



Denver Center  
Theatre Company

# Inside Out

PRODUCED BY THE EDUCATION DEPARTMENT

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*“VIVIAN: —Ingenuity, virtuosity and a vigorous intellect that jousts with the most exalted concepts: these are the tools of wit.”*

Margaret Edson, *Wit*

## Wit

Vivian Bearing, Ph.D. is a renowned professor of literature who has spent her life studying and teaching the difficult Holy Sonnets of the 17th-century metaphysical poet, John Donne. At the age of 50, she is diagnosed with Stage 4 ovarian cancer. A tough, brilliant woman, Vivian approaches this disease as she does her studies: aggressively inquisitive and intensely rational. In her fight for her life, she provides the research doctors, Harvey Kelekian and Jason Posner, with an opportunity for medical experimentation as they examine her cells while ignoring her suffering.

In the course of her illness, Vivian comes to reassess her life and her work with insight and humor. She learns to finally connect with fellow human beings and finds empathy with an “intellectually inferior” nurse, Susie Monahan. It is Susie’s compassion that humanizes Vivian and gives her the courage to make the most crucial decision of her life.

*“Seeing much, suffering much and studying much, these are the three pillars of learning.”*

Benjamin Disraeli

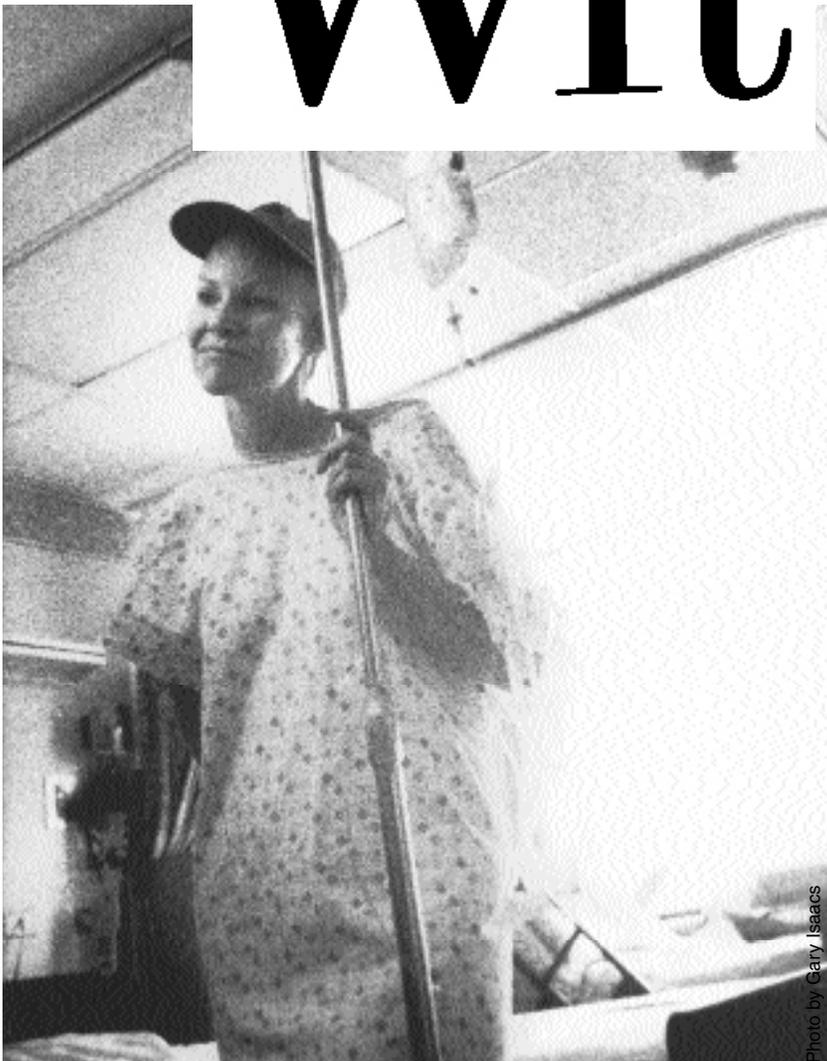


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# THE PLAYWRIGHT

***“It’s a play about redemption.  
And if people get that, I’m very  
gratified. And I thank them for suffering  
through it to get to that point.”***

