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Testimony and the Subjects of AIDS Memoirs

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Before they died, David B. Feinberg, Paul Monette, David Wojnarowicz, Hervé Guibert, Reinaldo Arenas, Michael Callen, and John Preston published autobiographies, memoirs, diaries, and personal essays about life with AIDS—testimonies about the epidemic widely circulated throughout the 1980s and early 1990s. Their autobiographical acts did not keep them alive. In fact, the pages of their books read like a roll call of the deceased, a litany of proper names to replace young men, members of their community of readers, dead from AIDS—among them, Monette's lover, Roger Horwitz, and Guibert's friend and mentor, Michel Foucault. These are memoirists with divergent approaches to writing, but they consistently foreground writing as an alternative to silence, evoking Act Up's famous slogan, Silence = Death. They also share an ambivalence about their own projects, a simultaneous devotion to and skepticism about the value of AIDS writing as a combatant to the collective trauma of the epidemic.

Monette has produced the largest body of AIDS memoirs, including four books in all. *Borrowed Time: An AIDS Memoir* finds Monette still healthy and his lover, Roger Horwitz, dying; *Love Alone* is the generic reconstruction of the same story in poetry; *Becoming a Man: Half a Life Story* chronicles Monette's gay life before and after AIDS; and *The Last Watch*

of the Night is a series of resigned but still angry essays. Callen, in *Living with AIDS*, and Preston, in *Winter's Light: Reflections of a Yankee Queer*, have also compiled collections of essays which chronicle the progress of their illnesses. Along with his loosely autobiographical novel, *Eighty-Sixed*, Feinberg's essay collection, *Queer and Loathing: Rants and Raves of a Raging AIDS Clone*, treats AIDS sardonically, alternating between black humor and despair. Wojnarowicz, in *Close to the Knives: A Memoir of Disintegration and Memories That Smell Like Gasoline* (a graphic novel); Guibert, in *To the Friend That Did Not Save My Life*; and Arenas, in *Before Night Falls* (a memoir about persecution under Castro in Cuba and life with AIDS in the U.S.) all use techniques of the novel, with chilling effects, to convey the horror and immediacy of their trauma. Even these works manage to give very clear indications of parallels between stages of the disease and narrative development, their fragmentation reflecting the authors' own ravaged communities and traumatized psyches.

Silence = Death has been *the* emblem of western AIDS activism at least since 1987, demanding political action—Act Up style—in the face of widespread apathy. As a metaphor, Act Up's slogan is a product of the first decade of AIDS discourse, emphasizing research and education, the generation and dissemination of information—hard facts about the epidemic that could save lives. AIDS memoirs are written as alternatives to silence, to combat the terrifying effects of the epidemic. As testimonies, these memoirs are engaged in the autobiographical act of bearing witness to a collective trauma: speaking for a group of people who have shared a traumatic experience. In *Queer and Loathing*, Feinberg, with typically confrontational Act Up style, echoes the testimonial concerns of many AIDS memoirs: "Okay, if I wait eight to ten years for good science to approve a drug, I'll be dead. That's simple enough, isn't it? It's tough being politically active from six feet under. If I remain silent in the face of this epidemic and the government's unwillingness to act effectively, then I'm just as well dead. SILENCE = DEATH, get it?" (7). They have been a crucial form of AIDS activism from the start. In the period between the mid-1980s and the mid-1990s, AIDS had begun to be understood but was still a more or less absolute death sentence; it was ravaging the globe—most devastatingly in Africa—but was still linked in the western cultural imagination to gay men in urban centers. The testimonies of gay men during this period were speech acts meant to sway government policy, rally AIDS communities, and make sense of an epidemic which defies explanation.

In their urgency, AIDS testimonies often read like instructions: how to

diagnose, how to choose a doctor, how to find the right drugs, how to stay alive longer. The culmination of several years' AIDS writing, Michael Callen's *Surviving AIDS* is the most explicit example of a "how to" testimonial. As its title suggests, Callen's memoir outlines his own list of AIDS symptoms, his maneuvers through medical bureaucracies, and his quest for treatments. To bear witness, or testify, for Callen, Feinberg, and most AIDS memoirists means publicizing the private experience of illness, turning memoirs into self-help books that help create and maintain an AIDS community able to foster the health of its constituents. Feinberg's refrain, "If I remain silent . . . then I'm just as well dead," suggests that testimony, like a speech act, produces tangible effects, helping to keep the writer alive.¹ The suggestion is made through what it presupposes, that not remaining silent will help keep the writer alive. But Silence = Death is a metaphor, not a cure. It cannot promise that the alternative to the silence it vilifies—speaking, shouting, writing, Acting Up—will deliver health and life to people with AIDS. Feinberg has died since the publication of his memoir and so have too many other People with AIDS (PWAs) who wrote to stave off death, whose testimonies chronicle, in minutiae, the progress of their own bodies' decay and the radical changes AIDS thrusts onto a life story.

