

I. Introducing Lesbian Feminism and Edson's *Wit*

This research aims to analyze Margaret Edson's *Wit* as a lesbian play with its focus on the intimacy between female characters. It further tries to deal with the relation between women's writing, queer theory and its significance to the gender construction. Thus the major concern of this research is to mark the female independence through the lesbian relationship as depicted in the character of the protagonist and her relation with male and female differently and also through the Edson's autonomous way of female writing.

This research basically deals with the relationship of its protagonist Dr. Vivian Bearing, the main character from Margaret Edson's play *Wit* with her nurse in order to trace the lesbian relationship between them. Apart from this the personality of Dr. Vivian Bearing too could be linked with the queer theory since she is a old lady living without marriage and spending her entire of reading and teaching John Donne's metaphysical poetry. Dr. Vivian Bearing throughout her life she does not care about her students and their many struggles neither she cares about any relationship with male. But her passion is for 17th Century poetry, particularly the complex sonnets of John Donne full of wit and by nature related with sexuality.

Her life without marriage, without boyfriend, without husband and children is taken as the rejection of the heterosexual way of life which emancipates her from the chain of heterosexuality and male domination. Edson through Dr. Vivian Bearing projects the female emancipation from traditional gender roles. Rejection of heterosexuality could be well deal through lesbian perspective and this research focuses on Dr. Vivian and Susie's intimacy as the lesbian relation through queer theory perspective, Cheshire Calhoun writes, "Lesbians, however, refuse to participate in heterosexual social relations" (29).

Although lesbian feminist theorizing has significantly contributed to feminist thought, it has also generally treated lesbianism as a kind of applied issue. Feminist theories developed outside the context of lesbianism are brought to bear on lesbianism in order to illuminate the nature of lesbian oppression and women's relation to women within lesbianism. Early radical lesbians began from the feminist claim that all male–female relationships are power relationships. They then argued either that the lesbian is the paradigm case of the patriarchal resister because she refuses to be heterosexual or that she fits on a continuum of types of patriarchal resisters. In taking this line, lesbian theorists made a space for lesbianism by focusing on what they took to be the inherently feminist and anti-patriarchal nature of lesbian existence. In this connection, Cheshire Calhoun writes, "Somewhat later, lesbian theorists were less inclined to read lesbianism as feminist resistance to male dominance" (25). Instead, following the trend that feminist theory itself took, the focus largely shifted to women's relation to women: the presence of ageism, racism, and anti-Semitism among lesbians, the problem of avoiding a totalizing

Dr. Vivian Bearing in *Wit* emancipates from the heterosexuality as if the author is projecting the women emancipation. In *Wit*, it is revealed that Dr. Vivian Bearing dedicated her life to these Holy Sonnets, spending decades exploring the mystery and poetic wit of each line. Her academic pursuits and her knack for explicating poetry have shaped her personality. She has become a woman who can analyze but not emphasize. Her callousness is most evident during the play's flashbacks. While she narrates directly to the audience, Dr. Bearing recalls several encounters with her former students. As the pupils struggle with the material, often embarrassed by their intellectual inadequacy, Dr. Bearing responds by saying, "You can come to this class prepared, or you can excuse yourself from this class, this department, and this university. Do not think for a moment that I will tolerate

anything in between" (1). Her strong teaching career is reflected as she says, "Do what you will, but the paper is due when it is due" (1). Throughout her career Dr. Bearing never thinks apart of Donne's poetry.

While she is suffering from cancer she revisits her past, she realizes she should have offered more human kindness to her students. Kindness is something Dr. Bearing will come to desperately crave as the play continues. She is dying of advanced ovarian cancer. Despite her insensitivity, there is a sort of heroism at the heart of the protagonist.

The primary objective of study is to explore the lesbian relationship in the play *Wit* by Margaret Edson. Then, it deals with the relationship between females with the perspective of queer theory. It focuses on the issue that how the female writers take the issue of lesbian as the autonomous way of writing because it challenges the male domination upon female through the changed gender roles and sexuality. Keeping all these issues in consideration this research work aims to trace the queer theory and its relation with gender roles, sexuality and female emancipation. The emancipation from heterosexuality means emancipation from gender exploitation as Cheshire Calhoun claims "Because Wittig looks at lesbianism from a (heterosexual) feminist perspective, asking how lesbians escape the kinds of male control to which heterosexual women are often subject, she misses the penalties attached to lesbians' exit from heterosexuality" (31).

On one hand as Edson brings an old lady professor who is unmarried throughout her life. She is completely devoted on her reading, teaching and researching the wit of John Donne's metaphysical poetry. It is controversial she is found of wit within Donne's poetry but lives her entire life single. On the other hand the professor while being hospitalized for her treatment of cancer and where she gets the meaning of life, company, love, companion as well care of the nurse Susie, a

woman like her. Her personality is not limited with her relationship to females rather her misunderstanding with male doctors and nurse depicts that she does not feel comfortable with male's company.

Why does Dr. Vivian Bearing live her whole life without any opposite sex love, relationship and weeding though she is the teacher of metaphysical poetry and found of 'wit'? Why she has the problem of adjustment with male company? What might be the author's politics to make her protagonist aware about love, company and care only after her company and mutual relationship with another woman, the nurse Susie?

Margaret Edson's presents her protagonist as an unmarried professor who throughout her life does not care about the love, relationship and weeding as well as never founds of with the male company, rather she finds the meaning of love, company and relationship with her company with another female nurse while she is suffering from cancer in order to depicts *Wit* as a lesbian play.

Dr. Harvey Kelekian, an oncologist and leading research scientist, informs Dr. Bearing that she has a terminal case of ovarian cancer. Dr. Kelekian's bedside manner, by the way, matches the same clinical nature of Dr. Vivian Bearing. With his recommendation, she decides to pursue an experimental treatment, one that won't save her life, but one that will further scientific knowledge. Propelled by her innate love of knowledge, she is determined to accept a painfully large dosage of chemotherapy. While Vivian battles cancer both physically and mentally, the poems of John Donne now take on new meaning. The poems references to life, death and God are seen by the professor in a stark yet enlightening perspective.

During the latter half of the play, Dr. Vivian Bearing begins to shift away from her cold, calculating ways. Having reviewed key events in her life, she becomes less like the matter-of-fact scientists who study her and more like the compassionate Nurse

Susie who befriends her. In the final stages of her cancer, Vivian Bearing "bears" incredible amounts of pain and nausea. She and the nurse share a popsicle and discuss palliative care issues. The nurse also calls her sweetheart, something Dr. Vivian Bearing never would have allowed in the past. After nurse Susie leaves, Dr. Vivian Bearing speaks to the audience, " Popsicles? "Sweetheart?" I can't believe my life has become so corny" Later on in her monologue, she explains:

Now is not the time for verbal swordplay, for unlikely flights of imagination and wildly shifting perspectives, for metaphysical conceit, for wit. And nothing would be worse than a detailed scholarly analysis. Erudition. Interpretation. Complication. Now is the time for simplicity. Now is the time for, dare I say it, kindness. (70)

There are limitations to academic pursuits. There is a place - a highly important place - for warmth and kindness. This is exemplified in the last part of the play when, before Dr. Vivian Bearing passes away, she is visited by her former professor and mentor, E. M. Ashford. The 80 year old woman sits beside Dr. Vivian Bearing. She holds her; she asks Dr. Bearing if she'd like to hear some poetry by John Donne. Although only semi-conscious, Dr. Bearing moans "Noooo." She does not want to listen to a Holy Sonnet. So instead, in the play's most simplistic and touching scene, Prof. Ashford reads a children's book, the sweet and poignant *The Runaway Bunny* by Margaret Wise Brown.

Dr. Vivian Bearing not only understand the meaning of life and love after her mutual relationship with Susie but also changes the meaning of 'wit' in metaphysical love. Thus, the theme of *Wit* is common that is the love between two women. The vitality and importance of love is found in countless plays, poems, and greeting cards but as the autonomous female mode of writing Margaret Edson brings the lesbian love between nurse and an old professor.

Wit by Margaret Edson has attracted the attention of many critics and also received a bountiful criticism from the very year it was published and performed in 2007. Many critics were attracted for its shocking contents that shattered the contemporary American Theatre. The play is analyzed and interrupted through the various viewpoints.

