Sue Eckstein and Bobbie Farsides

The Tuesday Group: A Performance Project On The Art Of Dying

My brief as a playwright was very specific: Researchers wanted to assist those caring for dying patients gain further insight, and help to demystify the dying process and the dying patient. To that end, I would be given access to an extensive set of notes written up by the social workers responsible for facilitating discussion groups of patients attending a hospice day centre. I was to use the reports as a primary source of information and inspiration. Then, I was to transform them into a dramatic work that would be of interest not only to medical students, palliative care workers, and other health professionals but also to a wide and general theatre-going audience. The play was to accurately reflect the content of the reports and the environment in which the meetings took place. However, it was not to be a documentary–rather a fictional account of a series of actual events that had taken place over a period of years. What I was essentially tasked with was to capture the essence of a series of real encounters, make the experience recognisable to those who were—or had been—a part of something similar, and open the experience up to those who may not even know that such groups of people living with, or dying of, cancer existed.

To some extent, the brief was opportune. The past fifteen years has seen the significant emergence and development of cancer narratives. These accounts have made the ordinary extraordinary because of the way in which the authors have chosen to make their experience of disease public. Some writers had already enjoyed high public profiles and then became celebrities because they were dying (Diamond; Picardie, Seaton, and Picardie; Rose). Others were private individuals who, when faced with a life-threatening disease or a terminal diagnosis, found the courage to share the experience with people they would never meet or know (Goodare; Klein and Blackbridge; Arthur and Arthur; Conway). I could immerse myself in these and other similar cancer narratives as preparation for the commission, but I had been asked to do something rather different–to depict the private world of dying people who were speaking to one another and not to an 'audience' of readers or viewers.

I had no clear methodology when I accepted the commission and no template on which to base my work. There have been, of course, a number of well-known plays about cancer written and performed for general audiences. As a consequence, these plays have also provided insights to those with a professional interest in the subject. Edson's *Wit* tells of the last months of a woman being aggressively treated for stage IV ovarian cancer. Edson drew on her experience of working on a cancer ward in a research hospital where, by virtue

of her lack of clinical skill, she was able to observe the exchanges between clinicians and patients (Sack). While *Wit*'s primary purpose is not didactic, it is nevertheless enlightening about 'do not attempt' resuscitation orders, the complexity of the consent process, and the power relationships endemic in hospitals. In another exemplar, arguments in favour and against euthanasia are rehearsed in Clark's *Whose Life is it Anyway*, a play originally written for television, in which a quadriplegic sculptor is determined to exercise the right to decide his own fate. Tom Kempinski's powerful two-hander about a professional violinist living with multiple sclerosis, *Duet for One*, is an exploration of depression, suicidal ideation, resilience, and hope.

Despite the evidence that suggests a widespread reluctance to talk about dying and death (see, for instance, Lakhani), it appears, then, that the public is willing to engage with these issues when some distance is created by the 'fourth wall' of theatre. Edson's play was initially rejected by many theatre companies wary of staging a play about a dying woman, but the play went on to win a Pulitzer Prize and accolades from critics like Alvin Klein who appreciated the "difference between an ordeal or an obligation, and a high-impact theatrical workout that puts you through an emotional wringer and proves that devastation does not preclude enrichment." All three of these plays have been made into films which have significantly broadened their reach, and the works continue to be performed or shown on television.

Though it may share some of the features of these memoirs and plays, *The Tuesday Group* belongs less to the convention of the cancer or disability narrative and more to the canon of verbatim theatre that has proliferated during the past decade. These documentary plays are constructed out of the precise words spoken by people interviewed about a particular event or topic and have been described as a way of getting to what theatre critic Michael Billington identifies in them as the "uncontaminated truth" (2012). Some, like David Hare's *The Permanent Way*, evolve as a collaborative process involving the director and cast taking real words from interviewees with the playwright's role almost a work of editing or collation (see Ascherson). It may not be immediately evident what *The Tuesday Group*—a play about a group of fundamentally very ordinary people talking about their essentially ordinary lives—shares with David Hare's story of the Conservative government's decision to privatise the railways. Yet Hare's play was similarly told through the powerful first-hand accounts of those most intimately involved, in this instance from passengers to government ministers. The connections to Hare's *Via Dolorosa* (2000) may be even less evident—this play is inspired by the writer's own journey through Israel and Palestine and the thirty-three people he met on the way. However, *The Tuesday Group* does share some of their features of verbatim theatre which can deliver profound insights into the human condition and, which, at its best can involve an audience on an immediate, human level in stories that are happening all around, in reality, everyday (see Blank and Jensen). What it does not share is the use of actual words of actual people that is at the heart of verbatim theatre. The particular brief of *The Tuesday Group* and the nature of my raw material placed considerable constraints on the artistic endeavour. The notes to which I was given access did not offer a verbatim account of the conversations held. Because they had been written up by a number of different people over a

period of several years, there was no consistency in style or content. Word-for-word dialogue lifted from interviews or conversations with real people would not be possible. In fact, the few quotations or identifying features of the notes had been removed in line with confidentiality agreements—leaving a tantalising expanse of whited-out text. The dialogue had to sound, but not actually *be*, verbatim.

