

“WE MUST LOVE ONE ANOTHER OR DIE”: THE ETHIC OF EMPATHY IN
THE AIDS PLAYS OF KRAMER, VOGEL AND TUCKER GREEN

BY

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ABSTRACT

This thesis examines three AIDS plays chronologically through the lens of what I call an “ethic of empathy”. Each play recognizes the silence and seclusion found innately in the lives of AIDS victims and argues for a type of connectedness through empathy through the work of dramatic literature. The plays employ devices specific to the theatrical literary experience to explore an ethic of empathy. I will also examine this ethic in relation to Freud’s theories of mourning and melancholia. Each play portrays the need to resist the full work of mourning due to the unavailability of empathy for the AIDS community. The plays hint at the possibility for full mourning to occur once the subjects of AIDS finally receive the human connection they so long for and deserve, but that remains only a potential future, not an actualized one. As Didier Eribon says, “life is haunted by those whom the disease took away” (310). One cannot begin the process of mourning *or* melancholia for an AIDS victim or the broader AIDS community without an initial, legitimate connection to someone from that community, a connection these plays seek to establish.

INTRODUCTION

In the early years of the AIDS crisis in America, recognition on a national level did not come easy. Activists and AIDS victims forced their way into the public eye, with many sufferers left without any significant recognition during the initial onset of the disease. One of the groups most notably affected in this way were the gay men affected across the country, although in recent years the “problem” of HIV and AIDS has shifted to developing countries. Much of the fight for recognition has come through increased sociopolitical awareness and education on the disease, but the arts have also demonstrated a unique ability to contribute to the political and social discourse surrounding AIDS. In the theatrical world, an entire subset of plays have become known as “The AIDS plays”. I want to examine three of those plays and the ways in which they script a new political and social reality for the victims of HIV/AIDS through the work of drama: *The Normal Heart*, a play written by journalist and activist Larry Kramer in 1984 during the early days of the AIDS epidemic; *The Baltimore Waltz* by Paula Vogel, published in 1992 as the United States continued to come to terms with the reality of the disease; and *Stoning Mary* by British playwright Debbie Tucker Green, a play not usually associated with American AIDS plays but one that merits a discussion of its treatment of the disease.

These dramatic works each serve as an appeal to the artistic and political world on behalf of the victims of AIDS, asking for those victims to be knit into the fabric of society and a part of a global community where those affected by the disease do not do so as an island to themselves, but as a part of and with the help of a larger community.

What the plays accomplish, and one of the purposes behind my discussion of each, is to join in the very discourse about the disease in a new way and affect the views and perceptions towards the AIDS victims. Awareness of HIV/AIDS has now lasted over three decades and at times has been at the forefront of national news, but this was certainly not always the case. Recently, two national movements have again raised awareness for the disease, the well-known *One* and *Red* campaigns, with the catchphrase “The beginning of the end of AIDS”. The campaign’s intent is to stop all new cases of HIV and AIDS by 2015. Quite a lofty and, who could argue, admirable goal. What I want to discuss is that through the work of the theatre, these plays already have begun to participate in the “beginning of the end of AIDS” through the unique theatrical experience. The plays work as sources of mourning and humanization for those very victims. This paper deals with the politics of theatre: the ability of dramatic literature to engage and create discourse through the unique theatrical experience. Each play employs literary and dramatic devices such as monologue, character, dramatic realism and farce in order to create a theatrical reality and appeal on behalf of the ones afflicted with the disease.

The theatre provides a unique venue for the AIDS discussion “because of its immediacy, its public-forum quality and its dialectical nature” (O’Quinn 38). Theatre has long served as a vehicle for political disruption and social awareness. Antonin Artaud, an actor and French writer who has had a profound influence on theories of theatre says, “We surely need theatre that wakes us up heart and nerves”. Artaud places emphasis on the fact that *seeing* a story played out onstage leaves an indelible mark on an audience,

because “words mean little to the mind; expanded areas and objects speak out. New imagery speaks, even if composed in words” (35). Walter Benjamin notes the fact that the theatrical audience “always appears as a collective, and this differentiates it from the reader, who is alone with his text”. Benjamin discusses Bertolt Brecht’s views on the theatrical experience, emphasizing the fact that for Brecht, “this audience, being a collective, will usually feel impelled to react promptly” (73). Theatre is meant to wake us up, but that waking up is often a communal process as we gather in the theatre as a collective group. Brecht’s brand of theatre is always meant to incite a reaction within the community and these plays hope for a reaction as well through their appeal to the audience.

One thing that substantially differentiates the dramatic literary experience from other genres of literature is the active audience participating in any given production. Each and every time that a production is performed, a new experience is created. Technical cues may differ, performances may shift and adapt as the theatrical run continues, and one performer may even be substituted for another. The theatrical event allows for literature’s “thousand possibilities” discussed by Derrida. In regards to dramatic literature, literature meant for performance rather than simply read, the text takes on a life of its own and is “never the same” upon each reading (Fortier 90). Theatrical experience seems to fit much more into the mold of what Barthes calls a “writerly text” where the text is “open to, and encourages, the reader rewriting and recreating the text in the joy of reading” (Fortier 88). Each theatrical event is unique and open for audience interpretation with every performance.

The Normal Heart obtains its title from a poem by W.H. Auden that describes a longing innate in every human being, one that each of these plays portrays in its own unique way. In *September 1, 1939*, the poem describes the yearnings of “the normal heart” to be “loved alone”. It also asserts that “no one exists alone”. A portion of this poem appears at the beginning of the printed version of *The Normal Heart* and ends with what is arguably the most famous line in the poem, “We must love one another or die” (Kramer 5). In the poem, the speaker talks of loving one another as a matter of truth and common necessity. Love equals life; lack of love equals death. The plays agree with this statement and serves as a plea for recognition and survival. The words “We must love one another or die” take on a new urgency when put in the context of these plays and the world in which they are written. *The Normal Heart*, *The Baltimore Waltz* and *Stoning Mary* function as theatrical pleas where those words become quite literal. The community affected by the AIDS epidemic and portrayed in each play need to receive “love”, or at the very least some sort of political or social recognition. If a communal relationship fails to be extended to those suffering from the disease, death will follow—quite literally, deaths that may eventually equal catastrophic numbers.

The plays insert a different version of the AIDS victim into the discursive process by portraying this victimized other through the work of the stage. The discourses that were created about AIDS create “a version of AIDS that defines it as radically other in crucial ways: a disease of others, and a disease that is something other” (Nelson 9). The play attempts to bring this “other” close through describing and portraying the AIDS victim and by establishing this victim as human, providing situations portraying both the

dehumanizing pains experienced by AIDS sufferers but also infusing the characters with human qualities so often stripped away during the disease. The political reality finds that these subjects often had no one to help in their fight against the disease and often were disregarded by those closest to them. They are subjects without a home. The play enters into a space where AIDS victims are portrayed in a new light. In *The Normal Heart*, the gay men are shown as “compassionate, they suffer and love, they get angry and take action, they fail or succeed much as straight people would” (Lawson 142), opening up the possibility that they may not adhere to the stigmas normally associated with the gay AIDS victim. In fact, the play specifically and intentionally denounces those very stigmas. *The Baltimore Waltz* also deals with this stigma surrounding AIDS victims by taking it outside of its normal context, situating the disease in a fantasy known as “ATD” or “Acquired Toilet Disease”. *Stoning Mary* takes the disease out of the current sociopolitical context of developing nations and plants it firmly in the context of American and European nations.

The plays come as a response to the neglect the AIDS victims have experienced through thirty years of the HIV/AIDS crisis. Kramer wrote *The Normal Heart* during the very beginning stages of AIDS awareness in the United States, when little was happening socially or politically to help those affected by the disease. As the disease initially spread, the inaction and inability of various groups to coordinate amongst themselves led to a frustrating inability to achieve any sort of positive outcome. In Randy Shilt’s epic nonfiction novel, *And the Band Played On*, he talks of the early days of the disease, saying:

There would be denial on all fronts, leading to stupid mistakes that would cost thousand of lives in the short term and tens of thousands in the long term. The lost opportunities...would be explained later with the chorus: ‘How were we to know?’” and that when “confronted with knowledge and the chance to do something, they usually did the wrong thing, if they did anything at all. (224)

As the general public finally began to learn about HIV/AIDS, the disease was consistently associated solely with the gay community. The medical community contributed greatly to this idea, initially calling it GRID, or “gay-related immunodeficiency”. However, Dr. Anthony Fauci, then the Director of the National Institute of Allergy and Infectious Diseases, realized early on that “anyone who assumes that this disease is going to stay confined to the gay population is making that assumption based on no scientific data” (*Remembering Thirty Years of AIDS*). But the stigma was in place, and AIDS was thought of as a disease only for those engaging in homosexual activity. *The Normal Heart* and *The Baltimore Waltz* were both written during height of this line of thinking and deal with this gay stigma directly.

Many of those infected with the disease “lose social status, they are discounted and discredited—reduced in the minds of others from being whole and acceptable individuals to those whose identities are spoiled or tainted”. The stigma surrounding HIV/AIDS has often been magnified because the disease is “identified with behavior considered to be deviant...and is perceived as contagious and dangerous to the community (Fife and Wright 51). Specifically, 1980s saw a world where statements such as, “Homosexuality is immoral. It’s unnatural. It’s unhealthy. And therefore it causes

AIDS” (Houchin 253) were all too common. The AIDS victims not only had to deal with the overwhelming atrocities of the disease itself, but the stigma attached to it.

Shilts emphasizes the fact that in the early days, “things would simply go on as they were, as if nothing was happening” (223). But people were dying and the disease was spreading. It was this indifference that encouraged the production of *The Normal Heart* and later, works like *The Baltimore Waltz* and *Stoning Mary*. Each play serves a didactic purpose in its unbending depiction of the affect of AIDS on the human subject and it also allows for a mourning of the diseased AIDS victim through its portrayal of these individuals, bringing them into the artistic fold. The plays provide descriptions and representations of those dying from AIDS and the relationships they build, even as those relationships continued to pass away. Judith Butler, in her poignant and often harrowing book *Precarious Life*, makes note of the fact that “when we lose certain people...something about who we are is revealed, something that delineates the ties we have to others, that shows us that these ties constitute what we are, ties or bonds that compose us” (22). What Butler talks about is a connection almost every human has experienced at some point, the process of grieving the loss of someone else. In Kramer’s play, *Ned*, the play’s protagonist based on Larry Kramer himself (Brantley C1), discusses this process of loss, as he says to Felix, “I am so sick of statistics, and numbers, and body counts...and every day, Felix, there are only more numbers” (Kramer 113). But the AIDS community in the play experiences this loss alone, without the help of the greater political or social community around them. Through each play, we see the importance of relationship, either through the redemptive power found in human connection in *The*

Normal Heart or by portraying the consequences of never possessing that type of connection in *Stoning Mary*. In its own way, each play asks for the “love” spoken of in Auden’s poem in order to survive.

Each of the three plays I will discuss participate in a conversation and discourse about the disease through representing a “vanishing” subject (Franke 350). They fight against this vanishing in two ways: scripting the subject into the history of American literature and connecting the AIDS other with others in the play through relationship, as it provides a living, breathing human subject through the work of the stage. In the process, the drama connects these individuals, and the disease at large, to people groups no longer particular to the AIDS or gay community. And it is here where the communal experience exerts itself, for in establishing this relationship between the represented victim and those around him, the essential love and relationship needed to survive, spoken of in Auden’s poem, is formed.

The three plays I will discuss exist as only part of a sub genre of “AIDS plays” that have been written since the onset of the disease. Besides *The Normal Heart* and *The Baltimore Waltz*, these plays include *As Is*, *Second Son*, *In Memory of Angel Clare*, *Borrowed Time*, and *Angels in America*. Each of these works narrates, through the work of literature, the ways in which the community around those afflicted respond to the disease. While an at-length discussion of these works is not warranted here, it seems pertinent to note the ways in which these plays build on a foundation laid for them by *The Normal Heart*.

This paper centers on the ways in which each play performs politics and mourning through the unique venue of dramatic literature. These plays serve as a living textual memorial and for these victims of AIDS. Robert Franke notes that AIDS literature provides an antidote to the possibility that AIDS victims may die “without being remembered as if they had simply not existed” and that AIDS literature produces an “irrepressible attempt to connect” (350, 353). These plays provide a literary home for these victims and allow for that connection, essentially substantiating their existence through memorializing lives through drama. Each provides a unique treatment of the disease, ultimately scripting a refutation of many of the thoughts and misconceptions about HIV/AIDS victims at the time each play was written.

The following chapters discuss the role these three plays have had in shaping the social and political discourse around AIDS in the last thirty years. As time has gone by, the climate surrounding each play necessitates a different approach in portraying the disease and its victims. In *The Normal Heart*, the play demonstrates the isolation experienced by the diseased victims through dramatic realism and monologue. It shows the felt need for relationship and familial connection and the consequences when that connection is taken away. However, the play scripts a textual “family” for the AIDS individual, portraying a world where community and relationship remain possible for sufferers. *The Baltimore Waltz* provides a surrogate reality for the AIDS victim, using the devices of farce and comedy to show the ways in which the political world treated the disease as if it was not even there. It focuses on the individual fantasy of its central character, Anna, as she imagines a European trip with her brother in order to avoid the

reality of his disease. It sets up a dichotomy between fantasy and the reality of AIDS, eventually showing the power yet innate emptiness of fantasy to avoid the truth of disease. *Stoning Mary* scripts a social and political plea through the work of drama for the issues AIDS sufferers continue to face. It offers a modern world where AIDS is still very much part of the social landscape and shows the dire ramifications of ignoring the realities of the disease. I will discuss the ways dramatic literature contributes to the politics of theatre, as each play lays claim to the fact that these victims should and can be mourned through the work of the theatre.

Brecht and political theatre

Each of these plays both agrees and disagrees with the foundations laid out by Berthold Brecht concerning political theatre; they assert many of the same principles behind Brecht's views yet the direct application of his aesthetic technique differs from play to play. Brecht espoused the ideas behind what he called "epic theatre". Brecht notes that some object to epic theatre as too readily moralizing in nature, but believed that moral arguments in epic theatre actually take "second place". He says, "Its aim was less to moralize than to observe...the object of our inquiries was not just to arouse moral objections to such circumstances...but to discover means for their elimination. We were not in fact speaking in the name of morality but in that of the victims" (75). Brecht believed that morals were greatly subjective dependent on the creators of the established morality and that victims are often forced to be content with their station in life for "moral" reasons. Brecht described the circumstances in which many lived as "barely tolerable" and viewed theatre as a means for making those circumstances

known to a larger public. The epic theatre demands “a powerful movement in society which is interested to see vital questions freely aired with a view to their solutions” (76). Each of these plays certainly seeks to recognize certain circumstances and also make moves towards their elimination. As I will discuss, each play ascribes to a philosophy of ethical responsibility and social change. While limited in reach due to the very nature of dramatic performance and literature, each play attempts to engage and espouse the ideas of epic theatre in not only objecting to moral issues, much like the “barely tolerable” discrepancies in environment discussed by Brecht, but by seeking their solution as well.

Specifically, in his discussion on acting, he wanted actors to contribute to the process of alienating its audience. He believed that “The verdict: ‘he didn’t act Lear, he was Lear’ would be an annihilating blow to him” (193). He says that the actor must “discard whatever means he has learnt of getting the audience to identify itself with the characters which he plays” (193). He even encourages actors to use gestures in such a way that the audience knows “this is a portrayal of a character and not a type of realistic portrayal in order to inspire empathy” (Brecht 96).

Each play engages with Brechtian aesthetic practices in different ways. *The Normal Heart*, as I will discuss, engages dramatic realism to present what is “essentially a history play” (Roman 61), which stands in stark contrast to Brecht’s ideas that “theatre must alienate what it shows” (193). Kramer’s play portrays a dramatically realistic rendering of the mid-1980s, painting a rendering much like the setting found in the actual 1980s. *The Baltimore Waltz* and *Stoning Mary* both engage and disengage

Brecht's aesthetic ideas, as Vogel and Tucker Green provide somewhat realistic characters and relationships yet posit aesthetic techniques to disengage the audience from the world of the play. Both *The Baltimore Waltz* and *Stoning Mary* use projections to communicate the name of each scene throughout the play, serving as a consistent reminder that what one is viewing is a play and should be considered as such. Brecht says, "the individual episodes have to be knotted together in such a way that the knots are easily noticed" (201). One might argue that the "knots" Brecht discusses are self-evident in a production; that the very nature of theatrical performance lends itself to revealing the pieces that make up the whole. However, productions like *The Baltimore Waltz* and *Stoning Mary* make specific aesthetic moves to illuminate those knots more distinctly than a realist play like *The Normal Heart*. In addition to the scene titles used by both, Vogel's play alienates its audience through juxtaposing the fantasy world with the reality of Carl's death. The play makes a metatheatrical move, setting a fantasy inside the fantasy of the play, which serves as a reminder of the fictional nature of a dramatic work. And *Stoning Mary*, what I would argue is certainly the most Brechtian of the three, uses terse, quick language, quick scene changes and jumps back and forth between storylines to never allow for a smooth, realistic production. *The Normal Heart*, conversely, unfolds linearly, driven by plot and engages the audience through realism.

In short, each play agrees with many of Brecht's thoughts on activist political theatre from an ideological standpoint, but differs in the application of aesthetic techniques to achieve those ends. Brecht's belief that theatre has the ability to create a better version of men and women are echoed throughout each play I will discuss. The

plays provide means for achieving an ethics of empathy yet also create a new reality for AIDS afflicted in the ways each play dissolves popular stereotypes of the AIDS community. Brecht believed that theatre too readily allowed for a disassociation between characters in the play and its audience, with characters like Oedipus and Shakespeare's heroes and villains existing "beyond criticism". He says their place in dramatic literature is one of a fixed nature, completely removed from the criticism or engagement of the audience (189). They are characters who have been created and no longer have potential for change. Alternatively, Brecht believes that the theatre ought to "create one another", engaging the audience in a way that allows the play to shape each character's actions and motivation progressively towards positive social change (189). Theatre holds the power to portray and shape our constitution, forming better versions of ourselves and the ways we treat social or political injustice, a sentiment of which these three AIDS plays certainly agree.

