

2つの現代演劇において記録資料が如何に使用されてきたのか

How documentary material has been used in two modern plays

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Pinter had never seen my patients ... and yet ... what he had written, uncannily, was just like the truth. ... I felt Pinter had somehow perceived more than I had written ... [*A Kind of Alaska*] was utterly transparent and transcendent ... (Oliver Sacks, in the 1990 edition of his book *Awakenings*, p.370)

The Longman dictionary definition of "documentary" does not mention the theatre as a possible medium for giving "detailed information about a particular subject". This essay will consider how and why documentary material can be included in a play or stage performance, but yet not truly satisfy what is meant by the category of documentary as found in film, television and radio program.

The modern play has had to re-define itself in opposition to the visual realism of cinema and the factual minutiae that television excels in. Documentary evidence had been adopted by the theatre on its own imaginative terms since the nineteenth century when the melodrama was used to re-create the conditions of poverty for emotional and radical purposes. Very often such material is used to plead a cause (as in the melodrama) or as illustration for a political argument (as Brecht learned from Shaw's manipulation of situations drawn from life). Drama as an art form could not allow too much journalism and factuality to interfere with how it was to manifest itself. Besides, the documentary film does all that theatre cannot do well. The speed and immediacy of the documentary: cutting between the voice-over, the interview, the diagram and map, the grainy film footage cannot be equaled by the mechanics of the theatre. The film documentary is about fact as visual presentation and exposition, arranged to put forward a case: in the theatre, reality is mediated by character, the nuance of the word, the manifesting of emotional reaction—the implications of fact. What is documentary about a play is usually its starting-point, seldom its definition.

Two late twentieth century plays were inspired by actual medical case histories and routine hospital procedures. Harold Pinter's *A Kind of Alaska* (1982) and the Pulitzer Prize winning drama by Margaret Edson, *Wit* (1995) concern themselves with what it means to be a patient in a hospital living at the very edge of life itself. The plays have little in common with each other, except for portraying a character suffering from a condition labeled by medical science. Pinter's play begins with a patient who has spent three decades in a state of unconsciousness; Edson's play enters into the mind of a woman reflecting on death as she undergoes chemotherapy for terminal cancer.

Pinter actually appeared in the television film version of *Wit*, directed by Mike Nichols in 2001, in

the role of the father of the terminal cancer patient, Vivian. This seems more than simple coincidence. Two plays he wrote earlier refer to the treatment given in psychiatric hospitals. His play about a psychiatric research experiment in *The Hothouse* (written in 1958, but not performed until 1982) should be taken in conjunction with one of his most memorable long speeches in *The Caretaker* (1960). Aston, the withdrawn brother of the two, tells of having being forced to submit to electric convulsive treatment. He describes within a broken syntax of silences and utterances just what happens to someone—anyone—who has "hallucinations" or perhaps "the feeling I could see things ... very clearly". That leads by the public agency of "this lie went round" to an official voice saying to him: "we've decided that, in your interests there is only one course that we can take". This "one course" is to subject this innocent mind to a series of violent electric shocks.

Though *The Hothouse* is styled in a satirical form that Pinter was clearly not satisfied with—as the play remained unperformed for two decades—it looks forward to the more overtly political drama of his late maturity. His one-act play *A Kind of Alaska* is contrastingly a-political, as this one-act play focuses on a hospital patient called Deborah, who returns to life momentarily, and then relapses to her former state—and the play comes to an end. Pinter has chosen a very indirect means of communicating this brief return, and the facts about the other two characters are blurred and disconcertingly so.

