

Cultivating the Art of Dying: Margaret Edson's *W;t* Between Page and Screen

ABSTRACT. Grzegorz Ziółkowski, Cultivating the Art of Dying: Margaret Edson's *W;t* Between Page and Screen [*Kultywując sztukę umierania. W;t Margaret Edson – pomiędzy dramatem a filmem*]. „Przestrzenie Teorii” 36. Poznań 2021, Adam Mickiewicz University Press, pp. 177–198. ISSN 1644-6763. DOI 10.14746/pt.2021.36.11.

As death returned to make its mark on the world with the COVID-19 pandemic and, consequently, resurfaced in the social imaginary, we have found ourselves once again full-throatedly asking questions about what it means to die well. These issues lie at the heart of *W;t*, an American play penned in the early 1990s by Margaret Edson, which could be situated alongside other fictional and true stories that “provide social scripts for dying” (Knox). The play might also be viewed as a modern reference to the medieval tradition of *ars bene moriendi* and the morality plays linked with that tradition in a symbiotic, synergistic manner. The essay attempts to demonstrate that the meaning underlying Edson's play (and its television adaptation of 2001) derives primarily from its grappling with the subject of human's agency in the face of the inevitable. In its close reading of the play, the essay moves between the text, first published in print in 1999, and the screen, to best tap into the interpretive potential of comparing the drama and its film adaptation.

KEYWORDS: Margaret Edson, *W;t*, John Donne, good death, cancer, drama, film

For Ewa

But with the hook of life still in us still we must wriggle.

Virginia Woolf (39)

Facing Death (Again)

Forecasting the long-term consequences of the one event that is bound to define this and most likely the coming decade in the mind of the public is no easy task. Likewise, we have no way of knowing today how the arts community, including the theater and film milieus, will process it within their respective fields. The event in question here is, naturally, the COVID-19 pandemic, which has already upended many long-held beliefs, including the notion first formulated in the mid-1970s by the French historian Philippe Ariès, who argued that death was gradually disappearing from the Western imaginary and – echoing Michel Foucault and his *The Birth of the Clin-*

ic – was increasingly relegated to clinical settings, that is, spaces where the biopower wielded by modern states is felt most acutely¹. And indeed, many funeral rituals, like holding a viewing or a wake at home with the body present, are no longer part of the mainstream Western mourning experience, and are unlikely to ever make a return. If death is not sudden, then much of our dying is done at the hospital, where our loved ones cannot see our agony. The pandemic, however, has brought the omnipresence and absolute power of death back into sharp focus: few people across the nation have not had to bury and say a last, video-conferenced farewell to either a family member or a friend. Even children, whose exposure to death over the past decades has been limited to attending the funerals of family members, have also found themselves experiencing the immediacy of death, manifested, for example, as an unseen menace that demands the radical reorganization of everyday lives and routines.

As death returned to make its mark on the world, evinced by spiking annual death rates, and resurfacing in the social imaginary, we have found ourselves once again full-throatedly asking questions that recent decades relegated to hushed, confidential tones – questions about dying well. Religious hymns suggest that in the past, a sudden, unexpected passing was the unwelcome death, as it prevented the faithful from making final arrangements and being granted absolution. A starkly different attitude toward death was noted by celebrated American essayist Susan Sontag, who, writing about cancer in the late 1970s, said that sudden death was widely considered good, and that most preferred it happened “while we’re unconscious or asleep” (8). In secular Western societies, however, these two positions are not incompatible extremes. On the one hand, most of us would prefer having some time before death to come to terms with the world and ourselves, to say our farewells and put our affairs in order (if we have not done so already); on the other hand, however, a painless death, ideally in our sleep, still seems the preferred way of passing from the world. It would seem that the pandemic, along with the accompanying isolation, has redefined our view of what a bad death is to mean dying alone, apart from our loved ones and without their support.

These issues lie at the heart of *W;t*², an American play penned in the early 1990s by Margaret Edson, which could be situated alongside other fictional and true stories that “provide social scripts for dying” (Knox 234).

¹ In his seminal book *Western Attitudes Toward Death from the Middle Ages to the Present*, Ariès pointed out: “Death, so omnipresent in the past that it was familiar, would be effaced, would disappear. It would become shameful and forbidden” (85).

² For the purpose of this essay, I have adopted the spelling of the title that replaces the letter “i” with a semi-colon, which first appeared in the book edition of the play.

The play might be also viewed as a modern reference to the medieval tradition of *ars bene moriendi* and the morality plays (Błasiak) linked with that tradition in a symbiotic, synergistic manner. Writing about the art of dying well, Dobrochna Ratajczakowa said:

This fascination with our final moments transforms them into remarkable spectacle, a veritable theater of dying, with the audience comprised solely of the expiring individual. [...] this game unfolds not in the material, but in the spiritual realm, and that is the dying person who has to make the final choice. [...] Here, the situation of death is treated as a sort of gamble, a high-stakes, all-or-nothing play. (116, 119)

Echoes of this particular structure can be found in Edson's drama, as "the protagonist of *Wit* perceives death as a form of examination" (Błasiak 18).

In interviews, the author often stressed that she penned the play out of necessity. Then nearing thirty, Edson, an English program graduate, was not writing it on commission or for a competition, but was driven instead by an inner need to process the harrowing experience of working in an administrative position at a Washington, D.C. research hospital that treated cancer and AIDS patients. In that job, which she worked for almost twelve months some six years before writing her play, "She was struck by the low survival rate of women with ovarian cancer and awed by their dignity and bravery in the face of death" (Cohen 2)³.