The first and the obvious feature of the play is the issue of cancer which it presents through its protagonist Dr. Vivian Bearing. In this connection, Mary K. Deshazer in "Fractured Borders: Women's Cancer and Feminist Theatre" mentions:

The saga of English Professor Vivian Bearing's unsuccessful struggle to overcome advanced ovarian cancer in the face of increasingly invasive medical treatments, *Wit* is the best-known play about a woman's cancer. First performed in 1997 at Long Wharf Theatre in Connecticut, it moved to New York's Union Square Theatre and won the Pulitzer Prize for Drama in 1999. (3)

The essay analyzes the play from that represents women's cancer from feminist perspectives. It argues that women's performance narratives differ from other cancer narratives by employing "explicit bodies" (3) onstage to mark cancerous ovaries. The issues of breasts, ovaries, and wombs cancers are the female mode of writings. It provides the play a feminist perspective to deal with.

By challenging the capacity of a masculine gaze to appropriate women's ill bodies; and by fostering reciprocity among playwrights, actors, and audience, Edson focuses on the female subject matter. To elaborate on these points, the essay examines the diverse representations of body politics and medical politics in the plays under consideration and discusses as Mary K. Deshazer mentions, "how and why feminist theatre can move audiences toward activism" (1).

Wit has become enormously popular among critics and general theatergoers alike. For a time the play reached the level of a cultural phenomenon, showing to packed houses and enjoying a wide level of critical support. Other commentators have observed a growing backlash from critics who feel the play has been over-praised. While most reviews commend both the level of writing and the play's emotional power, some maintain that Edson's inexperience as a writer is evident and debate the value of the work's growing legacy. Such critics point out evident weaknesses, including a reliance on the stereotypes of the dying intellectual who sees her life as wasted; doctors who lack compassion for their subjects; and vague religious allusions.

Even some critics have focused on the Renaissance 'wit.' As a seventeenth century scholar, Dr. Bearing was fascinated by wit, a reference to the 17th century fascination with literary conceit, paradox and wordplay. As Cohen notes it in the connection to Renaissance intelligence:

During the Renaissance, the term 'wit' referred to intelligence or wisdom. As applied to the metaphysical poets, it has the connotation of intellectual and verbal ingenuity. It involves surprise, a desire to startle readers, to make them look at things in a new, unconventional way. . .

In the theatrical experience of wit, literally what the audience sees is what Vivian herself perceives, and so reality is skewed according to her experience. (1)

Cohen continues this ability to see the paradoxes in life and to enjoy wordplay sustain and confound her and, in the end, help her to come to terms with her own death, mortality, and ultimate immortality. He further connects the issue of author's position of writing as he mentions, "Moved from the position of authoring and power to a position of dependency" (3).

Several feminists have objected to what they regard as Edson's presentation of Vivian's cancer as the result of a misguided philosophy, her punishment for a life misspent. Mary K. DeShaver has written that “neither cancer patients nor feminist theater was helped by the stereotypical representations of culpable dying women” (10). Further concerns have been raised by several Donne experts who believe that Edson misappropriates his themes—a religious examination of the struggle between the flesh's attempts to betray the soul and God's ability to love and redeem.

Wit appears almost entirely secular. Whether the play is truly secular, however, remains a point of debate and many critics argue that Edson intended her work to be a subtle invitation to redemption, a so-called anonymous Christianity as John Sykes, Jr. termed it. The play's ability to inspire dialogue about the state of medical care in America has been roundly praised.

While some members of the medical profession have objected to Edson's portrayal of doctors as inhumane and cold, Edson has tried to counter such concerns by encouraging all productions of *Wit* to actively engage with audiences in a series of weekly post-production forums. But most reviewers agree that Edson's emphasis on compassion is evident in all aspects of *Wit*. Edson evokes various aspects within this play. In this connection, Elizabeth Klaver in "A Mind-Body-Flesh Problem: The Case of Margaret Edson's *Wit*" mentions:

The play demonstrates a contradictory moment in the history of Western culture: two humanist fields dedicated to a tradition of social and individual improvement—medicine and literature—are both guilty of yielding to a perspective that precludes compassionate treatment of human beings. That this perspective is a cultural construct is no surprise, having sprung from the empirical paradigm upon which

Western research rests, a paradigm arising at the time of the Renaissance and still very much with us today. (660)

The play is shaped on the base of tussles of medicine and literature, male and female and other various contradictions. Critics have observed three major thematic threads in Edson's work. It is an indictment of both the medical and academic fields' devotion to intellect at a cost of the human soul; the power of language to shape our understanding of life. It is also the redemptive dimension of self-examination.

Dr. Vivian Bearing is revealed to have been ignorant of her students' emotional needs and unable to see them as individuals. Similarly, her doctors can only see Vivian as a vessel for the cancer that is killing her. The very devotion to her studies that has left her without family or friends also makes her an ideal candidate for experimental chemotherapy for there are no friends or relatives to object to her painful treatment. The irony is not lost on Vivian. Where once she taught bodies of text, her own body has become the text.

Edson heightens this comparison by showcasing the surprising similarity in language between the two fields: words like 'subject,' 'exam,' 'test results,' and 'course' thread through the lexicon of both the M.D. and the Ph.D. Vivian's former student, Posner, particularly comes to embody the empty rationality to which Vivian once held claim. He credits her with sharpening his intellectual prowess, enabling him to think in purely rational terms about his cancer research, but it also enables him to view Vivian purely as a body with no individual characteristics.

Dr. Ashford tries to use Donne's language to express to Vivian the necessity of life experience as well as intellectual curiosity in order to fully understand his poetry. Vivian accepts the truth of this idea only at the very end of life. While God is rarely invoked in *Wit*, audiences have viewed the scene in which Vivian strips off her gown and opens her arms in acceptance of death as an acknowledgment of a divine

presence. The flash back life of Vivian and her craze for sonnets makes the play interesting. In connection with Vivian wit and flashback of the play, Rosette C. Lamont in:

One of the most exciting moments in the play is a flashback to a mature, self-confident Vivian, the master of her classroom. She is armed with her knightly sword, a pointer, with which she occasionally wacks the screen upon which is projected Donne's Holy Sonnet Five, "from the Ashford edition based on Gardner." Edson establishes this magnificent line of three women scholars, three women in love with the life of the mind. (573).

Near the beginning of the play, Dr. Vivian Bearing claims to be well-versed in matters of life and death, as she is a scholar of Donne's *Holy Sonnets* which explore mortality in greater depth than any other body of work in the English language. Sonnets like "Hymn to God, My God in My Sickness" and "Death Be Not Proud" represent Donne's personal explorations of the nature of sin and the redemptive power in discovering God's love.

Jacqueline Vanhoutte in "Cancer and the Common Woman in Margaret Edson's *Wit*," argues that, "*Wit's* doctors are all monsters of insensitivity, devoted to knowledge and to intellectual" (406). Whereas *Wit's* negative portrayal of English professors is harmless, its similar treatment of medical personnel is irresponsible. As Rosette Lamont points out, "the only member of the hospital staff who treats Vivian Bearing with respect and kindness is the nurse Susie" (38). Not co- incidentally, Susie is also the least intelligent character in *Wit*. But she is noticeable due to her feeling compassion, care and love to Vivian.

In one of her final speeches, Vivian presents her acquiescence in Susie's recommendation as a rejection of the intellectual values that she had previously

affirmed which gives that the play bears the quality of lesbian reading as Edson mentions through Vivian monologue:

That was certainly a maudlin display. Popsicles? "Sweetheart"? I can't believe my life has become so ... corny. But it can't be helped . . .

Now is not the time for verbal swordplay, for unlikely flights of imagination, and wildly shifting perspectives, for metaphysical conceit, for wit. And nothing would be worse than a detailed scholarly analysis.

(69)

Throughout the play Vivian is found distinct female personality. She throughout her life is unmarried, living life without any relationship. She is only devoted on seventeenth century poetry and research. It could be guessed that she might be living a hysterical life. The fifty years professor has not mutual understanding or relationship which could be traced due to her relationship with similar aged doctor in hospital. Vivian wakes in horrible pain. She is tense, agitated and fearful. But she feels good to be loved by Susie. Though the text has been analyzed from various perspectives by large number of critics before with their effort to limit the text with the board feminist perspective and some of others have focused on the clinical aspects and female problems, they have not deal the text with lesbian perspective.