One point Brecht returns to multiple times in much of his writing is the idea of an "alienating effect". He ascribes the need for an "a-effect" because men too easily associate *their* personal experience as the *only* "human" experience, failing to recognize the injustice others might experience. The way to best disrupt this way of thinking is to 'amaze its public, and this can be achieved by a technique of alienating the familiar' (192). When the public is alienated and amazed by the circumstances portrayed on stage, then they are readily able to change those very circumstances. Each play I will discuss shows a steady progression of Brechtian techniques employed and the effort towards alienating the audience. Kramer choice of using dramatic realism draws the

audience into the action of the play and seemingly avoids the direct attempt at alienating the audience. However, it agrees with the idea of astonishing its audience in the way it provides startling numbers and references towards the reality of the disease. *The Baltimore Waltz* uses fantasy to involve the audience in the central characters trip to Europe yet “astonishes” the audience as all are shocked back into the reality of a cold hospital room at the end of the play. *Stoning Mary* employs the most direct Brechtian techniques, portraying the scene titles throughout the play and taking the world of the play outside of the stereotypical setting of a sub-Saharan African country.

The one area where each play disagrees, in varying degrees, with Brecht’s thoughts involve his distaste for theatre inspiring an empathetic response towards the play. The ideas of empathy serve as the focus of much of my discussion. Brecht has long been known as one of the greatest advocates of political theatre, of which these plays certainly belong. However, he believed that theatre should “impair the illusion of the audience and paralyze its readiness for empathy” (Benjamin 77). It is here that these plays greatly departs from Brecht’s line of thinking in that they readily encourage, and I would say *depend on* the empathetic response of its reader. Brecht hoped to keep the audience outside of the world of the play through intentional, unrealistic interruptions in order to help the audience realize the play existed only as a *depiction* of certain events—the real battle was to be fought outside the walls of the theatre. Diana Taylor says that “Brechtian distanciation relies on notions that the spectators are keenly bound up with events happening onstage, not through identification but through participation,

and they are often called on to intervene and change the course of action” (12). Yet, the plays encourage this change in the course of action *through* empathy, not in spite of it.

And it is this point that I will center most of my conversation, because each of the plays I will examine exhibit an appeal for an ethic of empathy and participate in an active plea for direct involvement in the issues facing the AIDS community. It is not the aim of this paper, nor possible, to measure the direct result of each play as it has been released to the “world at large”. However, each play demonstrates a sensibility towards an ethic that seeks to actively engage the reader or audience member to action through an appeal towards this ethic of empathy.

Memorializing the lost: The AIDS Memorial Quilt

David Román discusses the tension that exists when discussing AIDS and theatre and explores the concept of “critical generosity” in regards to literature about the disease, noting that “criticism can also be a cooperative endeavor and collaborative engagement with a larger social mission” (xxvii). He says that critical generosity is “never about conceding to the artist’s intentions or authority” but that a “critical dance” exists, one where we honor the intentions of progressive cultural work and point out its limitations or failures (xxvii). He warns against imposing “a misdirected critical engagement that strips” the play from its “immediate interventionist possibilities” (xxvii). One encounters the struggle to engage critically with texts involving, but not limited to, the subject of AIDS. We walk a fine line when engaging in criticism about AIDS literature and theater and we must continue to recognize the hope expressed by each work. Román quotes Cornel West in his comments of the inequalities experienced

by African Americans and the possibilities of hope: “For as long as hope remains and meaning is preserved, the possibility of overcoming oppression stays alive”. Román believes that the “consistent thread of AIDS activism and performance...has been hope” (xxviii). It remains vitally important that we remember the context in which each play was written and the desire for a better future and positive social change hoped for by the AIDS community. Each play I examine is scripted for purposes of providing an intervention into the public consciousness, holding out hope that theater might play a role in improving the conditions surrounding the AIDS community. However, it is not my intention to examine the exact ramifications of the play’s through any quantitative means. However, I will examine each play and the ways in which this hope makes itself known through this ethic of empathy, as each play shows the power of relationship and connection and the ramifications if that connection is denied through the world of each play.

Román discusses that one important aspect of AIDS performance is that they problematize the position of those who seem unable to assume an “AIDS identity”. In AIDS theatre, casting people from the community without AIDS shows that “one does not need to have an AIDS diagnosis to have a relationship with AIDS” (79). AIDS theatre wills a relationship with AIDS, taking it outside of the context of the marginalized and stigmatized sufferers of the disease. Each of these plays participates in what Jill Dolan refers to as a “profound and exhilarating experience” for spectators whose “sole experience with dominant culture is one of either being erased entirely or foregrounded as tragically ‘Other’” (79). Scripting plays about the disease have a democratizing affect

in the ways that they insert themselves into a hegemonic system of literature and drama, taking their place alongside other works of theatre. They forge a relationship with other theatrical works and include others in the AIDS community whether they have a direct connection to the disease or not.

It might seem appropriate to only compare and contrast these three plays with other dramatic works, other AIDS plays performed over the past thirty years or to look at the sociological implications of each, some sort of quantitative measure of how each play affected the political response of the audience. For my purposes, however, I want to discuss what is arguably the most well known and, at times, controversial memorial to AIDS victims, the AIDS Memorial Quilt. No other AIDS object has served as a more public memorialization of AIDS victims than the quilt nor better shown the tension between memorializing the lost and exerting political influence at the same time. Christopher Capozzola notes the difficulties found in mourning AIDS victims initially, as many were “unable” or “unwilling” to represent the emerging crisis. “Mourning that might have been private and cultural took place in the midst of an activism that had made personal issues into the stuff of politics”. Capozzola says that the quilt “represents a relatively unique memorializing tactic in which the commemorative and political functions of monuments are densely intertwined” (94).

The tension between activism and mourning the AIDS victims is shown through the same tension felt between ACT UP and the NAMES Project AIDS Memorial Quilt. The quilt has certainly been a point of contention within the AIDS community. Charles Morris says that the “mourning ritual” of the AIDS quilt did not affect everyone and

many felt like it fails to do enough in fighting against the injustices suffered by the AIDS community. Many activists have criticized the quilt as “domesticating and depoliticizing and acquiescing to the epidemic” (561). Author and activist David Feinberg wrote, “I prefer my ACT UP button that says ‘ACT UP, FIGHT BACK, FIGHT AIDS’” (Morris 561). Activists like Feinberg believed that “anger, not tears, organizing and direct action, not quilting and reading names, should be the response to AIDS grief” (561). Morris notes that ACT UP and the quilt both began in 1987 and “perhaps should, despite their opposition, always be remembered together” (562). And I would equate these thoughts on the Quilt with other forms of public art, such as theatre. In attempting to memorialize AIDS victims through expressions of art, one runs the risk of losing a certain level of urgency behind a political message. However, the avenue of drama opens up a unique avenue into the political imaginary, as Larry Kramer, the founder of ACT UP, demonstrates in abandoning strict journalism in order to participate in the political process through theatre. The tension between art and activism remains, continually teased out through the work of playwrights and artists every year.

The quilt also brings up the same question of exactly who is worthy of memorializing in this way, as the majority of panels, especially in the 1980s to mid-1990s, were devoted to the gay men affected by the disease. Marita Sturken says they are “geared specifically at middle-class communities, gay and straight, rather than at inner-city Latino, black and other poor communities affected by AIDS” (Marita Sturken quoted in Morris 560). And even though the quilt continues to grow, with more than 48,000 panels making up the quilt, it still only represents only around 17 percent of AIDS

deaths in the United States (Morris 564). Herein lies the argument laid out by *Stoning Mary*, as it expands the problem with memorializing some lives over others. Tucker Green's play deals less with poor communities in the United States and more with the issues facing developing nations without the medicinal, financial or educational resources of wealthier nations like the United States or Western European countries. It begs the questions that continue to surround the issue of AIDS, showing the reality that many international AIDS victims still remain vastly underrepresented.

However, despite the Quilts limitations, it still serves a vital purpose as it continues to bring attention and recognition to the deceased. Defenders of the quilt, including founder and one-time spokesperson Cleve Jones, say that the Quilt "is not intended as a passive memorial" (565). Richard D. Mohr says that the quilt has a "democratizing effect" and gives "equal status to all panels regardless of elaboration, style or uniqueness" (Morris 561). In viewing the public display of the quilt, Peter Hawkins observes that through the Quilt, "private identity is held up as monumental; the intimate stretches as far as the eye can see...the Quilt redescribes the entire nation in terms of the epidemic—it says, America has AIDS" (Morris 561). The quilt implicates the United States into the disease, making it impossible to avoid the reality of the epidemic.

What we learn from the quilt and from the process of memorializing or mourning through literature, or any textual being, is that the process of mourning through texts remains severely limited. For every person memorialized through one of these acts, another is left out. Indeed, only around 17 percent of American AIDS victims

are memorialized through the quilt. And texts will always be limited in their reach to have any sort of all-inclusive affect. However, as Christopher Capozzola discusses, “Despite all its weaknesses, despite all its limits...its creation, display, and ultimate meaning were radically inclusive” (Morris 562). And Jones says that ultimately, “the political message is that human life is sacred” (562). In Jones statement, he encapsulates the very politics of the quilt and also the politics of empathy that each of these plays participate in. In performing a democratizing affect, the quilt gives value to each life memorialized through its work. The quilt plays a part in the mourning process of the AIDS community, and each panel records “each individual through unique representations of hobbies, family, and love relationships. Through this process, the people memorialized in the Quilt are commemorated as unforgettable individuals embedded in social relationships rather than statistical representations of forgettable risk groups” (Capozzola 96). Capozzola believes that “we become part of the memorial” through the monuments cultural memory work, and the Quilt, in fact, “creates political responsibilities” (95-96).

Mourning and Melancholia in the AIDS community

In much the same way the Quilt performs an act of mourning AIDS victims, these plays also enter into a discourse of memorialization and mourning. They seek to connect others into the process of mourning by establishing an ethic of empathy. An empathetic response is impossible without a legitimate connection to someone in the first place. It is important to consider Freud’s ideas on mourning, most explicitly laid out in *Mourning and Melancholia*. Freud offers a view of mourning that defines it as ultimately being

able to releases the lost loved one or object and then moving on, “free and uninhibited again” (245). It involves a process of recognizing the ultimate and final death of the object and then moving on from his or her existence. Melancholy, on the other hand, involves a perpetual state of distress, removing the connection from the object of grief to the ego. “In mourning it is the world which has become poor and empty; in melancholia it is the ego itself” (244). Patricia Rae, in her introduction to *Modernism and Mourning*, refers to Freud’s “work of mourning” as “the painful, but ultimately healthy, process of severing the libidinal ties binding the mourner to the deceased” (13).

The comparison of an “open wound” provided by Freud most greatly relates to the ways in which each of these plays handle the issues of mourning and melancholia. Each play leaves the wound of loss experienced because of AIDS open by never truly resolving to fully mourn and release the victims of AIDS, never completing the work of mourning in the work of each play. Rae describes this process as a “resistant mourning” where one never truly allows the full separation to occur. One never releases the other as fully deceased, instead recognizing their death yet maintaining a relationship with them. Rae notes Jacques Derrida’s inclusion in the ideas behind resistant mourning, that “the only true way of honoring the dead is to sustain a relationship with them that fuses a sense of intimacy with a very real sense of the finality of their deaths” (17). These plays leave an open wound that can only be healed through the work of empathy and human connection begged for by each work. And the work of empathy is an active, ongoing work, one that has yet to be achieved in relation to AIDS victims. Because empathy remains a future endeavor, it remains vitally important to leave the wound

open and never allowing for full healing from the pain experienced from AIDS death. Jacques Derrida, as Rae notes, also encourages the ethical responsibility to resist the work of mourning in order to avoid a “forgetting of, or an abdication of responsibility for, what has been lost” (18). AIDS Activists, such as Douglas Crimp and Michael Moon, follow this idea and characterize any desire to “complete the ‘work of mourning’ for victims of AIDS as a call to endorse the *status quo*” (Rae 18). They believe that a “chronic melancholia” allows for things to remain unsettled and continue the work of achieving progress from a political and social standpoint.

Rae ultimately concludes that resistant mourning, as described by certain Modernist texts, “encourages work for positive social change” in the ways that they leave mourning unresolved “without endorsing evasion or repression; indeed, they portray the failure to confront or know exactly what has been lost as damaging” (22). All three plays force the confrontation of “what has been lost” by providing a depiction of the AIDS subject through dramatic literature and performance. The uniqueness of the theatrical experience allows for a living, breathing representative of the AIDS crisis to face the audience and makes evasion impossible. Rae continues that works of resistant mourning “resist the narratives and tropes that would bring grief through to catharsis, thus provoking questions about what caused the loss, or about the work that must be done before it is rightly overcome” (22-23). In regards to each play examined here, all three recognize this “work that must be done” by showing the necessity of empathy towards the AIDS community and the dangers of failing to provide it.

I echo Rae's caution that we must remember that "in fiction we are dealing with representations, not unmediated examples of grieving" (28). In Federico Garcia Lorca's poetry, he provides a central concept of "the healing but ultimately unhealable wound" (Rae 28). Such is the work of *The Normal Heart*, *The Baltimore Waltz*, and *Stoning Mary*. *The Normal Heart*, in providing refuge through a textual family and redemption for the possibilities of future and hope in Felix and Ned's marriage at the end of the play, nevertheless echoes the idea of the "unhealable" wound as Felix passes away as soon as they make their union final. *The Baltimore Waltz* provides an escape from the tragedy of AIDS through fantasy, superficially healing over the wound but only temporarily so, as Anna enters back into the space of death and disease at the end of the play. Yet it also provides hope for some sort of redemptive healing in leaving the audience with a picture of Carl's dead body coming back to life at the end of the play, providing a literal representation of his body living on in the life of the play through its memorialization. *Stoning Mary* provides the bleakest version of this unhealable wound by setting the play in the country it is performed in. In doing so, the play recognizes the healing that has occurred in countries with access to necessary medication and resources to combat the disease, yet the continual wound of AIDS experienced by countries without access to those same resources. *Stoning Mary*, perhaps, most greatly associates with the works of Ford and Faulkner which "signify a systemic silencing of the real cost of war, which, left unacknowledged, may contribute to its repetition" (Rae 37). As I will discuss in detail, the result of silence in Tucker Green's work signal the inevitability of repeating the cycles of death and violence if unacknowledged and unresolved.

Each play portrays the need to resist the full work of mourning due to the unavailability of empathy for the AIDS community. The plays hint at the possibility for full mourning to occur once the subjects of AIDS finally receive the human connection they so long for and deserve, but that remains only a potential future, not an actualized one. As Didier Eribon says, “life is haunted by those whom the disease took away” and that “the self is constituted by that which the deceased have deposited in us” (310). One cannot begin the process of mourning *or* melancholia for an AIDS victim or the broader AIDS community without an initial, legitimate connection to someone from that community. The plays forge that relationship for their audiences. Each of these plays hopes for that haunting through the work of the stage. *The Normal Heart* provides examples of successful empathy, in the connections built between characters like Dr. Emma Brookner and her AIDS patients, taking on the role of a maternal nurturer, a connection I will discuss in detail. *The Baltimore Waltz* provides an example of a particular instance of empathy through surrogacy, as Anna takes the place of her diseased brother in her fantasy trip to Europe. *Stoning Mary*, conversely, shows the effects of unsuccessful empathetic responses or a willing refusal of empathy as the human connection between characters is severed in such a way that the resulting silence eventually leads to destruction.

The ethics of empathy

I have mentioned the participation of these three plays in an ethic of empathy, an ideal which will serve as my central concern in examining each play. This paper does not intend to be a measure of the success or failure of these efforts towards an ethics of

empathy on the part of each play. However, I will examine each play and the way it works through the devices of drama and theatrical performance and the ways each play “begs” for empathy towards its subjects. They ask for a replacement of ideologies from a separation between “us” and “them” towards an ideology of inclusion through the ethics of empathy. For this ethic is one of action, not of inaction. It is engaged and submitted to the world around it, no longer removed or detached. The success or failure of this move involves a sociological measuring not intended for this work. However, I will examine the ways each play, through its language, representation and aesthetic choices participates in constructing this ethics of empathy and pleads for a direct response from its audience.

Stoning Mary may seem an unconventional inclusion into the body of work that has been known as the “AIDS plays”, and certainly, one typically only finds mention of other American AIDS plays when referencing the genre. However, Tucker Green’s play serves as an extension of the works that have preceded it, like *The Normal Heart* and *The Baltimore Waltz*, as it forcefully adapts this ethic of empathy by providing a cautionary tale of the consequences for a lack of human connection and empathy in a contemporary world. It provides insight into the cycles of death we are doomed to repeat if we continue to leave the communities currently affected by AIDS unattended, much like the ways American AIDS plays served as a warning for the United States. In examining each of these plays through the lens of empathy, one recognizes the small and necessary steps needed to achieve a community of inclusiveness and potential in helping those who continue to be affected by the disease. Through the work of empathy

and the ways in which each play contributes to this ethic, they allow for the potential that we may not repeat the mistakes of the past.

CHAPTER ONE

“What am I ever going to do without you?”: Isolation, family and redemption in

Kramer’s *The Normal Heart*

The Normal Heart was the first popular work of dramatic literature to address the AIDS crisis head-on and criticize the ways in which the gay community was being treated, especially those afflicted with the disease. D.S. Lawson discusses the way the play “typifies the rage many feel at this microscopic killer and at the society that for so long ignored...the health and destiny of its gay brothers and sons and fathers and friends” (140). Providing a voice for the gay community in the 1980s allows for a “positing” of the gay experience “as central in a spirit of self-affirmation and assertion” (Fortier 85). *The Normal Heart* actualizes and represents the victimized and compromised individual through the work of the play. The play provides nuanced characters afflicted by this disease and in the process of revealing these characters, it provides literary access to that which has been considered “other”. Through the drama, the play illuminates the experience of the gay AIDS victims, a group of people the theatrical world had seldom encountered up to this point. The play dismantles the possibility of leaving that which is “other” to remain so.

The Normal Heart came onto the scene of American drama in 1984. In the early days of HIV/AIDS, no one had a vernacular with which to discuss it, so the play helps serve a didactic role in the artistic community. Kramer wrote a letter to accompany the original production of the play and it was distributed every night, sometimes by Kramer himself, after every performance of the original production and the recent revival in

New York City. He writes, "These were and are real people who lived and spoke and died, and are presented here as best I could" (Healy). The play's accompanying letter recognizes the fact that the play is limited in its reach as a dramatic text. It attempts to show the severity of the disease and the events depicted, all the while knowing that the performative space of the stage lends itself to fiction. Kramer both employs the work of drama and attempts to work against it by providing a letter about the men and women for which the story is based. While the play recognizes its own limitations, it emphasizes the power of theatre to introduce a new vernacular into the political atmosphere. Kramer, a journalist, might have been content to write editorials and coverage of the disease. However, he provides a work of theatre, introducing these characters and the narrative into dramatic discourse.

