

Uncertain Angles: Women's Activist Performances of the Body at Risk of Dis/ease

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ABSTRACT

Part One of "Uncertain Angles" discusses our culture's politics of mourning. Part Two is a Performance Act piece that enacts a young woman's fears of both HIV and AIDS.

RÉSUMÉ

La première partie de "Uncertain Angles" examine nos rituels culturels en ce qui concerne le deuil. La deuxième partie met en scène les angoisses d'une jeune femme face à la possibilité d'être diagnostiquée comme sero positive ou d'être perçue comme porteuse éventuelle de Sida.

Part One

"Uncertain Angles" is the script for a performance art piece; as a corporeal act, it is my effort to confront a representational dilemma that troubles our North American discourses of HIV and AIDS. Specifically, I negotiate the nexus of women's needs to assert themselves as subjects at risk of death, and the problems that paradoxically attend women's efforts to make the public see the serious, multiple threats that the AIDS epidemic poses to females. Expressed another way, my performance intends to displace our culture's restrictive politics of mourning. To introduce what I cite as mourning's inhibiting terms and conditions, I posit that North America's rituals of grief are bound inextricably to witnessing: "Without some form of public acknowledgment, death is not only unmarked for the deceased, but marks the social death of

the mourner without witnesses."¹

What complicates this need for communal response is our culture's insistence on visible evidence. The customary procedures through which we legitimate loss demonstrate that when our culture bears witness, we first demand the proof of loss before our eyes. Ubiquitous laws of visibility require that rivers and fields be searched for months when subjects disappear; before survivors can assert their loss through public rites such as obituaries and funerals, the object they seek to grieve must be recovered, recognized and affixed with a particular identity. Peggy Phelan's Unmarked: the Politics of Performance highlights our culture's investment in the nameable object by citing the "axiomatic link between the image and the word," the notion that "what one can see is in every way related to what one can say."² This

suggests how the discernible body and its social insignia provide a basis for social belief and response. Though Phelan does not address AIDS specifically, her work recalls the epidemic's first wave; throughout this early period, dominant representations of "subjects at risk" confined the potential for HIV infection to subjects perceived as belonging to categories of "otherness."³ Distressingly, the "otherness" constructed by a white, middle-class and patriarchal hegemony occluded women entirely; rather, it demarcated (falsely, of course), "the four H's: homosexuals, heroin addicts, Haitians and hemophiliacs."⁴ To contrast the numerous visual texts that project male bodies marked with KS lesions as the index of "gay AIDS" at that historical moment, the absence of female bodies in AIDS awareness campaigns signals a pervasive lack of interest in the fact that women might get the disease.

This troubled intersection of representational visibility and political power forces me to restate the aims of my performance, to emphasize women's visibility as both empowering and disabling. On one hand, a key reason why I view performance art as a way to extend our present conventions of mourning lies in the acutely visible and culturally-legible status of my performing body. In staging a woman's anxieties about illness and death through my young, white and ostensibly heterosexual body, I witness a particular subject at risk of AIDS. "She", along with her articulation of obsessiveness, symbolizes an identity that governing representations effaced for years of the epidemic; through my embodied performance, I allow her fears to appear. On the other hand, I am concerned with marking the limit of the