To analyze the play as the Lesbian play from the perspective of queer theory and female's autonomous way of writing is the major concern of this research. For this purpose it brings the queer theory to justify the research. Regarding queer theory as the perspective to deal with gay and lesbian sexuality, Diane Raymond mentions:

Queer is a category in flux. Once a term of homophobic abuse, recently the term has been reappropriated as a marker for some gay, lesbian, bisexual, transgender (gltb), and other marginalized sexual identities. In addition, "queer theory" has emerged in academic scholarship to

identify a body of knowledge connected to but not identical with lesbian/gay studies. (1)

Queer theory is a field of poststructuralist critical theory that emerged in the early 1990s out of the fields of queer studies and women's studies. Queer theory includes both queer readings of texts and the theorization of 'queerness' itself.

Heavily influenced by the work of Gloria Anzaldua, Eve Kosofsky Sedgwick, Judith Butler, Jose Esteban Muoz, and Lauren Berlant, queer theory builds both upon feminist challenges to the idea that gender is part of the essential self and upon gay/lesbian studies' close examination of the socially constructed nature of sexual acts and identities. Whereas gay/lesbian studies focused its inquiries into natural and unnatural behavior with respect to homosexual behavior, queer theory expands its focus to encompass any kind of sexual activity or identity that falls into normative and deviant categories.

Italian feminist and film theorist Teresa de Lauretis coined the term "queer theory" for a conference she organized at the University of California, Santa Cruz in 1990 and a special issue of *Differences: A Journal of Feminist Cultural Studies* she edited based on that conference. Finally, to equate lesbians' escape from heterosexuality and the category 'woman' with escape from male control is to adopt a peculiarly heterosexual viewpoint on lesbianism. Even the lesbian criticism defends as it emancipates women from male domination by emancipating women from heterosexuality. In this connection Cheshire Calhoun writes:

Thus, from a heterosexual standpoint lesbianism may indeed appear to offer a liberating escape from male control. But from the standpoint of a woman unaccustomed to living with men (i.e. from a *lesbian* standpoint), lesbianism is not about a refusal to labor for men. Nor is heterosexuality experienced primarily as a form of male dominance

over women, but instead as heterosexual dominance over lesbians and gay men. Nor is the daily experience of lesbianism one of liberation, but instead one of subordination within a system that privileges heterosexuals. (3)

The fact that heterosexuality enables men to control women's domestic labor is something that would be salient only to a *heterosexual* woman as further mentions, "Only heterosexual women do housework for men, raise children for men, have their domicile determined by men, and so on" (30). This research work dealing with the lesbian relationship between the female characters from the play *Wit* try to claim that Margaret Edson projects the female emancipation from heterosexuality and male domination.

This study reveals the lesbian relationship within the play *Wit*. For this purpose it deals through the queer theory perspective. This research is not limited within the queer theory only but also deals with male and female sexuality as well as how the queer theory challenges the traditional gender construction and sexuality. Lesbian relationship creates a distinct and independent sexuality for women or not is the major concern of this study. It is the medium of women liberation through the perspective of lesbianism.

In evaluating lesbian marriage, motherhood, and families, lesbian feminists took as their point of departure feminist critiques of heterosexual women's experience of family, motherhood, and marriage. Lesbian feminists were particularly alive to the fact that lesbians are uniquely positioned to evade the ills of the heterosexual, male-dominated family. In particular, they are uniquely positioned to violate the conventional gender expectation that they, as women, will be dependent on men in their personal relations, will fulfill the maternal imperative, will service a husband and children, and will accept confinement to the private sphere of domesticity. In this

connection Cheshire Calhoun writes, "Because of their unique position, lesbians can hope to be in the vanguard of the feminist rebellion against the patriarchal family and the institution of motherhood" (134).

Lesbian feminists used feminist critiques of heterosexual women's subordination to men within the family as a platform for valorizing lesbian existence. Lesbian feminists like Monique Wittig and Charlotte Bunch argued that the nuclear family based on heterosexual marriage enables men to appropriate for themselves women's productive and reproductive labor. Because lesbians do not enter into this heterosexual nuclear family, they can be read as refusing to allow their labor to be appropriated by men.

Judith Butler mentions about the Lesbian feminism, "Lesbian feminists also used feminist critiques of heterosexual women's confinement to the private sphere of family and exclusion from the public sphere of politics and labor to argue for a new vision of lesbians' personal life" (14). In that vision, lesbians would reject the private family. They would opt instead for a politicized life of connection to other women outside the family.

The research has a significant contribution mainly in four areas of its concern. First, the research will bring the text *Wit* into the dimension of its study. Second, it will deal with the lesbian relationship of Dr. Vivian Bearing and Susie in to the light. Then third, this study aims to observe and analyze the role of gender and sexuality in relation with queer theory. Furthermore, this study highlights the lesbian mode of writing as the means of autonomous female writing tradition in contemporary literary scenario that advocates the female dependence even on the sexuality and free from the heterosexuality.

The 'Lesbianism' is the distinct sexual behavior since its breaks the conventional gender roles and sexuality which is studied under the queer theory.

About the queer theory, William Pinal writes, "Queer theory is a field of post-structuralist critical theory that emerged in the early 1990s out of the fields of queer studies and women's studies. Queer theory includes both queer readings of texts and the theorization of 'queerness' itself" (7).

Heavily influenced by the work of Gloria Anzaldua, Eve Kosofsky Sedgwick, Judith Butler, Jose Esteban Munoz, and Lauren Berlant, queer theory builds both upon feminist challenges to the idea that gender is part of the essential self and upon gay/lesbian studies' close examination of the socially constructed nature of sexual acts and identities. Furthermore about queer theory, A. Jagose mentions, "Whereas gay/lesbian studies focused its inquiries into natural and unnatural behavior with respect to homosexual behavior, queer theory expands its focus to encompass any kind of sexual activity or identity that falls into normative and deviant categories" (23).

Italian feminist and film theorist Teresa de Lauretis coined the term "queer theory" for a conference she organized at the University of California, Santa Cruz in 1990 and a special issue of *Differences: A Journal of Feminist Cultural Studies* she edited based on that conference. Queer focuses on "mismatches" between sex, gender and desire. Queer has been associated most prominently with bisexual, lesbian and gay subjects, but analytic framework also includes such topics as cross-dressing, intersexuality, gender ambiguity and gender-corrective surgery. Queer theory's attempted debunking of stable (and correlated) sexes, genders and sexualities develops out of the specifically lesbian and gay reworking of the post-structuralist figuring of identity as a constellation of multiple and unstable positions. In this connection, M. Warner writes, "Queer theory examines the constitutive discourses of homosexuality developed in the last century in order to place "queer" in its historical

context, and surveys contemporary arguments both for and against this latest terminology" (43).

Annamarie Jagose wrote *Queer Theory: An Introduction* in 1997. Queer used to be a slang for homosexual and worse, used for homophobic abuse. Recently, this term has been used as an umbrella term for both cultural-sexual identifications and other times as a model for more traditional lesbian and gay studies. According to Jagose (1996) as:

Queer focuses on mismatches between sex, gender and desire. For most, queer has prominently been associated with simply those who identify as lesbian and gay. Unknown to many, queer is in association with more than just gay and lesbian, but also cross-dressing, hermaphroditism, gender ambiguity and gender-corrective surgery. (1)

Karl Ulrich's model, he understood homosexuality to be an intermediate condition, a 'third sex' that combined physiological aspects of both masculinity and femininity as Halperin David writes:

Queer is a product of specific cultural and theoretical pressures which increasingly structured debates (both within and outside the academy) about questions of lesbian and gay identity . . . Queer is by definition whatever is at odds with the normal, the legitimate, the dominant. There is nothing in particular to which it necessarily refers. It is an identity without an essence. 'Queer' then, demarcates not a positivity but a positionality vis-a-vis the normative. (62)

Queer theory is derived largely from post-structuralism and deconstruction because of its rejection or distance from the traditional gender and sexual roles. In the 1970s, a range of authors brought deconstructionist critical approaches to bear on issues of sexual identity, and especially on the construction of a normative 'straight' ideology.