Although it was her playwriting debut⁴, Edson struck a raw nerve, as evinced by the fact that her single-act play, reshaped and significantly abridged in the course of readings and rehearsals at the South Coast Repertory Theatre at Costa Mesa, California, where it had its world premiere on January 24, 1995, was brought to the stage by a number of theater companies in the US and abroad⁵, went on to win the 1999 Pulitzer Prize for Drama, and was finally adapted for television under the same title by

³ Carol Cohen wrote in *Margaret Edson's 'Wit' – An Audience Guide*, published alongside the premiere of the play at the Madison Repertory Theatre in 2000, that immediately after resigning her position at the hospital in the US capital, Edson "went on to intern at a philanthropic organization and do fundraising for a mental health agency, where she published her first piece of writing, a training manual on the psychosocial aspects of AIDS, *Living with AIDS: Perspectives for Caregivers*."

⁴ Although her debut was a success, Edson decided against pursuing a playwriting career, and focused on teaching instead. Explaining her decision, Edson said: "It's so corny, but if there's a world that I want to see that has more justice in it, teaching is the way for me to bring that about" (Edson in Cohen 2).

⁵ The play was also staged in Poland. Its Polish premiere, based on Hanna Szczerkowska's translation, took place at the Studio Theater in Warsaw on November 14, 2002. The performance, starring Teresa Budzisz-Krzyżanowska, was directed by Magdalena Łazarkiewicz. In 2020, the drama was staged by the Wojciech Bogusławski Theater in Kalisz.

Mike Nichols and Emma Thompson, who also played the female lead⁶. Moreover, with time “The play has become a standard text in medical schools, especially in courses on medical ethics, medical humanities, and narrative medicine” (Rimmon-Kenan 346)⁷ and was enthusiastically embraced by various medical educators, who used it in two related ways: “as a cautionary tale, its apparently inhumane doctor characters read as negative role models and as a positive source of what are often called ‘humanistic skills’” (Belling 483).

The success of the play, received enthusiastically by US audiences, and subsequent positive reviews of its cable TV adaptation, attracted significant academic interest, particularly from literature and film scholars, who praised the insight that it offered into the mind of a terminally ill person, in a rare turn for a medium such as film or the theater, as well as its centering of the “medicalized body” (DeShazer 6), gripped by the experience of humiliating suffering, and, as argued by the cultural anthropologist Dariusz Czaja in his essay on the film, its ability to sneak “metaphysical contraband” into contemporary cinema alongside the seventeenth-century poetry of John Donne (1572–1631), which serves as a key intertext and organizes both the play and its film adaptation (199). The play has been the subject of a number of exhaustive studies, while the film adaptation has received its own, relatively smaller, amount of academic interest; the least attention was given to the relationship between the drama and the film, somewhat in spite of it being particularly fertile interpretive ground, which I seek to demonstrate in this essay. In short, the body of critical and interpretive literature on Edson numbers a little over a few dozen entries. As rightly noted by Chad Wriglesworth, the majority of scholars and critics read, and have read, Edson’s play in one of two ways:

Many viewers are so enamored with the play’s intertextual charm that it becomes an ironic “play” of linguistic chemistry, a rapid series of puns and metaphysical conceit that pulls the mind into an intoxicating web of allusions to John Donne’s life and work. [...] Such readings appeal to theological aspects of *Wit*; however, they are discussions which usually hinge on questions of orthodoxy and Edson’s handling of Donne’s devotional poetry. A second group of critics read *Wit* as social critique, a stern and sometimes stereotypical assessment of academic-medical research practices. This perspective focuses on ways that institutional and cultural attitudes toward illness lead to the dehumanisation of people. (214)

⁶ The film, produced for HBO, premiered at the Berlin International Film Festival on February 9, 2001, and was subsequently broadcast by HBO later that March.

⁷ See also: Deloney and Graham; Głąb; Lewis; Lorenz, Steckart and Rosenfeld; Marcum; Rossiter; Ojrzyńska.

Later in the essay, I attempt to demonstrate that these readings, although valid, are ultimately incomplete, and that the meaning underlying Edson's play (and its television adaptation) derives, in my opinion, primarily from its grappling with the subject of human's agency in the face of the inevitable – in the face of death. It ought to be noted that while *W;t* is profoundly moving on an emotional level, cleverly structured, and characterized by a particular linguistic richness, it might still seem overly confessional and suffering from stereotype, which we will discuss later on. Nevertheless, the play's interrogation of what it means to die well makes it (and its TV adaptation) difficult to ignore, particularly in a time when reports of spiking death rates continue to dominate the news cycle.

And it is precisely this aspect that I will try to elaborate on in my close reading of Edson's play, by drawing on a series of findings made primarily by English-language scholars. In the course of my analysis, I will move between the text of the play, first published in print in 1999, and the screen, to best tap into the interpretive potential of comparing the drama and its adaptation. We ought to note here that although the script for the cable TV adaptation made numerous cuts and structural transpositions that changed the thrust of the story, the dialogues in the film were based entirely on the original text of the play. Consequently, the adaptation may be read as more of a specific "staging" of the play, or an interpretation thereof penned jointly by Nichols and Thompson, rather than just a transposition of the original idea, characters, and story into a different medium and their subsequent remolding dictated by its particular requirements. While that in no way implies that the film is less than autonomous and unable to function independently of the play (the majority of its audience in all likelihood never read the drama; it is even possible that very few of them even know that the film is based on a stage play). A closer look at the drama, however, cognizant of the changes made in the film, in my view allows for a deeper reading of the work itself. The approach is not necessarily a methodology in and of itself, but rather a piece of advice: whenever dealing with a movie adaptation of a theater play, it might be a good idea to examine the extent of connections between them and determine the nature of the changes made – a change in perspective just might shed new light on the work itself and help us carry out an even deeper reading thereof.

