

Foucauldian Biopower in Contemporary Anglo-American Theater: Margaret Edson and Nell Dunn

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Abstract

French philosopher Michel Foucault's theories of biopower as presented in *The Birth of the Clinic* (1963) and other works appear as extremely relevant today. In a moment when debates about euthanasia, palliative care and the limits of medical research are opened and alive in many developed countries, Foucault's analyses of the modern clinic, the use of medical discourse as a site of power, and hospital technologies understood as tools of surveillance and control can be introduced into the social dialogue. In their theater, contemporary playwrights like American Margaret Edson and British Nell Dunn use different dramatic techniques to stage illness (especially women's terminal illness) and the hospital setting, in an effort to raise consciousness about the necessity of a humane treatment of the sick, the right to decide over one's pain, life or death, and the difficulties of the medical profession in the face of real people's suffering and dying.

1. Introduction: Contemporary Understandings of Foucault's Biopower

In his archaeological studies of the medical profession and the rise of the modern clinic, French philosopher Michel Foucault set the bases for a philosophical analysis of an institution that was to become one of the pillars of developed societies. Since the consolidation of the right to health in 1940s Europe, medical care has become an increasingly social and political concept, which has brought about a set of new policies regarding the human body. As Foucault observes in his writings, in the 20th century we could perceive a process of medicalization that today includes every single aspect of life and death (1996: 74): from conception, through pregnancy, childbirth, growth and personal development, health and sickness, until final death. Since the mid-20th century, the Western world has been immersed in an era of Biohistory.

One of the main concepts that comes into play when we talk about medicine in our times is *power*. As defined by Foucault, biopower(s) are "technologies that were developed at the same time as, and out of, the human sciences, and which were used for analysing, controlling, regulating and defining the human body and its behaviour" (in Danaher, Schirato and Webb 2000: 64). In his classic *The Birth of the Clinic* (1963), Foucault already pointed at several elements that defined the interaction between doctors and patients, in-clinic staff and strangers to the profession. One of them was the *clinical gaze*, through which the eye of the health professional had the ability to watch, see, understand, and bring light onto human suffering, reading the sick body as a text, in an exercise of semiotic de-codification of the symptoms. In Foucauldian analyses, the medical eye was the one that knew and decided (Foucault 1966: 130).

Another key element highlighted by Foucault in the doctor-patient interaction as derived from the new concept of medicine was *discourse*. In his writings, medical discourse was closely connected to specialized knowledge, and thus understood as a site

of control and reinforcement of privilege for the learned elite, with limited access for lay patients. Consequently, the sick person was constructed in the clinical environment, not by his/her expressions of the self, but by the doctors' preconceptions about his/her disease, and through exercises of medical authority on his/her body, both through language and through complex technological processes.

The *power-body-discourse axis* has proved especially interesting for contemporary re-formulations of Foucauldian concepts. Several authors have defended the validity of the French philosopher's analysis of biopower, as well as of other exercises of power in different contexts not relevant for this article. Current lines of thought such as feminism have appropriated part of his theories, adding the necessary nuances to make them applicable to the new reality of gender interaction, since Foucault's analyses were generally gender-blind. His definition of power and the potential for resistance and transformation implicit in his thought are particularly interesting for progressive movements like egalitarian feminism. Irene Diamond and Lee Quinby describe four points of convergence between Foucault and feminist thought: 1) identification of the body as a site of power; 2) pointing to the local and intimate operations of power; 3) identifying the role of discourse in producing and sustaining hegemonic power; and 4) criticizing the privilege of a masculine elite and its "universals" (1988: x).

In the case of biopower, feminisms have a lot to say about the position of women in the medical profession (as doctors, nurses, etc.), about the "glass ceiling" in the research career (access, recognition), and about the plight of women as patients within a health system dominated by an androcentric medical gaze and by patriarchal concepts of power and use of language. Science theorists who apply a gender perspective, like Sandra Harding, propose analyses which coincide in several points with Foucault's, proving the validity of his original proposals to understand the gender system in relation to biopower, once the necessary adjustments have been made. In this sense, for example, Harding comments on the structural obstacles that women scientists meet throughout their careers in research and practice (1991: 28). She touches upon subjects already present in Foucault's texts, like the creation of a modern medical elite formed by male authorities. She also highlights the "sexist misuse and abuse of science and technology" (1991: 34), describing gender-marked practices that can be included in Foucault's conception of biopower. Lastly, she denounces inequality in medical research, where diseases understood as typically female tend to receive less attention and funding, the only focus of important areas of investigation being reproductive technologies, which conceive "the female body as a kind of factory that derives its fundamental value from the quantity and quality of its products – that is, babies" (1991: 45).