The Normal Heart helped "to mainstream AIDS to a wide range of audiences" even though many performances surrounding the disease were already in circulation. However, these performances centered around events such as fundraisers and one-night engagements; *The Normal Heart* became a theatrical event with much further reaching influence than the performances that came before, simply because of its accessibility to larger audiences. David Román calls *The Normal Heart* "the most notorious AIDS drama of the 1980s" (61) and "to some degree, inaugurated the national discussion of AIDS and theatre", despite the other types of AIDS performances that predate the 1985 arrival of *The Normal Heart* (66).

While based on true events, it is not a direct accounting or documentary of nonfiction circumstances. The play centers on the early days of an organization to help

gay men infected with AIDS, based on Kramer's involvement in the Gay Men's Health Crisis. It depicts the struggles Ned and the other men in the organization face as they try to obtain government help for the afflicted. The only medical help depicted in the play comes from Dr. Emma Brookner. It also shows the conflict within the organization, as Ned desires to take an aggressive, direct stance against the injustices they face but others, like the group's president, Bruce, are much more cautious to gain notoriety for the organization. The play also portrays the relationship between Ned and his lover, Felix. Felix becomes an important sacrificial figure at the end of the play, as we see his health deteriorate and eventually see AIDS take his life.

The play, while based on actual events, allocates literary devices specific to drama in order to enter into the political discourse. It employs a dramatically realistic style through its language and setting, portraying the events of the mid-1980s with as much accuracy as possible. Brecht, as I have discussed, always intended for the audience to remain outside of the world of the play through the alienating effect. *The Normal Heart*, however, draws the audience into the world of the play *through* realism and empathy. As *The New York Times* review puts it, "By the play's end even people who think they have no patience for polemical theater may find their resistance has melted into tears. No, make that sobs" (C1). Brecht's fear is that the audience might be too wrapped up in the action of the play as a play and forget the social and political reality existing outside of the work of drama. *The Normal Heart* both asserts and combats Brecht's method for political theatre in that it adopts realism as a means for telling the

story, yet attempts to remind the audience of the reality of the situation through scripting and distributing Kramer's accompanying letter.

The play highlights the fact that these men are forced to fight much of their battles alone. They have been orphaned by the world around them with no blood or political family to rely on. One of the advantages dramatic literature affords is the ability to demonstrate an aesthetic through the performative nature of the piece. In *The Normal Heart*, the play uses monologue as a strategy to signify the loneliness and isolation experienced through the disease and the felt need for a foster family. Repeatedly throughout the play, a monologue will interrupt the action of the play. Specifically, Emma and Bruce's monologues portray the problem of solitude in the AIDS community. The play weaves each monologue throughout the play as a stopping point, where focus shifts from plot or action of the play to the particular experience of each monologue. In establishing the solitude of the AIDS community, the play begins to weave together a foster family through drama. These men essentially become orphaned because of this disease but the play provides a vision for family and redemption by scripting this theatrical family. In providing a family for the men who have none, the play also provides an avenue for the mourning of these AIDS victims through the relationships established. And, ultimately, the play redeems their isolation and adopts these men into the world of drama, allowing for the play to serve as a textual memorial to the men lost during the early days of the AIDS crisis.

The solitude and isolation of HIV/AIDS

The play stages several monologues in order to portray the ways in which the disease isolated not only the men themselves, but also anyone attempting to help those men. In Emma's central monologue, which I will later examine in greater detail, the play's stage directions note that Emma "sits alone in a spotlight, facing a doctor who stands at a distance, perhaps in the audience" (101). The choice to situate Emma alone signifies both a bold stance against the medical community to which she appeals but also a sense of hopelessness and loneliness as she continues to be one of the only doctors willing to do anything for the AIDS community. This is not a conversation or dialogue between two people. The majority of this conversation is a shift in tone and focus towards the single, particular individual character of Emma. When we focus on Emma, we see her ideas birth something vitally new in the world of the "dead" medical community. This serves as a moment of didacticism in that it provides an opportunity for the text, through the character and work of monologue, to teach a new set of ideas to the medical community towards which it is spoken. This is not a conversation between two cooperative parties. Emma's monologue is a diatribe against an unjust system and her words resonate from the beginning of the scene to the end, where the play provides Emma the last word before the doctor can respond.

Bruce also becomes a symbol of the isolation of AIDS through his cautious and sometimes undesired leadership role and through his monologue towards the end of the play. Bruce exists as a twist on the male figure affected by AIDS. The group decides that Bruce should be the president of the group because he seems to be the best face to

put forward, despite his caution in gaining too much recognition for the organization. Early in the play, Bruce attempts to justify his stance, saying that he supervises a couple thousand people all over the country and there is a need for the group to “stay out of anything political” (54). Bruce is constantly expressing fear and trepidation over being too vocal about the disease, afraid that they will “scare everybody to death” (46) and that their group “can’t tell people how to live their lives” (47). He feels that “not everyone’s so free to say what they think” in responding to those who question his desire to publically represent the group (51). Bruce even worries that having a piece of mail from the organization come to his door will lead his mailman to find out he is gay. He is a closeted individual who has yet to come out to his co-workers or family, yet his account of the disease might speak the very loudest. He is elected to become president because “everybody knows him and likes him”, “he’s popular”, and ultimately that “he’s gorgeous—and all the kids on Christopher Street and Fire Island will feel a little more comfortable following him” (52). So, this man whose sexuality remains unknown to the larger public, becomes the leader of the coalition, certainly an ironic contradiction. Bruce seems to carry a burden he does not quite desire, this burden of the disease and the diseased.

Bruce’s monologue serves as the most significant description of what the afflicted in the play were dealing with as they battled the disease. Brecht believes that one “truly important thing is to discover the conditions of life” through the theatre, rather than focusing on the action of the play (Benjamin 73). Some of the conditions of life for these men come to life as Bruce describes the scene with his lover, Albert, the

one he says he loves “best of all” (100). Bruce, a man contrary to the normal stereotype associated with the typical gay male, provides the single most detailed account of the condition of an AIDS patient, his lover Albert. The man who seems to do the very least with the very most going for him ends up being the one with the most to say when it comes to actual experience involving the disease. In the intricate and complex nature of the monologue, Bruce educates the audience further about the disease. As Albert’s condition continued to worsen, Bruce says that Albert’s mother “wanted him back in Phoenix before he died” so Bruce “bundle[s] him all up and take[s] him to the plane” (100). Bruce continues to describe, in detail, one of his final memories with Albert. I will also discuss this monologue in greater detail, but it is important to note that through both Emma and Bruce’s monologues, we encounter characters delivering these monologues alone. The very nature of a monologue allows for an aesthetic isolation and the play furthers extends the idea of these characters “otherness” by employing monologue in both instances.

Despite Emma’s eventual adoption into the AIDS community, the play also depicts her fighting much of this battle alone as she is the only source of medical help for these men throughout the play. Emma also finds herself relating to the gay community through the otherness of her own disease—polio. However, her status as a doctor also sets her apart from the community she is trying to help. She refers to these men as “my guys”. However, later in the play she frustratingly speaks to Ned about how “*your organization is worthless*” (70). She wants Ned to encourage others to stop having sex, that “*You must tell them that’s wrong!*” (71). The words used here, that of “you”

and “them” signify a separation, a bridge that Emma will never truly be able to cross. The problem, despite how close she finds herself to it everyday, will in some ways always be other to her. The play also isolates Emma through her direct involvement in the medical community, the same medical community that is completely failing the AIDS afflicted. Emma becomes “an ambivalent figure, a symbol of hope and hopelessness” because she is powerless to really do anything about the disease. Emma “watches them die and is impotent to move the medical profession or the city authorities or even the gays themselves” in any real, tangible way (Franke 99). She recognizes that her efforts are failing towards the end of the play. When asked why some are infected and some are not, she simply says, “I don’t think we’ll ever know why” (87). Even though the play ultimately portrays a redemptive connection between Emma and the AIDS community, it also establishes the ways in which she fails the community she so longs to help.

The play also posits Emma as both separate from yet a part of the medical community that fails these men. She attempts to distance herself from the medical community as she describes the type of treatment Felix might receive at various hospitals, describing the medical care in entirely cold, general and distant terms, calling the hospitals “Hospital A”, “Hospital B”, and “Hospital C”. By providing these examples, yet keeping them distant and referring to them in the abstract, she allows for a separation, a rendering between herself and the hospitals. Yet, the medical community funds her research and provides the means through which she can treat others. She is utterly dependent on them for her own livelihood. This helps embody one of the contradictions found in *The Normal Heart*, the very dichotomy between life and death.

Just as Emma's work is birthed within the medical community, it also meets its end through the denial of funds and frustration in pursuing her research into the disease. Despite the separation she attempts to establish between hospitals A, B and C and herself, she can do little without the help of the hospital and she recognizes the limits of her own knowledge. Emma holds no real answers for her patients without the help of the same medical community she loathes.

The play echoes this sense of solitude for the men as a whole, establishing the fact that AIDS causes both individual and communal solitude. The very "otherness" of AIDS renders their community as separate from the rest of the world. When the men finally gain some traction towards any sort of political involvement, they are tucked away as they wait for their meeting with the mayor's representative. Tommy says, "Where the hell are we? What kind of tomb is this they put us in? Don't they want us to be seen above ground?" (76). Here the play provides an image of the dead among the living, as they wait for the representative in a "tomb"-like room. However, the play established the possibility for something to be birthed even in the midst of opposition. The word "tomb" sounds much like the word "womb", allowing for the possibility that something continues to be birthed through their action. The relationship between life and death permeates the scene. The politics of this setting reverberate as a place where these men's ideas, their efforts are taken to die. A place where those in power seem content to assign these men, rendering them unable to reach the outside world. However, their efforts only continue to grow in the face of opposition.

Mother/Father/Family

Having established this sense of solitude and abandonment, the play portrays the possibility of a foster family established through the text, focusing most specifically on the mother/son relationship. Perhaps no one in the play exemplifies this familial connection more than Emma. Even though Emma ultimately fails in providing any medical answers for her gay patients, the play demonstrates the desire and necessity for her efforts in the connection she forms with Ned and others. I want to focus on Emma's role as protector and the ways in which the play portrays Emma as a mother figure to these men afflicted with the disease. Emma fails as a doctor yet succeeds in her role as a mother and caregiver. In doing so, she becomes a part of the AIDS family, knit into the process of suffering and death through the medical and emotional care she provides. Emma, in many ways, fills a void for this motherless generation of victims as she willingly steps into this role and attempts to combat the cycle of indifference experienced from the medical community towards these men. In a society where mothers "not only bear children" but "also take primary responsibility for infant care" (Chodorow 3), the men in *The Normal Heart* must live without that connection. As I will discuss, AIDS reduces many of these men to infantile status and a reconnection to a maternal figure only comes at the hands of HIV/AIDS.

Emma possesses a conflict in that she is part of both the world of those afflicted with the disease and the world of those studying it. The play seems to position her as a stereotypical working mother, stretched between the responsibilities of work and the men she cares for so deeply. She constantly finds herself pulled between these two

worlds. Emma uses a distinct language of possession and inclusion that is thread throughout the play, as in the first instance we see Emma and she describes the disease: “There seems to be a strange reaction in the immune system. It’s collapsed. Won’t work. Won’t fight...So most of the diseases *my guys* are coming down with...are caused by germs that wouldn’t hurt a baby” (24, italics added). In her use of the words “my guys” she at once takes possession of both the disease and the diseased. She communicates a sense of motherhood for her patients, referring to them as men who, in a way, *belong* to her. She also references the fact that the men are dying from a disease caused by germs that “wouldn’t hurt a baby”, thus linking her patients to infants, placing them in an infantile state and relating to them as children—her “guys”. In willingly associating herself with those suffering from the disease, she adopts the men as her own.

Emma demonstrates her possession of these afflicted men through her monologue, mentioned earlier, in Act Two. Tony Kushner, in his introduction to *The Normal Heart*, says that the play exhibits an “unornamented quality of the language, rooted in a desire for truth” (x). Certainly, in Emma’s monologue, the play communicates in a direct, pointed manner. The examining doctor tells her, as he is about to deny her request again for more money, that “it’s no longer just your disease, though you seem to think it is” (103). Emma responds,

Oh, I do, do I? And you’re here to take it away from me, is that it? Well, I’ll let you in on a little secret doctor. You can have it. I didn’t want it in the first place. You think it’s my good fortune to have the privilege of watching young men

die...The paltry amount of money you are making us beg for—from the four billion dollars you are given each and every year—won't come to anyone until only God knows when. Any way you add all this up, it is an unconscionable delay and has never, never existed in any other health emergency during this entire century. While something that is being passed around that causes death. We are enduring an epidemic of death. Women have been discovered to have it in Africa—where it is clearly transmitted heterosexually. It is only a question of time. We could all be dead before you do anything. You want my patients? Take them! TAKE THEM! (*She starts hurling her folders and papers at him, out into space.*) Just do something for them! You're fucking right I'm imprecise and unfocused. And you are all idiots! (103-104)

She screams “TAKE THEM!”, referring to the patients and hurling the papers towards the doctor. But her request for someone else to “take them” refers to both the patients and the papers. The medical community has commoditized the diseased men, transforming them into sheets of paper to be studied and dissected. Even Emma takes part in this commodification, needing research to make any significant steps forward in medically addressing the problem. Emma finds herself desperately trying to shed the idea that she supposedly possesses this disease or has attempted to lay claim to it in any way. She infuriatingly says that they “can have it. I didn't want it in the first place.” As she communicates, she treats the disease as a bastard child, straddling her every move with weight and responsibility. But Emma has already shown her willing association with

these men; she longs, however, for someone to help shoulder the burden of these victims. Like the men themselves, Emma becomes desperate for any help available.

In equating the men to sheets of paper, the play communicates the sense of humanlessness each patient faced, simply coming across as a number or medical experiment. However, through her possession of these men, she humanizes them by providing a sense of motherhood, care and comfort for people those who have received none. She communicates and contributes to this idea of undesired possession, an irony implicit in the disease. As much as the disease has become hers, she desperately hopes to rid herself of it. Earlier we see her inclusion in the AIDS community yet a distinct separation from them through her status as a woman and as a doctor. Here, we see the AIDS community tied to her, very nearly clinging to her every action yet her greatest desire is for someone else to take up the burden of helping with these issues and contributing to the research on the disease. Through Emma's frustration she stands in for the frustration of the play itself. She recognizes the fact that no matter how much she does, she needs help and cannot accomplish anything on her own. Here the play also recognizes its own limitations as a work of drama, in that it can only provide so much in terms of actual political or social influence. Even so, the play confirms the power found through the mothering relationships she willingly adopts as these men—most specifically Ned and Felix—find a true caregiver in Emma.

The play creates not only a literary mother, but also continues to show the power of AIDS to unite birth mother and son in the midst of tragedy. In the scene where the men wait for the city representative in the “tomb-like” room, Tommy describes the

situation he just experienced with one of the men who has contacted the organization for help. He says that he “put a sweet dying child together with his momma. They hadn’t seen each other for fifteen years” (76). Tommy places importance on the words “sweet dying child”, for in this image we see the embodiment of both birth and death. He refers to the man as a “sweet...child”. This direct reference to sweetness, to an attribute associated with innocence exists as a signifier and marker of this man’s character. He exists as an innocent, “sweet” character and representative of the AIDS community. Yet the word “dying” interrupts this phrase, a deliberate and willing interruption into the innocence and continuity of life. This man is no longer just an innocent, “sweet” person; the two descriptors “sweet” and “dying” now work hand in hand, describing the man with the greatest amount of accuracy as he exists in his current state. The two states of being cannot be separated, they exist in the whole of this man who is reunited with his mother. And, similar to the fate of this young man, the efforts of the men’s advocacy group seem threatened to become that dying child, brought to a place of extinction before ever really experiencing any true life.

Tommy continues, saying that the man had refused to see his mother for weeks due to the severity of his disease and his unwillingness to admit to it. Tommy says, “It was a real weeper, Momma holding her son, and he’s dead now. There are going to be a lot of mommas flying into town not understanding why their sons have suddenly upped and died from ‘pneumonia’” (77). Here the play begins to portray the power of death in the midst of this crisis. In this instance, death is the only thing that holds the power to unite a mother and son who had not seen each other for fifteen years. The play

sacrifices the son, giving him up in order to bring a reunion between the two. What Tommy recognizes, as he uses the plural “mommas” and “sons” is that this man and his mother serve as a stand-in and substitute for the many more situations like this that will occur as the disease continues to spread. This situation he witnesses will not be a unique occurrence. More mothers and sons will experience something similar to this very situation. And the child imagery is startling, as we are reminded of a mother holding a baby in her arms, except this time it is due to the fact that the son, her full-grown son, is dying. In a way, this situation reverses the roles forced on the men in the play. Where we have seen these men void of familial relationship and authentic care or concern, here the void left by the son becomes paramount.

The play also reestablishes a relationship between Bruce’s lover, Albert and his mother. In the process, the play also establishes a patriarchal role for Bruce in the midst of Albert’s sickness, as he becomes the one to provide needed support and help as he is dying. The play again uses the imagery of an infantile adult, as Bruce describes how Albert was reduced to relying on others to wrap him up, very nearly swaddled like a baby and taken on a plane. Albert becomes so dependent on others for his well-being and care, he cannot walk to the plane himself. And returning to his mother serves as a reminder of the state of innocence to which he returns, that this relentless disease has caused him to need the care and provision only someone else can provide. He simply cannot fend for himself any longer, needing Bruce to essentially father him during his last days and help unite him with his mother again.