Margaret Edson<sup>1</sup>

**M**argaret Edson was born in Washington, DC in 1961. A graduate of Smith College, she has degrees in history and literature. She has worked as a hot dog sales person, a waitress at a hog-farmer’s bar, a Roman Catholic convent painter and a physical therapy aide. In 1991 while working at a bikeshop, Edson felt the need to write a play about her experiences working with AIDS patients at a research hospital in 1985. There, she was the unit clerk and facilitated particular moves to make things go more smoothly for the patients and nurses. “I was able to really see a lot of things first hand. I was sort of unnoticed because I was so insignificant. And so I was able to witness a lot, both the actions of the caregivers and reactions of the patients.”<sup>2</sup> She also methodi-

cally studied the works of John Donne because she wanted her main character to be educated in a tough subject. Though she found writing difficult and unenjoyable, out of her struggles emerged the play *Wit*, which won three Outer Critics’ Circle Awards, two Drama Desk Awards, two Drama League Awards and a New York Drama Critics’ Circle Award, in addition to the Pulitzer Prize for Best Play of 1999.

**D**espite all of the acclaim, Ms. Edson does not plan to write another play, at least not until she feels she has something to say. Right now she is committed to teaching kindergarten. She loves teaching and says: “I feel like in my job as a teacher I’m expressing myself all day long. And the same sort of excitement of thinking something up that comes with writing I have all day long, and in much greater quantity in the classroom.”<sup>3</sup>

***“So, if my students are watching,  
turn off the TV and go read a book.”***

Margaret Edson<sup>4</sup>

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## MEDICAL ETHICS

DOCTORS POSNER AND KELEKIAN

**D**octors Kelekian and Posner demonstrate ability and enthusiasm for the scientific aspects of their medical practice but treat their patient as a research experiment and fail to acknowledge her suffering. Their “treatment” of Vivian raises questions about what the role of a doctor should be in a doctor-patient relationship. Should doctors remain detached from their patients’ suffering or should they treat patients with compassion and sensitivity?

One point of view is that doctors, like Kelekian work around sickness and dying on a daily basis and need to distance themselves from the patients in order to act with sound, objective judgment when carrying out procedures or operations. In a collection of addresses presented in 1889, Sir William Osler, MD, FRS, professor of medicine at Oxford University, advocated “equanimity” in the practice of medicine. Equanimity implies an evenness of mind, especially under stress. In order to possess it, a physician “must distance himself from the emotions that surround the horrors with which he has chosen to deal for the rest of his life, or go mad.”<sup>16</sup>

On the other hand, there are those who argue for a more compassionate practice of medicine, as characterized by nurse, Susie Monahan. “Illness is dehumanizing,” writes Alfred I. Tauber in *Confessions of a Medicine Man* and one of the doc-

tor’s responsibilities is to restore the patient’s sense of identity.<sup>17</sup> The physician can only do this by viewing the patient as more than a case, that is, as a suffering individual who is dependent and vulnerable. Charles Fried, MD supports this view in *Rights in Personal Care* (1974) that includes the assertion: “Humanity: the physician has an obligation to treat the patient with compassion and sensitivity, especially bearing in mind the increased emotional vulnerability brought about by illness and fear of death.”<sup>18</sup>

**S**uzanne Fleishman, a linguist, notes that in American medical schools doctors receive little or no training in communication skills. “Yet communication is central to the success or failure of interactions between physicians and patients.”<sup>19</sup> This, perhaps, is the greatest lesson that Dr. Posner learns as doctor for Vivian. Likewise, Jack Coulehan, MD, feels that the physician’s strongest tool is empathy, the ability to understand where the patient is coming from and to communicate that understanding.<sup>20</sup> He believes the problem in medicine (and as the treatment of Vivian in the University Hospital demonstrates) is the lack of teaching. The transmission of a kindness can take less time than writing a prescription – and sometimes be just as effective.

