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## “How are You Feeling Today”: Body, Embodiment and ‘Sick Role’ in Margaret Edson’s *Wit*

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### Abstract:

Chronic illness challenges human existence in matters of biological sustenance, and also alters our positions within individual and collective realities. The alterations in the interpersonal subjectivities and biological conditions reconstruct new codes for survival in Margaret Edson’s play *Wit* that represents the profound personal and sociological transformations of last stage cancer. Exclusively bio-scientific explanations of disease restrict their impact to the body, whereas illness has a bearing on the whole existence of person. In Merleau-Ponty’s view, phenomenologically body and its limitations mediate our experiential reality through perception, and sociologically limitations of the body unsettle social networks by shifting our positions from kingdom of the healthy to kingdom of the sick, designating a ‘sick role’ for us. In this play, Edson juxtaposes embodied suffering with ‘sick role’ as prescribed by the society, reflecting the medical gaze. This article explores how the centrality of the body is fundamental to these seemingly contradictory approaches and how they can be complementary in illuminating the complexities of illness experience through an analysis of Edson’s *Wit*.

**Key words:** *Illness narrative, embodiment, lived body, sick role*

## Introduction

*I have been asked “How are you feeling today” while throwing up into a plastic washbasin. I have been asked as I was emerging from a four-hour operation with a tube in every orifice, “How are you feeling today?”*

*I am waiting for the moment when someone asks me this question and I am dead.*

(Edson 2)

These lines from Margaret Edson’s play *Wit* that won her the Pulitzer prize in 2000, are uttered by the protagonist Vivian Bearing. She is a fifty year old Professor of Seventeenth-Century English Literature whose experiences of having cancer in a world that reveres only biomedical expertise in matters of life and death are portrayed through this text. She a career-oriented intellectual before she realizes that her role as the person in command in a classroom has been inverted inside the medical setting, where she is reduced to an almost passive patient with limited action on her own. Being an academic with a hard exterior all her life, she discovers in her cancer a constant negotiation with relentless medical institutionalization and dehumanization, the ill effects of drugs and experimental chemotherapy on her body and the superfluity of her intellect in the face of bodily suffering. The play draws attention to the deteriorating physical condition of Vivian along with the bio-scientific indifference towards her constant suffering in favor of research resulting in her narrativized response to the ordeal. This narrative seems to be driven by an oscillation between her sophisticated wit and the chaotic distress emerging from her body. Vivian’s literary background gives her an edge about the language, the meanings, and medical metaphors associated with her cancer. Edson skillfully traces back her significant memories and re-situates them in the context of her illness. The play abounds in various kinds of juxtapositions: Vivian’s wit with the pathos of her condition, her emphasis on intellectual life with the carnal events happening through the dis-eased body in illness, behavior patterns of medical professionals with that of para-medical carers, and the objectivity of bioscientific-medical realities with the subjective experience of illness within the individual realities. This article explores the dimensions of bodily change especially in severe disease with respect to their sociological and experiential impacts. It also problematizes the bio-scientific notions of disease by pivoting body as the experiential and social locus of experiencing illness.

This argument develops as a reaction to biomedicine’s excessive reliance on quantitative, replicable and verifiable evidence located in an organ or a system of organs which frequently overlooks qualitative evidence based on the overall subjective experience. In biomedicine, illness is familiarized as disease that is made of deficit, excess or deviation all measured with respect to the normative categories of medico-scientific culture. On the other hand, illness of any kind requires a reconfiguration and re-navigation of lives among the disruptions, dislocations and disorientations that occur when a disease transforms into illness from affecting a person’s physical being to her social,

professional, familial and personal life. Illness challenges our preconceived ableist notions of autonomy and agency and also raises existential questions about human fragility and significance. It alters the contents and structures of our experience by virtue of changes in our spatio-temporal experience. This experience of illness might differ based on the particular details of one's disease, its appearance in one's life and the possibility of treatment or cure, but it fundamentally affects individual perception of one's physical/cognitive limitations. Illness situates the body-self in what Susan Sontag in *Illness as Metaphor* describes as the kingdom of the sick, as opposed to the previous identification with the healthy. Illness nearly takes a ritualistic part where one enters an altered realm of experience through the rites of symptoms, diagnosis and treatment etc. But often this new realm is barely discovered and understood beyond the scientific data in evidence based medicine.

