

American Grief: The AIDS Quilt and Texts of Witness

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Along with fiction written from the perspective of heterosexual men caring for dying gay male friends and mothers caring for a child, this essay looks at the NAMES Project AIDS Memorial Quilt as the best known and originary AIDS text of witness, especially in the United States. The Quilt reflects the development of the concern with AIDS from being primarily that of gay men, drug users, and their companions, to a concern that belongs also to a more mainstream audience. Changing perceptions of and attitudes towards the Quilt are reflected in the fiction under analysis here. "American Grief" thus traces the development of the reading audience for fiction and other narratives about AIDS from being a primarily gay audience to a mainstream one. In this respect, it also examines the literary strategies evident in *The Way We Write Now* (1995), one of the first anthologies of AIDS literature. The discussion considers how AIDS literature intended for a mainstream reading public is often cast as pedagogical, thus assuming that it has something to teach its readers, rather than containing something with which they can identify. In texts by Louis Begley and Dennis McFarland this is apparent in relationships based on watching, rather than on intervention or participation or identification. Finally, the essay considers AIDS fiction by Alice Elliott Dark and Alice Hoffman that focuses on families in which one member is ill with AIDS, in terms of Jessica Benjamin's concept of intersubjectivity.

L iterature has, in the late twentieth century, played a crucial role in the formation of gay identity. Certainly since the time of Stonewall, a term indicating the 1969 riot in New York City's Greenwich Village that heralds "gay liberation," literature—most often in the form of the coming out narrative—has described and also prescribed gay community

and identity. With the advent of AIDS, this gay reading community was already in place, and AIDS narratives, often by the same authors of the post-Stonewall coming out stories, emerged very quickly in response to the crisis, again describing and prescribing, but also this time disrupting, what had become known as contemporary western gay identity.

Besides serving the gay community of the 1980s and early 1990s, AIDS literature also functioned as a political indictment of what was not being done to end the crisis. Along with literature emerged other artistic and political responses to the AIDS crisis. One of these was the AIDS Quilt, which, following the trajectory of a genre of representation that started out gay (and political) but became over the course of the early crisis increasingly mainstream, the AIDS Quilt—The NAMES Project AIDS Memorial Quilt—is part of a spectrum of projects meant to criticize the status quo response to the AIDS crisis and change people's minds about what should be done to end it. The production and the display of the AIDS Quilt is an incitement to mourning and memory but it is also intended as an incitement to action and something of an indictment of those who will not mourn, who are not willing to remember, and who do not think that AIDS is a devastation worthy of a swift and nonjudgmental response.

Originally, in the United States in the early 1980s, AIDS was considered a gay illness. Although AIDS probably *made* more of a gay male community than there had ever been before, it was recognized as a common set of afflictions prevalent in such communities in particular geographical areas, namely San Francisco and New York. But not only gay people had AIDS: heterosexual men and women had AIDS, children had AIDS, and it was a disease cropping up worldwide, just, as yet, unrecognizably as a single illness. AIDS is a syndrome, so it manifests differently in different people and in different parts of the world. AIDS has never quite lost this stigma in the West of being a gay illness, even though statistics then and now show that gay men are only a proportion, globally a small proportion, of those afflicted by AIDS. And it is a potentially lethal stigma, not only for gay men: it means that there has been too little safe sex education for people who practice heterosexual sex, and it means that the increased fear and stigma around homosexuality has put gay people—and people *perceived* to be gay—at greater risk of violence and abuse. A growing anti-gay sentiment was condensed in a protest sign wielded at, for example, funerals of those dead from AIDS in the 1980s and 1990s that read “AIDS is not a disease; it's a cure.”

AIDS Quilt

The unfolding history of the Quilt parallels the development of other representations, and indeed perceptions, of AIDS, from one that was almost exclusively gay to one that includes many mainstream voices. The Quilt consists of a constantly increasing “number of three-by-six-foot panels, each of which memorializes an individual who died from AIDS” (Sturken 183). The NAMES Project was officially launched on June 21, 1987 and went public a week later when its first forty panels were displayed in San Francisco’s annual Lesbian and Gay Freedom Day Parade. The Quilt was displayed on the Mall in Washington, D.C. for the first time in October 1987 in conjunction with the National March for Lesbian and Gay Rights. It was its inaugural national display (outside its original San Francisco gay community), forever linking the Quilt fundamentally with the tokens and misprisions of U.S. policy, displayed along the Ellipse against such emblems of American national heritage and identity as the Washington Monument, the Jefferson Memorial, and the White House. It was displayed in Washington, D.C. five times, from its inaugural D.C. presentation to October 1996, when it grew twenty-five times larger than when originally displayed there in 1987 (Turney).

