

A Good and Holy Death: *Ars Moriendi* and the Battle of Wit *versus* Truth

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Abstract

There is an ancient Christian tradition of a ‘good and holy death’. That tradition has largely been forgotten in the medicalization of death, which regards death solely as an enemy to be defeated at all costs. This paper examines the tradition of a holy death through the lens of Margaret Edson’s play *W;t*, with particular attention paid to the use of John Donne’s poetry in the play. The paper then uses theologian Allen Verhey’s writings on the Christian art of dying as a means to understand the play in a Christian context, with special attention paid to the way in which it portrays Vivian Bearing, the play’s protagonist, as a victim as much as a beneficiary of modern medicine.

Keywords

W;t, Christianity, Death and Dying, John Donne, Allen Verhey

‘Sir’, said the Prince, ‘mortality is an event by which a wise man can never be surprised: we know that death is always near, and it should therefore always be expected’. ‘Young man’, answered the philosopher, ‘you speak like one that has never felt the pangs of separation’. ‘Have you then forgot the precepts’, said Rasselas, ‘which you so powerfully enforced? Has wisdom no strength to arm the heart against calamity? Consider that external things are naturally variable, but truth and reason are always the same’. ‘What comfort’, said the mourner, ‘can truth and reason afford me? Of what effect are they now, but to tell me that my daughter will not be restored?’

Samuel Johnson, *Rasselas*¹

‘Best of all, God is with us’.

John Wesley

¹ *Rasselas and Other Tales*, edited by Gwin J. Kolb, The Yale Edition of the Works of Samuel Johnson, Volume XVI (New Haven: Yale University Press, 1990) 75

Stories teach us things in a way that philosophy cannot. Do we learn more about parent – child relationships from Freud, or Shakespeare? About the working poor from Milton Friedman, or Charles Dickens? Stories allow us to exist in ambiguity, and even in paradox, in a way that philosophy alone (and in philosophy I include theology) leaves puzzling.

Doctrinal Christianity is a religion of paradoxes. The Beatitudes (and Luke's accompanying woes) are a long list of paradoxes: poverty and grief are blessings, as is hunger, but being well fed is a curse. Little wonder, then, that Jesus's preferred mode of teaching was the parable. There the mystery lifts, allowing us to see how the foolishness of God is wiser than wisdom. We understand the tiny mustard seed that grows into the largest bush, the shepherd that leaves 99 sheep behind to rescue one, the tax collector whom Jesus exalts over the Pharisee, and the Samaritan who outshines the priest and Levite, in a way that the Beatitudes alone seem to be designed to confound.

We now enter the third year in which the pandemic occupies the news. Vaccines have reduced but not eliminated the horrible scenes played out on television, of Covid patients totally isolated from friends and loved ones, hooked up to ventilators and other medical equipment, forced to pass from life to death surrounded only by masked and biohazard-suited medical staff. Those scenes made us understand the pandemic in a way that press briefings and infection statistics never could.

Many of us also turned to cinema (streaming, of course) looking for the objective correlative for our own fear, confusion, and despair. *Contagion* shot to the top of streaming lists. However, the pandemic also carried with it the seeds of a deeper discussion, about life and death itself. We had plenty of advice from scientists and doctors on how to protect ourselves from the virus but not on how to deal with the destruction caused by the virus, or with the death that will come, sooner or later virus or no. Sadly, we have been forced once again to approach yet another paradox: what does it mean to die a good death, and why, paradoxically, do all our medical advances seem to make that harder, not easier?

First, I'll approach that question through the lens of a late 20th Century drama: *W;t*, Margaret Edson's Pulitzer Prize-winning play,² made into an HBO movie by Mike Nichols.³ *W;t* shows us how modern medicine, which is astonishingly, even miraculously, good at postponing death, can actually make death itself more rather than less painful. From there, I will reflect on the same theme in the poetry of John Donne, the great English poet. *W;t*, which tells its story without any

² Margaret Edson, *W;t*. (New York: Farrar, Straus and Giroux) 1999.

