments and machines such as the X-ray and the electrocardiograph. More recently, Robert Hamdy observed that, "The knowledge base of medicine has increased so much over the past few decades, and the curriculum is so overloaded that little time is devoted to teaching students and residents how to take a good medical history" (1130). John Coulehan and Marian Block explain that within the disease-centered biomedical model physicians learn to obtain a patient's history by means of a list of predetermined questions regarding the patient's past illnesses and present symptoms. The burden of effective communication rests on the patient who is deemed "a poor historian" when unable to answer interview questions to the physician's satisfaction (xvii). By contrast, Susan Eggly points to a shift toward a more patient-centered bio-psychosocial model of

health and illness (340). Robert Smith and Ruth Hoppe describe the place of patient narratives within the bio-psychosocial model. They argue,

Every patient has a story that demonstrates the interaction among the biologic, psychological, and social components of his or her medical life...The physician's task is to elicit and understand this story, for it provides an introduction to who the person is and why he or she is seeing a physician. The story also provides clues to diagnostic and therapeutic issues relevant to the patient's problem. (470)

Instead of a physician taking stories from a patient like a blood sample to be examined under a microscope, the patient-centered approach conceives of the medical interview as, “a dynamic interaction between two or more people rather than as a stereotyped procedure in which the practitioner extracts something from the patient (as in ‘taking a history’)” (Lipkin 65). Within this view, patients and physicians each play an active role during the medical encounter as they struggle over discursive resources and negotiate conflicting priorities and perceptions. Barbara Sharf accounts for this more dynamic approach to the medical interview by defining physician-patient interaction as a rhetorical situation “in terms of its qualities of intentionality, strategy, relationship, and transaction” (217). She asserts that the medical interview is a unique, purposeful, and strategic discursive context where patients and doctors negotiate conflicting views about what is most medically relevant, the order in which to discuss various topics, and how to spend the limited time available for exchange. Given this transactional view of the medical interview Sharf asks, "What are the ways in which patients and physicians shape the discourse in which they jointly participate, either collaboratively or conflictually as they attempt to persuade one another?"(220). She posits that approaching narrative accounts from a rhetorical perspective affords health communication scholars a method for understanding individual transactions as well as drawing conclusions based on recurring narrative patterns. For Sharf, "The specific task of rhetorical analysis is description, interpretation, and evaluation of narratives

generated from the doctor-patient relationship toward the desired ends of shared understanding, inducing cooperation, and improving healthcare” (223).

Eggly characterizes narrative from a multi-disciplinary perspective and concludes that people engage in narrative as a way of bridging the gap between the unexplained and the sensible. When understood as a means by which individuals make sense of their world, narrative analysis offers health communication scholars an open-ended, flexible structure that reveals what a patient perceives as normal and by extension, what they find out of the ordinary or disruptive (Eggly 343). Eggly argues that, "This perspective is critical to the study of narrative in physician-patient interactions in that the explicit goal of these interactions is to organize and interpret the patient's illness to explain and resolve the illness” (342). My aim is not to argue against the constructivist view of narrative as a contested, co-created product of patient-physician interaction put forth by scholars like Sharf and Eggly. Likewise, I recognize the goals of co-operation, understanding, and improved health outcomes to be laudable aims. However, I contend that by conceiving of narrative in terms of performance, health communication scholars gain a means of accounting for the interaction among embodied experience, discursive networks, and systems of power that both enable and constrain narrative performances. Indeed, the very goal of a patient complying with a physician’s recommendations is shot through with implicit values, norms, subject positions, and unequal relations of power. Even if both parties reach mutual understanding and shared meanings, the medical interview cannot be understood independent of the dominant biomedical context and the physician’s historic, discursive, cultural, and often economic place of power within that paradigm. As Sharf herself points out, “The word compliant is derived from Latin and French roots for ply or bend, evolving into its current meaning, ‘to bend to the will of another’” (218). However, as we shall see, the power of biomedicine does not

emanate from the authority of individual physicians empowered to exert their will over patients. Rather, physicians themselves are subject to cultural discourses and the tactics and strategies of what Michel Foucault calls bio-power (“Sexuality” 140). A performative approach to storytelling prompts analysts of narrative to consider not only what is said and the relationship between speakers but how the act of saying is both limited and made possible by the conditions of embodied, material, and discursive relations of power. In the next section, I elaborate upon Langellier and Peterson’s performative approach to narrative before applying their approach to the storytelling performances of three Burners during ethnographic interviews I conducted via Skype after Burning Man.

Turning to Narrative Performance

Health communication scholars of both public health and physician-patient interaction have drawn on narrative as a tool to be deployed toward a particular end and an artifact that evidences not only past events, but underlying meanings, perceptions, conflicts, and organizational schemas related to health outcomes. Like health communication researchers, Peterson and Langellier note the turn toward narrative approaches across the human sciences. The authors go a step further by proposing a subsequent turn to performance (“Performance Turn” 173). A turn toward performance, the authors argue, situates narrative at the intersection of two distinct and related conceptions: narrative as a making and narrative as a doing. Thinking about narrative as a making foregrounds narrative,

as an object, work, or text that is imagined, fashioned, and formed. Locating narrative in this way makes it possible to distinguish narrative from other objects, works, and texts (such as making arguments, making small talk, making the best of a bad situation) and other kinds of imaginings, fashionings, and formations (such as making a mess of things, making dinner, making love). (174)

Like the emphasis on culture as poesis that Dwight Conquergood observes at the intersection of anthropology and performance theory, framing narrative as performance

makes what would otherwise be mundane into something more: it distinguishes or frames itself from what surrounds it, it marks itself off and thereby turns back to comment on its context, and it puts ‘making something out of nothing’ on display for the participants. (Peterson and Langellier “Performance Turn” 174)

The view of narrative as a demarcated, crafted object is evident within health communication research that turns to narrative as a unique communicative text that carries and reveals health meanings. For example, Hinyard and Krueter respond to a lack of consensus among health communication scholars about an operational definition of narrative by characterizing narrative in strict structural terms. They distinguish narrative from other types of communication by arguing that, “A narrative is any cohesive and coherent story with an identifiable beginning, middle, and end that provides information about scene, characters, and conflict, raises unanswered questions or unresolved conflict, and provides resolution” (778). Further, marking narrative as a communicative product allows scholars to distinguish between different types of stories such as official stories, invented stories, first hand experiential stories, second hand stories, and culturally common stories (Schank and Berman).

In addition to a marked communicative object, a performative approach to narrative prompts consideration of narrative as an embodied, performative doing. Peterson and Langellier draw upon speech act theory and Judith Butler’s articulation of gender performativity to argue that rather than simply refer to past events or evidence some underlying state, narrative brings about that to which it refers. In *How to do Things With Words*, Austin distinguishes between constitutive and performative utterances. The former refers to descriptive statements that can be proven true or false while the latter characterizes those linguistic cases “in which to say something is to do something; or in which by saying or in saying something we are doing

something” (147). He offers the utterance, “I do” spoken during the specific context of a wedding ceremony as an example of language that brings about a new material condition—specifically joining two people in marriage. Butler extends Austin’s theory of performative utterances to gender in order to posit gender as a contingent, unstable subject position rather than a preexisting stable locus of identity and agency. She asserts that gender “is an identity tenuously constituted in time—an identity instituted through a stylized repetition of acts” (154). Rather than evidencing a natural, preexisting identity, this stylized repetition of acts constitutes the very concept of gender. Just as Austin’s performative utterances do not produce claims of truth or falsehood, gender cannot be understood as a fact to be proven. Citing Butler’s description of gender performativity, Peterson and Langellier argue that, “Narrative is not merely the performance of an underlying communication competence; rather narrative is performative in that it produces that to which it refers. In short, narrative is a way to ‘make do’ with what is available” (“Performance Turn” 174). Health communication scholars have recognized narrative’s productive capacity. Indeed, the use of storytelling to model health behaviors in order to bring about behavioral change in others relies upon narrative’s function to normalize behavior and reshape the meaning of those behaviors.

In general, physician-patient interaction research has approached narrative as a making, as a fashioned, textual object in order to analyze attitudes, discursive patterns, and past behaviors while research devoted to public health campaigns generally examines what narrative does by investing in narrative’s normative function in social settings. Using Peterson and Langellier’s performative approach, I consider Burner narratives at the intersection of these two lines of narrative inquiry. According the authors, the confluence of narrative as both a making and a doing produces four important implications for studying narrative:

1) Narrative is embodied in communication practices (2) Narrative is constrained by situational and material conditions (3) Narrative is embedded in and ordered by fields of discourse (4) Narrative is strategically distributed to reproduce and critique existing relations of power and knowledge. (“Performance Turn” 173)

In what follows I use these four dimensions as a framework for understanding three Burner narratives I collected. By analyzing their stories along these four dimensions I seek to answer the question: How do Burners bring about what it means to be healthy? I aim to understand participant stories not only in terms of linguistic content or persuasive function but the embodied, material, and discursive contexts and the relations of power that produce and limit health meanings. Kelly (a pseudonym) shared the first story, “A Sea of Bodies” while I interviewed her and her husband Ben. The couple attended and graduated medical school with my sister and remains two of her closest friends. They now work as naturopathic physicians in Arizona. They attended Burning Man in 2013. During the Skype interview I asked the couple to share a story they felt typified Burning Man. Ben told a story about separating from their group of friends one evening and wandering about the festival alone meeting new people. Immediately following Ben’s story, Kelly shared the story that follows.

A Sea of Bodies

Kelly: So for me, this is actually a day thing. One of our friends was looking through the...lets call it the menu? or like the schedule?

Me: mmm, hmm.

Kelly: “Oh it’s a foam party” and we were like, “Oh my gosh that’s going to be so fun because it’s hot out and that will cool us off and its something that we can do outside during the day instead of just sleep in our tents. Lets go to the foam party. So, we’re all on our bikes, riding up and as we’re reaching the address we see—well, I’m sure you might have heard this story already. [Laughing]

Me: Yes, but tell it, tell it. I love it.

Kelly: We see a line of naked people, like everyone's buck-naked. And you can—like we're slow and we start going down and we're like, 'this is the address, is this the foam party? What the heck is going on? And I can see um, his reaction and Penny's reaction like tense up like in the corners of my eye like, 'this is not what we signed up for' but it was funny because like everyone was thinking that in like stages, 'ok this the foam party, but like lets go check it out, maybe...' and then we get there and everyone's standing around um individual like bins or buckets um, because again you can't leave any liquid on the ground you have to leave the desert as it was before you were there so, uh they kind of—we showed up a little bit late so they had a separate like, introduction for us.

So we had our own little bucket just our circle of friends and then they were telling us like, "you have to disrobe but only disrobe with what your comfortable with" and they start pouring water over our hands and we're washing our hands, washing each other's hands and they actually had a really beautiful message about how we look at our hands, like everybody's hands are all beautiful in their own way, um so we should view our bodies that way, we're all just different trees in the forest but its still beautiful when you look at it, and we're like "Oh wow! This is really, really nice. Ok, I understand what we're doing now" and then we find out we're going to bathe each other. So we're like, 'Oh, the sign says human carcass wash, this is not a foam party. We're legit going to wash each other.' So we're thinking, "Ok, all of our friends," Like we're definitely testing our comfort zone so like, "Ok, if we're going to bathe each other I guess I'll have just my best friends do it, so we're just going to be around this initial bucket, just the five of us." So—I mean normally I'm like—I'm cool with being naked, I was pretty much topless the whole week, like I'll take my bottoms off too, I'm fine being naked, but I'm like,

“People are going to touch me now, I don’t know how I feel about that.” So for me that was a personal boundary but everyone was super respectful, and once we’re all around this bucket, you know the first friend gets in, and then we find out that we’re not just washing each other, in this one bin, there’s—literally it’s a human carcass wash so you have stations just like a car wash, so the first station is you get sprayed down, the next station they add soap, you know? Third station they rinse you off, and the fourth station they dry you and we’re the first to go even though we were the last to show up. The bin that we started off in was the front of the line. So we’re like, “Ok,” we couldn’t even see what’s happening ahead of us so we all just kind of committed we just were like, let’s open ourselves up to this experience, let’s just do it and everyone was incredibly respectful, it was—if you’re the person being washed you step in the bin and you tell them, “Ok I’m comfortable with touching everywhere but maybe here or here, you know?” So like I had a thong on and I was just like, “You can touch me anywhere that there’s not a thong and I should be ok.” But when people like literally were washing you and touching just to kind of receive that love and attention and touch and in places that it’s not a sexual experience at all, and it’s not a doctor’s office it’s just genuinely they’re trying to bathe you and be kind to you, was a huge, I don’t know it was a huge experience for me, it was kind of like, “wow, we could be respectful of other people’s bodies” and as—me myself if I’m washing somebody else, just doing that for someone and of course for me it’s not sexual either, and I’m respecting their wishes, and doing that service to them, it was completely different than how I have been of service to people as a doctor, or as a student doctor, like at that point in time. It’s just like, wow, like, doing that for somebody else, when—filling their need. Because, like, we all get dirty, it’s really dusty, we’ve all done just like---[to Ben] What is it called? Baby...baby wipe baths? You know? Like, but to be bathed was really, really nice. And to do it in such a way that’s really

respectful of the environment as well, was really cool. And so, even though, we had an idea of what we thought we were going to, and even though we thought we figured out, every step of the way, it kept changing. The end experience was really lovely, the message was beautiful and we were just, in a sea of people, of just bodies, you know? and they didn't make a issue of that our group, most of us, kept like, some piece of clothing on, um, everyone, if they—it didn't—it didn't matter. It was just like, "you're body's beautiful, we'll do service to each other" and it was just loving kind of, [to Ben] caressing each other. It was really nice.

During another interview, a Portland-based nurse practitioner shared the second story I offer for analysis, "Living Your Best Life," when asked to describe how she defines health. Like the interview with Kelly and Ben, I interviewed Kate (a pseudonym) over Skype. Kate has attended Burning Man four times including my last Burn in 2015.

Living Your Best Life

Kate: Yeah um...I think that I've had to develop a pretty pragmatic sense of what it means to be healthy because I'm exposed to—like I work with people who are so, so sick a lot of the time, and so, that's sort of where my definition came from with like, meaning that like, people are living their best life with the constraints that they're given, because, um, some of my patients are just they're, they're never going to be like in, like perfect like health like that, that a lot of people would think of as health but they can still have a very high quality of life um. Like uh, I have a patient for example who is, he's like, wheel chair bound, he has this rare um, neurologic condition, um that is basically just, it's like a cerabeller thing so its like it's destroying like his like motor function slowly over time but it's his brain is still perfectly intact and he used to be a martial arts instructor and everything so he used to be very fit and now he's like pretty obese and like, but he's um, he's just like very very um at peace with what's happening and he is learning

ASL so that he can like communicate when he's not able to speak anymore and he gets this like great joy from like being able to communicate with deaf people now that like even though he can still speak, he'll just like go up to people in the community and like start talking to them in ASL and like, he's like, he feels like, like it's like a spiritual experience for him a spiritual experience for him that he's been given this opportunity so I mean like, like something like that like, if you look at him like kinda going down the street in his like power wheel chair and not being able to use any of his muscles you think like that guy's not healthy but when you talk to him you feel that he has this sort of like well-spring of, of energy that has to do with living your best life.

I have titled the final narrative I represent here "Some People Just Worry About Surviving." In this story my sister's partner of seven years, Jackson (a pseudonym) responds to a prompt to describe a time when his view of health conflicted with that of someone else. I interviewed Jackson over Skype a few days before he graduated from medical school as an emergency room physician. He has attended four Burning Man Festivals including my last festival in 2015.

Some People Just Worry About Surviving

Me: Can you describe a specific instance when your view of health conflicted with someone else's?

Jackson: Mmmmm...I mean, that's kind of easy like....

Me: yeah because of your job...

Jackson: yeah...yeah I was going to say, I worked in the E.R. like all last month I mean, there's drug attics, alcoholics, all sorts of things, people who really don't, not necessarily care about their health but like, I feel like being healthy in a way is um...I don't want to say its correlated to your education but in a way it is. Um yeah, education, upbringing like if uh...so I was working

in Chicago, South side of Chicago. Crazy place. And um health to them is something that they're not really worried about because some people just worry about surviving.

Me: Mmm hmmm.

Jackson: So, I felt like my thoughts on health were so different from theirs because, eating, exercising is not really what they were concerned about.

Me: Right.

Jackson: You know, especially if you have kids you're trying to raise or feed or unfortunately there's violence out there if you're more worried about not dying, getting shot then you're not really worried about your health—as far as food, exercise and mental health goes.

Me: Right.

Narrative Analysis of A Sea of Bodies, Living Your Best Life, and Some People Just Worry About Surviving

In the final section of this chapter I describe and apply Peterson and Langellier's observation of narrative performance as embodied, material situated, discursive embedded, and capable of reinforcing and critiquing power to each of the narratives re-presented above.