Other gender-conscious thinkers have centered their studies of the medical profession and the doctor-patient interaction on the very Foucauldian question of language. Thus, Nancy Ainsworth-Vaughn identifies the gender variable as one of the keys for discourse analysis in *Claiming Power in Doctor-Patient Talk*. She comments on the conflicts of interest that appear in the medical context (1998: 41), and she underlines how the doctors' position is reinforced by a structural type of power, "arising from the speaker's affiliation with the social institution of medicine" (1998: 42), which in the case of men, is doubly strengthened by their privileged position in a patriarchal society. Moreover, Ainsworth-Vaughn links medical jargon directly to questions of authority, status and distance, and describes how a hierarchical organization and structures of domination come to be accepted by medical students as normal and desirable in their profession (1998: 183).

Throughout the history of Anglo-American literature, creative writers have approached the topics of power in the health system as well as the interaction between doctors and patients. One of the classical works which deals with these themes and incorporates the gender perspective is, undoubtedly, Charlotte Perkins Gilman's 1892 text "The Yellow Wallpaper", where the duplicated powers of the husband-physician impinge upon the physical and mental health of the unnamed diarist. In the last few decades, other feminist authors have decided to tackle the medical world and the clinical environment as gendered spaces where struggles for power and identity constantly take place, and they have focused particularly on the plight of women doctors or patients in those contexts. One such text is Nanci Kincaid's "Pretending the Bed is a Raft", which inspired the 2003 successful film *My Life Without Me*, directed by Isabel Coixet. It narrates the last months in the life of a young woman who, diagnosed as suffering from terminal cancer, makes all the necessary arrangements for her life to continue without her as peacefully as possible (tapes with loving messages for her daughters' birthdays, a new girlfriend for her husband...). Another example is Michèle Roberts' bilingual short story "Une Glossaire / A Glossary", where the protagonist openly denounces biopower by confessing "I'm angry with the doctors for invading your body with their harsh chemotherapy and radiotherapy, for making you nauseous and weak, for making all your hair fall out, for preparing to cut your breast off" (1994: 148).

In theater, the tendency towards staging women's illness and their suffering as sick people and patients has done nothing but grow since the second wave of the Anglo-American feminist movement, connecting with an increasing interest in the female body as a site of resistance and renewed powers. In performance art, for example, Carolee Schneemann has challenged the concept of menstruation as a dirty event or a temporary sickness, with installations like *Fresh Blood: A Dream Morphology* (1981-87). Similarly, Cuban-born Ana Mendieta (1948-85) denounced the alienating processes that human bodies undergo during medical treatments, with performances articulated around technological tools of biopower, like x-rays and other elements of surveillance, examination and monitoring. Visual artists have also supported this tendency with their photographs, paintings, etc. One of the most outstanding works in this line is Jo Spence's series *Phototherapy* (1982-89), where she presented her own body affected by breast cancer and leukaemia as a site of resistance ("Acupuncture", "In Hospital", "Marked Up for Amputation"). Another artist-writer-patient, Deena Metzger, produced a collection of self-portraits after breast cancer surgery, such as "The Warrior", where she appeared as a contemporary amazon, strong and proud, displaying her mutilated body without shame.¹

In terms of playwriting, mental health has been more common a topic than physical decay or sickness. Women's madness has been a leitmotif and a common punishment for female transgression in canonical plays; one only needs to remember Blanche DuBois' tragic end in Tennessee Williams' *A Streetcar Named Desire* (1947). However, some authors are inverting the tendency by beginning to verbalize on stage issues that, like pain, dying, or cancer, have traditionally been invisible and/or unnamed. In Susan Sontag's words, cancer (and later AIDS and other pandemics of the 20th century) "is felt to be obscene—in the original meaning of that word: ill-omened, abominable, repugnant to the senses" (1978: 8). In the more dramatic sense of the term, illness as a process—especially terminal illness—has been *ob-scene* (out of the scene, not staged) for centuries. The results of disease have been shown (death, bereavement, etc.), but not so the path paved by the sick people: their pain, their fear, their loss of control, their alienation.