When the “Quilt was displayed for the first time ... [i]t contained 1,920 panels, most sewn with the names of young gay men” (Jones vi). And then the Quilt expanded; it now contains over 50,000 panels: “As the epidemic has grown and changed, so has the Quilt grown and changed. The early names, those of young gay men, have been joined by ever-increasing numbers of women and children” (Jones vii). The Quilt is an unusual and unique memorial because it did indeed start out as a locus and nexus of mourning primarily for gay men and lesbians. Henry Abelow argues that the Quilt is in its conception aesthetically and ideologically gay and lesbian not just incidentally but in its very orientation. Why, he asks rhetorically, “isn’t the favored memorial [for those dead of AIDS] something more usual—a statue in a park or a city square, a stained-glass window, a specially dedicated and newly established hospital, a laboratory or a lecture hall at a university?” (5). Abelow answers the question he poses by commenting that these more usual memorials are not available to gays and lesbians:

For the state we cannot be condoned or protected, and in many instances we are even criminalized. For the big churches we are always sinful, for some of the smaller churches, conditionally

almost-acceptable if we try hard enough to pass. For the healthcare industry we are intrinsically pathological, at least potentially, and for higher education we have long been an object of frank bigotry. These institutions all exclude us to protect yet another institution, the family. (7)

Abelove argues that the Quilt's most "salient feature" is its removability: "The project, like us," he explains, "has no ongoing places of its own on American soil, no necessary connection anywhere to any major American institution. Nothing located or fixed could serve well as a memorial to our losses" (7).¹

However, since its inception, the Quilt has become increasingly mainstream: "the quilt is meant for popular consumption, reaching beyond those participating in the quilt-making to a wide, nonprivileged, diffuse audience: the more people the better, regardless of who they are" (Elsley 193). Marita Sturken suggests that "each time the quilt returns to Washington, its status as an oppositional symbol wanes" (216). Indeed, the first time the Quilt was displayed in Washington, then-U.S. President Ronald Reagan had not yet even uttered the word AIDS in public; by contrast, on the occasion of the Quilt's display in Washington under President Bill Clinton, Clinton himself attended, walking among the panels holding hands with his wife, Hillary. The Quilt has come to facilitate a public working out of grief—for everyone, not just for the people afflicted by the illness. Sturken writes that the Quilt "can no longer be perceived as a protest to the nation; it has come rather to symbolize national grief" (216). Or, as Peter S. Hawkins puts it,

by turning the domestic sewing bee into a national effort—and one with a strong affinity with the most popular veterans memorial [the Vietnam Veterans Memorial: a structure in close proximity to the Mall where the Quilt is displayed in Washington]—the NAMES Project in effect makes quilting the work of American "citizens," a large-scale response to public crisis. (769)

Indeed, the Quilt, as a display on the Mall in Washington, "redescribes the entire nation in terms of the epidemic—it says, America has AIDS" (Hawkins 777).

1. For additional appraisal of how the Quilt in its inception was ideologically and aesthetically gay and lesbian oriented, see D'Emilio.

“America has AIDS”

Although, as critic and activist Urvashi Vaid has said, “the equation for the majority of Americans is ... Gay = AIDS” (81), texts like the Quilt render AIDS, for Americans, a more universal malady. These texts can be said to bear witness because they portray a particular experience of AIDS that can then be extrapolated to exemplify not only the gay experience of AIDS, but the American experience of AIDS. Gregory Woods writes that given the “painful ... way [that] even humane and liberal eyes have discreetly turned away from the crisis as though it did not really exist” and given that there are those who “have ostentatiously been waiting for AIDS to spill over into the ‘general population’ before engaging their care” (158), the Quilt testifies that not only gay men have and need be concerned about AIDS, but that it is a more universal concern, that all America has and must grapple with AIDS.

If memory is “articulated through processes of representation” (Sturken 9) then the Quilt “is both a device through which personal memories are shared and an object seen by its makers to have cultural meaning” (Sturken 3). The literature of witness, like the Quilt, is also a part of a “collective national witnessing” (Sturken 25). This is partly made clear by the mainstream audiences that it addresses and the audiences that it anticipates. The Quilt, most conspicuously by its display in the capital city of the United States, is a cultural intervention into what is perceived as Americanness and into American cultural memory. Though the “quilt has been exhibited throughout the world and includes ... panels from twenty-nine countries” (Sturken 183), it remains profoundly an American artifact. “American national identity is at the center of its discourse” (Hawkins 777). Though “[q]uiling has multicultural roots in Africa, Europe, India, China, and other places throughout the world,” the AIDS quilt is pointedly adopted from the folklore of American quilting. It also is a counterpoint to the history of the folklore of the American quilt: “The family quilt connotes continuity; AIDS creates disruption and broken lineage” (Sturken 192). The Quilt intervenes in Americanness, then, in a way similar to that in which AIDS has intervened. Both disrupt the family, for example, and also the strong sense of division between what is foreign and what is native. Founder of the NAMES Project Cleve Jones has said: “In the first brochure we wrote, we deliberately used the word ‘American’ in every paragraph. We wanted to apply a uniquely American concept to this disease that everyone wanted to see as foreign” (Jones qtd. in Sturken 216).

