

“CIVIL WAR INSIDE MY BODY”. TWO NARRATIVES OF DYING IN CONTEMPORARY ANGLOPHONE FILM

MARTA FERNÁNDEZ MORALES

Universitat de les Illes Balears

marta.fernandez@uib.es

39

Introduction: A General View on Death, Theory, and Creativity

After the sexual revolution of the 1970s, death is the ultimate taboo, overwhelmingly present, yet undeniably silenced in our everyday life: “death has become remote, no longer an integral part of life, but a fearsome and unwelcome visitor” (Callanan and Kelley 1997: 31). In contrast to the public rituals of mourning in ancient societies, today we have pushed death and the dying off-stage, keeping them in the margins because of an irrational fear that benefits nobody. Sociologist Beverley McNamara explains this evolution with a powerful image. In her analysis of the contemporary ethics of the end of life, developed from the teachings of tanatology specialist Philippe Aries, death is a savage entity that we feel the need to control:

Death in the pre-modern era was, according to Aries, ‘tame’, whereas death in contemporary times is so ‘savage’ and terrible that it is ultimately hidden or denied. This modern ‘savagery’ creeps in under the mask of medical technology and the death of the patient in the hospital, covered with tubes, becomes a popular image, more terrifying than the *transi* or skeleton of macabre rhetoric. (2001: 6)

The process of dying is especially feared, then, when it is caused by disease, which brings about a physical decay that we tend to avoid looking at. In a consumer-

centered society where beauty and youth are overvalued, a sick body is seen as a threat that must be eluded at all costs. McNamara expands on this social phenomenon of panic when she says that the whole organization of human culture and society relate “to survival and to pushing back the moment of death through focusing on the worth of living” (2001: 1). Together with consumerism, our second direct response to the fear of death is to resort to the biomedical model, which pushes sickness and death away from everyday life, keeping them in specialized environments and conceptualizing them as separate from the human beings undergoing the process. Tanatologist David Wendell describes this bureaucratization and technologization of terminal illness in his work *Confronting Death*: “[b]ureaucracy is an arrangement of human activities that values the following: specialization; rationalization; the development of power through expert and specialized knowledge, knowledge secretly protected; and, perhaps, above all, depersonalization” (1996: 24).

In this sense, contemporary readings of the biomedical model connect directly with Michel Foucault and his analysis of the clinic, medical knowledge and power. In *The Birth of the Clinic* (1963) he focused on the concept of the *gaze*, relating the doctors’ eyes and their technologies for surveillance to a certain type of learned discourse, inaccessible to the layman, and connected to a set of practices of power over the human body. Gender-conscious thought has rescued Foucault’s theorization of power, truth, and knowledge as linked to the body and the possibility of resistance to dominant discourse. Titles like *Feminism & Foucault. Reflections on Resistance* (1988), *Disciplining Foucault. Feminism, Power, and the Body* (1991), or *Feminism, Foucault, and Embodied Subjectivity* (2002) explore the convergences and divergences between the French philosopher’s and contemporary feminist theory. This article is situated in what Margaret McLaren calls the “extender view”, accepting the premise that Foucauldian concepts are useful for feminist theory and can be adapted to include questions of gender that the French thinker initially left out: “[e]xtenders draw on Foucault’s work and apply it to women’s experience. This has been especially useful to illuminate bodily aspects of women’s oppression using Foucault’s concepts of disciplines, biopower, power, and social norms” (McLaren 2002: 24).

Over the last few decades, other titles have appeared in fields such as the sociology of medicine, psychology, tanatology, philosophy, and even self-help, opening new debates on death and dying, and related issues like the experience of sickness, pain, palliative care, and euthanasia. Following the path opened by the late Elizabeth Kübler-Ross in her classic *On Death and Dying* (1972), other specialists have presented their theories on the process of dying, and artists have put their imagination at the service of sick bodies and souls. In sociology, for instance, Clive Seale analyzed the “dying role”, especially in relation to cancer and AIDS, in

Constructing Death. The Sociology of Dying and Bereavement (1998). Bryan Turner focused on the social construction of health and illness, affirming in *Medical Power and Social Knowledge* (1995) that “the medical profession has a policing function within society” (206). In the line that the aforementioned David Wendell and others would follow, Turner states that “[m]edicine as a form of social control involves the standardization of illness into phenomena which can be managed by bureaucratic agencies” (206). Renée Fox had already cleared the way for this kind of critical analysis in a 1989 book that merged personal experience and sociological thought:

The body is persistently under observation in the hospital. It is intently looked at, listened to, felt, and asked about; its input and output are recorded and measured; the odors it emanates are systematically noted [...]. As medicine and its technology have advanced, the hospital has increasingly become the focus of powerfully penetrating machines [...]. These machines watch over patients' bodies and produce copious data about them, making it possible for physicians and nurses to closely observe patients at a distance, away from the bedside. (152)

