MIASMA AND/AS UNCONTROLLED POLITICAL DISCOURSES

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[I]

It is very unlikely that people can ever completely recover emotionally after they have seen their beloved dying. One thing is certain, though: through perceiving their beloved ones' debilitating pain, they acknowledge the existence of a "body-broken" or "body-other." Furthermore, when a body breaks because of AIDS, our homophobic fears may erupt more violently than we thought they would. Because of the misconception of this illness, we have turned our fears within and, almost exclusively, have paid attention to our erotic lives/history. Moreover, medical treatises bring into discussion iatrogenic complications that could be the result of a treatment's development, thus adding more concerns to a patient's already debilitated body. It seems that AIDS has developed its own iatrogenic enigma, which has not erupted from unforeseen prescribed treatments, but instead it has come through insufficient health-related campaigns.

Anne Hunsaker Hawkins argues that "[t]he tendency in contemporary medical practice is to focus primarily not on the needs of the individual who is sick but on the nomothetic condition that we call disease" (6). Since a body with AIDS may contaminate a healthy one, a person's illness's spatiality is no longer self-contained. In an increasingly self-aware society, the medical identity seems to be forceful and resourceful enough to influence other persons' behavioral reactions. The three works analyzed here—William Hoffman's play *As Is* (1985), Amy Hoffman's memoir *Hospital Time* (1997) and Hector Babenco's film *Carandiru* (2003)—are a narrative triptych of pain and suffering, patients' isolation and their attendees' limited compassion.

As illustrated in this essay, a SwA[1] is a terrified society; put

[1] Acronym for "Society with AIDS."

differently, limited medical knowledge and mass-media sanitized programs that are commissioned by various profit organizations or political parties imprison our minds up to a point when we search for signs of illnesses all over our bodies and keep certain individuals, who may be at risk, at a distance. By so doing, we continue to blame homosexuals for an illness whose etiology is still not discovered or, even better, *scientifically* proven, and thus live in a unhealthy repressed state of mind.

[II]

In Hoffman's play *As Is*, the dramatist masterfully captures a very dark, gloomy atmosphere, as the main action occurs in a hospital. In the preface to the play, the playwright sets the tone and concern of his work: "I had just finished reading the previous day's *New York Times*. […] I told my friend the article was absurd: a disease [i.e., AIDS] capable of distinguishing between homosexuals and heterosexual men?" (xi). Homosexuality has always been targeted by some as being immoral. As Elizabeth Grosz points out, "In the case of the homosexuals, […] it is less a matter of who they are than what they do that is considered offensive. […] Homophobia is an attempt to separate being from doing" (225-226).

Like cancer, which is defined by many uncertainties, starting from its etiology to its uncountable treatments, AIDS follows the same pattern. In addition, the latter introduces a breakage situated outside one's body's topology. With AIDS, not only is a patient's body questioned, tested, and investigated, but also his/her partner(s) ought morally to follow the same clinical routine. AIDS may be considered an illness that introduces a breakage in people's intimacy. What was once regarded as safe and personal could become insecure and public. Susan Sontag notes some of the changes that have occurred because of AIDS:

> Sex no longer withdraws its partners, if only for a moment, from the social. It cannot be considered just a coupling; it is a chain, a chain of transmission, from the past. 'So remember, when a person has sex, they are not just having it with that partner, they are having it with everybody that partner had it with for the pastten years,' runs a […] pronouncement made in 1987 by the Secretary of Health and Human Services. (72-3)

The play's brilliance resides in suggesting how prone we are to accept lies instead of dealing with uncomfortable truths. For now and then, we make ourselves believe that, as long as we keep doors closed, secrets will not come out; as long as patients are kept inside

a hospital, an illness, such as AIDS, can be disregarded; finally, as long as homosexuals are kept "in the closet," they do not exist for us. In other words, Hoffman's play diagnoses several outbreaks, all potent and urgent for discussion/healing.

At least for the moment, Saul—the protagonist of the play—is not hospitalized. He introduces us to his friends, all of whom have AIDS. Teddy "is not in pain" (7) because his body is practically destroyed by the illness; Jimmy, who died recently, had been "in a coma for a month, […] Harry has K.S. [short for Kaposi sarcoma's symptoms, which are severe lesions, as one possible complication resulting from AIDS] […] and Matt has the swollen glands" (8). Finally, Saul's current partner, Rich, is also hospitalized.