Testimony, though necessary, hasn't cured AIDS. By the mid-1990s, the death toll had forced some shifts in the understandings of the epidemic, its bodily effects, the social questions it raises, and the search for solutions it hastens. "Hard facts" are still in short supply, and even new therapies may prolong lives (and, very often, suffering), but they don't save them. Not yet. Silence = Death, as a metaphorical model for AIDS discourse (research, education, activism, testimony), spins its own signifiers at a rapid rate, proliferating multiple and often inscrutable meanings. The flip side of Silence = Death, in Act Up's heyday, was Action = Life, but "action"—in-your-face demonstrations, political lobbying, inexorable memorializing—is difficult to sustain when the new research demanded seems fruitless, when the *actors* are dying at an incomprehensible rate. People continue to become infected, suffer, protest, lobby, educate, testify, and die. As Lee Edelman has pointed out, "action" for AIDS activists has largely meant the "production of discourse," but neither the forms of discourse nor its intended effects can be captured by a political slogan, no matter how powerful (299). Antonyms for silence include writing, activism, research, medicine, visual arts, and any other intervention into the standard, homophobic responses to AIDS. None of them, however, is able to cure AIDS. Silence = Death appears to offer a tidy formula for the deci-

mation of a catastrophic plague. The implication is that if we speak, write, and act, we can defeat the epidemic. However, the discourses instigated by the trope as a call to arms almost always defy the apparent simplicity of a metaphor that takes the form of an equation. AIDS memoirs are constructed by the slogan at every turn, but as narratives they complicate and even repudiate its claims.

Because silence still means certain death—because AIDS defies explanation and because it is traumatic—testimony continues despite ambivalence and uncertainty. The narratives of AIDS testimonies are fueled by a tension between two conflicting but viscerally felt drives: toward survival and death. These narratives would not exist if death did not seem imminent for their authors, nor would they be written if their authors did not see writing as a vehicle for survival. In *Winter's Light*, John Preston synthesizes many of the common aims of AIDS testimony:

The purpose of AIDS writing now is to get it all down. Andrew Holleran says the purpose of the writer in the time of AIDS is to bear witness. Sarah Schulman makes the case that we cannot allow ourselves to be separated from what's happening by being seduced into an observer status. To live in a time of AIDS and to understand what is going on is to know that writing must be accompanied by action. Writing is not what our teachers told us, something that stands alone.

To be a writer in a time of AIDS is to be a truth teller. The truth is more horrible than anything people want to hear. . . . The truth is devastating. The truth can't be contained in a pleasantly structured short story that will satisfy the readers of a literary magazine.

We have to *get it all down*. (113)

Preston's narrative is a self-conscious call to arms, but he doesn't see writing as a speech act. One step removed, writing compels readers to act by condemning "observer status" and urging them to take "action" to avoid silence. He wants "to get it all down" so that the writing can act on his behalf if, or when, he dies. AIDS memoirs are written with the explicit goal of "getting it all down" while the writers are still alive and still physically and intellectually sound enough to write. However, in the years before protease inhibitors autobiographical writing about AIDS is suspicious of its own most common trope. Before 1996, most people with AIDS could not hope to live to be cured. Preston's assessment of AIDS writing teeters on the brink between the common trope, Silence = Death, and the increasingly common observation that the "truth" about AIDS is "devas-

tating" precisely because the alternatives to silence ("action," discourse, testimony) *still* haven't been able to ward off death.

That devastating truth confronts writers bearing witness and their audiences with a familiar problem of testimony: what to do when politics confronts aesthetics, when "the truth can't be contained in a pleasantly structured short story that will satisfy the readers of a literary magazine." To avoid silence, Preston's testimony requires a narrative structure to ensure its own transmission from writer to audience. A testimony can never "get it *all* down." It must manipulate the pleasure of the text, the ruses of narrative, to ensure a warm reception. One method is to shift the focus away from narrative and onto the construction of a community—readers, writers, and their characters linked through the text. Testimony is littered with proper names, signifiers of community, like those of AIDS writers Andrew Holleran and Sarah Schulman, like Roger Horwitz and Michel Foucault, but despite their "realness," they are also characters in a narrative, characters who often fail to live to see the publication of the books in which they appear.

Writers of book-length testimonials about their lives with AIDS tend to begin defiantly, even hopefully, to testify with the aim of making sense of and warding off the virus. However, as their authors become increasingly ill, the drive toward an integrated self shifts toward a relational subjectivity, one with a different understanding of the Silence = Death model of AIDS writing. These writers, by the ends of their narratives (which very often coincide with the near-end of their lives), come to see writing ambivalently, as a *speech act* capable of transforming, but not prolonging, lives. Testimony, as a speech act, requires a community of readers whose intersubjective relations are structured by and through the text. This intersubjectivity enables the testimony to produce its desired effects, which can range from memorializing to inciting political revolution.