***“Words of compassion,  
skillfully administered, are  
the oldest therapy known  
to man.”*** Louis Nizeer.

# JOHN DONNE *one of the most celebrated poets of the 17th Century*

John Donne is one of the most celebrated poets of the 17th Century. He is credited with the development of the “metaphysical” style of poetry using conceits (fantastic comparisons) and paradoxes (contradictions). Donne was one of a group of metaphysical poets who wrote in the 1600s. These poets explored the philosophical problems of the one and the many, unity and division and the spirit and the flesh. They often ignored traditional stanza forms and employed vivid colloquial language, irregular rhythms, clever but obscure imagery and occasionally, exaggerated diction. Donne was the master of “wit,” which was defined by Ben Johnson as “a kind of discordia concors: a combination of dissimilar images or discovery of occult resemblances in things apparently unlike.”<sup>8</sup> For example, in his lyric “Valediction Forbidding Mourning,” Donne compared the souls of lovers to the legs of a compass.

“If they be two, they are two so  
As stiff twin compasses are two;  
Thy soul the fixed foot, makes no show  
To move, but doth, if th’other do.”<sup>9</sup>

Donne was also a genius at developing metaphysical conceits, lengthy complex images to express his involved, but subtly controlled views of a person, object or feeling. The man reflected his times, the Baroque period in European culture. Innovations in scientific and philosophical thought were apparent in the works of Galileo, Kepler, Bruno and Machiavelli, but there was also the stimulation of ideas from his deep religious sensibilities and from scholars of earlier generations such as Copernicus.

Donne used language that was forceful and like everyday speech; at times his meanings seem obscure but they are logical. At his best, Donne was a master at blending deep thought and emotion. However, he was “notoriously much possessed by death.”<sup>10</sup> Of his 54 songs and sonnets, 32 find some means of mentioning death. In Holy Sonnet X (the one Vivian quotes from most often), Donne challenges Death.

Holy Sonnet X: “Death, Be Not Proud”  
Death, be not proud, though some have callèd thee  
Mighty and dreadful, for thou art not so;  
For those whom thou think’st thou dost overthrow  
Die not, poor death, nor yet canst thou kill me.  
From rest and sleep, which yet thy pictures be,  
Much pleasure, then from thee much more, must low  
And soonest our best men with thee do go,  
Rest of their bones and soul’s delivery.  
Thou art slave to fate, chance, kings and desperate men  
And dost with poison, war and sickness dwell,  
And poppy or charms can make us sleep as well  
And better than thy stroke; why swell’st thou then?  
One short sleep past, we wake eternally,  
And death shall be no more; death, thou shalt die.

In a somewhat plausible but weak argument, Donne is saying that death has no power over the Christian soul. “Sleep, death’s ‘picture’ causes pleasure; the best men embrace death the soonest. Death is merely the tool of Fate, Chance, kings and desperadoes.”<sup>11</sup> After a short sleep, one will wake in an afterlife, an assertion of a Christian belief, where no Death exists. To Donne, death was a challenge and almost never sad.

Donne was born in London in 1572 to wealthy Roman Catholic parents. His early education was received from Jesuit priests who probably gave him much of the subtle scholastic logic that underlies his poetry but also instructed him in the devotional attitudes that permeate his religious verse. He had roots going deep into medieval Catholicism; indeed both an uncle and a brother died in Newgate Prison where they were confined after being found guilty of harboring a Catholic priest. For some time after 1584, Donne attended the universities at both Oxford and Cambridge, but was not permitted to obtain a degree because of his religion.

In his early twenties (the 1590s), he took part in London social life while studying law at the Inns of Court; it is from this period that most of his love poems, satires, elegies, songs and sonnets date. Also at this time, he was troubled by religious doubts and was probably reading much theological literature in an effort to settle upon some religious persuasion.

He volunteered for military service in 1596 under the Earl of Essex and was part of the force that stormed and sacked Cadiz and Faro in Spain. Upon his return to England in 1598, he received an appointment as secretary to Sir Thomas Egerton. In that capacity, he lived at York House, Egerton’s London residence, where he met Ann More, the niece of Sir Thomas’ second wife. They fell in love and were secretly married in 1601. In 1602, when Donne broke the news of the marriage to Ann’s father, Sir George More, the irate father had him dismissed from his position and thrown into prison. After his release, the Donnes, in great financial difficulty, went to live with Ann’s cousin near Losely, England. The next seven years were hard for the couple as John applied unsuccessfully for many positions and Ann gave birth to five children. By 1609 Ann’s father reconciled himself to Donne, at least enough to pay a dowry.