In art, pain, disease and death feature very often. Mexican Frida Kahlo (1907-1954) is a classic example of an artist representing suffering in autobiographical painting. Carlos Fuentes explains in his introduction to Kahlo's published journal that Frida described her pain directly with her brushes, making an effort to avoid silence with an articulate howl that reaches a visible and emotional form in her work (2001: 12). More recently, anglophone visual artists like Nan Goldin (1953-), Jo Spence (1934-1992), or Hannah Wilke (1940-1993) have dealt with cancer, AIDS, medicalization, and death in their photographs.¹ In creative writing, death has been a recurrent topic for a long time, with disease and its peculiar processes gaining importance as a thematic preoccupation: “[f]rom the Book of Job and *Oedipus Rex* to *As Is* and *The Normal Heart*, two recent plays about AIDS, literature reflects societies' needs to understand the mysteries of disease” (Hudson Jones 1990: 13). Throughout the last decade, we have witnessed in the USA and Great Britain the presentation of plays like *My Left Breast* by Susan Miller (1998) or *Cancer Tales* by Nell Dunn (2002), featuring women's sick bodies in the wake of Tony Kushner's groundbreaking project on AIDS *Angels in America*, written between 1991 and 1992; the publication of personal testimonies like *Picasso's Woman. A Breast Cancer Story* (1996), and the development of programs that use poetry, short-stories, and other forms of written expression in the healing process of sick people.²

Moving on to the field of film, this article analyzes two examples of women-centered stories of dying, focusing on the screen as an appropriate medium to present the plight of the female dying subject harassed by biopower. In these two

stories, triggered by a diagnosis of ovarian cancer, issues of body politics, power in the clinical environment, and the process of coming to terms with a nearing death are present. If, as David Morris suggests (1991: 3), pain resists verbalization and writers are constantly searching for effective ways to express it, Margaret Edson (as responsible for the original play *W;t*), Mike Nichols (as the director of the film adaptation of Edson's text), and Isabel Coixet (as a script writer and director of *My Life Without Me*) struggle to find new outlets for their sick protagonists' voices, by means of poetic language, images, and surprising hints of humor that will end up giving shape to two original proposals of death narratives in contemporary film.

1. Death Comes Knocking: Mike Nichols' Adaptation of *W;t*

In her 1999 text *W;t*, which obtained the Pulitzer Prize for Drama, American playwright Margaret Edson offers an ironic insight into the dying process of Vivian Bearing, Ph.D. Diagnosed with ovarian cancer, she re-defines her illness as an intellectual challenge. Confronted with the cryptic lexicon of the doctors, she acknowledges: "in this particular field of endeavor they possess a more potent arsenal of terminology than I" (43), but immediately answers back: "[m]y only defense is the acquisition of vocabulary" (44).³ Trying to master medical discourse while fighting pain, Bearing stages the contemporary fear of death and the urgency to leave a legacy. Throughout the play, the audience shares her experience, presented through brechtian devices like alienation and metatheatrical references: "[i]t is not my intention to give away the plot; but I think I die at the end. They've given me less than two hours" (6).

In 2001, director Mike Nichols adapted Edson's play to the screen. In the HBO edition for Digital Video Disc, the story is summarized as follows:

Vivian Bearing is an English professor with a biting wit that educates but also alienates her students. With her teaching and life both rigidly under control, Vivian would never let down her defenses, until the day comes when they are taken down for her. Diagnosed with a devastating illness, Vivian agrees to undergo a series of procedures that are brutal, extensive and experimental. For eight months her life must take an uncharted course. No longer a teacher, but a subject for others to study, Vivian Bearing is about to discover a fine line between life and death that can only be walked with wit. (Nichols 2001)⁴

As can be inferred from the synopsis, Nichols' film and Edson's play can be understood both as artistic narratives of death and as denunciations of biopower over a woman's body. In their works, set in a university hospital, Vivian Bearing is

under constant medical surveillance. Michel Foucault's biopower, represented by the doctors' gaze, the X-ray and other internal tests, the charts with the input and output of fluids, and other elements surrounding Vivian's stay in the clinic, serve as the background for a story of learning and un-learning, compassion, hope, fear, and dignity.⁵

In Mike Nichols' film, the original metatheatrical impulse is kept by presenting the protagonist, played by Emma Thompson, talking directly to the camera and reflecting about the passing of time in life and in her narration. During her last X-ray test Vivian looks straight at the lens (and, by extension, at the spectator), and recites "this is my play's last scene", which evokes her knowledge of John Donne while at the same time commenting on her current situation. As a visual strategy, the director makes prolific use of intense close-ups, and the audience is made to witness the physical and mental decay of Vivian as a patient undergoing an experimental, strong, and invasive medical treatment. The degradation of her body and mind is highlighted by the radical contrast between her healthy self—as presented in some of the flashbacks to her academic life—and her present sick self, increasingly affected by metastasis, which brings about physical suffering and confusion.