³ (The semicolon in place of an 'i' is no typographical error, as we shall see.)

discernible Christian context or overt Christian message, nevertheless uses Donne's poetry as its background music. The poetry acts as a counterpoint to the research-driven 'medicalized death' which, in the case of the story narrated, turns death into an unnecessary horror. As it turns out, the only way to deal with the horror of death is to anticipate it, look it squarely in the eye, and, most importantly, gather companions around the dying to face it.

Finally, we will engage in some retrospective appreciation of the Christian ethicist Allen Verhey. While the play is in no means pedagogical, it vividly enacts what a bad death looks like. It will be worth our while to refresh our memories of what Verhey had to say about the Christian art of dying and reflect on what we might do differently, in the midst of a pandemic or as each of us approaches our own death.



As *W;t* opens, Dr Vivian Bearing, an eminent John Donne scholar, has Stage Four ovarian cancer. She goes into her university's medical center for the most aggressive, experimental treatment available. The 8-month treatment arrests and even reverses the growth of the original tumor, but it does not slow its metastatic spread throughout her body, and Dr Bearing dies shortly after completing the treatment. Having spent her adult life pursuing her academic career at the expense of any serious friendships, let alone long-term partnerships, she dies alone and afraid, her only companion her primary care nurse.

Bearing acts as both a first-person narrator (frequently breaking the fourth wall and addressing the audience directly) and as the main character in the dramatic action. In the latter role, she oscillates between 'Vivian Bearing' the character in the drama and 'Vivian Bearing' *playing* herself in her own metadrama, critiquing her own performance and the performances of everyone around her in her real-life drama. More than once, she refers to an off-screen director or playwright, as if the whole thing were a production that, were she in control, would be ever so much better. However, having started down the treatment at all costs path, the illusion that she is the director of her own drama disappears; she has surrendered whatever control she had to her medical team. After the initial interview with her lead physician, Harvey Kelekian, which results in her consent to the treatment, Vivian Bearing the narrator turns to the audience and, in a commentary on what is to come, says 'I should have asked more questions'.

The play has a handful of speaking characters in the play. Vivian is 50 years old, with no family or close friends; she tells the hospital admission person that there is no one that need be notified of her

condition.⁴ Dr Kelekian is the head of the oncology unit at the hospital, exactly the same age as Bearing, and as renowned in his field as she is in hers. Dr Jason Posner, 28, Kelekian's research fellow, turns out to be one of Bearing's former undergraduate students. Susie Monahan, also 28, is Bearing's primary care nurse, with, she tells us, no liberal arts schooling.

Dr Evelyn Ashford, now 80, was Bearing's graduate school mentor and her predecessor as the preeminent Donne scholar.

Edson plays witty – dare we say 'Donne-like' – games with the names of her characters. Donne rarely was able to resist punning on his own name (Donne/done), his wife's family name (More/more) or the familiar 'son/sun' in devotional literature. 'Harvey' comes from the French for 'warrior' in the sense of 'eager for battle'. That is exactly the way he approaches Vivian; his first talk to her, about how tough she must be – more of a speech really – is equal parts George Patton and Knute Rockne. Thereafter, he fluctuates in the way he treats Bearing; first as a colleague, commiserating with her about clueless undergraduates; then as something of a clueless undergraduate herself, patronizing her when explaining her disease; then as a sort of gym client, pushing her through eight months of chemotherapy as if it were a marathon training program; and finally as a research project, a living book to be read by his students during grand rounds.

'Jason', ironically, means 'healer'. Posner could be the star in a 'How Not to Do Doctor/Patient Relations' video. Interested only in his research, at one point he tells Vivian, who now is clearly dying, that his greatest admiration is for cancer cells, which he calls 'awesome', noting that they can achieve 'immortality in culture'. He leaves Vivian on an examining table, feet in stirrups, legs spread; complains in front of her that he is too busy to follow the isolation protocols required when his chemotherapy kills her immune system; talks about her to other people in her presence as if she were already dead; and won't believe that there's a DNR order on her because 'she's research'. In Posner's undergraduate days, Bearing was the toughest professor on campus, and Posner, who has not gotten over the A she gave him, still wants to play whiz kid with her, proving how much he knows about cancer. Sadly, what he never does is learn to treat her as a person; his awkward pelvic examination of his former professor is at once hilarious and excruciating to watch.