Queer theorists challenged the validity and consistency of heteronormative discourse, and focused to a large degree on non-heteronormative sexualities and sexual practices.

The term 'queer theory' was introduced in 1990, with Eve Kosofsky Sedgwick, Judith Butler, Adrienne Rich and Diana Fuss all largely following the work of Michel Foucault being among its foundational proponents. The word 'homosexuality' is coined in 1869 by an Austro-Hungarian doctor, Karoly Maria Benkert which was not used widely in English until the 1890s. It is political counter to the binaries and hierarchical sexual categorization which classifies homosexuality as a deviation from a privileged and naturalized heterosexuality.

Queer marks both continuity and a break with previous gay liberationist and lesbian feminist models. Queer is a product of specific cultural and theoretical pressure which increasingly structured debates both within and outside the academy about questions of lesbian and gay identity. Queer theorist Michael Warner attempts to provide a solid definition of a concept that typically circumvents categorical definitions as he writes:

Because the logic of the sexual order is so deeply embedded by now in an indescribably wide range of social institutions, and is embedded in the most standard accounts of the world, queer struggles aim not just at toleration or equal status but at challenging those institutions and accounts. The dawning realization that themes of homophobia and heterosexism may be read in almost any document of our culture means that we are only beginning to have an idea of how widespread those institutions and accounts are. (32)

Queer theory's main project is exploring the contesting of the categorization of gender and sexuality; identities are not fixed. They cannot be categorized and labeled – because identities consist of many varied components and that to categorize by one

characteristic is wrong. Queer theory's goal is to destabilize identity categories, which are designed to identify the 'sexed subject' and place individuals within a single restrictive sexual orientation.

There were a number of significant outbursts of lesbian/gay political/cultural activity. Out of this emerged queer theory. The phrase "queer theory" was first mentioned in 1990 by de Lauretis first made mention of the phrase. She later introduced the phrase in a 1991 special issue of *differences: A Journal of Feminist Cultural Studies*, entitled "Queer Theory: Lesbian and Gay Sexualities." Similar to the description Berube and Escoffier used for Queer Nation, de Lauretis asserted that, "queer unsettles and questions the genderedness of sexuality" (6) Barely three years later, she abandoned the phrase on the grounds that it had been taken over by mainstream forces and institutions it was originally coined to resist.

Similarly, Judith Butler's *Gender Trouble*, Eve Kossofsky Sedgwick's *Epistemology of the Closet*, and David Halperin's *One Hundred Years of Homosexuality* inspired other works. Teresa de Lauretis, Judith Butler, and Eve Sedgwick arranged much of the conceptual base for the emerging field in the 1990s. These scholars asked questioned if people of varying sexual orientations had the same goals politically and did those in the sexual minority feel that they could be represented along with others of different sexualities and orientations.

Queer theory is grounded in gender and sexuality. Due to this association, a debate emerges as to whether sexual orientation is natural or essential to the person, as an essentialist believes, or if sexuality is a social construction and subject to change. The queer theory has two predominant strains: Radical deconstructionism: interrogates categories of sexual orientations and Radical subversion: disrupts the normalizing tendencies of the sexual order. It is the counter against the essentialist since the essentialist feminists believed that genders "have an essential nature (e.g.

nurturing and caring versus being aggressive and selfish), as opposed to differing by a variety of accidental or contingent features brought about by social forces".^[9] Due to this belief in the essential nature of a person, it is also natural to assume that a person's sexual preference would be natural and essential to a person's personality.

Queer theorists focus on problems in classifying individuals as either males or females, even on a strictly biological basis. This complicates the use of genotype as a means to define exactly two distinct sexes. Intersex individuals may for many different biological reasons have ambiguous sexual characteristics.

II. Rejection of Heterosexuality in *Wit*

Margaret Edson, in *Wit* through the central character Dr. Vivian Bearing captures the issue of lesbian theatre though there is not direct affiliation of the author and the play production with lesbian theatre. The theme of lesbian play is clearly represented while there is the reflection of the proper intimacy of Vivian Bearing with her nurse Susie in the cancer hospital. With its focus on the intimacy between female characters, Edson provokes the ideas of lesbianism which could be deal with the relation between women's writing, queer theory and its significance to the gender construction that 'Lesbianism' is not the notion related with female sexuality in relation with another female rather a theoretical modality to deal with sexual and gender liberation as well as troop to emancipate female from the supressive and dependent traditional gender roles.

There is the issue of female independence through the lesbian relationship which through the character-sketch of the protagonist and her different relationships with male and female is presented in *Wit*. The central character, Dr. Vivian Bearing becomes attached with her nurse but she never makes good understanding with similar aged male doctor though both of them have same level of knowledge which is one of the major feature of protagonist that makes her rejection of heterosexuality and acceptance of female independency even in the level of attachment, compassion and love as the ultimate theme of lesbianism. Not only due to her intimacy with female nurse in the hospital but also due to her personality as an old lady living without marriage, spending her entire life like reading and teaching John Donne's metaphysical poetry and avoiding the intimate relationship with male colleagues clarify that from the beginning, Dr. Vivian Bearing rejects the heterosexuality and her personality or sexual behavior too could be linked with the queer theory.

The rejection of the conventional heterosexuality is one of the major feature of the Lesbianism. The rejection of the heterosexuality further clears the way for gender emancipation since the lesbians are free from the gender or sexual dependency from males. That is why the 'Lesbianism' has become an important notion in feminist theory which covers all races, classes as Cheshire Calhoun writes, "Lesbians of all races and economic classes could have voiced a parallel complaint and pushed a parallel methodological solution" (3) because she further asserts her view, "Both first wave and second wave feminism were conducted from a specifically heterosexual viewpoint" (3).

From the argument made by Calhoun it is clear that the Lesbianism is one of the latest feminist theory or perception. Since, both the first and second wave feminisms focused on the heterosexual viewpoint but the 'Lesbianism' moving one step forward deals with the Lesbianism female distinct sexual experience and freedom. Though unlike in the past feminist theories, there is the rejection of heterosexuality in 'Lesbianism' Calhoun regards 'Lesbianism as the progressive form of the traditional feminist theories related with heterosexuality as she mentions, "The relation between heterosexual and non-heterosexual women was not problematized. Heterosexual women's experience, and not lesbians' experience, provided the ground for theory construction" (3).

Calhoun further asserts that the past heterosexual relationships and feminist theories based on it. In these theories, the major concern was on the women's experiences under the heterosexual relationship:

And feminist politics were virtually exclusively centered around those issues that were most pressing for heterosexual women, such as educational and employment discrimination on the basis of sex, inadequate access to contraception and abortion, gender dominance

within heterosexual intimate relations, and heterosexual pornography.

(3)

The marginalization of lesbians within feminist thought might naturally have been thought to be a product of exactly the same problematic methodology that marginalized black women—the exclusive focus on gender oppression. And the solution might naturally have been thought to be the same—a shift to thinking about the ways that gender oppression intersects with a conceptually distinct system of lesbian and gay subordination. None of this in fact happened. This is not to say that lesbian feminists have never protested heterosexual bias in feminist work. It is, however, to say that that protest had a distinctively different character. Black feminists protested by emphasizing their *difference* from white, middle class feminists.

Lesbian feminists, particularly of the 1980s, protested by emphasizing the potential *commonalities* or continuum between lesbians' and heterosexual feminists' experience, especially their valorization of woman-loving and their resistance to compulsory heterosexual interaction with men . . . Lesbian feminists protested by underscoring the *incompleteness* of dominant feminist theorizing's resistance to gender oppression when it failed to call into question heterosexuality itself. (4)

Methodologically, feminist theorizing was too narrowly focused on only one system of oppression; and the narrow focus was itself a product of many feminist theorists' racism and classism. Lesbian feminists took the problem to be neither methodological nor particularly social. If lesbians were at the margins of feminist theorizing it was only because feminists had not extended their analyses of gender oppression far enough; and it was not heterosexual feminists' heterosexism that barred them from

doing so as much as it was simply an uncritical adoption of cultural ideology about the naturalness and immutability of one's sexual orientation. In short, the marginal position of lesbians was not taken to be problematic for feminism in the way that the marginal position of women of color and poor and working class women was.