Texts of Witness

Just as the commemorative AIDS Quilt is fundamentally a text of witness that evokes a national (U.S.) identity and thereby facilitates the working out of national grief, so are there other specifically American texts—and here I would like to look at the literature of AIDS—that represent interventions into the assumptions of American life and identity, specifically the institutions of the family, masculinity, and heterosexuality. I will refer to these texts collectively as “texts of witness.”

Literary AIDS texts of witness are narratives of an “other” who is ill with AIDS as witnessed by a narrator who is an “outsider” in some respect, most significantly someone who is not himself or herself infected with HIV. These narrators also differ from the other on what in the course of some of the narratives become the fundamental grounds of sexual identity.

In gay AIDS fiction—like that written by Paul Monette, Allen Barnett, and Edmund White—the person with AIDS is both “self” and “other” at the same time; the gay author and protagonist is just as much at risk and implicated in the illness and the identities and behaviors associated with the illness as any of the AIDS-stricken characters in the text. In the context of the fictions of witness, the person with AIDS is always represented as other: “not me.” The narration is from the point of view of a witness, someone who is implicated and involved in neither the illness nor the identities associated with the contracting of that illness. For example, Dennis McFarland’s protagonist in the story “Nothing to Ask For” is a heterosexual man whose friend is dying of AIDS. This story relies on the language of onlooking to position the witness and caretaker. Early in the story Dan describes Mack receiving his mail: “Now he stares at the top envelope for a full minute, as Lester and I watch him. This is something we do: we watch him” (McFarland 42-43).² This distance established by watching is the primary way that the heterosexual narrators in the fictions of witness “protect” themselves from illness and dying. But the distance is ultimately not only from the illness. The heterosexual narrators “protect” themselves from illness and dying by attempting to “protect” themselves from homosexuality.

In the beginning of “Nothing to Ask For,” Dan, the narrator, describes the work of a piece of medical equipment in his friend Mack’s apartment:

Inside Mack’s apartment, a concentrator—a medical machine that looks like an elaborate stereo speaker on casters—sits behind an

2. The story was first published in *The New Yorker*, on September 25th, 1989.

orange swivel chair, making its rhythmic, percussive noise like ocean waves, taking in normal filthy air, humidifying it, and filtering out everything but the oxygen, which it sends through clear plastic tubing to Mack's nostrils. (39)

It might be said that this AIDS literature, told from the perspective of heterosexual men, is filtered for the reader in the way that Mack's oxygen is: distilling the story of a death from AIDS into a acceptable story of loss and grief, in which one can be sad, but still not involved in the everyday details of illness and decay, and not involved, particularly, in homosexuality.

Points of commonality in the stories that could portend identification between the characters turn out only to be superficial. In McFarland's short story there is, while not a common illness, a commonality of illness—Dan's alcoholism and Mack's HIV—but this only strengthens the idea that it is not illness that will render a witness implicated in the life and identity of a character ill from HIV but, in this case especially, gay identity. The disparity between them and between their illnesses is exposed most poignantly by Dan now being cured of his affliction. Although it is meant to serve as a parallel for mutual caretaking between the two friends—Dan narrates that “[n]ine years ago it was Mack who drove *me* to a different wing of this same hospital – against my drunken, slobbery will – to dry out” (54)—alcoholism serves only superficially as a point of identification with his dying friend, and perhaps more strongly as a projected talisman against more illness, specifically the HIV illness his friend has. It is as though any other illness besides AIDS will act as an antibody against AIDS, the same way that reinforced heterosexuality is believed to provide an impenetrable line of defense against an illness that comes from infection. In an essay on AIDS fiction in the classroom, Annie Dawid comments that Dan, “like his best friend from college, has led an unstable and unsafe life, but he, unlike Mack, will not die from it” (199).

Though there is the mutuality of illness between them, there is not the common ground of shared sexual identity. The narrator distances himself discursively from gay activities and identities. This is stressed in the scene where Dan highlights his estrangement from the more “extreme” paraphernalia of Mack and Lester's sexuality; Dan observes Lester's sex paraphernalia in his bedroom:

On the dresser, movies whose cases show men in studded black leather jockstraps, with gloves to match—dungeon masters of

startling handsomeness. On the floor a stack of gay magazines. Somewhere on the cover of each of these magazines the word “macho” appears; and inside some of them, in the personal ads, men, meaning to attract others, refer to themselves as pigs. (43-44)

Dawid aptly remarks that “[t]he narrator does not comment on these items, but the way in which he describes them indicates his feelings of foreignness to the materials, as if they were written in another language” (199). The separateness of the narrator and the reinforced separateness on behalf of the straight or otherwise unimplicated reader is reinforced further by this telling critique of the text as a classroom tool. Indeed, consider the language of how Dawid characterizes this story as “safe”: “‘Nothing to Ask For’ allows the student a ‘safe entry’—not to mention a safe exit—into and out of the poignant story” (198).

It is as though the author here is reassuring students that they will still be able to practice safe (sexual) entry and exit, into and out of their story (or partner): no unsafe homosexual “entrances” here. Identification with this story, Dawid seems to suggest, will not make you gay. It is in this way that the story, in constructing the sanctity of the narrator, extends reassurance and safety to its mainstream readers. This exposes the primary anxiety of the heterosexual male narrators and by implication the projected readers of this text: they need to gird themselves against any manner of penetration; protecting themselves from homosexuality will protect them from illness.