'Monahan' is Gaelic for 'monk'. Nurse Monahan is the one medical professional who treats Vivian as a person, and the only one willing to stay with her as she dies. When Vivian attempts to talk to Posner about her loneliness and fear of dying, he thinks she's having cognitive

⁴ There are flashbacks to Vivian as a child, as a graduate student, and as an active professor.

problems. By contrast, Monahan, who admits she knows nothing about poetry or philosophy, visits with Vivian about end-of-life issues and even defends her – physically – when Posner attempts to revive her in violation of her DNR order. Monahan then performs what is essentially an anointing ceremony on Vivian, rubbing her with hand lotion as she lies dying and then closing the curtain to prepare her body after she dies.

Vivian, however, attempts to turn herself into Posner's prize student, rather than Monahan's charge. She wants to understand all the medical terms and learn all she can about cancer and its treatment. Slowly, however, she realizes that she is not the student. She is the text:

I have survived eight treatments of Hexamethophosphacil and Vinplantin at the full dose, ladies and gentlemen. I have broken the record. I have become something of a celebrity. Kelekian and Jason are simply delighted. I think they foresee celebrity status for themselves upon the appearance 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 intentions, 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.

To understand what a tragedy this is, we need to know a bit more about Vivian's favorite poet.



'Vivian' comes from ancient words for 'life'. How appropriate, then, that John Donne, the author of the famous 'Death Be Not Proud' sonnet and the 'No Man is an Island' meditation, acts as a sort of Greek chorus to the action. While Bearing was a scholar cloistered in the library, Donne was anything but: poet, rake, lawyer, sailor (he sailed with the Earl of Essex and Sir Walter Raleigh against the Spanish Armada), MP, diplomat, surreptitiously married to a 15 year old girl (and then jailed for his presumption), constantly in danger from Puritans because of his Catholic heritage (his brother, Henry, died in the Tower under suspicion of treason), father of twelve children, ordained priest, and ultimately Dean of St. Paul's Cathedral. He very nearly died in his forties and used the near-death experience to write some of his greatest poetry, the most magnificent poetry about illness in the English language. He outlived his wife, most of his children and friends, and the King who appointed him to his deanship. Donne lived as full a life as any of our great poets. Indeed, Donne's very first sermon says, 'There cannot be a

greater unthankfulness to God then to desire to be Nothing at all...To desire to be out of the world, rather than to glorifie him, by thy patience in it...It is not enough to shut our selves in a cloister, in a Monastery, to sleep out the tentations of the world'.⁵

In a flashback to graduate school, Ashford tells Vivian to rewrite her paper on Sonnet X ('Death Be Not Proud'). Ashford explains that the sonnet illustrates the tenuous boundaries between life and death, death being only a way station between earthly life and eternal life. According to Ashford, the comma in the final line 'And death shall be no more, death thou shalt die' (rather than the semicolon in the version Vivian quotes) highlights the seamless way we slide from life to death to everlasting life. Bearing refers to this as something of a conceit, mere 'wit'. Ashford will have none of that: 'No', she says, 'it is truth'.⁶

Donne's life was a Pilgrim's Progress, from adventurer to divine; 'The Reformed Soul', the subtitle of John Stubbs' masterful biography of Donne, captures it nicely. In the midst of the illness that very nearly killed him, Donne wrote 'As *Sickness* is the greatest misery, so the greatest misery of sickness, is *solitude*'.⁷ This is the lesson that Bearing learns too late, much to her regret. Throughout the eight months that she is in and out of the hospital being treated, she has exactly one visitor. Sadly, she goes through several Dickensian reveries, reminiscent of the Ghost of Christmas Past section of *A Christmas Carol*, envisioning scenes from her past when she embarrassed students, denied them small favors, or simply alienated herself from them – the very people that now we would expect to be with her in her misery. (Bearing tells us that most of her academic rivals are her former students, so it's no surprise that they don't rush to be with her).