Narrative is embodied

In the second story, "Living Your Best Life," Kate uses frequent vocal fillers. When the interview began, she apologized for being inarticulate, wanting to make it clear that she had just woken up and had not had her morning coffee. While in many ways, Kate turned out to be one of most articulate subjects I interviewed, the connection she makes between her physical state and her capacity to make and to do narrative, highlights the first dimension of storytelling that Peterson and Langellier posit. They argue that narrative is an essentially embodied practice. At the most obvious level, every narrative comes to exist by means of bodily activities such as

vibrating vocal chords and ear drums, gesturing hands, bodies leaning in, tongues articulating, eyes looking and being seen. Simply put, “In all these instances some body performs narrative” (“Performance Turn” 175). In contrast to the theories of social cognition that inform a great deal of health communication scholars’ approach to narrative, Peterson and Langellier contend that the body does not function as a neutral repository or recorder of pre-existing information to be recounted at a later time. Rather, they argue, “the storyteller takes up some part of bodily activity (such as the perception of an individual event) and moves it to another activity of the body (such as the performance of a story)” (“Storytelling” 9). Drawing on phenomenologist Maurice Merleau-Ponty, the authors observe that the narrating body simultaneously speaks and turns back to perceive its speech. Merleau-Ponty explains that, “the enigma is that my body simultaneously sees and is seen. That which looks at itself can also look at itself and recognize, in what it sees, the ‘other side’ of its power of looking. It sees itself seeing; it touches itself touching; it is visible and sensitive for itself” (162).

In “A Sea of Bodies,” Kelly performed her experience of the hand washing ceremony she experienced by rubbing her hands together. As her hands slide back and forth and turn over each other, they establish a connection between various embodied subjects. For Ben and I, Kelly’s gesturing hands serve as nonverbal emphasis that creates and repeats the scene she describes. Her hands simultaneously function as the hands of the unnamed camp participant leading the ceremony who washed her hands, and the hands of others that she herself washed. Kelly becomes audience to her own experience as her body literally touches itself touching, rotating at the wrist, shifting between the hands of others and a reflection of her own hands. Further, as Ben and I audience Kelly’s story, I participate in an embodied performance by watching her see her gesturing hands and in turn experiencing my own hands anew. In Walter Benjamin’s terms, as a

storyteller, Kelly “takes what [s]he tells from experience—[her] own or that reported by others. And [s]he in turn makes it the experience of those who are listening to [her] tale” (87). Thus, to describe narrative’s bodily context is to describe an ambiguous network of bodily relations constituted as the storyteller oscillates between perception and expression, between the simultaneous subject positions of storyteller, narrator, character, and audience. Adopting this view of narrative precludes the orientations to narrative as discrete, disembodied tools for persuasion or the approach often taken in clinical settings where narrative functions simply to report past events or evidence some underlying state. Indeed, Arthur Frank warns against the unintended consequences of abstracting narrative meaning away from the material reality of the ill body. He writes, “The further narrative gets from the body of the teller, and the further the teller is from feeling at home in his or her body, the more dangerous that narrative becomes. Specifically, the more it becomes the language of appropriation” (89).

In each of these stories, the speakers both craft and performatively enact bodily relationships. In “A Sea of Bodies,” Kelly tells a story that explicitly deals with re-negotiating the nude body in relation to personal boundaries like physical touch as performances of care, love, and perhaps most importantly, respect. She repeats the word respect or respectful five times to describe the way other Burners engaged her naked body that day on the playa. For Peterson and Langellier, to pay attention to the body that narrates is to ask, “How do these performative boundaries accumulate and accrete sexuality, gender, race and age?” (“Storytelling” 13). Women’s bodies have represented historic sites of cultural contest over meaning. Male bodies often assume the primary role of storyteller with the power to craft public narrative about women’s health and enact those stories in the form of legislation, medical practices, and social relationships, all of which have corporeal consequences. Embedded in Kelly’s emphasis on and

surprise at the respect (“it was kind of like, ‘Wow! We could be respectful of other people’s bodies...’”) she received while naked is the implication of disrespect, or at least something other than respect for the nude female body, in other spaces and discourses where we might expect nudity, specifically the sexual and the medical contexts (it’s not a sexual experience at all, and it’s not a doctor’s office). Kelly tells this particular story, in this way as the result of her lived, gendered, bodily reality. Her realization about the potential to care for and love the naked body in sexual and medical settings, specifically in terms of respect results from her embodied experience in the world among a body of women for whom the world historically defaults to degrading and policing their bodies.

While Kelly functions primarily as both the narrator and main character in “A Sea of Bodies,” in the second story I represent here, “Living Your Best Life,” Kate’s narrative performance centers on the bodily experience of one of her patients. Kate works as a nurse practitioner in Portland, Oregon. Like Kelly, who connected various others through the embodied performance of hand washing, Kate negotiates bodily meaning by means of storytelling. For example, she communicates the great joy and sense of peace her patient feels after learning American Sign Language (ASL) by taking up his embodied experience of happiness and satisfaction in her own body. As she re-presents his embodied story (“he’ll just go up to people in the community and start talking to them in ASL”) she leans in as if encountering someone on the street, she beams, almost as if trying to contain laughter. Through storytelling’s embodied context Kate’s experience becomes part of my bodily reality as I both prompt and audience her narrative. The particular body she turns to in order to illustrate the meaning of health is also instructive. On the one hand she repeats the familiar tendency of biomedical and health communication scholarship to define health in terms of deviation from health (“I work

with people who are so, so sick a lot of the time”). However, in this story Kate also draws on her experience as audience to her patient’s embodied narrative to untether the meaning of health and illness from common visual signifiers of health’s absence (obesity, a power wheel chair, lack of certain types mobility). Rather than negating the individual ailing body, Kate expands the definition of health to include and even privilege the emotional and spiritual state brought about by her patient’s contingent embodied context. For Kate, the patient’s potential for health derives not from the promise of a future biomedical therapy but from the joy he receives and expresses through communication with others in his community.

By describing her patient as having “a well spring of energy” that can be felt through dialogue rather than seen from an objective distance, Kate’s story evokes what Frank refers to as the communicative body. Having laid out a bodily typology that includes three distinct bodily orientations to the world, Frank identifies the communicative body as a fourth and final type. While the mirroring, dominating, and disciplined body can each be characterized by paradigmatic examples, the communicative body “is a less a reality than a praxis” (79). By contrast, the disciplined body for example, finds its essential manifestation through regimentation examples of which include diet and exercise. As a body defined by a constant state of process, the communicative body finds no such stable exemplar. Like Kate’s patient, the communicative body responds to the contingency of physical degeneration as an occasion of possibility and potential to use his body anew while connecting with other, biomedically “abnormal” bodies in his community. According to Frank, the communicative body engages with others by means of diffuseness, what he calls, dyadic other-relatedness. He argues, “Dyadic contingency becomes the bodies potential to realize itself diffusely” (80). Through this diffuse,

“well-spring” of embodied, communicative performance Kate, her patient, and now I, experience her patient’s communicative body through storytelling.

In the third and final narrative represented here, “Some People Just Worry About Surviving,” Jackson, a fourth year medical student completing his residency in Miami, Florida offers different kinds of narrative bodies and a contrasting picture of health. Kate’s story arose in response to a question I posed about how she defines health. By contrast, Jackson describes his experience working on the south side of Chicago in response to my question, “Can you describe a specific instance when your view of health conflicted with someone else’s?” While Kelly and Kate both elaborate on particular bodies (Kelly’s own body and those of her friends, Kate’s patient) Jackson repeatedly referred to categories of people and broad populations. In fact, the story Jackson tells does not seem like a story by most definitions. Rather than exclude his perspective on structural grounds, I argue that there is more to be gained by considering the difficulty I had eliciting a first person account from Jackson. It is not coincidental that the most clearly biomedical perspective resists taking on the subjective perspective of an individual narrative account. As an objective physician, Jackson does not understand himself as a participant in the reality he describes. Rather, he stands apart from the bodies and community to offer an objective report of information.

In the case of “Some People Just Worry About Surviving” he narrates his experience with a body of patients (“I mean there’s drug addicts, alcoholics, all sorts of things”). Jackson’s understanding of the health disparity calls to mind Maslow’s hierarchy of needs where needs like social belonging for example, must be preceded by the satisfaction of the physiological need for oxygen or safety. In this configuration, health becomes a hierarchical process of self-perfection. For the population of South Chicago, the patient body he served cannot achieve the health made

possible to the bodies produced by more normative education and family structures because the requisite safety and individual agency has not been met. If one is the victim of drug or alcohol addiction or gun violence they cannot aspire to health defined in terms of practices of self-care like attention to diet, physical activity, and mental well-being.

As a medical resident, Jackson has been fully entrenched in the biomedical orientation to health and health care. His description of a collective body rather than an experience with a particular alcoholic or victim of violence reflects his embodied clinical experience where objective physicians lack the time, training, or an epistemic or practical framework to engage patients on an individualized level. Jackson's narrative not only makes sense of a group of bodies, his narrative performatively does that to which it refers through the biomedical strategy of diagnosis and classification. He brings about the embodied subject positions of alcoholic and drug addict and orders, names, and groups a population of bodies with the designation "crazy place." In doing so, he calls direct attention to one of the central issues I address in this project—the inextricable relationship between knowledge, power, and health ("I don't want to say [health] is correlated to your education but in a way it is"). In the final section of this chapter, which addresses how narrative performance both reinforces and critiques relations of power, I discuss the strategies of bodily discipline and the regulation of populations upon which biomedicine relies in more detail. For now, it is enough to demonstrate the inextricable relationship of narrative performance to its embodied context through the various conditions of embodiment that produce each of these particular narratives.

Narrative is Constrained by Situational and Material Conditions

The corporeal body makes stories possible. However, as Peterson and Langellier explain, not all narrative possibilities can be realized in any given storytelling context. Rather, narrative is

constrained by the material conditions that both bring about and limit storytelling performances. The authors are careful to point out that they use the term constraint in “the semiotic and phenomenological sense of a boundary that defines what is possible” (“Storytelling” 14). Rather than simply an impediment, a constraint both limits and enables particular narratives. For example, I used Skype software to conduct and record interviews with participants who primarily live on the west coast of the United States. Skype limits narrative possibility by precluding interactions such as direct bodily contact, delimiting the visual field to the upper body of both storyteller and listener, and causing frequent disruptions in the flow of conversation as Internet signals wavered and web cameras varied in quality. At the same time, without the time and economic resources to travel the country to conduct face-to-face interviews, Skype made these particular narratives possible.

In addition to personal limitations, I chose long-distance interviews over conducting face-to-face interviews at the festival for several practical reasons. First, the environmental conditions of the Black Rock Desert itself present significant limitations for the material tasks of interviewing. The extreme amount of dust made even writing in and protecting a field notebook challenging much less delicate and expensive audio recording equipment like a smart phone. Further, Burners perceive (correctly or not) Burning Man to offer a relatively protected physical space for engaging in a range of activities that are often not sanctioned in the default world. Perhaps most notably such practices include the use of a range of both legal and illegal mind-altering substances. I decided the official, authoritative discourse activated by requests for signatures, recorded conversation that could conceivably be used as evidence against them in various contexts, and the question, “Can I interview you?” might produce discomfort and

mistrust. Even outside the context of the actual festival one interview subject, Janice (a pseudonym) expressed concern.

I mean, you know I have children so some times certain things are—and I’m going to be completely honest with you during this interview so I want to make sure that um—I have an ex [husband] who’s maybe not so wonderful and anything that he could like have, cause issues with my daughter.

Her concern demonstrates that storytelling is not only acted upon by the material context in which it arises (the desert heat, the dust, a poor internet connection, great physical distance) but that stories also have real impact upon the environment. In addition to being constrained by its material context, storytelling has material consequences. In this case, Janice takes care to ensure that her story will not fall into the hands of those who would use her narrative as evidence of a domestic, relational, and developmental context unfit for children. In short, Janice could be separated from her daughter as the result of her story.

The situational and material conditions of an ethnographic dissertation project constrain each of the storytellers I represent here as I elicited each narrative with specific, predetermined questions and prompts. (“Tell me a story that you think typifies the Burning Man experience?” “Can you describe a time when your view of health conflicted with someone else’s?”). In their analysis of the material conditions that bring about one story of motherhood, Langellier and Peterson argue, “The meaning of mothering in “We’ll See You Next Year” is not to be found in the series of clauses and temporal details that compose the narrative but in following them where they go, where they project or point” (“Storytelling” 17). Likewise, the health meanings Kelly, Kate, and Jackson constitute through narrative do not exist in the minutia of their speech but in the relationships their stories constitute between agency, structure, and culture. For example, in “A Sea of Bodies,” Kelly frames her story as a response to the material conditions of the playa by beginning and ending with reference to the heat and dust. Once at the “carcass wash” the

story becomes a performative reclamation of her own and other's agency to define, consent to, and negotiate the material conditions of their own bodies in relationship to the environment and in various institutional and discursive contexts. Kelly's story not only elucidates the material condition of the naked body at Burning Man but projects or points to the medical and sexual body in relation to other bodies (doctors and patients, lovers, her immediate audience). The story Kelly tells assumes the participants (Ben, myself, and the secondary audience implied by the ethnographic context) to already exist within a bodily economy defined by legal, environmental, medical, and sexual institutions and discourses. Peterson and Langellier observe of the women who audience the narrative performance of "See you Next Year" that, "It is in performing narrative that they are able to realize a common project and understand the meanings of that particular corporeal situation" ("Storytelling" 17). Likewise, Kelly's narrative performance of "A Sea of Bodies" constitutes a body of listeners with a shared investment in renegotiating the meaning of the body not as a passive, uniform object to be acted upon but as a sentient, agential, emotional subject who is capable of giving and receiving respect by means of mundane quotidian practices like washing. In "A Sea of Bodies," Kelly demonstrates how Burners constitute health meanings both with and beyond the material biomedical context. Kelly does not describe the material conditions of the medical clinic directly. Rather her story projects or points to the limitations of the clinic by invoking a body beyond its parameters and then turning back to comment on those boundaries.

Conversely, Kate and Jackson begin with bodies defined in clinical contexts. Kate describes a specific patient diagnosed with a rare neurological condition. In "Some People Just Worry About Surviving," Jackson recounts encountering a population of drug addicts and alcoholics in an emergency room on the south side of Chicago. While the dis-ease of their bodies

renders them the necessary objects of biomedicine, both stories position health between two material contexts: the clinic or emergency room where they encounter their patients and the community where their patients live. For Jackson, the community (“the south side of Chicago”, “crazy place”) represents an impediment to health. Jackson reinforces the assumption that underlies many public health campaigns and health communication research. That is that local culture and practices represent an obstacle to correct scientific knowledge and the requisite practices of self care (“if you’re more worried about not dying, getting shot—then you’re not really worried about your health—as far as food, exercise and mental health goes”). By contrast, in “Living Your Best Life,” Kate turns to her patient’s community as a material resource for redefining her patient’s body as a site of relational possibility (“he’ll just go up to people in the community and start talking to them in ASL”). To characterize health in strict biomedical terms as the absence of disease would be to consign her patient to an unhealthy life. Instead, because of the material conditions she works within as a nurse practitioner (“I work with people who are so, so sick”) Kate redefines health as, “people who are living their best life with the constraints they are given.” In comparing the communities described in these two narratives I do not mean to deny or minimize the real, problematic material conditions of violence and deprivation in the communities of south Chicago and many communities across the country and the world. To the contrary, attention to the material conditions (schools, city streets, housing, food sources, transportation, and policing practices as well as hospitals and clinics) that produce and limit varying health meanings not only highlights the inextricable relationship between institutional structures, stories, and health but sets the stage for considering the power of biomedicine to create and maintain health disparities in the final section of this chapter.

The juxtaposition of these three narratives demonstrates the significance of narrative's material context to both restrict and bring about health meanings. For example, constrained by my prompt, "Tell me a story that typifies Burning Man," Kelly's renegotiation of bodily agency comes about in both the scene of the telling (an ethnographic interview) and the scene of the events (the Burning Man Festival). For Kate, a public community in Portland, Oregon becomes a site for configuring health beyond the biomedical clinical context while for Jackson, the south side of Chicago provides a marked population, defined by a material place, against which to define normal health.

Narrative is Embedded in Fields of Discourse

In addition to their embodied and material contexts, stories come to exist through discourse. Langellier and Peterson put it plainly by stating, "To our earlier observation that somebody performs narrative, we add an equally mundane and obvious corollary: to perform narrative is to do something in and with discourse" ("Storytelling" 18). Whereas the social-psychological foundation of much health communication research frames health behaviors in terms of individual cognitive processes, choices, and consequences, Peterson and Langellier turn to Foucault's extensive work on discursive formation to trouble the presumption of an autonomous subject narrating original experience, motivations, and desires. A performance approach to narrative places "A Sea of Bodies," "Living Your Best Life," and "Some People Just Worry About Surviving" within the discursive contexts from which they arise. In a lecture entitled, *The Discourse on Language* Foucault describes four discursive regularities by which particular discourses come to exist: event, series, regularities, and possible conditions of existence. By analyzing "A Sea of Bodies," "Living Your Best Life," and "Some People Just Worry About Surviving" as discursive events, located in a series, regulated, and made possible

within specific conditions, one may understand Burner narratives beyond the cognitive processes of individual narrators. Thinking about storytelling in terms of performance shifts the focus of analysis to conceive of health narratives as complex sites of struggle over meaning. Thus, my aim is not to uncover a new definition of health at Burning Man. Instead, in what follows I call attention to how narrators make use of and performatively enact discursive regularities.

First, Foucault posits the way in which external systems of exclusion act to distinguish discourse as an event by defining the parameters of what counts as discourse through prohibitions, divisions and rejections, and the opposition of truth and folly. He notes,

The most obvious and familiar of these concerns what is prohibited. We know perfectly well that we are not free to say just anything, that we cannot simply speak of anything, when we like or where we like; not just anyone, finally may speak of just anything. (“Archeology” 216)

Additional systems operate to divide the meaningful from the meaningless and distinguish between that which contributes to knowledge and that which does not. In this way it becomes possible to separate truth from folly.