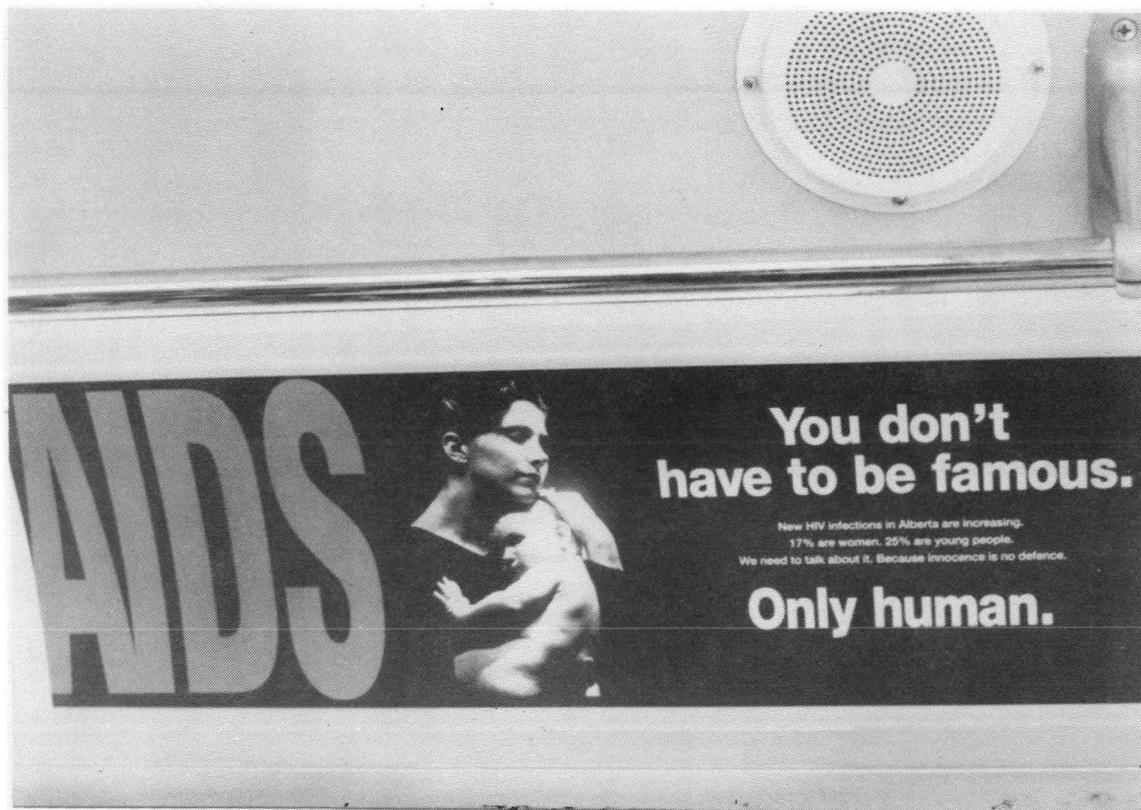
image in the political field of AIDS mourning. While women must be represented and readable as subjects who merit public mourning, it is equally true that an insufficient understanding of the links between visibility, identity and political power leads even the most progressive agencies to mistake the relation between the real and the representational. A potent example of how representational visibility can serve to incarcerate rather than enable subjects at risk is a poster that appeared on Alberta's public transit systems in 1995. Funded by the National AIDS Strategy in partnership with Alberta Health, the poster was part of a province-wide prevention campaign, the first geared specifically at subjects marked as "women." The text which surrounds the visual image of a young, white and Madonna-like woman who clutches a baby reads as follows: 17% of New HIV Infections in Alberta are Women
25% of New HIV Infections in Alberta are Young People
We Need to Talk About It. Because Innocence is No Defence.

When I first I saw this poster, I responded with utter relief; at last, a political gesture that avowed women's risks of infection as real. Yet upon closer scrutiny of the representational logic that seemingly protects subjects named "women," I saw how its centralized gaze incarcerates this class by totalizing women's differences, by projecting "women" to look and act like Woman. To sustain government support in the representation of female health concerns, subjects marked as "women" must negotiate with a racist, homophobic, elitist and patriarchal order's visual codex of femininity.

In effect, we must appear to desire exclusively the white, heteromale bodies that “Woman” desires, identify exclusively with the roles of wife and mother that “Woman” aspires to, and practice exclusively the non-transgressive behavior that the poster's rhetoric of innocence prescribes. Entering visibility as culturally-legible “women” requires the relinquishment of certain unrepresentable attractions, identifications and conduct that may in fact be central to our

survival with AIDS.

In light of my initial claim about the inextricable tie between mourning and witnessing, “Uncertain Angles” endeavors to witness women who are not ‘really’ there, who cannot be surveyed within the boundaries of our putative real. In effect, my piece has two central aims. The first is to enact self-consciously a particular, already-representable social category (the young, white and heterosexual Madonna of the



transit ads). I seek to exert the signifying power of her body over and against--but without denying--its social insignia. The second is to "act out" (through costume changes and shifting pronouns) some of the desires, subject positions and practices that our culture still refuses to acknowledge as affecting women's relations to the AIDS crisis.

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Part Two

Uncertain Angles: Women's Activist Performances of HIV and AIDS

(A young woman appears on the stage. She wears a vest, white blouse and flowered skirt. She clutches an expensive-looking brown leather purse. Beside her is a table that she covers with a long white sheet; as she does this, it becomes the sort of table you'd find in a doctor's office. She starts to speak).

