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A DRAMATURICAL APPROACH TO MARGARET EDSON'S  
WIT

by

Bethany Jean Froelich  
Bachelor of Arts, University of North Dakota, 2000

A Thesis

Submitted to the Graduate Faculty

of the

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for the degree of

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This thesis, submitted by Bethany J. Froelich in partial fulfillment of the requirements for the Degree of Masters of Arts from the University of North Dakota, had been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

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This thesis meets the standards for appearance, conforms to the style and format requirements of the Graduate School of the University of North Dakota, and is hereby approved.

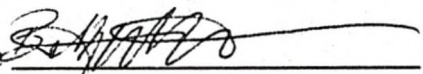
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## ABSTRACT

Margaret Edson's Pulitzer Prize winning play, Wit, centers on Vivian Bearing's struggle with a terminal disease in the last year of her life. Bearing, who is a Professor of English literature specializing in the "Holy Sonnets" of John Donne, has been diagnosed with stage IV ovarian cancer. She agrees to be part of an experimental chemotherapy treatment. Throughout the play, Edson makes use of Donne's poetry and her own knowledge of cancer to create Vivian's journey as she lives the last few months of her life as a research subject. My dramaturgical approach to the play calls for research on the life and writing of John Donne, particularly the "Holy Sonnets", and a description of ovarian cancer. My aim in this thesis will be to provide a script analysis and a detailed explanation of John Donne and ovarian cancer along with a description of my production duties for the production of Wit at the University of North Dakota, Grand Forks, North Dakota, in October 2001.



## CHAPTER ONE INTRODUCTION AND SCRIPT ANALYSIS

### Introduction

Margaret Edson's Pulitzer Prize winning play, *Wit*, centers on Vivian Bearing's struggle with a terminal disease in the last months of her life. Bearing, who is a Professor of English literature specializing in the "Holy Sonnets" of John Donne, has been diagnosed with stage IV ovarian cancer and has agreed to participate in an experimental chemotherapy treatment. Throughout the play, Edson makes use of Donne's poetry and her own knowledge of cancer to create a context for Vivian's journey. The play traces Vivian's journey from rejection to acceptance of death with the poetry of John Donne as a guide.

Accordingly, a dramaturgical approach to the play calls for research into the life and writings of John Donne, particularly the "Holy Sonnets." The dramaturg will also provide a description of ovarian cancer and the treatments available. I will abide by Anne Cattaneo's explanation of the duties of a dramaturg as she describes in her essay "Dramaturgy: An Overview."

Cattaneo explains that a production dramaturg needs to collect information on complex and simple topics covered in the production. She also shares the collected information with the actors and the production team to inform them of the details of subjects dealt with in the text. She writes that a dramaturg needs to collect reference



books and photocopy information (7). Cattaneo also describes the rehearsal duties of a dramaturg:

As the director needs to work more intensely and closely getting the play on its feet, the dramaturg often begins to establish some physical distance from the rehearsal process. The dramaturg needs to view run-throughs of scenes, acts and finally the entire play, with a more objective eye to what is and isn't working. (10)

By following Cattaneo's definition of dramaturgy, I will present a biography on Margaret Edson, a production history and a script analysis in Chapter One, research on John Donne and his "Holy Sonnets" and ovarian cancer diagnosis and treatment in Chapter Two, and a description of my dramaturgical duties in Chapter Three based on the production of Wit at the University of North Dakota Burtness Theatre in Grand Forks, North Dakota directed by Dr. Kathleen McLennan.

#### Margaret Edson and the Production History of Wit

Margaret Edson was born in 1961 in Washington D.C. She graduated from Smith College in 1983 after earning a degree in Renaissance history. She began working as a unit clerk on an AIDS and oncology inpatient unit in 1985. In this position, Edson was able to observe patients and their families. She left the hospital after a year. When asked why she wrote Wit, Edson stated in an interview in Last Acts: Care and Caring at the End of Life:

I wanted to write about personal growth and grace in one person from an educational perspective. Wit is about one person trying to hold onto her strength. Vivian needs to grow in a way that she doesn't want to.

The play describes how other people either treat her the way she wants to be treated or the way she needs to be treated. Although she fights this growth, the play is ultimately about her redemption. (11)

Edson began to write *Wit* in 1991 before she started a Masters program in literature at Georgetown University. Carol Cohen writes in Margaret Edson's "Wit" - An Audience Guide:

In 1991, just prior to her thirtieth birthday, Edson decided she needed to "get serious" about her life. She intended to go to graduate school in the fall, but before then, there was something she had to do. She needed to write a play about her year at the hospital. 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: "One was a science writer with three children, going through very aggressive treatment for ovarian cancer. I used to bring her a newspaper every day. Once we were in an elevator and I tried to tell her, in my 22-year-old way, that I admired her courage, and she said very calmly, "I don't have much choice, do I?" (2)

In 1991, Edson organized a reading of her play. "The first time I heard people speak my words was around my mother's dining table" (Online Newshour par. 37). It was two and half-hours long. Edson then worked for the next two years on revising *Wit* word by word.

Edson mailed *Wit* to theatres across the country. In 1993, South Coast Repertory in Costa Mesa, California produced a public reading of *Wit*. On January 24, 1995, *Wit* opened as a full production at South Coast Repertory, directed by Marin



Benson. On October 31, 1997, Wit opened at the Long Wharf Theatre in New Haven Connecticut. It was then produced by MCC in New York City on September 17, 1998. On January 7, 1999, Derek Anson Jones, a childhood friend of Edson, directed Wit at the Union Square Theatre in New York City. Wit had moved from around the dining table to Off-Broadway in eight years.

Kathleen Chalfant portrayed Vivian Bearing in the Long Wharf Production of Wit. For her portrayal of Vivian, Ms. Chalfant was awarded the 1999 Drama Desk Award for Outstanding Actress in a Play, the Lucille Lortel Award for Outstanding Performance, the Drama League Award for Distinguished Performance, the Outer Critics' Circle Award for Outstanding Actress in a Play and the Obie Award for Distinguished Performance. Ms. Chalfant has gone on to play Vivian in a United Kingdom production of Wit.

Wit has been awarded six L. A. Drama Critics' Awards, the 1997 New York Critics' Award for Best New Play, the 1997 L. A. Critics' Award for Best New Play, the 1999 Drama Desk Award for Outstanding play, Drama Critics' Circle Award for Best Play, Lucille Lortel Award for Outstanding Play, Lucille Lortel Award for Outstanding Lighting Design, Drama League Award for Distinguished Production of a Play and Outer Critics' Circle Award for Outstanding Off-Broadway Play. In addition to the production awards, Edson has been awarded the John Gossner Playwrighting Award. Wit won the Pulitzer Prize for Drama in 1999. In the spring of 2001, HBO Films made Wit into a movie for cable television. Emma Thompson, who helped write the screenplay and produced the film Wit, played Vivian Bearing.

Wit has captured the attention of medical schools for its portrayal of doctor-patient relationships. 'Wit Educational Initiative' was created after Wit won the Pulitzer

Prize. Wit Educational Initiative is a community outreach program to major medical institutions to advance palliative care education. The National Advisory Board, with Kathleen Chalfant as the chair, helps medical facilities and theatres organize productions that include feed back sessions and evaluations for participants to receive the full benefit of Wit. "This training program combines theater and medical education in order to address a major policy issue - the personal experience of dying and the quality of medical care given at the end of life" (Wit Educational Initiative 1). Wit Educational Initiative focuses mostly on organizing staged readings of Wit. The University of North Dakota Department of Theatre Arts decided on a full production in October 2001 as opposed to a staged reading.

Despite all of the attention, Edson has received in the last three years, she continues to teach elementary children in Atlanta, Georgia. She is not looking to write another play. In a 1999 interview with Jim Lehrer, Edson said:

I wanted to write this play. And this is the play that I wanted to write and I'm committed to teaching now. This is what I'm doing. And if there is something else I want to say in ten years, then I'll think about it, but I'm not interested in leaving teaching for anything else. (Online Newshour par. 68)

Edson currently lives in Atlanta with her partner and their adopted son.

#### Script Analysis

Script analysis is an important tool for a dramaturg. By understanding the script, a dramaturg can assist the director in rehearsals as Anne Cattaneo describes in her essay "Dramaturgy: An Overview." With a script analysis, a dramaturg can fully understand



the world that she is helping to create on the stage. My analysis included studying the meaning of the title, the given circumstances, the language, the structure and each character of *Wit* for the production at the University of North Dakota.

