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Pain and Mourning in Vogel's Baltimore Waltz and Lavery's Last Easter

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Catalina Florina Florescu,
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Abstract: In her article "Pain and Mourning in Vogel's *Baltimore Waltz* and Lavery's *Last Easter*" Catalina Florina Florescu argues that there is something of a contrapuntal, contradictory nature when a person lives with or visits someone who spends most of his days in bed. Sitting next to a patient, his attendee faces the burdensome ticking of clocks, the ache of waiting, and the dagger-piercing questions of one's meaning. In other words, it is not only the pain of the other that intrigues and baffles us. It is also narrating and performing our reactions to that pain. In Florescu's reading, the focus of both plays is the problem of meaning, and more specifically the meaning of death as seen through AIDS and cancer. Vogel and Lavery reinvent the problem of meaning through a type of laughter that borders on tears.

Catalina Florina FLORESCU

Pain and Mourning in Vogel's *Baltimore Waltz* and Lavery's *Last Easter*

When dramatists approach the motif of the body in pain, it is challenging for them to offer a believable production that respects equally the character's pain while connecting it meaningfully to the audience. According to David Haradine, "In performance, the body, or traces of the body, or echoes of the body in its absence … are the foundations upon which the very notion of performance is predicated" (69). Contemporary dramas written on the subject of pain face an even greater problem. The cathartic moment, as a former *sine qua non* element for tragedies' dénouement and climax, seems to have been removed altogether. In so doing, neither the character who is in pain, nor his audience, could achieve that sense of temporary release from suffering. In Paula Vogel's *Baltimore Waltz* (1996) and Bryony Lavery's *Last Easter* (2004), the dramatists propose a radical version of the theme of waiting. Unlike Samuel Beckett's theatrical masterpiece, *Waiting for Godot*, where the characters might be seen as expecting for Godot/God, in Vogel's and Lavery's plays people are exhausted by their (passive) waiting to find a cure for AIDS or cancer. Both playwrights approach this theme contrapuntally, in a bittersweet kind of way. More specifically, after the shock of the diagnosis, and especially after many treatments have not given results, patients have the option to accept their fate by smiling at its cruelty, or, as David Morris contends, "As medicine will attest, the possession of a body absolutely guarantees the comic prerequisite that sooner or later something will go wrong, often painfully wrong" (81).

Traditionally employed in music, the contrapuntal technique comes from the Latin expression *punctus contra punctum*, which literally means "point/note against point/note." In a polyphonic melody, sounds that have distinct melodic saturations are combined. There is something of a contrapuntal, contradictory, yet enchanting, nature when one lives with or visits someone who spends most of his days in bed. Sitting next to a patient, his attendee faces the burdensome ticking of clocks, the ache of waiting, and the dagger-piercing questions of one's meaning. In other words, it is not only the pain of the other that intrigues and baffles us; it is also experiencing, internalizing and then performing our reactions to that pain. Further, according to Jane Bennett, "The word *enchant* is linked to the French verb *to sing: chanter*. To "en-chant": to surround with song or incantation; hence, to cast a spell with sounds, to make full under the sway of a magical refrain, to carry away on a sonorous stream" (6; emphasis in the original). She argues that any refrain has a catalytic force, meaning that, through the repetition of the same syllables, we may belittle the sense of the repeated word to reach new meanings and interpretations. Therefore, when hopes at recovery have failed, smiles, touches, light jokes, and recollections become the enchanting "refrain" of these plays. With a remarkable sincerity, in the preface of her play, Vogel confesses about a trip to Europe she was supposed to take with her sick brother. She postponed it, and, unfortunately, her brother died soon afterwards. *Baltimore Waltz* is a memory play that allows her to commemorate her brother's death and, at the same time, travel imaginatively to Europe. Thus, whenever Carl (her brother) appears on stage, he is sketched out from memory and, hence, slippery. As motto for her play, she quotes a character in David Savran's *Breaking the Rules*: "I always saw myself as a surrogate who, in the absence of anyone else, would stand in for him" (6). This explains why Vogel does not have a partner to waltz with, except in her vivid imagination and recollection.

Describing the main technique used by Vogel, Savran believes she follows Bertold Brecht's "the alienation effect," derived from the Russian formalists, who claimed that "over time our perceptions become increasingly habitual and automatic: we no longer see what is around us. The purpose of art is to restore visibility, to defamiliarize, the commonplace so that we notice it again" (xi). A waltz is danced with a partner, who, in Vogel's case, misses, and will forever be absent. But she dances it anyway, tracing backward the agony of her brother's illness, of which, at that time, she regretfully knew so little. Vogel's play might profitably be situated between two other better known dramas on the subject of AIDS, Larry Kramer's *The Normal Heart* (1985) and Tony Kushner's *Angels in America: A Gay Fanstasia on National Themes* (1994). In the former, the patient with AIDS is unofficially wedded to his partner at the end of the play, while Kushner dreams that the next necessary "Perestroika" will be that of accepting homosexuals and speaking openly about AIDS. In her play there is no compromise

reached through a counterfeited happy ending. Vogel constructs her play allegorically; the patients have ATD ("Acquired Toilet Disease"). Anna, the main character, is Carl's sister and he has ATD. If she found out about this illness by mistake (namely, only after her brother was diagnosed), then the implication is that few people know about ATD. She thinks they have been robbed of vital information and urges this situation to be remedied immediately. Looking backward, when cancer permeated our society, we were led to believe it was an affliction generated primarily by pollution, improper lifestyle, and depression. Women seemed to be the main target of cancer. A similar fallacious reasoning is employed for ATD/AIDS. Apparently, according to the doctor in Vogel's play, there is a special category of people at risk here, namely those who are single, may come in contact with single people, and are drug addicts. Interestingly, while developing her plot, Vogel does not place an emphasis on the chain of lovers, as the subject of AIDS has typically been rendered fictionally, but on hygiene, since this pertains to all of us. It is not about an illness per se, as it is about a community and its (lack of proper) education. Societies that are deprived of information are primitive, barbarian, and vulgar. Vogel proposes a critique of society which are not adequately informed and educated and suggests that there is no complete freedom when people are deprived of accurate information. Hygiene is one important venue through which health campaigns become effective for the lay community. However, AIDS is not a hygiene-exclusive affliction, since that reasoning would oversimplify its etiology.