What is always difficult with Pinter is that the audience is privy only to ambiguous accounts of his characters. Who are they? Plays like *Landscape* (1968) and *Old Times* (1971) had laid down this prominent feature of Pinter's dramaturgy: its refusal to explain the past. The very real problem of how time has been distorted by the fallibility of memory gives rise to a dramatically extended trope in both these plays. *No Man's Land* (1975) involves what could be criticized as games-playing with the audience. The play focuses on a newly arrived guest at the house of its wealthy owner. Both men are linked by a past which may or not have happened; names of mutual acquaintances are brought up and then dropped. There is no convenient division between a partially truthful reminiscence and a deliberate lie. One has to enter into a contract of absolute trust with Pinter that he is not making a performance by deliberately suppressing information about his characters. An academic grasp of what can be acceptable as reality on the stage would frustrate many in his audiences. In *A Kind of Alaska*, Pinter continues to place out of bounds any easy verification of what is being said by his characters. Another way of putting it is to say that the audience has no inalienable right to know everything.

A Kind of Alaska performs as a poetic improvisation on a medical phenomenon written about by the neurologist and psychiatrist, Oliver Sacks who had been responsible for bringing a group of patients back from a decades-long state of unconsciousness. *Alaska* is about a past that has disappeared from view. Sacks had written about his experiments with the drug L-DOPA to arouse comatose patients in a New York hospital. These patients had fallen victim to an epidemic of *encephalitis lethargia* (sleeping sickness) in the United States during the First World War. In response to his reading of Sacks'

Awakenings (1973) , Pinter has imagined what that moment of sudden waking might look and sound like after twenty-nine years of oblivion. Medical terminology is entirely absent from the dialogue and is not of any consequence. And *Alaska* is in every other respect a work of imaginative fiction. As a piece of theatre it has a precise originality of perspective: Pinter has created an aesthetic framework within which his character Deborah can be perceived.

The blank space that surrounds the opening sequence of *Alaska* may be likened to what is called "negative space" in Japanese classical painting [the concept of *ma*]. Negative space is not an abstraction at all; it is the responsibility of the spectator to see and, therefore, to view the empty space on the margins as integral to the image that it surrounds. The minimalist set that Pinter recommends allows only for a bed, a table and two chairs, and a window. It could as well be a radio play; as Pinter's drama, like Beckett's, works well on radio as voice predominates to the near-exclusion of movement. When Deborah looks around her, at first she doesn't speak, and then she breaks the silence by saying "Something is happening".

The element of silence is the natural medium of her condition; but her opening speech already creates a sense of realism and therefore conflict. Her question is ignored by a middle-aged man called Hornby, sitting at a table, who asks a series of questions:

Do you know me?

Silence

Do you recognize me?

Silence

Can you hear me?

She does not look at him.

The silence has been shattered, and a language of selfhood takes over. The innocence which was Deborah's has now to contend with the world of other people. She will, too, play with her own memories to establish a world that will answer back to Hornby and Pauline, the other witness in the room. Rather like the spectator to the Japanese painting, these two characters will make of Deborah's missing life their own particular invention. The audience plays its own role, and the play sets up a dubious vicariousness about it that Pinter's dialogue surreptitiously works against. Who was this woman? That is the question that holds and nags the audience who may wait for a definite answer, but in vain.

Imagination on the part of the audience is focused on the bare fact of this woman's realization of consciousness and the possession of the essential feature of selfhood: memories, freely associating with each other. Deborah's anguish lies with her sense that the two other characters are incapable of listening to her. And it is the other two characters that create the play's essential difficulty.

The title of the play is Deborah's fate: she has been suspended in a kind of Alaska for all these years. She is believable to herself; medically understood by her doctor, as Hornby claims to be; and fragmentarily known to Pauline, apparently her sister. The relationships that Deborah knew up until

she was sixteen, when she lapsed into a semi-catatonic state, have not remained static of course. Deborah is told that her other sister never married and that her father has gone blind. How far can we trust what the other two characters say to her?

Pinter has thrown a curved ball to an audience expecting the kind of explanation that will allow them to leave the theatre with the play under their control. Hornby's speech towards the end of the play is more than just equivocal:

Your sister Pauline was twelve when you were left for dead. When she was twenty I married her. She is a widow. I have lived with you.