This intersubjectivity is analogous to the relation between teller and listener that Dori Laub has outlined as the enabling condition of Holocaust testimony. Laub makes at least two points which apply to AIDS testimony as well as Holocaust testimony: "The traumatic event, although real, took place outside the parameters of 'normal' reality, such as causality, sequence, place and time. The trauma is thus an event that has no beginning, no ending, no before, no during and no after. This absence of categories that define it lends it a quality of 'otherness,' a salience, a timelessness and a ubiquity that puts it outside the range of associatively linked experiences, outside the range of comprehension, of recounting and of

mastery" (Felman and Laub 69). AIDS does not "transport" most of its "victims" to literal concentration camps, but it does radically transform their "ordinary" or domestic lives, which, at least for gay men, already stray from the norm. Trauma, by definition, defies "parameters of 'normal' reality" and is therefore incomprehensible, needing testimony to frame it, to put it *inside* "the range of associatively linked experiences," *inside* "the range of comprehension, of recounting and of mastery." It does so by insisting on reader-identification with the experience of fatal disease, by insisting that readers measure their mortality against that of the author, by insisting that readers acknowledge their own risk for HIV infection. The vicissitudes of trauma, Preston insists, are complex and not easily rendered in narrative form because trauma defies narrative and social conventions. The conventions and norms of ordinary life foreclose the possibility of trauma by framing it outside the culture's epistemological possibilities. Testimony, however, provides trauma with its missing narrative (beginnings, endings, before, during, and after), with conventions all its own to organize and explain what defies social conventions, what twentieth-century "enlightened," humanist subjects—even after the Holocaust—still cannot imagine. The "community" formed from collective trauma is configured by and through psychic and epistemological ruptures whose effects are radically altered subjectivities and often permanent uncertainty in the face of the most ordinary of details.

To be effective as testimony, the narrativization of trauma, however, must alter the speaking subject's relation to an audience, and by extension, it must also alter social relations in general, opening up the possibility for the culture to accommodate the trauma that compels the testimony. In Laub's words, "Bearing witness to trauma is, in fact, a process that includes the listener. For the testimonial process to take place, there needs to be a bonding, the intimate and total presence of an *other*—in the position of one who hears. Testimonies are not monologues; they cannot take place in solitude. The witnesses are talking *to somebody*: to somebody they have been waiting for for a long time" (70–71). In AIDS testimony, HIV, AIDS, and the trauma they produce link gay men through "the intimate and total presence" of each other. The signifiers of AIDS in and on our bodies, like the signifiers of homosexuality, rely on connotation and endless proliferation. Even the "AIDS Test" is more accurately a test for the presence of HIV antibodies. It can detect the virus only through inference, through the connotative signaling of HIV's presence, which itself does not even directly "cause" the multiple symptoms that constitute AIDS. Be-

cause they are detected through inference, “signs” of AIDS can be detected everywhere, even in their absence. One result is that gay men tend to see evidence of our own “risk” in others.

The subjects of AIDS testimony, its writers and characters, “read” their bodies in relation to others, looking for signs of infection, debilitation, and decay. Their own interpretations of the prolific signifiers of AIDS help create a model of *relational subjectivity*. They see themselves as products of multiple relations, mostly within the AIDS communities their memoirs are so concerned with maintaining. The virus travels between us because our bodies (like our psyches) are permeable, and the bodily infection spreads, signifying both corporeal and psychic connections between us. Not surprisingly, the exegesis of risk in AIDS memoirs often employs tropes of eyes and mirrors as the sites of recognition, the places where relational subjectivities are reflected. What I’m calling “the exegesis of risk” is crucial to the construction of these narratives, shifting the trope of Silence = Death onto more realistic, if less hopeful, grounds—grounds on which testimony, as a speech act, is revealed not to save lives but to establish new kinds of psychological and social relations appropriate to life at the epicenter of an epidemic. The construction of relational subjectivities, borne out of trauma, marks AIDS testimony’s deviation from the standard autobiographical models, in which singular subjects are formed by the narrative and are generally “complete” by the end of the book.

It is on page 7 of *Queer and Loathing* that David Feinberg insists, “If I remain silent . . . I’m just as well dead.” Silence = Death is *the* trope for AIDS testimony which just might give him his chance to restore his own singular subjectivity, but by page 214 his model shifts. The shift, not surprisingly, coincides with his declining health, because of which he has invested in an IV (and its unwieldy apparatus) to avoid hospitalization for treatments he can receive at home:

My very best friend in the entire world, John Palmer Weir, Jr., to whom my entire writing output is dedicated, came over to sit through the second pentamidine, which was a total of only forty-five minutes of drip. I always used to watch the needles; now I just avert my eyes. But John Weir was making a conscious effort to show me that nothing human offended him; he wanted to show me it was okay. I knew it was okay. I asked him, but *noooooo*, he had to stare in shock and horror and revulsion as Manny the nurse stuck me, and Manny wasn’t that used to doing this sort of thing in the home environment because even though I have excellent veins—indeed, I’ve entered them in competitions and always gotten at least hon-

orable mention—he was used to hospitals, Manny said, where the patient can be tied down with straps or something or other, and he stabbed me and I bled and John’s eyes turned to saucers, and even though I didn’t want to look it was as if his eyes were reflecting what was going on, which I didn’t want to know; one could see the depth of the sorrow and the pity; it was like watching a twenty-hour movie about the Holocaust in his eyes. Manny tells me that he had a wonderful time skiing in Colorado last winter, and I stifle the impulse to tell him how politically incorrect it is of him to travel to Colorado: Hasn’t he heard of the boycott? What about the political ramifications? Because he is the one sticking the needle into me.