As Langellier and Peterson observe, these systems of exclusion have specific implications for storytelling as a unique kind of discourse. Within an ethnographic interview process conducted for the purpose of a doctoral dissertation project, discursive prohibitions abound. I am not free to ask just anything of anyone. For example, in order to contribute to knowledge about Burning Man as a culturally and academically relevant site, I am bound to divide participants (those who have attended the festival) from those who have second hand knowledge of the festival. It is important that I attended the festival more than once in order to offer a first hand account based upon my own experiences and empirical observations in the next chapter. By the same token, the degree of meaning contained in my claims will increase as I continue to attend the festival in years to come. During the interview process, I distinguished

between questions relevant to my narrowly delimited research topic, rejected superfluous inquiries, and adhered to the institutional ethical standards laid out by the Institutional Review Board. Likewise, my participants cannot respond in whatever way they chose. Indeed, as Janice's hesitation to narrate makes abundantly clear, violation of discursive prohibitions carries real, material consequences.

On the one hand, it might appear difficult to discuss prohibitions explicitly. After all, how does one analyze that which is by definition not said? However, prohibitions regarding drug use have remained particularly present throughout this project. As mentioned earlier, the relatively ubiquitous drug use at Burning Man is one of the primary reasons I elected to interview participants after rather than during the festival. During the ten interviews I conducted via Skype all ten subjects began to share a story or allude to some degree of experience with illegal drugs at Burning Man—particularly the psychedelic drugs lysergic acid diethylamide and psilocybin more commonly known as LSD and “shrooms.” In each case, participants began to narrate and then doubled back to express various degrees of hesitation.

For an investigation of health meanings at Burning Man, to exclude the mind-altering substances so common among participants (Marijuana, mushrooms, acid, ecstasy or “Molly”) points to the legal, academic, and medical discourses that sanction and naturalize some states of consciousness while forbidding and criminalizing others. Consider that a recent study published in the *Journal of American Medical Association* found that the number of Americans taking prescription antidepressants nearly doubled from 6.8% in 1999 to 13% in 2012 (Kantor et. al). Statistically speaking, it is probable that at least one of the ten subjects I interviewed narrated while under the influence of anti-depressants. And yet the questions of agency (the capacity to give informed consent) and the inability to accurately represent reality that preclude

consideration of stories produced under the influence of alcohol, marijuana, or psychedelic drugs do not apply. Given Dutta's definition of health at the intersection of structure, agency, and culture I make this comparison not to equate Prozac with Acid for the two substances produce very different states of consciousness. Instead I aim to demonstrate the intersection of agency (in this case, the capacity to knowingly narrate, or articulate meanings that contribute to health knowledge), structure (medical, legal, and academic institutions), and culture (ontological assumptions about the relationship between reality, storytelling, and various states of consciousness) that naturalizes and sanctions some states of consciousness and the stories that result while criminalizing and prohibiting others.

Foucault turns to the words of the mad man to demonstrate the opposition of truth from folly. "His words," observes Foucault of the mad man,

were considered null and void, without truth or significance, worthless as evidence, inadmissible in the authentication of acts or contracts...and yet, in contrast to all others his words were credited with strange powers, of revealing some hidden truth, of predicting the future, of revealing, in all their naiveté, what the wise were unable to perceive. ("Archeology" 217)

Likewise, the psychedelic narrator is both prohibited from contributing to health knowledge and imbued with the power to access some hidden truth of human existence unavailable to naturalized states of mind such as the sober, pharmaceutically medicated, or caffeinated mind. In the context of the present project, it is telling that for Foucault, it is the doctor who is empowered to authorize the mad man's speech. He explains that, "No doctor before the end of the eighteenth century had ever thought of listening to the content—how it was said and why—of these words; and yet it was these which signaled the difference between reason and madness" ("Archeology" 217).

As a result of their exclusion from discourse, stories told about or while under the influence of psychedelic drugs can be divided from what counts as true and from what contributes to knowledge of and about health. “In storytelling,” Langellier and Peterson argue, “this system of exclusion is an effort to fix or locate the truth of storytelling either in what narrative says or what the performance does” (“Storytelling” 19). The opposition of narrative content from the act of narration works to deny stories the power to impact reality by either relegating them to simple entertainment or celebrating them as artistic artifacts. “In both cases, storytelling is excluded from an exercise of power; it says and does nothing in the social world” (“Storytelling” 19). Despite the contemporary role of the doctor to define normal mental states largely in accordance with the capacity to function within capitalist systems of production and consumption, the use of psychedelics to deliberately alter consciousness falls squarely outside of relevant medical knowledge. While the Burners I interviewed shared stories about being on acid and film and literature abound with popular tales that center on illegal drug use (with Hunter S. Thompson’s *Fear and Loathing in Las Vegas* as a quintessential example) neither is understood to contribute to health knowledge or as meaningful beyond its entertainment value. Meanwhile, the Zolof narrative remains conspicuously absent from the kinds of cultural stories we tell.

According to Foucault, prohibitions, divisions and rejections, and the will to truth operate externally to delimit discourse as an event. The second group of regulatory principles Foucault outlines concern, internal rules that work from within discourse, “where discourse exercises its own control; rules concerned with the principles of classification, ordering, and distribution” (“Archeology” 220). He argues that discourses cohere around a series of repeated speech, the individual I understood as the origin of discourse, and anonymous regulatory systems Foucault refers to as disciplines. Through various degrees of repetition and recurrence discourse can be

organized and located in a series of similar utterances. In this way, it becomes possible to identify, “major narratives, told, retold, and varied; formulae, texts, ritualized texts to be spoken in well defined circumstances, things said once and conserved because people suspect some hidden secret or wealth lies buried within” (“Archeology” 220). Additionally, the idea of an individual author or speaker, organizes discourse to cohere around a singular speaking I. Repetition minimizes the contingency of discourse by transferring the novelty and chance from what is said to variations in reappearance. The author principle accomplishes the same regulatory function by localizing what is said in the identity of a singular speaking I.

Foucault describes disciplines as a form of discursive series organized not around repetition or the individual I but by,

groups of objects, methods, their corpus of propositions considered to be true, the interplay of rules and definitions, of techniques and tools: all those constitute a sort of anonymous system, freely available to whoever wishes, or whoever is able to make use of them, without their being any question of their meaning or their validity being derived from whoever happened to invent them. (222)

For example, Elliot Mishler describes “the voice of medicine” which anyone can utilize in storytelling (14).

“A Sea of Bodies,” “Living Your Best Life,” and “Some Just Worry About Surviving” each evidences the internal repetition, discursive subject positions, and the interaction of various disciplines. At the most obvious level, “A Sea of Bodies” performs repetition as Kelly tells me a story she knows I have already heard. The variation occurs in the identity of the speaking subject around which this discursive event coheres. Rather than my sister’s story, “A Sea of Bodies” represents Kelly’s unique experience of the carcass wash. The difference between the two stories results not from the possibility of multiple truths, the operation of chance, or the limitations of language but from the organizing individual perspective of Kelly as narrator. She begins her

story, “So for me...” to distinguish her story from Ben’s response moments earlier. Within the story, repetition of environmental details (“This is actually a day thing,” “it’s something we can do outside,” “it’s so hot,” “you have to leave the desert exactly how you found it,” “it’s really dusty”) combine with the repetition of personal boundary (re) negotiations (“this is not what we signed up for, like, we’re definitely testing our comfort zone,” “normally I’m cool with being naked,” “you can touch me anywhere there’s not a thong,”) to form a series. This series works to classify Kelly’s speech as a story about facing your fears, adapting to the conditions presented in a given context, and ultimately learning an important lesson and being rewarded for one’s bravery. The question of how to characterize Burning Man (Tell me a story that you think typifies Burning Man?) becomes about learning to manage expectations in relation to a contingent material context.

In “Living Your Best Life” the repetition of somatic descriptors forms a series that aligns this story within the tradition of the medical case history where a medial professional with extensive knowledge of the patient-subject’s inner and outer body reports biomedically relevant physical details (“he’s wheel-chair bound,” “with a rare neurologic condition,” “it’s a cerebellar thing,” “it’s destroying his motor function slowly over time,” “he’s pretty obese”). Both Kate and Jackson invoke, reinforce, and critique the disciplinary truth of biomedicine albeit in different ways. Although Kate’s narrative acknowledges the biomedical model as generally accepted (“what a lot of people would think of as health”) and reinforces its power to name and diagnose patient-subjects (“I work with people who are so, so sick,” “he’s pretty obese”) her narrative challenges the traditional medical case history. By including details irrelevant to biomedical diagnosis such as his past bodily state and previous work as a martial arts instructor, Kate’s narrative renegotiates the boundaries of what is germane to health and the practices

necessary for achieving and maintaining it. By extension, the meaning of health itself in Kate's narrative shifts ("He has this sort of like well-spring of energy that has to do with living your best life").

Several disciplines and institutional structures collide in Jackson's performance of "Some People Just Worry About Surviving." The story points to discourses of law (drug addicts, alcoholics, getting shot), education, family (upbringing, raising children), economics, city planning, and demography (...south side of Chicago. "Crazy place"). Whereas Kate narrated within the truth of biomedicine to offer a critique of its limits, Jackson legitimizes the boundaries of biomedical discourse by excluding residents of the south side of Chicago from a definition of health (if you're more worried about not dying, getting shot then you're not really worried about your health). By offering no possibility of a biomedical solution to the health challenges faced by an entire population, he announces the limits of biomedicine. For Jackson, until the residents of south Chicago learn to properly care for their health, biomedicine can do little more than help ensure their survival. The understanding of health as arising from acquired, learned practices and biomedicine's inability to address the health issues of all people point to the possibility, indeed the necessity of learning different practices and telling a different, more just, and equitable story of health. The potential for actualizing such possibilities exist in tension with deeply entrenched relations of knowledge and power that I consider in the next section.

The third organizational principle Foucault lays out refers to regularities regarding speaking subjects namely, who gets to speak and under what conditions. As Langellier and Peterson summarize,

These regularities in discourse, in conjunction with knowledge and power, reveal rules for who is qualified to speak on a specific subject, rules for how speaking and listening roles are appropriated and the extent of their interchangeability, rules for the diffusion of

discourse through doctrinal adherence of subjects, and rules for differences in the ability to appropriate discourse. (“Storytelling” 20)

In this sense, Kelly’s story reveals the function of Burning Man to critique existing relations of power, particularly in terms of gender. Throughout her story Kelly refers to the anonymous participants who hosted and facilitated the carcass wash as “they” (“and they start telling us, ‘you have to disrobe but only disrobe with what your comfortable with’”). While they make the rules and guide behavior at the carcass wash, they also challenge the relationship between the subject in and of biomedicine (“it’s not a doctor’s office”) and sexuality (“and it’s not sexual”) by reappropriating speaking and listening roles. Rather than the discursive authority of the doctor, the male gaze, and legal and cultural discourses that authorize men to define the function, uses, and meaning of the naked female body and consent in a given encounter, these particular Burners encourage the subjects of the carcass wash to speak, to define their own boundaries of appropriate contact. By doing so, Kelly rehearses the verbal and nonverbal activity of articulating her own embodied experience and desires to others in relation to various contexts. In telling this story, in this way, she continues to performatively enact and solidify this new, agential subject position beyond the playa.

Kate’s position as a medical professional authorizes her to diagnose, select from, and make particular meaning of her patients embodied experience. The patient she sites and the story of health she tells in “Living Your Best Life” works to give voice to a particular body as it loses literal voice. While biomedicine and the disease by which it defines the patient render this body silent, Kate brings about a body that speaks back both by learning sign language and through Kate’s story. However, to consider the degree of interchangeability between narrator and narrated in “Living Your Best Life” is to reveal rules about who is qualified to speak and who must listen. The patient cannot pose the same challenge to a biomedical definition of health.

Indeed, everyone is or has been a patient, subject to biomedicine. But everyone is not a nurse practitioner and a nurse practitioner is not a physician. Kate's patient could not tell this story independent of "the voice of medicine" because he does not have the authority to narrate the meaning of his ailing body in this way. For example, he does not have a population of bodies against which to distinguish his definition of health.

Like Kate, Jackson's experience in the medical discipline gives him the authority to make health meanings in a way that is not interchangeable with speakers lacking such credentials. Indeed, Jackson begins by establishing an ethos grounded in lived experience ("I worked in the ER all last month"). Based on his first hand experience, he makes generalized claims about the patient population that can be taken as reliable not only because he experienced it for himself, but because he narrates from the objective, empirical vantage of doctor. Relations of power and knowledge allow Jackson to define not only the emergency room where he worked, but classify the surrounding community in terms of poverty, lack of proper education, and violence—as a "Crazy place." A similar knowledge-power nexus affords health communication scholars the authority to define the risks, deficiencies, and needs of the communities they study and attempt to serve. To understand the regularities Foucault describes regarding the apportioning of speaking roles, one need only consider the relative dearth of sanctioned public discourse from community members themselves when it comes to defining their streets, their food, their children, their bodies, their lives, and the meaning of health. I do not mean to imply that such stories do not exist or that the issues Jackson points to do not represent a real public health crisis. To the contrary, like Kate's patient whose identity is allowed to exceed his illness, "the drug addicts" Jackson diagnoses have interests, hobbies, histories, and stories. Moreover, many individual bodies comprise the population of south Chicago, each with their own

narratives. While those narratives are certainly constrained to the lived realities of the conditions Jackson underscores, the scientific and biomedical reduction of groups of people in terms of disease or the classification, “at risk” works to totalize their subjectivity and marginalize their contribution to health knowledge. To understand the regularities, or rules regarding speaking subjects at work in “Some People Are Just Worried About Surviving” is to recognize the disciplinary relations of power and knowledge that make Jackson’s story not only possible, but familiar while the subjects in and of his story remain subject to the narratives others tell to define their experience.

The fourth regulatory principle Foucault proposes represents critical attention to the conditions surrounding the existence of discourse. Peterson and Langellier explain that, “This effort does not look to find a hidden core of truth or universal meaning but reverses this tendency to find and fix meaning and, instead, looks to its possible conditions of existence for that which gives rise to and limits discourse” (“Storytelling” 20). In contrast to health communication scholarship that attempts to identify predetermined, fixed, and universal health meanings located in individual storytellers or audiences, in this analysis of narrative performance I focus on “A Sea of Bodies,” “Living Your Best Life,” and “Some People Just Worry About Surviving” as sites of struggle over health meanings. Through narrative, Kelly, Kate, and Jackson each carve out a discursive space for response. In their analysis of one woman’s story about raising children in the Catholic Church, Langellier and Peterson ask, “What becomes discussable as a consequence of this particular storytelling?” (“Storytelling” 23). By narrating her experience at the carcass wash, Kelly opens the potential for renegotiating the terms of bodily interactions in various material and discursive contexts. For example, she points to one possible response to her experience at the carcass wash by saying, “Wow! We could be respectful of other people’s

bodies.” The ambiguity of the pronoun we and the subjunctive form of the verb can, opens the potential for her fellow participants as well as a body of listeners, Burners, medical professionals, community members, and citizens to reconfigure bodily relations in a variety of social and cultural contexts. Specifically, she locates the possibility of alternative ways of engaging the body in the medical context (“it was completely different than how I have been of service to people as a doctor”). She does not go on to define a list of practices she implemented in clinical care as a result of her experience at Burning Man. Rather, through narrative Kelly opens the possibility of medical care as a potential site of affirmation (“you’re beautiful”), care, respect, love, and service that is contingent upon consensual negotiation and communication. For Kelly, the material and discursive conditions of Burning Man that make her story possible open the potential to make and do health care differently. As Langellier and Peterson summarize, “If this storytelling was performed in this way, it can be performed in another, different way” (“Storytelling” 24).

Both Kate and Jackson foreclose on the potential of their narrative subjects to achieve health within the discursive limits of biomedicine. Like the patient she describes, it is in the impossibility of speaking within biomedicine that Kate finds the potential for alternative health meanings. The discursive regularities governing Jackson’s narrative prohibit the subjects of his narrative from speaking, from narrating, and creating health meanings. Instead, Jackson’s story opposes health to mere survival and relegates his narrative subjects to the latter. By connecting health with other disciplines and institutions such as education, family, and demography, however tentatively he acknowledges the practical and discursive limits of biomedicine to address health equitably for all human populations.

All three narratives are embedded in a network of discursive regularities that govern the conditions that both limit and give rise to storytelling. The meaning of health in “A Sea of Bodies,” “Living Your Best Life,” and “Some People Just Worry About Surviving” is not a product of some excavated truth or universal meaning buried within linguistic details. Rather, the three narrative re-presented here illustrate various ways of creating and enacting meaning—of making and doing health in relation to the regularities and possibilities of biomedical discourse.