There are degrees of safety, that's sure. Think about it. The table is stiff, not long enough. He whispers, "wiggle your bum to the edge" while the nurse looks away through a wall. Legs spread, heels clamped, sweat at my back but safer, now. Yes, that must be the word. So why is it safer--no, why does it seem more safe--inside this narrow room? Safer still when I shut my eyes and listen to his voice. A ribboned voice unfurling at exactly the right pitch of urgency. But there you go, degrees again. Your manic measures for everything.

Really though; listen. Shut your eyes. Squeeze down the lids with your finger-tips. Orange, dark green, red. A pattern of spots always there. In darkness it's easy to hear

things, easy to feel almost everything. Crumbs of dust on the paper, grit and the dirt of my skin. His rubber-glove hand at my thigh. The latex sticks, snakes trails towards inside where skin is soft and damp. In here, it's easy to feel, feel everything. "Too sensitive," the nurses say. Press down my eyes for the safety of spots. Pretend to be blind, the reason I'm here.

"Try to relax," the doctor says.

"Okay."

And I do. Unclench the jaw, slacken the wrists. Just breathe, that's all; he does the rest. The worrying, he does for me.

"Not quite entirely clear yet.

There's a new wart near the labia."

New wart, old wart, how do they know? I guess he checks his chart, the one that spells my history since that first time in the waiting room. The double-take, Why are you here? A sweater I wore must have fooled him; silver-blue cardigan, pure virgin wool. Or the dimples and shoulder-length hair? "You look like my daughter," he said.

(The woman begins to undress. She removes her vest, white blouse and flowered skirt. As these fall to the floor, she finds herself draped in a hospital gown. Like the sheets that cover the table, the gown is white and anonymous).

In the waiting room, I wonder about his daughter's name. Margaret Katherine Marie. Jennifer Heather Kimberly. Cervical cancer sterility. Jane? Orange, dark green, red. Does he think of her when he sprays the liquid nitrogen inside of me? "This stings," his promise that first time while his rubber-glove hands pried my thighs.

He thinks I'm a slut.

Stop; he's a doctor; what does he care?
 I look like his daughter.
 You looked like. Now, he knows what
 you've got.

Vaginal warts; the diagnosis disappointed
 me. After so many visits and tests, I expected
 something more dramatic. Clots, or tumorous
 lumps. Bloody-legged insects crawling my
 flesh. HIV. For that, my fears didn't even
 count. He looked at me. No needle marks, my
 clear white face, my glossy hair. No open
 sores, not pale enough. He looked at me and
 smiled; the way I looked away. What does he
 see, I thought? Her slender wrists, arms,
 shoulder blades. And if she were fat? If she
 were bigger or darker? If she'd worn make-up
 that day? He looked and could not see her.
 "HIV?" he smiled, "Dear, that's hardly
 imaginable."

Hardly, yet she imagines. She dreams in
 bed, but awake. Deep in the hinge of her thigh
 is a lump, a swelling the size of a grape. The
 lump doesn't move when her fingers press.
 It's hard; hardly imaginable.

Out of the darkness of night sweats she had
 painted an orange door. Out of the swellings
 in neck, near the groin she had
 painted in amber for almost a month
 stroked fine lines of light, believing
 almost beside herself.

Now in his office, her orange door changes.
 Not rust, mustard brown. Not olive,
 the colours of expected questions he has not
 asked.
 "How many different partners have you had?"
 Not asked, when she had been prepared
 to answer.

There doesn't have to be hope, she'd thought
but i will paint it, and dabbed to spite bed
 sheets
 fever-damp, medicinal. Green stems for
 hands,
 his touch would know. Like ointment.
 Break her spells of having no sense what
 is terrible.

Like ointment, hard against throat.
 His fingers prod armpits, rest tender on thighs.
 "I feel nothing. There is nothing wrong."
 Only her patterns, remembered.
 Only her circles of stroke start to waver,
 ripple and peel to the floor.

He soothes, understands
 "You are a healthy heterosexual girl," he says.

"Anxiety," the doctor scrawled.
 ANXIETY: his letters looming stark, neurotic,
 even a bit hysterical. "We can't run the HIV
 test without a valid reason," he explained.

"Why don't you write that I'm
 concerned?"