The evidence based practices of biomedicine privilege scientifically collected and verifiable information, rather than individually perceived and received knowledge of the illness experience, thus invalidating the *other* meaning individual illness as a viable source of alternative knowledge. It focuses on the matters of facts, rather than matters of concern, that preoccupy the patient's world. In the case of chronic illness, the disease may subside, but the inherent transformation it brings might recede in varying degrees or not fade away at all. In Vivian's case this disease is a cancer, which alters all the aspects of reality in her life. Not only does a disease like cancer change the mechanisms of cellular structures, it often changes one's experience of the body itself, one's individual perspectives about bodily vulnerability and one's existing social positions.

### **Juxtaposition of Sick Role with Individual Suffering**

The two different approaches to the suffering in the forms of disease and illness can be expanded as characteristics of the biomedical and non-biomedical realities. In this sense the play acts as a representative of narratives that contrast individual suffering with the often generalizing medical gaze. To elaborate on this medical gaze and sick role, one needs to expand on the two distinct sides of the biomedical reality and individual reality. Edson's narrative juxtaposes the two sides of a body failing to sustain, one that ought to conform to the biomedical sequence of events in a particular disease, and the other following the unique individual plot for a suffering person. Biomedicine focuses on the inside activities of the body, while narrative based enquiries in humanities focus on the larger contexts affecting health. The former focuses on disease as a condition of the body, whereas a more narrative based approach perceives illness as a multifaceted experience. This juxtaposition is essential for understanding the construction of sick role and its constituents. This sick role contributes in the understanding of how the disease-ridden body is related to the sick body-self, which in turn illustrates the centrality of the body in terms of better comprehending the illness experience.

Talcott Parsons' 'sick role' is an institutionalized role which he describes as a form of social deviance. The doctor becomes the 'guardian of established order' and the 'gate-keeper of deviance' as being sick involved a passive withdrawal from work endangering the values of the normalcy-

obsessed society (Parsons xxii). The sick role confers a specific kind of social status upon the sick on the behalf of the rest of society. This role limits the sick with regards to their bodily condition and allows the others to deploy methods of control, surveillance, correction and management onto them. Here as opposed to the category of criminal and associated (almost) absolute illegitimacy,

“the sick role involves a relative legitimacy...The conditional legitimation of the sick person’s status on the other hand, places him in a special relation to people who are not sick, to the members of his family and to the various people in the health services, particularly physicians. This control is part of the price he pays for his partial legitimation, and it is clear that the basic structure resulting is that of the dependence of each sick person on a group of non-sick persons rather than of sick persons on each other” (Parsons 211).

This sick role also entails a sense of obligation for the sick to comply in order to be healthy and useful to the social productivity again. The obsession with social productivity imposes this responsibility indirectly onto the patient herself, suggesting that the patient must seek the care and ideally accept it in order to conform to the normative of health. Practices in medicine are often aimed at either enforcing or manipulating the patient into an almost habituated compliance supported by allegedly the sole and superior form of knowledge and a culture of evidence. As Parsons suggests, illness in sick role constitutes a contract of dependency with “an element of conformative motivational orientation... It uses disability as the basis of legitimation of this claim” (Parsons 193). Thus disability and I suggest impairment as well, enable medical practitioner and medicine in general to necessitate the sick role. He also argues that illness belongs predominantly in the passive-alienative category of social deviance, where the person on the receiving end surrenders her agency and the right to freely engage in social environment. This passivity is only remedied by a submissive-corrective appeal to the establishments of medicine. This point suggests that not only does modern medicine alienates the patient, it also renders her passive in her suffering, thus silencing the epistemic possibility of the *Other*. This loss of agency enters the interiors of individual suffering from the exteriors of medicine in the form of equipments and procedures. Thus Vivian is seen as only giving a casual remark when a group of doctors prod her bare body, because with time she has internalized the depersonalization, silence and passivity attributed to the sick role. In Vivian’s case, her role as the sick patient is established and re-enforced via the mechanisms of medicine. For instance, she is repeatedly reminded of her bodily vulnerability, her loss of agency, the loss of control and of making decision about her own body. This repetition not only deepens the passivity, but also outcasts the patient in her own suffering by authorizing the medical professional for decisions and even reactions about the patient’s body. The suffering body is assumed to have no useful knowledge about itself and it is

then either treated with apathy or as an unreliable source of knowledge. In the play, this lack of empathetic understanding and respect for patient's authority regarding her own body and treatment procedures is evident in many places,

Vivian: ...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, 61).