#### The Meaning of the Title

"Wit" is the one word used to title Vivian's journey. It is spelled *W;t* on many posters. The semicolon is in reference to a paper Vivian wrote as an undergraduate for Professor E.M. Ashford's class. In that paper, Vivian used an incorrect punctuation of John Donne's poem "Death be not proud." During their conversation, Professor Ashford states:

E.M.: . . . Do you think the punctuation of the last line of this sonnet is merely an insignificant detail? The sonnet begins with a valiant struggle with death, calling on all the forces of intellect and drama to vanquish the enemy. But it is ultimately about overcoming the seemingly insuperable barriers separating life, death and eternal life. In the edition you chose, this profoundly simple meaning is sacrificed to hysterical punctuation:

And Death - *capital D* - shall be no more - *semicolon!*

Death - *capital D* - *comma* - thou shalt die - *ex-clama-tion point!*

If you go in for this sort of thing, I suggest you take up Shakespeare.

Gardner's edition of the "Holy Sonnets" returns to the Westmoreland manuscript source of 1610 - not for sentimental reasons, I assure you, but because Helen Gardner is a *scholar*. It reads:

And death shall be no more, *comma*, Death thou shalt die.

(*As she recites this line, she makes a little gesture at the comma.*)



Nothing but a breath - a comma-separates life from life everlasting. It is very simple really. With the original punctuation restored, death is no longer something to act out on a stage, with exclamation points. It's a comma, a pause. This way, the uncompromising way, one learns something from this poem, wouldn't you say? Life, death. Soul, God. Past, present. Not insuperable barriers, not semicolons, just a comma.

VIVIAN: "Life, death . . . I see. (*Standing*) It's a metaphysical conceit. It's wit! I'll go back to the library and rewrite the paper. .

E.M.: It is not wit, Miss Bearing. It is truth. (Edson 14-15)

This conversation about the semicolon versus the comma stays with Vivian until her death. Just before she receives her morphine drip, Vivian crosses to the apron of the stage and states:

VIVIAN: And Death - *capital D* - shall be no more - *semicolon*.  
 Death -*capital D* - thou shalt die - *ex-cla-mation point!* (*She looks down at herself, looks out at the audience and sees that the line doesn't work. She shakes her head and exhales with resignation.*) I'm sorry. (Edson 57)

It is at this point she realizes she was mistaken. Death is not something to be acted out and conquered by semicolons. It is not something that can be held at arms reach and removed with intellect. Death is something to be stepped into and accepted. It is not something to fight, but something to accept as part of life. As a young student, Vivian wanted there to be something more to death. She wanted to believe there was more intellect involved in the transition. Professor Ashford,

Vivian's mentor, understood life and death to be much simpler than Vivian would accept it. Jason Posner, Vivian's clinical fellow and former student, has not learned this lesson yet. He, like the code team, believes they can fight it off with drugs and procedures.

#### The Given Circumstances

Given circumstances of a play are the beginning of a dramaturg's research. The given circumstances serve a vital role in the play.

The primary action of *Wit* takes place at the University Hospital Comprehensive Cancer Center. Edson names this place in her author notes for *Wit*. This hospital is a research and teaching institution. This is the same university where Vivian teaches, which Edson simply calls The University. Vivian has become a "subject" to study at the same location where she used to teach. Now in the hospital, she is the powerless subject as shown in the "Grand Rounds" scene. Grand Rounds is when the head doctor, Dr. Kelekian, and his clinical fellows visit Vivian to receive information on her progress. Vivian, already involved in her chemotherapy treatments, describes Grand Rounds to the audience while Jason pokes her stomach.

VIVIAN: Full of subservience, hierarchy, gratuitous displays, sublimated rivalries - I feel right at home. It is just like a graduate seminar. With one important difference. In Grand Rounds, they read me like a book. Once I did the teaching; now I am taught. This is much easier. I just hold still and look cancerous. It requires less acting every time. (Edson 32)

Edson has moved Vivian from her seat of power. She is now an "object," a subject to be taught to others. This plays a very important role in the early scenes.

Vivian is stripped of her garments, her hair, and her position. This creates an environment in which Vivian is powerless.

The political and economic structure of *Wit* centers on the hospital. Each institution has its own power structure. Certain individuals have to answer to someone, and that someone needs to answer to someone else. One important element to be remembered is that Vivian was at the top of her power structure in the English Department. She is a well-respected scholar. Before being diagnosed with cancer, Vivian had complete control over her students. They were responsible for what she assigned. Now, her status has changed to the subject, not the teacher.

#### Time

The element of time is important in *Wit*. At the opening of *Wit*, the audience meets Vivian after she has been diagnosed with ovarian cancer. Dr. Kelekian advises her "Better not teach next semester" after he explains her chemotherapy treatment (Edson 12). One can draw the conclusion that Vivian was diagnosed in October or November of the fall semester. She would then be in chemotherapy treatment for eight months. Her treatment would end in August of the next year. This would place Professor Ashford's final visit in late September or early November, nearly a full year after Vivian's original diagnosis. This is explained with Professor Ashford's line "I had forgotten how early it gets chilly here" (Edson 62).

Another important element of time in *Wit* is the history of treatment of ovarian cancer in the mid 1990s. This is an element both the dramaturg and the director must keep in mind. Many advances have taken place in the treatment of all types of cancers. And many more medical schools are focusing on doctor-patient relationships in



classrooms and field experience. These advancements do have an impact on the audience but should not create conflict with the text Edson created.

### Language

Margaret Edson has created separate voices for her five main characters. One can break them into three groups to discuss their language. The first includes Vivian and Professor Ashford. The second group is made up of Dr. Kelekian and Jason. The third group consists solely of Susie. Each group shares similar qualities, which separates them from the others.

The first group, Vivian and Professor Ashford, uses a higher form of English. They use complex sentences with complex words that requires a dictionary to understand. Both Vivian and Professor Ashford adore words. They see them as tools to enter foreign worlds. Vivian explains to the audience that she looks up the medical terms to understand conversations with Dr. Kelekian and Jason (Edson 35). Professor Ashford and Vivian color their conversations with poetry. "And flights of angels sing thee to thy rest," Professor Ashford whispers to Vivian as she exits in her last scene (Edson 63). Both are very descriptive with their language. Vivian sees her language as a way to bring people into her world. The moment at which she cannot describe her situation is horrible to her. When Vivian's cancer becomes too painful for her, Vivian crawls out of her covers and tells the audience:

VIVIAN: I want to tell you how it feels. I want to explain it, to use my words. It's as if . . . I can't . . . There aren't . . . I'm like a student and this is the final exam and I don't know what to put down because I

don't understand the question and I'm *running out of time*. (Edson 56)

Learning she has lost her only weapon, Vivian becomes even more vulnerable to her surroundings.

The second group includes Dr. Kelekian and Jason. They are like twins with a secret language. They abbreviate larger words to make conversations quicker. Input and Output charts become the I and O chart. Hexamethosphacil and Vinplatin become "Hex and Vin." Jason uses words like "proliferation" and "differentiation" in a simple conversation with Vivian about cancer without pausing to see if she even understands. Dr. Kelekian allows Vivian to figure out his words on her own, pausing only to ask if he is going too fast. Dr. Kelekian, Jason, Vivian, and Professor Ashford assume the others automatically understand their language. All four make the assumption that they will be stopped if something is not clear.

Susie creates a group alone. She is able to understand the medical lingo and the abbreviations. She is the only one willing to admit it when she does not understand an unfamiliar word.

VIVIAN: I trust this will have a soporific effect.

SUSIE: Well, I don't know about that, but it sure does make you sleepy.

(Edson 58)

Susie is willing to laugh at herself and her lack of a "poetic" mind. She is able to converse with the medical group and explain the medical terms to Vivian. She is the only one to use short sentences. She asks questions of the other characters. She asks Jason what he would like to use to hydrate Vivian. She is the only one who



listens to the statements of the others and responds openly to them. Susie uses simple language to relate complex situations. This does not mean she is of lower intelligence. In fact, it shows a degree of self-confidence and professional responsibility in relating information.

### The Structure

Edson sets *Wit* up in an episodic fashion. Each scene is connected by Vivian's life but they are not consistent in the amount of time that has past between each one. Each scene contains within it a beginning, middle and end. Each scene in *Wit* is set up through a presentational soliloquy to the audience. Within the soliloquy, Vivian sets up each following scene. For example, before the first scene with Dr. Kelekian, Vivian allows the audience her impressions of the hospital and a brief introduction for herself. She ends the soliloquy:

VIVIAN: I'll never forget the time I found out I had cancer. (*Dr Harvey Kelekian enters at a big desk piled high with papers.*)

KELEKIAN: You have cancer.