Since the beginning of the 1990s, some feminist playwrights have fought against the invisibility of women's sick bodies and their unequal treatment in the health system. Authors like Maxine Bailey, Susan Miller or Lisa Loomer have dealt in their plays with cancer, hospitals, power and medical research, supporting a central argument of feminism, "that women's invisible and private wounds often reflect social and political injustices" (DeShazer 2003: 3). In their productions, Foucauldian biopower is presented from a gender perspective, and prevailing concepts of beauty, politics of appearance and representations of pain are brought to the forefront (DeShazer 2003: 3). The idea that unites them is the need to challenge the appropriation of female bodies by a male gaze—be it spectatorial or medical—that tends to sexualize women's physicality when displayed on stage or screen. This is the line of work of the two authors selected in this article: 1999 Pulitzer Prize winner Margaret Edson and British novelist and playwright Nell Dunn. The former presents an ovarian cancer victim telling her own story to the audience in *W;t*, where the protagonist's dilemma "is that of a superior intelligence trapped in a powerless role" (Bregman 2004: 1); the latter offers in *Cancer Tales* a collection of testimonies on this illness, filtered from a series of interviews with doctors, nurses, patients and their families in the turn of the 21st century, in a "powerful exploration of the myths and the realities surrounding a disease whose very name, to many of us, is so terrifying" (Marlowe 2005: 1).

2. Margaret Edson's *W;t* (1999): "They Read Me Like a Book"

In her first play, Margaret Edson presents Vivian Bearing, Ph.D., a university professor and a specialist in John Donne's metaphysical sonnets. Middle-aged, academically successful, but rather isolated on a personal basis, Bearing is diagnosed with ovarian cancer, stage four (i.e., terminal). From that moment onwards, she shares her treatment at the University Hospital Comprehensive Cancer Center, her increasing pain, her growing fears, and even her death with the audience of the play. *W;t*, apart from a beautiful exercise of intelligence and humor, is a constant example of metatheater, with its protagonist systematically breaking the Fourth Wall and playing Brechtian alienating tricks on the spectators. Thus, for example, she comments at the beginning of the play: "It is not my intention to give away the plot; but I think I die at the end. They've given me less than two hours" (6).² In the theatrical experience of *W;t*, literally "what the audience sees is what Vivian herself perceives, and so reality is skewed according to her experience" (Cohen 2000: 1).

Edson's play, which she based on her own experience as a worker in an oncology unit, is in the line of Bailey or Loomer's plays on women's illness. It focuses on the female patient, presenting her in a hostile setting full of biopower technologies (x-rays, biopsies, etc.) and vindicating her status as an individual and as a valid professional woman even in the most extreme situations. Following the evolution of her deadly cancer, the protagonist is "moved from a position of authority and power to a position of dependency" (Cohen 2000: 3). During the last months of her life, she is "plunged in a world not of her own and finds the maze of a hospital completely foreign to her experience" (Cohen 2000: 4). Bearing, a bittersweet creation as a character, understands that there is only one way to fight invisibility, reification and submission in this context: learning to speak the doctors' language. She, who possesses a wide vocabulary about literature, criticism and the academic world, finds out that "in this particular field of endeavor they possess a more potent arsenal of terminology than I. My only defense is the acquisition of vocabulary" (44). The struggle for the control of

language will therefore be the main one in *W;t*, where a couple of male doctors—Harvey Kelekian, chief of medical oncology, and Jason Posner, a clinical fellow—treat Bearing like a little child, making important decisions for her, prodding her body without consideration and asking her empty questions that do not transmit real concern, but a trite and ineffective bedside manner:

I have been asked ‘How are you feeling today?’ while I was throwing up into a plastic washbasin. I have been asked as I was emerging from a four-hour operation with a tube in every orifice, ‘How are you feeling today?’ I am waiting for the moment when someone asks me this question and I am dead. I’m a little sorry I’ll miss that. (5)