Legitimation and Critique in Performing Narrative

Analysis of “A Sea of Bodies,” “Living Your Best Life,” and “Some People Just Worry About Surviving” as narrative performance revealed biomedical discourse to both produce and limit health meanings. Such meanings arise from specific material contexts and conditions of embodiment. The fourth and final implication of narrative conceived of as performance, as both a making and a doing, addresses the function of narrative to both reinforce and subvert existing relations of power. Foucault poses the critical question, “What is so perilous then in the fact that people speak, and that their speech proliferates? Where is the danger in that?” (“Archeology” 216). Langellier and Peterson answer his question directly in terms of narrative. They argue,

The danger of performing narrative is that by doing something in and with discourse that is neither uniform nor stable, we risk changing the bodily practices and material conditions in which they are embedded: what is done can be undone. (“Storytelling” 25)

As a particular type of discourse, narrative produces and reinforces structures of power and also “undermines and exposes it, renders it fragile and makes it possible to thwart it” (Foucault “Archeology” 101). Critical to Peterson and Langellier’s description of storytelling is its capacity to legitimate as well as disrupt and critique normative power dynamics. Just as locating narrative performance within fields of discourse shifts the focus of narrative analysis away from individual desires and motivation, analysis of power in performing narrative does not seek to distinguish

between those individuals with power and those without or to classify attempts at subversion as successful or futile. Instead Langellier and Peterson utilize a strategic model to ask questions about the relationship between strategic goals and the tactical efficacy of storytelling. According to the authors, strategy refers to the generalized goals of a particular system. Conversely, tactics represent those specific behaviors enacted to accomplish its larger goals. In times of stability, tactics work in the service of overarching goals and are contingent upon and constrained by strategy. For example, in the story of motherhood they analyze, having children operates as a maintenance strategy for both the Catholic Church and the nuclear family. The daily practices of childcare represent tactics that support the overall goal of the church and the family as mutually reinforcing institutions. Struggle over how to carry out those tactical practices, performed through one mother's narrative, has the potential to undermine, at least temporarily, the overall strategy of the Church and family. Langellier and Peterson point out, "Tactical innovations may rupture or restructure the constraints of strategy." ("Storytelling" 25). But the hierarchical inversion of strategies and tactics is only temporary, as tactics resume their contingency once strategy is reconfigured in light of tactical changes. The question of power in "A Sea of Bodies," "Living Your Best Life," and "Some People Just Worry About Surviving" is not who has the power to define health and subjugate others but rather how storytelling functions on the level of strategies and tactics to reinforce existing biomedical meaning while simultaneously rendering those meanings visible, fragile, and capable of meaning otherwise.

Taken together, the three stories offered above demonstrate the futility of allocating power to discrete individuals and institutions. I begin with Jackson's narrative because he offers the clearest voice of biomedicine and most legibly establishes the "normal" ordering of the strategies and tactics biomedicine makes use of for its survival. My aim is not to consolidate

biomedical power with Jackson or to argue that such power originates around individual physicians. Instead, I seek to demonstrate how “Some People Just Worry About Surviving” enacts the twin strategies of bodily discipline and the regulation of populations that comprise Foucault’s notion of bio-power.

Foucault traces the gradual transformation of power from the threat of death to the ordering of life. Whereas for much of human history the sovereign’s power existed in his right to kill or refrain from killing, modern power traffics in its capacity to order life. Foucault writes, “One might say that the power to take life or let live was replaced by the power foster life or disallow it to the point of death” (“Sexuality” 138). Beginning in the seventeenth century, the power over life took shape in the form of two related but separate poles. Foucault describes the first of these poles, which he terms, anatomo-politics of the human body as, “centered on the human body as a machine: its disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic controls” (“Sexuality” 139).

Arising later, the second pole concerns the demarcation of groups into populations and sub-populations to be named, classified, ordered, and managed by the state. Together, the disciplining of bodies and the regulation of populations produced what Foucault terms bio-power. Institutions such as hospitals, clinics, the military, schools, and the family served the function of disciplining bodies while the emergence of fields such as demography and public health worked to identify and categorize populations in relation to the statistical abstraction of normal.

“Some People Just Worry About Surviving” most clearly performs the dual, strategic operation of anatomo-politics and population regulation. Jackson points to institutions such as the

clinic, the school, and the family as sites where individual bodies are disciplined to function optimally in the service of the state. In this case, the institutions of family and education condition bodies to properly take responsibility for, or “care about” their own health. Reconstituting embodied subjects as patients, students, and along patriarchal bloodlines, these cultural institutions achieve their disciplinary task through various techniques, drills, exercises, and spatial arrangements. Lock and Nguyen connect Foucault’s conception of “technologies of the self” by which individuals engage in various behaviors on their own bodies in an effort to perfect their bodies, souls, and thoughts, to the biomedical conception of health (24). In this way, the daily practices or “concerns” Jackson associates with health such as eating, exercising, and care for mental health work tactically in the service of the “normal” disciplined body as a strategy of biomedical power. This emphasis on individual behaviors such as eating and exercise habits, constrained by the overall strategy of a disciplined “normal” body sustains the contemporary neo-liberal ideology. The burden and responsibility for health and health care falls to individuals while access to state-funded hospitals is replaced by the availability of privately run clinics. “Quite simply,” Lock and Nguyen note, “as WHO (World Health Organization) figures show all too clearly, the bodies of the poor are increasingly under threat and their health is inevitably fragile” (28). Instead of extermination by the state, modern bio-power, with its emphasis on life, disposes of its excesses by simply disallowing life to the point of death—by relegating some bodies to a pursuit of life for life’s sake. It is within this disciplinary configuration that entire groups, or some people, just worry about surviving.

Lock and Nguyen describe the way the embodied subject of biomedicine expanded to take on a public moral valance. “Individual bodies” they explain, “were ‘normalized’ both biologically and statistically. Once the material bodies were described and quantified, they were

then assessed against ‘normal’ values established by statistical surveys of ‘healthy’ populations” (32). In this way, Jackson enacts the second pole of Foucaultian bio-power, the regulations of populations by dichotomizing between the biological norm of disciplined “healthy” populations and the population and sub-populations of the south side of Chicago. First, Jackson names and pathologizes alcoholics and drug addicts. By using alcohol and drugs outside the normal, healthy, and functional range established by means of biomedical assessment, description, and quantification, a group of people are diagnosed and subject to management by the state. Within capitalism, it is no accident that the boundaries of normal, healthy drug and alcohol use correspond to the limits of a functional consumer and labor force. The public health initiatives upon which a great deal of health communication scholarship centers represent one such site of disciplinary power to name, categorize, and measure populations against the biomedical standard of normal, healthy populations.

As Jackson struggles to articulate the meaning of health he performatively enacts Mishler et. al’s observation of the impossibility of defining a biological abnormality without referring to the cultural characteristics of specific, identified populations (4). Unable to pinpoint a satisfying biological norm or standard of health, Jackson finally finds his footing by turning to the specific, aberrant sociocultural conditions of the population on the south side of Chicago. By defining this community as a “crazy place,” Jackson reinforces the common medical and social scientific orientation that equates culture with “non-rational and superstitious beliefs that inhibit the acceptance of scientifically grounded knowledge and practices, and that such beliefs may be circumvented in order to bring about patient compliance” (Lock and Nguyen 8). The tacit assumption performed in “Some People Just Worry About Surviving” is that members of the population he names are victims of their own violent, unruly, irrational, and undisciplined culture

which prevents them from performing the proper tactical activities in service of biomedical discipline and control (consumption of nutritious food, exercise, and mental health). Fassin criticizes this common orientation to culture by arguing that, “In incriminating culture, as certain health authorities willingly do, sometimes supported by anthropological data, they are in fact blaming victims while masking their own responsibility in the matter” (305).

By opposing his orientation to health to that of a population categorized as deviant (both in the statistical and moral sense of the word) Jackson obscures the role of biomedicine and the strategies and tactics it entails in creating and sustaining the economic, social, and cultural inequities he describes and absolves its obligation to ameliorate those conditions. Analysis of “Some People Just Worry About Surviving” in terms of narrative strategies and tactics exposes the operation of biomedical power. Jackson’s narrative reinforces the disciplining, ordering, and classification of life. However, just as his narrative invites social scientists and public health campaigns to ask, why don’t people in this community care about their health? It becomes equally possible to ask, what does health mean to citizens in this particular context? What alternative tactics do citizens of south Chicago deploy when healthy eating, regular exercise, and the technologies of spiritual and mental improvement are systematically denied? How does violence challenge bio-power’s dominion over life? And how and to what extent do these tactics rupture, unsettle, and destabilize the biomedical strategies of bio-power? In short, as Langellier and Peterson point out, “What is done, can be undone” (“Storytelling” 25).

Like Jackson, Kate both reinforces and performatively challenges the disciplinary and regulatory strategies of biomedicine. As she describes her “pragmatic sense of what it means to be healthy,” Kate takes on the relationship between the tactics deployed by an individual patient and the constraints of the anatomo-political and regulatory strategies of biomedicine. Similar to

Jackson's narrative, she begins to articulate a definition of health and then quickly resorts to a description of "abnormal" bodies to illustrate her orientation to health. She explains, "I work with people who are so, so sick a lot of the time." However, whereas Jackson classifies groups of bodies in terms of aberration and an attendant pathology (alcoholics, drug addicts) and marks the population of south Chicago as in need of state ordering, Kate's narrative narrows from a general population of ill bodies to the embodied condition of a particular patient. She reiterates the disciplinary strategy by which biomedicine defines bodies against the statistical concept of normal. By describing him as "wheel chair bound," and "pretty obese" with a "rare neurological condition" Kate distinguishes her patient from "normal" ranges of disciplined mobility, weight, and neurological function. However, she resists the regulatory strategy of bio-power to create categories and populations to be managed by refusing to fully reduce her patient to a categorical diagnosis. Instead she minimizes the power of his illness to totalize his subject position by countering descriptions of malady with descriptions of optimal function ("but his brain is still perfectly intact"), positioning his current state in relation to the temporal span of a life that precedes illness ("he used to be a martial arts instructor and everything so he used to be very fit"), and using comparatively ambiguous language to describe his disease ("that is basically just, it's like a cerebellar thing") rather than a definitive diagnosis.

While maintaining the value-laden opposition between normal and abnormal and by extensions healthy and unhealthy (for example, the opposition of obese to really fit) Kate's story opens a discursive space in which the everyday tactical practices of patient-subjects become intelligible. The particular body she brings about engages in what Frank describes as the primary mode of activity for the communicative body—recognition. As mentioned above, Frank posits the communicative body as the fourth bodily type in his sociological typology of the body.

Rather than locate discrete paradigmatic types of communicative bodies Frank looks to “idealize approximations of that which itself is an ideal” (79). Significant to the present project, Frank finds emergent fragments of the communicative body in aesthetic practices such as dance, performance art, and the practices of caring for the ill. “Recognition,” he argues,

is the medium of the communicative body. The performance artist seeks not just the attendance of an audience but their recognition. In the same mode, the ill want not only to be cared for in their physical needs, but to be recognized in their condition, or, for this condition to be recognized as fully human. (87)

For Frank, narrative, conceived of as fully embodied, represents a critical means by which the ill body achieves the recognition it desires. Indeed, for Arthur Kleinman the physician’s most critical task involves helping the patient to craft their illness experience into a coherent narrative (44).

In “Living Your Best Life,” recognition functions as a tactic by which Kate’s patient makes sense of his contingent condition of embodiment. We might frame this recognition as a mental coping mechanism for accepting and dealing with an incurable biomedical disease. Like the population of south Chicago, Kate’s patient exists beyond the limits of a medical discipline unable to cure his disease or rectify his “abnormality.” However, recognition can also be seen to rupture and destabilize the strategic operation of biomedical discipline and regulation. This disruption becomes particularly clear when considered alongside Jackson’s narrative in “Some People Are Just Trying to Survive.” “There are then,” Frank explains, “two kinds of ill: those who remain in this condition of being residual to society and captives of their own condition, and those who achieve interpersonal recognition, through some combination of their own efforts and the care of others” (87). Jackson’s narrative relegates the population of south Chicago to the former while Kate articulates a body engaged in the later. Rather than the highly individualized biomedical tactics of proper diet and exercise, and the ambiguous injunction to care for one’s

mental health, Kate's narrative makes tactical use of a radically dyadic communicative recognition as she simultaneously describes and enacts that recognition. "Living Your Best Life," brings about a patient body mutually constituted with other "abnormal" bodies. Faced with the potential of losing one mode of expression, Kate's patient finds another. By taking the time to learn American Sign Language even before losing his ability to speak within a population of "normal" speakers and listeners, he turns his own bodily contingency into an opportunity to care for and recognize the condition of other bodies as fully human. Instead of an inferior practice one is forced to adopt when the body precludes "normal" communication, sign language becomes a privileged site of shared knowledge, something one gets to practice. Kleinman describes care for the ill in terms that echo Kate's description of her patient's interaction among community members as "a spiritual experience." According to Kleinman, care is about "a willingness to help bear the burden of the lived experience of suffering" (161). Moreover, in this way Kate performs the narrative recognition for which Frank advocates. In performing her patient's story in this way she helps her patient make sense of his embodied experience while also doing, namely recognizing her patient's experience through narrative. Indeed, Franks explains, "Not only does the ill body have potential to become communicative in new ways, the caregiver too can realize her or his body in new relation to the other" (88). Like her patient who comes to realize himself through the recognition and care for others, Kate's identity as a caregiver shifts. Through this tactical recognition Kate renegotiates the meaning of health and the potential for new strategy-tactic relations arises. For example, given Frank and Kleinman's emphasis on narrative, we might conceive of a medical discourse with recognition as an overall strategy with narrative and aesthetic practices such as dance and performance as tactical activities for achieving its aims.

However, as Jackson's narrative makes clear, the strategies of bio-power do not operate exclusively within medical institutions and discourses. Rather disciplinary institutions, knowledge, and discourses such as schools, family, and demography mutually reinforce one another. For this reason, the strategies of biomedicine cannot be fully understood or critiqued in the isolated context of medical institutions such as clinics and emergency rooms or those populations classified and studied against healthy populations. Here, Kelly's narrative becomes illustrative. "A Sea of Bodies" begins from the nude body in the poetic, playful context of a festival as a site of shared exposure and vulnerability. Fragments of the communicative body arise in this story of the carcass wash as one contingent naked body recognizes the embodied plight of another.

In many ways the danger of the nude body is its contingency—its inability to feign control or hide its disobedience. The naked body demonstrates its potential to contest disciplinary regimes and an unwillingness to fully submit. For example, the variation in shapes, sizes, smells, contours, textures, proportions, hair, and hues speaks back to the homogeneity of the two dimensional, airbrushed sexualized object of the screen. As the male body is exposed, so too is the contingency of its desire. The nude body shows its age, bear the marks of its past, and acknowledges a future death. Far from fully shedding the disciplinary regimes by which it is constituted, the nude body performs its limits and its possibilities as a body that is the subject of and subjected to various institutions of discipline.

The carcass wash itself critiques the lines along which bio-power divides bodies by highlighting the shared bodily experience of a harsh physical environment. Like Kate's patient, the carcass wash inverts the self-care tactics of biomedicine to prioritize dyadic care for others. In many ways, the carcass wash and the narrative that is both made and done as a result, is about

the shared bodily experience of bio-power. For example, both Kelly and the carcass wash facilitator use natural metaphors to counter the division of the social body into categories and populations. When the facilitator explains, “We’re all different trees in a forest but if you look at the whole it’s still beautiful” he highlights bodily difference not as a site of deviance or abnormality to be realigned with a disciplined normal body, but as an essential component of the human condition. Like the bio-diversity of elaborate eco-systems, bodily diversity is valued as a site of potential and a contribution to the whole rather than the problem of the individual or a strain on social and economic systems. Similarly, the “sea of bodies” Kelly uses to describe the carcass wash functions to wash away various lines of division and combine the bodies present on the basis of shared bodily experience.

Through the mundane practices of bodies caring for other bodies, in this case bathing, Kelly comes to recognize her own body and the bodies of others as fully human. For biomedicine, individual practices of bodily care such as exercise and proper eating operate tactically to achieve its strategies of discipline and division. “A Sea of Bodies” reconstitutes the tactical meaning of the body and its care at Burning Man as a process of dyadic recognition that arises from shared contingency. By importing the possibility of this inversion of self care to care for others from the seemingly innocuous context of the festival into the doctor’s office Kelly’s narrative critiques the biomedical relationship between strategies and tactics. “A Sea of Bodies” makes it possible to imagine a different social body and a different medical practice.

The potential for undoing the disciplinary strategies and tactics of bio-power and biomedicine at Burning Man and through Burner narratives certainly has limits. I discuss some of the limits of Burning Man’s revolutionary potential and the limitations of this ethnographic study to fully understand the relationship between Burning Man, health, and social, political, and

cultural change in the final chapter of this document. For now, I argue that analyses of “A Sea of Bodies,” “Living Your Best Life,” and “Some People Are Just Trying to Survive” as embodied, materially and discursively embedded, and capable of reinforcing and critiquing relations of power reveals the efficacy of a performative approach to health narratives. Conceiving of narrative as both a making and a performative enactment of health meaning provides narrative analysts a coherent framework for understanding health not as an individual reality or the result of individual cognitive processes but as the intersection of culture, agency, and structure. Analysis of the three narratives offered above reveals as much about institutional limitations, dominant discourses and ways of knowing, and embodied relations as they do about what each individual narrator thinks about the relationship between Burning Man and health. Taken together, “A Sea of Bodies,” “Living Your Best Life,” and “Some People Are Just Trying to Survive” illustrate the dynamic, performative nature of health concepts such as the body, knowledge, and power as meanings overlap and diverge from one narrative to the next.