The Tuesday Group also belongs, to some extent, to the canon of contemporary plays such as Kaufman and Baldwin's *The Laramie Project* and Corrie, Rickman, and Viner's *My Name is Rachel Corrie.* These plays contain some of the features of verbatim theatre but draw on diaries, interviews, and notes. They re-imagine events as theatre which has, as Billington observes, "no obligation to give a complete picture. Its only duty is to be honest" (2005). Matthew Shepard was kidnapped, severely beaten and left to die, tied to a fence on the outskirts of Laramie, Wyoming. Five weeks later, director Moisés Kaufman and fellow members of the Tectonic Theater Project went to Laramie, and over the course of the next year, conducted more than 200 interviews with people of the town. From these interviews they wrote the play *The Laramie Project*, a chronicle of the life of the town of Laramie in the year after the murder. The play is based on more than 400 interviews with about 100 Laramie residents, as well as journal entries from the members of cast and the director, as they reflect on their own reactions to the brutal murder of the young man and to the interviews they carried out. During the play, members of the Tectonic Theater Project read entries from the journals they have kept during their interviews with the people of Laramie. Similarly, diary entries provide the inspiration for *My Name is Rachel Corrie*, which tells the story of a 23-year-old American who was killed by Israeli forces in March 2003 while apparently acting as a human shield in the Gaza Strip. Rachel Corrie kept a diary from the age of twelve until the day she died and the play is constructed out of the journals and e-mails.

Journal entries recording both the visits to the room in which the original conversations took place and the themes that gradually emerged were integral to *The Tuesday Group*. From the outset of the project, I kept a diary. The early entries reflect the complexity of the task, my initial reservations and my growing enthusiasm for the undertaking:

> 8th October
> *Bobbie kneels on the carpet; piles of paper in folders surround her. These are the reports of a series of meetings of groups of people who are dying. There is something almost unbearable in the knowledge that all the people who made up these groups are now dead. I wonder aloud how we could use their experience so that their voices can have a wider resonance, without exploiting them or trespassing on their privacy. Bobbie thinks it can be done. Knowing that confidentiality is one thing that Bobbie is very clear about, and committed to, makes me feel that it might be possible. We agree that she will anonymise the reports further before I read them myself. So far, I don't have any firm ideas of what I will do with the information. I like the idea of a mixture of dialogue and interior monologue and I like the idea of it not being immediately clear what the group is meeting for.*

15TH OCTOBER

I have read through most of the reports very fast, reading to get a feel for the kinds of things that were said rather than to build up a detailed picture of how each group functioned. I am struck by the fact that I have never read anything like this–that we so rarely hear the words of the terminally ill except on death beds in novels and what a valuable resource it is. I am struck too by the amount of crying that goes on in the groups–how to dramatise that and make it bearable to listen to?

9TH NOV 2001

On Thursday, Bobbie and I visited St Christopher's Hospice. It was agreed that the resource we had should be treasured and not wasted. We talked a lot about confidentiality. I made it very clear that I would be inventing characters to voice the main themes and that no one would be identifiable. It seems significant that I am not using transcripts of what people said but of a social worker's impressions of what was said and what happened. We spent some time in the day centre. There was something extraordinarily moving about being in the actual room where all those meetings had taken place.

Unlike the way diaries were used in *The Laramie Project* and *My Name is Rachel Corrie*, these diary entries did not become part of the play or feature in the finished version, but they did serve to remind me of the reality behind the fiction.

Qualitative research methodology influenced the early stages of the project. After the initial visit to the hospice, I re-read the dis-identified reports and noted down all the key themes and preoccupations that emerged. These included both the 'big themes' of death, immortality, pain, desolation, and rage but also the more mundane such as shopping tips, irritating husbands or wives, demanding teenagers, or the varying quality of wigs. I created eight group members, each who had their own distinct personalities and life stories, and who would be the conduits through which these issues and themes would be channelled. They had to be types but not caricatures: 'everyman' or 'everywoman' but credible individuals too. They needed to reflect both the demography of the area in which the hospice was situated and the typical make-up of hospice discussion groups as suggested by the transcripts and corroborated by the hospice staff.