The play focuses on two major issues. Written in the early eighties when the epidemic was not yet fully exposed to the public, and when homosexuals were still kept "in the closet," one of the first things Hoffman wants to demonstrate through his play is the ignorance of the authorities. They wrongly misread AIDS as an illness that affects only homosexuals. In so doing, they label them as deviant and dangerous. Even more poignantly, they allow AIDS to proliferate among people who have been told to think their heterosexuality would keep them away from this illness. In the following passage, Hoffman eloquently combines three distinct reactions to AIDS:

RICH. *Doctor, tell me the truth. What are my chances?*

DOCTOR 1. I don't know.

RICH. *Doctor, tell me the truth. What are my chances?*

DOCTOR 2. I don't know.

RICH. *Doctor, tell me the truth. What are my chances?*

[…]

DOCTORS. We don't know.

TV ANNOUNCER. The simple fact is that we know very little about Acquired Immune Deficiency Syndrome. Its victims may live a normal life span, or they may have only a few weeks. Fortunately, so far this tragic disease has not spread outside its target groups to people like you and me. When will science conquer this dreaded disease? We don't know. We don't know. We don't know. (13)

By paralleling two socio-cultural institutions of power and control, television and medical practice, Hoffman in this passage points out the frustrating uncertainty of this illness' etiology. It is interesting to notice that, while the doctors seem powerless because they admit they do not know how to cure AIDS, the TV announcer rephrases the fear as follows: science does not know how to cure it. Today,

AIDS though treatable, is still not curable. However, over the years, we have learned important lessons, one of which is that this illness can potentially target anyone. Because of AIDS, the regime of fear spreads from those individuals who have already been searching feverishly for a "contaminated" lover in their intimate, yet broken, chain, to everyone.

Thus, it is worth noting that "Cancerphobia taught us the fear of a polluting environment; now, we have the fear of polluting people that AIDS anxiety inevitably communicates" (Sontag 73). There is sufficient resemblance between Sontag's idea and the remark of Joe, a character from Tony Kushner's 1994 monumental play *Angels in America*: "Freedom is where we bleed into one another" (*Perestroika*, 1.7.37). Kushner's polemic idea has been interpreted in various ways. For this essay's purposes, freedom means to have a body able to enjoy life. A "body-broken" rarely has freedom. For issues pertaining to homosexuals and AIDS, Kushner's freedom alludes to the unpleasant reality of still wrongly associating AIDS with homosexuals.

In this light, how far are we from the ancient notion of *miasma* (roughly translated as "stench")? In antiquity, this notion referred to keeping women in labor isolated, for their bodies, being covered in blood and other unpleasant secretions, were considered repulsive and unhealthy. In the history of medicine,

> The miasma theory of disease was prevalent in Europe from ancient times right up until the discovery of microbes. This was the notion that 'bad air'—air that was damp, odorous or polluted—in itself caused

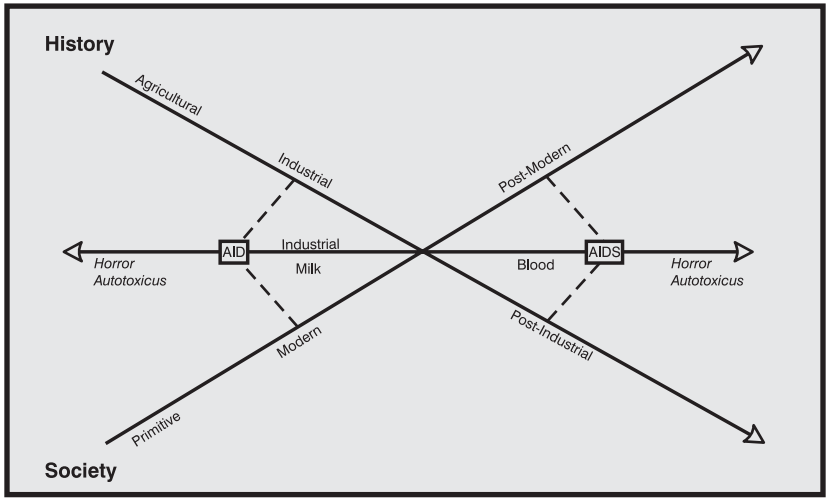

Figure 1. Mapping aid and AIDS. *Contested Bodies*. Eds. Ruth Holiday and John Hassard.