In other words, *W;t* enacts Bearing's own pilgrimage from wit to truth. Early in the play, she quotes from, and puns on, Shakespeare's Sonnet 18; 'By *cancer* (Shakespeare has 'chance or') nature's changing course untrimmed', as if she until now believed herself immortal, so that, but for the cancer, her 'eternal summer shall not fade'. Late in the play, realizing that she is dying, Vivian says, 'I thought being really smart was enough'. Instead, '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*'. In the end, unable to script her own recovery, Bearing tells Monahan that everything is 'out of control'. Her scholarship does her no good; her hospital experience both teaches

⁵ John Donne, *Sermons*, vol. 2, no 10, quoted in John Stubbs, *John Donne, The Reformed Soul*, New York and London: Norton 2006, 325. The irregular spelling is in the original.

⁶ The standard Oxford version edited by H.C. Grierson, dated 1912, has the semicolon. The Helen Gardner edition of the Holy Sonnets has a comma. (Ashford's character seems to have been modeled on Gardner.) However, the version used in the Norton Critical Edition, taken from the 'Westmoreland' manuscript, has a period. The debate continues.

⁷ John Donne, *Letters*, quoted in Stubbs, 401.

her the desirability of a good death and the impossibility of having one without a lifetime of preparation. After she has completed her eight-month treatment but knows that the treatment has failed, she recites Donne's 'Holy Sonnet 3':

This is my play's last scene; here heavens appoint
 My pilgrimage's last mile; and my race,
 Idly, yet quickly run, hath this last pace,
 My span's last inch, my minute's latest point;
 And gluttonous death will instantly unjoint
 My body and my soul,

She stops, saying, 'I have always liked that poem. In the abstract. Now I find the image of 'my minute's latest point' a little too, shall we say, *pointed*'.

Bearing pulls up short in the middle of the sonnet, where Donne faces – and talks about – the moment of death. The sonnet is about both death *and* redemption. Donne continues:

(My body and my soul), and I shall sleep a space; But my'ever-waking
 part shall see that face Whose fear already shakes my every joint.
 Then, as my soul to' heaven, her first seat, takes flight,
 And earth-born body in the earth shall dwell,
 So fall my sins, that all may have their right,
 To where they' are bred, and would press me, to hell. Impute me righ-
 teous, thus purg'd of evil,
 For thus I leave the world, the flesh, the devil.

The Renaissance world in which Donne lived feared death because of the judgment that lay beyond it, but that fear was balanced with hope of redemption and resurrection. Modernity retains the fear of death, hence the Baconian fight to conquer it, precisely because it has lost sight of the redemption part, as Bearing does here; the last scene, for her, is the last scene. This, the great failure of modern medicine, was the subject of Allen Verhey's lifework in Christian medical ethics.



A professor of theological ethics at Duke Divinity School and co-editor of the anthology *On Moral Medicine: Theological Perspectives on Medical Ethics*, Verhey capped off his years of scholarship at the intersection of Christian and medical ethics in his final book, *The Christian Art of Dying*.⁸ Verhey had no complaint about medicine; in fact, he saw modern medicine as one of our great gifts. Indeed, while

⁸ Allen Verhey, *The Christian Art of Dying: Learning from Jesus*, Grand Rapids: Eerdmans, 2011, 169. Id, 3

writing the book, Verhey was diagnosed with amyloidosis, a rare (and incurable) blood disease that ultimately killed him. Nevertheless, as he said in the preface, *The Christian Art of Dying* is not a memoir, nor is it a reflection on his own disease experience. His brief is with the medicalized death that seems to be the default in 21st century America, which has made death purely a medical event, devoid of philosophical, moral, and most of all theological implications. (He titles one of his chapters ‘In Praise of Medicine – and What Went Wrong on the Way to ‘Medicalization.’) This type of death is unnecessary, unhealthy, and un-Christian. In a medicalized death, the concern is not to restore the patient to whatever health may be possible; it is to defeat death by focusing on disease cure, regardless of the cost. He writes ‘The problems involve not just the violation of patient control or simply silence and denial but the vision of death as the great enemy to be defeated by the greater power of medicine’.⁹ Life is good, he says, but not the greatest good,⁹ a value lost sight of in the shift from patient care to research, from promoting health to avoiding death. Verhey writes:

[T]he sad irony is this, that the resistance to death in medicalized dying sometimes allows death a premature triumph. It is not, of course, that patients die sooner rather than later. It is that in a medicalized dying death seems to make good on its threats before death itself. Patients are sometimes prematurely alienated from their own bodies, from their own communities, and from God – and for the sake of their own survival.¹⁰