The nature of the disease makes itself known through Albert's plight on the plane. Bruce says that after the plane takes off, "Albert loses his mind" and can no longer recognize Bruce or where they are going or even who he is. Bruce continues, saying that "then, right there, on the plane, he becomes...incontinent. He starts doing it in his pants and all over the seat; shit, piss, everything...I start mopping him up as best I can, and all these people are starting at us and moving away in droves" (100). Through Albert, we see the relentlessness of the disease, literally taking over Albert in every way, leaving him unable to even control his own bodily functions, needing to be cleaned up like an infant. Bruce explains that when they land, they have police waiting for them in protective rubber clothing. By the time they reach the hospital, Albert is dead. But he says, "Wait. It gets worse" (101). He continues,

The hospital doctors refused to examine him to put a cause of death on the death certificate, and without a death certificate the undertakers wouldn't take him away, and neither would the police. Finally, some orderly comes in and stuffs Albert in a heavy-duty GLAD bag and motions us with his finger to follow and he puts him out in the back alley with the garbage. He says, 'Hey, man. See what a big favor I've done for you, I got him out, I want fifty bucks.' I paid him and then his mother and I carried the bag to her car and we finally found a black undertaker who cremated him for a thousand dollars, no questions asked. (101)

The medical community reduces Albert to a piece of trash, something they will not touch and should be discarded with the rest of the garbage. His life, the man Bruce loved "best of all" becomes appropriated as nothing more than a worthless, disease-

ridden body. The medical community again fails an AIDS victim. However, we again see an example of a mother reunited with her son, carrying his dead body with the help of his lover. The blatant disregard of the medical community forces Bruce to assume a patriarchal role of financial and emotional support. However, because of the hospital's inability and lack of desire to engage with him in anyway, Albert is put out with the trash. Bruce, with the help of Albert's mother, steps into the role of caregiver and parent, providing the help they cannot find from the medical community.

The hospital forces Bruce to step into a role he does not desire, performing the duties of a father figure as he must take out the trash. But this trash holds his dearest possession, the one he loves "best of all". Like Emma, Bruce steps into an unwanted role, but a role necessitated by the tragedy of the disease. In taking Albert's body, by taking out the trash of his dead lover's remains, the play establishes a connection between the two much like the connection Emma forms with her "boys". While he performs this fatherly duty, it also establishes a picture of a couple exhibiting the very qualities of "in sickness and in health" that describe most marriages. And through his willingness to perform this role, the play begins to provide a new reality where a man cares and loves another man in such a way that he will do anything to save his lover's dignity. These lovers provide a powerful image of dignity and unity through Albert's undignified death. After Bruce shares this story with Ned and Felix, we again encounter the power of AIDS to unify others, as Bruce asks Ned and Felix if he can stay with them for the night. Where Ned and Bruce have argued throughout the play and disagreed on

most of their methods of advancing the group's cause, Albert's death necessitates the need for community and kinship in the face of tragedy.

Marriage: In Sickness and in Health

The play further paints a picture of the powerful bond between lovers and, ultimately, the redemptive power of drama through Ned and Felix's relationship. Felix, Ned's lover, serves as an example of the often misunderstood, compromised, infected individual as he, much like Albert, loses much of his basic human and adult functioning ability. In taking Felix to the point of almost utter dependence on Ned, losing the ability or desire to nourish himself, the play captures a dramatic irony within Felix. He becomes a pathetic and sympathetic figure in his fight against the disease, but, like the patient Tommy describes and Bruce's lover, Felix becomes a symbol of innocence and purity in the midst of his struggle against AIDS. It is important in political theatre, as Augusta Boal recognizes, that moments onstage must pass from simple, particular moments, to ones that have a "deep personal meaning" for the audience. "It is necessary to pass from the particular to the general, not vice versa, and to deal with something that has happened to someone in particular, but which at the same time is typical of what happens to others" (86). The play uses Felix as a stand-in for the many others dealing with the disease hinted at throughout the production. The play allows Felix's particular experience to stand in for the community of afflicted individuals.

The play first establishes Felix as an intriguing subject, the man who finally provides Ned a loyal and devoted partner. Emmanuel Nelson says that the advent of AIDS "has literally made the body of the gay male an object of massive public curiosity

and relentless cultural inquiry" (2) and Felix serves as that object of study in the play. The first introduction to Felix contradicts what many think of as the typical gay subject, much like Bruce. He is employed by *The New York Times* and described in the stage directions as "completely masculine" (Kramer 29). Felix avoids association with gay activism, noting that he writes about "gay designers and gay discos and gay chefs and gay rock stars and gay photographers and gay models...I just don't call them gay. Isn't that enough for doing my bit?" (31). The reader encounters a subject at once included in the gay community through his sexual orientation and relationships, yet extremely cautious when it comes to confronting issues associated with the gay community for fear of public association. He provides an example of great opportunity yet also great loss of opportunity, someone in a position of great power in *The New York Times* and someone unwilling to exhibit that power.

As a member of the gay community and someone holding personal connections with those infected with AIDs, Felix exhibits a surprising lack of motivation or resolve to see anything change throughout the play. Ned frustratingly confronts Felix with this indifference when he asks him to avoid saying how much he can accomplish working from the "inside" (40), insinuating that Felix has not come out because he is trying to establish "inside" connections at the newspaper while in reality only afraid of what coming out and supporting the AIDS cause might do to his own career. As the conversation escalates, Felix declares that he "is not going to tell them I'm gay and could I write about the few cases of a mysterious disease...even though there must be half a million gay men in this city who are fine and healthy" (41). As Ned attempts to relate the

disease to the Holocaust, Felix says that those analogies are “tired, overworked, boring, probably insulting, possibly true, and a major turnoff” (41). Someone who could be one of the greatest allies in the fight for recognition of the disease instead exists as a surprising deterrent to publicity for it. In demonstrating this conflict between lovers, the play shows the conflict found in the midst of the gay community. Many, like Ned, continue to beg for the ability to address government and medical authorities directly. Ned wants to provide the loudest possible voice for the organization, while others like Bruce and Felix approach their cause with greater caution, wary of the social ramifications of their “gayness”.

In setting Felix up as a healthy, desirable and vivacious member of the gay community, the play demonstrates the power of sacrifice as we encounter his demise. Felix ends up providing the most distinct example of the diseased other as his health drastically declines towards the end of the work. Despite his attempts to dissociate from the community, he eventually becomes that which is completely other, contracting the disease and succumbing to AIDS at the end of the play. The play shows his progression from a healthy, handsome, active and intelligent man to one whom is eventually completely paralyzed by the disease. At the end of the play, we see a Felix who considers himself ugly, is throwing up his chemotherapy, and has gone through multiple types of treatment that are having no effect. When he visits Ned’s brother to settle legal matters concerning his will, the play notes that he “looks terrible” but, however, still “has a bit of his old twinkle” (113). Through Felix the play reaffirms the nature of the disease and its relentless destruction of the human body.

One of the last scenes between Ned and Felix serves to associate just how far Felix's health deteriorates and again provides another opportunity for monologue to serve an important function in the work of the play. Ned comes into their apartment to find Felix on the floor, eating junk food. As Ned attempts to help Felix up, Felix protests, "Don't touch me! I'm so ugly. I cannot stand it when you look at my body" (110). In Felix's reaction, we see the disease as an agent of both unity and division. Ned and Felix remain together despite the severity of the disease, yet the effects of the disease drive them apart in this moment because Felix is ashamed of his appearance before his lover. Ned serves as another outside observer to the afflicted Felix. Felix believes himself to be unpresentable, undesirable in the eyes of his lover, Ned. The disease ravages his health to a point of no return, where he no longer feels attractive or desires any type of intimacy with the man he loves. The disease has rendered a type of unwelcomed impotence between the two.

Where Felix earlier was unwilling to allow references to the Holocaust, calling them "tired" and "overworked", he is now the one that recognizes the association. He mentions to Ned that one of the men they know "finally died" and that "he looked like someone out of Auschwitz" (112). In this recognition, the play communicates the severity and nature of the disease and the innocence of the victims. The Holocaust transforms into a welcome association for Felix as he relates to the innocent victims at the mercy of a relentless tormentor. He is the innocent, the undeserving victim at the hands of death. Emmanuel Nelson agrees with this association, recognizing the fact that

the victims of AIDS “do not have to imagine the horror, for they live in the midst of a holocaust” (1).

The scene continues to escalate between the two, as Ned attempts to coax Felix into eating something and to have some sort of hope that medical advances might be made, asking him “What are you going to do? Sit on the floor for the rest of your life?” and then asks him, “Are you ready to get up yet? And eat something?” (112). Felix frustratingly responds,

No!—I’ve had over forty treatments. No!—I’ve had three, no four different types of chemo. No!—I’ve had interferon, a couple kinds. I’ve had two different experimentals. Emma has spent more time on me than anyone else. None of it has done a thing. I’ve had to go into the hospital four times—and please God don’t make me go back into the hospital until I die. My illness has cost my—no! the *New York Times*’ insurance company over \$300,000. (112)

Felix’s short monologue here stops the action of the play in more ways than one. Naturally, as a monologue, the focus shifts to Felix’s words and actions. But there is an intentional alert within the monologue with the word “No!” It is as if Felix is responding to each statement with an alarming and definitive exclamation, as if he is expressing his desperate desire to NOT be associated with the list of things he is describing. Each no is a response to the original question of whether or not he wants to get up to eat something, but the placement before each statement seems to provide the emphasis on the desperation with which Felix wants to escape the disease. If you take portions of his description out, it becomes a series of “No!...No!...No!...No!” (112). Felix also points out

one of the more important and frustrating aspects of all of the medical attention he receives, that “none of it has done a thing” (112). Despite Emma’s best efforts, much to her own frustration as well as Felix’s, she cannot truly help in any meaningful way. Felix comments on this, telling Ned, “Emma has lost so many patients they call her Dr. Death. You cannot force the goddamn sun to come out” (112-113). Emma’s impotence manifests itself in her inability to deter the affects of the disease, ultimately failing to sustain Felix’s life past a few disease-ridden months.

And here, back to back monologues provide another instance of education, yet this time the education expands from one single experience, the experience of one man’s disease to the experience of many. Felix serves as a stand-in, a substitute for the hundreds of diseased others affected by the disease. Ned bridges the gap between Felix and other AIDS patients, saying, “Felix, I am so sick of statistics, and numbers, and body counts, and how-manys, and Emma; and every day, Felix, there are only more numbers...” (113). The focus shifts from Felix’s monologue, accounting for his own experience, to Ned’s description of the many more affected, growing at such a rate that it is hard to keep count. Here the play allows for Ned to make the transition from focusing on the particular experience of Felix to the experience of the “body counts” and “how-manys” affected by the disease. Ned continues, saying,

You can’t eat the food? Don’t eat the food. Take your poison. I don’t care. You can’t get up off the floor—fine, stay there. I don’t care. Fish—fish is good for you; we don’t want any of that do we? (Item by item, he throws the food on the floor.) No green salad. No broccoli; we don’t want any of that, no, sir. No bread

with grains. Who would ever want any milk? You might get some calcium in your bones. (The carton of milk explodes when it hits the floor.) You want to die, Felix? Die!

In the culmination of the scene, and what might be termed the climax of the play, the work demonstrates just how far Felix has fallen. A man with seemingly endless promise—handsome, successful—ends up in a heap on the floor, literally wasting away without the desire to combat the disease any longer. In his despair, Ned throws the various items across the room and the final item he throws, a carton of milk, provides a stark image to go with the references towards infancy throughout the play. Milk, a signifier of sustenance and nutrition needed at birth, becomes nothing more than waste strewn across the floor. And the AIDS epidemic transforms Felix, a man with endless potential, an accomplished writer and also one loved by Ned, into a heap on the living room floor alongside the discarded milk. The disease reduces these men to waste, no longer useful to society or themselves and have reverted in many ways to an infantile state where they cannot be used for any good purposes.

Redemption

Despite the power of AIDS to reduce these men's worth and abilities, it provides for their redemption in the act of marriage and unity in the play's final scene. Here, the play provides a spouse for both Ned and Felix, scripting a relationship that proves the vows of "in sickness and in health" to be true. Ned and Felix are married, officiated by Emma, only moments before Felix dies. It is a scene of both life and death, of beginning and ultimate end, as Ned and Felix marriage begins even as Felix life is surely to end. We

see Felix in all white and facing the end of his days, a ghostly subject suffering from this disease that ultimately takes his life. As they prepare to say their vows, Ned asks, "What am I ever going to do without you?" (117). He is preparing for the loss he is sure to experience. He has already begun the grieving process. He has been forever changed through his relationship with Felix. In a significant and intriguing narrative move, Felix asks for Emma to refer to Ned by his full name, Alexander. This gesture holds significant weight in that the final scene provides Ned with a new identity in a way, a new name, no longer called by a shortened name or labeled with the associations or judgments of the outside world. Ned has found something in Felix that provides a fuller and richer identity than he has ever known. Through the relationship built with Felix, Ned has been forever changed. And in this union, the play provides a redemption for Felix and the other afflicted men and, in turn, all of the men and women who have willingly joined in their community.

And it is important to note that redemption only comes through death at the end of the play. Felix takes his last breaths just after they have said their vows to one another. In providing another death, the play sacrifices Felix, Bruce's lover Albert, the young man described by Tommy for the good of the AIDS community. The play recognizes that life will only come after death and both must work hand in hand. There are no truly happy endings for the victims of the disease, yet death provides the power to unite and advance the causes for which they fight. A new political reality and redemption can be birthed from the tragedy of death.

The final picture left on stage is not a diseased body or a polemical, ranting monologue. It is a picture of a union in the midst of sure death. It is a picture of innocence found and redeemed by the power of commitment. Through this union, the play imagines a world where these men are provided the relationships, the family, the “love” spoken of by Auden they all so desperately desire. The scene portrays ultimate dichotomy, that of life and death, a beginning and an end. And in this scene, we find the ultimate success of the play itself. It has served, and still serves as what might be called a beginning *and* an end, encapsulating both life and death in one dramatic work. It helped begin the process of dramatic literature playing a direct role in the AIDS crisis in the United States and indeed, contributed greatly to the “beginning of the end of AIDS”. For in establishing these characters and providing the family each man desperately needs, it has knit itself into the fabric of American drama and provided a new, redeemed ending for the AIDS individual.

CHAPTER TWO

“Standing in for them”: Fantasy, Surrogates and Facing Reality in *The Baltimore Waltz*

...I always saw myself as a surrogate who, in the absence of anyone else, would stand in for him. And even now, when I’m in front of an audience and I feel good, I hearken back to that feeling, that I’m standing in for them. —*Breaking the Rules*, David Savran

In her introduction to *The Baltimore Waltz* printed above, Paula Vogel introduces the idea of substitution and surrogacy and the play employs the ideas of surrogacy as an organizing principle throughout. The play as a whole serves as a substitute as Vogel states the play is “To the memory of Carl—because I cannot sew” (3). Vogel, quite literally, uses the work of the play as a substitute for a patch on the NAMES Project AIDS Memorial Quilt. The quilt, started in 1987, started as a way to commemorate the lives of HIV/AIDS victims and others continue to add to the quilt today. Vogel uses the play as a tribute to her brother’s memory, taking the place of a commemorative patch in the memorial quilt.

The play focuses on the relationship between Anna and her brother Carl. It is divided into two distinctly different sections: the first, a lengthy, imagined fantasy trip to Europe taken by Anna and her brother, Carl. The second, a short scene in a hospital where Anna deals with the reality of Carl’s death from AIDS. In the fantasy, Anna—not Carl—contracts a disease. The way in which Anna contracts the disease reads much more like a comedy than a tragedy—she is infected by a toilet seat. In portraying the disease in the realm of fantasy instead of dramatic realism, Vogel filters the disease through a comic lens. It takes the severity out of the disease, very nearly deflating it of the heaviness often associated with HIV and AIDS, instead treating it with a comic flare

normally reserved for much lighter subject material. In many ways, the play relates better to the farce of Moliere than it does the political agenda of Brecht, or more appropriately, to Kramer's *The Normal Heart*.

However, the ending of the play, when Anna faces the reality of Carl's death, alters the overall tone in a scene I will discuss in greater detail. Ultimately, *Waltz* provides another treatment of the disease that communicates a longing for care and love through the conventions of farce and fantasy. By using farce and fantasy, the play, paradoxically, lends extra weight to the reality of the disease revealed at the end of the play through its juxtaposition of comedy and drama. It performs what I will call a theatrical surrogacy, replacing the dire and dramatic circumstances normally associated with AIDS with a comic, carefree fantasy. And the act of surrogacy provides the means through which to enter into the discourse around HIV and AIDS, as the replacements and surrogates found throughout the text ultimately rest upon a void. No amount of avoidance can truly rid the play, or Anna, of the reality of Carl's death at the end of the work. *The Baltimore Waltz* mediates on this void, showing the lost opportunity of mourning and caring for the victims of AIDS.

The play creates multiple surrogates throughout the work, as Anna and her brother Carl serve as surrogates for one another, Anna serves as a surrogate for the playwright, and ATD is a substitute for the reality of AIDS. The play also substitutes fiction for reality, as most of the action centers on a fictional trip to Europe Anna and her brother never really take but always intended to. And, ultimately, the play serves a substitute for the grieving process—grieving the loss of Carl and the countless others for

which he is a “stand-in”. The introduction of the play allows for the mixing of reality and fiction, the juxtaposition of the truth of the lives affected by the virus to the whimsical nature of “standing in” for these victims through theatre.

As the 1980s continued, people continued to treat the disease as if it were a mere fantasy. More people became infected with the disease and many across the country became increasingly frustrated with the level of awareness and care given to those afflicted with HIV and AIDS. While evidence shows that the U.S. government knew about the disease as early as 1981, President Ronald Reagan did not publicly mention the disease until a press conference in 1985, four years after discovering the disease¹. While Reagan asserted that research was taking place, this was the first public mention of the disease by any high ranking government official.

The political response continued to move slowly, forcing those affected by the disease to raise awareness for themselves. Activist groups like ACT UP gained more and more prominence as the group protested the government’s response to the epidemic through demonstrations throughout New York City. Larry Kramer helped start ACT UP, motivated by the loss of friends and emphasizing the fact that “when you don’t think you may have a long time to live, you want to do something useful” (Morgan). ACT UP, or AIDS Coalition to Unleash Power, had grown to over three thousand members in 1988 and sparked almost sixty similar groups in other cities across the country. The New York Times reported that “many of them are driven by the frustration of seeing friends and relatives die” (Morgan). Avram Finkelstein, an ACT UP member, said the situation is

¹ “Studds Says Reagan Has Shown Little Concern Over AIDS”. *AP*. 19 September 1985. Web.

“analogous to war...When you’re facing death or you lose someone, then you can hear the bomb blasts” (Morgan). Activists created these groups in response to the continued lack of medical or political attention AIDS victims received. The play, likewise, demonstrates a frustration with the medical and political community and the ways the community continued to be ignored. In scripting the fantasy, it echoes the ways in which AIDS itself was treated as a fantasy, something that may not be there if one just pretends hard enough. The first national education campaign occurred in 1988, as a brochure called “Understanding AIDS” was mailed to every household across the country². However, even this act showed the hesitancy in which the US government dealt with the disease, as similar campaigns had already been set up by six other nations before the United States took part³.