> disease. It was believed the sticky miasmal atoms lodged in bodies, wood, fabrics, clothing and merchandise, and could be absorbed through the skin or by inhalation and therefore could pass from person to person or animal to person through contact. (Lupton, *The Imperative* 20)

Is *miasma* theory one of the reasons why we have misjudged homosexuals' style of life? John O'Neill provides one possible answer. He charts the changes undergone from an agricultural to an industrial society (above). In the former, the maternal milk was invested with a special power, for it suggested an indestructible bonding between a mother and her infant. With the introduction of the bottle in the feeding process, that bonding was damaged considerably. Hence, maternal milk was not considered as fundamental as it had been, and it thus was not regarded as the only means to sustain life in its incipient phase. Moving forward in time, in an industrial society, blood has been invested with life-sustaining attributes (for example, think of transfusions; or of the type of blood an infant inherits). AIDS then contributes significantly to making us cautious of the unpleasant viruses that could be transmitted through blood. As O'Neill argues,

> [i]n an industrial society the social bond may be rendered in terms of the medicalized icon of the gift of blood. […] For as long as our medical system fails to find a prevention or cure for HIV, we are abandoned to *horror autotoxicus*—the catastrophe of lethal fluids (blood or semen), […] where the gift of blood has been polluted and now deals death rather than life and love to its trusting recipients. (181-182)

If that is the case, if one's body could experience the horrors of its own toxicity, along with the risk of contaminating others, and if we are a homophobic society, then in his play Hoffman might have alluded to the quarantine effect *vis-à-vis* the patients with AIDS who are kept in hospital, in some cases until they die. Saul is caught in an epicenter of bad news, friends dying, his own lover in hospital, and—above all—a lot of unhealthy uncertainty. Not only does this illness affect his friends and current partner, eventually destroying them, but it also makes Saul *too* conscious of his embodiment until he forgets what it is to live. He becomes obsessed in his search for clues of AIDS on his body. This is the play's second major achievement. Hoffman captures masterfully Saul in the throes of his own angst:

> SAUL. I have not slept well for weeks. Every morning I examine my body for swellings, marks. I'm terrified of every pimple, every rash. […] I feel the disease closing in on me. (8)

At the end of the play, Saul flirts with the idea of getting married to Rich, thus literally closing in the disease on him. The wedding rings in this context could be interpreted as the death rings. On the other hand, he may think his proposal could contribute to restoring his

confidence, since the institution of marriage has been a symbol of unity and stability for years. Although this institution has major flaws, it is nonetheless a certainty. After he has seen too many of his close friends dying, Saul ardently needs some stable points of reference to help him balance his recently devastated life:

> RICH. My future isn't exactly promising.
> SAUL. I'll take you as is. (72)

The ending of this play, however, is intentionally not explicit. We do not know whether or not Saul will marry Rich, or if Rich would live long enough to get married. As if reading about people dying of AIDS and the introduction of the regime of fear and unhealthy uncertainty were not enough for us to start a polemical debate, at the very end of the play, the hospice worker urges us to continue our discussion by reflecting upon the nature of the endurance of pain, our limits to sympathy, and the worker's delicate job. As he remarks, "They [the patients] get a lot of support at first, but as the illness goes on, the visitors stop coming—and they're left only with me" (76). Along with the hospice workers, nurses "deal with bodies that transgress boundaries that are broken down and violated by illness and medical treatment" (Lupton, *Medicine* 133). The hospital worker and nurses confirm the fact that AIDS deprives patients of their social identity and makes them question their role and usefulness in society.

[III]

Amy Hoffman proposes an even tougher perspective on AIDS. She has never had AIDS; however, because her friend, Michael Riegle, died of AIDS, and because he made her his health care proxy, I read Hoffman's *Hospital Time* as a memoir. If the one who writes this work is not the patient, and yet it can still be read as a memoir, it becomes clearer and clearer that between a patient and his/her attendees there occurs an inseparable, intensified identification of criss-crossed experiences. Throughout her book, Hoffman offers uncensored reflections *vis-à-vis* this illness and the limitations of friendship. The image with which she starts her memoir is that of clocks:

> In Intensive Care a clock hangs on the wall opposite the bed. Big black numerals. One hand that moves in sudden ticks, minute by fucking minute. […] [w]e visitors are intimidated by all the tubes and wires and monitors that hook up to machines that are hissing, sucking, clicking, chattering. (3)

The clocks are depicted without any embellishment, namely, as they appear on a white wall. There is a symphony of white here: the walls

are white; the hospital bed is white; the nurses wear white uniforms. Michael is more and more detached from this world.