Coupled with medicalized dying is an undue focus on patient rights, under the misguided notion that giving a patient hypothetical full disclosure of the risks of a treatment somehow justifies that treatment, even though many patients most of the time find it impossible to process the information and resist the urge to treat, whatever the costs. Verhey writes ‘(The) emphasis on patient rights is not so much wrong as minimal, and when its minimalism is not acknowledged it subverts a moral life – and dying well, too’.¹² There is no discussion, as he writes elsewhere, about ‘the substantive moral questions about what should be decided and about the virtues that should characterize the one that decides’.¹¹

Those ‘substantive moral questions’ can be approached from several angles. There is the Stoic approach, that death is inevitable and to be endured. There is the ‘death is natural’ movement, exemplified by the work of Elizabeth Kubler - Ross. And there is the Hospice movement. Verhey finds all these better in some regards than a purely medicalized approach to death. Each, however, also has its flaws: either it

⁹ Id, 214.

¹⁰ Id, 17. Id, 49.

¹¹ Verhey, ‘Still Dying Badly: A Christian Critique 2011’, *Christian Century*, November 1, 2011, 22.

denies that the death of an individual is a real evil, or it borders on a re-adoption of medicalized dying, except with a focus on pain management rather than cure.

Instead, Verhey uses the medieval concept of *Ars Moriendi* as the basis for a more truly Christian approach to death. *Ars Moriendi* (the ‘Art of Dying’) was at once a tradition of spiritual discipline in the late Middle Ages, a literary genre growing out of that tradition, and a particular instance of that genre. *Ars Moriendi* typically began with a ‘commendation of death’ as the gateway to union with God; then outlined the types of temptations that the dying would encounter, and the virtues needed to resist them; and then set out liturgies, prayers, and practical advice for ways to ready one’s human affairs and prepare one’s soul for dying. Writers and divines from many Christian traditions continued to publish such books into the 18th and even the 19th Century.

Verhey doesn’t approve *Ars Moriendi* wholesale. He criticizes the ‘commendation of death’ notion, because it suggests that death is a good.¹² He also criticizes its neoplatonic overtones of body – spirit dualism, which hint that the Christian should happily leave bodily life behind to achieve a higher, purely spiritual existence. Verhey’s modern Christian version of *ars moriendi* highlights the development of the theological virtues of faith, love, and hope, and incorporates ecclesial and sacramental practices such as prayer, eucharist, and anointing, and above all communal support of the dying. In the final part of this paper, I’ll examine what Verhey’s vision of a good death might have to say to and about Vivian Bearing.



It is always dangerous to conceive of works of art as philosophy or sociology in disguise. A poem should not mean but be.¹³ Nevertheless, it’s hard not to see *W;t* as a meditation on the horrors of medicalized dying. In fact, Vivian Bearing’s case could easily be a dramatization (by contrast, of course) of what Verhey sees as a good Christian death:

- Dying a good death is not simply a question of patient autonomy. No one forces Dr Bearing into treatment; she chooses it voluntarily, and even sees it (and herself) as something of a new research project.
- Bearing gets a bushful of disclosures, but we would be hard-pressed to call her consent informed in any meaningful sense. As anyone that has undergone surgery knows, the disclosures over-inform about

¹² Verhey, *Christian Art of Dying*, 94.

¹³ Archibald MacLeish, ‘*Ars Poetica*’.

hypothetical medical possibilities, and say nothing about the moral aspects of the decision the patient faces.

- Bearing laments that she feels like an undergraduate taking a final exam without understanding the question. As it becomes apparent that the treatment will fail, Bearing comes to realize that Donne, the subject of her life's work, *did* ask the right questions – questions of life, death, and immortality.
- Ultimately, Bearing can't die what Verhey describes as a good death, because she never made the effort to develop the enduring relationships that are essential to dying well; as Verhey reminds us time and again, there is no worse death than dying alone.¹⁴
- And, reduced to the status of research subject, she ends up, as Verhey laments, 'a mere footnote in some doctor's story'.¹⁵