Dr. Vivian Bearing's rejection of heterosexuality provides the possibility of Lesbian interpretation since the notion is applicable for the women from all races, class and profession unlike other race/class based feminist theories. The unconventional life and sexuality development of Dr. Vivian Bearing is sufficient to mark the lesbian gender identity within her because Dr. Vivian Bearing throughout her life does not care about her students and their many struggles neither she cares about any relationship with male. Even her passion is for 17th Century poetry, particularly the complex sonnets of John Donne full of wit and by nature related with sexuality too cannot drag her to heterosexuality. Rather at the end of the play she though the metaphysical poetry marks the same sexual attachment as crime she accepts the compassion of Susie, her nurse in hospital.

Dr. Vivian Bearing's life without marriage, without boyfriend, without husband and children is studied as she without following the heterosexuality way of life emancipates from the chain of heterosexuality and male domination as well as Edson through Dr. Vivian Bearing's character portrays projects the female emancipation from traditional gender roles of sexuality. Rejection of heterosexuality could be well deal through lesbian perspective and this research focuses on Dr. Vivian and Susie's intimacy as the lesbian relation through queer theory and perspective.

Dr. Vivian Bearing is brilliant and emotionally remote English professor who is the heroine of her play *Wit*. She is a 50-year-old scholar who has devoted her life to the study of John Donne's Holy Sonnets. As the play begins, she is dying of ovarian cancer. She is bald from chemotherapy. She makes her entrance clad in a hospital

gown, dragging an IV pole as she says, "It is not my intention to giveaway the plot . . . but I think I die at the end" (6). She is sure she is going to die at the end and knows that the doctors aim to study and observe her diseases for the medical study not for her treatments.

The play moves ahead as the doctor aims to study her cases for further research though there is not the possibility of her care. In this fierce, funny and unforgettable play, the uncompromising scholar becomes herself an object of study, as her doctors put her through a grueling course of experimental treatments. In scenes in the hospital and flashbacks to her past, her personality is revealed. Dr. Vivian Bearing struggles with her ultimate lesson how to face her own death. In this regard she reveals, "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" (8).

From her dialogue, it is revealed that she is the professor of English literature and in particular, she is devoted to the holly sonnets by John Donne. It is one of *Wit's* triumphs that Vivian makes the audiences see exactly what she means. Caught in this play's powerful searchlight, poems such as "Death be not proud" spring to life — with the very placement of a comma crystallizing mysteries of life and death for Vivian and her audience. But the learning and move ahead in the life makes Dr. Vivian Bearing to go further in the investigation of her cases. Each learning becomes hardest for her as she reveals over dinner after a long day of teaching and lesson-planning,

Death be not proud . . . Learning to read — that's the biggest thing you learn in your whole life" "Alphabet letters represent sound, text maps speech — once you learn that, that's the hardest thing. It's the thing that opens your mind the most, that gives you the most power. (9)

In this sense, *Wit* describes a patient's battle with death and in the process reveals the distinction between science and medicine. Her play is a reminder to every physician that the practice of medicine is a complex discipline combining the warmth of human empathy with the rigors of scientific data and empirical fact. It is not enough to hinge decisions and diagnoses on scientific data and empirical fact; medicine is about much more.

The play begins as Vivian Bearing, Ph.D., a professor of seventeenth-century literature specializing in the metaphysical poetry of John Donne's Holy Sonnets, is told by Harvey Kelekian, M.D., the Chief of Medical Oncology at the University Hospital, that she has stage-four metastatic ovarian cancer. Dr. Kelekian describes the extent of her disease in strictly medical terms and enrolls her in his full dose, eight cycle chemotherapeutic protocol, fraught with pernicious side effects. However, Dr. Bearing only fleetingly pays attention to his description, since she is preoccupied with her initial diagnosis: ovarian cancer. Dr. Kelekian being a physician scientist treats patients while simultaneously researching future cures. Clearly, his goal is to "make a significant contribution to our [medical scientific] knowledge" (6).

Being an academic, Dr. Bearing is appreciative of his through description and understands Dr. Kelekian's desire to forge new knowledge. However, it is interesting to note that Dr. Bearing ignores her desire for compassion when presented with her diagnosis, and Dr. Kelekian is unwilling or unable to recognize her need. It is the pursuit of knowledge, either as a scholar or a scientist, that masks the universal need for compassion.

Dr. Bearing: I [Vivian Bearing] know all about life and death. I am, after all, a scholar of Donne's Holy Sonnets.... And I know for a fact that I am tough. A demanding professor. Uncompromising. Never one to turn from a challenge. (1)

Dr. Bearing may believe that the pursuit of knowledge can conquer any challenge, even death. After her interchange with Dr. Kelekian, Vivian Bearing thinks back to her studies under E.M. Ashford, her English literature mentor.

In the flashback, Dr. Ashford demands that Vivian rewrite her analysis of John Donne's Holy Sonnet, "Death be not proud, you [Vivian Bearing] must begin with a text, Miss Bearing, not with a feeling and the effort must be total for the result to be meaningful" (6). In these statements, one can see the seeds of Dr. Bearing's uncompromising character and strictly academic nature that allow her to identify with Dr. Kelekian at the time of her diagnosis.

Dr. Ashford instructs Vivian about the finer points of metaphysical poetry using the punctuation from two different editions of "Death be not proud." She compares the line "And Death shall be not more; Death thou shalt die!" (6) in the edition selected by Vivian against the line as Edson writes:

And death shall be no more, Death thou shalt die." in Gardner's edition. Dr. Ashford notes, Nothing but a breath-a comma-seperates life from life everlasting. It is very simple really. With the original punctuation restored, death is no longer something to act out on stage, with exclamation points. It's a comma, a pause. (16)

Edson chooses to tell Vivian's story with no break in the action between scenes as well as no intermission just as Donne's Sonnet suggests. After hearing Dr. Ashford's comments, Vivian wants to return to the library and rewrite her paper, because now she understands the metaphysical conceit. However, Dr. Ashford points out that this was not an intellectual exercise about wit, rather a lesson about living. "It is not wit, Miss Bearing. It is truth. The paper is not the point" (23). Dr. Ashford urges

Vivian to enjoy herself and realize that life is knowledge. Vivian comprehends the lesson about the metaphysical question of life's importance and purpose, but

chooses to return to the solace of academic knowledge in the library intentionally leaving behind part of her humanity.

With a better understanding about the underpinnings of Vivian Bearing's character, one follows Vivian through a series of medical appointments (chest x-ray, GI series, and CT scan) where she is rapidly wheeled from place to place and asked the same impersonal questions by different technicians who are annoyed at performing routine tasks. These tasks are not simply routine to the patient. As the cold, rushed, impersonal reality of hospital medicine becomes apparent, Vivian is introduced to Jason Posner, M.D., the clinical oncology fellow under Dr. Kelekian and former student of Dr. Bearing. Later, the irritation of Dr. Vivian Dearing with male doctors is revealed which is another vintage point of the play to deal with Lesbianism or rejection of heterosexuality.

Right away one notes that Dr. Posner cannot handle the personal nature of introducing himself so he relies on Susie Monahan, R.N., B.S.N., the primary nurse for the cancer inpatient unit at the University Hospital. After a brief discussion about how Dr. Posner took Vivian's seventeenth-century literature course to look well-rounded for his medical school applications, Susie exits the examination room and Dr. Posner nervously begins taking Dr. Vivian Bearing's Medical history. He begins the interview with the statement, "How are you feeling today?" (32).

Simultaneously, Dr. Posner satisfies his desire to empathize with his patient and minimizes Vivian's actual feelings, since Vivian is obligated to provide the accepted answer, "fine," instead of relaying her true feelings to her physician. In one breath, Dr. Posner feigns compassion, patronizes his patient, and undermines the essential physician-patient bond. A series of quick and impersonal questions follow this ironic statement culminating in Vivian's story about the diagnosis of her tumor to which Dr. Posner has no response empathetic or otherwise.