In *Wit*, we see Vivian lose all her hair (eyebrows included); lose weight and gain pallor; suffer from abdominal pain, extreme thirst and stinging in her throat; vomit; develop sores in her lips; get angry when she is unable to find words to explain her plight; struggle to dominate an alien vocabulary; and finally feign an emergency just to bring nurse Monahan to her bedside for consolation. All this is ironically punctuated by Vivian's own comments, eyes directed at the camera, which maintains the brechtian alienation effect devised by Margaret Edson in her play. Tracking and freeze frame shots, together with explicit ellipses orchestrated by Bearing as an intratextual narrator contribute to this effect, too, as does the substitution of the healthy Vivian for the present-day sick Vivian in some of the flashbacks. Thus, for instance, we see an adult and bald Bearing in a hospital gown playing the role of young Vivian during a childhood conversation with her father. Similarly, sick professor Bearing, barefoot and wearing a baseball cap, faces the students during an analeptic scene at the university. The superposition of the sick body over the everyday life scenes is radically brechtian: it forces the audience to reflect upon the generalized practice of hiding illness from view or covering it with make-up, wigs, and other carnivalesque strategies of pretense. In this sense, respecting Margaret Edson's dramatic principles, Mike Nichols reveals what specialist Rebecca Schneider calls "the explicit body in performance": a site of social markings, a dialectical weapon that, as done in *Wit*, transgresses by its mere presence the traditional dynamics of spectator-actor relationships, vindicating a "reciprocity between viewer and viewed rather than the traditional one-way-street"

(Schneider 1997: 8). In this film, Vivian Bearing is watched by the audience, but she also looks back at it, presenting it with ethical dilemmas on the limits of science and the visibility of death.

The protagonist's main conflict in *Wit* is that she is not only affected by cancer, but trapped in a sick role, one that puts her in a powerless position and creates expectations of behavior to which she is not ready to adapt. Peter Freund and Meredith McGuire discuss the construction of this social label, explaining that "[l]ike all social roles, the sick role is primarily a description of social expectations (including those of the sick person). While these expectations strongly influence behavior, the sick role does not describe how sick persons actually behave" (1991: 131). Therefore, there is a gap between the theoretical construction of the role in society and the actualization of behavior as seen in flesh-and-blood people suffering from disease. In Nichols' film, Vivian is presented as an independent, extremely intelligent woman that is not ready to internalize the role when she is taken ill into hospital. From day one, she resists the label by trying to regain control of her treatment, and by struggling to explain her plight through wit and verse, the languages that she masters. John Donne, the seventeenth-century poet to whom she has dedicated her whole academic life, is her weapon against death: by submitting it to words and punctuation, she hopes to keep it at a safe distance. Her knowledge of poetry and metaphysical philosophy is also a reinforcement of her identity inside the hospital, which cancer and its medical treatment threaten. Freund and McGuire explain the sick person's feelings when faced with a situation like Vivian's: "[i]llness is upsetting because it is experienced as a threat to the order and the meanings by which people make sense to their lives [...]. For the individual, illness and affliction can likewise be experienced as assaults on the identity" (1991: 147).

In several scenes in the film, the protagonist tries conscious exercises of meaning-making. Susan Sontag affirmed in *Illness as Metaphor* that "[c]ancer is a rare and still scandalous subject for poetry; and it seems unimaginable to aestheticize the disease" (1979: 19). However, Professor Bearing rebels against this exclusion of the disease she suffers from from the kind of language that she likes and controls best, and takes a clear stance by connecting it directly to poetry, trusting her deep knowledge of John Donne will sustain her: "I know all about life and death. I am, after all, a scholar of Donne's Holy Sonnets, which explore mortality in greater depth than any other body of work in the English language". She makes efforts to regain her peace and the original meanings and references in her world, and two strategies serve her for this purpose. On the one hand, she frequently resorts to irony, putting up a sardonic façade against treatment lacking in delicacy on the part of the technicians or of humiliating processes like undergoing a pelvic exam at the hands of a former student. Thus, after repeatedly being asked her name by

indifferent members of staff, she ends up identifying herself as “Lucy, Countess of Bedford”, who was John Donne’s patron for some time. Later on, when the clinical fellow and ex-student of hers starts with the gynaecological test, she whispers: “I wish I had given him an A”. Even in her final moments, she is able to add with a certain degree of metatheatrical sarcasm: “I apologize in advance for what this palliative care treatment modality does to the dramatic coherence of my play’s last scene”.