Donne spent a lifetime on his Pilgrim's Progress. Bearing must make the journey in eight months. Unfortunately for her, it is something that takes a lifetime to prepare for, preparation that builds the virtues of faith, hope, and love to be called on in the crisis.¹⁶ While in hospital, Bearing discovers that the witty approach to death and the meaning of life, the attitude of the early rather than the later Donne, is a blind alley. Dr Posner, on the other hand, dismisses the entire topic, referring to Donne's obsession with that 'meaning of life garbage', and seeing his poetry as 'like a game, to make the puzzle so complicated'. Neither of them, unfortunately, has anything to replace it. By the 8th month, Bearing repeatedly calls out to God, echoing the lament of Psalm 22. But the 'Oh God' cries for her are nothing more than 'verbal ejaculations' (ironically the topic of her doctoral dissertation). On the other hand, the older and wiser Dr Ashford, Vivian's one visitor in her eight months in hospital, finds meaning everywhere. When the drugged and dying Vivian can't bear Ashford's offer to recite Donne for her, Ashford crawls into the hospital bed alongside Vivian, and reads Margaret Wise Brown's *The Runaway Bunny*, which she has purchased for her great-grandson. Ashford's understanding of it? An allegory for God's pursuit of the human soul.

Vivian finds herself alienated from her own body in the researchers' pursuit of medical knowledge – that is in a battle against Death itself – rather than an attempt to heal her. Dr Posner and Nurse Monahan, Vivian's primary caregivers, act as embodiments of the alienated and whole self. Posner, the university grad, has some philosophy, but admits that he took Bearing's class solely to pad his resume.

¹⁴ Id, 169.

¹⁵ Id, 42.

¹⁶ Christopher P. Vogt, 'Dying Well in Historical Perspective: The *Ars Moriendi* Tradition of the Sixteenth and Seventeenth Centuries' in *On Moral Medicine*, ed. M. Therese Lysaught, 3rd ed., (Grand Rapids, MI: Eerdmans, 2012), 1066.

Kelekian at least reminds Posner to mind his bedside manners, but his insistence that Vivian go the whole course of treatment is driven more by research interests than the promise of clinical effect. In the stage notes for the play, Edson says that Dr Kelikian and Bearing's father should be played by the same actor; the play was initially staged that way, although not the film. Bearing, finding herself alone, accepts Kelekian's treatment regimen in the same way a young girl would accept instructions from her father. Kelekian clearly admires Vivian's stamina and courage, but he doesn't see her as a daughter in any non-perverse sense; he sees her as a research subject.

Thus, Kelekian's orders for pain relief at the end of the play are highly ambiguous. When Bearing's pain becomes unbearable, Monahan requests a patient-controlled morphine drip.

Kelekian instead, over Monahan's objection, orders a high dose of morphine, which relieves Bearing's pain, but also denies her any lucidity as she approaches death. Kelekian tells Monahan that Vivian's 'earned a rest'. Shortly thereafter, Kelekian issues the DNR order for Bearing. Does he abandon Bearing, because, having completed the treatment, she no longer has any research significance? Or does he pity her? Pity of an odd sort, to be sure; Kelekian echoes Ashford, who says her final goodbye to Bearing by quoting Horatio's farewell to Hamlet: 'may angels sing you to your rest'. By using that same word 'rest', Kelekian suggests that it's time for Bearing to die, the type of commendation of death that Verhey denounces.¹⁷ Verhey warns us about this: 'The success of palliative medicine has led to great advances in pain management and to the risk of reducing suffering to pain and reducing care for the dying to the management of their pain. Dying without pain is important, and effective pain relief makes an important contribution to the possibilities of dying well, but dying well and faithfully cannot and should not be reduced to a death without pain'.¹⁸

What Kelekian does in overruling Monahan is almost too much to bear: He subjects Bearing to a months-long lingering medicalized death, ending suddenly in a narcotic haze that deprives her of the chance to say goodbye to Dr Ashford, her one friend. Drs Kelekian and Posner attempt to score a victory against Death, and in so doing deprive Vivian of the opportunity to sort out the meaning of her own death.

Verhey sums up the futility of the patient's playing the medicalized game:

Medicine resists death and can sometimes identify the pain, can 'objectify' it, make sense of it, and manage it by creating a language for it. But sometimes that language is not the language of the patient; and where

¹⁷ Verhey, *Christian Art of Dying*, 94.