Donne published “An Anatomie of the World (The First Anniversary),” an extravagant elegy on the death of a young girl unknown to him, but a poem with profound philosophical implications. The young girl was Elizabeth Drury, the daughter of Sir Robert Drury, who, as a result of the lavish praise heaped on his daughter, became Donne’s benefactor and patron. Drury provided the poet with a house for his fast-growing family. Donne also wrote “The Progresse of the Soule (The Second Anniversary),” an equally extravagant and obscure poem in memory of Elizabeth Drury.

Donne wrote prose reflections including *Biathanatos* (1608), an analysis of the morality of suicide; *Essayes in Divinity* (1614) and *Pseudo-Martyr* (1610), a defense of the opinion that Catholics should take the Oath of Allegiance. When it became clear that church positions would only be open to him if he entered the Holy Orders, Donne was ordained in the Anglican Church in 1615. For some years after 1616, he preached at Lincoln’s Inn, where he had studied law. The great tragedy of his life occurred in 1617 when his wife Ann died while giving birth to a stillborn child. She had faced poverty and uncertainty with him and bore 12 children, seven of whom survived. In 1621, Donne was made Dean of St. Paul’s in London, a post in which he composed and preached many of the sermons he left behind. After a serious illness in 1623, he wrote *Devotions upon Emergent Occasions*, which produced the famous passages, “No man is an island” and “Ask not for whom the bell tolls.” He died on March 31, 1631, a month after preaching at the court of King Charles I.

# Ovarian Cancer

*“I don’t know what cancer is—cells gone mad, I suppose.”* Gene Wilder, Gilda’s husband<sup>7</sup>

Vivian has ovarian cancer which strikes one in every 55 women in the United States. More than 25,000 will develop it sometime in the next year and nearly 15,000 will die. If found in time, 95% of these tumors can be cured, if not, chances of surviving five years or more are less than 50%. The reasons for such dramatic figures are:

- The ovaries are deep inside the pelvis and not easy to feel;
- the Pap Smear test usually does not detect this kind of cancer;
- there is no single, reliable screening test for the early detection of this malignancy and
- doctors usually do not recommend the in-depth exam that is necessary to make the diagnosis unless they or their patients have some reason to suspect it, or there is a strong family history of ovarian cancer.

The symptoms of ovarian cancer are usually vague. They include bloating, extreme fatigue, unusual vaginal bleeding, a feeling of pressure in the pelvis, swelling of the abdomen, and/or chronic stomach pain, gas or indigestion. These symptoms are indicative of other illnesses, as well. For example, Gilda Radner, the talented comedienne who died from ovarian cancer, was first diagnosed with Epstein-Barr syndrome.

As mentioned previously, those with a family history of ovarian cancer have an increased risk of getting the disease. Post-menopausal women in their late 50s, 60s or 70s are more prone to the condition, but younger women can develop it as well. Other risk factors include:

- women with a history of uterine, colon or breast cancer;
- females of North American or Northern European descent, as well as Ashkenazi Jews (from Central and Eastern Europe);
- women who have never had a baby or have their first baby after age 30;
- anyone who tests positive for the BRCA1 or BRCA2 genes;
- those whose menstruation began before age 12 and whose menopause did not begin until well after age 50 and
- women who have used fertility drugs

unsuccessfully for lengthy periods.

Most ovarian “growths” are not malignant (many are simply cysts), but if the doctor feels “something suspicious” s/he will order a biopsy. If the biopsy reveals a tumor, it could be one of three kinds—epithelial, germ cell or stroma—each of which develops from a different ovarian cell. Epithelial tumors (which Vivian has) account for 85 to 90% of all ovarian cancers.

If a malignant tumor is found, it is “staged” to define how far it has progressed: In **Stage 1** the tumor is limited to the ovary; in **Stage 2** the tumor has spread to other organs in the pelvis; in **Stage 3** the tumor is outside the pelvis, in the lining of the abdomen and the lymph glands; in **Stage 4** the cancer has spread to other organs such as the liver. Needless to say, the lower the number the earlier it is and the better the outlook for recovery.