Touching a Raw Nerve

Paradoxically, both the strength of Edson's play and its weakness stem from its intrinsic dichotomies, with the reason/emotion binary being the most prominent. They even extend into language, with the refined language

of poetry and specialist medical jargon positioned opposite casual everyday conversations. Other binaries include the disharmony between body and mind, control and lack thereof, as well as the struggle between wanting to withdraw into obscurity and the necessity of playing one's role, of which increased exposure is the cost. These dichotomies pull the theatrical situation back into sharp focus, as drama feeds particularly well off opposites and agonistic contests, but at the same time condemns it to simplification and a sort of figurativeness – but more on that later in the essay.

Edson chose for her protagonist a well-established, fifty-year-old English studies professor, specializing in seventeenth-century metaphysical poetry and John Donne's *Holy Sonnets*, which deal with issues of death, eternal life, and the meaning of divine mercy with respect to human transgression. This poetry is the product of a vibrant intellect and a brilliant mind feeding this particular strain of (sharp) wit, implying inevitable connotations with cunning and the ability to outwit someone. Consequently, the poetry in question is characterized by the use of sublime concepts which, as argued by Helen Gardner, an expert on Donne's work who was brought up by Edson in her play, are comparisons "whose ingenuity is more striking than its justness, or, at least, is more immediately striking." Still, Gardner added, "All comparisons discover likeness in things unlike: a comparison becomes a conceit when we are made to concede likeness while being strongly conscious of unlikeness" (19).

The scholar is given a name that seems particularly significant in light of what ultimately happens to her: Vivian Bearing. The reference to life implied by her first name becomes important already in the opening portions of the play, when we learn that Vivian is suffering from a malignant ovarian cancer and that the disease is already in stage four, which means that her chances for recovery are basically nil. As the story unfolds, Vivian will come to face illness, a grueling eight-month chemotherapy treatment, and her own fear of death; the illness will also test her ability to endure, both the trial that fate has in store for her as well as the experimental treatment and dosage regimen that the doctors want to put her through. At first glance, it might seem that few people would be better equipped to handle such harrowing ordeal than an expert on the metaphysical poetry of John Donne, who penned the following lines to open his celebrated *Sonnet X*:

Death, be not proud, though some have called thee
Mighty and dreadful, for thou art not so;
For those whom thou think'st thou dost overthrow
Die not, poor Death, nor yet canst thou kill me⁸.

⁸ Passages from Donne's sonnets are taken from the print edition of Edson's play.

It turns out, of course, that poetical metaphors, sophisticated concepts, and a razor-sharp mind are simply not enough to stand up to the inevitable and to pain which, as Vivian admits after her stiff upper lip finally cracks, “hurts like hell” (70)⁹.

As the story unfolds on a research hospital’s cancer ward, Professor Bearing reevaluates her life and realizes how insensitive, emotionally deficient, and immature she actually is. Another revelation has her grasp the profound importance of human kindness. Eventually, Bearing expires, and the DNR order she had signed earlier prevents the medical staff from any attempt at resuscitation. After this brief overview, I will move onto a more detailed breakdown of the narrative.

An only child, Professor Bearing has little in the way of a family life: her own parents are dead and she has never had a family of her own. Focused on research, she is standoffish, strict, and uncommonly (overly?) demanding of herself and her students, to whom she is cold and unsympathetic, as evidenced by flashbacks showing her university seminars. She is also well aware of the effort she had to put in to reach the top of her profession. Her classes are the stuff of legend, renowned as the place where students sharpen their minds by engaging in careful analysis of Donne’s sophisticated poetry, whose wit, as the scholar explains, “provides an invaluable exercise [...] for stimulating the flash of comprehension that can only follow hours of exacting and seemingly pointless scrutiny” (20). In short, Vivian believes that Donne’s verses help see “how good you really are” (20). Bearing, meanwhile, sees herself as an unmatched master of verbal duels and a genuine expert on the matter of dying, not because she has lost both her parents (her mother died of breast cancer, and her agony stretched for over a year), but because she has spent so much time reading metaphysical poetry and picking it apart.

Small wonder, then, that her poetry class had once drawn the attention of Jason Posner, a brilliant young man looking for intellectual refinement and to hone his analytical skills to increase his chances of being accepted into medical school. And indeed, passing the legendary class with an A– from the notoriously caustic Bearing makes it significantly easier for him. We first encounter Posner as a 28-year-old clinical fellow assisting Dr. Harvey Kelekian (a world-class oncologist who diagnoses Vivian and recommends she undergoes experimental treatment) in the examination of his former mentor, and collecting data for a research project investigating the development and treatment of tumors. Uninterested in a personal approach to patients, Posner is brusque and regards maintaining a compassionate

⁹ Here and onward, all passages from the play are marked solely by page number.

bedside manner as a waste of time, since he is focused strictly on his career and solving medical riddles, of which he believes cancer to be the most captivating, chiefly on account of its enduring mystery. It could even be argued that Vivian's one-dimensionality has spread to and developed within Jason, that he is a product of her approach and the values she holds dear. Naomi Rokotnitz asserted that Vivian "assisted Jason in deploying his 'aggressive intellect' ([Edson] 31) while stifling his compassion" (119), but to be fully honest, Kelekian is likewise focused primarily on treatment and its effects, rather than on his patients, offering Posner a behavior pattern to imitate.