On the other hand, Vivian uses John Donne’s lines to try and regain some calm during her difficult moments. We are, as death specialist Ira Byock writes, “inherently meaning-makers”, and “[f]aced with the ultimate problem and unalterable fact that life ends, human beings impulsively strive to recognize some meaning in death” (2002: 279). As Dr. Posner is about to touch the tumor that is killing her in his pelvic exam, Vivian starts reciting “Death be not proud, though some have called thee/ Mighty and dreadful, for, thou art not soe [...] Die not, poore death, nor yet canst thou kill mee”. When challenged by the clinicians’ medical jargon, she compares their vocabulary to Donne’s: “imagine the effect that the words of John Donne first had on me: ratiocination, concatenation, coruscation, tergiversation. Medical terms are less evocative” (43). Later on, when Vivian has become conscious of the battle going on both in and outside her body (as cancer tries to invade her organism and doctors and patient alike struggle to defeat it), she reads yet another sonnet by Donne: “If poysonous mineralls, and if that tree, / Whose fruit threw death on else immortal us, / If lecherous goats, if serpents envious/ Cannot be damn’d; Alas; why should I bee?” Rosette Lamont, writing about Edson’s original drama, points at this as “[o]ne of the most exciting moments in the play” (2000: 573), one in which the audience is presented with “a mature, self-confident Vivian, the master of her classroom. She is armed with her knightly sword, a pointer” (Lamont 2000: 573).

The image used by Rosette Lamont is particularly appropriate, since Vivian and her doctors can be symbolically read as a group of knights involved in a life-or-death quest for a Holy Grail that would be identified with the cure for cancer. Actually, Clive Seale identifies the quest narrative as one of the three possible forms of articulating terminal disease, talking “‘through’ rather than ‘about’ the body” (1998: 27). According to Seale, in the quest narrative illness is understood as a journey with a call for departure (in this case, diagnosis), an initiation (the medical tests in *Wit*), and an eventual return (the hope for cure and recovery that is, in this instance, not achieved). In the course of that quest, then, the doctors engage in several combats for which Vivian’s body becomes the battlefield: scans, punctures, X-ray, analyses, blood pressure control, isolation, experimentation with drugs, chemotherapy.

Although in the film version she is not holding a pointer in the “poisonous minerals” scene, Mike Nichols does reveal this idea of the female body as a battlefield by situating cancerous Vivian, wearing all the hospital markers of the sick role (gown, ID bracelet, etc.), in front of her class, but playing the role of healthy Professor Bearing at the peak of her energy. For the spectator, there is a contradiction between what s/he sees and what s/he hears; between what the woman’s body seems to communicate and what the woman herself is acting out. As I have commented above, this paradoxical juxtaposition of images, with the actor characterized as a dying patient but playing a full-force professional, contributes to the alienation effect and to the consciousness-raising function of the film.

The Cartesian battle between her body and her mind is best understood by Vivian through words, her main tool and her passion since childhood. In her narrative, she sometimes resorts to semantic fields connected to warfare, as when she talks of the doctors’ “arsenal of terminology”, or when she conceives chemotherapy as a battle going on inside her body in which not only cancerous cells, but also healthy ones, are destroyed (Edson 1999: 66). Susan Sontag identified this tendency to conceive scientific efforts as a war against illness: “[t]here is the ‘fight’ or ‘crusade’ against cancer; cancer is the ‘killer’ disease; people who have cancer are ‘cancer victims’” (1979: 57). Feminist performers and writers have made a connection between this and the representation of the female body as a site of conflict. According to Mary Deshazer, texts which deal explicitly with women and cancer, “employ the explicit body in performance to mark women’s cancerous breasts, ovaries, and wombs as sites of social meaning that transgress from the rules of normative female bodies and convey powerful embodied histories” (2003: 3).

Following this line, Margaret Edson chooses to conclude her play with a nude: Vivian takes off her cap, bracelet and hospital gowns and appears in front of the audience “naked, and beautiful” (1999: 85). Throughout the story Bearing, who had always lived inside her mind, had resented the rebellion of her body, lost control of her physical functions and surrendered to the inescapable fact of mortality. As Patricia Weenolsen explains, the uncontrollable reactions of the human body to sickness and pain are part of the process of dying. In this respect, she explains that the sick person feels as if a civil war is raging inside her/his body (Weenolsen 1996: 74). The need to regain control of one’s body, then, is part of the path towards a peaceful death, and Edson’s protagonist is allowed this final relief. In a highly non-erotic manner, Vivian is presented to the audience free from the signs of biopower that the hospital had inscribed on her (IV pole, gown, needles...). For Deshazer, “as Vivian strips off the cap that hid her baldness and the bracelet that provided her hospital name and number, she is luminous, in control of her body and its movements, whole” (2003: 10). As feminist

performance critics state, the female body on stage becomes a canvas for scars, a site of conflict, an eloquent narrator of stories of resistance (Borràs 2000: 7). In Edson's text, when learned language proves inadequate for the protagonist's narrative and John Donne's poetry stops being effective to provide her with answers, the body takes center stage to help the character conclude her narrative not in the guise of a victim, but with the dignity that she had been calling for throughout the play.

