

See No Evil

The Bedside Spectatorship of Vivian Bearing

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In this thoughtful essay, its author Elizabeth McElroy explores Margaret Edson's celebrated play "Wit" with a focus on bio-medical ethics, namely, the attitudes toward the dying that the play's hospital setting might encourage or, indeed, discourage. McElroy's opening gambit is to set Edson's play alongside Freud's claims regarding the potential for theatre to expose its spectators to the experience of death. Pace Freud, we are all hardwired to avoid any sense of our own death for the deceptively simple reason that consciousness literally cannot grasp it; try as we might to imagine our own deaths, we are always there as spectators in that very act of imagining. Despite Freud's own ambivalence to the powers of *actual* theatrical spectatorship – a spectatorship that both brings death closer and holds us at a safe distance from it – McElroy resolves to deepen and complicate Freud's idea of spectatorship by exploring the various modes of looking that are played out in "Wit": the observational power of the attending physician-researchers, for whom the protagonist Vivian Bearing is 'research'; the compassionate regard of the duty nurse; and finally, the play's breaking of the fourth wall, which allows for a more fundamental experience of *looking at* the dying, one that is rendered all the more complex because it is accompanied by the experience of *being looked at by* the dying. In a skillful treatment, McElroy ties the play's different modes of looking to recent bio-ethical considerations of best practice in terms of patient-physician relationships.

–Sarah Clift

Vivian Bearing directs the first lines of *Wit* at the audience, immersing the viewers immediately in a story-telling style of narrative, as well as creating an interesting dynamic between the roles of “the watcher” and “the watched”. The role of the spectator is often inclusively shared between Vivian and the audience, stage directions such as: “Vivian looks out at the audience, sizing them up” (Edson 1) swap the spectator role. The subject of Vivian’s dying, which is central to the play, also becomes especially interesting in this dynamic. The spectating of death becomes a prevalent issue and point of reflection within the shared role of the spectator. Sigmund Freud argued that “it is indeed impossible to imagine our own death; and whenever we attempt to do so we can perceive that we are in fact still present as spectators” (289). Similarly, in terms of the death of others Freud argued that we can come no closer to understanding it than we can our own selves, and often distance ourselves in the contemporary age from the reality of any death altogether (290).

Wit is a play that requires the spectating of death. Vivian Bearing’s role in the biopolitical hospital environment, where much of the play occurs and many characters hold medicalized positions, demands that the audience turn spectating eyes back to death, using the powers of spectatorship to bring death into one’s own reality. In the biopolitical environment of *Wit* where spectatorship can also reveal a potentially dehumanized quality in healthcare providers, the physician-patient relationship becomes a key topic in the discourse on the necessary spectatorship of

death and how it is treated in the biopolitic. The models of bedside manner, as formulated by bioethicists Ezekiel and Linda Emanuel, can be applied to each of the physicians treating Vivian in their roles of spectating and car of the patient. Ultimately, the examination of the bedside spectator reflects back on the audience, and thus becomes a reminder of the reality of death through Vivian's experience and an encouragement for further integration of death in the daily life.

Based on Freud's theory of how an individual might view their own death, Vivian Bearing of *Wit* is no exception. As she states in her initial monologue to the audience: "It is not my intention to give away the plot; but I think I die at the end" (Edson 2). Vivian's uncertainty about her own death corresponds with Freud's idea that even by imagining the death of one's own self, one is still present and unable to relinquish the spectating role. Even with the death of another, Freud asserts that an entire understanding of death is still not possible, and the idea ungraspable because one still views the other through the position of a spectator. However, he proposes this position can be either a strength in aiding one's understanding, or a weakness of constantly avoiding death (299). Indeed, this uncertainty of the role of the spectator becomes hugely important in *Wit*, as it is a play where spectatorship itself is commented on through the meta-theatrical qualities of the play in the characteristics of it being a watched form of entertainment. Freud's view on theatre also commenting on spectatorship, *Our Attitude Towards Death*, reveals theatre as another form of spectating

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death: “We die with the hero with whom we have just identified ourselves; yet we survive him, and are ready to die again just as safely with another hero” (291). This spectating of the death of another offers a kind of false understanding of death with a heroic impression pervading the spectator. Vivian seems to warn the audience against this with *Wit*, cynically commenting on the play in terms of her having a noble death: “I would prefer 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” (Edson 2). Vivian acknowledges the audience as spectators, not only by role, but in death as she acknowledges herself as a spectator to her own death. In her narration, Vivian keeps the audience from being completely comfortable in this spectating role and returning to the “dying with the hero” experience of theatre. Vivian draws attention to the realities of death and dying and to the constant role of spectatorship which everyone participates in both theatre and life:

In this dramatic structure you will see the most interesting aspects of my tenure ... I feel obliged to document what it is like here most of the time between the dramatic climaxes. Between the spectacles ... If I were writing this scene, it would last a full fifteen minutes. I would lie here, and you would sit there (Edson, 21-22).