Dr. Posner continues to demonstrate his nervous lack of humanity when he performs Vivian's physical examination. Dr. Posner places Vivian on her back and prepares to perform a gynecologic examination. He nervously begins to tell her to relax, but is really trying to calm himself. As the examination commences, he remembers that he must be supervised during a gynecologic examination and is annoyed at having to observe meaningless protocols for the sake of his patient's comfort. He leaves Vivian in stirrups to find Susie. Dr. Vivian Bearing, completely humiliated and totally vulnerable, retreats to her only solace reciting Donne's Holy Sonnet, "Death be not proud" (42)

When Dr. Posner returns with Susie, Susie immediately acknowledges Vivian's uncomfortable position. Without pausing to recognize his lack of compassion Dr. Posner begins Vivian's gynecologic examination and strikes up idle conversation with Susie about his experiences taking Dr. Bearing's course to calm his nerves. When he palpates Vivian's ovarian tumor, he exclaims, "Jesus!" (42) a tense silence follows demonstrating Dr. Posner's complete lack of compassion and utter amazement and fascination with pathology. Without skipping a beat, he breaks the silence by returning to his conversation about Dr. Bearing's course as if nothing happened. Dr. Posner quickly leaves and Susie is left to clean up both physically and emotionally which further leads the play to the mutual relationship between nurse and female patient.

The contrast between Dr. Posner and Susie, with respect to their interactions with Dr. Vivian Bearing, is distinct and begins to solidify them as symbols of medical scientific knowledge and genuine human compassion as well as male and female relationship through the perspective of lesbian feminism. It is not only the matter of medical science and emotional faculty of literature rather the unusual sexuality. Dr.

Vivian Bearing's personality is developed emotional distance with males. So, she could not be physically or emotionally attached with the male doctors.

After being introduced to Dr. Kelekian, Dr. Posner, and Susie, the audiences are left with the feeling that medicine is ruled by the science of diagnosis and treatment instead of the compassionate necessities of the soul. "I [Vivian Bearing] am learning to suffer" (38). It is ironic that patient must suffer emotional degradation and personal humiliation to obtain proper medical care. Susie is the only character to acknowledge this discrepancy by legitimating Vivian's emotional and physical situation.

Susie cares for Vivian's nausea as she is vomiting from her chemotherapy. Susie tries to accommodate Vivian by offering her Jell-O. Susie notices Vivian has no visitors. Susie offers to call someone to visit Vivian; Susie volunteers to visit Vivian periodically to see how she is doing; Susie touches Vivian's arm in an empathetic gesture of pure human kindness. Vivian accepts Susie's compassion even though dealing with life on such personal terms and receiving unconditional kindness make Dr. Bearing uncomfortable, forcing her to question her uncompromising academic personality.

Vivian is next seen as the subject of grand rounds. Dr. Posner begins with the standard, "how are you feeling today?" (45), then proceeds to rattle off the pertinent medical information about the treatment and staging of Vivian's ovarian cancer. To Vivian it seems that "They [The Clinical Fellows] read me like a book. Once I did the teaching, now I am taught" (45) clarifies her dissatisfaction with the males doctors in psychological level because if she has any obligation upon the medical science there would be her same treatment to nurse Susie what she does with male doctors.

After Dr. Posner completes his reading of Vivian, both Dr. Bearing and Dr. Kelekian acknowledge his "excellent command of details" (48). Both teachers are

proud of Dr. Posner's ability to present the cold, raw, impersonal facts in a thorough and academic manner. Neither teacher, at this point, is concerned with Dr. Posner's bedside manner. Dr. Kelekian then questions the fellows about the complications of the medications Vivian is taking. Here the coldness of Dr. Vivian Bearing with male doctors is revealed:

Dr. Kelekian: [Dr. Kelekian and Dr. Bearing] waste our time?

Dr. Bearing: I do not know. (53)

Again, Dr. Kelekian and Dr. Vivian Bearing connect as scholars and teachers of knowledge. Finally, as the medical team examining Dr. Vivian Bearing exits, Dr. Kelekian stops Dr. Posner and urges him to speak with Dr. Vivian Bearing in a personal manner by uttering the simple word 'clinical.'

As Dr. Posner feebly thanks Dr. Vivian Bearing for allowing the clinical team to literally learn from her at this most vulnerable time, one notices that Dr. Kelekian is not devoid of compassion since he recognizes that he must instruct Dr. Posner in this aspect of medicine as well. Empathy simply does not come naturally to either Dr. Kelekian or Dr. Posner and they must consciously remind themselves of their personal and professional obligation to the patients with a word that connotes humanity and generosity.

When Dr. Vivian Bearing sees the bunnies sleeping after eating too much lettuce, she realizes the magical power of words. With this explanation, Vivian believes that her "only defense" against her condition and treatment "is the acquisition of vocabulary" (38). Understanding words gives Dr. Bearing control over her life, both inside and outside the classroom when she is enduring isolation and chemotherapy, or when she is suffering from metastatic bone pain. Vivian retreats to poetry as her sanctuary when being examined by Dr. Posner:

Dr. Bearing: I [Vivian Bearing] could draw so much from the poems. I could be so powerful . . . You [The Audience] cannot imagine how time...can be...so still. It hangs. It weighs. And yet there is so little of it. It goes so slowly, and yet it is so scarce. (46)

Dr. Vivian Bearing also uses poetry to kill time in the most literal sense, and to stop time hereby regaining control of her life and maintaining power over death. So when Susie rouses Vivian from a dream involving a lecture about the metaphysical poem, “If poysonous mineralls,” to get another test, Vivian exclaims, “I do not want to go now!” because she does not want to relinquish her grasp on words, time, and life.

While Dr. Vivian Bearing suffers from shaking and a fever as a result of her chemotherapy, Susie becomes concerned for her well being and wakes Dr. Posner. Dr. Posner seeing Vivian in her shaking, feverish, weakened state begins, as usual, with, “How are you feeling?” (42) and immediately diagnoses Dr. Vivian Bearing with fever and neutropenia or as Dr. Posner insensitively calls it a “shake and bake” (51). After giving his treatment, Susie approaches Dr. Posner about lowering the dose of Vivian’s fifth cycle, since Vivian’s quality of life is clearly suffering. Without consulting his patient Dr. Posner replies, “Lower the dose? No way. She’s tough. She can take it” (51).

Again one is reminded of the stark difference in the goal and purpose of health care represented by Dr. Posner and Susie with regard to knowledge and compassion, respectively. With the fifth full dose cycle underway Dr. Kelekian reports, “definite progress. Everything okay” (51) as Dr. Vivian Bearing feebly affirms, one notes that there may be progress on the academic level but there has been little for Vivian’s health as she lies in the isolation room, since all living things are a hazard to her health. Vivian acknowledges, “My treatment imperils my health. Herein lies the paradox” (52).

At this point, the acquisition of knowledge has usurped the purpose of curing Dr. Vivian Bearing's tumor. She as a scholar cannot help but takes pride in the fact that her uncompromising nature is "distinguishing myself in illness" as she further speaks:

Celebrity status for themselves [Harvey Kelekian and Jason Posner] upon the appearance of the journal article they will no doubt write about me [Vivian Bearing] . . . what we [The Audience] 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. (43)

Vivian's academic nature has come into direct conflict with her human needs; she begins to realize, at least subconsciously, that she can no longer hide her desire for compassion behind scholarly words.

Dr. Vivian Bearing throughout her academic career has hid the personal needs like compassion, feelings, emotion and sexual desires. Through the help of literary activities she has hid her subconscious part of sexuality. Now, at the hospital she comes to know the need of human compassion and sexuality. She knows that it was hidden within her body. For her, now the wit of metaphysical poetry could no more give solace rather she needs the human compassion.

First, after she has known her personal needs of human compassion or as Dr. Vivian Bearing begins to comprehend her personal needs, she also attempts to understand Dr. Posner as a human being and discovers that he is not much different from her. Vivian asks Dr. Posner about his bedside manner and he replies, "There's a whole course on it in med school. It's required. Colossal waste of time for researchers" (42).

Here one sees that dealing with human needs directly is not paramount to Dr. Posner. He prefers to deal with medical needs indirectly through research. Vivian then

asks Dr. Posner about his selection of oncology as his focus in life and he replies, “Cancer’s the only thing I ever wanted.... It is awesome” (42). One cannot miss the parallels between his response for cancer and Dr. Bearing’s enthusiasm for the poetry of John Donne; they are both driven by the academic challenge. In fact, Dr. Posner makes the same decision, to study science and ignore the fact that life itself is just as important, that Dr. Bearing made when Dr. Ashford confronted her on the same issue as he says, “I’ve [Jason Posner] got a couple ideas, things I’m kicking around” (37).