The grim diagnosis turns Vivian's stable situation inside out. Where once she was the one scrutinizing texts and deciphering their meanings, to the awe (and jealousy) of fellow faculty members and students, now she is herself a text, to be read by doctors, compared already by Donne in his *Hymn to God, My God in My Sickness* to cosmographers deciphering a map. Where once she taught others, now she is herself suffering through lessons in misery and humility, while her "impressive scholarly output ... replaced with the output of the fluids she keeps pushing and vomiting" (Ojrzyńska 294). Naturally, Vivian is perfectly aware of these similarities, and examines her situation with characteristic flair, flecked with irony: "Once I did the teaching, now I am taught" (37); talking about the interest shown her case by doctors and techs, she adds: "The attention was flattering. For the first five minutes. Now I know how poems feel" (16).

Furthermore, it soon becomes apparent that the hospital, although seemingly a realm with its own laws, is not that different from the world of academia, where she has spent much of her life. The similarity of the two is best evidenced by the behavior of the residents during weekly rounds under the watchful eyes of their mentor, Dr. Kelekian. Subjected to the humiliating, objectifying ritual, during which Posner unceremoniously puts her lower abdomen on display while Kelekian grills the young doctors for potential side effects of the therapy, Vivian quips: "Full of subservience, hierarchy, gratuitous displays, sublimated rivalries – I feel right at home. It is just like a graduate seminar" (37).

Additionally, again like academia, the hospital realm has its own particular jargon, too. Terms like "ratiocination, concatenation, coruscation, tergivisation" (41), which Vivian deployed so skillfully in her exegeses, are here juxtaposed with similarly esoteric medical argot, packed with phrases such as "hepatotoxicity," "neuropathy" (41), "epithelial carcinoma," and "antineoplastic" (8, 9), which the professor seeks to master in her quest to conquer the unknown and to "fight invisibility, reification and submission" (Fernandez 4). Bearing is fully convinced that her "only defense is the acquisition of vocabulary" (44). Thus the play demonstrates how "despite

surface disparities, both disciplines use language to inhibit rather than promote communication, both avoid meaningful personal interaction, and both reduce the subject of research to object” (Henley 858).

These parallels were one of the primary reasons behind the play’s success, which was lauded as “the perfect metaphor for the dehumanization of our modern world” (Lamont 575), a denunciation of the callousness of modern medicine, and a condemnation of late modernity’s over-reliance on the technological (Jones 395). In other words, Edson’s work was regarded as explicitly siding with those who think that medical treatment should be fueled and guided by “a combination of *sensibility* – the process of developing close attention to the body and close reading of images (aesthetic literacy) – and *sensitivity* – the practice of fostering empathy and ethical awareness (narrative intelligence)” (Jones 399).

Such a reading was supported by the introduction of the Susie Monahan character, a nurse that could be considered a role model in terms of good bedside manner. Although of similar age to Posner, Monahan is his (and Kelekian’s) antithesis. What Susie lacks in education she makes up for in warmth and compassion, and she takes exceptional care of the increasingly suffering Vivian, wracked by violent nausea brought on by the chemotherapy. It is Susie that asks Kelekian to administer “aggressive pain management” (70) to the exhausted patient, brought to the brink by illness, suffering, and debilitating treatment. The nurse also introduces the scholar to the options available to her should her heart stop beating – Vivian can either agree to undergo a Code Blue resuscitation or sign a do-not-resuscitate order, or DNR. Although no one has explicitly informed the literature professor that the grueling chemotherapy will not save her life, she arrives at that conclusion on her own, drawing on a lifetime of reading “between the lines” (67). Earlier, Vivian was skillfully steered toward agreeing to experimental therapy by Kelekian, who appealed to her sense of duty to scientific progress and informed her of the potential side effects only after she agreed to treatment. Still, despite the “pernicious” (12) side effects that will, in time, confine her to isolation after destroying her immune system, the scholar refuses to cease treatment. This intractability was likely motivated by Professor Bearing’s desire to once again prove herself “Uncompromising. Never one to turn from a challenge” (12), and “a force” (17) to be reckoned with, just as she had been in academia. It is also possible that she actually wanted to contribute to oncological research, as shown by her declaring: “Ignorance may be... bliss; but it is not a very noble goal” (41). The sentiment holds, however, only if she truly meant it, rather than only tried to retroactively rationalize a past decision she still had doubts about. Susie, however, shows Vivian a different perspective on being terminally

ill. Scientists always want to know more, the nurse says, implying that the expiring Vivian has a right to die on her own terms, no longer bound by her duty to science, which turned her into, as the scholar herself says, a “specimen jar, just the dust jacket, just the white piece of paper that bears the little black marks” (53). In other words, she had been made into a clinical case that Kelekian and Posner would most likely write about in professional medical journals. With Susie’s help, Vivian has a chance to regain a measure of agency, by way of deciding whether she wants to be resuscitated or not.