Then, as Hoffman asks, how do we react when we see someone beloved dying? What do we do when we notice a patient mocked by an illness, trapped among wires and machines that apparently—in an interesting choice of words—chat with each other? One may argue that in intensive care units, the verbal dialogue is replaced by a white noise resulting from a conglomerate of hissing machines. In this sterilized environment, waiting becomes so burdensome that it pains the one who is waiting. Hoffman admits this truth without editing or disguising her anger:

> Time ticks differently next to the sickbed. […] And there's no comfortable place to sit. The bed is narrow, the patient bristling with needles, electrodes, and other ICU accoutrements that must not be displaced. […]
>
> I sat on the edge of Mike's bed or on a stool or chair next to it. […]
>
> My neck would begin to ache, then my buttocks. My arm would fall asleep. I'd think of obligations elsewhere. I'd get bored. I'd wish I'd brought a magazine to look at. A magazine! Mike was struggling, he has dying, and he needed my total attention. (3-4)

Hoffman faces the impasse of not knowing how to communicate with her dear friend. She and Michael worked together at the *Gay Community*, a newspaper. They were involved in many politically incorrect situations that homosexuality inevitably causes. As an active lesbian, Hoffman shared with Mike, as well as debated, many homosexuality-related topics. As a parenthetical observation, she admits that sometimes she found Michael "crazy," that is to say too passionate and adamant in his opinions. Therefore, when she admits how boring and difficult it is to wait next to the sickbed, she is utterly sincere. In such challenging moments, she does not know if people need courage, or if they should resign their hopes when seeing their friends entombed in hospital machines.

When Michael cannot talk to her, she develops another form of dialogue consisting of flashbacks. The following one relates an episode at a local gym:

> During an exercise we were instructed to try in pairs, the teacher came over to help Mike and me. 'I'm having trouble with this one,' Mike explained to her. 'I've been sick, and I have some neuropathy in my feet. It's hard to balance.' She obviously never heard that word before. […] She'd never heard nouns [such as]: *neuropathy*, *cytomegalovirus*, *mycobacterial avium introcellulare*, *Hickman catheter*. The AIDS language. (27-28)

But Hoffman never explains the nouns' meanings to the gym instructor, and thus indirectly to us, because these nouns, although now part

of the "AIDS language," are confusing for Hoffman, too. This passage reinforces the belief according to which medical jargon is a closed circuit available only to those trained in its subtleties. This episode also confirms that uttering/hearing some nouns does not mean knowing/learning their meaning, synonyms, and structure. Philosophers of language, such as Ludwig Wittgenstein, have noticed why we are so tuned into "language-games." We like to play them because, in the middle of a conversation, while someone still speaks, we may anticipate what s/he will be saying contextually. On the other hand, the above cited nouns are too cryptic to allow (many of) us to start a conversation.

Actually, when I was writing down this passage in my notes, and then again when I was inserting it here, I was careful to type correctly every single noun. One morpheme changed, and I felt the disaster approaching. As if the change in the nouns' morpheme was actually the big concern here! These nouns represent a series of abstract ideas. It is useful to note that, etymologically, "abstract" comes from Latin, more specifically from the perfect participle form of the verb *abstrahere*, i.e., "to draw off." In one of its connotations, abstract means being drawn away from worldly interests. Unfortunately, when a patient's body reaches its end, it becomes more and more abstract; here I use the adjective with the meaning "rigid," in anticipation of the *rigor mortis* characteristic of the dead. Or, as Hoffman writes: "Michael's emaciated body. The heavy, heavy ashes" (86). She must reconcile two different images of her dear friend (before and after his physical collapse), and she knows that will demand courage.

But there is something else implied in this passage. Once Michael is dead, Hoffman will need someone else to minister to her pain. Retrospectively, she admits she was not much help to a very sick, dying friend. Therefore, she is skeptical that anyone can soothe other people's pain. When Michael was barely present in this world, Hoffman remembers an episode that enraged her so deeply that it made her erupt into shouting:

> 'Hang on. Stay with it,' Loie would whisper to him [Mike], crying and squeezing his hand. She told me, 'He knows we are with him. It helps him get through the pain.' Sorry, but I can't believe it. Get through the pain—to where? More pain? Mike wasn't going anyplace. He was just dying, on his deathbed. He had no relationship left, except with pain. (123)

She thinks that some wounds remain open; with the passing of time, they may subside in intensity. Sadly, she admits that she could not find any other way to deal with Michael's suffering that has now become, to a certain extent, her own.