With a few brief exceptions, I have largely ignored my own experience at Burning Man and my role in crafting this ethnographic story in favor of the voices of other scholars and the research participants I have highlighted here. However, as Soyini Madison argues, “Politics alone are incomplete without self reflection. Critical ethnography must further its goals from simply politics to the politics of positionality” (6). I have made critical choices about what to include or ignore and how to organize and present information in the service of my overall argument. Like Kelly, Kate, and Jackson, I am constrained by my body, the material context in which I tell this ethnographic story, and by the discourses and relations of power that both sanction and restrict what I say and how I am able to say it. In short, my experience at Burning Man is far from neutral or objective. In the next chapter I report upon my own experience

conducting field research at Burning Man and Saguaro Man. The struggle that defines my attempt to make sense of my experience in the field should not only reflect on the challenges inherent in conducting participant observation. Rather, I intend for the dialogic, messy, multi-vocal tale of the playa to recast the chapters that have come before it as equally subjective. While chapter five announces itself as my personal experience, I hope that my story also announces that I (and all the embodied and discursive relations this I implies) have been present in this attempt at knowledge creation from its inception.

CHAPTER 5: “LET ME TELL YOU A STORY ABOUT SOMETHING THAT HAPPENED TO ME,”: THREE ETHNOGRAPHIC PERSPECTIVES OF BURNING MAN

Let Me Tell You a Story About Something That Happened to Me.¹³

I leave for my first trip to Burning Man tomorrow morning. Well actually I leave for Phoenix, Arizona where my sister just graduated from medical school. She is moving from Phoenix to begin a residency program in Portland, Oregon. Conveniently, Black Rock City sits about two thirds of the way between Phoenix and Portland. We can get maximum use of her U-haul rental by packing her garage apartment into the truck and then using the remaining space for our food, bikes, camping equipment, and costumes. She sent me a list of things to purchase before I arrive in Arizona so we would have plenty of time to buy and prep food, find a bike for me to ride, get our nails done, and pack her life into the U-haul. After forgetting socks and pillows at Saguaro Man I have taken extra care to ensure warm, comfortable nights at Burning Man. I will arrive in Arizona Saturday afternoon giving us more than a full day to organize ourselves before setting out for Nevada on Monday morning. I am confident we will have plenty of time. We still only have one ticket between us but we are checking The Camp-Walter Facebook page and Craigslist regularly. I stocked up at the Wholefoods in Baton Rouge on the Wild Berry-Reishi Yerba Matte energy shots and Luna Bars that have sustained me for the past year. Perhaps even more than the burst of "clean energy," I love the little glass bottles that house the organic elixir. I save them. I know I will find a use for them some day. I peel back the

¹³ Peterson and Langellier explain that the phrase “Let me tell you a story about something that happened to me,” is a performative utterance in that it does something. The phrase not only announces a particular type of discourse (a story) but constitutes speaking subjects and an audience of listeners, in this case myself as a researcher and Burning Man participant and you as reader-audience (“Performance Turn” 174)

wrapping to reveal a translucent brown glass that looks like the prized possession of an apothecary. When Romeo and Juliet guzzled their fate, I am sure it was this bottle that Shakespeare imagined. I am late for the departmental semester kick-off mixer at the bowling alley. I hastily pick out a headband that doubles as scarf to wrap around my face like the women in the photographs of Burning Man I have seen online.

When I arrive at All Star Lanes I use my rearview mirror to adjust my new headband. I look like a Burner already I think to myself. I visit with faculty members and fellow graduate students but cannot bring my attention to the excitement of a new semester, departmental gossip, or the unfamiliar faces of in-coming graduate students. I do not bowl. When I prepare to leave, Tracy gives me some last minute advice. "Just pay attention. I know you will," She says gripping my shoulders. I say goodbye to my roommate and those to whom I am particularly close but I feel unsatisfied as I turn to leave. I feel like I am heading off to the moon, but they wave as if I am leaving for a family vacation at the beach. "Have fun!" they say. Then a friend and mentor links his arm in the crook of my arm and says, "Walk with me." His tone acknowledges the gravity of the trip I am about to take. The constricted muscles in my neck and chest relax with the touch of his recognition. He gets it. Arm in arm we walk slowly, drawing out the journey to the parking lot through the cigarette smoke that clouds my memory even though it is improbably anyone was smoking inside.¹⁴ He gives me the kind of honest practical advice a teenager needs but parents often cannot give. The kind of advice that I thought had nothing to do with health or ethnography. The kind of advice that led me to a scary but ultimately transformative, healthy place. A place that, as it turned out, had everything to do with ethnography.

¹⁴ On January 1st, 2007 a statewide smoking ban in all Louisiana restaurants and businesses took effect (Americans par. 1).

In chapter three, I outlined the theoretical and methodological foundation of my approach to the Burning Man festival and health communication and for answering the central question I pose in this project: How do Burner's performatively constitute the meaning of health at Burning Man? I adopt Mohan Dutta's culture-centered approach to health communication which takes institutional and discursive power as its central focus in order to argue that performance theory and critical performance ethnography offer health communication scholars a theoretical foundation and methodological approach for addressing the relationship between power, culture, and health communication. Specifically, I contend that Dwight Conquergood's key concepts of poetics, play, process, and power, make both theoretical and literal space for understanding, enacting, and studying health communication beyond the limited scope of the biomedical model and the positivist epistemology upon which the field has tended to rely. In the previous chapter, I marked some important manifestations of narrative and narrative theory in health communication scholarship. I turned to Kristin Langellier and Eric Peterson and others like Arthur Frank to demonstrate the utility of a performative approach to storytelling using Burner narratives. I foregrounded participant narratives as key performances for engaging in the critical dialogue I strive toward in this project and for countering the biomedical turn away from personal narrative as a diagnostic tool in favor of quantifiable, visible somatic data (Reiser 1). Just as the microscope and germ theory produced the very conception of disease biomedical practitioners sought to understand, the language and methods of performance studies fosters a particular view of narrative as its object and process of inquiry. Understood as performance and performative, health narratives become not only outward signs of some underlying condition or symptom to be detected but constitutive enactments that bring about various embodied, material, and discursive meanings. Approaching narrative accounts as embodied, materially situated,

discursively embedded and capable of reinforcing and subverting existing power relations (Langellier and Peterson 175) revealed Burning Man as a possible site for understanding and engaging the disciplinary strategies of bio-power in new ways.

As I demonstrated, health communication scholars frequently define their field in terms of the production and dissemination of health knowledge. In the previous chapter, Jackson's story about his experience working in the emergency room on the south side of Chicago reiterated the intimate connection of power, knowledge, and health. With central aims that include influence, persuasion, and compliance, health communication represents a discipline explicitly defined on the basis of an existing relationship of knowledge, power, and health. One of the primary goals of the present project has been to reveal and destabilize this frequently unchallenged relationship of health, biomedical knowledge, and institutional power. Dutta also roots his approach to health communication in the relationship of knowledge, power, and health. Rather than deploy knowledge as a neutral, apolitical, and ahistorical vehicle for better health outcomes, Dutta explains that,

the culture-centered approach locates knowledge as the subject of inquiry. As a first point of entry into talking about health communication it looks at the ways in which knowledge claims are intrinsically tied to the positions from which they are made. To this extent, the culture-centered approach investigates the claims made in dominant health communication approaches and the ways in which these claims serve those in positions of power, thus primarily starting as a deconstructive exercise. (9)

Thus far, I have primarily endeavored to deconstruct the dominant orientation to health and health communication. I investigated the historical development of the biomedical paradigm in chapter two and considered the analogous epistemological and methodological implications of the Enlightenment for social science disciplines like health communication in chapter three. In chapter four, I turned to the narrative performances of festival participants as cultural performances from which to begin to reconstruct health meanings on the basis of an emergent,

contingent, deeply contextual process. What remains to be accomplished in this project is what Charlotte Davis describes as a reflexivity or, "turning back on ones self, a process of self reference" (4). Soyini Madison asserts that critical performance ethnography,

must begin to extend its political aims and augment its notion of 'domestication' and 'politics.' Politics alone are incomplete without self-reflection. Critical ethnography must further its goals from simply politics to the politics of positionality. (6)

Accordingly, I continue to address power by extending the deconstructive exercise Dutta calls for to engage in the politics of positionality, to turn back and make apparent the institutional, cultural, and identity positions from which I make knowledge claims about health communication and Burning Man.

As I laid out in chapter 3, Conquergood describes ethnography and the ethnographer in terms of fiction, artifice, and creative construction. "Ethnographic monographs and articles," he contends, "derive their authority from the construction of a scholarly persona" (83). Thus far, I have crafted a scholarly persona on the basis of previous academic performances, at times going so far as to re-cite the words of other scholars directly, marking such re-citations with quotation marks and page numbers. Conquergood explains that, "Scholarly writing is the persuasive telling of a story about the stories one has witnessed and lived" (83). By conforming to a familiar narrative perspective and structure of argumentation I have sought to persuade you, my reader, that I have a grasp on the stories that have come before this one and that I am prepared to carry on the mantel of academic storyteller.

Peter Stoicheff writes of fiction,

A fiction text contains many strategies for metamorphosing the apparent chaos or randomness of phenomenal reality into an order compressible to its reader. Usually a text employs these strategies covertly, and thereby sustains the illusion that it does not mediate between reader and world, but opens a neutral window onto that world for the reader." (85 emphasis added)

The Burning Man festival is known for the wide variety of visual art constructed by the festival participants themselves. One Burner I encountered at the festival characterized the festival by saying, "Most festivals are music festivals with a little bit of art. Burning Man is an art festival with a little bit of music." Artists create elaborate motorized structures called "art cars" that they then outfit with speakers and a disc-jockey and drive around the playa in a manner reminiscent of the floats one might observe during a Mardi Gras parade in Louisiana. Examples of art cars include pirate ships, sword fish, a giant Volkswagen Bus named Walter, and a cupcake train. Additionally, artists construct massive wooden sculptures that rise in sharp relief against the large flat expanse of the playa. Such structures are usually designed by a lead artist, communally funded via crowd sourcing websites like Kick-starter or fundraiser events, and constructed by volunteers. One of the most notable aspects of these prodigious structures is not the structures themselves but their fate. After raising thousands of dollars and coordinating hours of volunteer labor for construction, Burners ceremoniously burn art structures to the ground in collective, ritualistic fashion before the festival's end.

On the final Saturday of Burning Man, the event earns its name by culminating in the climactic burning of its largest and most prominent wooden sculpture, "the man." Burner's reverently refer this event as "The Burn." Art cars weave about the playa providing a soundtrack that combines the rhythmic repetition of ancient primitive drum circles with cutting edge synthetic, electronic dance music as participants dance through the night. Mind altering substances are as ubiquitous as the ocean of neon l.e.d. lights that simultaneously create a surreal aesthetic against the black desert night and prevent injury by announcing bikers and pedestrians to one another. The following evening the sacred temple burns. Drums beat, not with the crazed energetic frenzy of electronic dance music but with the solemn weight of collective grief, pain,

human struggle, and mourning. Throughout the festival, participants visit the sacred temple leaving messages, photographs, letters, stuffed animals, and other trinkets to memorialize lost loved ones, acknowledge feelings of shame, guilt, or regret, mourn various types of loss, and unburden themselves from secrets. Like the man and other sculptures, the temple is designed by an individual artist and constructed from plywood. On Sunday night thousands of festival goers gather in silence to share in the temple ceremony as their individual symbols of grief and sorrow ignite into one collective blaze.

Like the fiction writer Stoiceff describes, an ethnographer covertly deploys narrative point of view and makes use of specialized syntax and vocabulary to order the random chaotic reality she encounters in the field, interpret her encounters, and make those encounters legible for readers. Choices must be made. Standing atop the World Trade Center looking down upon New York City, Michele de Certeau describes one such point of view in literal visual terms. By rising above its bustling, multi-vocal contradictions, the viewer transforms the city into stable readable text. The perspective de Certeau describes corresponds to the view point of the positivist ethnographer, the traditional fiction writer, and the objective physician. He writes,

His elevation transfigures him into a voyeur. It puts him at a distance. It transforms the bewitching world by which one was 'possessed' into a text that lies before one's eyes. It allows one to read it, to be a solar Eye, looking down like a god. The exaltation of a scopic and gnostic drive: the fiction of knowledge is related to this lust to be a viewpoint and nothing more. (92)

One plywood sculpture features two lovers constructed from the waist up intertwined in a tight embrace to form one structure. The larger, presumably male figure appears to look down with affection into the eyes of his smaller female counterpart. Inside, the sculpture is hollow and festival participants file in and out of the structure in an orderly fashion like tourists visiting a museum exhibit. Upon entering Embrace, Burners follow a current of other dust covered

festival-goers to the right and up a creaky flight of plywood steps. They reach the dome that comprises the head of the male figure and cross a narrow walk-way suspended above the spiraling staircase before peering out of the opening that forms the man's eye. The dust clears. Looking out at the festival through his eye the ethnographer can finally see the festival as a whole. Because the city is laid out in a circle the streets are labeled longitudinally to correspond with the face of clock with The Man and 12:00. Laterally, streets are designated by letters of the alphabet and individual blocks named with arbitrary words beginning with the appropriate letter. From here I can see it all.

I discussed the positivist social scientist at some length in chapter 3. Rather than adhere to the scientific mandate to obscure the artifice and means of ethnographic production in order to make Burning Man legible, in this chapter, I make the case for Jill-Taft Kaufman's adaptation of meta-fiction as one model for "turning back," of holding up the tools of identity, perception, language, and perspective for readers to observe and critique. "In meta-fiction," Taft-Kaufman writes, "the narrative voice loses its authority and independence and no longer frames the subject within his/her imagination" (67). By unseating the author/ethnographer as sole arbiter of truth, as "a view point and nothing more," I argue that meta-fiction provides the critical ethnographer with one answer to Madison's question, "How do we begin to discuss our positionality as ethnographers and those who represent Others?" (6).

I have seen this image online, taken from even higher up. In fact, I have a screen shot of this image saved on my phone to be easily accessed when explaining my dissertation research to co-workers, the clerk at Whole Foods, family friends, and my land lord. When I give research presentations about my work, I begin with this totalizing image. This. This is the Burning Man festival. The areal image proclaims the festival's enormity and resolves the quandary of how to

define Burning Man. Is it an art festival or a music festival? a transformational festival, a revolution, or a party? Is it countercultural or a bunch of rich white people oblivious to the fact that their freedom to do as they please needs no announcement? Is it exclusionary or radically inclusive? Standing in line at the festival gate, a woman named Amanda who works as a nurse in the default world and I discussed how to define Burning Man for those who have never heard of it. "It's a freaking city! It's like if someone asked you, 'What is Chicago?' How would you answer that?"

Standing up here, looking out, the once disorienting mass of tents and bike racks, the disconcerting sea of white bodies, the smell of marijuana, bacon, and sunblock, the bikes, masks, flyers on port-a-pottie doors warning about sexual assault, more bikes, the deafening sound of the base from a neighboring camp, the paste of dust, sweat, and burnt dead skin on my face, it all disappears into the neatly laid out grid of Black Rock's City streets. I breathe easier up here. Black Rock City. I can see, hear, write, feel, and think easier. "Having taken voluptuous pleasure in it, I wonder what is the source of this pleasure of 'seeing the whole,' of looking down on, totalizing the most immoderate of human texts" (de Certeau 92). I grip the banister as I make my way back down the plywood steps and "back into the dark space where crowds move back and forth, crowds that, though visible from on high, are themselves unable to see down below" (de Certeau 92). The wood is raw and unfinished, rough against my skin. My hand slides over the words, "Fuck your fear" written in sharpie inside a heart shape. The ink is fresh and lingers on my palm. Propelled by the crowd behind me and pulled by my sister before me I continue my descent. Step by Step.

Meta-fiction

“Meta-fiction,” explains Patricia Waugh,

is a term given to fictional writing which self-consciously and systematically draws attention to its status as an artifact in order to pose questions about the relationship between fiction and reality. In providing a critique of their own method of construction, such writings not only examine the fundamental structures of narrative fiction, they also explore the possible fictionality of the world outside the literary fictional text. (2)

I extend the aims of meta-fiction Waugh enumerates to the project of a critical ethnographic performance by underscoring ethnographic representations as stories that, like the narratives Peterson and Langellier describe, are both made and done. Indeed, it makes sense to say both “I am both doing an ethnography” (going into the field, observing, collecting field notes, interviewing) and “You are reading my ethnography” (a crafted textual artifact that marks my experience). Like meta-fictional authors, I complicate the relationship between legible ethnographic research products and the lived, embodied, process of engaging with the Other.

Taft-Kaufman explains that authors of meta-fiction embrace the insufficiency of language to capture “a reality that is unfixed, largely unknowable, and elusive to linguistic substantiation” (67). For the meta-fictional author meaning does not pre-exist language but comes to exist in and through language. “From this perspective, reality emerges as one’s fictionalized articulation of non-rational sense experience” (67). By subverting the conventions of an autonomous, authoritative narrator bestowing meaning upon a passive, un-implicated reader from on high, the meta-fictionalist loosens traditional, taken for granted connections between the narrator, the reality she/he narrates, and the reader. Approaching language as an unfolding process of sense-making, authors and readers of meta-fiction co-construct meanings that resist stable definition and closure. Process overshadows meaning as the subject of meta-fiction.