¹⁸ *Id.*, 63.

that language is the ‘official’ language, there patients find themselves aliens, not knowing the language, speechless, and with little hope for making their pain – or themselves – known.¹⁹

Vivian Bearing learns the medical words; when she shows up in the emergency room one night, shivering, she tells Monahan that she is suffering from ‘fever and neutropenia’, an odd choice of words for an English scholar. At this point, she doesn’t need to be self-diagnosing her medical condition. She needs words like hope and love and truth, words relevant to her emotional and spiritual condition. This is why Bearing’s urge to study her own case, to know all the words, ultimately proves both futile and heartbreaking.

As any number of authors, notably Tom Holland in *Dominion*, have pointed out, even in a post-Enlightenment secular age, we still live in a culture with its roots in Christianity. The questions Bearing asks about life and death are framed by Christianity. Unavailable to Bearing, however, are the Christian answers, or even the Christian ethos from which to answer those questions. Or, as Verhey puts it, what happens to Bearing is the ‘Baconian Project’ to conquer disease, divorced from Bacon’s faith in the harmony of religion and science.²⁰

Verhey contrast modern medicalized dying with what he says is the essentially Christian practice of hospice care as a modern version of *ars moriendi*. How would Vivian’s death have been different if she had been in hospice? The ‘Aims and Basis Statement’ of St Christopher’s, Cicely Saunders’ original hospice program, says ‘it is planned that the staff should form a community, united by a strong sense of vocation with a great diversity of outlook in a spirit of freedom’. The staff in the play’s University Hospital have a strong sense of vocation, but, with the sole exception of Susie Monahan, that vocation is to research, not patient care, and Vivian is not part of the community. As Verhey says ‘Saunders had insisted that hospice care utilize the best practices of pain relief and symptom management, but she also insisted on a relationship with the suffering and dying that was not simply a relation of professional and client but a relationship Martin Buber had described as an I-Thou relationship, a genuine meeting of two persons in a covenantal relationship’.²¹ Even if not explicitly Christian, Monahan is the only medical professional in the play that treats Vivian as a *thou*.

And, in fact, even as Bearing notes ironically, it is not cancer but cancer treatment that sends her to the isolation ward. But it is not only the cancer treatment that has isolated Vivian.

That afternoon in Ashford’s office decades before, having devastatingly critiqued Vivian’s paper, Ashford tells Vivian: ‘Don’t go back to

¹⁹ Id, 20.

²⁰ Id, 32.

²¹ Id, 64.

the library, be with your friends'. Bearing ignores the advice, determined to write the perfect paper and to succeed Ashford as *the* Donne scholar. Only now in the hospital, her life's end in sight, does she realize that her lack of visitors results from her decision to choose scholarship over friendship. And while she may come to realize that the ability to control is an illusion, she has not learned how, or to whom, to surrender control.

At the end, Nichols, the movie's director, leaves the viewer in a state of uncertainty that Edson, the play's author, did not. Both the movie and the play close with a futile, and unauthorized, attempt to revive Bearing, in violation of the Do Not Resuscitate order. The last frames of the movie show a spotlight on Bearing's dead face, like a death mask, fading to a black and white headshot of Bearing in the bloom of life. On the other hand, the play ends with Susie helping Bearing out of bed, and Bearing disrobing while walking and reaching 'attentive and eager' towards a little light, away from the chaos of the code scene. Bearing is redeemed; her soul takes flight even as her earth born body remains behind. She is redeemed without asking for it or even knowing that redemption was available, rescued by, as Ashford put it, God's seeking out the human soul wherever it hides.