Afterward John Weir admitted it wasn’t particularly pleasant watching me get sticked. (214–15)

Feinberg is very ill by this point in his narrative. His body has become increasingly less autonomous, relying more and more on drugs, blood tests, and medical machinery. Despite Feinberg’s decision to “avert his eyes,” he is confronted with the “shock and horror” and “the depth of the sorrow” in his own sick self. He sees his own subjectivity, transformed by AIDS, constituted in the eyes of his friend. The subject of testimony needs an audience to be effective. Through the exegesis of Feinberg’s body and the trauma it induces, he and Weir recognize their subjectivities as constructions produced out of corporeal and psychic ruptures, ruptures in the isolated bodies and selves promised by traditional autobiography. Along with the reader, they participate in the exegesis of risk, viewing their bodies and psyches in relation to AIDS, to each other, to the prophylactics used as “protection” against each other’s infections, to AIDS drugs, medical devices, activism itself, and any other body “at risk” for AIDS. In scenes like this, AIDS writers, characters in their narratives, and readers, taken as a collective, become subjects in a *community of risk*—each necessary to the other’s survival, but each a source of “shock and horror” as well.

Note the similarity between Feinberg’s reading of his own trauma in John Weir’s eyes and the following passage from Hervé Guibert’s *To the Friend Who Did Not Save My Life*:

My blood, unmasked, everywhere and forever (except in the unlikely event of miracle-working transfusions), naked around the clock, when I’m walking in the street, taking public transportation, the constant target of an arrow aimed at me wherever I go. Does it show in my eyes? I don’t worry so much anymore about keeping my gaze human as I do about acquiring one that is too human, like the look you see in the eyes of the concentration camp inmates in the documentary *Night and Fog*.

I felt death approaching in the mirror, gazing back at me from my own reflection, long before it had truly arrived to stay. Was I already throwing this death into other people's faces whenever I looked into their eyes? (6-7)

Like Feinberg, Guibert locates the signification of infection in the eyes; uses Holocaust documentary as a reference point to contextualize his trauma, with the screen functioning like the eyes to reflect a trauma which cannot be seen in the original; and associates AIDS with a tension between the inhumane and the "too human" gaze. Guibert's trope of his eyes and "the mirror" reveals the inverse of Feinberg's relational subjectivity. Gay men, via AIDS, exist in relation to each other as a community of risk *and* as a potential source of infection that threatens the world at large. By "throwing this death into other people's faces" and worrying, "Does it show in my eyes?" Guibert constructs a subjectivity that threatens to "infect" more conventional social (and narrative) relations. That is the double bind of bearing witness to AIDS, of creating testimony in an effort to carve out a space in the culture that can accommodate the trauma of AIDS. The testifying subject reveals his position in a community under siege and his position as the bearer of a story no one wants to hear, a carrier of a virus that conjures people's worst fears. Testimony, when it comes to AIDS, creates panic because it suggests the vulnerability and interdependence of bodies and psyches in relation to each other; in fact, it relies on these for its narrative construction. The "subjects" of AIDS memoirs—their writers, their casts of characters, and their readers—rely on that interdependence to forge community relations in which it is possible to live and die with AIDS.

Silence = Death posits a speaking or writing subject whose agency, by sheer force of will, can put an end to an epidemic; as a trope it implies a conventional model of stable, autonomous subjectivity, the kind more often found in traditional autobiography. Silence = Death assumes an untroubled relationship between discourse and social change. As a motivating force and a trope, however, Silence = Death tends to give way to resignation by the ends of most AIDS memoirs. As writers become increasingly sick, it becomes clear that "the intervention of voice" alone will not save lives. As that realization sets in, a relational model of subjectivity becomes more dominant.

The subjects of AIDS memoirs are subjects in crisis, and the trauma of the epidemic renders the intersubjective relations within AIDS communities more immediately visible. The "depth and the sorrow" of AIDS is

unavoidable; we see our trauma in each other. This new subject of writing, who does not believe the promise of a happy ending, or even a just one, has multiple effects: It ensures the transmission of the testimony from writer to audience; it produces narrative conventions outside traditional autobiographical models for writing the self; it positions members of this community in relations of identification and risk; it constructs an AIDS community (writer, characters, audience) tailored to the experience of gay men; it threatens, through the violation of conventional boundaries between Self and Other (both literally, through bodily exchange, and figuratively, through total psychic identification), to *infect* the culture at large; it charts new social relations, in which AIDS is no longer incomprehensible but a full-fledged social problem, with a language and structure that can "accommodate" people with AIDS.