August 29th, 2015

1. Apple store
2. Fed-ex (complete IRB shit)
3. Goggles
4. Nails
5. Socks
6. Groceries
7. U-haul
8. Drop Laces off
9. Look up yoga time
10. Pick up Jackson
11. Long-johns
12. Safety pins
13. Cancel resume app
14. Moccasins
15. Good flip flops
16. Pens
17. Letters to John and Cindy
18. Ear plugs
19. Sage, Paolo-Santo
20. Egg crates
21. Pillows
22. Carabineers
23. Go get water
24. Ice
25. Bleach

Taft-Kaufman directed a chamber-theater adaptation of Robert Coover's meta-fictional text, *The Leper's Helix* in which a narrator observes an approaching leper, for a festival audience. Noting that festival spaces provide a uniquely conducive site for experimentation, she describes how adapting a non-traditional work of fiction for the stage gave rise to insights about "the ideas that underpin meta-fiction and how a director might clearly develop audience perception of the meta-fiction text without reducing the ambiguity and complexity that characterize it" (66). I argue that critical ethnographers who seek to turn-back, to consider their own subject position and the implication of their own claims to knowledge while retaining the ambiguity of their subjective experience in the field face the analogous challenge of fostering understanding and advancing knowledge of a particular cultural context without flattening or denying the

contradictions, the often messy entanglement of power and identity positions, and the instability of on-going dialogue. Unlike the performance festival context that empowered Taft-Kaufman to experiment in public and make meaning with rather than for her audience, a doctoral dissertation on the subject of health communication is not traditionally a sanctioned site for play, experimentation, and calling attention to artifice. However, as primatologist Isabelle Benke reminds us that, "In order to adapt successfully to a changing world we need to play...Play is not frivolous. It is in times when it seems least appropriate to play, that it might be the time when it is most urgent" (Press Play). Indeed, I argue that as the limitations of biomedicine become increasingly apparent and a global, profit driven medical system makes health and health care a commodity, it behooves us to play in unlikely places. It is in a spirit of serious, necessary, play that I extend the lessons Taft-Kaufman offers from her adaptation of *The Leper's Helix* as way of turning back, as a way of playing with and through the ethnographic stories I have witnessed and lived at Burning Man.

August 26th, 2014

I remember thinking that getting to Saguaro Man was an arduous journey. Ha! That was nothing compared to what it took to get to where we are now—in a U-haul somewhere between Reno and Black Rock City riding three across passing half a watermelon between us, spooning bites from the natural bowl the rind provides. We are about three hours from the gates and Penny and I still only have one ticket to the festival between us. "The playa will provide," she says again. I try my hardest to buy into what sounds like nonsense to me. The playa will provide? After much anxiety we finally found another Burner from Arizona on Facebook willing to sell us a ticket at face value and he agreed to meet us in line to make the exchange. I am not sure what we will do if this arrangement does not go as planned. We arrived in Reno last night, or rather

this morning, and agreed to pick up a young woman named Francesca from the airport and give her ride to the festival in exchange for her extra parking pass. Parking pass, check. Penny has attended two Burns prior to this one. Like me, this is Francesca's first Burn. Francesca lives in New York City now but is also camping with the Phoenix based, Camp-Walter. We ride along, getting to know each other. Francesca is a vegan most days and she and Penny bond over a shared love of vegetables. She completed her undergraduate degree at Arizona State University and when I tell her I am a graduate student in performance studies she tells me that she took a class called, "Performance and Identity," and that her instructor's name was Kimberlee something... Kimberlee Perez? I asked, or maybe exclaimed would be the more accurate verb. "Yes!" She responded.

This would not be the last time I would encounter someone at Burning Man familiar with performance studies. A few days later I would share an intimate afternoon with a woman named Puma who, after receiving a Masters degree from Northwestern decided against pursuit of a doctorate in performance studies and now works as a burlesque dancer in Oregon. Puma's voice was sweet, calm, and confident and she exuded a kind of Midwestern femininity that I had seen before in a few close friends. Broken down by the playa, I cried in her arms within an hour of meeting her. She gave me a plastic spray bottle full of ice-cold water which I used to quell the heat while frantically rambling about my experience that day. She listened intently, pausing to go into her tent and refill the spray bottle for me, while my sister lay calmly beside me, grinning. I am not sure which was more comforting, the cool relief from the desert heat or the chance to tell my story, to reorient myself. I was desperate for both and now, two years later, I still think back to that moment of compassion with a tinge of guilt, shame. I am an ethnographer. I was supposed to be listening. Arthur Frank's description of communicative, narrative recognition took on,

material meaning as Puma's attention and laughter persuaded the constricted muscles in my neck and chest to relax. Metaphors of storytelling as maps for guiding experience (Frank "Wounded" 1) became literal when I found myself lost and alone on the playa, unable to see two feet in front of my face. I could be wrong but as I think back on that afternoon I feel certain, I needed to share my experience more than I needed water. I wonder how needing Puma, and Francesca, and my sister complicates the self-other dynamic at the basis of my ethnographic pursuits. If the Burners I encounter are college educated, progressive white people in their late twenties and early thirties how are they other than myself? How am I to conceptualize my positionality in relation to these particular Others if I need them for my own well-being? Dichotomies that had been clear to me disappeared, lost among dust and perpetual motion. Madison calls for ethnographic endeavors that seek to challenge the status quo and for ethnographers who acknowledge their institutional privilege as academics empowered to represent their subjects (5). The act of representing someone for someone else is certainly an exertion of power. My ethnographic experience at Burning Man is filled with the relearning of long accepted truths. As these words unfold on the screen before me, I am reminded that all exertions of power are not equal or uni-directional. I feel triumphant having navigated my own way from our camp to this lecture. I has been almost ten years since I first read Walter Fisher's description of human beings as homo narrans, as essentially storytelling creatures (270). We sit in collapsible lawn chairs outside the tent, facing forward, floating in the grayish blue light of transition, talking about our differing experiences of language and our bodies. A conversation we have had before. She tells me that she became a doctor because she finds the image of the human body so beautiful. So moving. It is in this moment that I simultaneously realize how separate we are and how interconnected we have been. It makes sense to describe power in complex multidimensional terms. But on the playa I came to

re-learn what I already knew. Or perhaps I came to un-know, realize I never really knew, in order to know anew.

Taft-Kaufman develops a clear production concept from *The Leper's Helix* that she argues gives the production shape for the stage without resolving the intentional ambiguity Coover builds into his work. Like any writer, adaptor, or director of performance knows well, choices had to be made. She identifies,

three distinct, though related elements or manifestations of the narrative voice. At varying moments, this voice shows: (1) An indulgence in invention, (2) conventional reaction to the content of the invention, and (3) astute recognition of the human penchant to both invent and react conventionally to the creation that has been invented. (68)

She makes sense of the multi-vocal, perspectival complexity of the singular narrator that inhabits Coover's page by distributing the narrative voice across three separate performing bodies on the stage. I return to my field notes. I flip page after page of drawings: the port-a-potty set up, a band Penny, Kevin, Jackson, Glen, Kate and I watched perform atop a painted school bus, my hydro-flask turned rocket ship flying across the page over the caption *Rocket-Chai*. Incomplete sentences litter the page followed by ellipses forming trails of bread-crumbs left behind by an author who is both self and other to herself. She knew I would be coming to find her, retracing her steps, but she was on the move and often unable to leave behind more than a brief mnemonic. Matt the bio-engineer...It's probably better that she didn't...the census lab and tons of data nerds...red or blue- guy talking about infinite love...condoms, baby oil, and Plan B are...Girl who came to talk to Penny about stomach issue. There are observations marked as important that seem irrelevant now days, weeks, years later. Francesca's experience with her boss and co-workers. I'm still a guy. There are long, detailed, neatly penned impressions written in stolen moments of stability but in some ways such reflections seem even more incomplete, more wanting after some truth of my experience than the reminder hastily jotted down, notebook

pressed into thigh or bike seat. Don't forget to write about: Burner the Riveter, Bria/Maria, Lizard on the couch under the lights, Anna's story about the gift of the pink party, the ride-share and Kimberly Perez, perhaps the conversation we had about technology walking back from the port-a-poties, talking to Jasmine the nurse in line, the letters, Only women doing the spanking please. I attended a regional festival in Snowflake, Arizona and Burning Man twice. How do I explain the profundity of my experiences without resorting to clichés? Transformational. Life altering. Bonding. Terrifying. Healing. Collective. Love. It feels as if this is the first time language has failed me. The ethnographer in me knows it is not. Choices have to be made.

Inverting Taft-Kaufman's move from the page to the stage, I adapt my experience of Burning Man for the page by trifurcating my embodied experience at the festival across three distinct though related ethnographic personas. Each narrating persona illustrates a dimension of my embodied ethnographic perspective at Burning Man. I find a constructive parallel between the narrative dispositions Taft-Kaufman uncovers in *The Leper's Helix* and the narrative identity positions I negotiated and continue to grapple with while crafting my account of Saguaro Man and Burning Man.

The Burner

First, Taft-Kaufman describes the inventive dimension of Coover's narrative voice. In *The Leper's Helix*, "the inventive narrative voice" revels in the creative freedom to bring the approaching leper to life. Taft-Kaufman notes that, "As this voice shapes the scene, which gathers its reality by being constructed, it comments self consciously upon the very act of fiction making" (68). In the context of my ethnographic account I represent this poetic, self-conscious making, and making do as The Burner. The Burner persona reflects my experience as a participant on the playa where I rolled in the dust, wore costumes, cried most days, tried out

various levels of nudity and veganism, danced, panicked, danced through panic, and greeted everyone with extra long embraces. Without realizing it, I spent much of my experience on the playa trying to figure out what it means to be a Burner. I did not ask the question consciously at first. When I posed the question in the context of my project I have defined anyone who had attended Burning Man as a Burner. But on the playa, this definition feels far from sufficient. My costume never quite felt elaborate enough. I never got used to riding my bike, making breakfast, or doing yoga topless. I often felt incompetent and weak as I watched others construct their tents with ease and know-how. Maybe I cared too much about being a Burner to actually be one? I suppressed more than one condescending eye roll in response to sincerity I had come to associate with the Christian youth groups I have long since abandoned. "What's on your heart?" they asked one another. Maybe I did not want to be a Burner. Simple tasks like packing the cooler so the cucumbers did not get soggy eluded me. Even after having attended the festival once, I had not planned enough. I was not prepared. A Burner is strong and self-reliant and I could not shake feelings of uncertainty and co-dependence. I grew tired of being so caked in dust I could stand my hair straight up like a troll doll while others seemed to celebrate liberation from the demands of daily grooming. I wanted to sleep. When I experienced a disconcerting comfort in purchasing coffee, the only thing for sale on the playa, I wondered if it was the caffeine that set me at ease or the tidy, emotional freedom of exchanging money for service rather than the lingering feeling of guilt I felt every time I was given a gift. As I constructed, deconstructed, observed others, modified, and reconstructed my Burner identity I saw myself making myself with others. The Burner ethnographic persona that comes to exist here, through language is equally unsure. She experiments in the public space of these pages as her ethnographic identity unfolds through a process of storytelling. She celebrates the joys, challenges, frustrations, and failures of making,

and making do with language. She wants to re-present her experience to you, her reader, but she falls short. She watches others report their stories with confidence, skill and know-how while she fumbles around with words and phrases that do not quite fit. Transformational. Life-altering. Communitas. She never feels quite comfortable with the ownership inherent in active voice, summarizing the claims of other scholars for her own purposes, or claiming subjective positions like feminist, middle-class, Colombian, author, white, Burner, or ethnographer. She has been trying to tell this story for a long time, pulling at the threads that lace self-reliance to communal effort. She has delighted in turns of phrase and felt guilty for the gifts of pep talks, tales of struggles past, notes of encouragement attached to articles, book chapters, and documentaries, "Thought this might be helpful for your diss." She has cried, hidden from this story behind naps, novels, exercise, theory, diets, the stage, relationships, the classroom, yoga, and cocktails. She sees herself making her ethnographic self with you, the reader. Number 1: You are not your thoughts. You are not your mind. You are the watcher.

By calling attention to the act of observation, remembering, and recording, The Burner obstructs the passive absorption of the reader into a neutral, easily observed ethnographic scene. From the perspective of The Burner, the reality of my experience at Burning Man emerges as her fictionalized articulation of a circuitous, meandering, non-rational poesis. The Burner ethnographer reminds the reader that, "this is an invention being created by the storyteller and this could be shaped in a variety of ways" (Taft-Kaufman 68) Number 7: We have a choice. Primarily that choice is what we chose to put our attention on.

I have told this story many times not because it is representative but because it is the novelest. I suppose novel is the opposite of representative. I saw a live sex show at Burning Man. Actually, to describe it that way implies that I intentionally witnessed two people having sex at

Burning Man but in actuality I, well we, my sister, her boyfriend Jackson, and our friends Glen and Kevin stumbled into a “fifteen-minute orgasm demonstration” at Camp Flirt. No. I cannot remember why but I know Kevin was not with us by the time we found ourselves lounging on red bean bags sipping pink "flirtinis" in the shade fixated on a woman's twitching foot.

Furthermore, "sex show" might be a misnomer should you be among those who define sex only in terms of penetration—penis penetrating vagina I mean. On the day of the Burn, Saturday, the five of us set out on bikes to find Penny’s friend Kate who was camping at 6:00 and Gold. A world away. We agreed that we would make a day out of this mission, loosely moving toward Kate but letting the playa redirect us, grab our attention and pull us off the direct path to Kate’s camp. Explore. That's what we called it when we traveled with only a flimsy sense of purpose.

"Does anyone want to go explore for bit?" Kevin would ask everyone over breakfast. Number 3..

_____ is a safe drug. This experience will end. This experience is temporary.

We rode our bikes through The Esplanade, the wide, open center of the city’s circular lay out. The Esplanade was smooth and unencumbered by the tents, eating areas, RV’s, U-hauls, and cars that crowded the inner grid of city streets. Only the art cars are permitted to drive on The Esplanade. It is like Time Square. No, that’s not right because cars can drive in Time Square. Suffice it to say that it serves as a kind of public city center when compared to rows and rows, or blocks and blocks of semi-private dwellings. In some ways the camps remind me of Lakeland drive, the first street I lived on in Baton Rouge. Hot. Crowded by banana leaves, the disquiet of fading youth suspended in the thick tangible air, stray neighbors, and friendly cats. In some ways they are nothing alike.

Riding your bike on The Esplanade feels almost like swimming and the five of us could stay together pretty easily because the playa is so flat, so open, that I could race ahead,

quadriceps flaming as they fueled an extra push I need to ride through one of the rough patches of dust Penny referred to as soup. I turn my handle bars back, make a figure-eight, gliding, wind blowing, slowing down and seeing Kevin off to my left, Penny and Jackson up ahead, and Glen riding steadily behind us. Riding my bike through The Esplanade is one of the simplest and profound pleasures of Burning Man. Number 3. _____ is a safe drug. This experience will end. This experience is temporary. Number 6. We can have compassion for the super-ego but understand that it is not really helping you. "Should" or "Should not" are signs of the super-ego attempting to help. Respond by saying, "Thank you, but I got this."

A few hundred people gathered dancing on and before an art car where a DJ mixed electronic beats with that Ciera song from the early 2000's. Automatic, supersonic, hypnotic, funky, fresh. We pulled our bikes off the road and chained them together in a pile, dropped a hydration tablet in our hydro-flasks and made our way over to join the fun. Wait, actually, first I lingered behind to use my bike seat as a flat surface for making a few notes in my field-note journal. Don't forget to write about: the conversation we had about technology walking back from the porta-potties, six hours with Sable, old guy in the peace train...I'm still a guy. Let me see you one-two step. Eventually the scene succeeds at prying the pen out my hand and I tuck my journal into the back pocket of my Camel-Pack where it will be safe from spills, leaks, and most dust and run to catch up with the group. Number 4. I am willing to feel this experience by leaning in without engaging with my mind. Number 4. What is resistant will be persistent.

The Default Ethnographer

Both the second and third narrative voices Taft-Kaufman's identifies in The Leper's Helix offer reactions to the scene created by the inventive, creative narrative voice. She explains, "With these other manifestations Coover emphasizes varying perceptions of the same scene or

different kinds of reality" (68-69). She describes the first of these reactionary voices as the conventional element of the narrative voice. The conventional narrative voice values precision, narrative progression, and traditional interpretations of the scene laid out by the inventive narrator. In *The Lepper's Helix*, the conventional dimension of the narrative voice abhors and fears the leper that moves toward him. This narrator clings to "conventional patterns that keep one immured from encounters with the grotesque" (69).