VIVIAN: (*to audience*) See? Unforgettable. It was something of a shock. I had to sit down. (*She plops down.*)

KELEKIAN: Please sit down. (Edson 9)

Edson switches Vivian from a presentational style to a representational style, during the scenes, Vivian interacts with the other characters. When Vivian changes to soliloquy, she interacts with the audience, treating them as another character of the production. However, at times, Vivian also switches quickly from the scene to the audience. A

delicate balance needs to be maintained in order for the audience to understand when Vivian is communicating with them or with the other characters.

The strength of such a structure is in how the audience becomes involved with Vivian. They are not simply watching the actions develop in front of them. They are responsible for holding up their end of the "conversations" in which Vivian has placed them. They are active members of Vivian's life, her sole confidants. They are the only people she trusts with her secrets and emotions. This form gives Vivian some distance from the emotions in the scenes. She does not have to deal with the emotions of the scene. Rather, she is able to act and react in two separate ways. She can cover the emotions with her words or completely remove her mind from the situation as she does during her medical tests.

#### Vivian Bearing

Vivian Bearing is a professor of seventeenth century poetry at the University. As stated in the medical interview scene with Jason, she is forty-eight years old, single with no children. She is an only child who has lost both of her parents. She is currently a professor of English literature specializing in "The Holy Sonnets" of John Donne. At the opening of the play, Vivian informs the audience that she has ovarian cancer. "I have stage-four metastatic ovarian cancer. There is no stage five" (Edson 13). Vivian is alone in the world. She has few acquaintances. Susie, her nurse, asks her about this during Vivian's second treatment of chemotherapy:

SUSIE: You're not having a lot of visitors, are you?

VIVIAN: None, to be precise.



SUSIE: Yeah, I didn't think so. Is there somebody you want me to call for you?

VIVIAN: That won't be necessary. (Edson 30)

Vivian is not close to anyone and does not have anyone she can turn at this point in her life. She has been devoted to her teaching and her writing, not to her students or her peers.

Vivian's main love is words. Until she is forced into her life at the hospital, she lived in a world devoted to words and their meanings. From the age of five when she read The Tale of the Flopsy Bunnies to her college years with Professor Ashford, Vivian wanted to play with words and their meanings. During the scene with her father, Vivian is viewed reading The Tale of the Flopsy Bunnies to herself. Her father is detached from her. When she correctly pronounces the word "soporific," he does not hug her or fawn over her. He acts as an adult to her. This is the point at which Vivian is portrayed to fall in love with words. Vivian turns the pages in her book and tells her father:

VIVIAN: It is said that the effects of eating too much lettuce is soporific. The little bunnies in the picture are asleep! They're sleeping! Like you said, because of *soporific!* (*She stands up and Mr. Bearing exits.*) The illustration bore out the meaning of the word, just as he had explained. At the time, it seemed like magic. So imagine the effects that the words of John Donne first had on me: ratiocination, concatenation, coruscation, tergiversation. (Edson 37)

When Vivian is diagnosed with ovarian cancer, her love of words is placed aside. She wants to be forgiven. She tries to use words to be forgiven, but is unsuccessful.

She wants to be forgiven as much as the speaker in Donne's poem "If poisonous minerals" which she lectures her students about and she states:

VIVIAN: The speaker of the sonnet has a brilliant mind, and he plays the part convincingly; but in the end he finds God's forgiveness hard to believe, so he crawls under a rock to hide. (Edson 41)

One could interpret Vivian as being in the same state of mind where she places the speaker of the poem. She does not understand what is happening to her. Near the end of the play, Vivian is left alone after sharing a Popsicle with Susie. She turns to the audience, much like she did during her lecture, and confides in them:

VIVIAN: (*Searchingly.*) I thought being extremely smart would take care of it. But I see that I have been found out. Ooohhh. I'm scared. Oh, God. I want ... I want ... No, I want to hide. I just want to curl in a little ball. (*She dives under the covers.*) (Edson 56)

Vivian is no different than the speaker of the poem about which she lectures so sternly. She wants to be forgiven. She wants to be enveloped by God.

VIVIAN: We want to correct the speaker, to remind him of the assurance of salvation. But it is too late. The poetic encounter is over. We are left to our own consciences. Have we outwitted Donne? Or have we been outwitted? (Edson 41)

Vivian's forgiveness is found in a children's storybook called The Runaway Bunny that Professor Ashford reads to her in Vivian's final moments. Professor Ashford calls the bunny "a little allegory of the soul. No matter where it hides, God will find it" (Edson 63). God will find the speaker of the poem as well as Vivian. If they hide under a rock,



or under the covers, or behind their intellect, God will find Vivian and the speaker of the poem and bring them home.

Jason Posner

Jason Posner, MD, is one of Dr. Kelekian's clinical fellows in the Medical Oncology Branch of the University Hospital Comprehensive Cancer Center. He is twenty-eight years old. He attended the university for his undergraduate career as well as medical school. Cancer is his life. "Cancer is the only thing I ever wanted" (Edson 45). He is held in awe by the power of such a small organism. "Smartest guys in the world, with the best labs, funding - they don't know what to make of it" (Edson 46).

Jason is consumed by cancer in the same manner that Donne consumes Vivian. They both want knowledge. Where Vivian failed to see her students as complex humans, Jason fails to see the patient as more than a host of cancer cells. Even as Vivian lies alone and isolated, Jason is consumed with her fluid intake and output. He reduces Vivian to her basic biological functions and nothing more. There was a time when he respected and admired her intellect:

JASON: Oh, yeah. She was a great scholar. Wrote tons of books, articles, was the head of everything. (*He checks the I&O sheet*) Two hundred. Seventy-five. Five-twenty. Let's up the hydration. She won't be drinking anymore. See if we can keep her kidneys from fading. Yeah. I had a lot of respect for her, which is more than I can say for the *entire* Biochemistry Department. (Edson 58)

Jason forgets about the human aspect of his patients. He is a researcher, the same as Vivian. He calls his required course in bedside manner a "colossal waste of time for



researchers" (Edson 45). Even when Jason tries to make Vivian comfortable, he manages to make her more uncomfortable. During her pelvic exam, Jason leaves her alone with her legs in the stirrups. He returns with Susie and conducts a conversation with the nurse as if Vivian were not present. He acts as if he sees only the uterus, not the woman who has the uterus. Late in the play, Vivian tells the audience about the fame that Dr. Kelekian and Jason are gaining through her illness. From her wheelchair, Vivian tells the audience:

VIVIAN: I think they foresee celebrity status for themselves upon the appearances of the journal article they will no doubt write about me. But I flatter myself. The article will not be about me, it will be about my ovaries. It will be about my peritoneal cavity, which, despite their best intention, is now crawling with cancer. What we have come to think of as me is, in fact, just the specimen jar, just the dust jacket, just the white piece of paper that bears the little black marks. (Edson 43)

This is how Jason has seen Vivian since she entered the hospital as his patient. What he values of Vivian are her cells in the specimen jar on a shelf. Jason's ability to treat the disease and to research it is what is important to him, not the well being of the patient. After he calls the code team to revive Vivian, against orders, Jason proclaims to Susie that Vivian is "research" (Edson 64). He finally sees his error as Susie is fighting off the code team. "I made a mistake," Jason yells after he realizes what he has done (Edson 65). His mistakes are calling the code and forgetting that he has been treating a fragile human not just a fragile peritoneal cavity.

## Dr. Harvey Kelekian and Mr. Bearing

Dr. Harvey Kelekian, M.D., is the Chief of Medical Oncology at the University Hospital. He is fifty and a professional in every aspect of his life at work. He is brief and to the point from the moment he tells Vivian that she has cancer to his last interaction with her ordering the morphine drip. "We're going to help you through this, don't worry. Dr. Bearing? Excellent. (*He squeezes Vivian's shoulder. They all leave.*)" (Edson 57). Dr. Kelekian respects that Vivian is an educator and scholar. He relates to her as an intellectual equal. He does not confuse Vivian the patient with Vivian the scholar. She has become a patient, a peritoneal cavity. He sees value in Vivian as a research subject. This is Jason's model for relating to patients.