In his adaptation of the theater piece, Mike Nichols chooses not to use the nude as a final image. Probably conscious of the historical objectification of women's bodies throughout film history, he decides on a different strategy to give Vivian back her voice and her incorrupt physical self at the moment of her death, echoing the proverbial "face as a mirror of the soul" idea: while nurse Monahan draws the curtain in Bearing's room, symbolically representing the subtle "comma between life and death" that Professor Ashford (her mentor) had thoroughly explained to Susan, the camera takes us to a close-up on the dead Vivian's face, which slowly fades away and into the healthy Vivian's portrait, with her own voice in the background, reciting one final sonnet by John Donne. Ridding herself of a body that has become a burden, in Nichols' version Vivian is restored to her self and her dignity by the reminder of her healthy beauty and the director's option of giving *her*, and not the doctors, the final word in the film.

47

2. Too Many Things, Too Little Time: Isabel Coixet's *My Life Without Me*

Isabel Coixet's 2003 English-speaking success *My Life Without Me* was shot in Canada (Vancouver and Burnaby), in an atmosphere of cold, humidity and hardship. Some of the narrow, intimate locations she had used in previous films, such as the launderette and the battered car, are repeated, contrasting with the open natural spaces of Canada. In fact, the main characters live in a small trailer in the backyard of Ann's mother's old home. Ann, the protagonist of the film (played by Sarah Polley), is the complete opposite of Mike Nichols' Vivian Bearing: she is in her twenties, lacks a formal education, and works as a cleaner in the university. Upon being diagnosed with ovarian cancer, she makes a list of "things to do" and tries to prepare everything for "her life" to continue without her. In that list she includes ten items, seven of which are partially or totally fulfilled by the end of the story, namely: "tell my daughters I love them several times a day" (she does); "find Don a new wife who the girls like" (their sensitive new neighbor, Ann); "record birthday messages for the girls for every year until they are 18" (she gives the tapes to her doctor); "say what I'm thinking" (sometimes she does; sometimes she does

not); “make love with other men to see what it is like” (at least one man); “make someone fall in love with me” (Lee does, head over heels); and “go and see Dad in jail” (only one visit).⁶

In the movie, loosely based on Nanci Kincaid’s short story “Pretending the Bed is a Raft” (1997), the Catalan director presents a highly personal reading of the dying process as an opportunity to fulfil one’s wishes and to achieve a certain sense of closure. The main difference between the short story and the film is that in Coixet’s version Ann keeps her illness a secret, which for the director makes her a heroine.⁷ Kincaid’s protagonist, Belinda, tells her husband Virgil and her mother Grace about “a spot on my womb” (1997: 200). While Virgil resorts to denial, insisting that “Belinda is not going to die. And that’s final” (201), Grace starts a campaign for her baptism, because she relates the tumor to the hand of Satan: “[e]very bad thing that happened, from the earthquake in Mexico to Lamar wetting his pants, Grace called a Satan attack. ‘A spot in your womb?’ Grace said. ‘A malignant spot? My God, Satan has outdone himself now!’” (200).

In her script, Isabel Coixet leaves the rest of the family out of the equation, focusing exclusively on Ann’s experience, not as a patient confined to a hospital setting (as Vivian was in *Wit*), but as a free individual who makes her own choices about her final months. In contrast to Nichols’ narrative, the audience of *My Life Without Me* is not forced to watch the physical decay of the protagonist. Only two scenes take place in the hospital: one is the moment of diagnosis; the second one, when Ann takes a box of tapes for her daughters to her doctor. Between the two of them, the doctor-patient relationship evolves visibly: when he discloses the fatal diagnosis to Ann, the doctor is totally unable to look her in the eye, sadly admitting “I can’t sit in front of someone and tell them that they’re gonna die”. A few weeks later, when Ann goes back for some painkillers, they sit in the same impersonal and depressing waiting room, but the physician takes a chair and positions himself directly opposite to his patient. This time, they discuss death more openly: she rejects tests and hospitalization, but accepts medication in order to live a more or less “normal” life. On his part, the doctor accepts her surrender and stops insisting on invasive and useless treatments, going instead for a palliative care option because, he says, “dying is not as easy as it looks”.