Exposing the individual relation of spectating and death, Vivian shows the personal application of this in the

biopolitical environment through her role as the spectated specimen. *Wit* offers a commentary on the medicalized society and relations of physicians and patients through the lens of spectatorship in Vivian's act of dying.

Nearly the entirety of *Wit* takes place in a medicalized environment., The settings of hospitals and doctors offices are laid out before the audience through a small cast of characters who are almost entirely made up of healthcare providers. The play immerses the audience in the biopolitical setting, which philosopher Michel Foucault describes in his essay *Society Must be Defended* through the contemporary relation of death and the power of the sovereign, and the newly medicalized society. Foucault describes the deeply medicalized biopolitic as focused on " ... these processes - the birth rate, the mortality rate, longevity, and so on ... which become biopolitics' first objects of knowledge and the targets it seeks to control" (243). Certainly biopolitics becomes an important issue for Vivian Bearing in *Wit's* hospital setting, a place where death is a constant threat for population. Yet, as in Foucault's biopolitic, it is almost entirely avoided by those who are often the closest in proximity to it. Foucault argued that death in the biopolitic era is no longer a place of power but rather a place of retreat and extreme privacy (248). Samuel Gorovitz, author of *Doctor's Dilemmas*, writes about the treatment of death in the medical environment and points out that "those who are judged to be dying are often in, or about to be in, the hands of providers of medical treatment" (158). He also emphasizes the importance of how physicians

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treat death and dying, which affects “how we treat and relate to people” (157). In the biopolitical environment, this conduct has a major effect on the bedside manner employed by healthcare providers, including Vivian’s own in *Wit*.

The relation of the physician and patient is a matter importantly stressed in the medicalized society and is under severe examination in *Wit*. Standards of professionalism and the debate of patient autonomy versus physician expertise is under constant strain, as laid out in the models of physician-patient relationships by Ezekiel and Linda Emmanuel. From the logically informative to the collaboratively deliberative, many of these models are demonstrated in the biopolitical environment in *Wit* and are debated through the lens of having a potentially observational effect, which could have the effect of making the patient a specimen to be spectated as Vivian experiences. Kelekian and Jason as her main physicians are often guilty of spectating Vivian in an experimental fashion as though she is only useful as research. The Emmanuel’s present the paternalistic model of the physician-patient relationship as having the goal that “patients receive the interventions that best promote their health and well-being ... and to identify the medical tests and treatments most likely to restore the patient’s health or ameliorate pain” (1). This model, while seemingly a standard for medical relations, is also one which certainly favours life at any consequence over death, an evident biopolitical stance on evading death. Emmanuel adds that in extremes of the model “the physician authoritatively informs the patient when the intervention

will be initiated" (1), a trait which is certainly seen in Kelekian with his initial diagnosis of Vivian and immediate offering of the experimental treatment, offering no other choices explicitly (Edson 5). Kelekian is obvious in his avoidance of speaking about death in this diagnosis, a markedly biopolitical treatment of the subject, and something which follows the Freudian notion of spectating this death from a removed position. The biopolitical environment avoids the subject of death entirely and as is understood by Foucault, death "has become the most private thing of all" (248). Options of avoiding the potentially life-saving but painful treatments are never discussed by Kelekian with Vivian, furthering the painful and "private death" which Foucault describes in the biopolitic.

While Kelekian's methods are not exemplary for the treatment of Vivian, it is Jason's model of the physician-patient relationship which is most striking as trespassing on the individual autonomy of the patient and the dignity and professionalism demanded in the physician role. Jason's behaviour best suits the informative model of the relationships as its main goal is to "provide the patient with all relevant information" (Emmanuel 2). While this is argued to give the maximum autonomy to the patient, it merely "perpetuates and accentuates the trend toward specialization and impersonalization within the medical profession" (5). This is exactly the case in the relationship of Jason and Vivian, the informative model becoming an easy place to lose the professionalism and respect of the

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physician-patient relationship. The loss of autonomy is imposed, and superiority of the physician is exemplified in one particular exchange:

Vivian: How will you know when the kidneys are involved?"

Jason: Lots in, not much out.

Vivian: That simple.

Jason: Oh, no way. Compromised kidney function is a highly complex reaction. I'm simplifying for you.

Vivian: Thank you.

Jason: We're supposed to.

Vivian: Bedside manner.

Jason: Yeah, there's a whole course on it in med school. It's required. Colossal waste of time for researchers (Edson 35).