The fellows, physicians in specialized training programs, who work with Dr. Kelekian admire him. This is shown by the actions of the fellows and Jason during Grand Rounds. All are anxious to be acknowledged by him, as being the brightest student in the room. They all want to earn his respect. Dr. Kelekian treats them as children. He even jokes with Vivian about their neglecting the obvious symptoms of her chemotherapy. Dr. Kelekian and Vivian connect by thinking their students are not as smart or as driven as they were at that age.

Edson states in the script that the same actor should play Dr. Kelekian and Mr. Bearing. This creates a link between the two men. Mr. Bearing is seen reading a newspaper as his daughter entertains herself by reading at his feet. He talks to Vivian as an equal, the same as Dr. Kelekian does. Both men are detached from Vivian on an emotional level. They both reward her with words, not hugs.



## Susie Monahan

Susie Monahan, R.N., B.S.N., is Vivian's primary nurse on the Cancer Inpatient Unit of the University Hospital. She is twenty-eight, the same age as Jason. She most likely has been at the hospital since graduating from nursing school. This would give her approximately five years of clinical experience working with terminally ill cancer patients. She is a "people person." Unlike Jason, Susie is concerned with the patient, not the disease. She values the little things she can do for a person. Two examples are giving Vivian a Kleenex after her pelvic exam and giving Vivian a Popsicle when she is having a bad night. These simple acts of kindness are the personal touches that Vivian has been missing her whole life.

Susie is driven by the belief that doctors and nurses save lives. However, her idea of life is different from the doctors around her. She wants her patients to be valued as humans, not as research subjects. The quality of life is important to Susie. She is the advocate for Vivian in dealing with the doctors. During the pelvic exam, she demands an explanation as to why Jason has left Vivian in the stirrups. When the side effects of the chemotherapy become too strong for Vivian, Susie speaks to Jason about lowering the dose on the next cycle of treatment. Susie explains to Vivian that she is dying and comforts her. Susie is the one who stands up to Dr. Kelekian about what kind of pain medication Vivian should be on. She explains to Vivian about the catheter she is going to receive while in the final coma. Susie is also the one who stands up for Vivian's rights against the code team.

Susie is the human face of the medical profession at University Hospital. Vivian vents her anger and frustration on Susie. When Vivian begins to lose control of her life,



something she never wanted to happen, it is Susie who calmly explains to her that she needs to have certain procedures. Susie is the ideal caretaker. She is warm, personable, caring, and intelligent. Susie's intelligence is different from Vivian's intelligence. Where Vivian is able to discuss the symbolic meaning of life, death, and life-everlasting, Susie is able to explain these concepts as they apply to the human condition. Susie may not understand the meaning of "soporific" but she understands human nature in a way that Vivian cannot.

#### Professor E.M. Ashford

E. M. Ashford, D. Phil. is a Professor Emerita of English literature. She is an eighty-year-old grandmother and Vivian's mentor. She is the only character who speaks openly about her family. Vivian has modeled her academic life after Professor Ashford's academic career. When Vivian was in college, it was Professor Ashford who drove her to a higher level of academic scholarship. Professor Ashford tried to teach Vivian the value of human contact early in their relationship. During a flashback scene from Vivian's college years, Professor Ashford tells Vivian revising the "the paper's not the point."

E.M.: Vivian. You're a bright young woman. Use your intelligence.

Don't go back to the library. Go out. Enjoy yourself with your friends.

Hmm? (*Vivian walks away. E. M. slides off.*) (Edson 15)

Professor Ashford understands and tries to teach Vivian that Donne does not exist simply on paper, but that his concepts are all around her in the world. Professor Ashford understands Donne as life and truth, not a concept to be solely discussed.

Professor Ashford is the character who helps Vivian complete her life. She is the one who gives Vivian permission to let go. She is the only one who lets Vivian die in peace. She is the character who reaches into herself and understands that Vivian needs to keep her life simple, like a child would. Professor Ashford crawls into Vivian's bed and reads her the book The Runaway Bunny. The allegory of the soul, which Professor Ashford finds in this children's book, lets Vivian leave the pain behind her. Professor Ashford is the key to helping Vivian to let go. With that forgiveness, Vivian achieved her goal at last. The woman who helped her achieve her academic status also let her achieve her forgiveness.

#### The Transition Team

The same four actors play the roles that fill Vivian's world. These four actors will be called the transition team due to the fact they were also involved in scene changes at the University of North Dakota production. These four actors each play characters that are vital to Vivian's life. They first appear as the medical technicians, the efficient employees who have repetitive jobs. One can imagine these people in a routine. They are stereotypes. They fall victim to the same disease as Jason and Dr. Kelekian, since they see only the organs in their patients they are responsible for. These people reduce Vivian to a job, and nothing more than that. They do not understand her sense of humor.

TECHNICIAN 2: Name.

VIVIAN: Lucy, Countess of Bedford.

TECHNICIAN 2: (*Checking a printout*) I don't see it here. (Edson 16)



Lucy, Countess of Bedford was a patron of John Donne. The technician does not acknowledge the joke or even ask for clarification. She is concerned about doing her job and nothing else.

The transition team also represents the clinical fellows. They become the other doctors who are in the same position as Jason. They are all learning from Dr. Kelekian. They talk over Vivian about her case and fail to see her above the peritoneal cavity. They poke and stare at Vivian's scars and stomach. They use medical terms from their medical education. They do not engage the patient in conversation to find the symptoms. They all want to be noticed by Dr. Kelekian. They demonstrate their pecking order and fail to remember the reason they are doctors. The transition team, as the fellows, can be viewed as a mass of white coats that swarm in and swarm out without a hello or good bye.

In Vivian's classroom, the actors portraying the transition team become her students. They show how Vivian formerly acted to her students. She is short with them. They question her lectures, poke fun at her topics, and ask for help. All of them receive the same type of short unemotional and academic reactions from Vivian. When one student tries to figure out Donne, she encourages him. When he fails, she ignores him and moves on. She lectures to them, but does not converse with them. These are the people who will possibly remember Vivian forever, as Jason does. These students are important to Vivian's legacy. She does not realize that she is a teacher until she teaches Susie the meaning of "soporific." Vivian has learned late in her life that her students were a valuable part of her life.



Finally, the transition team actors become the code team. They enter Vivian's room at the urgent call of Jason. She is dead but they attempt to revive her. These people all want Vivian to live. The code team does not care what took her life or what her life will be like after they leave her room. All they know is that they are the cure. They have a clear goal. Their biggest obstacle is the "Do Not Resuscitate" order. Once they read the order, they complain since they cannot complete their mission. They are left to wait for the next code and hope they can save the next life.

After examining the elements in the script analysis, I was able to understand the world Edson had created. By understanding the world of the play and the style Edson used, I was able to understand and assist the director in rehearsal. By creating a script analysis, I could view rehearsals and act as a third eye for the director.

## CHAPTER TWO RESEARCH

Research is one of the most important duties of a dramaturg. Megan Monaghan, Literary Director of the Alliance Theatre Company, in her lecture "An Introduction to Dramaturgy" states: "This is not meant to replace the research a director would do normally, but to aid the director by having twice as much information at his fingertips" (Monaghan 24 Jan. 2002). By being able to answer questions in rehearsal and by presenting information about topics in the play, a dramaturg holds information available for the actors. The research a dramaturg does is an additional tool for the director, the actors, and the production team. It allows the production team to understand the smallest details about the world of the play. By providing details unknown to the team before production, a dramaturg does her part to create a realistic world of the play. Concerning the play Wit, I chose to focus my research on John Donne and his writings and ovarian cancer.

### John Donne: His Life

In Wit, Vivian Bearing is a "professor of seventeenth-century poetry, specializing in the "Holy Sonnets" of John Donne" (Edson 7). Jason Posner, MD, a former student of Bearing's, describes Donne to Susie, the nurse: "This guy John Donne was incredibly intense. Like your whole brain had to be in knots before you could get it" (Edson 59). Edson told Jim Lehrer in an interview why she chose Donne:

EDSON: I remember my college classmates saying that they thought John Donne was the most difficult poet that they had to study so I made a point of not taking any classes that involved John Donne in any way.

LEHRER: I see.

EDSON: I slithered to the History Department at that point.

LEHRER: Sure

EDSON: And I studied about John Donne for this play.

LEHRER: And you did that because you wanted to make your point that this professor had taken on something very tough and she was very strong so when she got – she gets into this situation, obviously, where she has ovarian cancer. (Online Newshour par. 16)

Donne is a significant character in Wit. He symbolizes a lot of what Vivian is not. He led a full life with a wife, children and friends. These are all elements Vivian is missing. Donne valued the human spirit and mind where as Vivian is more appreciative of the mind's agility. Donne led a complex and varied life. Vivian led an academic life, much less complex than Donne.