Despite its power as a speech act, testimony can also exacerbate trauma. For AIDS memoirists, the tensions between the need to tell and the trauma of doing so—or the simultaneous narrative drive toward staying alive and coming to terms with imminent death—give way, in the end, to resignation, and very often, to an abandonment of writing. But such resignation does not diminish the memoirs' power as speech acts. If to testify is to speak for a collective in order to heal the wounds of the survivors of trauma, if it is a speech act endeavoring, despite the very real and severe risks of speaking, to establish a community of such survivors and to disseminate their stories with the intention of preventing the recurrence of the historical conditions of their trauma, then AIDS testimony is unique. It speaks for a collective but cannot eliminate the conditions which have prompted the testimony, and when those conditions exist in the present of the narrative and not the past, the writing itself is a reminder of the grim circumstances which have produced it. That is not to say that AIDS testimony is ineffective; on the contrary, AIDS testimony has reconfigured gay discourse and gay communities in the face of this epidemic.

Because of its rampant yet elusive signifiers, HIV links everyone, each person's body, via its infectious path and creates radical divides between people infected and others who are not. Throughout *Queer and Loathing*, Feinberg writes himself simultaneously as both a commonplace, the potential AIDS patient in all of us, and a pariah, disavowed and abject:

I think of much as I contemplate the tiles on the bathroom floor.

What is the thin line between normal health and HIV? Is this diarrhea that bizarre? Is this something I could have if I were HIV-negative? Am I violent-

ly ill, or is it all my imagination, the mental amplification of minor symptoms and ailments to the resonant frequency of insanity? It is getting harder and harder to distinguish between common ailments and pathology.

What separates me from everyone else? Low T-cells? It's just a number. The seventeen thousand and one warts on my hands? I can always wear gloves. An insane fear of death? That's completely normal. The runs? Who doesn't have the runs once in a while? An occasional allergic reaction capable of immobilizing me for a week? I have one friend who gets hives when he eats seafood, and another who has asthma. A ream of prescriptions for monthly doctors' visits? Maybe I'm just a hypochondriac. Fatigue? Is there anyone in New York City who doesn't have at least a mild case of fatigue? (230)

Because any single symptom is both alarming and dismissible, whether a gay man is "negative" or "positive," his post-AIDS body always "separates him from everyone else," links him to every other gay man, "separates" him from people outside "risk groups," and links him, via his potentially infectious status, to people outside risk groups. Diarrhea, T-cell levels, warts, allergies, and fatigue do not necessarily signify trauma in other contexts, but AIDS has invested them with multiple meanings. Because those meanings are inscrutable, however, relying as they do on connotation and inference, they both do and do not signify AIDS. They create a community of men who are always, at once, ordinary *and* pariahs. Such overdetermination has forced gay men to revise our assessments of our bodies. They are at once liberating and dangerous. We have maintained our communities, but those communities are both life-sustaining and life-threatening.

As members of *communities of risk* we cannot escape ambivalence. We are obsessed with AIDS because it determines our social positions, in relation to each other and to the culture as a whole. Wojnarowicz's *Close to the Knives: A Memoir of Disintegration* is nothing if not ambivalent. He hates and loves AIDS and writes of the AIDS community as both revolutionary and doomed: "A month ago someone called from out of state to inform me that a guy I knew from ten years ago had died. I'd had a fight with this guy and thought he was an asshole up until the moment when I'd heard he was ill. He then became perfectly human in my eyes. I'd been comforted seeing him on the street since then; something about his being alive and occupying the same space meant that my life was not threatened by the virus. Now he's dead and I feel more vulnerable, like I'm standing on a conveyor belt leading into an enormous killing machine" (166-67). The sight of

other PWAs surviving is comforting; it can mean that our lives "are not threatened by the virus." However, repeatedly, the PWAs defy our hopes. They die and leave us "standing on a conveyor belt leading into an enormous killing machine." Testimony can have a similar effect, warding off vulnerability as its narrative unfolds and revealing a person living and surviving AIDS. But inevitably, as Wojnarowicz's subtitle points out, AIDS testimonies become "memoirs of disintegration." In Wojnarowicz's words,

The social landscape I have grown to be comforted by is being exploded and is disappearing. There are dozens of faces I hardly know but who have become familiar over time; I have been reassured by the fact that those people are somewhere walking the face of the earth, pushing air around and *thinking*. Each one of them is a receptacle for some belief or projection of the beliefs and each one of them carries a piece of myself; and in the last month each time I pick up the phone it is to learn that another of them has died. Piece by piece the landscape is eroding and in its place I am building a monument made of fragments of love and hate, sadness and feelings of murder. This monument serves as a shrine where innocence is slowly having its belly slit open, its heart removed, its eyes plucked out, its tongue severed, its fingers broken, its legs torn off. (165-66)

Testimony doesn't write us out of vulnerability, but it can link us as a community living with risk. Wojnarowicz's memoir is a "monument made of fragments of love and hate, sadness and feelings of murder." It is testimony, proof of a PWA "pushing air around and *thinking*." As a speech act it signifies the existence of people living with AIDS, an existence generally met with silence. By representing himself as a writer and addressing a community of readers, Wojnarowicz is tending the "social landscape." Since AIDS writing constructs the subjects of its community as relational, and, as Wojnarowicz puts it, each member "carries a piece of myself," then pieces of every gay man are dying every day because as AIDS memoirists observe again and again, "each time I pick up the phone it is to learn another of them has died."

