



Narrative Humility and *Parasite*, directed by Bong Joon Ho, 2019

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Bong Joon Ho's thriller film, *Parasite*, has swept away viewers and critics since it premiered in May 2019. The film was the first to win the Cannes Film Festival's Palme d'Or with unanimous votes since 2013 and garnered four Academy Awards including Best Picture, becoming the highest-grossing South Korean film and first South Korean film to receive an Academy Award nomination (Jurgensen 2020). The film tracks the poor Kim family as they tactfully infiltrate—as English tutor, art tutor, housekeeper, and chauffeur—the rich Park family, “parasitically.” The film begins as charming and comedic but gradually turns into horror and tragedy as worlds of wealth and poverty collide, and the consequences of feigning rich leaves more than splattered blood (Joon Ho 2019).

Parasite, beyond its ability to move seamlessly between the emotional extremities of cinematic experience, provides important questions for medical practitioners and educators. As a writer in nonfiction, *Parasite* struck me as a story which unfolded with layers of moral complexity the way I remembered reading *Crime and Punishment* for the first time or any harrowing contemporary memoir. While many films directly tackle the experience of illness—(Shu 2020) most recently *The Farewell* as well as *Dallas Buyers Club*, *Still Alice*, and *James White*—we might look to *Parasite* as a film for better understanding narrative humility.

Narrative humility was described by physician and medical educator Sayantani DasGupta (2008) as a response to culture and diversity training in medicine. While founder of narrative medicine Charon Rita (2008) writes extensively about “narrative competence” as a necessary clinical skill, DasGupta expanded the idea of competence into “narrative humility,” which aims to recognize the impossibility of knowing the phenomenological Other and, more specifically, a patient's illness narrative. DasGupta writes:

“Narrative humility acknowledges that our patients' stories are not objects that we can comprehend or master, but rather dynamic entities that we can approach and engage with, while simultaneously remaining open to their ambiguity and contradiction, and engaging in constant self-evaluation and self-critique about issues such as our own role

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in the story, our expectations of the story, our responsibilities to the story, and our identifications with the story—how the story attracts or repels us because it reminds us of any number of personal stories.” (2008, 980).

If we consider the primary ethical obligation of the clinician to be answering the suffering of the Other, narrative humility provides the opportunity for clinicians, educators, and writers to receive illness narratives without claiming co-authorship of persons offering their story. However, while narrative humility provides an ethical framework for empathic doctoring, the concept can be difficult to teach, conceptualize, or imagine as medical student or educator.

Beyond the sociopolitical tensions *Parasite* navigates, the film is effective as a tool for better understanding this construct of narrative humility in the context of medicine. The vexed interpersonal relationships in the movie—between rich and poor families, between old and new housekeeper, between the seemingly innocent or ignorant children—constantly disrupts our sense of “knowing,” urging viewers to reckon with their own discomfort while still being engaged, active witnesses to the unfolding story. There is no point in the film when the viewer, I would agree, feels comfortable because the characters are reliably unpredictable—the former housekeeper *seems* one-dimensionally sweet until she is not, the English tutor’s actions *seem* to follow a logical trend until suddenly they do not. Manhola Dargis, film reviewer for the *New York Times*, wrote that “the movie’s greatness isn’t a matter of [Bong’s] apparent ethics or ethos—he’s on the side of decency—but of how he delivers truths, often perversely and without an iota of self-serving can” (10 October 2019).

The film begins with delicately choreographed humor and builds expectations for the viewer: we feel like we are in on a secret and implicated viscerally. The violence can be heard and felt from a comfortable movie theater seat or an apartment sofa. Even in the final few minutes, we are confronted with pain, death, and hope in a chaotic turn of events. *Parasite* opens many veins of insight around human decency, social suffering, and class without wrapping everything up in a conclusive bow at the end. The brilliance, however, is in the way our expectations are ruptured over and over: we are forced to reckon with, and put aside, our desires for predictability. Philosopher and medical educator, Craig Irvine, wrote that the Other necessarily exists *beyond* the comprehension of the Self (DasGupta 2008, 980). *Parasite* demonstrates this opacity—of never fully knowing any character—and, by doing so, refracts these ethical questions back to ourselves: What are we assuming about the Other? What are the expectations we are placing on the characters and the narrative arc? How do these frameworks shape our experiences as listeners of stories of illness? Where are we asserting co-authorship for our assumptions of plot, emotionality, or expectation?

Perhaps even more productive is the way *Parasite* creates space for discussion around social justice that relates to the work of caregiving without being directly *about* it. I teach a series of narrative medicine workshops to undergraduate students and find myself resisting the urge to rely on stories that relate directly to experiences of illness. Health Humanities courses at the college or graduate level often invoke direct representations of illness, and humanities workshops for medical professionals often use such texts as well (Berry et al. 2017). But, if we consider what DasGupta writes, “Narrative humility allows clinicians to recognise that each story we hear holds elements that are unfamiliar—be they cultural, socioeconomic, sexual, religious, or idiosyncratically personal” (981), then we must seek stories from outside of medicine to better understand the work within the encounters of medicine. Just like evaluating and reflecting on the Self is a necessary step in understanding the Other that sits across from us in any hospital, classroom, or daily encounter.

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