



James Belarde //

AUTHOR'S NOTE: Both this article and Part 2 discuss a short play written by the author, summarized below, that can be found in its entirety here.

*“Who am I to tell my private nightmares to if I can't tell them to you.” -Samuel Beckett, *Waiting for Godot**

“Why don't my doctors laugh with me?” As I fumbled for a response, the patient I was visiting waited with a smile still on her face from our preceding conversation. A volunteer with Columbia University's medical student Companionship Program, I was spending time with her as a friend rather than as part of her healthcare team. At this point we had already gotten to know each other over several weeks of her hospitalization, and we were in the habit of chatting about our lives, joking about the things annoying us at any given time. For her, this often meant joking about her illness, the difficulties of its care, interactions with the medical teams, and so on. But even though she and I would laugh together, she was confused that her doctors never seemed keen on reflecting her jocular tone.

At the time I gave a vague answer about professionalism and overwork, and we moved on. But as I continued to reflect on this and other scenarios, both in and out of a medical context, I wondered if it was a bigger issue based in the complexity of finding humor in another's pain, even when the joker is the one struggling with illness. How do we ensure we are laughing with someone and not

at them? And is a hesitancy to laugh with patients a careful avoidance of this question for fear of doing the wrong thing?

To approach these questions, it's informative to look at expressions and interpretations of pain in the comedic arts. Last summer, several of my classmates put on a short play arranged by the Columbia University Medical Center's student performing arts group, the Bard Hall Players (BHP). For me this presented an interesting first, since I had written this play years prior. As a standup comedian, I'm used to writing and performing as a solo act, driven almost entirely by my own perspective. This was the first time any writing founded in my experiences was performed by others; this created a collaborative endeavor that engaged viewpoints outside my own, not unlike the process required to enjoy humor that another spins from their pain. Both this new creative process for me and my classmates' final product presented me with unique opportunities to reflect on the bigger question of sympathizing with and even the appreciating humor one creates from their own pain.

I originally wrote the play only weeks into my first year of medical school and intended it as a short story in play form. At the time, I struggled with returning to school after years of more actively working on my comedy pursuits. I was feeling stifled both by my decreased time for creativity and an apparent powerlessness that came from being a new medical student with minimal knowledge and even less control over my days. One weekend, my frustration peaked, and I forced myself to take time to write something funny, injecting it with much of what I was feeling in the process.

I started with a simple comedic concept of parodying Samuel Beckett's *Waiting for Godot* from Godot's perspective, in which the failed meeting is simply due to a miscommunication on the meeting place. In my short scene, Godot waits for the protagonists of Beckett's classic play, Vladimir and Estragon, to visit him. As he waits, he monologues absurdly to one of his goats, becoming increasingly morose at their failure to arrive. As he tries to talk through all the possible causes, he's visited by a child who meaningfully connects with him and his goat before running away all too soon. Left alone and faced with a return to his unending wait, he sinks into despair.

Throughout the action described above, a fourth character also emerges: the stage directions. As they become more and more involved, they form the voice of the unseen author of the play, a patient in a nursing home who is suffering the early stages of dementia. He's writing to try and regain some semblance of control over his life as he feels increasingly marginalized by his situation. But despite his efforts to create a happier outcome for Godot, he can't break free of doubts about his own bleak circumstances and instead projects his frailties and powerlessness onto Godot. In the end, Godot's breakdown mirrors the narrator's as the stage directions spiral gloomily in a closing rant.

Oddly enough, this solipsistic entanglement also affected me and led me to file the short play away for years as a dumb exercise. It wasn't until I showed it to a classmate in the MD/PhD program and a member of BHP, Eduardo Pérez-Torres, that I was able to see it in a new light with the help of an outside perspective. Though I had only viewed the play as a reflection of my own fears of

powerlessness, in which I used the context of dementia as a tool to put these feelings into a fictional setting, Eduardo read it as an authentic portrayal of dementia and Alzheimer's in its own right. He said he envisioned all the characters as the same person at different points in their life, with Godot as a stand-in for the narrator's current state of mind, the child as a nostalgic romanticizing of the past he could still remember, and the aimless goat as the fully-demented future he feared with his worsening memory. Hearing this comment, I suddenly understood what he meant and saw the play I wrote through his reading. I sent him an overly long email of thoughts this brought out of me, excitedly relieved to have escaped the narrow view of my solitary experience. He asked to direct it as a piece for BHP's summer show, and I agreed.

But why outline this production history in such detail? I think it illustrates the first major obstacle to enjoying humor that someone creates from their pain, whether in conversation or in art. Much as it was difficult for me to break out of my initial mindset to see my own writing with more nuance, it isn't easy for the medical teams, caretakers, friends, and families of the ill to escape their preconceptions or personal experiences with sickness to see things from a new perspective, even when the new perspective is that of the sufferer.

Of course, this isn't just true of the comedy arts but is also a crucial step toward understanding any portrayal of illness with which we aren't personally familiar. Indeed, it's a crucial first step in the basic human function of empathy. But that doesn't mean it's easy or automatic. And as in the case of my patient's doctors at the start of this piece, when it comes to appreciating humor founded in pain, there seems to be another specific challenge. In my next article, I'll explore this additional difficulty through a discussion I had with the director and cast of my absurd *Waiting for Godot* "sequel."

Featured Image: *Waiting for Godot*, Festival d'Avignon (1978). Photography by Fernand Michaud, CCo, via Wikimedia Commons.