John Donne was born in 1572 in London, England. His family was Roman Catholic, which was a minority in Elizabethan England. This created a difficult life for Donne. Elizabeth Heywood, Donne's mother, was the daughter of playwright John Heywood. Her mother, Joan Rastel, was the niece of Sir Thomas Moore. Two of Donne's uncles were Jesuits. "And one of them, Jasper, was imprisoned and sentenced to condemnation in the Tower of London in 1583 for being a Jesuit



missionary to the Anglicans of England" (Carrington viii). From Izaak Walton's *Life*, the modern critic John Hayward quotes Donne as writing, "I had my first breeding and conversation with men of suppressed and afflicted religion, accustomed to the despite of death and hungry of imagined martyrdom" (6). Donne's father, "the Warden of the Company of Ironmongers and a prominent citizen of London," died in 1576 (Carrington viii). Donne did not write much about his parents in his adult life. John Hayward writes in his introduction to John Donne: A Selection of his Poetry: "Nothing is known about his emotional attitude to his father who died when he was four years old, or to his mother, who remarried almost immediately: but his silence about his mother is perhaps of some significance" (8). His mother married another Catholic.

Donne entered Hart Hall at Oxford on October 23, 1584. Later he attended Cambridge. However, he did not graduate from either university. Due to his religion, he was unable to take the Oath of Supremacy required to graduate. "Donne, who because of his Catholicism was loyal to the Pope and could not swear allegiance to the crown, entered the university and completed his education by 1589, at the age of 17" (Carrington ix). He then went on to attend the Inn of Courts, "one of the gay and keen-witted young gallant's of Shakespeare's London: according to Walton; 'a great visitor of ladies, and a great frequenter of plays'" (Willy 4).

However, this lifestyle changed for Donne in either 1593 or 1594. Donne's brother, Henry, died in prison of the plague. Henry was imprisoned for hiding a Catholic priest in his rooms at school. "Donne's brother's death, his growing

skepticism, and his close examination of the religious controversies of his day contributed to his gradual turn from Roman Catholicism to Anglicanism" (Carrington ix). Donne shunned the Catholic Church and became Anglican. After Henry's death, Donne attended Lincoln's Inn for some time. He then embarked on a naval expedition. From 1596 to 1597, Donne worked in the military service of the Earl of Essex.

During these years, Donne was making a reputation for himself. Herbert J. C Grierson writes in the introduction to his book, Metaphysical Lyrics and Poems of the Seventeenth Century: Donne to Butler:

The record of these early years is contained in Donne's satires – harsh, witty, lucid, full of a young man's scorn of fools and low callings, and a young thinker's consciousness of the problems of religion in an age of divided faiths, and of a justice in a corrupt world – and in his "Love Songs" and "Sonnets" and "Elegies." The satires were more generally known; the love poems the more influential in courtly and literary circles. (xviii)

In 1598, Donne became the private secretary of Sir Thomas Egerton, Lord Keeper of the Great Seal. In Sir Egerton's home, Donne met Anne Moore. She was fourteen and the niece of Queen Elizabeth and Sir Egerton and of Sir Thomas More's second wife. However, Donne was not the man Sir Egerton wanted for his son-in-law. Not only was the Catholic-born Donne the writer of these erotic love poems, but as stated early, a womanizer.



Donne attended Queen Elizabeth's last Parliament in 1601. A few days later, Donne secretly married Anne in London. "When Anne's father discovered the marriage, he threw Donne in prison for marrying a minor" (Carrington x). During his imprisonment, Donne wrote many letters to Sir Moore asking for release (Carrington x). Sir George Moore had Donne released after a few weeks. Their marriage was ratified in 1602. The couple was penniless. Donne had lost his job and had no finances to support his wife. For thirteen years, Donne and his wife lived off of the goodness of wealthy friends. Anne gave birth to five children. Donne suffered from bouts of illness (Carrington x). The family moved to Mitchum in 1606. During the next four years, Donne wrote most of his religious poetry but did not publish it.

Donne's life changed in 1610. Pseudo-Martyr was published in January of 1610. Anneiina Jokinen explains her article, John Donne (1572-1631): "Pseudo-Martyr, which held that English Catholics could pledge an oath of allegiance to James I, King of England, without compromising their religious loyalty to the Pope, won Donne favor with the King" (par. 5). Donne was awarded an honorary M.A. in April of that year (Hayward 18). Instead of joining the clergy as King James I wanted, Donne accepted Sir Robert Drury's offer of patronage. *Anniversaries* was a commissioned work and written to honor the death of Elizabeth, Drury's daughter. "Few but Donne specialists plough through the *Anniversaries*, written to commemorate the death of a fifteen-year-old girl Donne had never met in the hope of continued patronage from her father" (Introduction viii). Drury continued to support Donne until 1612.



"Between 1611 and 1615, Donne's fortunes reached a low ebb. Anne and all five of the children became very ill, and Donne himself almost went blind" (Carrington x). Finally in 1615, Donne was ordained as private Chaplin of King James I. Cambridge made Donne a Doctor of Divinity. In 1616, Donne became Divinity Reader of Lincoln's Inn. He served in that position until 1622. Twenty-eight of his sermons from this appointment survived.

Anne Donne died in 1617 leaving Donne and twelve children behind. Donne became obsessed with death, or his obsession with death came to light. This is seen in his poetry and sermons. After Anne's death, Donne turned back to his religion. In 1621, he was appointed to Dean of St. Paul's Cathedral in London. This appointment Donne held until his death. "Over the next decade, Donne experienced bouts of serious illness, including a bout of 'relapsing fever,' which leaves the patient mentally alert but physically weak" (Carrington xi). During recovery from this serious illness, he wrote Devotions upon Emergent Occasions. As a collection of his private prayers, it was published in 1624. In Wit during Vivian's undergraduate career, Professor Ashford wrote a critical edition of Devotions upon Emergent Occasion for which Vivian organized index cards for research: "I am thanked in the preface: 'Miss Vivian Bearing for her able assistance'" (Edson 17).

Unfortunately, Donne became severely ill again in 1630. He tried to continue working, but the doctors sent him to the country to recover. During this time, Donne acquired his urn and his burial shroud. He commissioned an artist to create a sketch of him. Donne kept that picture near him until his death. February

12, 1631, the first day of Lent, Donne returned to St. Paul's Cathedral. That day's sermon was titled "Death's Duell," "the author's own funeral sermon." Donne died March 31, 1631 at the age of fifty-nine.

#### John Donne: His Writings

John Donne is well known both for his "Holy Sonnets" as well as his sermons. His sermons were published in three books, LXXX Sermons in 1649, Fifty Sermons in 1649 and XXVI Sermons in 1661 (Hayward 18). Donne's earliest surviving sermon is from April 30, 1615 to the Queen at Greenwich. The sermons were collected during Donne's years as the Royal Chaplain of King James I and as the Dean of St Paul's Cathedral. These sermons, however, were not what earned Donne his fame in the early twentieth century.

Donne is known as a metaphysical poet. The term, "metaphysical poetry" was applied to Donne sixty-two years after his death; more than ninety years after Donne first began writing poetry (Schumacher 46). The term was also applied to other poets of Donne's time, such as John Drayton and Abraham Cowley. Margaret Willy explains in the introduction to The English Library: The Metaphysical Poets: "Of all the Metaphysicals, it was John Donne (1572-1631), their acknowledged leader, who had his finger most surely on the pulse of awareness in this age of change, and who forcefully embodies its main characteristics" (4). Henry L. Carrington, Jr., in his introduction to Religious Poetry and Prose of John Donne, defines the characteristics of metaphysical poetry as "addressing itself to the intellect, engaging the intellectual wordplay and ingenious comparison" (vii). He clarifies further: "Metaphysical poetry is also personally passionate, attempting to unite both



thought and feeling" (Carrington vii). Herbert L. Grierson, Jr., adds that metaphysical poetry "has been inspired by a philosophical conception of the universe and the role assigned to the human spirit in the great drama of existence" (xv).