Like the AIDS Quilt, some of the AIDS texts of witness bring the disease from the erstwhile gay community to the mainstream conception of home, literally into the domestic sphere of the American family. Alice Elliott Dark’s short story “In the Gloaming,” is a narrative of a woman whose son is dying of AIDS. The son Laird does not threaten the family with his illness or his homosexuality, but he does transform it by bringing these facts and conditions of his life home.

In the family narratives, the individual who has AIDS—the very fact of the introduction of AIDS into the family—changes the structure of the family and the meaning of its roles. In an interesting reversal of roles in the story “In the Gloaming,” it is not the son who requires recognition for autonomous agency, as is generally expected in theories of child development, but the mother. Or, in a recapitulation of child development, the child must recognize the separateness, the autonomy, of the mother. The son, as it were, gives birth—proffers individuation—to the mother. Here Laird asks questions that will draw out his mother as an individual that he may not have recognized before:

“Who’s your favorite author?” he asked one night.
“Oh, there are so many,” she said.
“Your real favorite” (Dark 237).³

Jessica Benjamin comments that the “mother is the baby’s first object of attachment”: “She is provider, interlocutor, caregiver, contingent reinforcer, significant other, empathic understander, mirror. She is also a secure presence to walk away from, a setter of limits, an optimal frustrator, a shockingly real outside otherness” (23). Though the mother is “rarely regarded as another subject with a purpose apart from her existence for her child” (Benjamin 23-24), now that he is dying of AIDS Laird declares to her, “I want to get to know you” (233). In another obvious way that roles are transformed, many times the narrator comments on how unusual it is—not unwelcome but “wrong”—that a mother should again be caring for her adult son. “How many mothers,” she asks herself, “spend so much time with their thirty-three-year-old sons?” (230). And again after he has died:

“It’s so wrong,” she said angrily ... “A child shouldn’t die before his parents. A young man shouldn’t spend his early thirties wasting away talking to his mother. He should be out in the world. He shouldn’t be thinking about me, or what I care about, or my opinions. He shouldn’t have had to return my love to me—it was his to squander.” (248)

These questions and frustrations expose the reconfigurations of the roles of those in the family who are not ill: who is looking after whom, and how the relationships change. Though the family narratives seem to be little concerned with sexual identity, they *are* concerned with sameness and difference—that is, with configurations of identification—along other lines. They are tales of how a family tries to maintain its familiar structure and how it must adapt to incorporate the intervention of illness and specifically AIDS, an illness thought of as antithetical to the family.

When Janet asks her son Laird if he has had love in his life, it signals how little she has known of his homosexual alliances (239); and when pondering how much a parent still thinks of her children with their childhood personalities and inclinations, she realizes “[s]he was still surprised whenever she went over to her daughter’s house and saw how neat

3. The story was first published in *The New Yorker*, May 3, 1993.

she was; in her mind, Anne was still a sloppy teenager who threw sweaters into the corner of her closet and candy wrappers under her bed" (234). Similarly it "still surprised her that Laird wasn't interested in girls. He had been," she asks herself, "hadn't he?" (234). There is no condemnation, nor dwelling, on the fact of his homosexuality; in fact there is barely, except for these references, any mention of it at all. The narrative will call into question the assumptions of family, but only the nuclear family that Laird has returned to. After Laird declares that he wants no more visitors, she notices that then "he softened. Not only did he want to talk again; he wanted to talk to her" (230). The mother muses on family relationships: "Were other people so close, she wondered. She never had been, not to anybody. Certainly she and Martin [her husband; Laird's father] had never really connected, not soul to soul, and with her friends, no matter how loyal and reliable, she always had a sense of what she could do that would alienate them" (233-34). And then she considers how easy it is to sever the presumed bonds of intimacy, thinking, "[o]f course, her friends had the option of cutting her off, and Martin could always ask for a divorce," but realizes that "Laird was a captive audience. Parents and children were all captive audiences to each other." And "in view of this," she ponders, "it was amazing how little comprehension there was of one another's stories" (234). Only now that her son has returned home ill, is she able to ponder the assumptions of family expectations and bonding, and how the stories one tells create the narrative of the family.

The story, told from the mother's point of view, describes the evenings—the gloaming referring to a time that comes between the end of day and onset of night—when the two of them—mother and son—talk and weave a profound intimacy: the "air around them seemed to crackle with the energy they were creating in their effort to know and be known" (233). The gloaming itself is indicative of transition: the passage from day to night echoes Laird's passage from life into death, but also it is also a mark in the story of transitions of family expectations. Janet now waits eagerly for precisely this time of day, the time of transition:

Quickly, she became greedy for their evenings. She replaced her half-facetious, half-hopeful reading of the horoscope in the daily newspaper with a new habit of tracking the time the sun would set, and drew satisfaction from seeing it come earlier and earlier as the summer waned; it meant she didn't have to wait as long. She took to sleeping late, foreshortening the day even more. (234)

It is an awakening for the mother, a way of realizing things about her family and herself as she lets go of her son in his last days. Though she “found it hard work to keep up with him ... it was the work she had pined for all her life” (229).