Dr. Posner has the only craze on the study of cancer as he says, “Wait till I get a lab of my own, If I can survive this...fellowship” (42) Interestingly, Vivian defines the medical term fellowship as “the part with the human beings,” (42) and then directly questions his humanity, “Do you ever miss people?” (42) Every time Dr. Posner is asked this question he lies and says, “yes,” because it is what he is supposed to say to not appear unsympathetic. With this final answer Dr. Vivian Bearing is convinced that she and Dr. Posner are the same. Both in their life of had hid the emotional needs of human being, sexual desire and compassion within their academic pursuits.

The young doctor, like the senior scholar, prefers research to humanity. At the same time the senior scholar, in her pathetic state as a simpering victim, wishes the young doctor would take more interest in personal contact. There is a gap between senior scholar Dr. Vivian Bearing and young doctor Dr. Posner. Dr. Vivian Bearing is leaving the academic carrier is in search for the human compassion in the cancer hospital. On the other hand the doctor is devoted on the study of Dr. Vivian Bearing's illness as his pursuits of carrier. Now, the gap could not lead to any emotional attachment or compassion between Dr. Vivian bearing and Dr. Posner.

Dr. Vivian bearing now regards the negligence of compassion, emotion and feeling of attachment as 'sin.' The incident further gives the idea to Dr. Vivian Bearing

that she had neglected the compassion, feeling and attachment like Dr. Posner while she had highly devoted on the study of 'wit' in university. Dr. Vivian Bearing had denied a student an extension on a paper so the student could return home after the death of the student's grandmother. Dr. Vivian Bearing has committed the same sin as Dr. Posner, both have denied compassion to others for the sake of knowledge.

For her, it is a far greater sin to neglect humanity if one deals in life and death, as Dr. Posner does, than if one discusses the meaning life and death in poetry, as Dr. Vivian Bearing does. Dr. Posner has a moral obligation to his patients while Dr. Vivian Bearing does not have such an obligation to her students. later she finds out the need of compassion, feeling and attachment as she speaks, " "being extremely smart would take care of it. But I [Vivian Bearing] see that I have been found out" (45).

Hiding within the 'wit,' she has hid the sexual needs, compassion and attachment to other. She has come to the conclusion that if she "hides behind wit" (43) she will never receive the personal contact that she so longs for. Words and uncompromising character will no longer hide Dr. Vivian Bearing's cold and uncaring hear. She now remembers, "When the speaker considers his own sins, and the inevitability of God's judgment, he can conceive of but one resolution to disappear. The speaker does not need to hide from God's judgment, only to accept God's forgiveness" (47).

Following such consequences, at the end of the play Dr. Vivian Bearing's Lesbian personality is revealed as she has not any company with male colleagues in school, college and university since her passion was only in metaphysical poetry. In deeper level, the passion on 'wit' had hidden her sexuality. Her nature could not let her build smooth relation and understanding with male doctors in the hospital. The long isolation with male company or detachment, gradually, has developed Lesbian

personality within Dr. Vivian Bearing which is revealed through her company with nurse Susie.

Dr. Vivian Bearing though never welcomes another's company with her in entire life and involves in reading, critiquing and enjoying metaphysical poetry, in her last moment of her life gets or easily welcomes Susie's company. She accepts humanity, and she reaches out to Susie for the compassion and forgiveness she so desperately needs, since her physicians have been unable or unwilling to offer her the emotional support that she needs so desperately. The desperate need of Susie for Dr. Vivian Bearing is reflected as she speaks, "I wanted her [Susie Monahan] to come and see me. So I had to create a little emergency" (36).

Susie legitimates Dr. Vivian Bearing's feelings of difficulty, fear, and self-doubt. With Susie to support her emotionally Dr. Vivian Bearing no longer needs to have uncompromisingly strong character, no longer needs to fear the failure of her treatment. She no longer needs words to stall the inevitable march of time. She only needs Susie's compassion to comfort her aching soul. As Dr. Vivian Bearing cries, Susie offers her a Popsicle. Vivian splits the Popsicle and shares it with Susie as her first act of unsolicited human kindness. The splitting of the Popsicle represents Dr. Vivian Bearing's acknowledgment that humanity and knowledge go hand in hand in every aspect of life be it medicine or literature. But in deeper level, there is the reflection of hidden Lesbian nature of Dr. Vivian Bearing through her attachment with Susie in the play. And, this intimacy gives her solace in her life.

Vivian is now free to address the reality of her situation on human terms. "My cancer is not being cured, is it?" (53). In fact, Dr. Kelekian and Dr. Posner "never expected it to be, did they?" (53). Susie is also free to bring up the issue of Vivian's "'code status'... 'Do Not Resuscitate'... 'DNR.'" (54). Susie "wanted to present both

choices before Kelekian and Jason talk to you,” (54) because she understands that “they like to save lives.... as long as life continues” (54).

Dr. Vivian Bearing acknowledges this point of view, “I always want to know more things. I’m a scholar” (54). However, in the face of death she is no longer a scholar she is human and interested in the quality of her remaining life, not scientific knowledge. She just wants it to stop. “‘It’: such a little word. In this case, I think ‘it’ signifies ‘being alive’” (54). Dr. Vivian Bearing fears relinquishing control of her life and acknowledging that her wit cannot conquer death rather it is the company, compassion or attachment with other (Susie) that gives Dr. Vivian Bearing the meaning of life. In this connection, Dr. Vivian Bearing says to Susie, “Now is not the time...for wit.... Now is a time for simplicity. Now is a time for, dare I say it, kindness.” “You’re still going to take care of me aren’t you?” (55).

Dr. Vivian Bearing has realized that life is more than just knowing; it is about caring and letting others care for you. With this act of dependence is Vivian has finally come to grips with her need for humanity through her attachment with Susie. The attachment with Susie is nothing than the Lesbian nature inherent within Dr. Vivian Bearing. Her entire life directly or indirectly rejected the heterosexual relationship. She never felt necessity of male company rather lived life independently. But her hidden or unconscious sexual desire or needs for attachment with other is reflected in Lesbian way while she gets company with nurse.

Her sexual need is expressed as the need of humanity. Having come to terms with her need for humanity, Dr. Vivian bearing reveals, “It [death] came so quickly, after taking so long” (54) and she now sees her health care in the hands of Susie, “Susie says that I need to begin aggressive pain management if I am going to stand it [living]” (54). Compassion not knowledge has become the most essential part of

Vivian's health care. Only Susie sees Vivian's metastatic bone pain. Dr. Kelekain asks, "Dr. Bearing, are you in pain?" (54).

In this sense, the play captures the Lesbian relationship between middle aged professor Dr. Vivian Bearing and young nurse Susie. Susie even calls Dr. Vivian Bearing as 'honey' which Dr. Vivian Bearing heartily welcomes:

You can't sleep?

No. I just keep thinking.

If you do that too much, you can get kind of confused.

I know. I can't figure things out. I'm in a...*quandary*, having these...*doubts*.

What you're doing is very hard.

Hard things are what I like best.

It's not the same. It's like it's out of control, isn't it?

(*[Vivian starts] crying, in spite of herself*) I'm scared.

(*[With Susie] stroking her*) Oh, honey, of course you are.

I want...

I know, it's hard.

I don't feel sure of myself anymore.

And you used to feel sure.

(*Crying*) Oh, yes, I used to feel sure.

It's all right. I know. It hurts. I know. It's all right. Do you want a tissue? It's all right. (*Silence*) Vivian, would you like a Popsicle?

Yes, please.

I'll get it for you. I'll be right back.

Thanks you. (64- 65)

After the conversation, Susie leaves. Vivian reverts to her old rational self in an aside to the audience, "The epithelial cells in my GI tract have been killed by the chemo.

The cold Popsicle feels good, it's something I can digest, and it helps keep me hydrated. For your information" (66). Later she says to the audience, and to herself:

That certainly was a *maudlin* display. Popsicles?... ['Honey'] I can't believe my life has become so...corny. But it can't be helped. I don't see any other way. We are discussing life and death, and not in the abstract, either; we are discussing *my* life and *my* death... Now is not the time for verbal swordplay... for metaphysical conceit, for wit... Now is a time for simplicity. Now is a time for, dare I say it, kindness.