In contrast to modern critics, Vivian is not teaching her students about the "personal passion" or the "human spirit." During her lecture on "If poysonous mineralls," Vivian says:

VIVIAN: The poetry of the early seventeenth century, what has been called the metaphysical school, considers an intractable mental puzzle by exercising the outstanding human faculty of the era, namely wit. The greatest wit – the greatest English poet, some would say – was John Donne. In the "Holy Sonnets," Donne applied his capacious, agile wit to the larger aspects of the human experience: life, death and God. In his poems, metaphysical quandaries are addressed, but never resolved. Ingenuity, virtuosity and a vigorous intellect that jousts with the most exalted concepts: these are the tools of wit. (Edson 40)

She does not tell her students about the emotions behind the poems Donne wrote. She is respectful only of the rational wit. During a memory scene with her students, she recalls the exchange between two students. After they leave, Vivian responds "That was a witty little exchange, I must admit. It showed the mental acuity I would praise in a poetic text. But I admired only the studied application of wit, not its spontaneous eruption" (Edson 50). Vivian does not value the irrational emotional responses to Donne's poetry. She teaches her students about Donne in the same



way she was taught. In the first scene with Professor Ashford, she tells Vivian "You must begin with a text, Miss Bearing, not with a feeling" (Edson 13). This feeling is the irrational train of thought that Vivian did not value in a scholarly way. She preferred the unemotional rational approach to Donne.

In the early twentieth century, T. S. Eliot, poet, playwright, and critic, immersed himself in the works of Donne. Eliot is credited with giving Donne his popularity in the twentieth century. Gordon Lundall writes in his book Eliot's New Life: "For that generation of students, the seventeenth century was the favored age: Donne was their poet and Webster their dramatist" (47). Donne caused a stir in the early twentieth century. Professors around the country began re-examining Donne's poetry. "(Herbert) Grierson's edition of Donne appeared as early as 1912, and more recently the *Songs and Sonnets* and *Divine Poems* have been edited by Helen Gardner," writes Margaret Willy in the introduction to her own edition of The English Library: The Metaphysical Poets in 1971. Helen Gardner is the critic that Professor Ashford in Wit tells Vivian to use in her paper: "Gardner's edition of the Holy Sonnets returns to the Westmoreland manuscript source of 1610 - not for sentimental reasons, I assure you, but because Helen Gardner is a scholar" (Edson 14). This scholarly example is the one Vivian Bearing follows for the rest of her life. T. S. Eliot writes: "What Donne's reading does show is a pronounced taste, a passion for theology of the more controversial and legal type - theology, in fact as it was practiced in his day: and we think that King James was absolutely right when he forced Donne to take orders" (71).

## Ovarian Cancer

In Jason Posner's mind, there is nothing more "awesome" than cancer. "So what's up with the cancer cells?" He comments to Vivian. "Smartest guys in the world, with the best labs, funding – they don't know what to make of it" (Edson 46). For my purpose, I will be offering some of the information that Edson fails to address.

In its most basic definition, cancer is a genetic disorder. Cancer causes the genes to mutate and ignore their normal cycle. Instead of having cells that reproduce a limited number of times, the body must deal with the cancerous cells that continue to grow and reproduce at abnormal rates (Sick 147-148). Radiation, carcinogens or genetics can mutate these genes in the cells. As these mutated cells continue to grow and reproduce, they form tumors or neoplasm. "A healthy person's immune system can usually recognize and destroy neoplastic cells. Sometimes, though, mutant cells can escape detections" (Sick 148). These cells can form two types of tumors, benign or malignant. Benign tumors are harmless and grow slowly. These types can be removed and do not grow back (National Cancer Institute 2). Malignant tumors, however, are much more aggressive. They can grow back once removed. Malignant tumors also invade surrounding tissue (Sick 148).

Along with the genetic disorder type of cancer, there are also environmental triggers that are carcinogenic, cancer-causing agents. These vary from tobacco and alcohol to pollution and occupational hazards. Certain types of cancers have also been linked to certain viruses and bacteria. For example, *Helicobacter pylori*



bacteria have been linked to stomach cancer and lymphomas. Hepatitis B virus and Hepatitis C virus have been linked to liver cancers (Sick 150).

There are three main types of ovarian cancer. Eighty-five to ninety percent of ovarian cancer is found in the epithelium, the outer covering of the ovaries. "The outlook for women with this type of tumor is very favorable" (Kemeny and Dranov 57). The other two types are far less common. Stromal tumors develop in the connective tissues supporting the ovaries. The third type of ovarian cancer is germ cell tumors. "Germ cells give rise to the ovaries during female fetal development and remain present thereafter" (Kemeny and Dranov 57).

A number of variables need to be looked at in order for a woman to discuss her risks of ovarian cancer. The National Cancer Institute offers some guidelines to answer patients' questions in its publication, "What You Need to Know about ... Ovarian Cancer." For a thorough discussion, I have included information from other sources:

1. Is there a first-degree relation that has had ovarian cancer? Mothers, sisters and daughters in the family who have developed ovarian cancer increase the woman's chances. If two or more family member who had breast or ovarian cancer, the odds of developing ovarian cancer doubles. Her chances increase only slightly if ovarian cancer is found in other relatives. A family history of breast cancer also increases those odds. A personal history of breast cancer increases a woman's chances of ovarian cancer (3).

2. How old is the woman? The majority of ovarian cancer patients are over the age of 50. "The peak of incidence of ovarian cancer - when the greatest number



of cases occur - is between the ages 55 and 59" (Kemeny and Dranov 18). Once she reaches the age of sixty, she is at an even higher risk. However, once she reaches eighty, her risk of ovarian cancer decreases slightly (Kemeny and Dranov 18). Along those same lines, the Harvard Medical School Family Health Guide, tells women their chances are increased if they reach the age of 51 without entering menopause (1076).

3. How many children has she had? "The risk for ovarian cancer is greater for women who have never had children, who had their first child at a later time in life and/or who have a personal history of breast cancer, colorectal or endometrial cancer" (Bruckheim 1). The National Cancer Institute tells women that their chances decrease with each child they have (3). This suggests "giving your ovaries a rest - you don't ovulate while you are pregnant - is protective" (Kemeny and Dranov 19).

4. What carcinogens can affect a woman's odds of developing ovarian cancer? Unfortunately, there is no single carcinogen that can be blamed for ovarian cancer. The usage of talc powder over many years may be a trigger. Fertility drugs and hormone replacement therapy also may raise the risk slightly (National Cancer Institute 3).

Having one or two of these factors does not mean a woman will or will not develop cancer. "About 1 in every 57 women in the United States will develop ovarian cancer. Most cases occur in women over the age of 50, but this disease can also affect younger women" (National Cancer Institute 4). 27,000 new cases are diagnosed each year (Harvard 1077).

In Wit, Vivian Bearing, during her medical interview with Jason Posner early in the play, fits into these guidelines. She gives her age as fifty and has not entered menopause. She has never had children, and has had no major illness except "I had my tonsils out when I was eight" (Edson 21). Her mother died of breast cancer when Vivian was forty-two. Vivian's tumor remained unnoticed. She tells Jason during her medical interview: "I felt a pain in my stomach, in my abdomen, like a cramp, but not the same" (Edson 24). She had no other symptoms. The National Cancer Institute tells women there are no obvious symptoms of ovarian cancer. Symptoms may include abdominal discomfort or pain, nausea, diarrhea, constipation or frequent urination, loss of appetite, weight gain or loss, or abnormal bleeding from the vagina (National Cancer Institute 5).

Only a few tests are available to detect ovarian cancer. However, these tests are not a sure thing. "The Pap smear was designed to primarily screen for cervical cancer. Although it is occasionally possible to diagnose an endometrial cancer and very rarely, an ovarian cancer" (Rushing and Joste 231). If a woman has a family history of ovarian cancer, she can ask her doctor about ultrasounds to detect tumors. "Healthy tissues, fluid-filled cysts, and tumors look different on this picture (sonogram)" (National Cancer Institute 6).

Ovarian cancer is divided into four main stages. These stages are based on the advancement of the disease. These main units are then divided into three smaller parts for an even more specific diagnosis. "Staging is a careful attempt to find out whether the cancer has spread and if so, to what parts of the body. Staging may involve surgery, x-rays and other imaging procedures, and lab tests. Knowing



the stage of the disease helps the doctor plan treatment" (National Cancer Institute 6). Stage I is the most curable. At this stage, the cancer has not spread to any part of the body except the ovaries (Merck 1964). As the stages go up in number and severity, the survival rate for patients goes down. According to the Harvard Medical School Family Health Guide, the chance of survival for stage I is ninety-five percent five years after surgery. In stage IV, after surgery and chemotherapy, a patient survival rate is one to five percent after five years (Harvard 1078). In stage IV, the cancer is "involving one or both ovaries with a distant metastases. If pleural effusion is present, cytologic test result must be positive to signify stage IV. Parenchymal liver metastasis equals stage IV" (Merck 1964). As Vivian states, "There is no stage V" (Edson 13).