The impersonal distancing of Jason is repeated throughout the play, a statement of the biopolitical environment at its most inhuman and isolating. Jason's labelling of Vivian as "Research" (Edson 54) in the final scene of the play comes as no surprise considering his bedside manner throughout, his role as spectator at its most extreme and adverse to the reality of death. This definition of spectating in terms of Freud surfaces in Jason's fascination with the immortal quality of Vivian's cancer (Edson 37), his avoidance of death despite spectating Vivian's dying concentrated in his complete fascination with the undying cancer in her body. Jason, despite being a physician, and in Freud's view, one of those more likely to have a better understanding and

relation with death (290), proves himself to be in the role of spectator, and indeed, one who falls within the definition of the spectator in theatre. Jason is heroic and conceited in his watching of Vivian's dying up until his ultimate mistake and trespassing of her autonomy in the final scene. The informative model is thus shown to be flawed in its excluded empathy for the patient as Jason embodies in *Wit*. The spectatorship by the physician in the biopolitic is essential to the bedside relation, but advocates a spectatorship of concern and understanding rather than distanced, logical observing.

Negative medical practice between physician and patient is not the only relation exemplified in *Wit*, the play also acts as a discourse on the different models of bedside manner. Susie portrays a different, better reviewed model of physician practice as laid out by Emmanuel, but this does not make her exempt of being a spectator to Vivian's death. Freud does not discount the spectating of death, but offers the solution that in spectating the death of others we "give death the place in reality which is its due and ... give a little more prominence to the unconscious attitude towards death we have hitherto so carefully repressed" (Freud 299). Susie is no less a spectator to Vivian's death than Jason or Kelekian. Yet Susie integrates death into her life rather than being adverse to it, acting as a comforting support to Vivian, while being entirely upfront with Vivian as she speaks to Vivian about the 'DNR' option in her treatment. Susie accepts the reality of death, pointing out the failure of this with Kelekian and Jason: "... they like to save lives. So

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anything's okay, as long as life continues. It doesn't matter if you're hooked up to a million machines" (Edson 44). Susie, by this example, portrays the deliberative model of the physician-patient relationship, able to uphold the autonomy of Vivian's decision while still being empathetic and informative. Emmanuel describes the model positively: "the patient is empowered not simply to follow unexamined preferences or examined values, but to consider, through dialogue, alternative health-related values, their worthiness, and their implications for treatment" (Emmanuel 3). Through this model Susie makes death in the biopolitical environment less painful and private, offering choices valuable to Vivian while retaining humanizing and empathetic qualities. The stage directions show these compassionate efforts, especially during a scene portraying Vivian's extreme illness, Jason is described diagnosing her "without looking at Vivian", while Susie just a few lines later is "giving Vivian juice and a straw, without looking at Jason" (Edson 28). Susie contrasts the physician-patient relations of Kelekian and Jason, accepting death in her own reality and acting as a supportive, embracing figure in the private death Vivian has been subjected to in the biopolitic.

Among the many characters representing various models of the physician-patient relation the question of the audience as spectator in the meta-theatrical context of the play returns. Vivian echoes her introduction of the play and of this meta-theatrical quality of the play in her lines: "Hi. How are you feeling today?". This question signals a return for the audience to the commentary on the "watcher" and

the “watched”. While it is clear the audience is not playing a physician role in *Wit*, the audience has throughout been entirely immersed in the biopolitical and medicalized environment of Vivian’s story, and therefore has been at Vivian’s bedside through her dying, and ultimately, her death. The audience has been a spectator and a conscious one through the inclusive narration of Vivian. It is in what she calls her “last coherent lines” that Vivian forces the audience from the mere role of spectating to engage with the reality of her death, not in the heroic fashion of theatre, but in the vivid death of another. Part of her last lines to the audience force audience engagement: “it came so quickly, after taking so long. Not even time for a proper conclusion” (Edson 47). Vivian demands a consideration of death in the conclusion of *Wit*, reminiscent of Freud’s advising: “Si vis vitam, para mortem. If you want to endure life, prepare yourself for death” (300). While the audience does not act directly in the role of physician they have been at Vivian’s bedside throughout and within the medicalized setting. The critique on the physician-patient relation becomes clear in the demand that as spectators physicians, and any who exist in the biopolitic, at the bedside of another might accept the reality of death for the better treatment of the patient.

At the bedside of Vivian Bearing during *Wit* everyone acts as spectator, from those playing the physicians, to the audience, immersed in the biopolitical and medicalized environment of the play and therefore forced into a similar role of understanding. While Freud admits humans are unable to grasp the reality of their own deaths, or even the

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entire understanding of the death of another, the ability to spectate is not entirely ineffective in all situations. The conflict of the physician-patient relationship arises in the question of spectating in terms of the bedside relation central to the ideas of *Wit*. Models of these relations, as laid out by bioethicists Linda and Ezekiel Emmanuel, are explored in the characters of Kelekian, Jason, and Susie. Vivian's autonomy as a patient is put to the test, yet the upholding of integrating death into one's life through the spectating of the death of another is something which only Susie produces in the play, yet something which is conveyed in the words of Vivian to the audience as a declaration to keep death constantly present in reality. Vivian demands a change in the biopolitic, a change in the way death weaves in the lives of individuals to a relation that is more open and understanding. This change results in a better relation of physician and patient and better social relations overall.

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