The story follows a narrative paradigm of classical mother-son bonding and separation: the son is nurtured by the mother, the son leaves home, the mother remains alone. But here this narrative trajectory is disrupted by the son’s illness. Indeed, the son is nurtured by the mother, he leaves, and she is alone, but thirty years or so after the original formation of the infant-mother bond, the son has returned home to die. AIDS here, as elsewhere, reconfigures family life and calls up different forms of identification. For example, their intimacy during his illness recalls his being taken care of by her as an infant but is also cast as a quasi-romantic intimacy as well. Laird remarks:

“I’ve been remembering a lot, lately.”

“Have you?”

“Mostly about when I was very small. I suppose it comes from having you take care of me again. Sometimes, when I wake up and see your face, I feel I can remember you looking in on me when I was in my crib. I remember your dresses.” (231)

Through their discussions they are not just going over the facts of the family, but discursively transcribing them and therefore creating them. In other words, they are writing the story of their family life. They are reconstituting and reconfiguring the family as they talk; for her, it is most like when he was a baby and everything still was in flux, was open to change, “as if he were a small, perfect creature again and she could look forward to a day of watching him grow” (234). It is that feeling that she has back, that the family—their relationships—can change, and this is what she so treasures and looks forward to—“she became greedy for their evenings” (234)—that after many static years the family can change again.

Here we see a reconfiguring that revolves around their original roles and evolves from there. Their relationship reverts to the primary relationship of young mother and infant but absorbs their maturity, the intervening years, and allows for the invention of new behavior, a new perspective on it. Their flirting, according to her, is a replaying of their earlier relationship. Yet, only now does she realize that “Laird had been the love of her life” (240). When they somewhat flirtatiously discuss literary representations of sex, Laird suggests they change the subject. Initially she

responds that “[m]aybe we shouldn’t,” allowing a more personal discussion of sex, before she suddenly and parentally puts an end to it:

“I’ve been wondering. Was that side of life satisfying for you?”
 “Ma, tell me you’re not asking me about my sex life.”
 She took her napkin and folded it carefully, lining up the edges and running her fingers along the hems. She felt very calm, very pulled together, as if she’d finally got the knack of being a dignified woman. She threaded her fingers and laid her hands on her lap. “I’m asking about your love life,” she said. “Did you love and were you loved in return?”
 “Yes.”
 “I’m glad.”
 “That was easy,” he said.
 “Oh, I’ve gotten very easy in my old age.”
 “Does Dad know about this?” His eyes were twinkling wickedly.
 “Don’t be fresh,” she said.
 “You started it.”
 “Then I’m stopping it. Now.” (238-39)

If the “mother is the baby’s first object of attachment, and, later, the object of desire” (Benjamin 23), then here mother and son are in some measure reverting to an early erotic attachment (by way of flirtation). Laird makes a series of funny faces after this conversation and “[h]is routine carried her back to memories of his childhood efforts to charm her” (239). AIDS disrupts and redefines conventional family relationships. AIDS intervenes in the way we live and perceive family life.

Fictions of Witness

Calling these texts fictions of witness is not to suggest that the gay AIDS texts do not also stand as testimony to the era of AIDS. However, because the authors and narrators of the gay AIDS texts are implicated and involved in the experience of AIDS, those texts are not merely testimony but often recapitulations of the experience of AIDS for those who would already have some familiarity with the exigencies of living with the disease. The fictions of witness considered here serve as testimony for a mainstream audience, not for an implicated or involved audience; they are the link between AIDS and a distantly perceived population. Shoshana Felman explains it thus:

The specific task of the literary testimony is ... to open up in that belated witness, which the reader now historically becomes, the imaginative capability of perceiving history—what is happening to others—*in one's own body*, with the power of sight (of insight) usually afforded only by one's own immediate physical involvement. ("Camus' The Plague" 108, emphasis in original)

The fiction of witness, as I will explain further, is often the medium through which a mainstream audience is meant to learn about and understand AIDS.

Felman explains that "the process of ... testimony [is] that of bearing witness to a crisis or a trauma" ("Education and Crisis" 1). She writes further that "[i]t has been suggested that testimony is the literary—or discursive—mode par excellence of our times, and that our era can precisely be defined as the age of testimony" ("Education and Crisis" 5). Certainly the crisis of AIDS, and the accounts and memoirs that it has compelled, have contributed to ours being thought of as an "age of testimony." One point of similarity is that both kinds of texts—the Quilt and fictions of witness—attempt to occupy and secure a place of memory. They act as cultural artifacts that claim to "record" and "remember" the facts of an international tragedy and, most apparently, measure and represent the processes of mourning experienced by a public that encompasses more people than only those who are ill and dying.