In contrast to the detailed presentation of Vivian Bearing’s physical processes in *Wit*, in Coixet’s work we see Ann in pain on very few occasions: the first attack arrives unexpected, when she is doing the housework, and gives rise to the fatal tests. Her mother takes her to hospital and then drives back to pick up her granddaughters from school, leaving Ann alone to face the terrible results. After she is informed, Ann decides not to share her state with anybody, and the film shows the difficult tests that she goes through due to this decision. Thus, for

example, the spectator is made to witness Ann's mother bitterly complaining about her headaches and aching bones every day after work, while the daughter keeps silent about the cancer that is consuming her. The contrast between the two women and their attitude to life and pain contributes to their characterization throughout the story.

The second bout, in which abdominal pain makes Ann vomit violently while she is at work, brings about a monologue in which she confesses her disappointment and sorrow to her best friend, Laurie. Interrogated about the reasons for her physical reaction (Laurie is obsessed with losing weight and thinks Ann is on a strict diet), Ann furiously responds:

You wanna know why I'm throwing up? I'm throwing up because when I was eight years old, the girl who was supposed to be my best friend told everyone I was a slut. I'm throwing up because when I was fifteen years old I didn't get invited to the only party I ever wanted to go to in my entire life. I'm throwing up because when I was seventeen I had my first kid and I had to grow up overnight; and I got no more dreams; and without dreams you can't fucking live!

After this, the intrusion of pain only marks the voracious evolution of her cancer, and Ann is seen physically suffering twice more: once, she is bedridden and has her neighbor Ann take her role in the kitchen, which gives her a hint of what "her life" will be without her. The second time, she is having lunch with her lover Lee and, doubling with stinging pain, she understands that it is the beginning of the end. She grudgingly asks Lee to leave immediately after his revelation that he is in love with her, and calls Don to drive her home, literally to her deathbed. Again, the ignorance of her plight makes the people around Ann act in ways that the audience, fully informed of the situation, reads as (involuntarily) inappropriate, highlighting Ann's courage and determination. Thus, for example, the second time she meets with Lee, the man confesses: "my body hurt thinking you wasn't wanna come".

Because she is very young (23), Ann's dying process is short, sparing her family the burden of a long sickness and a traumatic medical treatment. As Vivian did in *Wit*, although for very different reasons, Ann walks towards her death completely alone. Professor Bearing did not have a family or friends to share her problem with; Ann decides to keep it to herself in order to protect her loved ones. In her work *On Death and Dying* (1972), Elisabeth Kübler-Ross described five stages of grief in the dying person: 1) denial; 2) anger; 3) bargaining; 4) depression; and 5) acceptance (1993: 59-147). Since the doctor gives her only two months to live, Ann skips denial and goes directly from anger to acceptance; she has time for little else. She decides to savor every moment: she walks in the rain, makes love with Don and Lee, plays with her daughters pretending the bed is a raft and there are sharks threatening them, talks to her old friends (Laurie) and makes new ones

(nurse Ann), visits her father in jail, goes shopping and to the hairdresser's, and listens to music for the first time in ages.

Ann's story, which is constructed by Coixet both through action and through her voice-over narration in the second person ("this is you, eyes closed, out in the rain, you never thought you'd be doing something like this...") reflects the metaphysical belief that Dr. Bernie Siegel presents in his preface to *The Art of Dying*: "[t]o be immortal one must love" (qtd. in Weenolsen 1996: xvi). In opposition to Vivian, who we saw had spent her life going up the academic ladder on her own, Ann has lived for others since her adolescence, becoming a responsible wife, mother, and worker prematurely. At the beginning of Coixet's film, Ann is a generous woman who even at the peak of her distress is thinking about other people's wellbeing. Thus, when she is taken to hospital and made to wait for hours, she insists to all the nurses and doctors that they must tell her mother to pick up her daughters from school. Similarly, while she is trying to accept the fact of her approaching death, she still worries about her husband's new job or about her mother's bitterness.