Testimony, then, as a speech act, a way of constituting AIDS communities, must constantly re-envision itself and adapt to the vicissitudes of trauma. Benefiting from the lessons of feminism, Paul Monette, in *Becoming a Man: Half a Life Story*, suggests that AIDS has politicized the private story of every gay man's life: "every memoir is now a kind of manifesto, as we piece together the tale of the tribe. Our stories have died with us long enough. We mean to leave behind some map, some key, for the gay and

lesbian people who follow—that they may not drown in the lies, in the hate that pools and foams like pus on the carcass of America” (2). Memoirs become manifestos when they publicize the private experience of an entire community or “tribe,” when their explicit motive is to testify to collective trauma. As unacceptable as the silence of the closet is for any AIDS memoirist, the alternatives, despite the Silence = Death slogan, do not promise an end to the trauma of AIDS, or even the closet. Instead, testimony functions like a map or key, a “how to” that can help the communities it fosters to negotiate the trauma of the epidemic. As a map or key, however, it may reach its optimum usefulness at some point in the unforeseeable future, seeing to it that “our stories” won’t die with us anymore.

If AIDS testimony constructs a community, a “tribe,” it does so with materials at hand—the community of gay men and lesbians which has been developing at least since Stonewall. AIDS has given new inflections to gay communities, and it has opened doors to non-gay, anti-homophobic people, but for better or worse, there is no widespread, public AIDS community which is not dominated by the presence of gay men. In his article “Testimony,” Timothy Murphy notes that “there are precious few encomiums penned to poor, drug-using men and women who have died with AIDS. Gay men, either as authors or subjects, dominate the written word in the literature of the epidemic. Their publications and booksellers are the epicenters of writing about AIDS” (307). Not only our publications and booksellers but our doctors, our neighborhood hospitals, our community centers, our social workers, our gyms, our restaurants, our bars. Murphy has a point: Effective testimony constructs community. Our encomiums identify us and create social organizations around those of us at the epicenter of the epidemic. AIDS has been constructed in our cultural imaginations along axes of sexual orientation, class, and race, but it has been gay men who have responded most strikingly to AIDS, producing testimony, or speech acts, capable of forming communities well-organized enough to garner popular attention and widespread public support. Even Elizabeth Glaser, one of the United States’ most famous “innocent victims” of AIDS, when she testified at the 1992 Democratic convention, declared herself “a strange spokesperson for such a group [an AIDS community]—a well-to-do white woman.”² Glaser is astutely aware of the authority to signify that her “well-to-do white woman” status affords her. She is not an “AIDS Clone.” A Paul Monette, a John Preston, a Hervé Guibert, a David Wojnarowicz, a David B. Feinberg does not make a politically marketable spokesperson. Glaser speaks in their place, a speech act in it-

self, which at once advances the causes of AIDS activism and partitions AIDS, marking it as other—“of color” and poor, yes, but mostly gay.

Monette’s *Borrowed Time* is a portrait of two members of such a community:

We were about to join a community of the stricken who would not lie down and die. All together, we beat down the doors of the system and made it take our count. Some have sat in medical libraries wading through the arcana of immunology. Others pass back and forth over the border, bringing vanloads of drugs the law hasn’t got around to yet. This network has the feel of an underground railway. It could be argued that we’re out there mainly for ourselves, of course, and the ones we cannot live without. But on the way we have also become traders and explorers, passing the word till hope is kindled in places so dark you can’t see your hand in front of your eyes. (103)

Gay men, who have been the foundational members of AIDS communities, are “out for ourselves,” but precisely because it is homophobia that has led to the widespread neglect of people with AIDS. The actions of such a community, or “underground railway,” are nevertheless elusive to people unaccustomed to the terrain. Gay men whose HIV status is seronegative are in a better position to negotiate AIDS discourse than many seropositive, heterosexual men and women. Even AIDS memoirs, which hope to set such communities in motion, require a conversion to be read by “outsiders.” They require readers to look at AIDS, and at the world in general, through a gay male lens. Those AIDS memoirs written by gay men, however, have the potential to alter relations between gay and lesbian communities and the world outside. Because AIDS has such a strong hold on all of our cultural imaginations, the testimony of gay men has begun to be heard, and perhaps understood, by a much wider audience than ever before, inviting “outsiders” to witness the experience of a community of AIDS clones, to hear the stories borne out of AIDS as well as the long-ignored stories we brought to AIDS.³