One of the central ways information became more readily available to the public was through individual cases of HIV/AIDS that became nationally prominent. Ryan White, a young boy who contracted the disease through a blood transfusion, became a name known around the country in the mid to late 1980s and ironically, his health and eventual death did much to combat the misconceptions of the disease. He “put the face of a child on AIDS and served as a leader for gaining greater understanding and compassion for those with the deadly disease” (Johnson). Ryan passed away on April 8, 1990 at the age of 19. His experience serves as a microcosm of the way people continued to treat HIV and AIDS subjects, ignorant of the reality of how the disease

² Centers for Disease Control. HIV/AIDS Surveillance Report, January 1989: 1-16. Print.

³ Sepulveda, J, Fineberg H, Mann J. AIDS prevention through education: a world view. Oxford University Press: Oxford, UK. Print.

spread. However, the attention the case gathered around the country began waking people up to the reality of the disease. In White's obituary, Dirk Johnson writes, "the attendant publicity helped pierce myths about AIDS, helping health experts and educators emphasize that it is not transmitted by casual contact, that it affects people from many walks of life". AIDS continued to gain attention in the public eye, as the United States dealt with the reality of the disease and the common misconceptions about it.

The times called for the surrogacy the play creates, as people continued to hold an inability to face the reality of the disease and incorporate the diseased into everyday political and social life. Farce is substituted for drama in the play and fantasy is substituted for reality. This is the way in which many, even the president himself, dealt with the reality of AIDS at the time—pushing it aside, pretending it was not there. In many ways, the way in which the political community treated the disease *was* a comedy. The play echoes this farcical take on the disease in creating the Imagined trip Anna and her brother take. The play exhibits the qualities found in the comedic sociopolitical reality in which victims continued to find themselves. For the majority of the play, the action centers around an imagined trip where AIDS is never part of the picture, pushing aside the possibility that the disease has entered their lives. However, the play reveals the reality of the disease in the last scene and interrupts the fantasy. In the process, this play mourns the lost but also it mourns the lost opportunity to care for those that desperately needed it. In spending the majority of the play in this fantastical world, the severity of the disease becomes even more pronounced because of the time

wasted pretending the disease does not exist. The mourning is two fold, not just mourning the one that is gone but also mourning the care and concern for the afflicted that never exists because of the time wasted pushing the disease aside. In this way, it serves as a cautionary tale, scripting a world where the reality of AIDS cannot and will not be avoided.

While *The Baltimore Waltz* has no direct correlation with any specific real-world events of the time, the national media was garnering more coverage of the disease as time passed by. While the play makes no direct references to the case of someone like Ryan White, and in no way do I contend that *Waltz* serves as a surrogate for the White case, the social climate surrounding cases like the White family certainly influences the work of *The Baltimore Waltz*. The level of discrimination the White family dealt with seems inexplicable, almost unbelievable, for a disease that took over his body due to no fault of his own. And one of the functions of the play, politically, similar to *The Normal Heart*, portends to provide a new way of viewing the disease and a new vocabulary for dealing with its victims. Of the three plays I am examining in detail, perhaps none communicates the randomness of AIDS better than *The Baltimore Waltz*. Through the plays use of surrogacy, the play points out the farcical nature in which many continued to treat AIDS victims. It also provides an example of the opportunities missed to truly help those in need when the disease is pushed away and avoided.

Surrogates in *The Baltimore Waltz*

In the published version of the play, Vogel prints the letter her brother wrote her towards the end of his life at the beginning of the play and also encourages directors to

include the letter in their productions—much like the letter Kramer wrote and distributed after *The Normal Heart*, wanting to educate people about the AIDS individual. Vogel, like Kramer, assumes a didactic role where she informs the reader that the play mediates on the problem of AIDS faced by actual people. Through including the letter, the play recognizes its own limitations as a work of drama. It takes on a Brechtian sensibility, interrupting the fantasy in order to remind the audience of the reality of AIDS death that resides outside of the theatre. She quotes her brother's letter as he makes certain requests about his pending memorial service. He jokes, "Oh God—I can hear you groaning—everybody wants to direct. Well, I want a good show, even though my role has been reduced involuntarily from player to prop" (Vogel 5). He concludes the letter with: "Well, my dear, that's that. Should I be lain with Grandma and Papa Ben, do stop by for a visit from year to year. And feel free to chat. You'll find me a good listener" (6). The way in which her brother discusses the possibility of death provides a different way of approaching the subject and reality of AIDS fatality. He treats it lightly, with a comic flair, enabling a loosening of the common associations of dark and dramatic renderings of the AIDS afflicted. In his writing, Carl himself substitutes a mode of thinking about AIDS with an updated look at AIDS through the eyes of humor. This helps set up the ways in which the play will introduce a new mode of dealing with the disease—through humor and comedy instead of drama.

While the majority of the play focuses on Anna and Carl's trip to Europe, it however recognizes the substitution of fantasy for reality as it begins by describing the setting in a hospital. "The Baltimore Waltz takes place in a hospital (perhaps in a lounge,

corridor or waiting room) in Baltimore, Maryland” (7). While the action of the play seems to take place as Anna and Carl set out on some sort of odyssey, attempting to discover Europe for the first time and allowing Anna to enjoy her last days as much as possible, the reality throughout the play remains that they are always in a hospital room. The fantasy resides solely through Anna’s imagination.

The play appropriates the fantasy as a willed escape from the darkness of the disease. In beginning the play by describing the hospital and through ending the play with the reality of Carl’s death, it recognizes this desire to escape the disease through fantasy. In doing so, it provides for fantasy as a legitimate avenue for dealing with the disease as the audience is taken through this wild journey with Anna and Carl, in many ways probably enjoying the ride along with the siblings. The problem, however, still remains. There is absolutely nothing real about most of the action of the play. It is entirely imagined. Anna’s ability to be sexually frivolous is a fantasy, the details of their travel is a fantasy, the disease is a fantasy, all of which serve as a means of avoidance in order to deal with the harsh reality of the disease. It also serves as a way to grieve the loss of opportunity Vogel experienced. The trip she planned to take with her brother never occurred and the action of the play serves as a stand-in, a substitution for the opportunity of traveling to Europe with her brother. It is almost as if the audience settles in for story-time with the play, where the play quickly shifts to this fantasy, only to be woken up with the reality of the AIDS epidemic. One minute Anna and Carl are traversing Europe, the next minute Anna finds herself in a cold hospital room in Baltimore.

The play introduces Carl as an outsider within the first few pages, even though he never explicitly mentions his disease. He says to a group of children at the library, “I got a pink slip because I wear this—(He points to a pink triangle on his lapel.) A pink triangle” (10). Even though Carl never states the nature of the pink triangle, we get the sense from the first encounter with him that something is very different, that he has been set aside as “other” by society and by those in charge of his occupation at the library. The pink triangle—a direct reference to the symbol forced upon the gay community by the Nazis in concentration camps and used by ACT UP activists⁴—is a signifier, a way to tell the difference between the abnormal in society and the normal, the in and the out. Carl makes sure his students, his young students, know that the pink triangle is what has caused him to lose his job. There is something terrible and unique and very different about Carl and the way in which he operates and functions day to day. What would seemingly be a small piece of meaningless paper is actually the very distinction between him and the rest of society. The pink triangle also provides a direct reference to the yellow stars of David worn by the Jewish during World War II, allowing for a willing association with the Holocaust, much like the references given in *The Normal Heart*.

In providing this referent towards the Holocaust, the play positions Carl as a surrogate for the entire community of gays (and in a broader association, any and all minorities) affected by the Holocaust. The pink triangle opens up a myriad of possibilities as it turns the situation from the particular experience of Carl’s firing to the

⁴ Morgan, Thomas. “Mainstream Strategy for AIDS Group.” *The New York Times*. 22 July 1988. Web.

more expansive, global experience of trauma associated with the Holocaust. In marking Carl with the pink triangle, he is knit into a historical community of mourning stretching back decades before. Here the play threads a fine line of potentially appropriating the atrocities of the Holocaust for its own means. However, it treats this symbol as one of the farcical ways people continued to treat the AIDS community, which only sets up the power of its association. It seems unthinkable that one would be fired because of a simple piece of paper, and indeed that idea seems unbelievable. But the play references the reality in which many AIDS victims continued to find themselves and foreshadowed the potential for an unthinkable number of deaths that may result from the disease if it continued to be ignored.

In the play, Anna contracts the disease—not Carl. And in the first scene depicted with the doctor when Anna and Carl discover the diagnosis, we find the literal substituting of Anna for Carl and also a depiction of humor becoming the surrogate for tragedy. Both Anna and Carl are rendered helpless by the language the doctor uses. As the diagnosis is given by the “doctor”, we see Anna’s inability to understand or comprehend the disease or what is going on in her body. The doctor says that there are “exudative and proliferative inflammatory alterations of the endocardium, consisting of necrotic debris, fibrinoid material and disintegrating fibroblastic cells” (11). Carl can only respond with, “Oh, sweet Jesus.” He is at a loss for words at the complexity of the disease.

The doctor continues that the disease “may be acute or subacute, caused by various bacteria, streptococci, staphylococci...gram negative bacilli, etc. It may be due to

other micro-organisms, of course, but there is a high mortality rate with or without treatment. And there is usually rapid destruction and metastases". This language is indistinguishable and as foreign as the places they will end up visiting. Here, convoluted medical jargon has taken the place of comprehensible everyday language. There is nothing that makes sense about the disease and no legitimate reason as to why it is occurring in Anna. The same results are found with or without treatment, so there seems to be little cause for treating the disease. Both Anna and Carl are confused by the prognosis and have little scope as to how to comprehend the news they receive. It is as if the play compares them to two children, hearing a smattering of words and explanations coming from an adult yet no ability to comprehend the meaning behind them.

But something very important occurs at the time of diagnosis as Anna and Carl essentially switch places as they receive the news, becoming surrogates for one another. The doctor provides the diagnosis, and Carl says "Anna" as he attempts to take in what he is hearing. Anna responds with "I'm right here, darling. Right here". A few lines later, as the doctor attempts to explain it again, this time "very slowly" due to Carl's request, the doctor says it is also known as "Löffler's syndrome, i.e., eosinophilia, resulting in fibroblastic thickening, persistent tachycardia, hepatomegaly, splenomegaly, serious effusions into the pleural cavity with edema. It may be *Brugia malayi* or *Wuchereria bancrofti*—also known as Weingarten's syndrome. Often seen with effusions, either exudate or transudate" (11). The very explanation given by the medical personnel makes little to no sense to Carl, Anna, or the audience. The language veers

into absurdity, into non-sense. And the very confusion with which the diagnosis is communicated is a source of fear. Anna says, “Carl” as he responds with, “I’m here, darling. Right here.” Anna continues, “It’s the language that terrifies me”.

As we can see, there are two crucial moments of substitution that are essential to understanding the work of the play. The first concerns a replacement or mirroring between Anna and Carl. We know from the moment we step foot in the theatre that Vogel’s brother is the diseased victim on which the play is based and the play centers on a trip they were suppose to take to Europe. So, we know that it is the *brother* who is the diseased. However, in this moment of mirroring, we see a literal reversal of roles where Anna assumes the position of the diseased. At first, Anna comforts Carl. But then Carl takes the reigns as the comforter, repeating the same line, “I’m here, darling. Right here”. What seems to be one of the more frightening things about the disease is the terrible unknown nature of it, the lack of any sort of treatment, and the lack of ability on the part of the medical personnel to provide any sort of legitimate facts about the disease. The *language* of non-sense is what is terrifying, not the disease itself. This provides context for the idea that it is actually the circumstances surrounding the disease, not the disease itself, that will become the scariest part of the disease. The inability to understand or comprehend the disease will lead to terrifying situations. The dark unknown that awaits the afflicted provides the deepest place of fear. And the ways in which the doctor explains the disease renders both Anna and Carl helpless to comprehend anything about it. The doctor might as well be speaking a different language.

Secondly, the doctor serves as a stand-in for the larger medical community that continues to fail those infected with AIDS. The doctor continues to baffle Carl and Anna with a startling lack of ability to provide any sort of scientific reasoning behind the disease. The doctor says they're "not sure yet" as to how the Acquired Toilet Disease is contracted, thinking it might be contracted from casual contact with toilet seats. And here the play echoes *The Normal Heart's* Dr. Emma Brookner and her inability to identify how the disease works. The disease is contracted from contact with a toilet seat, from first graders innocently moving about, spending time at school and using the bathroom like any other child would do. The doctor says that "five-year-olds can be deadly. It seems an affliction, so far, of single schoolteachers" (13). Unmarried schoolteachers—it would be difficult to find a more innocent, selfless group of people that might be afflicted with such a disease.

What the play does in turning the disease into something afflicting incredibly innocent subjects (schoolteachers infected by their students) is take the disease out of the context of the social and political norms in which it currently resides. The stigma, the bias, the social negligence surrounding AIDS only served to exacerbate the problem and fight against the ability of those who truly needed help to get it. Whereas Kramer's *The Normal Heart* serves as a didactic act of dramatic witnessing, *The Baltimore Waltz* frames the disease through the non-sense and satire of farce. The play erases the typical stigma associated with the disease and renames it as something innocent, something wholly coincidental and fairly absurd. The disease makes no sense and contracting it from a five-year-old makes no sense. Anna feels a deep level of confusion and

bewilderment over how this could possibly happen to her, echoing much of the sentiment felt by those infected with HIV at the time. Towards the end of the play, as we find out Carl passes away from AIDS, one can appreciate the bewilderment at just how frightening and confusing the disease turns out to be. `

Even as the play vaguely masks the disease as the imaginary ATD—Acquired Toilet Disease— and treats the story with comic acumen, the play does not shy away from mentioning many of the main governing bodies involved in the research of the disease. The doctor explains that Center for Disease Control “doesn’t wish to inspire an all-out panic in communities” and that the medical community feels that “education on this topic is the responsibility of the NEA, not the government”. Also, the doctor explains hesitancy in making the disease more public because the PTA will insist on “testing every toilet seat in every lavatory” which could all be “kindling for a political disaster” (13). What seems like a farce holds a very real correlation to the way that city, state and national governments dealt with the disease. The doctor provides evidence of the blame-shifting and an inability to accept responsibility for research on the disease.

The farce of political response

The blame and responsibility for the disease was constantly being passed from group to group, all fearful of the possible political ramifications of their actions, which in turn led to nothing happening at all. No progress was made towards finding out any real answers about the disease and no one was receiving proper care or treatment because no one really knew about the disease. A disease like ATD, however comic the contraction of the disease might seem, that is this severe, this debilitating, this fatal,

seems to warrant at least some attention to be paid. But the world stood still as people continued to contract the disease, all so that the PTA would not find itself out of sorts. Just through the act of naming two medical groups, the CDC and the NEA, the play exercises a political sensibility in showing the gross ineptitude of either of these groups to adequately handle the epidemic. The play mirrors the very real turbulence, confusion, and uncertainty that informed the discourse of HIV/AIDS throughout the 1980s.

The play continues to press this issue and hints at the outrage felt by the infected and the loved ones of the infected, the same type of rage so prevalent in *The Normal Heart*. Carl angrily says that if “Sandra Day O’Connor sat on just one infected potty, the media would be clamoring to do articles on ATD...why isn’t someone doing something?!” (13). The inaction of the medical and political world infuriates the ones dealing with the reality of the disease. However, even in the midst of rage, Carl treats the disease in a humorous manner through his use of the word “potty”. In using the word, he communicates a childish nature, an innocence referenced towards the disease and the diseased. Anna and Carl continue the interplay between the severity of the disease and the humor in which they treat it.

The play begins to establish a new reality for the fantasy with which people treat the diseased victim. The first several scenes begin with a voiceover, as if the play itself conducts a language lesson. The three characters alternate between announcing the coming scenes, saying things like, “Medical Straight Talk: Part One” (11) and “Lesson Number Two: Basic Dialogue” (13). And the play serves as that type of language lesson

in many ways. The play teaches a lesson to its audience, just like Anna teaches first-graders. The subject they are encountering—both the subject matter and the literal afflicted and diseases subject—remains a subject in whom they need to be oriented with, to be taught how to deal with and respond to. It helps introduce a new language of dealing with the disease. The play provides a new way of viewing the diseased subject through the lens of farce and comedy, of imagination and creativity. In portraying Anna's journey throughout Europe with her brother, the play provides the subject with a home away from home, traversing the world on her own Odysseus-like quest, attempting to make the most out of the remaining days that she has. Also, the voice over serves as a way to directly address the audience as if they are watching or listening to a teaching, a lesson meant for educational purposes only. And many of the scenes begin with a voiceover where the play teaches the lessons in a very child-like way, explaining each and every lesson simply, clearly and didactically.

Fantasy as surrogate for reality

The play threads multiple fantastical situations throughout their journey in order to continue substituting the fantasy of their trip for the reality of the Baltimore hospital. *The Baltimore Waltz* uses short, quick scenes, a pastiche of sorts that seems to mirror the attempts to avoid any sort of reality in relation to the disease. The disease fractures Anna's self in such a way that she jumps from one desire to the next, attempting to take advantage of the last moments she has available on earth. The play scripts a wild fantasy, a trip full of life and vitality yet ultimately provides for a failure, Anna's failure and inability to stop the disease that takes Carl's life. The fantasy proves to be no more

than an attempt to avoid the pressing nature of AIDS and the reality of pending death.

In the fantasy, Anna's prognosis is so bleak, so dim, with so little help available, the only thing to do is to engage in as much sexual and carnal activity as possible.

In many ways, Anna becomes infantile in the way she operates. Her life as a responsible school teacher has been replaced with a careless, frivolous outlook on life. She chases after food and sex and tells her doctor that "in whatever time this schoolteacher has left, I intend to fuck my brains out" (13). And, indeed, Anna engages in quite a bit of sexual activity while in Europe. She no longer feels the desires to hold a steady job or fulfill some sort of moral obligation to society. Instead, she only needs to satisfy fleshly desires. As she eats "simple bistro" food, she weeps, saying that "It's just so wonderful" (21). Her desire for quality food increases along with her sexual drive. She has sex with a French man as they are shown as "shapes beneath the covers of the bed" (23). She has sex with "the Munich Virgin, who is very young" (37). She also has sex with a "radical student activist" and describes that "in love-making, he's all fury and heat" (41). Her sexual activity highlights another reality of AIDS. AIDS keeps victims from engaging in sexual activity, while ATD allows for as much sex as possible. The play adopts a child-like whimsy, where Anna travels and interacts with those around until she is ready to move on and begin something new. Through allowing Anna to engage in this sexual promiscuity, the play reiterates the tragedy and impotence AIDS forces upon its victims. They are rendered unable to enjoy sexual activity and often unable to leave their place of treatment. *The Baltimore Waltz* shows the imagined alternative to that

isolation, providing an avenue for Anna to experience men, food and travel like never before.