Authors like Peter Freund and Meredith McGuire, who follow the line of criticism of the biomedical model initiated by Foucault, comment on the extreme importance of language use in doctor-patient interaction, where what they call “the micropolitics of professional dominance” are established (1991: 238). They even mention a question similar to the one that is most often repeated in *W;t* as an example of the exercise of power over the patient (“How are you feeling today?” is repeated seven times in as many conversations between Vivian and her doctors): “Doctors’ unilateral use of false-familiar terms increases the gap between doctor and patient ... Another false-familiar practice is the routine of the condescending question ‘How are we feeling today?’” (1991: 238). Against this practice, Vivian defends herself through assertions of her professional identity (“I have a Ph.D.” (16); “I am a doctor in philosophy” (17)) and through a subtle use of humor connected to her academic knowledge, which, for her, is an empowering tool in the face of shame, humiliation and dehumanization in the hospital: “TECHNICIAN 2: Name. // VIVIAN: Lucy, Countess of Bedford” (17); [after a gynaecological examination by Jason, a former student of hers] “I wish I had given him an A” (29).

While she is still able to do it, Vivian performs constant analyses of the medical jargon and of the technologies of biopower at the service of Drs. Kelekian and Posner. When the former communicates to her that she suffers from “an insidious adenocarcinoma”, she immediately comments: “‘Insidious’ means treacherous ... Insidious. Hmm. Curious word choice” (8). After the description of symptoms and possible effects of her illness delivered by Dr. Kelekian, Vivian shows her most professional side: “Must read something about cancer. Must get some books, articles. Assemble a bibliography” (8). However, her acquisition of vocabulary seems useless when she is put through medical analyses, constant tests, technical examinations and, especially, through the Grand Round, which becomes the clearest instance of biopower exerted over the patient’s body in the play.

In medical rounds as seen in *W;t*—examinations in which the head physician discusses the cases with nurses, students, and/or interns—an obvious process of reification takes place. Sick people, as a consequence of their patient role, become mere objects of study. Thus, Vivian explains: “[I]n Grand Rounds, *they* read *me* like a book. Once I did the teaching, now I am taught” (37). These rounds are excellent examples of Foucauldian biopowers at work, with the doctors/readers de-codifying the patient’s body/text as a set of signs. In this situation, symptoms become signifying items that reveal sickness as an immediate reality (Foucault 1966: 136). As Freund and McGuire denounce, these reifying practices “result in an even greater dehumanization because of the close connection between the body and the identity of the individual” (1991: 217). The sick body—in this case Vivian’s cancerous body—is fragmented, analyzed in

broken parts, touched, gazed at and separated from the person that inhabits it. As a consequence, “patients internalize this image of their bodies and diseases, the reified reality shapes even their self-perception and experience” (Freund and McGuire 1991: 217). In Vivian’s case, the audience can easily identify the moment when she accepts this passive patient role, explained in literary terms by the protagonist herself:

At times, this obsessively detailed examination, this *scrutiny* seems to me to be a nefarious business. On the other hand, what is the alternative? Ignorance? ... So I play my part. (*Pause*). I receive chemotherapy, throw up, am subjected to countless indignities, feel better, go home. Eight cycles. Eight neat little strophes. (41)

Physically defeated and unable to present any more resistance to her intellectual antagonists, Vivian Bearing starts to look for different ways to communicate with her peers. In an example of sisterhood beyond class and education, she establishes a meaningful connection with Nurse Susie Monahan, the only person in the clinical setting who seems to consider her feelings and fears. For some reviewers, Susie is “the hero of the drama. She is the only true caregiver in the hospital” (Gordon 1999: 1). In the dichotomy knowledge/care that seems to animate the biomedical model, she represents the second possibility, with a positive function in the play that is revealed through gesture more than through words. She does not possess “an arsenal of terminology” like Kelekian and Posner, so she expresses her professional abilities by cleaning up Vivian’s room and objects, touching her once in a while, giving her juice and popsicles and, finally—and decisively—providing some discreet orientation on code status for her final moment. When death comes knocking, Professor Bearing recognizes:

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, and my brain is dulling, and poor Susie was never very sharp to begin with, and I can’t conceive of any other... *tone*.