The short story anthology *The Way We Write Now: Short Stories from the AIDS Crisis* (1995) (from which the two earlier textual examples were taken) serves as a convenient shortcut to the kind of AIDS literature of witness under consideration here. The foreword and introduction to this anthology are indicative of how it is thought "we write now" from the perspective of an anthology's compilers who seem to intend their collection for a reading audience that they assume is mainstream, but also that they therefore construct as mainstream. It is in many ways a parallel construction to the "mainstreaming" of the NAMES Project AIDS Memorial Quilt. Initially a memorial text of deaths produced by and largely intended for a gay male audience, the Quilt quickly became a more popular forum for expressing and working out grief for Americans whose identifications (or lack of them) place them outside the more specific groups initially conceived to be affected by AIDS.

Bearing Witness

Literary "memorials" encourage a public and collective working through of grief as opposed to the more private processes of working through

mourning found in gay texts. One reason for this distinction is that gay and queer identities are themselves still not sufficiently public to warrant a more widely public working through. While gay AIDS texts stand as important memorials to a certain time of the epidemic, they are formulated not as witnessed accounts, because the authors and narrators are so acutely implicated in the exigencies of illness and stigma associated with the illness (an implied deviant sexuality, or other socially unacceptable behavior). They cannot witness from a distance in the same way, because they do not have the luxury of distance.

Felman writes of the novel *The Plague* (1948) that “Camus’ choice of the physician as the privileged narrator and the designated witness might suggest that the capacity to witness and the act of bearing witness in themselves embody some remedial quality and belong already, in obscure ways, to the healing process” (“Education and Crisis” 4). Bearing witness implies a greater involvement than that of only watching or observing. James Baldwin, a writer characterized by himself and others as one who bears witness, describes the difference thus: “An observer has no passion,” Baldwin says; to witness something “doesn’t mean I saw it. It means that I was there.” He gives the example: “I don’t have to observe the life and death of Martin Luther King. I am a witness to it” (“Conversation” 92). To bear witness, he suggests, is both to attend and also to contribute to the residue of events: “I have to do what I can do and bear witness to something that has to be there when the battle is over” (“Exclusive Interview with James Baldwin” 129). To bear witness effectively is to “think yourself beyond the details of the day of disaster, which exists daily, then react again to your own reaction and try to find a way to engrave it in stone, to make certain that it will not be forgotten” (“James Baldwin, An Interview” 200).

It is not only that these texts of witness are more “public” than gay AIDS literature but that they may appeal to a different or wider audience. This is made evident not by the publishing status of the books—as many gay books are produced by major publishers—but by marketing and more significantly by who is likely to be interested in such literature. While gay publishing has grown enormously in the last thirty years, it has grown largely within the gay reading community—marked in the U.S. by a proliferation of gay and lesbian bookstores and an expansion of titles available to a gay reading public—and it has not been until recently that more mainstream readers have picked up gay-themed books.⁴

4. In 1992, there began to be an awareness that there was a growing mainstream

The texts of witness rely on a more public form of mourning, and in this way serve a wider cultural function. The gay AIDS fiction served to both reflect and produce a gay subject in the age of AIDS. The texts of witness create a cultural understanding and memory of AIDS and its cultural productions. It is by their leakage outside the boundaries of gay identity into the mainstream that the fictions of witness indeed show best the greater cultural meaning of AIDS as a gay-associated disease and the anxieties and resistant identifications of those outside the borders of who is thought to be susceptible to infection. As Cindy Patton has noted, it is those who are considered at risk—gays and drug users—who are seen as *responsible* for knowing about the transmission of HIV and those in the mainstream—primarily heterosexuals—who are assumed to be *entitled* to know (103). It could even be said, to cite Thomas E. Yingling, that these books serve the purpose of knowing “what homosexuality looks like in order to avoid its multiple contagions” (59). In other words, the fictions of witness, particularly those with heterosexual male narrators, require a fixed definition of homosexuality and illness, for the narrators to know that they themselves are not gay and not therefore susceptible to infection. There is a parallel ideology suggested in these narratives that it is incumbent on those who are implicated in the discourse and crisis of AIDS to have a sexual and social identity and not necessary for those who are not implicated.

AIDS Fiction's Shifting Audience

The short story anthology, *The Way We Write Now*, is one of the first literature anthologies to concentrate its selection on AIDS stories. Prior to the appearance of this anthology, one was more likely to look for short stories that addressed AIDS in anthologies of gay writing.⁵ That this anthology does not include exclusively gay male perspectives on AIDS points to an expectation that the boundaries of the audience who might be interested in AIDS fiction have broadened and also an objective to reflect the spectrum of writers and subject matter that includes, but also goes beyond, an exclusively gay male perspective. That many of them appeared originally in *The New*

audience for gay and lesbian books (see Fein 36-40). Before that, it is assumed that the “boom” in gay and lesbian publishing was confined to a gay and lesbian reading audience.

5. For example, the Dennis McFarland short story “Nothing to Ask For” (one of the stories in *The Way We Write Now* [1995]), though authored by and narrated by a heterosexual man, was first anthologized in Leavitt and Mitchell 466-80.