Vivian is admitted to the research hospital in stage IV. During Grand Rounds, Jason explains to the other fellows:

JASON: The primary site is - *here (He puts his finger on the spot on her abdomen.)* behind the left ovary. Metastases are suspected in the peritoneal cavity - *here. And - here. (He touches those spots.)* Full lymphatic involvement. *(He moves his hands over her entire body.)* At the time of first-look surgery, a significant part of the tumor was debulked, mostly in this area - *here. (He points to each organ poking her abdomen.)* Left, right ovaries. Fallopian tubes. Uterus. All out. Evidence of primary-site shrinkage. Shrinking in metastatic tumors has not been documented. Primary mass frankly palpable in pelvic exam,



frankly, all through, here - here. (*Some Fellows reach and press where he is pointing.*) (Edson 31-32)

Vivian Bearing is a very sick woman when she enters the "Hex and Vin" trials.

In stage IV, a woman's treatment options are very limited. "Unlike many other cancers where the stage affects the type of surgery performed, the stage of ovarian cancer is determined during surgery" (Harvard 1078). With ovarian cancer, most women receive an oophorectomy (removal of one or both ovaries) a salpingo-oophorectomy (surgical removal of the ovaries and fallopian tubes) and a hysterectomy (removal of the uterus). If a woman does chose to have only one ovary removed in the hopes of having children, the cancer may remain on that ovary without detection. This increases a woman's chances of developing cancer again (Harvard 1078). Vivian has had both a salpingo-oophorectomy and a hysterectomy (Edson 31). After these surgeries, the woman will need to be on hormone replacement therapy. "Hormones (estrogen, progesterone, or both) are given to postmenopausal women or women who have had their ovaries surgically removed, to replace the estrogen no longer produced by the ovaries" (National Cancer Institute 14).

In addition to hormone therapy, the patient has to decide which type of treatment they want. In Wit, Vivian is admitted to a research hospital that participates in clinical trials. These clinical trials are the treatment she decides is best for her. Clinical trials are the only way for new medications and treatments to be tested on humans in order to pass the Federal Drug Administration (FDA). The drugs for clinical trials can come from the synthetic chemical industry, antibiotic

research, modification of existing anticancer drugs by a drug company, biochemical research, or accidental discovery (Reich 52). The trials can take three to five years and are very expensive for the hospital, drug companies and the patient (Reich 51). Other organizations funding clinical trials are the National Cancer Institute, Memorial Sloan-Kettering Cancer Center, University of Texas M. D. Anderson Cancer Center, and Roswell Park Memorial Institute, to name a few (Reich 62). The risk and danger associated with clinical trials keep some patients away. With the risks of no effect on their cancer, some patients decide to stay out of clinical trials and participate in mainstream treatments. Mainstream treatments are treatments that have passed the FDA standards and have proven results for patients.

In his book, The Facts about Chemotherapy: the Essential Guide for Cancer Patients and Their Families, Paul Reich explains the facts about clinical trials. The medical treatments are first tested on animals. Before even being considered for animal tests, a drug must be found to be antineoplastic or anticancerous. Vivian defines antineoplastic the first time she hears the word: "Antineoplastic. Anti - against, Neo: new. Plastic. To mold. Shaping. Antineoplastic. Against new shaping" (Edson 10). The drugs must prove to stop cancer cells from rapid and infinite replication. Tests begin by use on mice and rabbits. Then they move on to "higher" animals, monkeys and other primates (Reich 54). This is done to check both the actual effects of the medications and the side effects on other organs. "Despite these precautions, however, it is not unusual for unexpected, and sometimes severe, side effects to occur, once human testing begins" (Reich 54).



Once clinical trials begin on humans, there are three phases a drug needs to complete to be approved by the FDA. Phase I is focused on the safety, side effects and dosing. The safety of the patient is the number one drive at this phase. If any tumor benefit such as the shrinking of a tumor is found, it is noted but is not the drive of the phase. "Unacceptable side effects are irreparable or even life-threatening" (Reich 55). These are the drugs that do not move on to phase II. Even if a drug has side effects, it may only happen in a low percentage of human subjects. "Acceptable side effects are controllable and reparable" (Reich 54).

In phase II of a clinical trial, the treatment is given to a variety of patients with different types of cancer. The goal of this phase is to find out what cancers respond to the drugs. "Patients with cancers of the lung, pancreas and kidney are the most common participants in phase II trials, since they are common cancers that cannot be successfully treated with currently available drugs" (Reich 56). After completing phase I and phase II data, the scientists are able to move on to phase III.

Phase III is centered on treatments found effective in phase II. The new treatment is compared to older "mainstream" treatments to find which is more productive. "These comparisons often require actual clinical trials, but researchers can also determine the drug's effectiveness by making a "historical comparison" (Reich 55). A historical comparison is when a scientist compares the results of mainstream treatments to their results in the study. Most likely, Dr. Kelekian's study is in phase III with a historical comparison to past treatments. This means that the majority of these patients would be involved with clinical trials. He would also share his information with other hospitals or organizations that are performing the same



studies. During this phase, as with the other two, the FDA keeps a very close eye on the researchers. "To receive FDA clearance, each investigator submits information about how the drug is manufactured, potential side effects, animal testing data, and results of any human testing performed inside or outside the United States" (Reich 55). As well as sending this information to the FDA, the investigators must also send the same information to any sponsoring institution.

The FDA has restrictions for phase III of clinical trials. The patients must be volunteers and informed. They can also remove themselves from the trial at any time. They cannot have their lives be at risk from the treatment. Humans can only be used for testing if there is no other way for the scientific information to be gathered. If the trial is expected to fail, it must be stopped. Also, the patients must have adequate facilities and qualified doctors to care for them and answer their questions (Reich 56). If for any reason, the FDA finds a problem with the study, they can stop the study and the treatment of patients with the drug in question. "Even after a drug receives approval, both the FDA and sponsoring pharmaceutical company continues to monitor side effects of the newly released drug" (Reich 57). Neither the FDA nor the pharmaceutical company stops scrutinizing a drug after its release.

These anticancer drug clinical trials are headed at each facility by an oncologist. Dr. Kelekian is the oncologist Vivian is seeing. He would have finished medical school, become an internist, and then finished another three years in an oncology fellowship. After that schooling, he would have to become board certified in order to be "fully qualified to diagnose cancer, plan treatment, and administer

chemotherapy" (Reich 13). This is the same career track Jason Posner is following. During his three years as a fellow, Jason would spend, on average, one year with patients and two years of research with some patient contact (Reich 13). Paul Reich makes a point about fellows in his book, The Facts about Chemotherapy:

Under supervision of an experienced staff oncologist, fellows become directly involved with cancer patients. Often they associate closely with patients and their families, participating in family events and visiting the patients at home. It is important, however, that fellows avoid becoming too close to their patients, and becoming depressed when and if some of their patients die. (14)

Jason is not personally involved with Vivian. He is professional and keeps a distance from her. He even needs to remind himself about his bedside manner. He is not the typical fellow according to Reich's example.

*The main treatments for ovarian cancer are surgery and chemotherapy.* Chemotherapy is any treatment with anticancer drugs (National Cancer Institute 13). Radiation on ovarian cancer is possible, but not the first choice of many oncologists. Vivian Bearing chooses the surgery involving a salingo-oophorectomy, a hysterectomy, and chemotherapy in a clinical trial of Hexamethophacil and Vinplatin, names of drugs created by Margaret Edson for her play. In stage IV, these are Vivian's only options. Some patients in this stage choose no treatment in order not to jeopardize the time they have left. With her education concentrating on John Donne, Vivian Bearing chooses to join the clinical trial to advance her slim chances of survival. As she has always worked to forward her own knowledge, Vivian



chooses to aid others in their search for an answer to the "complex" questions of cancer.

With John Donne and ovarian cancer researched, I was able to answer questions and aid the actors and the production team. Donne and ovarian cancer play an important role in Wit. By understanding each subject, I would be able to aid in the creation of the world of Wit.



## CHAPTER THREE PRODUCTION DUTIES

There were three major areas to my work on Wit as a dramaturg. The first was creating an Actor's Guide and sharing the research with both the actors and the audience. The second was creating the lobby display at Burtness Theatre. For the third, I attended rehearsals to offer suggestions to the director, when requested.