(*Quickly*) 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.

(*Slowly*) Now is a time for simplicity. Now is a time for, dare I say it, kindness. (69)

After all the difficult physical and intellectual tests undergone, Vivian finally understands that there is something more to life than erudition and learning. Her mentor, Dr. Ashford, had already suggested it to her when she was a student, as we can see in an early flashback scene: “You’re a bright young woman. Use your intelligence. Don’t go back to the library. Go out. Enjoy yourself with your friends” (15). However, Vivian did not listen, and chose academic prestige over human touch, just as her former student Posner: “The young doctor, like the senior scholar, prefers research to humanity” (58). It takes sickness and nearing death for her to give a final turn to her life and seek help and warmth in Nurse Susie. When Dr. Posner tries to reanimate Bearing after a heart attack in spite of her “DNR” (Do Not Resuscitate) code, the nurse stands up for her with an unexpected determination (82). In the closing scene, Posner loiters, defeated,

whispering “Oh, God”, while naked Vivian, free of the physical burdens of her sickness, walks towards a little light (85). By means of the final nude Edson gives Vivian her entity and identity back: she slowly strips of all the explicit marks of biopower on her body—IV pole, hospital gowns, bracelets—and recovers her bare subjectivity as a woman on stage. In Mary DeShazer’s words, in this explicit scene “she is luminous, in control of her body and its movements, whole” (2003: 10).

3. Nell Dunn’s *Cancer Tales* (2002): “He was treating me as a human being”

Over a two-year period, British writer Nell Dunn sustained a series of interviews with people involved in processes of illness, healing and sometimes, dying. For personal reasons (“disaster struck in my own family” (7)), she chose to focus on cancer and its effects on the sick person and his/her loved ones.³ Making a selection from the collage of materials that she had collected, Dunn decided to compose the testimonies of five women for staging purposes. In these stories, as in *W;t*, the audience is presented with the role of doctors, nurses and the clinical institution. However, Dunn’s medical staff situate themselves, most often, on the critical side with Foucault, rejecting biopower and making clear efforts to re-write the physician-patient relationship, as well as to re-define the dynamics inside hospital settings.

Nell Dunn explained the creative process in her introduction to *Cancer Tales*, beginning to use there a special spelling that she would keep all throughout the playtext. The absence of full stops and other punctuation marks points at a stream-of-consciousness kind of narrative, in which characters are allowed to express their feelings and to deliver their speeches without artificial authorial intrusions. Pauses are marked by long gaps, and there are no stage directions. The attention is thus placed on the words, with no specific actions assigned to the characters. The final aim is both didactic and consciousness-raising. As happened in earlier feminist texts like Emily Mann’s documentary play *Still Life* (1981) or Eve Ensler’s *The Vagina Monologues* (1998), also distilled from a series of interviews, in *Cancer Tales* the audience is urged to listen, learn (or sometimes un-learn), and react, not as mere passive spectators, but as active subjects in the real world around them:

[Y]ou the audience have a special responsibility in the way you listen to the stories and engage with them. It is important not to become a voyeur, distanced or cocooned from what is here. Relate the stories to yourself, and your own life. Learn from them. (5)

This invitation to join in into a process of understanding pain, illness and dying takes shape in the monologues delivered by Clare, Mary, Joan, Penny and Sharon. Some of them are sick with cancer themselves (Clare and Sharon), and the rest are related to dying people (Mary is Rebecca’s mother, and Rebecca suffers from leukaemia; Penny is Marilyn’s lover, and loses her to a tumor in her womb; Joan sees her son Grant die at a very young age). Dunn’s is “a female-dominated work” (Marlowe 2005: 1), but simply for one reason, as the author herself pointed out to critic Sam Marlowe: “[She explained that she] encountered very few men in the course of her research who were eager to discuss their experiences” (2005: 1). Nevertheless, there is one male patient (Grant), and there are, as in Edson’s play, several male doctors. As in the previous play analyzed, medical authority as exerted through biopower is identified with patriarchal forms of

domination through gaze, language and other prevailing strategies of control of the body.