But if AIDS testimonies are speech acts, if they do in fact alter social relations, they do it at the expense of their own narratives. By the end, many AIDS testimonies close in upon themselves, re-evaluating the Silence = Death trope that had been the motivating force. When the community constituted through a memoir is fragile, the act of writing itself is precarious. When the body of the writer is losing strength, that person lacks the agency required to keep writing. AIDS memoirists often quit

writing because they're too sick or because, as David Feinberg puts it, "I cannot write about being ill when I am ill":

I could continue in this vein indefinitely. Future episodes could include: Davey gets a cane. Davey gets a Hickman catheter and matching bag and shoes. Davey goes blind. Davey loses all control of his limbs. Davey goes on total parenteral nutrition. Davey gets a walker. Davey gets his oxygen tube entangled with the telephone wire. Davey complains about not being able to wear a simple shift over the catheter and tubes. Davey develops Tourette's syndrome. Davey finds religion. Davey becomes even more bitter than before.

But there comes a point when your sense of humor grows stale. It's time for a break. Writing these essays becomes too much of a strain. I've lost my taste for it. I can only mask so much bitterness and anger with humor. The subject ceases to be palatable. It all gets too ugly.

I'm beginning to lose perspective. I need more distance. I cannot write about being ill when I am ill. (273)

Feinberg's use of the word "subject" (which "ceases to be palatable") suggests a double, overdetermined meaning. Ostensibly his "subject" is AIDS, but the "subject" of autobiography is always, of course, the self. What has ceased to be palatable may be the transformed subject of autobiography, the David Feinberg who has become a construction of his own testimony (and AIDS discourse in general). Silence may equal death, but writing, by the end of Feinberg's narrative, means tackling a subjectivity suffused with the virus the writing itself was designed to exorcize:

Does writing actually help anything?

People die everyday. Eventually I will die.

I'm afraid of what the next year will bring.

I'm exhausted.

I don't want to think about it anymore. (274)

Writing himself with AIDS has "exhausted" Feinberg. Writing AIDS and living AIDS are incompatible. In part, the memoir has constructed Feinberg and AIDS as overlapping "subjects" which constitute each other. They exist only in relation to each other. Feinberg cannot escape the AIDS community that his narrative fosters, and as testimony, is intent on creating. The logical conclusion to a narrative in which "people die every day" is: "Eventually I will die." Silence = Death, and so does writing.

The danger of a relational model of subjectivity, when the impulse for

its construction is collective trauma, is that the new, relational subject may not be able to sustain itself in writing. Repeatedly, AIDS memoirs which begin by shouting Silence = Death, in so many words, end in resignation. "More and more deaths," as Gregg Bordowitz pointed out (in Caruth and Keenan), give rise to a crisis of faith. The final essay in Paul Monette's last published testimony, *The Last Watch of the Night*, is another example:

My own bark has grown softer of late, but that's because I've already scared off most of that class of intruders and trespassers who get too close. For all of that, my rage at my lost country is undiminished, but I choose my shouting matches carefully these days, husbanding my energy and adrenaline for the war going on inside me. Meanwhile, the dying continues unabated. Michael Callen gone three weeks ago—midsong as it were—after twelve years in the trenches. In yesterday's *Times* an obit for my friend Dan Bailey, one of the founding fathers of Gay Men's Health Crisis, the gentlest man imaginable, and there is no one I can call for details because all of our mutual acquaintance is dead.

Three weeks, two dead—two more lost from the magic circle. Or, to put it another way, two more rocks flung at the vast glass house of the world's complacency—falling short as usual. (306)

Again "the magic circle," the community constructed by and through AIDS and its testimonies, diminishes, defying the hopes of the Silence = Death model, and so the writer's "bark has grown softer," and the alternatives to silence fall short "as usual." The subject of AIDS writing is not a comfortable thing to be. AIDS compels writing but does not accommodate it. The stories of AIDS break with convention; the characters in AIDS memoirs are not the self-reliant subjects of conventional autobiography. Nevertheless, Monette, who warned readers in the first sentence of *Borrowed Time*, his first AIDS memoir, that "I do not know if I will live to finish this book," lived to finish four books of AIDS testimony. Silence = Death, as a trope, fueled his life and his writing, but by the end of his writing, the end of his life, it gives way to resignation. Relational subjectivity, when "all of our mutual acquaintance is dead," when the realities of a community linked through risk are all too apparent, is faltering subjectivity. If the virus links us, providing us with the ability to fight it, it also kills us.

While the beginnings of AIDS memoirs foreground survival, their endings foreground death. With death comes, of course, the cessation of writing, or discourse, which calls to mind Paul de Man's declaration—that

death, in autobiography, is primarily a “linguistic predicament” (930). De Man reminds readers and writers that autobiography is not an accurate representation but a collection of tropes performing a life. Death cannot be captured in writing, but AIDS memoirs make it clear that death cannot simply be reduced to just another trope. Death is, more precisely, a “linguistic predicament” involved in a complex set of social, political, and aesthetic relations. An AIDS memoir, like life with AIDS, is haunted by death at every turn, constructed by and through the likelihood of early death. So even though, strictly speaking, death is unrepresentable, these memoirs demonstrate very clearly the drive behind the will to represent the unrepresentable—in order to examine it more closely, to make sense of it. Death, as a literary convention, functions to open up the reading experience, to make reading an act of witnessing, creating a community of readers through the death of the author.