### Sharing Research

The Actor's Guide for Wit included four sections to help the actors familiarize themselves with John Donne, ovarian cancer, the production history of Wit, Margaret Edson, and the titles of some suggested books. The section on Donne included a biography, Donella Eberle's essay on Donne's "Holy Sonnet X," and copies of both "Holy Sonnet X" and "Holy Sonnet VI." (It is important to note that Edson numbers these poems differently than any other scholars I have found. "Death, be not proud" is "Holy Sonnet X" but Edson titles it "Holy Sonnet Six.") The production history included a small biography on Edson along with a list of awards Wit has received up to the point of our production and a transcript of an interview with Edson by Jim Lehrer from the Online Newshour.

The third section of the guide dealt with ovarian cancer and dying. This was the section that required very careful selections. I started with the medical definition of ovarian cancer from The Merck Manual, which breaks cancer down in a very

scientific and impersonal way. The selection covers the treatment of cancer and gives a very detailed description of the staging of ovarian cancer. My next selection was from the Harvard Medical School Family Health Guide. Anthony L. Komaroff, the Editor-in-Chief, had the book written in a very non-threatening manner. The information was not as detailed as in The Merck Manual, but was offered in a very conversational manner without talking down to the reader. Also from the Harvard Medical School Family Health Guide, I included sections on the stages of dying which helped explain the character of Vivian's journey. I selected some questions from "Ten Most Asked Questions on Ovarian Cancer" from The Gilda Radner Familial Ovarian Cancer Registry as a basic explanation of ovarian cancer and chemotherapy. I also included an explanation of a pelvic exam for the actor portraying Jason Posner. Finally, I wrote a pronunciation and definition guide of medical terms.

The final section described three recommended books. The first was Gilda Radner's autobiography, It's Always Something. Radner began writing it after she was diagnosed with ovarian cancer. Her husband published it shortly after her death. The second is Gilda's Disease: Sharing a Personal Experience and a Medical Perspective on Ovarian Cancer by M. Steven Piver and Gene Wilder. The last was one recommended by the librarian at Altru Cancer Center in Grand Forks, North Dakota, called No More Bad Hair Days: A Woman's Journey through Cancer, Chemotherapy and Coping by Susan Struges Hyde.

There were some serious drawbacks to the Actor's Guide I created. The major one was the overwhelming amount of information I gave the actors. Some



said it was too long. Others told me it did not necessarily apply to the roles of the transition crew. Another concern was my tendency to verbally answer the questions anyone asked me. If I were to do this project again, I would have written out every answer to the questions instead of verbally answering them. That way everyone involved would have a record of the information. All of the actors would be informed instead of simply the ones the information applied to directly.

My second duty was to share information with the audience. I was responsible for the Dramaturg's Notes in the programs. These notes included a short biography on Edson and Donne. I compiled information on Margaret Edson from articles and interviews as well as her published biography in the script. The Kennedy Center American College Theatre Festival awarded me a Meritorious Achievement Award for Dramaturgy based on my Dramaturg's Notes.

#### The Lobby Display at Burtness Theatre

For the lobby display at Burtness Theatre at the University of North Dakota in Grand Forks, North Dakota, I tried to offer more information on Donne, Edson and Ovarian Cancer. I wanted it to be well organized and not overwhelming. I also organized, along with Nancy Klatt, R. N., M. S., of the Altru Cancer Center, an information table in the lobby containing information on the center and ovarian cancer.

All of the information on the bulletin board centered around a poster of Wit designed by the Publications Coordinator at the Biomedical Communications Department of the UND School of Medicine and Health Sciences. On each side were lists of the post-show discussion leaders. I posted a color photocopy picture of



John Donne and the complete text of the poems "Death be not proud," "If poysonous mineralls," and "This is my playes last scene." I did not feel the need to post anything else on Donne in the way of biography since there was one in the program. On the opposite side of the bulletin board was information on Margaret Edson. I found a picture of Margaret Edson from an interview after she won the Pulitzer Prize in 1999. Along with the picture, I posted two short articles about her. One was a more detailed biography and the other was an article about Donne and The Runaway Bunny. The information on ovarian cancer was centered on the poster. I also posted graphs showing the statistics and the stages of ovarian cancer. This was to inform the audience on the less familiar areas of ovarian cancer. I wanted the audience to understand how Vivian developed cancer. I also posted on the bulletin board the "Ten Most Asked Questions on Ovarian Cancer" from The Gilda Radner Familial Ovarian Cancer Registry. I wanted the audience to understand Vivian's cancer, but to not focus on her cancer. The final additions to the bulletin board were two news articles on Wit. One was by Melissa Van Hoff of the Dakota Student. The other was by Carol Graham of the Grand Forks Herald. Both were very positive preview articles of the show. I thought it would be educational for the audience to hear the opinions of others before seeing the show. Since both articles also included a photograph, they provided a nice finishing touch.

The other part of the lobby display was the information table I set up with Nancy Klatt of Altru Cancer Center. The Altru Cancer Center Library was kind enough to give us many brochures on both ovarian cancer and prostate cancer. The American Cancer Society of Minnesota was kind enough to send additional

brochures not available to the Altru Cancer Center. Nancy Klatt lent me the Altru Cancer Center Display board with color photos of all of the different types of rooms they had for treatment and examination. She also lent me a black tablecloth to finish off the information table. With the final touch of pink carnations purchased by the Department of Theatre Arts for the lobby, it became a very inviting place. The information was available to all individuals who would care to learn more about ovarian cancer risks and treatments.

#### Rehearsal Notes

The dramaturg acts as a third eye for the director in rehearsals. I provided the director, at her request, with notes about small technical items and impressions I had of the characters. I attended rehearsal from the end of September until the play's opening on October 17, 2001. In early rehearsals I answered questions and helped the actors with medical procedures. For example, Susie gives Vivian a shot of morphine before Vivian begins the morphine drip. She did not wear gloves. Due to OSHA regulations, a nurse would be required to wear gloves and dispose of the needle. These were the small notes I gave the director to aid in the realism of a hospital and the representation of medical procedures.

As rehearsals proceeded, my notes became more in-depth. I would address small things such as how to take a pulse, to larger questions about when Vivian is presentational or representational on the stage. Each night, I would give the director my notes. Then, once a week or more, as needed, the director and I would discuss my notes in her office. At this time I would clarify my notes or be asked to look at a specific scene during that following rehearsal.



The benefits of attending rehearsals were invaluable to me. I felt more involved with the actors. I was available for questions at anytime. If I did not have an answer immediately, I was able to have one within twenty-four hours. I was able to see the nightly growth of the actors. This made dialogue between the director and myself run smoothly during the production.

There were also drawbacks in my attending rehearsal every night. I was not an audience member. I was involved with the show. I was not able to give a fresh response. Everything I saw was without an objective eye. I began to lose sight of the small details that I had noticed before. I began to accept small actions as the choice of the actors. I went from very specific detailed notes to large generalizations. This was probably not as helpful to the director. By becoming so familiar with the actors and their mannerisms, I was not as useful as I could have been to the production.

#### Properties Gathering and Identifying

Before we began rehearsal, the director and I agreed that I would be responsible to aid the property master in gathering the many medical items we needed. I attended meetings at the School of Nursing at the University of North Dakota with the property master, the technical director, and the scenic designer. With the wonderful guidance of Mary Reinertson-Sand, B. N., M. L. S., Director of Learning Resource Center of the University of North Dakota School of Nursing, we learned the many types of catheters and IV bags. After these items arrived at Burtness Theater, the property master would explain the function of the items to the production stage manager. I would be available at rehearsal. If a question arose



that the production stage manager was unable to answer, I could to explain the new properties.

#### Information for Publicity

While working on publicity for Wit starting from the middle of August, I attended meetings with the director at the School of Medicine and Health Sciences. These meetings were to coordinate the poster and other publicity items. It also was very useful to be able to ask questions freely when I did not know where to go for research. It also gave me a chance to find items that the School of Nursing could not provide.

#### Conclusion

Before the beginning of Wit, I had never read a John Donne poem or even thought about ovarian cancer. Researching these topics gave me a solid "hands on" experience of the research process. With all of the knowledge I have gained on this project, I feel that I have learned how to perform as a dramaturg. I have traveled from research, to rehearsals, to writing. I feel that I have a strong understanding of Wit. Most importantly, I know the kind of discipline that is required of a dramaturg in order for her to be a useful member of a production.

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