50

However, after the doctor coldly breaks the news to her, Ann's character starts a new line of development. For the first time in her short life, she also begins to think about herself. She cultivates her independence and evolves towards a round character, "a heroine and unbelievably normal at the same time, not a saint, but somebody who does something extraordinary".⁸ Life until this moment, she says in one scene, looks like a dream, and now she is starting to wake up. Like Vivian in *Wit*, Ann in *My Life Without Me* tries to extract some kind of meaning from her existence. She looks around to what she has and back to what she has done, because, as Callanan and Kelley explain, "[m]ost people, as they're dying, want to feel that their having been alive has been significant, that they made some difference in this world and the lives of those around them" (1997: 159). The director herself confirms this vision when she acknowledges that she intended to make the audience think about the fact that we only have one opportunity to live, and that what we do will have consequences for the existence of those around us.⁹

The main concept in Coixet's narrative of dying is that of emotional legacy. Ann struggles to leave a will of love and good memories to the people in her life. What in *Wit* was conceived as an academic and cultural inheritance (Vivian's papers, books, lessons, etc.), in *My Life Without Me* becomes a humble, but immense gift: "[i]t was like the only present I could give you and the girls: save you all the trips to the hospital and all the stress". Until the very end of the film, Ann rejects the sick role as explained by Freund and McGuire, because she understands that "the sick role is primarily a description of social expectations" (Freund and McGuire 1991: 131). A strong and stubborn woman, Ann does not wish to conform to

those expectations, which imply dependence, passivity, and obedience to the biomedical rules. In her last visit to the hospital, when the doctor asks her why she is not keeping her appointments, she decidedly rebels against biopower and affirms: “I need to feel like I’ve got some control. I don’t want any more tests if they’re not going to save me”. Hers is, as actress Sarah Polley comments, an extremely “efficient and practical” attitude towards illness. Once she has internalized the diagnosis, she comes to understand death as presented by specialist Ira Byock, and makes an effort to construct her own continuum: “a stage of life [...] Byock examines dying as the last of a continuum of developmental stages” (Staton, Shuy and Byock 2001: 259). In that sense, Coixet’s protagonist tries to die exactly as she has lived: doing her best for her loved ones and not being a nuisance to anybody. She records tapes for her husband, lover, mother and daughters, and struggles to make them as happy as possible in their difficult economic conditions, putting the emphasis on the idea that life is going to continue after she is gone, but something of her will remain. As Staton, Shuy and Byock observed in a group of dying patients analyzed in their study *A Few Months to Live*, “[p]articipants in their dying months actively sought to affirm a personal continuity that in some way would transcend their physical death” (2001: 255). Ann even looks for a new wife for Don, and she is lucky enough to meet her new neighbor (conveniently called Ann, too) just in time. She puts her through a little “test” with her two daughters and, near her end, watches her moving around her house, cooking for her family and literally replacing her in her life even before she is gone.

Having achieved a certain degree of peace by being able to tick off most of the items on her list of “things to do before I die”, Ann, finally bedridden (although she still insists to her family and friends that “it is just anaemia”), whispers to herself: “[y]ou pray that this will be your life without you”. This is her final hope, the reconciling thought that allows her to finally let go. Consistently with Coixet’s attitude to physical suffering throughout the movie, the audience does not witness the precise moment of Ann’s death. In coherence with the narrative line of the film, the spectators are invited to appreciate the legacy that she has left. After a subtle dissolve from Ann’s deathbed (the past) to “her life” in the present, *My Life Without Me* ends with a series of shots of the different people in her environment continuing to live after she has passed away. While we see her mother dating a man, Don and the girls going for a picnic with neighbor Ann, Lee finally furnishing his house, or Laurie eating, Ann’s voice is heard as she recorded it on the tapes for each of them. As she whispers “I loved dancing with you”, her lover’s nostalgic smile closes the story and leaves the audience with an impression very different from other narratives of illness and death that may close the door to any possible future.

Notes

¹. For information about these three contemporary artists, the following titles are useful: *Cultural Sniping*, by Jo Spence (London and New York: Routledge, 1995); *Mujeres artistas*, edited by Uta Grosenick (Köln: Taschen, 2003); *Witness to Pain*, edited by Nieves Pascual (Bern: Peter Lang, 2005).

². For examples of contemporary uses of writing in therapy, check the following websites, amongst others: <www.canceranswers.org/stories/>, <www.inter-disciplinary.net/mso/hid/hid.htm>.

³. All the quotes from Edson's play have been extracted from the 1999 Faber & Faber edition.

⁴. The references to the DVD edition of *Wit* will always be taken from the HBO version. Please notice that the title of the playtext reads *W;t*, with a semi-colon substituting the "i" that is nevertheless respected in the film version.

⁵. I have elaborated on the application of Foucault's theories of biopower to *W;t* in my article "Foucauldian Biopower in Contemporary Anglo-American Theater: Margaret Edson and Nell Dunn", currently in press for *BELLS (Barcelona English Language & Literature Studies)*.

⁶. All the quotes from and references to *My Life Without Me* are based on the DVD version of the film edited by Filmax in 2004 for the Spanish market.

⁷. Coixet's comments are extracted from an interview included as an extra in the 2004 DVD version of the film.