Which takes us back to Verhey's point, that there is something specifically Christian about a good death. The hardest parts to watch are not the parts when Bearing is actively in treatment, puking into an emesis basin or being displayed to a gaggle of med students. The hardest parts are when the treatment has come up empty, and she faces the end. As Johnson notes, what comfort can truth and reason afford her now? It is the Christian who can both lament and give thanks. Verhey writes 'The contrast to be made is the contrast between death as "the enemy to be defeated by the greater powers of medicine" and death as "the enemy to be defeated by the greater power of God"'.²² He goes on: 'The image of death as "the enemy to be defeated by the greater powers of medicine" is nurtured and sponsored by the Baconian project. The hold it has on our imagination is displayed in the martial images we use for physicians and medical research, when we regard, for example, physicians as fighters and we engage in a "war on cancer"'.²³ Bearing tells us at one point that she is 'learning to suffer'. Kelekian is nothing if not a fighter; one can almost image him having a needlepoint sampler on this office wall that reads 'A soldier in the war on cancer'. Bearing, on the other hand, has on her hospital nightstand a small art shop print of Saint Sebastian, gazing impassively towards heaven, his body pincushioned with arrows. A model of what medicine expects of the patient? A Stoic model of indifference to death? A medieval

²² Id, 107.

²³ Id, 107.

welcoming of suffering and death as the road to eternal life? Certainly, it is a visual commentary on what goes on in Bearing's hospital room.

Bearing's isolation results from choices she makes along the way: first, to choose scholarship over sociality, and then to enter the treatment protocol. This seems not to be an entirely informed decision. Perhaps, however, all is not lost. Both the movie and the play end, amidst the chaos of the ill-conceived code attempt, with Jason moaning 'Oh God' in the corner, echoing Vivian's Psalm 22 lament, and then howling 'I made a mistake!' Does Jason mean he made a mistake in calling the code? In treating Vivian purely as a research subject? In choosing research over patient care for his profession? Or in regarding Donne's life project as simply that 'meaning of life garbage'? Could it be, in fact, that Vivian, at the end, is not the only one redeemed by her death?



The play's title, and the central comparison of 'wit' to 'truth' comes from Samuel Johnson's *Life of Cowley*. There, Johnson coined the term 'metaphysical poetry', which according to Johnson, was characterized by 'wit', a virtue inferior to poetry, mere verbal showmanship, philosophy written in verse:

But wit, abstracted from its effects upon the hearer, may be more rigorously and philosophically considered as a kind of '*discordia concors*'; a combination of dissimilar images, or discovery of occult resemblances in things apparently unlike... The most heterogeneous ideas are yoked by violence together; nature and art are ransacked for illustrations, comparisons, and allusions; their learning instructs, and their subtilty surprises; but the reader commonly thinks his improvement dearly bought, and, though he sometimes admires, is seldom pleased.²⁴

Nevertheless, for all that, Johnson also says 'Yet great labour, directed by great abilities, is never wholly lost; if they frequently threw away their wit upon false conceits, they, likewise, sometimes struck out unexpected truth; if their conceits were far-fetched, they were often worth the carriage'.²⁵ This is the debate between Bearing, as doctoral student, when she derides the 'conceit' of the comma separating life from death, and Ashford, who witheringly tells Bearing that the significance of the comma is no less than the representation of truth itself.²⁶

²⁴ Samuel Johnson, 'Cowley' in *Lives of the Poets*, edited by John H. Middendorf, *The Yale Edition of the Works of Samuel Johnson, Volume XXI* (New Haven: Yale University Press 2010), 26. Abraham Cowley was Donne's contemporary, and Johnson's essay talks about Donne almost as much as Cowley

²⁵ Id, 28-29.

²⁶ A devout Christian, the center of the great London 'Club' that included Joshua Reynolds, Edmund Burke, Adam Smith, David Garrick, and Edward Gibbon, Johnson knew

In truth, Christian eschatology tells the story of life in a state of *discordia concors* –balancing hope and despair, grief and thankfulness, maintaining a tension between fighting death and accepting it – that is resolved in the final victory of life over death, of hope over despair. Death is evil, and it is also inevitable. However, one need not fight it beyond hope, because it cannot defeat the promises of God. Donne came to understand this, as the sage Ashford and the healer Monahan do in the play. Vivian Bearing, a character irresistible in her courage and wit, comes to a tragic end because she learns the most necessary thing only by realizing that it is beyond her grasp. For all the real-life Vivian Bearings, facing cancer or Covid or some yet-to-be- discovered horror, we pray for a more timely revelation.²⁷

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every bit as well as Donne did the extremes that life could yield; for all his success and honor, he once described his life as ‘radically wretched’.

²⁷ I am grateful to Therese Lysaught and Philip Kenneson for their close reading and helpful suggestions on earlier drafts of this paper.