Aside from the nurse, the human dimension in the play is represented by Vivian’s erstwhile mentor, Professor Evelyn Ashford, who actually manages to combine relentless academic achievement with the warmth of family life. In one of the final scenes, which could just as well have been a figment of Vivian’s morphine-addled imagination¹⁰, the retired professor, who sparked her former student’s interest in metaphysical poetry¹¹ pays her a visit at the hospital. While Vivian categorically refuses to hear Ashford read from Donne’s sonnets, she seems to draw some measure of comfort from listening to passages from Margaret Brown’s classic children’s story *The Runaway Bunny*, in which the eponymous bunny repeatedly tries to hide from its mother but is always inevitably found. Ashford interprets the story as an allegory of a soul which a benevolent God will always be able to find, regardless of where it tries to hide. Here, Edson seems to activate in her play a concept which, as noted above, prompts the audience to notice similarities in things seemingly incompatible, since, as noted by Shlomith Rimmon-Kenan, the “two main intertexts of *Wit* – the poetry of Donne and children’s stories about rabbits – could not be more dissimilar, and yet similarities between them emerge” (350). The story of the runaway bunny “relays to its reader (and Edson’s viewers) the unconditional tenderness inherent in a parent’s love. Audiences are led to surmise that, if Donne had only seen love as simple, he could perhaps have accepted God’s fatherly indulgence with less friction; Vivian may have allowed it into her own life” (Rokotnitz 129).

And so Edson’s play sets the soullessness of modern medicine against the kindness of the nurse and the elderly scholar, which ends up only emphasizing the lack of compassion in those who see patients as little more

¹⁰ In the film, the scene is much less ambiguous, and shows Vivian’s former mentor paying her a real-life visit in the hospital.

¹¹ The film (but not the play) also implies that she adopted her mentor’s fondness for Pietro Perugino’s painting of the Christian martyr St. Sebastian (c. 1495), a postcard copy of which Vivian placed on the nightstand by her hospital bed. The picture is a visual manifestation of the scholar’s suffering and a symbol of the link between her and her mentor – a larger-sized copy of the picture could be seen on the wall of the latter’s office.

than cases rather than suffering humans, who need care, support, and empathy. Although such a framing won Edson praise from the public, it understandably drew the ire of some of the critics, who accused her of simplifications and resorting to stereotype. Naomi Rokotnitz soberly argued: “Over-empathising with patients may prevent doctors from maintaining the distance necessary to treat them, and a certain dulling of emotions is sometimes necessary for decisive actions” (120). Jacqueline Vanhoutte, on the other hand, noted that Edson “demonizes modern medicine,” and revealed that her own experience of being a cancer patient showed her that “the research hospital is not staffed entirely with insensitive demons and caring dolts” (406, 407). Furthermore, as pointed by Carol Iannone: “Vivian is something of a stereotype, and an outdated stereotype at that; it is difficult to imagine a professor of this kind – the astringent and unfeeling academic – in the touchy-feely world of the contemporary university.” The allegoric and essentially antithetical characters of Susie and Jason are similarly one-dimensional, locked in a battle for the soul of the patient like the angels and devils in medieval representations of the *ars moriendi*. In Edson’s play, this psychomachia is eventually won by the nurse character, a choice that might have been expected to find purchase with those spectators who tend to seek uplifting and comforting solutions.

However, the formulaic or emblematic nature of the characters (which, we ought to highlight, might be a reference to the morality play genre) is not the play’s gravest simplification; that dubious honor goes to its reanimation of cancer stereotypes, convincingly explored by Sontag in her seminal book *Illness as Metaphor*, including the still popular myth suggesting that “one is responsible for one’s disease” (47) and the belief that “cancer is a disease of insufficient passion, afflicting those who are sexually repressed, inhibited, unspontaneous, incapable of expressing anger” (21). Moreover, as Vanhoutte aptly pointed out, “A commonplace of cancer lore is that the disease assails symbolic bodily locations. [...] Edson could have saddled Vivian with some inscrutable and arbitrary cancer; by opting to afflict her heroine with ovarian cancer, she implies that Vivian’s procreative organs are taking revenge for a lifetime of neglect” (399–400). In other words, in Edson’s play, the protagonist “earned” her disease, if not by the fact that, as Vanhoutte believed, she did not bear any children (although she still could have, as Vivian in the play, unlike Vivian in the film adaptation, is still pre-menopausal), then by her profoundly cavalier attitude toward her own health. During Posner’s intake interview, Vivian bluntly declares that she undergoes a routine physical every “three to... five years” (26), disregarding the many risk factors related to the fact that her mother died of breast carcinoma.

Such a reading calls for a brief detour into feminist theory, as it is likely that Vivian, as a woman seeking professional success in such a competitive, demanding, and so often unfriendly environment as academia, had to push herself doubly hard. After all, “It is a central tenet of feminism that women’s invisible and private wounds often reflect social and political injustices” (Wilkinson and Kitzinger 124). This reading is lent further credence by the fact that the clinic in Edson’s play is portrayed as a patriarchal institution, a place where “the male authority of the oncologists is juxtaposed with the initially submissive attitude of the female patient and the female nurse who assists her” (Ojrzyńska 295).

Responsibility for the illness, which the author suggests lies with Vivian, compels us to scrutinize the drama for other tragedy tropes, appearing alongside the question of fault, the tragic flaw that Edson’s play ties not only to emotional repression, but also to intellectual hubris and the sin of gluttony, linked here to “Vivian’s uninhibited desire to acquire knowledge” (Błasiak 18). This Faustian streak is complemented by the element of fate, bound to strike with excessive force: “Vivian’s doctors, in their zeal to battle the disease even at the expense of the patient, are portrayed as the mere executors of a fate for which she shares responsibility” (Bregman 851–852). Vanhouette summed it up succinctly: “Arrogance, irony, elevation, fall, illumination, self-knowledge: this is the stuff of tragedy” (393). Naturally, in this particular context, the fact that the punishment that Professor Bearing receives for her (alleged) tragic flaw seems incommensurate to her “faults” is only consistent with the classical framework of tragedy.