For example, in the very short final chapter of Hervé Guibert’s *To the Friend Who Did Not Save My Life*, the foregrounding of death becomes a narrative predicament, but one linked to the corporeality of the writer: “My book is closing in on me. I’m in deep shit. Just how deep do you want me to sink? Fuck you, Bill! My muscles have melted away. At last my arms and legs are once again as slender as they were when I was a child” (100). Again, the subject becomes indistinguishable from his writing: “The book is closing in on me.” Emily Apter’s reading of the passage in relation to the rest of Guibert’s narrative holds true for many AIDS memoirs: “The questionable assertion, made at the end of the first section—‘I was going to shake this, I was going to be, by some extraordinary chance, one of the world’s first survivors of this inexorable illness’—is belied by Hervé’s avowal, a mere page later, that the conditions of his book’s closure are anchored in uncertainty, as wide open to imminently unforeseeable endings as the subject of the disease itself” (85). Again, Silence = Death compels the writing of the memoir, but along the way the writer and his narrative become “the subjects of the disease itself.” Their project, the construction of an AIDS community, “belies” the normative subject of autobiography suggested by Silence = Death.

Guibert’s explicit address to the audience, so necessary to transform writing into speech act, is telling here. By the end of the narrative, he is writing for the audience but at his own expense. Bill, who, within the narrative, is often the witness in whom Guibert sees himself constituted and with whom he has been linked via mutual infection, is now a source of anger. “Fuck you, Bill!” reflects what Feinberg calls the “shock and hor-

ror” that accompanies the recognition of oneself as the subject of an AIDS memoir, one whose very existence is constituted by the epidemic and the communities it fosters. Guibert is infantilized by the virus: “my arms and legs are once again as slender as they were when I was a child.” His subjectivity, like his body, reflects that closeted, child self. It is ambivalent, split, simultaneously attracted to and repulsed by its difference from the normative subject of autobiography, the one who can write more than, in Paul Monette’s words, “half a life story.”

In AIDS memoirs, the book consistently “closes in on” the subject writing. The AIDS memoirist is not just another example of the famous, postmodern “death of the subject”—a casualty of historical shifts in the philosophy of the self. AIDS writers are, more concretely, members of a community whose ranks are periodically (and rapidly) diminishing, yet rallying to carve out space for itself in the culture. Nevertheless, alternatives to the Silence = Death trope, though they offer useful models for new understandings of the self in relation to a community, inevitably construct subjects of AIDS testimony who cannot survive the trauma they chronicle. However, the endings, or “deaths,” of AIDS memoirs conclude lengthy, inventive, and moving narratives, texts that are a pleasure to read, stories that give shape to trauma, shape that defies readers to maintain “observer status.” David Feinberg, Paul Monette, John Preston, Michael Callen, David Wojnarowicz, Reinaldo Arenas, and Hervé Guibert are all dead, but their memoirs are still here, bearing witness, despite the deaths of their authors.

NOTES

An earlier version of this essay appeared in *a/b: Auto/Biography Studies* 13.2 (Winter 1998): 235–56. Reprinted by permission of the editors of *a/b: Auto/Biography Studies*.

1. Both Austin and Searle agree that the effects of words depend upon a community’s agreement to adhere to strict social conventions, like the marriage ceremony or a poker bet. Neither Austin nor Searle acknowledges literary utterances as speech acts, but Sandy Petrey makes a convincing case that the speech act theories in both Austin’s *How to Do Things with Words* and Searle’s *Speech Acts* have literary implications. According to Petrey, the highly conventional character of any literary utterance depends on a community of readers’ willingness to subscribe to those conventions and make sense of the text.

2. Much AIDS testimony written by women, including Glaser’s *In the Absence of Angels*, Califia’s “Slipping,” the essays in collections like *Positive Women* and

AIDS: The Women, and Sedgwick's premature memorial for Michael Lynch, "White Glasses," is very explicit in its demonstration of the inevitable confrontations with gay male norms, communities, writing, and general discourse anyone with (or writing about) AIDS must confront. While the construction of AIDS discourse as gay has been invaluable, even necessary, for gay men, it can have disastrous effects for women, whose doctors often fail to recognize their symptoms as HIV-related and whose communities cannot accommodate their illness or provide them with the psychological and medical support they need.

3. This is not to imply that all testimony concerning AIDS is written by HIV-positive gay men. There is also a great deal of AIDS "witness" literature, mostly written by friends and family members of PWAs and people who work in AIDS healthcare or social work. These include: Cox, Peabody, Schulman, and Corea.

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EXTREMITIES

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