Yorker—a magazine that caters to a generally wealthy and intellectual and urban(e) readership—indicates that the original audiences for these stories was not exclusively gay, but still were not the “general public” (that group whose health was originally most threatened by AIDS, as in: gay men and drug users may have it, but will it infect the “general public”?).

AIDS fiction has thus moved from addressing and including a small particular audience to an expanded sensibility that is more mainstream. In fact, “Susan Sontag’s 1986 short story ‘The Way We Live Now’ ... was the first fiction about AIDS to appear in *The New Yorker* magazine and, as such, [was] something of a landmark in seeming to signal the literary establishment’s endorsement of AIDS as an acceptable subject” (Cady 236-37). In the case of AIDS fiction, a mainstream audience partly suggests a heterosexual, white one, but also, and more importantly, it suggests the audience for whom AIDS was presumed to be a new experience. The anthology, in other words, was intended for those for whom AIDS is not a familiar way of life, the way it is presumed to be for gay men.

In the foreword to this anthology, Abraham Verghese writes that “AIDS is more similar to ordinary life than it is different,” announcing the subsequent literature as appealing to and appropriate for those who live “ordinary lives” (xi). If “[p]eople with HIV infection, shortly after they learn of their condition...feel an urgency to come to terms with their lives, to understand the meaning of why they are on earth, to try to put a value on the friends, relatives, and even the material goods in their lives” (xii), then “anyone” would find stimulation in and connection to these narratives—stories that will link a general readership to what is crucial about all of life. The idea expressed in the foreword, and subsequently in the introduction, is that these short stories serve as pedagogical texts; the general reader will learn something from them about life. They are implicitly addressed to a general readership, and not to someone, infected himself or herself, who would not need to *learn* these things about life, being (Verghese characterizes himself as their student) the already implicated instructors. So literature here becomes a lesson about life, a lesson in the form of stories that “everyone” has something to learn from (even if we learn from them, as he rationalizes, “perversely”):

Perhaps this then is the lesson of AIDS, the lesson that the writers in this volume have extracted – that these stories are not about the bizarre, they are not about *other* lives; instead, these are stories about all our lives, stories that may teach us indirectly—even perversely at times—just what is of value in the short time we have on this world. (Verghese xiii, emphasis in original)

One wonders who is learning perversely (or teaching perversely); is it the implied general readership (akin to the “general population”) and not the gay readership (who presumably might already know about at least the gay stories collected here)? There is the idea here, again, that gay people have nothing new to learn about AIDS, there is nothing new anyone can tell them about living and dying with AIDS, but it is the uninitiated who might have something to learn, even if they must learn it perversely.

These stories, the editor then suggests in the introduction, are meant to act as records of witness: “the stories themselves reflect the changes our culture has witnessed in those years” (Warner xviii). “Most of us,” Sharon Oard Warner writes, “knew little about AIDS when ‘The Way We Live Now’ was first published” (xviii), implying here that “us” is a general readership that does not include gay men (there are few gay men in America who by November 1986, when the Sontag story was published in *The New Yorker*, did not know a great deal more about AIDS than the implied “us” who “knew little about AIDS”). This passage further situates the anticipated readership for this volume as an “uninitiated” general readership, a readership perhaps that reaches beyond not only an audience of gay men, but beyond the cosmopolitan audience of *The New Yorker*.

At the end of the introduction Warner explains the use (the “power”) of such stories: “these stories do grant us ... the power to enter the lives of others.” The stories afford the anthology’s readers “the power of understanding” (Warner xxiv). So these stories, which do include some gay stories—but here packaged for a more general (non-gay) audience, unlike the gay AIDS fiction intended for a more substantially gay audience (sometimes the same stories in a different context)—are meant to sow compassion and understanding, rather than a formulation of an identity and a discursive participation through the processes of grief.

Gay AIDS fiction, for gay readers, participates in the discourse, not of “the way we live now,” but what it means to be gay now, with the identity’s attendant mourning and history of sex and loss. The stories in the anthology meant for a mainstream audience offer a way in to a world that has already its own systems of signification; the gay stories read by a gay reading audience offer another map of the terrain for those who are already engaged in that system and want a chance to reflect or extend a familiar experience or sensibility. Another way to put this is that the same gay stories in the context of a gay readership are more private, relying on icons and images that have become familiar to an audience with a legacy of reading AIDS fiction; in a mainstream context the stories become public (the same codes

or images will signify differently). The function of the fictions of witness is that they constitute a public arena for working out grief and cultural identity.

This is significant for answering the question, “for whom was AIDS and its attendant experience of loss and grief a new experience?” The answer has changed as the historical narrative in which AIDS is written as gay also changes. Texts of AIDS fiction and the AIDS Quilt have shifted over the historical period since the advent of AIDS, for an audience made up of the “general population,” from being utterly foreign to becoming pedagogically instructive, to becoming inclusive of those outside of the traditional AIDS groups. It is not that those who have AIDS are no longer the “marginalised or execrated—gay men, intravenous drug users, people of colour, the poor” (Weeks 133)—but that they are at the same time beginning to be recognized as not completely other: they are family or best friend, one whom one is obliged to care for, to watch.