However, in the finale of the play (which differs from the last act of the film, a fact I will touch upon later on), Edson breaks the mold. When Vivian slips into peaceful oblivion soon after Professor Ashford reads her a bedtime story, the play begins building a counterpoint to the subdued, intimate scene of her passing. When Jason finds Vivian dead, he ignores her DNR order and calls the resuscitation team, which soon wreaks havoc on the small room. The code team stops working only after Susie manages to pierce the din and invoke the DNR, prompting the previously infallible Jason to admit his mistake. While the staff look up Vivian’s chart and lay the blame on Posner (“– It’s doctor fuck-up. – What is he, a resident? – Got us up here on a DNR. – Called a code on a no-code”), Susie, as indicated by the stage directions, lifts the blanket and Vivian “*steps out of the bed. She walks away from the scene, toward a little light. She is now attentive and eager; moving slowly toward the light. She takes off her cap and lets it drop. She slips off her bracelet. She loosens the ties and the top gown slides to the floor. She lets the second gown fall. The instant she is naked, and beautiful, reaching for the light – Lights out*” (85). Such an ending, the “corniest of

clichés” as Elizabeth Klaver (675) called it, ties closely in with the message Edson wanted the play to send. In an interview with Adrienne Martini, the playwright stressed: “The play is about redemption, and I’m surprised no one mentions it. [...] Grace [...] is the opportunity to experience God in spite of yourself, which is what Dr. Bearing ultimately achieves” (Edson in Martini 24–25). The essence of the issues was captured by John Sykes in his interpretation of the play: “Like the Donne of the *Holy Sonnets*, she [Vivian] is unable to trust God, in large part because she lacks the humility to do so” (167). Like the protagonist of *Sonnet IX*, who, in Bearing’s interpretation outlined during one of the flashbacks to her academia days, “finds God’s forgiveness hard to believe, so he crawls under a rock to *hide*” (49), and like the runaway bunny from the children’s story, Vivian also tries to evade the “suspiciously” (50) easy solution suggested by Christianity. During one of her lectures, she says:

When the speaker considers his own *sins*, and the inevitability of God’s *judgement*, he can conceive of but one resolution: to *disappear*. Doctrine assures us that no sinner is denied *forgiveness*, not even one whose sins are overweening intellect or overwrought *dramatics*. The speaker does not need to *hide* from God’s *judgement*, only to accept God’s *forgiveness*. (50)

Later on, when her illness worsens, Vivian also tries “to hide”, “to curl up in a little ball” (70) – likely because of the pain, but perhaps also because she has finally realized the truth about herself and the true message of the *Holy Sonnets*, which heretofore she had unable or unprepared to accept.

In this context, the terminal illness “humiliates her in an edifying sense, breaking down her pride to prepare her for a childlike faith” (Sykes 167). The essence of that faith is defined by the belief that hiding from God is not only doomed to failure, but is bound to eventually prove unnecessary, as redemption requires only the opening of our hearts to divine mercy and standing up in truth about our lives and ourselves, like Vivian had. Although she fails, despite her famed eloquence, to find the adequate words to describe the feeling that came over her once she remembered how she humiliated her students to uplift herself (“I look back, I see these scenes, and I...” (63)), there is no doubt that she realized the full import of what was wrong about her life. Hence the theatrical finale may be interpreted not as an ascension of the soul, not as abandonment of the flesh, shed like “old reptilian skin” by a “mind or soul or consciousness or *anima* – whatever philosophers have called it,” not even as, to put it in more materialistic terms, “the brain’s hallucinations as it is slowly starved of oxygen” (Klaver 676, 677), but as a sort of apotheosis of the person granted divine grace and a metaphor of resurrection. Sykes rightly noted, however, that “the metaphor only offers

hope to those who see it with the eyes of faith” (172). To those who take a different lens, the idea to make the cancer a vehicle for redemption and a tool by means of which God finds “the runaway souls of overweening intellectuals” seems to be, as Vanhoutte put it, “smug moralism” that reproduces and legitimizes the “‘moralistic and punitive’ fantasies about cancer that Sontag describes” (404, 393). This particular interpretation offers no reading of the play’s message, emphasized further by the ending, other than the one which sees it as an expression of the confessionalism of the author admitting that

it is only as God is at work before and in spite of our actions and intentions that redemption is possible at all. The awful temptation of pride is the refusal to acknowledge that grace. The miracle of grace is that God overcomes our pride, even when pride is defended with all the subtlety of wit. (Sykes 172)

For some reason, the filmmakers behind the adaptation sought to efface this unambiguous meaning of the play, by not only removing portions of the narrative featuring the protagonist’s intellectual ruminations (including the crucial fragment of her lecture on *Sonnet IX* and divine mercy mentioned above)¹², but also rewriting the finale. In the film, after the code team leaves Vivian’s room, Susie solemnly pulls the blanket over the scholar’s dead body, stripped naked during the aborted resuscitation. Contrite, Posner tries to help her, but the nurse rebuffs him with a “hands off, you’ve done enough’ gesture” (Knox 247). She turns the head of the deceased and closes her mouth shut (in a top-down shot that seems to imply that it’s the POV of Vivian’s soul looking one last time back on her dead body). Then, in a counterpoint to the gesture, Vivian begins speaking off-screen, reciting the entirety of Donne’s *Sonnet X* against the backdrop of Estonian composer Arvo Pärt’s minimalist adagio *Spiegel im Spiegel*. The nurse pulls the curtain around Vivian’s bed closed and the shot changes to a close-up, with the camera pulling in on the dead woman’s face, her scalp hairless due to the chemotherapy. Gradually, her face lights up and smoothly morphs into the visage of a smiling Vivian, pictured on a black-and-white photograph taken before she fell ill, the type of picture we would find at a funeral or a wake. The final line of the sonnet, “Death, thou shalt die,” is delivered as the screen fades to black. Unlike Elizabeth Klaver, I do not see the poem as indicating that Professor Bearing’s consciousness is expiring, slowly passing between clinical and brain death. In my interpretation, it veers more