Later in the text, her narration comes as a response to the industrialization of medicine where individual subjective experiences of illness are reduced to mere numbers or objective descriptions of disease. This industrialization also contributes in maintaining the boundaries and impact of the sick role. In most of modern day medical encounters, the patient is seen as a number as can be observed in the behavior of the technicians treating Vivian as if she was limited to the stats of her ailing body. Often patients are reduced to an abnormality, a deficiency or an excess that is a biological phenomenon, as in the Grand Rounds the group of experts is found looking at Vivian with the sole intent of research findings. For them and for their profession, she possesses no more value than the medical jargon they describe her by. Her life history is reduced to a few factual questions that form a detached checklist meant for a desk, not for any personal interaction. She is barely anything more than the metastatic tumor spreading in her lower body. Vivian is regarded as an object of study, one to be looked at and one that has to bear the impact of the 'medical gaze'.

In Foucauldian thought clinical or medical gaze refers to the power assigned to medicine as the gatekeeper to specialized knowledge. Medical sciences by their very nature demand a neutral, more straightforward answer to evidence based questions. Illness, on the contrary places people in an undefined territory, in a liminal state that resists simplification and coherence, resulting in a tolerance of open-endedness. Evidence based medicine discriminates in favor of one type of description and knowledge. And since the biomedical model is based on body as a machine and disease or pain as mechanical damage to be repaired or corrected, *diseased* body is institutionally handed over to the experts (Loftus 7). This indicates a dualistic and mechanistic approach for *cure* in conflict with a more humanistic approach that aspires to *heal* the sufferers in need. Through the military metaphors prominent in medical world especially for cancer, her condition is treated aggressively rather than with empathy for they value strength and resolve above a shared realization of vulnerability and stakes in an emotional crisis. For instance, she is frequently asked to mechanically 'Keep pushing the fluids' as compared to being asked for any emotional assistance (Edson 49). It has been strategically suggested that her ordeal is exhausting and strenuous due to the severity of changes she has undergone in her eight weeks of chemotherapy. As a matter of fact, it is the patient who has to submit herself and stay tough for the medical professional provides only the cure and seldom the care that an isolated and terrified patient such as Vivian needs. It is the intrinsic, casual indignities that Vivian complains of the most for in a life of professional repute and uncompromising approach nothing ever was this shameful and compromising for her. Now she is an object *that* is looked at, examined, anatomized and written articles on. As she says, '... in Grand Rounds, they

read me like a book. Once I did the teaching, now I am taught' (Edson, 45). She is isolated and watched needing assistance in even the most basic actions, contrary to her earlier life of scarcely any dependence. She plays her part, but that part consists of passive submission.

The question of patient's compromised dignity throughout a treatment that is already hard on her body remains blatantly unanswered and open for debate. Jason, the clinical fellow usually ignores the customary courtesy to Vivian that every human deserves, stating it to be a clinical rule that needs to be followed for the sake of it. He, like many practitioners even considers bedside manner to be a 'Colossal waste of time for researchers' (Edson, 62). It is an extremely essential part of doctoring as the revolutionary physician writer Sir William Osler believed it to be. He says, "The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head" (Osler, 11). The doctors treating her often forget that she holds a subjective world with a fully fledged sense of self that crumbles a little more with every physical atrocity. Ironically not the disease, but the treatment puts her in isolation. As Dr. Kelekian says, 'You're doing swell. Isolation is no problem. Couple of days. Think of it as a vacation' (Edson, 54). The routine elements of medical practice showcase a cruel apathy towards the emotional response of the patient, due to which certain moments of the play demand audience's attention as a cry for help for real life incidents of professional indifference, marginalization or worse, lack of empathy prevalent in institutional structures.

The cancer cells that changed Vivian's life to such extremity are mere wordplay for the fellows. The deliberate insistence of medicine on the peculiarity of incomplete mysteries like cancer further segregates patients into a desperate corner. For clinical fellow Jason, cancer is 'awesome', for he prefers researches to actual human contact, displaying a distinctive trait of medicine's sole focus on the objective, scientific and quantitatively supportable information (Edson, 63). By employing a style of narration that permits her own voice negotiating with that of medicine, she tactfully resists a hierarchy predominant in clinical encounter, one that privileges the doctor-centered narrative to the patient-centered narrative. This hierarchy reinforces a well-known model of power distribution in the clinical settings, which renders the patient subservient to the technology and language of modern day medicine. Scientific advancements have replaced personal interaction with records and technological imaging, bedside manners and physical examinations are substituted by data. Identified as a reductionist approach with physician centered treatment, biomedicine has often been criticized for its insistence on this. Contrary to that, Eric J. Cassell has suggested a rather bio-psychosocial approach throughout his career. This approach takes patient's psychological experiences and social environment into consideration (Cassell 1999, 2004, 2010). Similarly, Morris has suggested a biocultural idea of pain, which also associates the better understanding of suffering with factors beyond the bio-medical (Morris 8). Senior healthcare professionals constantly overlook the significance of her inner life, even after being familiar with her

through their similar position as instructors. Their rigid fixation on the outward binaries of patient and doctor, where the patient cannot contribute to the medical discourse unless as a research material, limits medicine from achieving a more wholesome model of care-giving.