Carl's pink bunny becomes another surrogate as it remains a signifier of time gone by, an innocence that is lost yet clung to. The play shows Carl negotiate some black market drugs with an old acquaintance of his by trading his bunny. The bunny is Carl's greatest childhood possession and one of the most valuable items in his world, yet he willingly gives it up in order to attempt to obtain a cure or treatment that might work for his sister. In positing the bunny as a valuable bargaining tool, which we later find out was one of Carl's favorite possessions in "real" life, we again encounter evidence of Carl serving as a surrogate for Anna. Where Anna eventually fails Carl in that they never took the trip to Europe, Carl's willingness to sacrifice his pink bunny for Anna provides an outlet for Anna to show she would do the same. For Anna and Carl are one and the same, each standing in for one another at various times throughout the play. Anna as Carl or Carl as Anna provides the same result—a willingness to sacrifice one's greatest possession for the good of the other.

The limits of surrogacy

One of the last scenes of the play portrays both the inability of the medical community to help and also Carl's own failure in caring for his sister. Carl meets with Harry Lime, his "closest friend in college" (46), to try to obtain some black market drugs for Anna. Harry says that he can provide the drugs, but it "won't help at all...we make them up in my kitchen" (46). Carl becomes enraged by Harry's profiteering at others' expense. But Harry continues in response to Carl's disgust, "Why not? People will pay

for these things. When they're desperate people will eat peach pits, or aloe, or egg protein—they'll even drink their own piss. It gives them hope...If you want to be a billionaire, you sell hope" (46). Carl's hopes that his best college friend will be able to provide some sort of secret cure or even a minimal amount of relief for Anna meet a fruitless end. Perhaps nothing through the play exhibits a better example of the impossibility of treating the disease than this situation with Harry. Harry profits from the fake drugs at the expense of the diseased patients' pocketbooks.

Carl's confrontation with Harry exhibits failure on two levels. One, it demonstrates a failure of the rumored black market drugs to actually help in the process of treating the disease. Two, it demonstrates Carl's continued failure to actually help Anna in any tangible type of way. He has attempted multiple times to help her through meetings with doctors, urologists, drug dealers, but nothing helps. Carl allows Anna to engage in as many sexual relationships as possible while he exhausts any possible resources to try to help her. Yet his quest ends in failure. Carl even willingly attempts to trade his prized childhood bunny, one of his most valuable possessions because of its sentimental value. The inclusion of the bunny also possesses a child-like fantasy, where an infant attempts to trade something of no value for something of extreme value—in this case medical help.

The final scene of their imagined trip involves a German doctor and it begins to transition between the two worlds, back from the world of fantasy to the reality of Carl's disease. The play threads a recurring question "Where is your brother" in different languages throughout the play. At one point, Carl teaches Anna how to say it in French,

“Where is my brother going? Ou va mon frère? Bien” (32). In the final scene with the German doctor, he repeats this question, “WO IST DEIN BRUDER?” (50). When you consider this question in relation to the question of the AIDS victim and the play as a work of mourning for Carl, representative of the larger AIDS community, one considers it both figuratively and literally. Literally, in the play, he walks across the stage as a tangible human character, immortalized through the work of drama. But Carl also serves as the very void to which other AIDS victims find themselves a part. For the lack of mourning or recognition of the loss of these men and women leads to the question, “Where are they? Where have they gone?” Judith Butler asks the question, if a life is not recognized or mourned in any way, does it really exist? (36) Has Carl met his end, not only in life but in our collective memory as well? The work of the play serves as that very act of mourning this tortured subject. In this question we have encountered the very void at which the play resides on, that the play, in certain ways memorializing Carl and providing an active work of literature to remember him by, exists only in the imagination. The replacement, the fictional character of Carl serves only as a stand-in for the deceased brother. While it is something, it is certainly not enough.

The final time “Where is your brother” is stated, Anna is shocked back into the reality of her brother’s disease, taken back to the dreary, cold and sterile hospital room with her dead brother lying under a sheet. The *New York Times* review of the original production states, “Having turned up the volume and body heat of life so high with her dream theatrics, the author makes us feel the loss all the more deeply when another young corpse is carted off the stage” (Rich). Ultimately, Anna fails her brother Carl—a

brother whose innocence and the randomness of his disease she hints at throughout her story. He is a brother willing to give up his most prized childhood possession in order to help her. He is a brother that would have traveled the world in order to save her. But, ultimately, she fails him in more than one way. She fails to attend the trip to Europe when given the chance and she fails to divert the reality of imminent death as the doctor carts his body off the stage. And this question, "Where is your brother?" assumes Anna's role as her brother's keeper; she has an obligation to know where he is, to protect him and provide for him. However, she fails in this regard. The play begs the question of reader and audience, asking where the AIDS-afflicted young men are and if positing the idea that there may be an obligation and necessity to take care of them.

When Carl stands up from his death bed and begins dancing with Anna, it provides a picture of the ultimate irony, in many ways connecting to the final scene found in *The Normal Heart*. Carl, although dead, takes part in a dance, animate and active, full of life and the vitality provided by dance, much like Felix "begins" his life with Ned even as he dies. And in the work of the play, it provides a way to remember, mourn and memorialize the memory of a deceased brother, immortalized through the work of drama. However, it only serves as a substitute; a void replacement ultimately failing to fully take the place of the real human being. The play mourns the loss of the brother and provides a way for the political community to relate to the AIDS subject anew.

As noted earlier, Vogel's dedication at the beginning of the play states, "To the memory of Carl—because I cannot sew." (3) This statement provided by the playwright towards her deceased brother provides a metaphorical lens in which to view the

entirety of the play. Sewing serves as a way to mend clothes, to mend things that need care and help. The words communicate a weighty disposition through this small statement. She cannot provide the necessary help, the mending and covering her brother needs. The statement portrays a helplessness, a desire to provide care yet the innate inability to do so. She communicates a lack, a void in the ways she has treated her brother. She desires to provide a place of comfort for those afflicted. The very way in which she introduces the play is through the lens of failure. Vogel is unable to sew, she is unable to be the caregiver and reprieve from pain that Carl so desperately needed. What she can do is write, she can provide a world in which they travel together and provides a way for his memory to continue living through the life of the text. In a way, each of the plays I am looking at exhibits this quality, one in which the world around these characters continually fails them over and over, so the texts do what they can—they offer a literary refuge for the characters to reside.

CHAPTER THREE

“I got nuthin good to say”: Silence and Sacrifice in *Stoning Mary*

Stoning Mary, a play written by Debbie Tucker Green and premiering at London’s Royal Court Theatre in April of 2005, portrays a world mired in problems such as HIV/AIDS, child soldiering and public stonings. The play focuses on Mary, the central character, who faces a death sentence for killing a child soldier. The other characters are nameless and include “Husband” and “Wife” who we eventually learn to be Mary’s parents. The play also portrays scenes between Mary and her older sister, known as “Older Sister”. The older sister also has a “Boyfriend” shown towards the end of the play. The other major characters are the “Child Soldier” and his “Mum” and “Dad”. Also, the Husband and Wife both have an “Ego”, known as “Husband Ego” and “Wife Ego”. These egos, separate characters played by another actor, serve to voice many interior thoughts left unsaid between the husband and wife. Later in the play, the Older Sister and Boyfriend mirror the Husband and Wife as both are portrayed with an ego as well, known simply as “Older Sister Ego” and “Boyfriend Ego”.

The characters stories intertwine with one another in a cycle of tragedy and violence. The play is set up as a dramatic pastiche of sorts, as the majority of scenes incorporate only two characters at any one time. Each scene is very short and there are quick transitions between each scene as the story unfolds, almost scripted as a lyrical poem as much as it is a play. At the top of the play, we see the husband and wife dealing with the reality that they cannot afford AIDS medication for both. Only one of them will end up extending their life through medication and the scenes between these two

characters center around the external and internal struggle both face as they try to decide who deserves the medication more. The first half of the play shifts between their story and the mum and dad, shown to be at a loss for words as they try to deal with the fact that their son is abducted for use as a child soldier. Eventually, the aforementioned child soldier interrupts the lives of the husband and wife, destroying the very medication they have argued about. The child soldier structurally works as a *deus ex machina*—a device introduced into a work of literature to resolve the difficulties of the plot—who wreaks havoc on the characters as they attempt to come up with a solution to the problems AIDS presents.

After the child soldier destroys the medication, the play shifts back and forth between scenes with Mary and her older sister and scenes with the mum and dad. We eventually learn that Mary and her older sister are the children of the husband and wife. Mary reveals the fact that the child soldier has killed her parents, the husband and wife, who we never hear from again. Mary, in turn, kills the child soldier for murdering her parents. She is then sentenced to death by stoning for killing the child. The end of the play portrays Mary's execution, as the child soldier's mother ("Mum") is the first to pick up a stone to throw at Mary.

The play creates a world in which violence is the direct result of the silence forced upon these characters and the silence Mary finds when needing others support in her time of need. The play demonstrates the dire ramifications of silencing the reality of problems like AIDS. When shrouded in silence, the only possible outcome is violence. No matter how many ways these characters attempt to communicate with one

another—whether it is through verbal, physical or emotional means—they encounter an opposition to that communication. I will explore and examine several of these attempts and the ways in which these characters both fail and succeed in their attempts to communicate. At times, communication fails because of a specific defiance on the part of the recipient of the communication. At other times, communication fails because no recipient even exists. This failed communication creates a world where each victim finds themselves alone in their battles against disease and violence. The characters beg for help, asking for a savior of some sort, but each plea for help falters.

This chapter will examine the ways the play creates a world where the result of failed communication and the lack of any outside help manifests itself in the only way possible—violence through the employment of a *deus ex machina*. And through the use of a *deus ex machina*, the play self-consciously recognizes the inability of words, dialogue, of literature itself to affect concrete change even as the play “begs” and “pleads” for political transformation. The play serves to make that very plea on behalf of its characters and the problems that exist is that this “begging” is *all* the play can do.

Through its silences, the play mediates upon the inability of language and dramatic representation to portray the reality of AIDS. At the same time, however, the play does invest a qualified, if humble power in art to help bridge this communication gap. The play serves as a plea for some sort of savior, or at the very least the hope that someone will “stand in” for these character in the way that Anna attempts to stand in for Carl in *The Baltimore Waltz*. The play illuminates the darkness of the world in which these characters reside by using the only means available as a dramatic piece—the text

and the stage. The play uses the language of the dramatic stage to transcend the ways in which the characters fail to communicate successfully. In showing the inability of these characters to accurately portray the reality of disease and violence in their world, the play ultimately succeeds in bringing to light these issues through the work of drama. And in bringing light to these dark places, it shows the potential consequences of this plea falling on deaf ears—when one is left alone in the fight against things such as AIDS (like the husband and wife), child soldiering or the stoning of innocent children (Mary), the only possible result is violence. Failing to resolve these issues leads to one option: violence.

Of the three plays I have examined, none deal with the failure of attempting to describe, persuade, or portray the disease more than *Stoning Mary*. The play does, however, portray the multiple problems attending to the very act of communicating. In particular, *Stoning Mary* stages the ways communication fail the characters and yet, ironically, how the very *attempt* to communicate remains paramount in the process. It begs the question whether an attempt to communicate is better than no communication at all. While the attempts to communicate comes back void, the ways in which these characters communicate with each other about their relationships and the disease they face remain the only option available. In portraying this breakdown, the play creates a world in which the cycles of failed communication leave the characters searching for help they never truly find. Their pleas for help ultimately end up fruitless and the play provides no answers as if the situation in which they live will ever improve.

Debbie Tucker Green readily admits that her writing takes issue with the way the international community has treated global trauma during the 2000s. Millions of people in developing nations, specifically Sub-Saharan Africa, have continued to deal with AIDS. According to Avert, one of the leading non-profit authorities on the AIDS epidemic, more than 20 million people were living with HIV in 2001 in Sub-Saharan Africa, but only about eight thousand people were accessing appropriate treatment (Nolen 108). From 2003 to 2005, the number of people receiving treatment increased from about 100,000 to 810,000 people, still millions short of the total number infected. UNAIDS reported that about 17 percent of those in need of life-saving drugs in Sub-Saharan Africa were receiving treatment in 2005⁵. Tucker Green's *Stoning Mary* was published in 2005. *Stoning Mary* remains consumed with speaking about people and issues not heard about, the under-represented in the political community, specifically those issues one would normally associate with the black Sub-Saharan community:

I'm a black woman...I write black characters. That is part of my landscape. But with *Stoning Mary*, I was interested in questioning what we don't see and hear. The stories of people who would be in the headlines every day if what was happening to them was happening to white people. It happens all the time. Look at Rwanda. It just fell out of the news. Or Zimbabwe. We're always hearing what is happening to the white farmers but what about the black political activists who are also being killed? Where are the news stories about them? " (Gardner).

⁵ UNAIDS fact sheet, 2006.

Tucker Green directly addresses this problem of white versus black AIDS victimization as the play calls directly for a white cast. The stage directions begin by stating, “The play is set in the country it is performed in” and follows with, “All characters are white” (Tucker Green 2). If performed in the United States, the play takes place in the United States. If performed in France or the United Kingdom or India, the play takes place in those places. It echoes *The Baltimore Waltz* as it completely displaces the disease, taking it out of the context of a developing country and placing it directly in the setting in which it is performed. This maneuver allows for the altering of the issues discussed in the play. We witness characters dealing with tragic circumstances, circumstance often associated with poor or under-developed nations. However, in giving the story a white cast, the play tears those assumptions apart, providing a world in which issues such as child soldiering, severe lack of AIDS medication and public stonings become a part of the existence of the country in which the play is performed. In providing an all white cast, the play has silently scripted a world in which a white community must face these issues, and not just the black community with whom these problems have long been associated.

However, even in this act of providing an obvious inversion of the political problem of HIV/AIDS, the play provides a conflict in representation. The play originates from a black British playwright, writing about issues facing developing countries by placing the conflicts in a white, Eurocentric setting. This abstract setting in which the play resides becomes both a strength and a weakness. The play can no longer hope to provide an accurate lens into the reality of the conflict in these developing countries

because it is so far removed from them, as is the playwright herself. However, in removing an attempt at dramatic realism, the play hints at and merely *suggests* the nature of the disease and the diseased. In doing so, the play operates on a level of abstraction rendered necessary when speaking about the nature of these very conflicts. Communicating the reality of the situation seems impossible, so providing an abstract way of viewing these issues becomes the only means available as the play self-consciously foregrounds the difficulty of representing these tragic events.

The silence of “nuthin”ness and circumstance

Strictly speaking, the play would not be considered by most as an “AIDS play”. However, a significant portion of the play deals with the issue of AIDS by focusing on a husband and wife who are both diagnosed with the disease. The husband and wife find themselves in such a desperate state that they are pitted against one another, each one in fact becoming “the enemy of the other” (Aston 589), in a fight to the death for the life-lengthening drugs. The medication will only fulfill the needs of one person because they cannot afford more than one prescription. The silences scripted throughout the play between husband and wife communicate a fear, a lack, a void between the two characters created and caused by the disease. The silences demonstrate a breakdown in the ways they communicate with each other and the lack of help they have available to aid in their fight against the disease. The “emotional divide between them hardens into a deadly/deathly distance” (Aston 589) as they have no choice but to fend for themselves, since no one will fend for them, even their spouse. The disease renders the couple unable to communicate clearly to one another or, at times, unwilling to do so.

Through the beginning scenes, the play realizes an ability to succeed in communicating where the characters fail. Over and over again in the first scene, the play portrays the inability of the husband and wife to communicate to one another and the utter lack of anything worth saying. The wife says, "You got nuthin to say?" and Wife Ego confirms, "He says nothing." She repeats the question, "You got nothing to say then?" and her ego again confirms, "Can't say nuthin" (6). A few lines later the husband says, "Stand still" and Husband Ego says, "She says nuthin then." The wife's ego confirms that indeed, "I got nuthin good to say" (7). It seems that these two characters follow the cliché that if you have nothing good to say, say nothing at all. Their situation in life gives them "nuthin" to communicate to one another.

The play represents the struggles these characters face in their attempts to communicate with one another and the struggles of representation by scripting the characters egos, "Husband Ego" and "Wife Ego". Both husband and wife need an outside voice to communicate their thoughts and feelings to the audience since they cannot accurately share their feelings with one another. However, the play succeeds in representing the interior thoughts and feelings of these characters through their egos, demonstrating both the power and limitations of textual representation of this world. The play provides a voice neither of these characters can find for themselves. It reveals their hidden thoughts and feelings in a way they cannot because of the world in which they reside and the problem of AIDS

The play reiterates the significance of the "nuthin"ness these characters experience through mirroring this first scene in scene two as we encounter the mother

and father dealing with the abduction of their son. The repetition of the word “nuthin” appears again later in the text, mirrored between the child soldier’s “Mum” and “Dad” as they grapple with the reality of their son’s abduction:

MUM: Umm.

Umm...

DAD: Er.

MUM: Umm.

DAD coughs.

Yes?

DAD: Er...

MUM: Yes?

DAD: Um...you?

MUM: Nothing.

DAD: Nothing?

MUM: ...Nothing.

...I can’t think of nothing good...

We see the mother and father of the child soldier at an utter loss of anything to say to one another now that they have lost their son. Even the most banal of conversations becomes a tedious exercise in communication. The mum has “nothing good” to say, so they say nothing at all to one another except slight attempts to think of anything worth discussing. The abduction of their son renders each of them helpless, just as we have

seen the husband and wife before rendered helpless to talk to one another as they face the reality of AIDS.

Through both of these scenes, the “nothingness” they reference describes the lack of ability to verbally communicate with one another because of the lack of anything “good” to say. We encounter two married couples rendered speechless due to the circumstances of their lives. For Husband and Wife, AIDS renders them speechless. For Mum and Dad, their son’s kidnapping leaves them unable to talk with one another. And in using the word “nothing” repeatedly, the play introduces the idea that none of these characters hold any ability to affect any sort of concrete change in their worlds. They fully recognize the fact that no good will come from an attempt at conversation, so they say nothing at all. The nothingness they reference also indicates ways in which they inhabit this world alone. They have “nuthin” but also no one to speak to about the issues they face.