ANXIETY like AMBULANCE,
 reeling the streets, screaming my name. My
 body on the table is heavy, no longer pleasant.
 Don't open your eyes, don't look till he's
 gone. Does he think you like these visits?
 Does he make the new warts up? At home
 when I check with my pink plastic mirror,
 nothing abnormal seems there. But my
 bathroom lacks angles, lacks hard metal glow.
 My bedroom lacks his tilted table, so acute as
 to probe at anything. At home, I panic and
 assume things. Hard little lumps, or gristles
 and burns. "All in your head," he declares,
 "Just one more spray; you'll be clean." Pinned
 to these paper sheets now, I actually believe

him. Heels locked, knees bent, hiss of the gas and hiss of his voice like a spring with the sting between my--

Perhaps I've grown addicted now to lying here, waiting for the sizzle slow against pink acid lacerations blister burns when he sprays too long and yes, I do. I like to lie, feel safe, hear him say, "Just one more spray. I'll see you in a month." The truth? The truth is I don't want the warts to go. Degrees of safety, yes? Incalculable. As long as he insists that I return, lie flat so they can look at me. Well, this assures that things are right. I'm in my place. My ritual.

The clinic hides behind tacit peach awning, sits crouched on a corner of the road. The woman at reception always asks if I would have a seat and so I do, scour magazines while from a corner of my eye I scan who else is there. Part of the ceremony is to guess what others have. Sometimes, the signs are hard to miss: large purple lesions, or runny red rashes and cysts. Often, the sleeves betray: thick cotton rims hiked over wrists. Or week after week, there's a woman who waits wearing brooches. They fasten the fabric she's wearing, fix it unbearably tight around her neck. I hate myself for looking, comparing the clothes that women wear. I hate myself for believing that how we look determines how quickly we get to get out of the waiting room.

Inside the cubicle the nurse leaves gowns starched white, as sterile as the space between my legs. I wonder if they think white soothes? Electric lights and cotton balls, the glare of paper sheets. Things have to be disposable. The clinic checks that nothing's left once treatment is complete. I once forgot a sock and a nurse chased me out to my bike. "Please take it back," she asked.

That's understandable.

What worries me is how, within a week, my panic mounts again. Yet there's nothing to see or touch, just a sickness inside, like pumpkin-rot. My fear of infection?

"Do you believe in protection?"

"Of course."

At times, I believe in our words.

ANXIETY, no doubt; he was right all along. "Quite frankly, you really have nothing to fear. If a woman has a healthy vagina, even unprotected sex poses no major threat. And as you can see from the chart, your progress is clear."

My progress is evident, is obvious, is evidently real. As real as his faith that a woman's unhealthy vagina is what makes her a subject at risk.

She didn't know that when women acquire HIV, their bodies react differently than men's. Their tests kept insisting that all she had was a yeast infection; they couldn't figure why it wouldn't go away. No antibiotic could stop her from seeping; no probe could locate where the burning white itch kept returning from. All that she had to show was the seeping. And a chest cold. She lacked swollen glands, lacked lesions. Quite simply, she lacked; her face and her back and her arms were perfectly clear.

Belief always comes back to visible evidence, and she always tests negative. She waits, holds her breath as she dials for results. This time, this time for sure the hoax is up. Each call takes hours. The receptionist finds a nurse, who finds the file which seals her fate.

"Number one fifty one?"

"That's me."

"Chlamydia, negative. Syphilis, negative. Gonorrhea, negative. Negative for

yeast, and the pap smear came back without abnormalities.”

“You’re sure?”

“Quite positive.”

“It’s my results you’re looking at?”

(Still wearing the hospital gown, the woman stands beside a blown-up copy of the Alberta transit poster. Her fists clench as she unties the hospital gown. After producing a black plastic purse from within the expensive brown leather one, she paints her eyes and mouth with heavy make up. The gown drops and she stands in a tight skirt and blouse, no nylons. She directs the audience’s gaze to the image of “women at risk” projected by the poster).

But what if she were positive, quite positive? Of course she admits that for women like her, defence comes easily. All over this city are people who want to protect her, project her, make sure she is properly warned. 17% of New HIV Infections in Alberta are Women. 25% of New HIV Infections in Alberta are Young People. We Need to Talk About It. Because Innocence is No Defence. How to respond to this logic of defence? How to reply to the frame that approves her, that soothes her, that sanctions her body as ‘woman’, as ‘real’?