This medical gaze and sick role in the context of a chronic disease make for one such overwhelming event that disrupts one's embodied, temporal and interpersonal familiarity. Since the frames of reference that could make sense of Vivian's experiences are upturned and the body is overwhelmed with the occurrences all around it, the old frames can no longer hold the current experiences. It resonates with Havi Carel's observation that in encounters related to our embodied selves "well being and illness become a context for everything" (Carel 77-78).

Thus, in the context of illness it can be argued that her staggering narrative provides her a way to make sense of the passivity institutionally imposed upon her, to find a voice in the enforced silence of illness. The diseased body shapes this narrative, 'in order to construct new maps and new perceptions of their relationships to the world' (Frank 22). Through this narrative, Edson continuously emphasizes the events that evoke a sense of connection among suffering people. While constantly exposing the theatricality of her performance, breaking the fourth wall and addressing the audience directly through Vivian, Edson reiterates the universal truth of bodily fragility, simultaneously extending to the audience her own act and the medical acts performed upon her body. In Vivian's case, cancer is still an enigmatic malady, but its impact upon her life lasts longer than the pain in the form of changed plans of future and transformed bodily appearances. Without any sugarcoating, Edson attempts to mirror on the stage the ordeal of real patients. Vivian is subjected to vicious throw-up episodes, physical scrutiny and indignity, so the narrative form here is 'neither disguise nor decoration' challenging the common categorization of cancer narratives as either a quest or a chaos narrative (Williams, 1). This means that Vivian's narrative and as a result her suffering resists categorization while showing the uniquely individual elements that constitute individual illness experience. Unlike the medical approach, a narrative such as this tolerates ambiguity embedded in embodied existence in the face of death. Due to its reliance on the individual experience, it is permitted to falter as opposed to a medically sponsored narrative of a quest or journey bound to restitution or self-discovery, thus breaking the barriers of sick role supposedly subordinate to medicine's authority. Yet this narrative cannot exist simply within the juxtaposition of medical and extra-medical approach to suffering and illness, but it emerges from the embodied self that holds centrality in one's experiential reality, as Rita Charon emphasizes in *Narrative Medicine*, "the personal narrative might function as a middle ground between inner reality and outer reality of the world" (172). She focuses in particular on the personal narrative in first person, but we may extend this thesis to a more nuanced understanding of these two realities through an illness narrative as sophisticatedly arranged as *Wit*, where the inner-outer divide is breached through a completely corporal experience of



illness, exposed of its intellectual prowess, situated within the medical setting yet invisible to the expert eye of the doctor.

### **The Embodied Self**

It is essentially a bio-psycho-social narrative, where the narrative works as a bridge between the ailing body and the suffering self, essentially a ‘body-self’ as Arthur Kleinman describes the diseased body (Frank 28). The lived experience is often defined to move from inside out, whereas the medical sciences focus on the move from outside in. This fundamental difference occurs within the existential layers of human body, but the body still is at the centre of this discourse, living body being the subject of its own personal narrative, in contrast to its position as the object of study in the medical narrative. Subject-hood of the person is then contingent to her body. Chris Shilling has referred to Foucault’s idea that body is the ‘inscribed surface of events’ and there are ‘no irreducible ‘essences’ that define people’s identity or actions for all time, just ‘inscriptions’ of identity which change over time’ (Shilling 17). In this sense, significant shift in her social identity can be observed from Doctor Bearing to Miss Bearing and ultimately to Vivian. This change is conceptualized in the light of her illness as Turner suggests chronic illness and impairment complicate the continuity of the self and highlight the discontinuity of embodiment (Turner 337). This implies that the self in illness is intertwined with the distinct realities of individual embodiment. For instance, in a healthy life she holds her professional identity and reputation high, she has a never lost control over her circumstances, but her disease belittles the control she prizes the most. Her past self identifying as a body with control is transformed into a body that is a target of control. Like most patients battling late stages of cancer, her physical appearance deteriorates, she loses her hair and this familiarizes the audience with the basic, visually obvious indications of their vulnerability. She alludes to the vulnerability of human existence constantly when the audience participates in her flashbacks that flaunt the normality of her pre-illness life. This shift in identity reveals the ties between identities and current states of bodily existence. Vivian’s bodily vulnerability shifts her position as a professor in charge to a patient in constant vigilance and in need of medical assistance, from an autonomous subject to an object of interest.