The hospice catchment area has a well-established black community, so I created George, aged seventy-three, a Jamaican who came over to Britain in 1948, and Josie who is thirty-four and of West African origin, bringing up her seven-year-old daughter alone. The reports provided a significant amount of evidence that many people living with terminal illness have a dual role–that of patient *and* carer, so I created Margaret, a woman in her late seventies who has been a housewife and mother all her life, married to Jack who is also ill with cancer. She has decided not burden her husband with the knowledge of her cancer. Then I created two women in their forties more typical of the sorts of people who might be attracted to a group of this kind: Mary–a paediatric nurse living with her husband and fifteen-year-old

son and—Rachel, an illustrator and writer of children's books, with three young children and documentary-maker husband. In contrast to Mary and Rachel, I needed a character who would be uncomfortable in a discussion group such as this one: Catherine, aged sixty, is single with no children. She is a retired teacher who has no close family or friends to support her. The reports were a poignant reminder that, for many people, terminal illness is just one of a series of difficult and painful things going on in their lives: Sixty-six year old Vi had been a school cook before stopping work to look after her husband who had Alzheimer's and who has recently died. Her very difficult daughter and four young grandchildren have moved into her one bedroom flat. One of her other children was killed in a motorcycle accident as a teenager. And finally there is Dan who is in his early twenties, a film and music enthusiast who lives at home with his parents, pet python and rat, and for whom the group is a profoundly alien and frustrating experience.

Having created my characters, I did a second re-ordering of the material, allocating phrases or themes to individuals. This allocation turned out to be quite fluid, as the characters developed their own distinct personalities. I produced a plan of the five weeks and worked out who would be present in which group and roughly what they would talk about. This, too, turned into an unpredictable exercise. Dan was due to appear in only one group but seemed determined to come back for a second week. I intended that Catherine should say very little throughout the play but gradually she got drawn into the action and found her voice. Rachel, on the surface the most articulate member of the group, turned out to be the one most likely to make insensitive comments or quick assumptions about people. I had always planned for Mary to find the father she had never known, but had never anticipated the sudden death of Margaret's grandson. I had always understood the relationship between Rachel and her children but had not known at the outset that Josie's daughter had been adopted.

Writing a play to a very tight brief such as this one is an unusual task, and not without its difficulties. Throughout the process there was considerable tension between the need to make the play reflect the workings and preoccupations of the groups at the hospice and the need to make it work as a piece of dramatic art that could stand up on its own. For example, although I knew from the reports that there would rarely be young people in the groups, I decided that for dramatic purposes my group would include two characters under thirty-five. This was the first of the decisions I had to make about the conflict between accuracy and dramatic effect. It was felt that this was an acceptable decision and one that would not compromise the veracity of the piece. There were other instances, however, where it was impossible to deviate from the 'reality' of the transcripts for dramatic effect. For example, a literary manager of a London theatre commented on an early version of the play that because Laura, the convenor, remained responsible, reliable, and receptive, she was less interesting and complex as a dramatic character than she might be. While I could see that conflict between individual group members, or tension between the convenor and the group members, might have made for exhilarating drama, it did not reflect the reality of the group which was of tolerance, growing compatibility, and support.

A playwright might expect to work collaboratively with a director and actors once a play is in rehearsal but, because of the particular nature of the commission, it was necessary for me to work very closely with the project partners from the outset and not be overly protective or precious about early drafts. I agreed to show the first draft of each of the five scenes to the project leader, whose comments and suggestions I then incorporated in the second draft. The first draft of the complete play was discussed with the hospice chief executive and the social worker, from whom I received some very helpful feedback, particularly on how Laura, the social worker, might manage the group and relate to the other characters. I needed their experience to know under what circumstances Laura would leave the room with a distraught group member, how far she would direct the members' conversations, and whether—for example—she would allow individuals to flout rules if it meant they would remain in the group.

I initially thought it would be necessary to know from which cancer each character was suffering and to include detailed references to the physical symptoms and treatments. I spent several evenings on cancer websites before realising that I did not need to have this information to bring the characters alive provided, the few medical facts I did use were correct. Indeed, when reading the reports, and sorting through themes, I was surprised at how little the really big issues, such as death and disease were mentioned. This needed to be reflected in the subjects my characters talked about and, in a play in which cancer is the common denominator and essentially the only thing shared by all the characters bar Laura, the actual 'c' word is only used eight times. When they talk about their cancer, it has no more or less significance than anything else that comes up in the course of the meeting. Rather than cancer, what dominated the reports of conversations were everyday concerns and 'trivia'. Participants in the groups were not isolated from the world outside the hospice. They frequently commented on national and international events, so it was important that, in the play, current affairs were reflected in signs and signifiers. For instance, characters talk about the Harry Potter phenomenon and the popularity of teenage vampire fiction, bargains at well-known department stores, and celebrity gossip.