Once doctors have determined the stage of the cancer, they will recommend a treatment strategy based on a woman’s age, general health and personal preference. Surgery is usually the first step in the treatment of all types of ovarian cancer. During surgery, physicians will try to remove as much of the cancer as possible—a procedure called “debulking.” A laparotomy is a surgical procedure in which an incision is made through an abdominal wall to determine the stage of the cancer. Those with Stage 1 or early Stage 2 ovarian cancer may not need additional surgery. However, if the results confirm a more advanced stage, doctors will remove both ovaries, both fallopian tubes and the uterus. “This is called a total abdominal hysterectomy with bilateral salpingo-oophorectomy.”<sup>5</sup>

## Chemotherapy

After surgery, most ovarian cancer patients will undergo chemotherapy to prevent the recurrence of cancer. Chemotherapy kills cancer cells by stopping them from dividing and reproducing. Most chemotherapies are administered intravenously (through a vein) or more directly by catheter in a cycle every three to four weeks. It can be given in the

hospital on an outpatient basis, but treatments that require several days or need a catheter to administer may require the patient to stay in the hospital. Since each chemotherapy drug attacks cancer in a different way, two or more different types of agents are given at the same time to maximize the effectiveness. This is referred to as “combination therapy” and helps prevent cancer cells from becoming resistant to the individual drugs. Patients usually receive six courses (or administrations) of a chemotherapy treatment every 21 days. (Vivian receives eight.) After each treatment, patients are evaluated with a physical exam, blood test and/or a CAT scan.

Unfortunately, chemotherapy treatments affect not only cancer cells, but also normal cells, such as red blood cells, white blood cells, hair cells and cells lining the digestive tract. Uncomfortable side effects include nausea and vomiting (which can be alleviated by antiemetics), fatigue, change in appetite, mouth or vaginal sores and temporary hair loss. Because of their weakened immune system, chemotherapy patients are also susceptible to infections.

*Are there any preventative measures against ovarian cancer?*

Every woman should have a thorough rectovaginal exam each year. Although studies are not complete, a report from Roswell Park Cancer Institute in Buffalo, NY suggests there is a correlation between a high fat diet and ovarian cancer. A 1982 Harvard Medical School research team linked the use of talcum powder to the disease, but six years later, researchers from Stanford University could find no increased risk, so this study is unclear. The best advice comes from M. Steven Piver, MD, who was Gilda Radner’s doctor. He urges yearly physical exams and states emphatically: “The importance of early detection cannot be overstated.”<sup>6</sup>

# DR. KUBLER-ROSS AND THE FIVE STAGES OF DYING

*“Death belongs to life as birth does.”*

Rabindranath Tagore. *Stray Birds*. CCCLXVII.

In the 1960s Dr. Elisabeth Kubler-Ross began working with dying patients in an effort to refocus on the individual as a human being and help him/her during the final days. Out of her research emerged the book *On Death and Dying* (1969) that describes the coping mechanisms patients use during a terminal illness. She termed them stages and described each one:

## Stage 1

Denial and Isolation. The “No, not me” syndrome “functions as a buffer after unexpected shocking news, allows the patient to collect himself/herself, and, with time, mobilize other less radical defenses.”<sup>12</sup> In this stage, the patient will often insist the X-rays or tests were mixed-up or seek other medical opinions.

## Stage 2

Anger. After denial the patient asks “Why me?” and feelings of rage, envy and resentment are directed at caregivers and family. In this difficult stage, a patient who is treated with respect and understanding and given a little time and attention will soon calm down and reduce angry demands.

## Stage 3

Bargaining. This is really an attempt to postpone; patients believe that death will include a “prize for good behavior” within a self-imposed period.<sup>13</sup> For example, the patient will ask to be kept alive for a family member’s wedding or until s/he has given a performance or completed some project.

## Stage 4

Depression. This stage occurs when the “patient can no longer deny his/her illness, when s/he is forced to undergo more surgery or hospitalization, when s/he begins to have more pain or becomes weaker... .”<sup>14</sup> It is also the time when the patient regrets past “failures” or lost opportunities. This sadness comes when s/he is forced to struggle for life, when the individual is ready to prepare to die.