This goes back to the centrality of our body in experience of illness. In Shilling’s *The Body in Culture, Technology and Society*, Leder suggests that in illness the body reappears as the centre of attention (Shilling 17). Social and medical explanations of existence/life are both located in the centrality of body itself. The corporeality of our existence in the form of the perceiving-experiencing and suffering body stands in the centre as the life altering event of illness unfolds. This corresponds to Edson’s intentions with the play,

“...the work of the play is help her [Vivian] understand that being human is a shambles, it’s a mess but all we have is each other, so if she can disarm herself, she can soften and empty and open herself, then she’ll find out that she is a real, living, complete, whole messed up person...” (Edson 2012)

Edsons' view has significant value not only as the creator's logic, but also as an individual formerly employed in healthcare. Her narrator is the suffering Vivian, the hurting individual whose pain and suffering contextualize the endnote of a neatly lived life. Vivian initially hesitates to accept the apparent physicality of her mortal life, focusing on the meta-physicality of existence, but gradually she realizes the significance of her body as the entity that mediates her experiences in the world. The Holy Sonnets are rediscovered when she lies on her death bed, for it is only now that Donne's creative witty genius gives way to a more somber, intimate contemplation on life, mortality and death. This contemplation more profoundly originates in her bodily suffering and not necessarily in intellect.

To elaborate on our embodied experience, Maurice Merleau-Ponty's non-prescriptive, phenomenological take on our experience should be of interest. Chris Shilling describes Merleau-Ponty's emphasis on the role of embodiment in our experience of the world, for in his view the human being is considered the 'body-subject' and 'our bodies provide us with our 'opening onto', our 'vehicle of being in', and our 'means of communication with' the world' (Shilling 8). According to him, the experience of our 'being-in-the-world' occurs via the perception in our body and the body is involved in the very possibility of experience. This shows that the body is considered the starting point of any reflection on embodied experiences, illness evidently being one. The disorientation, alienation, disconnection and discomfort illness often causes, are located in the body of an individual. One's embodied existence not just consists of the body, but of associated feelings, dispositions and consciousness, giving it a chance to exercise agency. Meanings derived from sensory data of experiences are shaped through social negotiations and narratives. In narratives of illness, this suffering body often intends to reclaim its place as the subject in control. As Arthur Frank suggests, 'for the ill, body becomes the cause, topic and instrument of these stories... The personal issue of telling stories about illness is to give voice to the body, so that the changed body can become once again familiar in these stories.' (Frank 21) Frank also proposes that suffering resists uncomplicated communicative articulation, in which case narrative presents itself as a medium of the accessibility of one's own experiences through those of others. It is via the medium of the body, that illness is perceived and consequently articulated. The similar passivity that medical idea of suffering entails, people can identify themselves in narratives of the others. A story then becomes an agent to instigate 'a mirroring of mutual witness' (Frank 12). People diagnosed with chronic disease are otherwise expected to be part of different narratives, such as that of medical compliance, of social organizations, of reshuffling professional, social and even familial positions. These expectations are conceptualized in the sick role thus suspending the sufferer in a limbo. Thus the narrative expressions challenge the liminality that lies in the provisional nature of their suffering, in the fact that, unlike what medical discourse would suggest, there cannot be a compartmentalized space or sick role category for them, for they have a multifaceted life within and beyond their illnesses, a fluid and composite part beyond the sick role.

## Conclusion


The play has been used as a teaching tool in medical and allied professional education most likely for its emphasis of the knowledge about a person beyond the evidence based biomedicine and its focus on the lived reality of a disease- perhaps in order to develop empathy and understanding about caring for the suffering body beyond the medical explanations, beyond its need of restoration and authority. These fundamental differences between the medical and individual understanding of suffering can be observed in Ann Jurecic's remarks,

Bearing's predicament points to a chasm between how her doctors define and interpret pain and suffering and how it is experienced and made meaningful in her life...Patients give their bodies over to doctors and hospitals only to encounter inattention and indifference, not because they cannot express their suffering, but because their language is unvalued and unrecognized in medical culture. (Jurecic 48)

The task of wholesome care cannot be achieved in the isolation of medicine, but needs to be understood as a response to the lived experience of the suffering body-self. Thus the play *Wit* becomes a testimony in illuminating the imposition of the sick role upon the patient, its internalization by her and the fundamental relation between sick role and the embodiment existence in illness.

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