¹² This prompted Sara Knox, one of the few scholars who examined both the play and the film, to assert that “Film Bearing is relatively empty-headed” and “does not have Stage Bearing’s bookishness” (244).

toward the elegiac character of the ending, and may be read as a metaphor for a eulogy expressing the belief that Vivian might still live on in the minds of those who wish to offer her a place there.

Vivian as Performer

The changes the film adaptation has made to the opening parts of the play have an equally profound impact on the overall meaning of the work. The film opens with Vivian first hearing her diagnosis, leaving her utterly shocked. The frame is filled with a close-up of Dr. Kelekian's face, and his stern, somewhat concerned voice delivers the chilling verdict: "You have cancer. Miss Bearing, you have advanced metastatic ovarian cancer"¹³. In the drama, the scene in which Vivian is informed of her diagnosis and later persuaded to accept experimental treatment appears only after a metatheatrical prologue, a morality play trope, which, rather than build scenic illusion, serves as an act of presentation. As Robert Potter pointed out with regard to morality plays:

Freely acknowledging the audience's presence, the plays customarily begin with a prologue in which the speaker (either a character in the play or a formal presenter) makes clear the argument of the play or sets the scene. Instead of asking the audience to imagine a fictional locality, however, the speaker is likely to allude directly to the playing area, suggesting that we equate it for the moment with a greater world. The speaker emphasizes that the events are contemporary rather than historical – they are occurring (as indeed they were, on stage) here and now. (32)

And that is what happens in Edson's play – Vivian appeals directly to the audience, bidding them welcome, introducing herself and her situation, and launching into a sort of lecture, during which she picks apart the routine (and universally hated) greeting used by medical staff when seeing patients: "How are you feeling today?" This is Edson's clever way of building the situation so that everything that follows (the diagnosis, the university lectures, scenes in the hospital and showing Vivian's childhood) unfolds as part of the flashbacks. Consequently, the time that the scholar has left is just about equal to the running time of the play. The protagonist even mentions it herself: "It is not my intention to give away the plot; but I think I die at the end. They've given me less than two hours" (6). Then, ending the prologue, she reiterates: "I've got less than two hours. Then: curtain" (7).

¹³ Quoted directly from the film.

At the same time, this (bitterly) amusing opening helps establish a friendly relationship with the audience, which can be essential when dealing with the subject of death, and transforms the audience into witnesses of Vivian's antemortem confession. That, in turn, is necessary, because "For the testimonial process to take place there needs to be a bonding, the intimate and total presence of an *other* – in the position of one who hears. Testimonies are not monologues; they cannot take place in solitude" (Felman and Laub 62). When the audience is small – noted Peter Marks, who reviewed the play back when it was staged at the Long Wharf Theater in New Haven in 1997, a year before it was moved to New York City¹⁴ – the relationship can grow even more intimate: "it's as if we are sitting in Vivian's hospital room, sharing her trials rather than merely witnessing them" (3).

The scene can be read as an expression of Vivian's desire to regain the control she had at the university and which the hospital stripped her of (Rimmon-Kenan 353; Ojzyńska 300). This returns Professor Bearing to the well-known role of a "skilled performer in the lecture theatre" (Rokotnitz 120), which is made a little easier for her by the fact that the hospital realm mirrors the stage (and academia as well): "both make use of costumes to clarify role distinctions, and provide the setting for performances" (Rokotnitz 120). Likewise, the deeply ironic metatheatrical interludes, during which Vivian addresses the audience directly and, like a makeshift Master of Revels, reveals snapshots of her life to the viewers, may be interpreted through a similar lens as the prologue¹⁵. Nevertheless, as was rightly noted by Rimmon-Kenan, "As actress, Vivian is subordinate to a script written by someone else. The failure to control, we realize, is not restricted to her illness; it similarly affects the play-world, in which she tries to be a narrator but is simultaneously a puppet" (354). Vivian is well aware of that, however, as evinced by her irony-tinged words from the prologue: "I would prefer

¹⁴ Both performances were directed by Edson's school friend, Derek Anson Jones, who previously sought to stage *W;t* with a number of different theaters. The performance starring Kathleen Chalfant in the lead role was later moved in 1999 to the Union Square Theatre in New York City; the print version of the play is based on the latter. Chalfant, whose starring turn on the stage coincided with her brother's battle with cancer, won universal acclaim for her performance as Vivian. Derek Anson Jones, meanwhile, died in 2000 of AIDS, aged 38. Nichols' film is dedicated to his memory.