On the playa, participants use the term default, or "the default world" to characterize life beyond the spatio-temporal boundaries of the festival. Rather than actively making their environment and their identity citizens default to the rules, norms, and practices provided by existing social structures and cultural institutions like the market capitalism, organized religion, and sanctioned performances of gender. For example, in the Burner's view, most Westerners default to the nuclear family as a desirable norm. Taft-Kaufman writes of the conventional narrator's reaction in Coover's text,

Although the leper is a construct of the narrator and could thus be altered if the narrator wished, the significance that this aspect of the narrative voice attaches to the fiction reflects an unquestioning conventional belief in the leper as a symbol for revulsion. (69)

The conventional narrative voice Taft-Kaufman describes defaults to existing observations, interpretations, and symbolic relationships. In this way, the conventional narrative voice mirrors both the generally unquestioned positivist ethnographic stance and the Burner's notion of the default world. Like the dimension of Coover's narrator that fears contact with the diseased, contagious, messy body of the leper the positivist observer and the objective physician alike, immunize themselves and the knowledge they produce against the grotesque¹⁵, the unstable, unfinalizable, subjective, open-ended nature of engagement with the patients body, with the

¹⁵ I am drawing on Mikhail Bakhtin's notion of the grotesque.

ethnographic Other by becoming a viewpoint and nothing more. Moreover, in addition to offering up a conventional response, this narrative voice demonstrates recognition of the capacity of the symbols we create "to draw us in and ultimately control us" (69). Even though the narrator constructed the advancing Leper and thus could construct him otherwise, the conventional voice expresses real fear and intense disgust. Likewise, recognition of biomedicine, health communication, and the positivist ethnographic perspective we have constructed as fictions that could be told otherwise does not negate the profound institutional and discursive power that underwrite and comprise such stories. The Burner and the Burning Man festival do not exist independent of the default world, market capitalism, biomedicine, health communication, and other systems of power and domination. Health, however defined, should not be understood as the consequence of individual choices made independent of the cultural and institutional stories that comprise it. The critical performance ethnographer does not shed the power and privilege of the academic institutions that both enable and constrain her as she enters the ethnographic field. Here, the presence of The Default Ethnographer, with her conventional, positivist perspective at Burning Man and on the reality The Burner constructs enacts the on-going tension between the performative capacity to both subvert and reinforce existing power relations. As Taft-Kaufman observes, "The stories we tell ourselves become our reality; the images and symbols of that reality take on a life of their own" (68). Placing The Burner and The Default Ethnographer side-by-side in direct conversation allows us to ask what happens if we tell this ethnographic story otherwise and find the answer not by forgoing one absolute in favor of another stable universal truth but in a process of emergent, on-going, struggle over meaning.

Upon entering "Camp Flirt" one must crouch down beneath the red and pink tulle fabric participants have draped about the entrance to symbolize Eros, femininity, and love. To the left

one encounters a bar where a few camp members in black t-shirts serve pink martinis they have cleverly named, "fliritinis." Members welcome guests of the camp and invite them to lounge on large pink bean-bags and couches cloaked in red afghan blankets. Large canvas awnings provide shade as visitors and camp members stand about chatting or sit cross legged on area rugs. A Caucasian man of an undetermined age carefully approaches individuals lounging in bean bag chairs, on pillows, and couches. He bends down and in a calm, even voice informs participants, "The demonstration will begin in about ten minutes." After the specified time passed another Caucasian gentlemen of about the same age emerged from behind a curtain and explained the impetus for the demonstration. "We are excited to share this important information with you...We want to share our pleasure with you." He urged observers to gather close so that passers by would not see what observers were about to witness. Participants silently obliged. "In order to prepare us for this experience, I am going to guide us all in a fifteen-minute meditation." Then a female emerged. While the man was fully clothed in jeans and a gray t-shirt, the woman was nude from the waist down. He introduced her and described their romantic partnership. She arranged herself on the floor before him, using a round pillow to elevate her pelvis before leaning back onto a woven blanket. The meditation began. The audience obediently closed their eyes. Afterward, in a rather clinical fashion, the man used his hands to point out different quadrants of the woman's vagina and explained how to bring a woman to extended orgasm. Observers watched intently in silence as the man leaned over the woman and manually stimulated her genitals. When the demonstration was complete, audience members lingered and formed a small line waiting to talk to the couple.

The Descendent Ethnographer

Finally, Taft-Kaufman describes the third narrative voice at work in Coover's text. She describes the transcendent element of the narrative voice in *The Leper's Helix*. "These lines," she explains, "re-evaluate images and symbols and offer impressions that seek to see beyond conventional societal significances" (69). Rather than default to the conventional reaction, abhorrence in the case of the leper, the transcendent voice expresses understanding, awe, and compassion for the leper. Taft-Kaufman's description of Coover's transcendent narrator not only opposes the conventional narrative voice but the objective physician that emerged as a by-product of biomedicine. She writes, "Numerous lines suggest that this voice recognizes how humans often attempt to take refuge in empty symbols and symmetry in order to avoid facing the fact that life can be grotesque, that death faces us all in the end" (69). I align Taft-Kaufman's transcendent narrator with the critical performance ethnographic perspective that acknowledges my positionality, power, privilege, and biases. However, transcendence implies a movement above or beyond physical reality. One online dictionary defines the adjective transcendent as, "existing apart from and not subject to the limitations of the material universe" ("Transcendence"). To describe my ethnographic perspective as transcendent, as above, separate from, or outside my limited, material, corporeal perspective would be to reinforce the Cartesian separation of mind and matter, observer and observed that I critique in my investigation of Burning Man. My aim is not to render Black Rock City legible from on high but to perform the poetic, embodied experience of the city. Rather than transcending the lived, material reality of my subject I characterize my ethnographic perspective as descendent.

We continue to make our way down the staircase. My boots have rubbed the back of my calf raw. Penny is in front of me. Dust clouds my vision. I feel weak and anxious. I am overcome

with a sudden and intense craving for turkey. Penny is a vegan. Twitch. Twitch. I admire her persistence. The kind of dedication it takes to eat so consciously, so deliberately. I look forward to the time we spend together in part because its easier to eat healthier when I am around her. So far I have been maintaining a vegan diet along with her in the hopes of feeling energized and losing a few pounds. My boots return to the hard, flat, rock and panic accumulates in my chest. A dust storm has begun to swirl around us. A white out. We untie our goggles from our backpacks and place bandanas over our mouths. Our visibility is so limited that we have to push our bikes. "Penny," I call up ahead. "I think I need to eat some meat, like some turkey or something." Just then, we hear a man shouting, "Turkey soup! Come get your Turkey soup." The playa provided.

My eyes settled on her foot as it twitched. He had not even begun to touch her. The meditation helped but I was still hyperaware of Glen. I could only see her from the waist down. The combination of her position on the pillow and my seated place among the crowd on the floor produced a visual frame that truncated her body from the waist down. Hips, pelvis, a pair of legs. Like the fractured body of a magician's assistant. An illusion. A body split. I watched Glen, watching Jackson, Jackson watching Penny. Twitch. Twitch. Twitch. Number 2. Everything is perfect exactly as it is right now. The man invites the audience to express their arousal should it arise. My face grows warm and my breath short. He uses his hands to point out four quadrants of the woman's vagina and explains how to progressively stimulate each quadrant. The third quadrant is the most important. Or the first? She moans. My impulse is to turn away but I feel exposed. What kind of feminist turns away from another woman's vagina? I realize that it is not her body that is split but mine. She drips. It occurs to me that as medical residents who have each completed obstetric rotations, Jackson and Penny have seen lots of vaginas. I envy their calm. What kind of Burner is scandalized by a woman's pleasure? Twitch. Twitch. Number 5. I am

willing to feel this experience by leaning in without engaging my mind. Out of the corner of my eye I notice Jackson taking notes and feel gratitude for the loving partner my sister has found in him. I find myself thinking of Shug encouraging to Celie to look at her own vagina in the mirror. "The inside look like a wet rose" (Walker 78).

In the context of the present project, the descendent narrative voice of the critical performance ethnographer takes up residence in the persona of Roccoli, the playa name given to me on my most recent trip to Burning Man. The name Roccoli combines my first name, Raquel and the word broccoli. Although I am sure that lots of exceptions exist, my impression is that one does not generally chose their own playa name. I do not remember being told this rule specifically but my experience corroborates my sense that playa names emerge in and from experience at Burning Man.

We sat gathered under the awning, stretched between Wendi's RV and the neighboring shade structure Kevin and Maria erected. There was a couch, a table, carpet and a large area rug, and a few chairs. A bean bag chair, an inflatable chair, and a popason chair in addition to the usual collapsible camping chairs. Robin and Janice had built what became known as the shenanigans tent in the back left corner of the common area where adults retreated to conduct activities out of the sight of Janice's twelve-year-old daughter, Kiley. Kiley has been attending Burning Man since she was four. She is a vegetarian. Her teacher assigned her a paper reporting her experience at the festival. The ten of us drifted in and out of this shared area throughout the Burn, eating, drinking, smoking, venturing away, and returning to share stories of our adventures on the playa. A few nights I slept on the couch just outside the shenanigans tent. Early in the trip, Lisa looked up from the floor where she sat cross legged, giggling with Penny about something. "Broccoli is so delicious," she declared. "Roccoli!!" She looked at me and exclaimed as if she

was recalling my name after struggling to place me. We all laughed. I did not realize then that the name would stick and that Roccoli would become my Burner name. It is not the name I would have chosen for myself. Of all the vegetables broccoli is one my least favorites. I imagined the playa would bestow a witty, intelligent play on words that incorporated a mermaid, a feminist, an artist, and perhaps some esoteric allusion to Freud or a continental philosopher. By giving me the name Roccoli, Lisa named and shaped my identity on the playa. Like the critical performance ethnographer who opens herself up to Conquergood's notion of dialogic engagement where meaning is not fixed, complete, or predetermined, Roccoli comes to exist unexpectedly, on the ground, over half eaten pop-tarts, cigarettes, and sunscreen. Rather than the autonomous capacity to make, modify, and remake my Burner-self on the playa, Roccoli performs the constitutive process by which the critical performance ethnographer co-constructs reality with members of a culture in context. Like Taft-Kaufman's description of the transcendent narrator who embraces the leper and dries his tears, the descendent ethnographer counters the positivist aversion to the messy, the contingent, and the limitations of her embodied perspective by literally embracing The Other. Life is often grotesque. And one day, you will die. Twitch. Twitch. Number 4. What is resistant will be persistent. Number 7. Take a patronizing attitude toward the super-ego.

I struggle to make sense of this erotic display and designate symmetrical relations of power for critique. I see a fully clothed man manipulating a woman's exposed body as an instructional tool for an audience of onlookers. But I also see a woman who was visibly aroused before her partner touched her, perhaps finding pleasure in exposing herself to us. I listen to a man who explains how male and female sexual pleasure differ psychologically and physiologically. He bends down to whisper to her at times. I sit among a group of people who

have gathered to learn, to seriously contemplate, and to center female pleasure. While he seemed to enjoy himself the man's pleasure was irrelevant to the demonstration of a woman's fifteen-minute orgasm. I do not want to oversimplify, belittle, or dismiss the myriad bodily performances of sex and sexuality that comprise the contemporary media landscape. But I do want to note that the performance I witnessed that day was erotic in a manner inconsistent with the ubiquitous display of women's bodies for men and the privileging of a masculine desire. I am comfortable with the tanned, airbrushed coeds scowling seductively from the Victoria Secret display windows in the mall. I am anything but comfortable right now. Twitch. Twitch.

Throughout the festival Glen enacted a type of white masculinity that in the default world, is so ubiquitous as to be invisible. Generally, on the playa, the unreflexive use of the word slut makes male and female jaws alike clench in discomfort. As women parade through the festival scantily clad, topless, or fully nude men at Burning Man see themselves looking. They see others watching them look and they feel exposed. It is no exaggeration to say that almost every man I spoke to at Burning Man volunteered the discomfort he felt in this contingent space where his desires were no longer the invisible norm. "I am still a guy," became a common refrain as men negotiated their gaze in the absence of a visual culture built almost exclusively for them. Sitting in the peace train after Camp-Walter's Pink Party Glen complained that he was not getting laid. Burning Man has a reputation as a lawless, drug fueled environment where inhibitions are left at the gate. And in many ways it is. Many participants arrive expecting to have a lot of sex. Jackson, who was attending Burning Man for the third time offered Glenn advise. "Dude, getting laid is like the least exciting thing you are going to experience out here. You can hook up at home. You are never going to have the experiences you have out here anywhere else. You need to quit worrying about that." As the week progressed I watched Glen struggle, at times

moderating himself in response to eye-rolls and palpable disapproval delivered with varying degrees of patients. On other occasions he seemed to have no clue how others perceived his comments. Or perhaps he simply did not care.

When the demonstration ends we sit in that familiar weighted moment immediately following a performance, the moment when the applause has just ceased, the house lights have just come up and the disbelief you had suspended slowly returns. I turn to gauge Glenn's reaction. Without turning to face me he slowly and sincerely said, "I am really glad I saw this." I did not ask him why. Number 4. What is resistant will be persistent. I sit in silence for a moment before scooting across the carpet to the line of people waiting to congratulate, thank, and ask questions of the performers. While I wait, a member of the camp and I begin chatting. We talk about my dissertation, about inductive and deductive reasoning, about pleasure, and fear. I share my fear with him and together we write. He gives me advise. I write it down and read it back to him aloud. He gives me the kind of advise a teenager needs but parents often cannot give. He listens as I recite his words and amends them. I rewrite.

Number 1: You are not your thoughts. You are not your mind. You are the watcher.

Number 2: Everything is perfect exactly as it is right now.

Number 3: _____ is a safe drug. This experience will end. This experience is temporary.

Number 4: What is resistant will be persistent.

Number 5: I am willing to feel this experience by leaning in without engaging my mind.

Number 6: We can have compassion for the super-ego but understand that it is not really helping you. "Should" or "Should not" are signs of the super-ego attempting to help.

Respond by saying, "Thank you, but I got this."

Number 7. We have choice. Primarily that choice is what we chose to put our attention on. Take a patronizing attitude toward the super-ego.

It has been a tough year for me and so many that I love. I have encountered death and loss in a way that I had not prior to this year. The smoke rises with my chest as I inhale deeply. I am stunned that 75,000 people can be this quiet. I exhale. Wrapped in a blanket, I sit at Jackson's

feet on top of Walter, the giant VW bus. The flames expand. I imagine the two, tiny hand written letters I penned and placed under a large framed picture of a cheerleader, igniting individually. Dear John...What happens to ink under extreme heat? Perhaps my inadequate words drip down the page. Dear Cindy...I imagine the small flames that engulf each letter dancing alone and then combining with one another. Two individuals who never met, welded together by heat and grief. The framed image of the cheerleader looks on. Someone else inhales deeply as her image collapses, ignites to join my offering, my words. Perhaps the woman sitting next to me? Maybe a man who left early this morning to avoid the mass exodus? We exhale together, lean in and feel our loss together. I cry. We cry sitting together in this place that, as it turns out, has everything to do with ethnography.

CHAPTER 6: CONCLUSION

In chapter one I introduced Burning Man as my object of study by means of a story. Upon first reading, my account of strolling through the dust, past the Thunder Dome, and across the Esplanade likely seemed more like an example of travel writing, or memoir than an introduction to an investigation of health communication. Perhaps the detail about discovering a satisfying analogy to communicate my emotional and psychic state to a loved one seemed misplaced, the victory of an English student or a Master of Fine Arts. Maybe you began to find health meanings and make some sense of my narrative when you met Lizard, when you learned that he is a former mental health professional or when Penny placed the blame on, “Fucking sugar!” as the three of us talked about our cultural response to sadness, grief, anxiety, and depression. I imagine you reading, thinking, “She is going to argue that our emotions are an important part of health.” As we began this process of making health meaning together, I imagined you thinking, “Oh, I understand. She is beginning to make the case for a more holistic approach to health, one that includes nutrition.”

Having introduced Burning Man through narrative, I continued chapter one by demonstrating the tendency among health communication scholars to presuppose the definition of health as their object of study. Reviewing existing health communication literature revealed a disciplinary orientation in which health exists prior to communication. In this configuration, communication functions as a more or less effective vehicle for transmitting neutral health knowledge from an authoritative sender to an uninformed, passive listener. I aligned the aims of Mohan Dutta’s culture-centered approach to health communication with the epistemic and methodological tenants of critical performance ethnography laid out by Dwight Conquergood and Soyini Madison in order to argue that as a site of cultural performance where participants

struggle over meaning, the Burning Man festival presents an ideal communicative context for investigating health as performatively constituted at the intersection of agency, culture, and structure. I posed the central question I investigate in this project: How do Burning Man participants bring about or constitute health meaning at and beyond the festival?

In chapter two, I elaborated upon biomedicine as a key component to any serious critique of health communication scholarship. Biomedicine represents the predominant model of medicine in Western culture, health communication scholarship, and increasingly, much of the world. In fact, I attribute the presupposition of the meaning of health among health communication scholars to an uncritical adoption of the biomedical world view. Thus, my aim in chapter two was to disrupt the naturalized assumption of the scientific medical paradigm as the only way of framing health and doing health research. Locating biomedicine in the specific cultural and historical context of the European Enlightenment from which it arose revealed biomedicine to be rooted in the modernist faith in human reason, objectivity, and progress. Framing biomedicine as a cultural product laid the conceptual ground work to argue for alternative ways of understanding health and health meanings. As Langellier and Peterson put it, “what is done can be undone” (25).

The Enlightenment ideas of reason, progress, and objectivity that gave rise to biomedicine as a scientific paradigm had implications far beyond medicine. I began chapter three by outlining the way in which the epistemic shift brought about by thinkers like Descartes and Newton likewise influenced the study and definition of social and cultural phenomena. Like biomedicine, anthropology has historical roots in the modernist project. As the chapter continued I charted the relatively recent shift in the social sciences away from positivism and toward what Norman Denzin calls, the crisis of representation (17). I relied upon Conquergood’s use the

terms poetics, play, process, and power as key concepts that evidence and define the ideological, methodological, and epistemic commitments of critical performance ethnography broadly and this project specifically. My analysis revealed the ways in which Burning Man and its participants consciously enact a similar orientation to poetics, play, and process as performative interventions upon various types of institutional and economic power. Given the emphasis on power that characterizes the culture-centered approach to health communication, I argued that critical performance ethnography offers health communication scholars an appropriate method for achieving more critical aims. Finally, I concluded chapter three by providing a broad overview of the three trips I took into the field. First, I traveled to a small, regional festival in Arizona called Saguaro Man. I characterized this trip as a reconnaissance mission designed to familiarize myself with festival culture before traveling to the full-scale festival. Next, I attended my first Burning Man festival in 2014 where I spent a great deal of time reflecting upon my own experience as I struggled to adjust to the physical and social environment. Finally, in 2015, I traveled back to Black Rock City for a second time. Having achieved a fair amount of uncertainty reduction during my first two ventures, I have come to understand this third trip into the field in terms of dialogic engagement.