Yet, as futile as their attempts at communication seem to be, each couple continues to speak to one another and demonstrate the very necessity of verbal communication despite its vacuous nature. The play demonstrates through this rendering of husband and wife that verbal communication, while ultimately coming back empty, remains the only option, the only connection between the two. Here the play takes on a Beckettian resonance as it grapples with the ideas presented in works like *Waiting for Godot*, where the characters talk and talk about doing things but never actually act. They continue to wait for Godot, someone who never shows up, and at the end of the play they are in the same state in which they began. Their words, when void

of action, provide nothing in return. In *Stoning Mary*, the husband and wife show the inability of spoken words to affect change and its failures in portraying the reality of the AIDS victim. And through these characters we encounter a microcosm of the AIDS dilemma—no matter how many or how arduous the attempts at communicating the severity of the disease, nothing truly provides an accurate portrayal of the diseased.

The play introduces the child soldier into the lives of the husband and wife, effectively showing the lack of answers available to the couple as they have nothing to offer the child soldier. The play invokes the word “nothing” again in the scene where the child soldier breaks into the home of the husband and wife, this time as a representation of the “nothingness” the couple possesses. The husband and wife, recognizing the potential danger, clamor to appease the child soldier in any way possible. And the husband and wife repeat the word several times throughout their encounter with the child soldier. The scene begins:

HUSBAND: There’s nuthin—

WIFE: there is nuthin—

HUSBAND: there is nothing—

WIFE: we don’t have—

HUSBAND: nothing—we don’t got—

WIFE: if he’s lookin for somethin

HUSBAND: we don’t—

WIFE: have it.

The scene continues as they continually repeat the fact that “there is nothing” here for him and that they have “nuthin” (36). They offer food, but he offers no response. They offer the few coins they have, but he does not respond. They offer their wedding rings and still he remains silent. The husband and wife consciously know that there is nothing they own that will appease the child soldier, yet they continue to plead with him. Just like many of Beckett’s works, the characters talk themselves in circles. No matter the number of times they attempt to provide the answer or search for a solution, they end up right where they began.

The power of nonverbal communication

The play demonstrates the power of nonverbal communication between the couple, showing the significance and power of the body to communicate when face-to-face with another. Because of the lack of verbal communication to portray the disease, the husband and wife must rely on their physical state to prove to the other their need for the prescription. Through the physical communication between the two, the egos verbalize a sometimes hidden, sometimes explicit resentment residing between the husband and wife. One such instance occurs as the wife notices the husband’s attempts to avoid her and avoid the severity of their life circumstances. The wife’s ego recognizes that the husband puts his “hands in pockets doing defiant—doin defiant badly”. The husband’s ego asks, “Why would I wanna put my hands anywhere else?” (4). His ego communicates that he has little desire to put his hands on or near his wife, that his pockets remain the most logical place to put his hands and nowhere else. Wife says to Husband, ““If you’d putcha hands on me then you’d know.../”Put your hands on me to

know'.../handle me, handle me—handle me—go on.' /WIFE *shows her shaking hands.* /'Go on. /Go on. /See...can't'" (3).

The wife communicates much about her relationship with her husband and her relationship to the disease in these few lines found in the opening scene. In asking her husband to “putcha hands on me” she shows the lack of connection felt between this husband and wife. In the simple act of making the request, one assumes that much time has passed since the last time that the husband willingly put his hands on her. Having to ask for her husband’s physical touch certainly does not communicate an active, physical connection between the two. Also, the first line of dialogue in the play communicates a lack of intimacy and lack of connection between these two central characters. The order in which she says this affects our understanding of their relationship as well, in that an if/then statement exists. “*if* you’d putcha hands on me *then* you’d know”, which exhibits the strong sense that she feels unsure whether or not he ever will put his hands on her again. It is a question of *if*, not *when*. And if he indeed decides to put his hands on her, a process of discovery will happen. He will “know”. She confirms the fact that he has not touched her in a long time, saying that he “wouldn’t know iss been that long” (5). The wife, her hands shaking and signs of the disease beginning to show in very tangible ways, has become undesirable, cast off by her the one who is suppose to remain closest to her. The words her ego communicates demonstrate a helpless loneliness forced upon her by the disease.

In this scene between the husband and wife, we also witness a moment of success and failure in the physical communication between two. The wife’s tremors, her

shaking hands, communicate a weighty reality of the severity of the disease. Yet the disease has also rendered them unable to communicate sexually with one another. They no longer have any sexual desire for each other yet their bodies continue to communicate much in the ways they respond physically to the disease. Through this physical manifestation—the wife’s shaking hands—an example is provided of the ways in which the physical body continues to communicate, even in the midst of an inability, or a lack of desire to communicate verbally. Where words fail, the wife’s state becomes known best through her tremors.

What the husband has to discover, what she wants him to “know”, is the state in which her body currently resides. She never fully explains what she means when she says what he will “know” if he puts his hands on her. Instead, the play uses a moment of silent demonstration to introduce her physical state of being as she “*shows her shaking hands*” to her husband. The beginning of the play asks for the director to show the name of each scene of the play. The name of this scene, “The AIDS Genocide. The Prescription” provides a frame for which to view her shaking. Her shaking introduces us to the first physical symptom of AIDS in the play. In demonstrating this shaking instead of stating what ails her, we see the inability of words to describe what is happening in her body. The disease going through her body can only be described through demonstration, not empty descriptors or dialogue. It is a moment where physical communication becomes paramount over verbal. The greatest proof of her disease resides in a physical demonstration of her ailment. This first scene introduces the idea thread throughout the play that the affects of the disease are actually too much for

words, too dark, too harrowing, too unknown. No vocabulary exists to describe the affects of the disease with any real accuracy. The only accurate depiction exists in a physical demonstration of the disease's affects on her body.

The husband turns the conversation around and asks the wife to "Go on, put your hands on me" (4). As he asks, his ego notices that "She eyes to the skies it—focus on the floors it". And later, the wife's ego repeats the same thought as they converse, saying that he "eyes to the skies it./He eyes to the skies it, buyin a breather" (6). They avoid really looking at each other at all costs, unable to truly face the facts of their disease and the conditions in which they live. Neither one of them wants to put their hands on each other, and this avoidance communicates two things. One, a fear seems to reside between the two of them where they might discover that their spouse is actually digressing in health if they allow for physical touch. As we find out later, they fight over the prescription needed to treat the disease because they cannot afford a second prescription. Only one will survive for a significant length of time. A dose of reality in regards to the actual affects of the disease will only help prove to each spouse's case for needing the drugs. Secondly, this begins to communicate the ways in which they are failing each other and the failure of the relationship to help in any productive way in combating the affects of the disease.

It is also important to note the affect of this physical communication from wife to husband. What words lack the ability to do, her physical state communicates the reality of the disease. Which provides evidence of the frustration felt by each of these characters in regards to receiving treatment for the disease. In order for the spouse to

really “know” the reality of the disease, one must see firsthand a physical demonstration, requiring close proximity and an eye-witness accounting of that physical state. Words will fail. But in order to recognize the course the disease takes, one must experience more than just a description of the disease. But if no one ever comes in direct contact with the diseased, how will they know? This is a question that haunts the work throughout. And the husband and wife both actively choose to avoid experiencing the reality of the disease, as they “eyes to the skies it”. They avoid the truth of physical deterioration by averting their gaze to the sky.

Neither husband nor wife seems comfortable with dealing with the reality of the other’s disease and the precarious situation they find themselves in. The wife articulates this discomfort, asking her husband, “Didn’t you think it would be like this?/ ‘Till death do us’ an all that—y’didn’t think it would be like this didja? Didn’t think we’d get to this. Didn’t think we’d be doin this. Didn’t think we’d get to this part” (5). The wife demonstrates the second part of the discomfort existing between the two, the fact that they are truly failing each other in their relationship. In a time where they both face disease and the possibilities of the future horror of the disease, neither of them possesses the ability to provide comfort or care to the other. In the vows she references, where husband and wife initially intend to be there for each other in sickness and in health, until death parts them, this example of marriage seems to ultimately fail that description. As the trials of their disease increase, their connection lessens and they can no longer stand the thought of touching one other. They have demonstrated to one another the emptiness of the vows they took when they were

married—the words, with the action to appropriately back up the vows, come back null and void. This is a world where words are often empty and vows need to be backed up with action.

The power of silence and violence

To return to the scene between the husband and wife and the child soldier, the play provides a literal “nothingness” in the child’s silent response. Through his reaction, or lack of reaction, the play reveals silence’s ability to hold tremendous power and act as an oppressive force. The husband and wife desperately attempt to come up with a solution, something that will appease the child soldier, yet each attempt yields no response. The tension and threat of violence escalates as they realize they have nothing to offer the child. In the scene, the child soldier serves as a stand-in for their disease. The sense of pending disaster overwhelms the scene and nothing they do will satisfy or appease the situation. In their fight against AIDS, death approaches daily and there is little they can do to stop its advances. Every solution offered or available provides nothing in terms of affecting a positive outcome for the couple.

The play use “active silences” to contribute to the growing unease and threat of violence between the couple and the child soldier. Another stage direction provided at the beginning of the play says, “*Names without dialogue indicate active silences between those characters*” (2). In this scene between the husband, wife and child soldier, several instances of this “active silence” occur, written simply as:

HUSBAND

CHILD SOLDIER

HUSBAND

WIFE

CHILD SOLDIER

The final moments of “active silence” transpire directly before the child’s only words spoken to the couple . As they have exasperated themselves attempting to figure out what the child soldier might want, the husband finally says, again repeating the “nothingness” they face, “There’s nothing/ Wife: there is nothing/ Husband: yes there’s nothing...There is nothing—there’s nothing—there is nothing else—/ Wife: no. No./ Husband: There is nothing else we can do...Is there. Is there? Is there” (41). The phrase “There is nothing else we can do” becomes a major indicator of the situation they find themselves in. They are helpless to do anything and their words continue to fail. The final active silence exists between the child and husband:

CHILD

HUSBAND

CHILD

HUSBAND

WIFE *offers up the prescription to the CHILD SOLDIER. Beat. The CHILD SOLDIER destroys it.*

CHILD: Beg.

The play introduces the child as a deus ex machina in this scene to magnify the political problem of communication found in the world in which they reside. No social or political process exists to aid these characters, no amount of discussion will ever lead to

positive outcomes, and no discourse exists in which people can find solutions to their problems through traditional reasoning. The only discourse available is one of violence and destruction, of which the child soldier becomes the ultimate mechanism for that discourse. Where the husband and wife fail to resolve their conflict over the medication, the child destroys the medication, negating any possibility of treatment for the couple.

In his single word, “Beg”, the child demonstrates this discourse of violence and the world in which they inhabit. In this moment, a child holds all of the power and authority to order the husband and wife to do whatever he wants. Authority has been stripped from a grown man and woman and taken by a machete-wielding child soldier. This order to “Beg” also symbolizes the nonsensical nature of this very world. Having just destroyed their only medication, they now must beg for their lives, beg to survive the wrath of the child soldier. However, life now provides little hope other than certain death now that the child has destroyed their means for treatment. He destroys their hope for longer life and demands submission. And in this fact, the word “nothing” circles back around in the play. The husband and wife are told to beg, but for what? Nothing. They have nothing to beg for, nothing in which to look forward. They begin with nothing and end with nothing.

Silence serves as a source of power in the way the play appropriates it as an active character in this scene. By far, this scene holds the greatest number of “active” silences between the characters in the play and the tension builds and builds with each moment of silent response the child gives. Silence is anything but passive; as noted at the beginning of the play. It is an active energy and communication between these

characters. Even though the child says nothing, he obviously communicates something very dangerous towards the husband and wife as they clamor for a way to appease him and break the silence. The silence he provides culminates in one action, destroying their means for treatment, and one word, “Beg”. Silence holds the most power throughout the scene, demonstrating the ironic ability of the very *lack* of verbal communication to speak much louder than words. The child soldier’s physical presence remains all that is necessary to reduce the husband and wife to quivering, fearful subjects.

This one word, “Beg”, the play also demonstrates the importance of the context in which something is spoken. With this one word, he has disrupted a world where verbal communication often fails by providing a spoken word that holds much power. Yet the power rests in coupling both the physical and the verbal—his physical stature and physical possession of a weapon give his word much greater meaning than they would have otherwise. When the child finally acts, his one move provides destruction. The one prescription the couple has for treating AIDS, the bottle that will lead to more life for one of them now no longer exists. He provides an intimidating and imposing figure as he silently fails to respond to any of their pleas. In this final scene we see the ultimate success and failure of communication simultaneously: the failure of the husband and wife to communicate with the boy in any tangible way through their words and the success of the child soldier to gravely communicate his power through action and speech.

The scene also appropriates silence also in the way it metaphorically allows for a standing in of sorts for the larger problems at hand. The play weaves AIDS into the fabric

of the play as just one of the many problems these characters face and the silent, visible figure of the child soldier echoes the silence in which they find themselves searching for answers. Each option, whether it is the medication or food or possessions, ends up failing to appease the child soldier, just as the world in which they live seems to fail them every step of the way. This world provides no answers and this scene serves as a microcosm of that very world. No matter what the question, the only answer is silence. And when that silence breaks, the only action taken provides for senseless violence without any type of rhyme or reason other than to exercise power. And these issues, these problems of disease and violence, seem to have no rhyme or reason either. They are silent killers, yet the silence is an active silence, one that engulfs and enraptures the inhabitants of this world. The end result of this active silence will always, seemingly, end in violence. When communication fails, when husband and wife must face these perils alone because of the disease and the circumstances in which they live, destruction ensues.

Before the child soldier destroys the medication, the husband recognizes the futility of their attempts. Having offered everything available to the child soldier, he says, "he's not here for that...this is about us" and a few seconds later says, "this is about us...Us not being them. Cos we're not them. Cos there is nuthin else" (40). In these few words the play brings to light the political and social travesty facing these characters. The situation they face and the potential violent end at hand has nothing to do with what they possess, nothing to do with their ability to persuade or dissuade the violence that is sure to come. It is about one thing and one thing only. "This is about

us...Us not being them" (40). In this statement the play magnifies a world in which no solution exists other than the fact that one must be destroyed because of difference. It illuminates the difference between "us" and "them", where "they" have the power when they hold a bloodied machete. Violence equals power in this world and provides the necessary means to oppress others.

In this scene and in the scene referenced earlier between "Mum" and "Dad", the play communicates the struggle to communicate yet the very power of verbal communication through the use of the word "nothing". In repeating this word, the reader is reminded again and again of the very lack these characters face—lack of possessions, lack of medication, lack of "good" words to say. But most importantly it demonstrates the lack of ability to access any sort of healing or redemptive power. When the husband and wife try to convince one another who deserves the medicine, they come up with nothing. When the mother and father attempt to move on with life after their son is abducted, they have nothing to say. The play has no choice but to introduce child soldier into the story as a *deus ex machina*. In doing so, the play resolves the conflict between the characters through violence, effectively ending any hope these characters have of finding redemption in the midst of disease and chaos. They have nothing and no one to help. They have no resources. They have "nothing" because their fate rests in the hands of another no matter what they might attempt.

Political silence

Mary encounters a political silence as she faces the reality of her pending hanging. In the final scene between Mary and her older sister, Mary ask why others fail

to support her in her time of need, specifically women. She asks, “What happened to the womanist bitches?/...the feminist bitches?/...the professional bitches./What happened to them?/ What about the burn their bra bitches?/ The black bitches/the rootsical bitches/ the white the brown bitches/ the right-on bitches/ what about *them*?” (62). She continues:

YOUNGER SISTER: What happened to the mainstream bitches?

 The rebel bitches

 the underground bitches

 what about—how bout—

 the bitches that support other bitches?

 Bitches that aint but got nuthin better to do

 bitches that gotta conscience

 underclass bitches

 overclass bitches

 political bitches—what about—how bout—

 what happened to *them*?

 The bitches that love to march?

 the bitches that love to study

 the music lovin bitches

 the sheebeen queen bitches

the bitches that love to fight

the bitches that love a debate

the bitches that love to curse?

Mary's diatribe continues and finally, after asking why all of these women have deserted her for more than 35 lines, she asks her sister, "Not a one a them would sign for me?" (63). Here the play echoes what was found in *The Normal Heart*, in that this monologue interrupts the action of the play and allows for the solitude of a monologue to signify the loneliness and isolation felt by Mary, in much the same way that characters like Emma and Bruce in *The Normal Heart* deliver monologues as a symptom of their isolation.

This monologue demonstrates the political silence Mary discovers when attempting to obtain support from the women around her. Each and every type of woman Mary can think of has deserted her. Even the women that "got nuthin better to do" leave her abandoned to face her conviction alone. Like her mother and father and the parents of the child soldier, Mary discovers a world where one must face these problems alone without the help of anyone around her. Much like the men in *The Normal Heart*, *Stoning Mary* provides a political reality through the work of the play where one is left to fight her battles alone.

Through Mary's rant, we see the play cycle back to the silence of circumstance that her parents, the husband and wife, experience. Despite Mary and her older sister's attempts to garner signatures for a stay of execution and their attempt at a march of protest, their efforts come back empty. Mary does not find the help she hopes for in the

community around her. In fact, she realizes how alone she is through the desertion of the women whom she assumed would be most willing to help her. These women, women who supposedly have a cause to fight for, completely abandon Mary in her time of need. But, in the absence of outside help, the play steps in as a substitute for these women. Where Mary cannot obtain any signatures to postpone her execution, the play serves as those signatures. She holds no ability to script her release but the play, through its textual representation serves as her political plea in the face of tragedy.

Stoning Mary intentionally abstains from scripting a “foster family” like the family established in *The Normal Heart*, instead using this opportunity to provide Mary as a sacrificial ramification of this violent world. Older Sister responds to Mary’s monologue by stating the reason others are not supporting her, saying, “you killed a man...You killed a man who was a boy” (63). And Mary replies:

YOUNGER SISTER: ...That *boy* was a soldier.

Beat.

OLDER SISTER: That soldier was a child-

YOUNGER SISTER: that *child* killed my parents.

Our parents, *ourn*.

...I done somethin.

Least I done somethin. I done somethin—

I did. I did. I did—I done somethin.