Silence

Hornby's speech is logically inconsistent. He married Pauline, he is alive, and therefore she cannot be a widow. Pinter is setting up one of those characteristic situations of his, whereby the words are no longer representative of the world we prefer to inhabit. This places *Alaska* outside what can be taken otherwise as naturalistic. The only other explanation for Hornby's speech is pedantic: that he married Pauline, they divorced, she re-married and her second husband died leaving her a widow. But that's assuming a huge amount: making of Hornby's speech much more than what is normally asked of an audience, who can grapple with irony or even a lie, but not reconstruct an unspoken parallel text without losing track of the play itself.

Other examples of the speeches by Hornby and Pauline are similar in their degree of ambiguity. Is the atmosphere created malign or benign? If the play were relying upon the Hitchcock gambit of suspenseful ambiguity, the speech by Hornby to Pauline would sound like a conspiracy between them. Pauline asks Hornby

Shall I tell her lies or the truth?

Both

Pause

You're trembling.

Am I?

They may also — the naturalistic explanation — wish to protect Deborah from the truth of what has happened since she lost consciousness.

Hornby is undoubtedly an authority figure; let's assume he is really a doctor.

I have been your doctor for many years. This is your sister [meaning Pauline]. Your father is blind. Estelle [the other sister] looks after him. She never married. Your mother is dead.

Later after another stage pause:

… Some wanted to bury you. I forbade it. I have nourished you, watched over you, for all this time.

Pause

Even if Hornby is what he says he is, the diction is too precise to be excusable, it is the cold voice of order mixed in with an arbitrary grain of self-pity. Medical practice — this stilted bedside manner — is all perhaps a benign manipulation. Pauline speaks to Deborah as though she were no more than

a child, not even sixteen years old: "you will have a birthday party. All your family will be there. And we'll have presents for you. All wrapped up ... wrapped up in such beautiful paper." This is not comfortable to listen to—and doesn't sound as though it was intended to be.

The play ends realistically and unresolved. The drug that Hornby tells Deborah he has administered has worn off. And she begins to show signs of relapsing into her former state. The stage lights darken as Deborah continues to reinvent a past that has gone.

Margaret Edson's *Wit* does precisely the opposite of *Alaska*. There is no mystery about what is happening. A university professor, Vivian Bearing, a scholar of the seventeenth century metaphysical poet John Donne, is diagnosed with cancer. The audience is privy to just about everything that can be known about how *epithelial carcinoma* (a particularly lethal form of cancer) can be treated, and by extension how the sufferer – the word "patient" speaks volumes here – is also treated. Words are what Edson concentrates on, given the thematic convenience of Vivian Bearing's profession as the close reader and interpreter of Donne's *Holy Sonnets*, and the fact that her ovarian cancer has reached the final stage and that death (the subject of Donne's poetic cycle) is for her to go through. Vivian shares with the audience (in modern confessional mode) her natural fear, but her words still reflect an academic pedantry. Irony is the only authentic means of expression left to her, and the title of the play tells of the character's last resort to that alchemy of intelligence and word-play: **I would prefer that a play about me be cast in the mythic-pastoral- mode; but the facts, most notably stage-four metastatic ovarian cancer, conspire against that. *The Faerie Queen* this is not.**

The device of speaking directly to the audience frames the play. In other respects, it is an old-fashioned naturalistic play with its succession of coincidences: Vivian is built up as a character by scenes with her mentor, Dr. E.M. Ashford and with her father when she was a child learning to read. Her young oncologist, Jason Posner, had taken Vivian's class on poetry when at medical school. He tells the nurse:

Listen, if there's one thing we learned in Seventeenth-Century Poetry, it's that you can forget about that sentimental stuff. *Enzyme Kinetics* [presumably a medical textbook] was more poetic than Bearing's class. Besides, you can't think about that *meaning-of-life* [author's italics] garbage all the time or you'd go nuts.

Edson is keen that we should understand that her play is not glorifying her central character and not about to enter into any discussion on death (she leaves that to Donne, whose conclusion is that death "shall be no more"— which depends on whether a modern audience is receptive to the question: an afterlife or none?). The play is unsentimental but its account of a truly modern death is harrowing, because the process of dying appears so mechanical to the point of being robbed of all meaning. The play does not offer any alternative view to the strictly scientific until it reaches its final moment. Edson herself, according to the Wikipedia entry, had worked briefly in an AIDS and cancer research hospital, and her recording of the medical procedures that have to be gone through is the harshly documentary aspect of the play.