¹⁵ These interludes have also been considerably limited in the film adaptation; given the relative rarity of breaking the fourth wall in film, the interludes are used primarily to establish an intimate connection with the viewer and relieve tension. Curiously, in the opening scene showing the conversation of Professors Kelekian and Bearing, a mask can be seen hanging on the wall behind the oncologist. This small detail could be interpreted as implying that Vivian would now have to perform the role of an ill patient.

that a play about me be cast in the mythic-heroic-pastoral mode; but the facts, most notably stage-four metastatic ovarian cancer, conspire against that. *The Faerie Queene* this is not” (6). But Vivian ultimately tries to break that mold as well, as indicated by her lines from one of the later scenes: “My next line is supposed to be something like this: ‘It is such a *relief* to get back to my room after those infernal tests.’ This is hardly true. It would be a *relief* to be a cheerleader on her way to Daytona Beach for Spring Break” (53). Coerced by the script, she delivers the line “assigned” to her but only after modifying it with curse words (to both demonstrate her autonomy and relieve pent-up frustration): “It is such a relief to get back to my goddamn room after those goddamn tests” (54). These metatheatrical playwriting devices are ultimately intended to reinforce the notion that Vivian wants to have control over what little time she has left.

Naturally, the metatheatrical elements compel us to see Edson’s play as a reference to the centuries-old tradition of the *theatrum mundi* concept. On the stage of life Vivian has one last (barely two-hour-long) role to play, the act of facing death, which is itself an echo of the situation outlines in her favorite poem, Donne’s *Sonnet VI*, which opens with the following lines:

This is my playes last scene, here heavens appoint
My pilgrimages last mile; and my race
Idly, yet quickly runne, hath this last pace,
My spans last inch, my minutes last point.

How can this final act be “played”? Should there be pathos? Humility, maybe? What death will be sufficiently “good” and not end up boring the audience? One of the flashbacks contains an important lesson on the subject. In the flashback, Professor Ashford suggests Vivian, back then her student, rewrite an essay she had penned on Donne’s *Sonnet X*, arguing that in her view, the poem “is ultimately about overcoming the seemingly insuperable barriers separating life, death, and eternal life” (14). Ashford turns down Vivian’s work because the student referred to – in her mentor’s words – a hysterically punctuated (14) edition of the poem and in consequence Vivian’s interpretation missed the point. In this edition, the final line read: “And Death – *capital D* – shall be no more – *semicolon!* Death – *capital D* – *comma* – thou shalt die – *exclamation point!*” Ashford, meanwhile, asserts that the line should instead read: “And death shall be no more, *comma*, Death thou shalt die” (14). Written this way, Ashford continues, the line suggests that only “a breath – a comma – separates life from life everlasting,” which, in turn, implies that “death is no longer something to act out on a stage with exclamation points” (14–15).

And it is this sort of death, dominated by exclamation points, that Vivian tries to “perform” throughout the play. Even after she is given morphine on the orders of Dr. Kelekian, who tells Susie “She’s earned a rest” (72), Vivian still tries to deliver a monologue, daringly announcing it as her “last coherent lines,” after which she will be forced “to leave the action to the professionals” (72). The monologue is ultimately brief, comprising just the last line of *Sonnet X*, which Vivian decides to deliver in the emphatic manner that her erstwhile mentor once dismissed. It soon transpires, however, that the grandiloquent interpretation will not work in these particular circumstances, and Vivian, to quote the stage directions, “*shakes her head and exhales with resignation,*” and concludes her performance with a simple “I’m sorry” (73). The scene, removed from the film, provides Vivian with “a final attempt to fashion herself as a tragic heroine” (Gottlieb 332) and serves as a key turning point for the play. Afterwards, the “dramatic” (pun intended) struggles with death are replaced by “a collaborative act of caregiving and pedagogy” (Gottlieb 332). Vivian first falls asleep after being given morphine by Susie, and then slips into eternal sleep after Professor Ashford reads her the children’s book (of course, if we interpret the scene as having happened in reality).

Christine Gottlieb interpreted the solution thus:

Rather than portraying dying as a dramatic act occurring to a tragic protagonist, Vivian and Evelyn share a scene that represents dying as falling asleep after a bedtime story. While it is not the Shakespearean ending that Vivian attempted to conjure, it is still memorialized by Ashford with a line from *Hamlet*: ‘And flights of angels sing thee to thy rest’ ([Edson] 80). Dying is represented as a collaborative meaning-making process. (333)

Horatio’s parting words to the fallen prince (Act V, Scene 2), which Professor Ashford quotes to bid one last goodbye to her former protégé, cannot be read here as a conventional farewell from one scholar to another, as mere moments before Ashford had been outlining the Christian interpretation of the children’s story. The passage, then, seems more an indication of faith in the afterlife (and, ultimately, a motherly gesture, corresponding with the plot of the bedtime story). From such an angle, death and dying are indeed a process filled with meaning, which could impact, as the *ars moriendi* saw it, on the future (eternal) life of the expiring individual.

However, unlike Jacqueline Vanhoutte, I believe that persons to whom, as *Hamlet* put it, “the rest is silence” and death is just an absurd joke, do not necessarily have to leave performances of Edson’s play entirely empty-handed. After all, it is Vivian who decides to get a DNR and thus forbid

hospital staff from using cutting-edge medical procedures to bring her back to life. This reclaimed sense of agency restores dignity to her passing, which might lead us to conclude that maybe a good death is one where any decisions regarding the continuation of grueling, debilitating treatment belong to and are made by the dying person (or, should that person be unconscious, by their loved ones), rather than by ideologies or belief systems. And as a result of Edson taking on that particular subject, her theist play may not ring hollow even to people from outside the confessional genre. Aside from that, one particular conclusion deriving from her play (and her film) seems universally true: a good death is one in which the labor of dying is shared with others who care.

May 2021

Translated by Jan Szelażewicz

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