The reports referred to periods of silence and to participants sometimes choosing to say very little. The dialogue needed to reflect this reality and allow both awkward and comfortable silences. Poetry is used as a device to depict the places to which people go when they distance themselves from others in the group. Catherine 'disappears' into memories of poems sparked by a single thought or word—the poems in her head adding another dimension, almost another character, to the play. They act, too, as a painful reminder to the audience of Catherine's growing inability to voice the words she can so clearly hear in her head. I chose poems by Stevie Smith, Philip Larkin, Anne Sexton, Jon Silkin, Primo Levi, Alfred, Lord Tennyson, William Blake, and Denise Levertov. Most, but not all of these poems were about death and dying. The poetry and prose in Catherine's head also create the illusion of the passage of time. For example, she retreats and remembers the following from "On Being Ill" by Virginia Woolf:

> We do not know our own souls, let alone the souls of others. Human beings do

> not go hand in hand the whole stretch of the way. There is a virgin forest in each; a snowfield where even the print of birds' feet is unknown. Here we go alone, and like it better so. Always to have sympathy, always to be accompanied, always to be understood would be intolerable.

When the characters spring back to life, the conversation has moved on from an animated discussion about the difficulty of expressing rage when everyone around you is trying to be kind, to Dan's suggestion of bringing his python to the group.

The Tuesday Group had to work on two levels: fulfil the requirements of a particular commission and work on the stage. Although at the outset of the project we had had no plans for the play to be performed, King's College London's *Art of Dying* symposium in February 2003 provided the perfect opportunity to showcase the play. With tremendous support from St Christopher's Hospice, a professional director was engaged and the play was cast. We were privileged to attract a cast of well-known professional actors who performed the play as a public-rehearsed reading. It was particularly heartening to receive positive feedback from the actors when they arrived for the rehearsal. This was the first confirmation we had had that the play could genuinely appeal to those with no professional interest in the subject matter. We were both moved and gratified that one of the actors, who was herself undergoing chemotherapy for recently diagnosed breast cancer, felt that so much of the script echoed her thoughts and feelings. The cast's enthusiasm was echoed by an audience of over 300 people. There was considerable interest, too, from the palliative care community, with chapters on *The Tuesday Group* included in a number of edited textbooks (Farsides and Eckstein 2008; Eckstein and Farsides 2007) and presentations at conferences in New York and Salisbury, England. Attempts were made to interest the BBC in commissioning the play as a radio drama but informal feedback was that they "had done cancer."

Since 2003, and as technology has become increasingly sophisticated and accessible, there has been a proliferation of illness blogs and websites, very many of which are written by those living with cancer (see Fawkes; Jaouad). Some cancer bloggers, like Rosie Kilburn, have chosen to continue to post entries right up to the end of their lives and have asked their loved ones to continue after their death. Thus cancer narratives are made ever more immediate, even dramatic, as the reader follows the writer in real time. In 2011, a final year medical student at Brighton and Sussex Medical School read the play and proposed directing it as a full-scale production with a cast of medical students. I was initially unsure whether, with our increased access to the voices of people living with cancer talking about life on their terms, *The Tuesday Group* would still have a function and resonance. Despite these reservations, I revisited the script and updated some of the cultural references and adapted two of the characters to reflect the south-coast demography: George became an elderly white working-class man who had moved from East-End London as a young man. Josie became a young Welsh woman.

I had some qualms, too, about the parts being played by students in their early twenties, most of whom would have little or no experience of their character's lives, but my lack of

confidence was entirely misplaced. Not only did *The Tuesday Group* play to two packed houses at the medical school in November 2011, but it transferred with the same cast to the Brighton Festival Fringe in May 2012 where once again it was very positively received by a highly discerning theatre-going public. The actors, too, found involvement in the production to be hugely affecting—at least two of them are now considering a career in palliative medicine. Performing the lives of the dying, particularly to an exacting and inflexible brief, may be fraught with ethical and stylistic challenges. The packed houses and positive feedback from students, clinicians, academics, and the general public have made me immensely grateful to have been offered the challenge and enormously proud to have been part of this unique and very special project and performance on the art of dying.