[IV]

The third and last part of this essay's triptych of pain and suffering take a look at Hector Babenco's film *Carandiru*, in which the director analyzes the extreme representation of illnesses. Carandiru, where the action of the film occurs, is a prison in São Paolo, Brazil. The characters face a double imprisonment: one literal, in prison; another metaphorical, in their bodies with AIDS, tuberculosis, or scabies. Babenco suffocates us visually with sick inmates. There are so many, they are not properly identified throughout the film. As one of them says to Dr. Varella, who is conducting social work for AIDS prevention at Carandiru, "I got AIDS, is it still worth taking the test?" Another inmate says, "You come in here sick, they treat you with respect."

Throughout his film, Babenco does not offer answers related to promiscuity and the trafficking of illnesses in prisons. By its end, we do not have the feeling we know these inmates any better. In fact, there is no sense of identity in this film; there are no main characters, no plot, or action. Everything happens, or lulls, in front of the camera, as if there were never an initial script. Babenco shoots the ordinary, regimented routine that exists in prisons, giving the impression he moves his camera from one scene to another dispassionately. For Sean Cubitt, the "[c]inematic present […] can be given a number: zero. […] The concept of nonidentity reveals zero's quality of internal difference. Zero is a relation rather than a (no)thing because it is always a relation of nonidentity with itself. Zero acts, rather than is because of this instability. And it acts in relation to the cardinal numbers (1, 2, 3)" (33). If zero defines its identity through the presence of the other cardinals, then zero possesses this remarkable quality of being in perpetually re-constructing identity. Apparently, Babenco's film is populated with zeros, meaning the inmates, and one cardinal, Dr. Varega. But the slim language of numbers is elusive. On closer analysis, it is Dr. Varega's identity as an outsider that is questioned. He becomes zero in this situation, although here I use zero with a different connotation. Once he completes his social work at Carandiru, he will stop being in contact with these inmates. His relationship, or maybe I should say interaction, with the inmates is episodic, and hence rather fruitless.

For reasons not clearly stated in the film, in the end these inmates are killed in bloodshed. The extremely graphic image of the dead could be interpreted as another way to illustrate the cessation of suffering. Both their illnesses and wrong actions are cleansed in one violent act, so that we see more clearly the metaphor of quarantine upon which this film is created; people with AIDS (and, potentially,

other illnesses) could contaminate healthy people, and--if possible--they should be kept isolated. Have illnesses, and suffering in general, somehow exhausted our patience?

To answer this question, it is worth mentioning that the process of waiting has different meanings for the patients and their attendees, particularly when the former are prescribed tranquilizers. As Larry Dossey conjures, "[w]hen we experience a technique that diminishes pain through expanding our time sense, we are not merely exercising self-deception. We are not fooling ourselves into thinking the pain is not there" (47). If the awareness of time for the sedated patients is altered (i.e., they no longer have a clear sense of circadian time), time for their attendees seems to have stopped. Although they are not physically affected by their beloved's illnesses, nonetheless their lives are at a halt because of pain. To illustrate this more fully, let me return to Sontag's idea according to which, "Compassion is not a stable emotion." Sontag further argues that "It [compassion] needs to be translated into action, or it withers" (101). As someone who has been involved in observing, and, whenever possible, helping two of my relatives deal with their pain and eventual death, it is important to say that compassion is never enough. Compassion is like a drug with too quick an effect. When one cannot do anything *more*, one feels helpless. One feels s/he is companionless to the one who is in pain, but never compassionless. Hoffman, whom we have noticed giving such honestly brutal accounts of her being bored and tired of her visits to the hospital, writes in another entry of her memoir: "By that last week, I knew the way to the hospital by heart, I knew millions of ways. I thought about Mike all the time, and I couldn't sleep or enjoy sex, food, work, companionship. Only in the hospital, looking at him, would my thoughts of him leave me" (67).