Wit has the virtue of combining good intention with a slickness of design. The play moves with agility and speed, stage lighting recreating the various environments that the play requires, with rapid changes of scene and no formal breaks or intervals. Vivian will talk to the audience and then resume her role as patient as the stage direction indicates. Susie Monahan, the nurse in charge of her, "puts her in a wheelchair and takes her to her first appointment: chest x-ray. This and all other diagnostic tests are suggested by light and sound." The audience is carried with this momentum, then contrapuntally the whole tempo of the play changes with the reading of extracts from Donne's musings on death itself.

Wit meditates on the words that Vivian has been brought up to believe are her vocation. The scene with her father comes across as a father's need to define words that becomes the daughter's too: a Freudian scene that reconstructs the civilization and education of this dying woman. Yet words and the sophistication that come with them are seriously mistrusted, for the medical vocabulary used so often in the play is flawed by its very insistence on reducing Vivian to a set of carcinogenic problems that have then to be destroyed by chemotherapy. The play sets up a dialectical opposition of two quite opposed vocabularies, one embodying poetry and a higher consciousness to which is opposed a scientific vocabulary. This takes the play to its final conclusion when Vivian, against her stated wishes, is subjected to the hospital "code" that will be activated in the form of a last effort to resuscitate her. Only the nurse, the most down-to-earth character who has looked after Vivian, will try to prevent the life-saving machinery from enacting the raising of Lazarus.

To spare the audience the banality of a modern death means that the play moves into parallel movements, with Vivian stepping unseen and naked away from the hospital scene, while on the material plane her former student, Jason and his team try to revive her. As a dramatic movement it has the appearance of a beautiful liberation, but it strikes a false note. *Wit* has too much reality about it. The film version (2001) has the nurse simply closing the curtains of Vivian's room to satisfy the television audience that she has gone. That at least has the effect of combining medical practice with an ordinary human respect for the dead. To argue Edson's ambiguous way of dealing with Vivian's death, the relentlessness of the portrayal of ordinary medical practice on the audience could well be devastating. Her play has kept in mind its hypothetical audiences a little too much and granted them a cathartic resolution.

There seem to be two perceptions in one — the finality of death can only be avoided by staying alive (the ultimate tautology) and the language of medical technology has taken over from any sense of religious belief. The point is well taken that we have been saved the awfulness and decay of dying that would have been well known to John Donne, in exchange for a squeaky clean finality. Edson's task presumably was to lift the play above this new sanitized edition of death to counteract the logic of modern science. Yet in retrospect Donne, from a quite different philosophical standpoint, was at one with science. Science would say that death is a biological inevitability; Donne holds to the inevitability of an afterlife that sanctifies and makes sense of what is nullified.

What is now lost or difficult to do is to allow emotion as part of the fact of dying. Modern theatre rules out the emotional outpouring of melodrama, with the family praying, standing, and weeping around the dying loved one. Heaven was the hope but never quite the belief in Dickens' death scenes: there was already a note of skepticism hidden in that need for a long outpouring of grief that this is really it, despite what the priest will say over the body. To that extent, Donne's metaphysical poetry takes the modern reader back to the factuality of death, and the academic quibble about the comma is given its true pertinence and addresses the unspoken anxiety. The line reads, exactly as it is written in Edson's play-text, true to the Helen Gardner text that Vivian's mentor insists on:

And death shall be no more, *comma*, Death thou shalt die.

In the film, adapted as it has been for a larger television audience, Vivian will read lines from Donne as we see her face *post-mortem*. However, in the play, the last piece of quotation comes from a children's story and is conveniently read by Vivian's mentor, Dr. Ashford, who is on her way to visit her grandson with the story book, finds out that Vivian is in hospital in terrible pain and distress. Vivian no longer wants to hear the words of the poet and so her mentor reads to her what will comfort and lull her to sleep. Words have now a calming, soothing, beneficial effect. Vivian will die shortly afterwards.