## Stage 5

Acceptance. If the patient has gone through the previous four stages and been allowed to express his/her feelings, the individual “will contemplate the coming end with a certain degree of expectation.” The patient will be tired and need to sleep a great deal and verbal communication will be minimal.

## NOTES

1. Edson in Carolyn Clay
2. Edson on News Hour with Jim Lehrer
3. Edson on Charlie Rose Show
4. Edson on News Hour with Jim Lehrer
5. Park, Piver, Runowicz, p. 1
6. Piver, p. 154
7. Piver, p. 30
8. Gardner, p. 4
9. Donne, p. 113
10. Carey, p. 198
11. Grennen, p. 45
12. Kubler-Ross, p. 52
13. Kubler-Ross, p. 95
14. Kubler-Ross, p. 97
15. Kubler-Ross, p. 124
16. Thurston, p. 17
17. Tauber, p. 97
18. Fried, p. 99
19. Fleischman, p. 18
20. Coulehan, p. 102

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# ACTIVITIES

## Questions for Thought...

1. The playwright states that she intended the audience to leave with a sense of “redemption.” Do the characters in the play make some sort of transformation toward redemption? For example, Vivian placed importance upon knowledge, accomplishment and being published as a student and professor. How does living with cancer and undergoing chemotherapy change her perspective on life? How does she relate to her doctors and how does their treatment make her reconsider her values in life?

The character of Jason, likewise, demonstrates a preoccupation with research and medical progress. Do you think Jason redeems himself? Do you think the final scene represents a transformation in his character or do you feel he will never change his attitudes toward people?

Consider the other characters in the play: Susie Monahan, Dr. Kelekian, Professor Ashford and Vivian’s father. What do they value most in life? Do any of these characters demonstrate “redemption” or do they have another purpose in the play? How do each of these characters assist Vivian’s path to redemption?

2. *Wit* was the recipient of the 1999 Pulitzer Prize for drama, an award that honors “a distinguished play by an American author, preferably original in its source and dealing with American life.”

In what way does the play relate to modern American life? What aspects of the play are timely or appeal/ring true to modern audiences? What issues of the play are universal?

Look at the following themes presented in the work and consider how these relate to our modern world and your life: cancer and chemotherapy, redemption, death, education (particularly medical school), career versus life, teacher versus student, knowledge versus wisdom, art (specifically poetry), values.

3. One of the many remarkable aspects of the play is its use of theatrical devices. The style of the play is very realistic but transcends time limitations through the use of flashback, narration and soliloquy or inner-monologue.

Realism is defined as a depiction of everyday life of a place or period. Using this definition, how is the play realistic? How is it non-realistic? Why do you think the playwright chose non-realistic methods? How does it relate to the theme of the play and the story?

4. An important theme of the play is that of language and communication. Words are not only the means by which Vivian communicates, but the object of her career as well. Even her name, Bearing, is representative of the character’s journey. Consider the following quotes from the play. How do they relate to Vivian’s story? How can you relate them to life?

- Irony is a literary device that will necessarily be deployed to great effect. – Vivian
- ...death is no longer something to act out on a stage, with exclamation points. It’s a comma, a pause. ... Life, death. Soul, God. Past, present. Not insuperable barriers, not semicolons, just a comma. – E.M. Ashford
- Now I know how poems feel. – Vivian
- Death be not proud, though some have called thee Mighty and dreadful, for, thou art not soe, For, those, whom thou think’st, thou dost overthrow, Die not, poore death, nor yet canst thou kill mee... - John Donne
- You cannot imagine how time...can be...so still. It hangs. It weighs. And yet there is so little of it. – Vivian
- Once I did the teaching, now I am taught. – Vivian
- And I will grant that in this particular field of endeavor they [the doctors] possess a more potent arsenal of terminology than I. My only defense is the acquisition of vocabulary. – Vivian
- I think it’s like [John Donne] is hiding. I think he’s really confused, I don’t know, maybe he’s scared, so he hides behind all this complicated stuff, hides behind this wit. – Student
- But I admired only the studied application of wit, not its spontaneous eruption. – Vivian
- When it comes right down to it, research is just trying to quantify the complications of the puzzle. – Jason Posner

## Denver Center Theatre Company

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