Here the play makes a significant departure from the word “nuthin” we have seen repeated over and over throughout the play. While we only find the word “somethin”

within these few lines, it is extremely significant that Mary is the one who has done “somethin” instead of “nuthin”. The play portrays Mary as the only character we have seen to take any sort of action against this cycle of violence and repression, and her only choice is to enter *into* that very cycle of violence. Similar to the ways in which the play repeats the word “nuthin”, adding to its significance with each repletion, the play uses this moment for Mary to repeat the fact that “Least I done somethin. I done somethin—I did. I did. I did—I done somethin”. Up to this point, the only character to have taken any physical action is the child soldier, violently destroying the AIDS medication and murdering Mary’s parents.

Sacrifice and redemption

This play sets up the isolation from these “bitches” in order to portray Mary as a sacrificial character, a direct manifestation of the isolation and violence she experiences in life. Through giving Mary up as a sacrifice, the play demonstrates the grave ramifications of this world of silence and violence. When Mary finally chooses to act, attempting to bring the child soldier to justice, she only finds another road towards death and destruction. Mary doubles the child soldier character in that she serves as the *deus ex machina* to resolve the problems facing the victims of the child soldier. Just as the child interrupts the silence forced upon the husband and wife, so does Mary end the silent threat of the child soldier through violence. Violence is the only “somethin” available to Mary.

However, even though the world of the play fails to provide Mary redemption that she can see, it succeeds in providing a textual redemption as she serves as a model

of sacrifice and hope. In providing Mary a name and in portraying a modern world that continues the tradition of stoning, the play links her with one of the most well known figures of the Christian tradition. Mary is a name synonymous with several of the most well known women in the bible: Mary mother of Jesus, Mary Magdalene, Mary of Bethany. Specifically, Mary Magdalene has become one of the more revered figures in all of biblical literature, yet her persona is put together textually and through interpretation just like any other character. Many in the Christian tradition equate Mary Magdalene with the woman caught in adultery who is sentenced to be stoned. She is also associated with the woman who anoints Jesus at Bethany and is widely thought to have been a repentant prostitute. However, most of these assumptions are unfounded as the only mention of Mary Magdalene by name is at the crucifixion of Jesus (Carroll). Similar to how Mary Magdalene becomes a product of textual representation and interpretation, the play sets up Mary as a similar symbol of redemption. However, Mary's redemption in the play comes because of her death, not despite it.

In relating the Mary of *Stoning Mary* to Mary Magdalene, the play provides an association with one of the most well known and canonical pieces of literature and recognizes the power of literature to redeem. In the story of the woman caught in adultery, a group of Pharisees bring the woman to Jesus and ask him what they should do, "using this question as a trap". The story continues:

...But Jesus bent down and started to write on the ground with his finger. When they kept on questioning him, he straightened up and said to them, "Let any one of you who is without sin be the first to throw a stone at her." Again he stooped

down and wrote on the ground. At this, those who heard began to go away one at a time, the older ones first, until only Jesus was left, with the woman still standing there. Jesus straightened up and asked her, "Woman, where are they? Has not one condemned you?" "No one, sir," she said. "Then neither do I condemn you," Jesus declared. (New International Bible, John 8:6-11)

One by one, her accusers drop their stones and she is saved from her stoning. In *Stoning Mary* however, no savior exists for Mary. She is left alone and the final scene of the play shows the mother of the child soldier as the first to pick up a stone in order to execute the sentencing. The redemptive power found through the Mary Magdalene story exists because of the way she is saved from certain death. *Stoning Mary*, however, leaves no room for a savior and she is left to her death. The play again portrays the ramifications of silence, as Mary is sent to her death because she finds no help in the midst of her sentencing. The only resolution is violence.

The play essentially provides three examples of the deus ex machina. The child plays this role to resolve the conflict between husband and wife. Mary plays the role in taking violent action against the silent figure, the child soldier. Finally, the mum takes on this role at the end of the play as a result of the social and political silence Mary encounters when she needs help. Where "Mary" of the bible is saved by Jesus stepping in and providing for her safety through his silent actions, the play portrays a world in which no savior exists. They make no progress towards a positive outcome and here the play again exhibits a Beckettian qualities, as each character waits for a savior that may

never come. As the play ends, none of the characters we encounter find the Godot they have waited for but whether or not they ever will remains to be seen.

Each of the deaths encountered in the play ultimately serve as a literary sacrifice, much like the deaths encountered in *The Normal Heart* and *The Baltimore Waltz*. Mary's parents, the child soldier and Mary herself each serve to show the grave ramifications of a world where the pleas of hurting people are met with silence. The struggles to communicate also provide insight into the difficulties in truly representing the reality of these issues. And the play self consciously recognizes its own inability to truly affect political change as it intentionally provides no hope for the characters within the world of the play. All the play can do is "beg" for intervention into this world. Through the work of literature and by redeeming Mary in her association with Mary Magdalene, the play shows the power of literature to illuminate dark places. In representing these issues—AIDS, child soldiering, stoning—the play does what it can to depict the reality of the world in which these characters. But it cannot provide anyone to help save these characters. What it can do, however, is shed light and provide for the possibility that outside help may one day come. The play ultimately *succeeds* in its ability to serve as the very means of representation that have failed these characters throughout the world of the play, illuminating this world through the work of the play.

CONCLUSION

“We must love one another or die” -W.H. Auden

Each play, in its own way, portrays the sentiment found in Auden’s poem. In *The Normal Heart*, the play establishes relational connections and a “foster family” for the men who had no family to help them deal with their disease. In *The Baltimore Waltz*, Anna willingly stands in for Carl as the diseased other yet recognizes the inability of that fantasy to truly rid them both of the reality of his sickness. In *Stoning Mary*, the play recognizes the danger of a world where human connection falters and provides a textual redemption in death for an individual who finds no redemption in life. Each play mediates upon the need for a connection, both person to person and person to community.

These plays recognize the basic fact that no one can survive isolated from the world around them. They note the ways in which AIDS has forced this separation on its victims. In *The Normal Heart*, AIDS separates the gay community from the medical and political world, but also shows the relational isolation felt by these men. In highlighting this isolation, the play in turn provides an alternative reality, scripting a textual family in the absence of political or blood kinship. In *The Baltimore Waltz*, the play scripts a farcical fantasy where Anna can avoid the reality of Carl’s disease. But in doing so, the play makes the tragedy of his death all the more significant as she has no choice but to come to terms with it at the end of the play. And in *Stoning Mary*, we see a world mired in tragic circumstance, of which AIDS is only a part. In this world, there is no place for

meaningful relationship or communal experience, only the lonely march towards certain death.

By no means is this project exhaustive in its discussion of AIDS plays. Many other plays belong in the discussion of mourning and politics through drama. I have chosen these three plays as somewhat indicative of the time in which they are written, each illuminating different problems involved with the sociopolitical context of the time. This paper certainly leaves much room to pursue other nuances found within AIDS literature and the ways in which it continues to mourn the deceased, not just through drama, but through poetry, prose and novel as well. One might even find powerful examples of mourning through other creative avenues such as dance and visual art. However, for my purposes, I have chosen three plays, one from each decade of the last thirty years, to hopefully portray each as a microcosm of the climate in which it occurs.

Each play provides a distinct rendering of AIDS, differing in style and substance from the others. Importantly, each dramatic work ends in a similar way—with death. What these plays communicate in these final pictures of death is not just a consequence of disease, but a consequence of the political and social inaction on behalf of the AIDS victims. *The Normal Heart* offers Bruce's lover Albert, the man Tommy encounters at the hospital that is reunited with his mother, and Felix as the human consequence for the lack of medical or political attention these men received. In *The Baltimore Waltz*, the play shows Carl's dead body on a cold hospital bed as Anna is shocked back into the grave reality of his disease. In *Stoning Mary*, the mother of the child soldier silently picks up a stone to kill Mary. In order to appropriately memorialize the victims of AIDS, the

plays have no choice other than to end each piece with death. The final image involves a death scene and in doing so, it posits the consequences of AIDS in the minds of its readers. No matter what the treatment of the disease, whether it is the dramatic realism of *The Normal Heart*, the fantastical farce of *The Baltimore Waltz* or the abstract environment of violence in *Stoning Mary*, the final result is the same. And herein lies the power of dramatic literature; each avenue—realism, farce, the avant-garde style of Tucker Green—provides a similar aesthetic choice at the end as the play each finalize the journey towards death for AIDS sufferers. And these images are seen through the performance of theatre, not just read on the page.

But the death scenes at the end of the plays are not the only factors that tie these three together. One could argue that all three of these plays remains preoccupied with the ideas of family, surrogacy and silence. *The Normal Heart* portrays a world where death comes as a result of the social and political silence the gay men face, much like *Stoning Mary*. As the most autobiographical of the three, it also serves as a surrogate for the men who went through the reality of AIDS, scripting a drama to portray their stories on stage. *The Baltimore Waltz* provides much evidence for the power of familial connection between Anna and Carl much like *The Normal Heart*, as Anna is willing to stand in for Carl yet unable to do so. The play also reveals the power of silence as it avoids the reality of death by scripting a fantasy, but one that cannot keep death away forever. And *Stoning Mary* shows the danger of losing a familial bond between husband and wife, parents and child and sibling to sibling and the ways that bond is necessary for survival, just like Kramer's work.

I have specifically discussed how *Stoning Mary* speaks for a world who cannot speak for itself, but in many ways each of these plays enters into the discourse of the under-represented. Jacques Rancière says “the politics of literature means that literature as literature is involved in this partition of the visible and the sayable, in the intertwining of being, doing and saying that frames a polemical world” (152). In this regard, the plays demonstrate a specific politics of literature through entering into the act of creating political discourse. *The Normal Heart* helps make the invisible world of the gay men affected by AIDS in the mid-1980s visible. *The Baltimore Waltz* shows a personal attempt to avoid the reality of AIDS and creates a world in which to escape from the reality of AIDS, only to show the lack of ability to truly escape it in any tangible way. In doing so it echoes the political reality that found government and medical authorities wishing the disease away rather than dealing with it directly. And *Stoning Mary* creates a world where a white community struggles to accurately communicate to one another about the dangers they face each day, in turn failing to find any way to successfully combat those same dangers. In portraying these issues in a white community instead of a stereotypical black Sub-Saharan country, the play navigates the conflict of whether or not these issues would be handled differently were they facing a white, Eurocentric nation.

These plays step into the political void felt by the AIDS community, and in doing so legitimize the lost lives of the disease. They mourn the loss of victims through the work of the theatre. Jacques Derrida, when describing the death of fellow theorist and friend Paul de Man, says, “Speaking is impossible, but so too would be silence or

absence or a refusal to share one's sadness'" (5). In the process of losing someone, one experiences an aporia of loss, one that very nearly escapes the ability to describe it in language. However, as Derrida emphasizes, that sadness compels us to share our loss with others and each play uniquely shares the sadness over the deaths of these men and women by bringing their stories to life through the stage.

In scripting these characters and allowing for a representation of their loss, in essence, a type of humanization occurs for those lost to the AIDS pandemic as the plays mourn the loss of a group of people who at the time had no one to mourn them. Butler introduces the idea that if a life is not grieved, it is as if it never existed. If a life is lost with no one to recognize it, to grieve it, it is almost as if that life never exists in the first place. There is a "refusal of discourse that produces dehumanization as a result" (Butler 36). These plays confront the inability of the American public or political powers to rightly deal with the loss of those affected by AIDS and in the process, the play humanizes them through the act of mourning. These plays continues a conversation between life and death, between loving and dying. In a climate where the victim of AIDS fail to receive the love and care they desperately deserve, these plays provide that "love" through in giving them a dramatic home, forever remembered through the dramatic text. Just as Derrida possesses the desire to speak even in the pain of death, these plays participate in a similar work of mourning, centering the world of each play on the forgotten and the afflicted, speaking through the text even in the midst of grief and pain. In providing these men and women a textual home, the plays enter into a politics of drama and mourning by substantiating the very existence of these victims. In

times where the world around them so often failed to recognize their struggle to survive, these works provide the absent, communal process of mourning through drama. And in doing so, they imagine a world where the AIDS sufferer deserves to be mourned, no longer segregated and forced to suffer the consequences of the disease alone.

These plays echo the issues facing AIDS in the way they crossover from one ideal to the next, never truly fitting into one realm or the other. They are neither fully melancholic, in that they certainly allow for moments of catharsis and purging of significant emotional energy in their depictions of death and AIDS. Yet they never fully allow for a true mourning process to be completed, the “work of mourning” described by Freud and expounded upon by others. They grapple with the balance of both, at once succeeding and failing in both regards. Each play leaves open the wound of AIDS: *The Normal Heart* through its direct references to the many other lives that will be taken by the disease, *The Baltimore Waltz* by providing the final picture of Carl as an inanimate being becoming animate again, and most obviously, *Stoning Mary* through failing to provide the resolution of death or a saving power, ending the play with an unresolved, ever-present stoning that will continue to go on if the silence of AIDS and issues connected with AIDS is not resolved. They echo the tension felt in the AIDS community, as one is never able to fully release the dead because of the political work yet to be accomplished. It is a tension that many continue to question as they attempt to strike a balance between the anger of groups like ACT UP and the desire to memorialize through art displays like the AIDS Memorial Quilt. And *Stoning Mary* warns against the belief that

AIDS no longer causes the same types of loss, imagining a world where the disease still dominates the national landscape in the same way it currently affects many marginalized countries.

The plays wrestle back and forth between mourning and melancholy, failing to allow for the complete rendering of the lost human subjects through mourning by ascribing to the “resistant mourning”. These plays provide a simple, direct solution to the problems facing the AIDS community and an ethic that may one day provide the ability to finally heal the open wound of loss suffered due to AIDS—the ethic of empathy. Each play, in its own unique manner, allows for the simple act of empathy, the unadorned process of connecting with another’s trauma, to signify a powerful yet small step towards resolving the AIDS crisis. Each play posits the possibility that without the simple connection of one human being to another, we are doomed to repeat the cycles of death and destruction that have so dominated the thirty years of AIDS.

The resolution these plays provide is an ethic of empathy, best exhibited in the words of the plays themselves. In *The Normal Heart*, Emma pleads with another doctor, “Take them!” (104). Emma at once both pleads and admonishes others to take on the burdens and struggles of the AIDS community, to help her in the fight against the epidemic. She has taken them as her “boys” yet in this single line communicates the direct appeal for others to take them as their own as well. The battle cannot be fought alone and only in the connections of one to another will progress occur.

In *The Baltimore Waltz*, the question “Where is your brother?” resonates throughout the play as an ethical appeal to the reader and audience member that

places responsibility in the hands of those viewing the play. Anna is asked the question again and again in multiple languages throughout the play, showing the universal resonance of the question. The play exhibits the necessity of empathy for Anna as her brother's keeper, a source of protection and help in the fight against AIDS. Again, the play stages this question as an appeal, a plea for others and leaves the question in the balance—where are the brothers infected with AIDS? In asking this question the play unearths an empathetic plea by positing the symbolic brother, Carl, in front of an audience yet demanding justification for the atrocities experienced by the men affected by the epidemic. It also forces a recognition of the loss experienced through AIDS, since so many brothers had been lost to the disease at the time. And the play also provides a significant, particular example of empathy by showing Anna to not only relate to Carl's disease through feeling, but literally taking his place as the diseased in her fantasy. The play provides a reversal of roles as an example for others to follow, dramatically willing others to offer themselves in the place of the diseased.

And in *Stoning Mary*, the child soldier says one line throughout the entire work, "Beg" (41). In a world where no human connection exists, we encounter the results of no love, compassion or empathy towards one another. The only possibility is to "beg" for someone to play a part in the resolving their conflicts. If no one is to step in, if they continue to face their issues alone, the only possible result will continue to be death. And, surprisingly, *Stoning Mary* provides the strongest example of empathy despite its consistent portrayal of the lack of human connection in the world of the play. By setting the action of the play in the "country that it is performed in", the play leaves no choice

for its audience but to switch places with the “other” of AIDS. No longer can a separation exist between audience and AIDS, as the play forces its audience to confront what might occur if these problems existed in more privileged nations like the United States or the United Kingdom. The ultimate political or social “success” or “failure” of the play lies in the unknown responses of its audience; however, the play forces the audience’s hand. Whether one chooses to respond or not remains up to each individual, but the play undoubtedly provides a space for the darkness of the contemporary AIDS community to come to light.

In providing a space to illuminate the silent populations of AIDS, these plays continue to play a part in guarding against this dangerous silence. One of the reasons I examine the plays in chronological order is because it is necessary to trace the progression of AIDS plays through the course of time, as *The Normal Heart* became the first widely recognized work about AIDS and undoubtedly holds tremendous influence over the dramatic works to follow. But it is also important to again mention the hope of the AIDS community discussed in the introduction, noted by David Román. For it is this hope which provides much of the basis for creating these plays in the first place. The political and social ramifications of empathy shown in each play would never take place without a sense of hope that theatre can truly affect the political situation. And in closing with *Stoning Mary*, we see the dangers of silence. In many ways, *The Normal Heart* and *The Baltimore Waltz* serve as a warning against silencing those afflicted with AIDS. *Stoning Mary*, however, opens up the realm of the discussion towards other issues continually shrouded in silence. If those in places of privilege continue to ignore

problems faced by the international community, dire ramifications of that silence will continue. We are doomed to repeat the cycle of death and destruction that has been a part of the AIDS community for so long. And while the AIDS community in the United States has achieved increased recognition and help, *Stoning Mary* illuminates the danger in becoming apathetic towards the disease and the needs of the current AIDS community.

In discussing this ethic of empathy, it may seem overly naïve or unworthy of critical attention. Indeed, the simple act of connecting to another person through empathy, in some small way taking on their suffering as one's own, might seem an overly emotional or sentimental idea. However, it is the very nature of this simplicity that empathy becomes a necessary means towards political inclusion and change. For at times, the problems discussed in political seems so big, so distant that little seems possible in taking steps towards their resolution. And in showing the power of person-to-person relationship and connection, these plays provide a model for particular moments of empathy towards others, a play where anyone may play a part. Even *Stoning Mary* provides an example of the power of human relationship and empathy by setting Mary up as a sacrificial character and scripting direct similarities with Mary Magdalene. Just like Mary Magdalene needed someone to step into her world and provide a source of compassion and help, so do the compromised individuals facing the AIDS epidemic need help in the midst of suffering. In scripting these plays, each enter into the political discourse of mourning for the victims, yet leave the wounds open and available for others to shoulder, a step that can only happen through empathy. Only in

reaching out to the AIDS community, in providing the “love” necessary for survival and spoken of in Auden’s poem, will progress truly occur. But there is always hope for that progress. One can always hope.

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