To continue with the common points between the two works selected for this study, it is relevant to observe that the issue of medical jargon as a source of power and privilege is raised in *Cancer Tales* as it was in *W;t*. Nell Dunn's idea in this respect is linked to philosopher Jacqueline Lagrée's, who follows Foucault in his critique of the biomedical model, and defends the thesis that treating somebody as a person means respecting the rules of his/her language (2005: 33). In this line, Clare's opening monologue denounces how the first doctor who saw her about her cancer used the "clean/dirty" dichotomy to signify health and sickness. She feels accused and humiliated as a patient, because, she complains, "it evokes so much if you have cancer you are somehow dirty" (13). This reaction of the physician is connected to what Foucault called *dividing practices*, which, as experts Danaher, Schirato and Webb explain in *Understanding Foucault*, make the sick person an "other" to healthy society, marking him/her for segregation:

Dividing practices operate through various social institutions such as hospitals, dividing the healthy from the sick; psychiatric clinics, dividing the sane from the mad ... prisons, dividing the lawful from the criminal; and so forth. Dividing practices work to qualify or disqualify people as fit and proper members of the social order. (2000: 61)

Rejecting the labels and confirming herself as an active subject in the clinical process, Clare rebels, reading the notes on her dossier, which, she vindicates "are mine" (15), and looks for a second opinion. Freund and McGuire highlight the meaningfulness of the medical dossier in doctor-patient interaction, both as a source of knowledge (i.e., power) and as a symbolic item mediating in the relationship: "The doctor typically has far more information about the patient than the patient has about the doctor ... The medical record functions as a third agent, introducing the patient ... even before the face-to-face interaction" (1991: 239).

In their second (sometimes third, or even further) contact with doctors and nurses, most of Dunn's protagonists eventually discover new ways of connecting. As opposed to Kelekian and Posner, the committed professionals that these women end up with deconstruct the idea of hierarchical structures and power-based relationships in a clinical environment. Yet, before that, the five women need to overcome the obstacles set by prejudiced physicians, like the one who dismisses Rebecca's symptoms of leukaemia as "neurotic" (19), or the two different doctors who tell Sharon that she is just fine when, in fact, she is suffering from breast cancer. Confronted with this kind of treatment, Nell Dunn's characters express their feelings openly: "SHARON: ... you can have so much anger against those doctors" (31); "SHARON: I don't want to be looked on as a victim" (70); "MARY: ... Rebecca wanted to be treated like a living person, not like a dying person" (75).

One of the consequences of the logic of biopower, which privileges specialized knowledge over nurturing and care, is the dissolution of the sick person's identity. When they are treated as cases, sets of symptoms, or numbers, and not as independent persons any more, patients feel a lack of control and a loss of what Jacqueline Lagrée calls their *narrative identity*: they cannot discern a meaning for what they are going through; they are unable to find the exact words to express their plight; they are lost as social beings by absence of meaningful interaction (Lagrée 2005: 119). Against this social and psychological phenomenon, Dunn's female characters in *Cancer Tales* speak

up once more: “CLARE: it is something to do with being recognised, it is recognition of who you are” (64); “CLARE: ... I am not a forgotten person” (74); “SHARON: ... little things to try and help myself so cancer doesn’t rule me, I rule it I know all the long words, I can understand and ask what I need to know” (80).

On their way to healing, to the recovery of a full human identity, and even on their path towards a peaceful death when inevitable, Dunn’s protagonists are assisted by some medical staff who reject their role as pieces in a machine of oppressive biopowers. Moving away from the negative model presented by Margaret Edson with Drs. Kelekian and Posner, the British playwright offers a wider variety of types within the clinical environment. *Cancer Tales* is essentially a polyphonic play, and the plurality of points of view opens the possibility of introducing a chorus of doctors and nurses who show a richer range of attitudes towards their patients. Firstly, the audience can sympathize with Clare’s relief at a young doctor who explains the reality of her illness clearly to her son, demystifying the surgical procedure:

Leo, he called him by his name, and he said, do you know what your mother’s going to look like when she comes up from her operation? no, said Leo
she’ll look very wan and she’ll have all these things coming out of her nose Leo felt very included (28)

Secondly, consciousness about the terrifying process of dying is raised when Rebecca analyzes Dr. Ehab’s communicative skills: “[H]e was lovely he spoke to my fear and not to my anger and that’s what I needed” (37). Thirdly, Joan comments on the “wonderful nurses” that helped her son until his death (53), and Mary, the other mother in the play, does something similar when she values Rebecca’s nurse for what she did: “[I]t was brilliant having her there because she knew about death” (91).