In chapter four I emphasized the role of narrative performance for both health communication scholars and critical performance ethnographers. I began by reviewing the place of narrative and storytelling within health communication scholarship and found public health campaigns and physician-patient interaction to be primary research areas where narrative takes on particular importance. Analysis revealed a tendency within the former to emphasize narrative as a social practice with health consequences. For example, in a study entitled *Using Narrative Communication as a Tool for Health Behavior Change*, Leslie Hinyard and Mathew Kreuter

describe narrative as “the basic mode of human interaction” and “the primary means through which various influential social and political institutions share information with the public” (777). By contrast, I found the latter to generally frame patient narrative or patient-physician interaction as objects or textual artifacts in which health meanings are embedded. In the next section I drew upon Kristin Langellier and Eric Peterson’s notion of narrative performance as both a making and a doing, to combine the attention to narrative as a behavioral health practice, a doing, with understandings of narrative as a crafted health artifact, a making. Langellier and Peterson contend that viewing narrative as performative, as both a making and a doing, implies four consequences for our understanding of narrative. They observe that narrative is embodied, situated in material context, embedded in fields of discourse, and capable of reinforcing and critiquing relations of power (8). I spent the majority of the chapter applying each of Langellier and Peterson’s dimensions of narrative performance to three narratives I collected via Skype interviews earlier this year. Taken together, Kelly, Kate, and Jackson enacted the function of storytelling to not only reflect individual health meanings but to bring about various intersections of individual agency, institutional structures, and cultural discourses and practices. Despite, or perhaps because of the small sample size, these three narratives allowed me to make several important observations.

First, the narratives offered in chapter four point to the range of variability within a population designated as Burners. As I will discuss below, one of the limitations of this study has been a relative lack of diversity among the participants included in this study. Despite their racial and ethnic diversity (Kelly is Hispanic, Kate is white, and Jackson is African American) Kelly, Kate, and Jackson are all in their late twenties and early thirties. They each work in a health-related profession, are highly educated, and they all have a relatively intimate relationship with

my sister, Penny. However, even within such a seemingly homogeneous group a variety of health meanings emerge in relation to a range of embodied communicative contexts and practices. Narrative analysis revealed the struggle over meaning to occur not only in large-scale coherent challenges to dominant institutions, official narratives of the festival, or broadly conceived social forces. Rather than Burners struggling together against the norms of the default world, health meanings arise, contradict each other, accrete, and break down in the minutia of everyday practices. Second, the narrative performances I described in chapter four not only demonstrated Burning Man and health as sites of struggle over meaning, but illustrated specific embodied, material, and discursive practices in and through which such struggle takes place. For example, the frame of narrative performance recasts micro-practices like hand washing, sign language, the embodied vulnerability of nudity, the characterization of places, people and populations through language, and the implications for how we describe illness. As I made clear in chapter four, all of these practices have consequences for the way health is constituted through communicative performative practice. While chapter four underscores storytelling as one answer to the question of how Burners bring about health meaning, further investigation illuminated the specific embodied, material, discursive, resistant, and normative practices and relations that cohere in and around storytelling as particular type of communication practice.

In chapter five, I explicitly take on the critical challenge of representation within academic and ethnographic research. As a critical performance ethnographer invested in a critique of the objective physician and the positivist social scientist, I grappled with various intersecting dimensions of my own identity that served as the filter through which I construct knowledge of my subject for others. Woman, ethnographer, graduate student, teacher, sister, Burner, feminist, friend, performer, progressive, Colombian, critic, White, storyteller. I use Jill

Taft-Kaufman's description of her process for adapting meta-fiction for the stage as a method for both organizing and complicating my narrative account of Burning Man. The trifurcation of the traditionally singular narrative voice of the page into three bodies on stage allows Taft-Kaufman, her cast, her audience, and later her readers to visually and conceptually distinguish between the multiple voices and identities housed in any one narrative point of view. Working from Conquergood's characterization of ethnographic writing as a type of narrative fiction and researcher-writers as crafted personas (83), I adopted Taft-Kaufman's tripartite narrative structure to enact, juxtapose, and critique the narrative conventions of positivism and critical performance ethnography. I aimed to craft my experience for my reader in a way that contributes to knowledge of Burning Man and health communication while simultaneously turning back to acknowledge the performative act of crafting. I hope that as this document draws to a close you have a better understanding of what it means to be a Burner, what some aspects of daily life on the playa are like, and that you understand Burning Man as cultural site where health meanings are negotiated. However, while I sought to produce knowledge in chapter five, I simultaneously aimed to mark that knowledge as incomplete, partial, biased, and ongoing. I hope that the fractured, self-reflexive, non-linear account I give in chapter five re-casts your reading of chapters one, two, three, and four as equally incomplete, partial, biased, and on-going.

Limitations

In many ways this project has been a sustained reflection upon the limitations that have both enabled and produced my findings. In arguing for an approach to health that is radically contextual, the culture-centered approach to health communication is intentionally and explicitly limited in the types of knowledge it can claim. Margaret Lock and Vinh-Kim Nguyen underscore "the limits of the approach commonly upheld in biomedicine that the human body is, for all

intents and purposes, universal and amenable to intervention through standardized approaches to medical management and care” (2). Thus, in this project I have drawn upon the culture-centered approach to health communication and critical performance ethnography as overt methodological counters to the generalizable claims of positivism and biomedicine. This project has aimed to accomplish what biomedicine cannot. However, this is not to say that my investigation of Burning Man does not suffer from limitations and could not benefit from further inquiry. Here, I briefly discuss three primary limitations.

First, this study is limited by the relatively small number of interviews I was able to conduct. As I described in chapter three my method for recruiting participants by distributing small bottles labeled with my contact information failed to produce interview subjects. As a result, although I did not know the majority of my interview subjects prior to attending Burning Man, I knew most of them relatively well by the time I conducted interviews. The fact that most of the people I interviewed were directly or indirectly connected to my sister, who works as a naturopathic physician, resulted in a disproportionate representation of medical professionals than can be assumed to characterize the overall population of Burning Man. These individuals have likely spent more time considering and articulating their orientation to health prior to being interviewed and were often predisposed to critique various aspects of biomedicine, even if not explicitly stated. There are certainly advantages to interviewing health care professionals as part of an investigation about how festival participants think about health. For example, it is interesting to note that when asked to describe a time or an experience when they felt most unhealthy all of the medical professionals I interviewed described some aspect of their job as contributing to poor health, whether it was the stress of medical school, the demands of residency, or the challenge of balancing self-care with care for others. Despite such insights into

the health care system, this project would benefit greatly from a larger, more random sample of festival participants to offer a broader range of perspectives and points of comparison even within Burning Man as a unique cultural context.

Second, although I carefully weighed and deliberately made the choice to interview participants after the festival, further investigation of this topic would benefit from formal interview data collected at the festival itself. As I described in chapter four, conducting formal interviews on the playa presents several practical and ethical challenges but as Langellier and Peterson's observation of narrative's material context makes clear, a unique kind of embodied, contextual knowledge may be gained about Burning Man by telling and listening to a story with dust in your eyes, an Octopus pillow in your lap, while competing with EDM (electronic dance music) for focus. Additionally, as I have learned, it is difficult to maintain and regain contact with those Burners you meet in chance, fleeting encounters. For one thing, the ephemerality of human connection seems to be an underlying value at least among many of the festival-goers with whom I interacted. For another, staying organized as one wanders from camp to camp, navigating in relation to landmarks that shift and even disappear entirely, traveling miles a day on a bicycles and on foot is quite a challenge. At the conclusion of the last Burn I attended, organizers of Camp-Walter filled a U-Haul van with over twenty bicycles that had been lost and left behind by Burners stopping by throughout the week.¹⁶ Keeping track of a phone number and email address given to you by a woman you met briefly is no easy task. Thus, I lost the chance to interview willing participants by allowing time, distance, and available technology to become

¹⁶ Each year Camp-Walter donates these lost bikes to after-school programs for children in the camp's home city of Phoenix, Arizona.

obstacles. Future research might address the practical and ethical obstacles considerations necessary to interview participants at the festival.

Finally, embedded in this investigation of Burning Man has been an underlying assumption that Burners differ from non-Burners by virtue of their participation in the festival. As I have discussed, much of the attention paid to Burners and Burning Man revolves around the question of the festival's subversive potential. For example, in the title of his study of Burners Robert Kozinets asks, "Can Consumers Escape the Market?" When Grover Norquist, the staunch libertarian politician most famous for founding an organization almost exclusively designed to oppose all tax increases, attended Burning Man and declared, "Some day, I want to live 52 weeks a year in a city that acts like this. I want to attend a national political convention that advocates the wisdom of Burning Man" (Norquist par. 7) the answer seemed to be a resounding, No! While I have made it clear that I am not interested in reducing Burning Man to a coherent mission or asking questions that result in simplistic and misleading binary categories like success or failure, resistant or co-opted, my analysis points to Burning Man as, at the very least a site of potential for positive cultural change. My orientation to Burning Man has been guided by Ann Cvetkovich's position that, "Rather than a paranoid watch for how forms of resistance are ultimately co-opted, it's more about noticing and describing the places where it feels like there is something else happening, and passing on strategies for survival" (6). However, while I find perspectives that dismiss Burning Man entirely on the basis of the privilege enjoyed by its participants to be missing the forest for the trees, such critiques are far from baseless. Burning Man is undoubtedly limited in its claims to cultural change and by overestimating its resistive capacity we risk obscuring our own culpability in systemic inequity and the continued need for action in more overtly political, and often less pleasurable, cultural contexts.

I did not attend Burning Man 2016 for financial and professional reasons. Instead, I stayed home, in Baton Rouge, Louisiana where I was not so gently reminded to be careful with my optimism. On July 5th Alton Sterling was pinned to the ground and shot at close range by white police officers at a local gas station. People took to the streets of Baton Rouge to march in memory and for justice only to be met with more police violence. The epidemic brought to our shores in ships carrying sugar, bodies, profit, and blood had erupted again. I felt sick with the familiar symptoms of the white ally: guilt, sadness, anxiety, and anger. I feel the pangs of illness but, having been inoculated by a cocktail of history, my middle-class upbringing, and city planning, I am certain that this epidemic will not claim my life. My symptoms abate with surprisingly small doses of distraction taken twice a day as many times as needed. But for others no amount of election coverage, writing demands, or trips to the grocery store will do the trick. For many, the death of another black man at the hands of the state is not an eruption of an otherwise dormant, benign condition but a visible lesion, a sign of the chronic inequity, violence, colonialism, and injustice contracted through the same history that protects my body. Still others claim to feel no symptoms at all. Where those who fret about the politics of visibility as the souvenir postcard sent from a town lynching morphs into a viral video see a pock on the skin of the American dream, others see one man's lack of discipline no matter how plural that one becomes. To call for the healing of broken communities feels like a mixed metaphor. We are sick, but as cultural approaches to health teach us, not all illness feels the same. Cornell West explains,

But if whites experienced black sadness...It would be too overwhelming from them. Very few white people could actually take seriously, black sadness and the lives that they live: Livin' in denial. "Oh it couldn't be that bad." And they have their own form of sadness. Tends to be linked to the American Dream. But it's a very very very different kind of sadness. (Cvetkovich 115)

In chapter one I illustrated the ways in which Burners acknowledged a kind of collective pain or sickness in need of healing. The burning of the temple at the festival's end represents the clearest example of a community, coming together to recognize grief, sadness, and pain and heal together. In her book-length case for a reconfiguration of depression as a historical, public feeling rather than a biomedical observation, Cvetkovich provocatively asks, "What if depression, in the Americas at least, could be traced to histories of colonialism, genocide, slavery, legal exclusion, and everyday segregation and isolation that haunt all our lives, rather than to biochemical imbalances?" (115). While I do not mean to imply that Burners are unconcerned with issues of social and racial justice, I wonder how might Burning Man work differently if participants foregrounded Cvetkovich's question at the festival, particularly as racial tensions continue to escalate? What strategies for justice and equity might emerge if they acknowledged, as Cvetkovich's does via West's quote above, that the collective grief Burners generally attribute to industrialization and acknowledge in spite of capitalism, operates differently for those bodies for whom reason, progress, and objectivity have always represented weapons of mass destruction?

Areas for Future Research

This sustained consideration of some of the relationships between health communication, critical performance ethnography, and Burning Man has produced several meaningful conclusions and observations about each. The possible areas of future inquiry about Burning Man and its relationship to performance studies and health communication are as numerous as its participants. For example, as participants combine archaic sonic, visual, and ritual art forms with cutting edge technology while celebrating the ephemerality of art and human experience Burning Man offers a unique aesthetic context in which performance studies scholars might continue to

grapple with the ontology of performance, particularly in relation to various emergent technologies.

Like other scholars, I find the economic practices and critiques present at Burning Man to represent a topic that is particularly rife for further exploration. Future research might more thoroughly consider the intersection of various economies enacted at Burning Man and their implications for modern health and health-care industries. As Richard Brown argues in his book-length treatment of the intersection of medicine with historic economic forces, “The crisis in today’s health care system is deeply rooted in the interwoven history of modern medicine and corporate capitalism” (1). While I drew on Marie Garlock’s work as an aesthetic performance that underscored the relationship between medicine and corporate power, future investigation might extend existing research on economies of performance in order to understand how the specific challenges Burners pose to capitalist market function in relation to health and the health care system. For example, in their ethnographic account of long-distance backpacking on the Appalachian trail, David Terry and Sarah Vartabedian describe the emergence of alternative economies as hikers privilege the needs of a present, performing, material body over the need to conserve financial resources for future participation in the “real” world economy. Drawing on Michelle de Certeau, Terry and Vartabedian argue, “Long-distance hikers are not only engaged in the ‘re-use of marketing structures’ but also in the reconfiguration of a different form of market” (352). While principles such as gifting and decommodification point to explicit attempts by Burners to enact alternatives to the capitalist market, performance studies perspectives, like the one Terry and Vartabedian offer, provide a way to theorize the transformation of economic relationships from the perspective of material bodies, engaged in specific communicative contexts. Future research devoted to health at Burning Man might theorize the bodily economies

that are performed and transformed in the material context of the festival with implications for health practices beyond its borders.

Finally, this project has largely served to demonstrate the utility of a performance theory and practice for health communication scholars. Future research might continue to consider the fruitful intersection of these two traditionally distinct disciplines by asking how health and health communication might inform performance studies theory and practice. By this, I do not simply mean that performance studies scholars should continue to address various health topics although I am an advocate for such research. Rather, we might ask how the concept of health, defined at the intersection of culture, structure, and agency, might inform the way we theorize and practice on the stage, on the page, and in the classroom?

As I crafted the story of one, relatively uneventful evening on the playa I imagined what you might think as you read. I cropped my experience at Burning Man in this way, to foreground this particular encounter because in the story, Penny, Lizard, and I reflect upon emotional well-being and nutritional health, both of which I perceive to be devalued and underappreciated in culture, biomedicine, and scholarship. However, as should be clear by now, my goal has not been to counter the biomedical definition of health with a new equally stable, universal way of understanding health. Rather, the extra long embraces, the assault of the Thunder Dome upon my senses, the literal intersection of streets, time, art, and bodies on the playa are all equally important details for understanding how health meaning comes to exist at and beyond Burning Man. My hope is that by presenting my encounter as a story, this representation made and continues to make space for you to stroll with Penny and me, to take part in the process of dialogic meaning making upon which the culture-centered approach to health communication and critical performance ethnography are founded.

We walked back past the Thunder Dome where the same spectacle that had assaulted my senses hours earlier seemed comical. As we made our way back to the tent, I felt exhilarated by the distinct form transgression takes in my body. I do not mean successful activism or even overtly political transgression. I mean the feeling I occasionally get after doing something just for the pleasure of it, something that is not wrong but somehow still feels like giving the middle finger to some formless, nameless prison warden. It is the feeling I occasionally get after performing in the opening night of a show, watching one of my students really understand something for the first time, or after an orgasm. It was not Lizard's ass-less chaps, our partial nudity, or the open drug use taking place behind us that produced this feeling. The cool air swept through crowded camps beckoning the nocturnal from their tents as the temperature dropped and the music rose. I felt simultaneously relaxed, energized, and empowered by having connected with a complete stranger in such a short period of time. I rubbed my fingers over the shale Lizard gave me. In that moment I learned that letting go was an important part of being a Burner. I knew that this would be the first of many such fleeting encounters at Burning Man. As the time we have shared together in the space of these pages comes to an end and we part ways, the strange twinge of sadness and pleasure I felt watching Lizard recede into dust and the lights after such profound contact creeps across the keyboard. As we turn this page together, I know that this is not the first, nor will it be the last of such fleeting encounters at Burning Man.

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