⁸. Comments by actress Sarah Polley (interview in the DVD version of the film).

⁹. See Note 7.

52

Works cited

BORRÁS CASTANYER, Laura. 2000. "Hermenéutica del cuerpo". In *Escenografías del cuerpo*. Madrid: Fundación Autor: 7-25.

BYOCK, Ira. 2002. "The Meaning and Value of Death". *Journal of Palliative Medicine* 5.2 (May 2002): 279-288.

CALLANAN, Maggie and Patricia Kelley. 1997. *Final Gifts. Understanding the Special Awareness, Needs, and Communications of the Dying*. New York: Bantam Books.

COIXET, Isabel. Dir. 2004. *Mi vida sin mí/ My Life Without Me*. Barcelona: Filmax Home Video.

DESHAZER, Mary. 2003. "Fractured Borders: Women's Cancer and Feminist Theatre". *National Women's Association Journal* 15.2 (Summer 2003): 1-26.

DIAMOND, Irene, and Lee QUINBY. (eds.) 1988. *Feminism & Foucault. Reflections on Resistance*. Boston: Northeastern U.P.

DUNN, Nell. 2002. *Cancer Tales*. Charlbury: Amber Lane Press.

EDSON, Margaret. 1999. *W;t*. New York: Faber and Faber.

Two narratives of dying in contemporary anglophone film

- FOUCAULT, Michel (1963). 1966. *El nacimiento de la clínica. Una arqueología de la mirada médica*. México DF: Siglo XXI.
- FOX, Renée C. 1989. *The Sociology of Medicine. A Participant Observer's View*. Englewood Cliffs: Prentice Hall.
- FREUND, Peter E.S. and Meredith McGUIRE. 1991. *Health, Illness and the Social Body. A Critical Sociology*. Englewood Cliffs: Prentice Hall.
- FUENTES, Carlos. 2001. "Introducción". *El diario de Frida Kahlo. Un íntimo autorretrato*. Barcelona: Círculo de Lectores: 7-24.
- HUDSON JONES, Anne. 1990. "Literature and Medicine: Traditions and Innovations". In Clarke, B. and W. Aycok. (eds.) *The Body and the Text. Comparative Essays in Literature and Medicine*. Lubbock: Texas Tech U.P.: 11-24.
- KINCAID, Nanci. 1997. "Pretending the Bed is a Raft". *Pretending the Bed is a Raft. Stories by Nanci Kincaid*. Chapel Hill: Algonquin Books: 189-241.
- KÜBLER-ROSS, Elisabeth. (1972) 1993. *Sobre la muerte y los moribundos*. Barcelona: Grijalbo.
- KUSHNER, Tony. 1994. *Angels in America*. London: Nick Hern Books.
- LAMONT, Rosette C. 1999/2000. "Coma Versus Comma: John Donne's Holy Sonnets in Edson's *W;t*". *Massachusetts Review* 40.4 (Winter 1999/2000): 569-75.
- MACPHEE, Rosalind. 1996. *Picasso's Woman. A Breast Cancer Story*. New York: Kodausha International.
- MCLAREN, Margaret. 2002. *Feminism, Foucault, and Embodied Subjectivity*. Albany: State University of New York Press.
- MCMANARA, Beverley. 2001. *Fragile Lives. Death, Dying, and Care*. Buckingham and Philadelphia: Open U.P.
- MILLER, Susan. 1998. *My Left Breast*. Included in *O Solo Homo: The New Queer Performance*. New York: Grove Press. 93-120.
- MORRIS, David. 1991. *The Culture of Pain*. Berkeley: University of California Press.
- NICHOLS, Mike (dir.). 2001. *Wit*. New York: HBO.
- SAWICKI, Jana. 1991. *Disciplining Foucault. Feminism, Power, and the Body*. New York and London: Routledge.
- SCHNEIDER, Rebecca. 1997. *The Explicit Body in Performance*. London and New York: Routledge.
- SEALE, Clive. 1998. *Constructing Death. The Sociology of Dying and Bereavement*. Cambridge: Cambridge U.P.
- SONTAG, Susan. 1979. *Illness as Metaphor*. New York: Vintage Books.
- STATON, Jana, Roger SHUY and Ira BYOCK. 2001. *A Few Months to Live. Different Paths to Life's End*. Washington, D.C.: Georgetown U.P.
- TURNER, Bryan S. 1995. *Medical Power and Social Knowledge*. London: Sage.
- WEENOLSEN, Patricia. 1996. *The Art of Dying*. New York: St Martin's Press.
- WENDELL MOLLER, David. 1996. *Confronting Death. Values, Institutions, and Human Mortality*. New York and Oxford: Oxford U.P.

Received: 21 November 2006

Revised version: 24 February 2007