All in all, *Cancer Tales* offers more possibilities of resolution for the sick characters than did *W;t* (Clare and Sharon survive; Grant, Rebecca and Marilyn die very different deaths), and more options of behavior for the medical staff. Dunn’s hospitals, clinics and hospices are not always immediately identifiable with Edson’s University Hospital; they appear before the audience as sites of biopowers that *may or may not* be used (and abused) by the authorities inside them. In her text, surveillance and monitoring are sometimes understood as positive (“CLARE: ... there was a constant vigilance and an air of real sweetness” (36)); language is vindicated by the cancer victims as much as by their doctors (“SHARON: I wasn’t born with strength I work my way towards it, definitely even understanding the medical language” (47)); and the possibility of a meaningful, human connection is opened to the characters in life, and not only in the threshold to death, as happened with Vivian Bearing (“MARY: ... that’s the kind of connection, using expertise and professionalism in a really human way” (87)).

4. Conclusion

As I have tried to prove in this article, Michel Foucault’s concept of biopower is very applicable to today’s reality, philosophy and literary expression. Adopting what Margaret McLaren calls the *extender perspective*, science and gender specialists like Sandra Harding have built upon some of the French philosopher’s proposals, and so have contemporary theorists such as Jacqueline Lagrée, Peter Freund, and Meredith McGuire. I have used their arguments in my interdisciplinary approach to the dramatic

work of Margaret Edson and Nell Dunn because I agree with McLaren when she says that extending Foucault's work and applying it to women's experience is "especially useful to illuminate bodily aspects of women's oppression using Foucault's concepts of disciplines, biopower, power, and social norms" (2002: 14).

I mentioned in my introduction that in literature, gender roles and the medical world have been present for some time, as Charlotte Perkins Gilman's, Nanci Kincaid's or Michèle Roberts' texts mentioned above prove. These issues acquire a new meaning when they are introduced in theater, a public form of art by definition, with a strong potential for consciousness-raising, political commitment, and didacticism. In the line of vindication of the power to decide over one's body, connecting with topics like gender violence, control over female sexuality, and others that have traditionally been part of the feminist agenda, playwrights like Margaret Edson and Nell Dunn have shown their interest in the topic and have often coincided with Foucault's thought, as in their representations of biopower technologies (x-rays, tests, etc.) on stage, or in their emphasis on the body as a site of power and resistance.

Some conclusions can be drawn from the analysis of their plays as done in this article, namely: 1) that language—medical discourse—and the focus on the body are the two axes of Foucault's thought that appear as most valid and applicable to contemporary representations of biopower in Anglo-American feminist theater; 2) that women's bodies in clinical environments are revealed on stage as battlegrounds where power is negotiated and inscribed through the (mostly male) medical gaze; 3) that Foucault's late ideas of an inherent potential for resistance and transformation in every subject's body is applicable to feminist thought and highly useful and expressive in drama, both as a didactic tool and as a consciousness-raising weapon; and 4) that, although contemporary Anglo-American feminist authors may share some points of departure for the creation of their materials, the dialogic quality of feminist theater, together with the use of polyphonic structures in some playwrights' texts, offer possibilities for various dramaturgical resolutions and political proposals on the question of the exercise and resistance to biopower(s).

Notes

¹ For information about these artists, please refer to the following texts (among others): about Schneemann and Mendieta, González González 2006; about Jo Spence's phototherapy, her own volume *Cultural Sniping: The Art of Transgression* (1995); about Spence, Deena Metzger and their treatment of breast cancer, Pascual 2005.

² All the references to Edson's play will be taken from the 1999 Faber and Faber edition.

³ For quotes of Dunn's playtext, please refer to the 2002 Amber Lane Press edition.

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