AIDS Fiction as Pedagogical

When AIDS fiction is made available to an audience that is perceived to be one for whom AIDS is a new experience, the fiction will be assumed to be to some extent pedagogical, and will be scrutinized for its pedagogy and its capacity to reassure its readers. The existing critical literature on some of the fictions of witness has considered their position not as literature so much as pedagogic texts for the uninformed reader.⁶ One of these critics comments bluntly that “[a]lmost all AIDS literature includes facts about the disease, for its purpose is to educate as well as entertain the public” (Brodsley 214).

Alice Hoffman’s novel *At Risk*, published in 1988, is an early mainstream fiction about AIDS. The novel is about an eleven-year-old girl who, within the structure of a suburban American family, becomes ill five years after receiving a blood transfusion for an operation. At the time of the novel’s publication Hoffman was already an author with a substantial following. With six novels already published, Hoffman included AIDS into the sphere that she was known for writing about: the suburban American family. Hoffman’s book was “one of the earliest novels about AIDS to be presented by a major American publishing house” (Kruger 125) and “the

6. See, for example, Kruger; Pastore (1993). It is interesting in this light to note how many articles there are in the so far relatively few available critical collections on AIDS literature, on the teaching of AIDS literature. See, for example, Dawid; Bowen; Brodsley; Stephan; and Cady.

only one to make the best-seller list” (“Suburban AIDS” 39). By 1994 she had “10 books, all still in print” and had “sold millions of copies of her books” (Reichl C1 and C10). The literary critic Judith Laurence Pastore assesses Hoffman’s novel for how effectively it sows compassion for all people with AIDS (her measure of value for a work of AIDS literature). One way she measures this is by how well it teaches about AIDS to those who don’t know much about AIDS.⁷ Once a work of AIDS fiction reaches a mainstream audience, it is assumed to become, necessarily, a pedagogical text. The critic Joseph Cady has written that *At Risk* can be seen to function as “a bridging work, an attempt to make AIDS less of a “foreign” reality for mainstream readers by showing that it can affect them as well as the minority groups more popularly associated with the disease” (239). It is as though fiction is the only exposure to AIDS this audience is assumed ever to have, and so the book assumes the imperative to teach them as it entertains them. In fact, however, Cady points out that “the amount of popular attention given to *At Risk* at its publication seems ironic confirmation of the book’s relative safety for general readers” (239). The AIDS text directed toward an imagined mainstream readership has the dual role of edification and pacification.

Pastore has asserted elsewhere—echoing the sentiments of others—that AIDS literature has a responsibility; indeed, she assumes this by weeding out of her bibliography of AIDS literature any work that does not “treat ... AIDS extensively enough and with enough sympathy and seriousness to make it helpful in combating the mistruths about the disease and creating more compassion for those affected by it” (“Annotated Bibliography” 249). This is a strict pedagogical burden to place on literature. But as long as mainstream AIDS fiction is perceived at least in part to serve pedagogical needs, then it is interesting to analyze what is being conveyed to the readers—the “students” —of these fictions.

What is different about these texts is that they are not addressed to gay men in the first instance. They assume a different readership than most AIDS stories. Although none of the narratives referred to here are told from the perspective of gay men, nearly all the stories involve gay men and are always told, even if unconsciously, in regard to a gay male identity.

7. Lamenting that there is likely to be few other mainstream works of fiction that “will appear in time to stem the crisis,” Judith Laurence Pastore figures that “probably, television and music will be the major popular forms of educating the audiences that the middle-class novel has traditionally not reached” (“Suburban AIDS” 49).

Conclusion

It is those who are not so involved or implicated in the day-to-day exigencies of life with AIDS who are designated to bear witness for a projected mainstream readership to know about and learn about, and even vicariously experience, living with AIDS or with someone who has AIDS. This dynamic establishes the creation in the narrative of a self/other relationship into which the reader can identify with the well caretaker of the ill other. Felman writes that "to testify ... before an audience of readers or spectators...is more than simply to report a fact or an event or to relate what has been lived, recorded and remembered. Memory is conjured here essentially in order to *address* another, to impress upon a listener, to *appeal* to a community" ("The Return of the Voice" 204, emphasis in original). Although the fictions of witness are not testimonial accounts, they are fictional narratives that attempt to authenticate the experience of caring for another who is ill with AIDS. The witnesses here are the link between the disease and those involved with the disease, that is, a projected mainstream audience that perceives itself as unimplicated and uninvolved and needs to learn about the disease from others like them.

While I have suggested that literature has formed a role in the formation of gay identity in the late twentieth century, it is also the case that literature plays a crucial role in shaping not only sexual identities but also national identities, community and family identities, and, therefore, reactions to crisis. It is partly through literature that we learn how to live. And so it is in literature we might mine the mores and manners of our time: how we write and read and live now.

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