(Opening tubes of paint and smearing her hands with red and yellow, the woman streaks her prints against the clean white of the hospital gown. She marks the names that she imagines the doctor wanting to call her, yet being too polite to say. She marks the names that she would like to call herself, and asks the audience for

names. In the end, the gown is no longer clean or pure. It is a blur of prints and inscriptions, a blur of voices, some of them her own).

mourning prayer

a woman, but
my innocence not icon-like
not robed in white

Madonna, would they warn you if
your smile stretched crow’s feet, flaked
mascara
your alabaster arms a shader grey?

Madonna, if they thought you fucked
found men in parks and pulled them home
before your husband came?

Madonna, if the thrust of cock was not
your thing? if in your dreams, her wrists
slid spine along your rough? Madonna,
would they warn you then?

my lady i await the day
that you, that me, that leather spikes and dykes
off-colour sex, our vast addictions
may appear
as “woman,” marked
unchastened yet still sacred
still worth saving, just because
because of we

There are degrees of safety.

Just close the eyes, press the lids.
Katherine Marie. Orange green angles of
certainty. If there’s only one new; if there’s
only one left. If this curse disappears, I will
not lust again.

"You think you deserve this," the woman who answers the phone at the clinic says. Her voice's gentleness surprises me. An older voice of crow's feet; a voice whose edge is not as soft as my ears first suspect.

"Of course not. I made a mistake, that's all."

"So now you pay by calling three times a day for test results?"

"Just want to be safe."

"I know," she whispers back.

Silence then, and a memory of the imprints on my neck. How fingers squeeze down and down and down--for glands, for growths, for swollen nodes. A memory of nights I didn't sleep for fear of soaking wet sheets; night sweats mark the body's urge to clean itself. First sign of full-blown AIDS, I read somewhere.

"Don't put yourself through hell," she says.

"I know. I wasn't bad."

You were good. Very good. And wanted, always wanted, hungry bitch. Hold back! Why couldn't you? That summer you uncovered hinge of hips, of thighs, plush velvet of your waist. Shoulder bone, the curve of a bird bone. Scared to touch at pipe-glass neck might break so fragile all their eyes.

"Such a nice girl."

"Such a young girl."

Sick is what you grew of that.

"I do, though. I do deserve it."

"How come?" Her asking doesn't make me feel I have to answer, doesn't make me feel sick or shamed.

Not like that time he smiled that prim smile, "Have you considered counselling, dear?"

"For what?"

"To find out why you feel this way."

Guilty? You mean how I'm to blame?

Let things happen far too easy. Rhymes with sleazy. Not your daughter, hey? And his voice: flatly soothing, never shifting tones. The sound of someone who has never been irrational. Yes, yes--he's right, I'm ill. Contorted, twisted, fucked. I'm fucked. So fix me, please. ANXIETY, like AMBULANCE--might need one--he was right all along.

"What's your name?" she asks.

The first time someone at the clinic's ever asked that. They usually hand out numbers: 150 162 381. Real names are dangerous, worse than disease. What if this woman knows me, or my mother, or a friend of mine? What if she tells? Degrees of safety. No idea why I trust her but I hear a shaky whisper, "It's Sabrina, why?"

She laughs a bit, "When someone calls non-stop you start to wonder things. Like what her name is. What she looks like. And if she knows that these things work out."

Her wondering doesn't bother me. With him, each time he asks me things, I sense a smirk. She doesn't look at all like Kate. Like Margaret. Katherine Marie. Jennifer Kimberly. Her wondering reminds me of the kind I do while waiting at the clinic, watching others like me.

"You had warts, too?" I finally ask.

"At twenty-one."

"I'm twenty-two."

"Forgive yourself."

"Just one more test," I say.

ENDNOTES

- 1 See Gail Holst-Warhaft. Dangerous Voices: Women's Laments and Greek Literature. London and New York: Routledge, 1992.
- 2 See the first chapter of Peggy Phelan. Unmarked: The Politics of Performance. London and New York: Routledge, 1993.
- 3 Gena Corea. The Invisible Epidemic: The Story of Women and AIDS. New York: Harper Collins, 1992.
- 4 See Cindy Kistenberg. AIDS, Social Change, and Theatre: Performance as Protest. London and New York: Garland Publishing, 1995