Returning to the original purpose of the piece, the longevity and sustained immediacy of *The Tuesday Group* is evidence that it has retained a power and impact that may well have waned had the same issues been covered via a more conventionally academic route. The project was born of the wish to transmit the voices of people long dead across international boundaries. The patients whose thoughts, wishes, and experiences lie at the core of the performance are able to tell their stories time and again and, as the closing pages of the script reveal, their stories are ongoing and incomplete.

(...)

Photograph of The Tuesday Group in rehearsal by Malcolm Tan

WORKS CITED:

Arthur, Louise, and Tim Arthur. *Shadow in Tiger Country: One Last Year of Love*. London: HarperCollins, 2000. Print.

Ascherson, Neal. "Whose Line is it Anyway?" *The Observer*. The Guardian Weekly. 9 November 2003. Web. 4 December 2012.

Billington, Michael. "My Name is Rachel Corrie." *The Guardian*. The Guardian Weekly. 14 April 2005. Web. 4 December 2012.

- - -. "V is for Verbatim Theatre." *The Guardian*. The Guardian Weekly. 8 May 2012. Web. 4 December 2012.

Blank, Jessica and Erik Jensen. Verbatim theatre: the people's voice? *The Guardian*. The Guardian Weekly. 15 July 2010. Web. 4 December 2012.

Clark, Brian. *Whose Life is it Anyway?*: A Play. London: French, 1978. Print.

Conway, Kathlyn. 1997. *Ordinary life: A Memoir of Illness*. New York: W. H. Freeman , 1997. Print.

Corrie, Rachel, Alan Rickman, and Katharine Viner. *My Name is Rachel Corrie: The Writings of Rachel Corrie*. Rev. ed. London: Nick Hern, 2005. Print.

Diamond, John. *C: Because Cowards Get Cancer Too*. London: Vermilion, 1998. Print.

Eckstein, Sue, and Bobbie Farsides. "The Tuesday Group: a Project in the Art of Dying." *Creative Engagement in Palliative Care: New Perspectives on User Involvement*. Ed. L Jarrett. Oxford: Radcliffe, 2007. Print.

Edson, Magaret. *Wit*. London: Nick Hern, 2000. Print.

Farsides, Bobbie, and Sue Eckstein. "Creating The Tuesday Group: A Palliative Care Play." *Dying, Bereavement and the Healing Arts*. Ed. G Bolton. London: Jessica Kingsley, 2008. Print.

Fawkes, Helen. "Beating Cancer, Again, Hopefully." *helenfawkes*. 2012. Web. 4 December 2012.

Goodare, Heather. *Fighting Spirit: The Stories of Women in the Bristol Breast Cancer Survey*. London: Scarlet, 1996. Print.

Hare, David. *Via Dolorosa: A Play*. New York: Samuel French, 2000. Print.

- - -. *The Permanent Way, or, La Voie Anglaise*. New ed. London: Faber, 2007. Print.

Jaouad, Suleika. "Secrets of Cancerhood." *Life, Interrupted*. 2012. Web. 4 December 2012.

Kaufman, Moises, and Declan Baldwin. *The Laramie Project Season 1*. USA: Universal, 15 September 1959. Television Series.

Kempinski, Tom. *Duet for One: A Play*. London: French, 1981. Print.

Kilburn, Rosie. *The Knock On Effect*. April 2009. Web. 4 December 2012.

Klein, Alvin. "Dauntless Spirit, Life of the Mind." *The New York Times*. 16 November 1997. Web. 4 December 2012.

Klein, Bonnie Sher, and Persimmon Blackridge. *Slow Dance: A Story of Stroke, Love, and Disability*. Berkely, California: PageMill, 1998. Print.

Lakhani, Mayur. "Why We Should Talk More About Death." *BBC News*. 18 May 2012. Web. 15 June 2012.

Picardie, Ruth, Matt Seaton, and Justine Picardie. *Before I Say Goodbye*. London: Penguin, 1998. Print.

Rose, Gillian. *Love's Work*. London: Chatto & Winddus, 1995. Print.

Sack, Kevin. "AT LUNCH WITH--Magaret Edson; Colors, Numbers, Letters and John Donne." *The New York Times*. 10 November 1998. Web. 4 December 2012.

Woolf, Virginia. "On Being Ill." 1926. *The Crowded Dance of Modern Life*. London: Penguin, 1993. Print.

ACKNOWLEDGMENTS

The original research and original version of the play were funded by the *European Commission Grant BMH4-CT98-3881 European Palliative Care: Ethics and Communication*. We would like to thank the European Commission for funding the project; Dame Barbara Monroe and the staff of St Christopher's Hospice in south London for giving us this opportunity; and the participants, past and present of the St Christopher's Patient Support Group.