Furthermore, compassion may not mean much to patients on their threshold of death, who become more and more detached from such an "unstable emotion." In hospitals, or at home, when an illness is too advanced, baffled we could say: "Illness itself is a strangeness" (Zaner 36). The suffix "-ness" typically describes an object's essence. But could we attach it to people who are close to death? For Hoffman, at the end of her friend's ordeal, Michael became "Michaelness" (142). Moreover, when bodies collapse, when treatments are not compatible with the patients' bodies, and when there is no satisfactory meaning to their ordeal, time itself seems to freeze in its "time-ness." So what does one say or do when time reaches its time-ness, when the beloved is close to death?

Addressing how the dynamics of language could be changed if it were conceived from a verb's, and not from a subject to object,

perspective, David Bohr "[h]as proposed a new model of language called the 'rheomode,' emphasisizing the Greek word that means 'to flow.' He suggests that a primary role be given the verb instead of the noun, thus reducing the emphasis on subject and object" (Dossey 204). Needless to say, the verb was employed in this new dynamic of language because of its capacity to suggest and express action. But verbs get locked into their "-ness," too, when there is not much left to do and/or offer to a patient and his attendees. When the verb freezes too, ironically then we hear again the burden of time's ticking. As Dossey argues, "We wear a watch with no conscious regard for the name we give it. […] Using it, we *watch*. We watch time, we are fixated on it. […] constantly watching, always watching, it is we who are in the service of time" (29).

[V]

This essay has offered a reversal on the perspective of pain, according to which it extends from the one in literal, corporeal pain to his attendees. After we have taken care of ill people, we wear a different type of inscription tattooed on our bodies: "Beware!" But I need to ask: Beware of what: of pain? of physical breakage? of emotional collapse? of death? Could we watch our bodies as if they were outside of us, ready to pour down on us their illnesses, deviations, and misfortunes?

Illnesses, like musical, literal and political trends, are reflective of the time in which we live. Like cancer, AIDS is not one single illness, but a complex of many intricate symptoms that baffles the medical community and raises illogical levels of fear in us. The ancient Greeks and Romans believed in the humoral theory in which "the environment, in combination with individuals' constitutions, were influential in affecting people's state of health. The humoral theory of disease incorporated an understanding of the healthy body as maintaining a balance of the four humors, blood, phlegm, black bile and yellow bile, four elements, earth, air, fire and water, and four qualities, hot, cold, wet and dry" (Lupton, *The Imperative* 19). This type of embodiment was closer to nature and more prone to accept illnesses as curses that needed their cure or redemption in a divine intervention.

On the other hand, an unbalanced body because of AIDS becomes "miasmatic," that is, a hideous, repulsive and isolated body. This is a consequence of incorporating without filtering all those uncontrolled political and medical discourses, according to which "The image of the 'positive' body or the body with AIDS is strictly controlled. Nowhere is an image of the 'ugly' or diseased body

evoked directly, for any such evocation would refer back to the initial sense of AIDS as a 'gay' disease […] *Mens non sana in corpore insano* cannot be the motto" (Gilman 162). Bodies with AIDS bleed differently than other bodies. Their blood is poisonous and vengeful. If touched, it may contaminate another. A contemporary disturbingly distorted myth of hygiene is born; a body with AIDS echoes the myth of Medusa. That is to say, a body with AIDS does not have Medusa's legendary force to decapitate those who used to look straight into her eyes; however, we should not deny that a body with AIDS unwillingly transforms a simple, spontaneous touch into an irrational fear.

Whereas "smell and touch [used to] evoke for us the world before language [since] they [were] keys to repressed memories of the wholeness of the world not primarily seen but felt and tasted and smelt" (Gilman 178), with the official acceptance of AIDS as a contemporary medical conundrum, the act of touch has been removed from our intimate sphere and may, in some cases, become litigious. Furthermore, although *miasma* theory was abandoned when the theory of microbes was discovered during the closing years of the 19th-century, it has nonetheless managed to infiltrate itself into our current hygiene-related campaigns. For Lupton, "In the case of the 'new' public health, individuals are largely governed through inciting them to exercise personal autonomy and political awareness. […] Thus, the 'new' public health […] demands even wider hygienic strategy [in which] every individual [has become a master in] the techniques of self-surveillance" (*The Imperative*, 76). While it is politically incorrect to conceive of AIDS as a "gay" disease, unfortunately few changes have been made towards not keeping these patients isolated or perceiving them as pariah. A new political barrier has been erected that divides us into the social category of those who are considered "safe" (and with "rights") and those who are viewed as contagious (and deprived of complete control over their bodies or public identity).

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