A film version rarely corresponds to the stage play it was based on—if this seems obvious, then why so? The film *Awakenings* (1990) has nothing to do with Pinter's play anyway, in literal terms because the central character, Leonard (based on one of Sacks' patients) is not the only focus; the psychiatrist (suggestive of Sacks himself) is equally important. Pinter's play concentrates on the mystery that surrounds Deborah's lost life; whereas Leonard becomes more of an illustration that broadens out into a comprehensible narrative that will include his mother. The film treats of the doctor whose social awkwardness creates a peripheral view of what is entirely patient-focused in Sacks' writing. This obviously makes for a more general narrative of what happened in this hospital—and in that way adds to a sense of therapeutic community. But these generalizations weaken the attention paid to the central figure, Leonard and just who he is.

Pinter's Deborah dominates the one-act play and trains the audience's emotional sightline on what is humanly unique about this unknown individual seen lying on a bed. Such is the concentration of the play that the two other characters are brought into sharper focus: that their view of what happened to Deborah is an imposed vision of two outsiders, whatever their supposed relationship with her is—and the medical viewpoint on Vivian is equally alienating in its effect. Pinter is taking an unqualified stance in favor of Deborah and her right to be whatever she says she is and once was.

The comparison between film and play in the case of *Wit* lies principally in the importance given to words in Edson's play. Film takes over the role of the audience's imagination as it tends to do. The running text of Donne's meditations on death in the film is less integrated, more like a refrain, a thematic reminder than a philosophical question. There is a tendency in the film (and in the play as well) to use the highly successful technique of the documentary style of the NBC police procedure

television series *Hill Street Blues* (1981-87).

In both play and film what is repeatedly emphasized is the medical procedure as an antihuman environment. The contextualizing of Donne's poetry in a modern cancer ward focuses the critical attention paid to Vivian's existential crisis. Edson clearly wants to highlight Vivian's extreme vulnerability and loneliness played out against the universal need to give death a true purpose and meaning. The film has less ambition, but actually succeeds because it behaves more like a protest against the rigid protocols of medical treatment. Vivian's death then becomes a useful, empathetic illustration of this objection.

Edson's play is let down by not having sufficient verbal resources to engage with how technology dominates our way of thinking about death. It has the tendency to fall back on emotional expectations. As it is, Donne's philosophizing on mortality is thrown to one side by the nursery words that will finally take Vivian towards an easeful death. Here lies the problem of the play. It is not always clear whether Edson is protesting our slavish dependence on medical science to decide how we view death. Or does the play reject the increasingly abstract nature of advanced societies? (This interpretation would go some way to explain why Vivian's university mentor has to become the mother figure.) The need to satisfy the demands of factuality as well as the emotional concentration on Vivian takes its toll on the play's coherence.

Pinter's play suggests the hidden dimension of documentary evidence that is only susceptible to the imagination of the spectator. The imaginative faculty has its sacred role in culture. Without it, we are bereft and the knowledge that was released in the Hebrew myth of Genesis will have us completely in its thrall. But Pinter as always rejects any form of conclusiveness in his dramatic scenario. Human behavior is frustratingly enigmatic and to say otherwise is to force the play into an entertaining literalness.

Endnotes

I would like to thank A. Robert Lee (formerly Professor of American Literature at Nihon University) for his comments on an earlier version of this paper.

1. Oliver Sacks' *Awakenings* was first published by Gerald Duckworth & Co (London, 1973). I have quoted from the revised British edition published by Picador (London, 1991).
2. I have used the Grove Weidenfeld edition of Harold Pinter's *Other Places* (New York, 1982) that includes *A Kind of Alaska*, and the Faber edition of Margaret Edson's *Wit* (New York, 1999).
3. *Hill Street Blues* was a mold-breaking television drama series first aired on the American network NBC in 1981 and continued until 1987. The point about the program was that it looked like a "fly-on-the-wall" documentary of a busy inner city police precinct. Of course, it was first and last a fictional representation.