(69)

Near the end of the play, when Vivian is taking a lot of morphine for intense pain, her now eighty year-old advisor, Professor E.M. Ashford, visits her at her hospital bedside. Here too there is the compassion or attachment between two women.

Professor Ashford's in town visiting her five year-old great-grandson. When she sees what kind of pain Vivian is in, the old professor does something rather out of character. She slips off her shoes, climbs up on Vivian's bed, puts her arm around her, and asks if she'd like to hear some of Donne's poetry. "Nooooooooo," moans Vivian.

Dr. Vivian Bearing no more needs the intellectuality rather a human emotion, compassion and feeling. So Professor Ashford takes one of the books she's bought for her great-grandson out of her shopping bag and begins reading, while Vivian slips in and out of sleep. It is *The Runaway Bunny*, written by Margaret Wise Brown and first published in 1942. Here's some of the dialogue:

Once there was a little bunny who wanted to run away. So he said to his mother, 'I am running away.' 'If you run away,' said his mother, 'I will run after you. For you are my little bunny.' 'If you run after me,' said the little bunny, 'I will become a fish in a trout stream and I will

swim away from you.' 'If you become a fish in a trout stream,' said his mother, 'I will become a fisherman and I will fish for you.' (72)

Now Professor Ashford, thinking out loud, says, "Look at that. A little allegory of the soul. No matter where it hides, God will find it. See, Vivian?" All Vivian can do is moan in response, "Uhhhhh." Professor Ashford keeps reading. By this time Vivian is fast asleep. The professor slowly gets off the bed and gathers her things. Then she leans over and kisses Vivian and says:

Come to me, all you that are weary and are carrying heavy burdens, and I will give you rest... For I am gentle and humble in heart, and you will find rest for your souls... I thank you, Father, Lord of heaven and earth, because you have hidden these things from the wise and the intelligent and have revealed them to infants. (78)

The dialogues clarify the Lesbian relationship between these two women professors. Dr. Vivian Bearing like with nurse Susie feels solace with the company and attachment to Professor Ashford. In this sense, the play captures the Lesbian relationship through its protagonist. Throughout her life she cannot be attached with males. Her relationship with male doctors justifies her nature.

Vivian becomes furious with Dr. Kelekian's inability to understand her physical and emotional needs. She defiantly asks the audience, "How are you feeling today?" (32) to emphasize the irony of medical compassion and to begin her silent acceptance of both life and death.

But through the relationship with Susie, she turns to be kind hearted. As Dr. Vivian Bearing is administered morphine, one sees her conversion from an uncompromising professor of seventeenth-century literature to a kind-hearted teacher of words when she teaches and demonstrates the definition of soporific to Susie while laughing instead of snarling at Susie's lack of vocabulary. While Vivian is asleep,

Susie talks to Vivian about the procedure that she and Dr. Posner perform. Dr. Posner displays his usual lack of compassion, “like she can hear you,” (43) while Susie continues to care, “It’s just nice to” (46). Dr. Posner cannot understand why he and Susie are different as health care providers, and he asks, “What do they teach you in nursing school?” (49), Susie does not answer, she just rubs baby oil on Vivian’s hands, and the answer is understood. The incident could be marked as the a female compassion with another female.

The difference between Dr. Posner and Susie is obvious. While discussing his experience with Dr. Vivian Bearing as a professor, Dr. Posner realizes that the study of poetry and medical science are the same. He never can understand her actual needs neither Dr. Vivian Bearing let him attached towards her. But she let Susie to be attached with her and enjoys the company. The incidents clearly reveal the Lesbian nature of Dr. Vivian bearing.

III. Lesbianism as the Autonomous Way of Feminist Writing

This research work has tried to analyze Edson's *Wit* as the Lesbian play through the keen observation of its protagonist Dr. Vivian Bearing. Dr. Vivian Bearing is fifty year-old university professor of seventeenth century English poetry demonstrates her wisdom, intelligence, and, indeed, wit, related to her chosen specialty for the analysis of the Holy Sonnets of John Donne. Her entire life is devoted to wit and this with has hid her emotional, physical and sexual needs which she comes to know as she is admitted in the hospital and is attached to her nurse Susie physically and emotionally. In this sense, while she is diagnosed with terminal ovarian cancer, as her treatments proceed, and as she faces the future, she begins to realize the importance of the emotional and spiritual dimensions of life that ultimately leads to the Lesbian relationship or attachment. She comes to know through the attachment with Susie that Jesus means by gentleness and humility, and how to find rest for her soul.

Not only due to her attachment with Susie rather due to her rejection of heterosexual relationship throughout her life is another factor of her Lesbian identity which this research has examined. Dr. Vivian bearing during her youth, student life and academic carrier never feels the necessity of any male in her life. That is why she never falls in love and relationship with males neither marries and settles family life. Her nature is observed according to the rejection of essential notion of sex and gender construction as well as rejection of heterosexuality. The rejection of heterosexual relation of Dr. Vivian bearing is reflected as she does not make any smooth relationship with male colleagues. Even in the hospital she hates the male doctors though they are devoted on her treatment.

The Lesbianism or the rejection of heterosexuality has become the autonomous way of feminist writing since it rejects the essential notion of gender

construction, sexual needs and dependency upon males for female. In this sense, through Dr. Vivian Bearing in *Wit* who is emancipated from the heterosexuality as the author has projected the women emancipation by subverting the traditional essential perception of female sexuality.

Lesbian feminist theorizing has significantly contributed to feminist thought. Feminist theories developed outside the context of lesbianism are brought to bear on lesbianism in order to illuminate the nature of lesbian oppression and women's relation to women within lesbianism as the form of liberation since the feminist claim that all male and female relationships are dominance relationships. Dr. Vivian Bearing emancipates herself from heterosexuality and male dominance since she lives life without marriage, without boyfriend, without husband and children is studied as she without following the heterosexuality way of life emancipates from the chain of heterosexuality and male domination. Her character projects the female emancipation from traditional gender roles which is observed as Lesbian relation with Susie through queer theory and perspective.

Works Cited

- Barry, Peter. "Lesbian/gay criticism". *Beginning Theory: an Introduction to Literary and Cultural Theory*. Manchester: Manchester University Press, 2002. 139-155.
- Calhoun, Cheshire. *Feminism, the Family, and the Politics of the Closet: Lesbian and Gay Displacement*. New York: Oxford University Press, 2000.
- David Halperin. "The Normalizing of Queer Theory." *Journal of Homosexuality*. 45. 339–343
- Edson, Margaret. *Wit*. New York: Faber and Faber, 1999.
- Elizabeth Klaver. "A Mind-Body-Flesh Problem: The Case of Margaret Edson's Wit." *Contemporary Literature*. Vol. 45, No. 4 (Winter, 2004), pp. 659-683.
- Green, Adam. "Queer Theory and Sociology: Locating the Subject and the Self in Sexuality Studies", *Sociological Theory* **25** (1): 2007. 26– 45
- Jacqueline Vanhoutte. "Cancer and the Common Woman in Margaret Edson's Wit." *Comparative Drama*. Vol. 36, No. 3/4 (Fall/Winter 2002-03), pp. 391-410.
- Jagose, A. *Queer Theory: An Introduction*. New York: New York University Press, 1996.
- Mary K. Deshazer. "Fractured Borders: Women's Cancer and Feminist Theatre." *NWSA Journal*. Vol. 15, No. 2 (Summer, 2003), pp. 1-26.
- Pinar, William F. *Queer Theory in Education*. Mahwah: Lawrence Erlbaum Associates, 1998.
- Raymond, Diane. *Popular Culture and Queer Representation: A Critical Perspective*.
- Rosette C. Lamont. "Coma versus Comma: John Donne's Holy Sonnets in Edson's Wit." *The Massachusetts Review*. Vol. 40, No. 4 (Winter, 1999/2000), pp. 569-575.

Turner, William B. *A Genealogy of Queer Theory*, Philadelphia: Temple University Press, 2000. 106–107

Warner, Michael. *Fear of a Queer Planet: Queer Politics and Social Theory*. Minneapolis: University of Minnesota, 1993.