When analyzed closely, there exists a good deal of irrationality in these hygiene-related theories. This is why Vogel's advice — "Don't sit, do squat" on the toilet — is ridiculous. If one came upon only this piece of order/advice, one would not possibly take it seriously. Instead, one would imagine it to be part of a more elaborate new book of manners. Furthermore, Carl is actually absent from the play. He is more like a ghost than a fully developed character. His voice is not directly heard and by the time the play begins, his sister has already appropriated his role, as she attempts to understand Carl's smothered agony. This explains why health advice is directly targeted at those who are not yet ill and whose arrogance over their invulnerability should be addressed. Vogel suggests sarcastically that, as long as we "squat" we are safe; as long as we follow orders, we are protected. Needless to say, this type of education and prevention is damaging because it does not offer a comprehensive point of view. In other words, the regime of surveillance — as initially developed by Jeremy Bentham in his 1785 Panapticon of prison — has moved to another level, in part, because of misunderstandings about AIDS, where people tend to be concerned almost exclusively with how this illness is transmitted. Vogel develops her play's argument around the trope of sitting/being seated, which can be decoded as a symbol of the ignorance of self-comfort. As a patient in her play admits, "You've got to watch were you sit these days" (13). Janet Stein tackles the same theme, only visually. About her work, *Queen B. Easy Chair Dress* (1989), she writes: "I'm interested in the metaphoric possibilities of a well dressed chair, and its beckoning promise of comfort. However, I created a hybrid and elevated it. It's been given an interior and I've crossed the language of shelter with that of the human façade" (qtd. in Goldin 28). Stein transgresses the meaning of AIDS by considering it a social discomfort generated by immense "doses" of mainstream arrogance and self-protection; by contrast, and without discrimination, Stein believes sitting on a chair may relax everybody's tired muscles. Both Vogel and Stein reflect on how illnesses reveal some of our deepest fears and phobias. In return, yet independently of each other's project, they decide to treat this obsessive fear contrapuntally, that is, deplorable and ridiculous.

If extreme dark comedy is the new genre that defines our lives, then an entire repertoire of tragic heroes and existential motifs would need to be modified. For example, Sisyphus has never been depicted as laughing (and, thus, generating a cathartic outlet) when the rock kept on rolling back down. Therefore, we always assumed he was crying and cursing and associated his stone with our own recurrent worries and anxieties. Based on Vogel's indeterminate reading/approach to a serious, incurable illness and our reactions to it, the lesson learned is that we should approach our misfortunes from a new angle. We either add the element of laughter to Sisyphus (and by extension to our suffering), or remove him altogether from our imagination. An emblematic figure that keeps reminding us about our misfortunes, Sisyphus, unfortunately, does not provide comfort for our troubled, tired minds. Vogel envisions a radical solution to this problem, since her play implies that we should be brave enough

to find the laughable meanness and illogical or inexplicable etiology of some illnesses and, consequently wear "the comic mask, which is ugly and distorted but causes no pain" (Morris, 85).

A distorted, comical mask-effect involuntarily becomes the result of those episodes when doctors are not sure of a patient's diagnosis and/or of a proper treatment. This is how evasively the doctor explains his findings: "There are exudative and proliferative inflammatory alterations of the endocardium, consisting of neurotic debris, fibrinoid material and disintegrating fibroblastic cells. … Also known as Löffler's Syndrome, i.e., eosinophilia, resulting in fibroblastic thickening, persistent tachycardia, hepatomegaly, splenomegaly, serious effusions into the pleural cavity with edema. It may be *Brugia malayi* or *Wüchereria bancofti* — also known as Weingarten's syndrome" (Vogel 9). There are so many technical words here (both real and invented), but, in spite of them, the physician is uncertain when giving a diagnosis. At the beginning of the play, Anna clutches "the Berlitz Pocket Guide to Europe" (6). Before she arrives to Europe, she has started rehearsing some standard expressions that may come in hand during her travel. When performing a foreign language in front of a native audience, any slight mispronunciation of a word may become entertaining. We may want to utter one word, but the outcome may be altered. Similarly, we do not understand what the doctor tries to transmit us. In this case, the ill body has become a foreign site and the doctor its confused and confusing interpreter. Through this contrapuntal note, Vogel captures the downsized effect of a serious affliction when it is explained — or, should I say, distorted — through such bombastic terms. To make her argument more potent, Vogel adds an example, a comical point of view that belongs to a practitioner of alternative medicine, Dr. Todesrocheln (the surname is funny in itself, made up from the word "Todesröcheln" ["death rattle"]). He lives in Vienna (the birthplace of the waltz) and is a "practitioner of uriposia, he drinks the urine" (15). It appears that even to be offered healing through drinking urine is not that effortless as we may have first thought. Just like traditional treatments, drinking urine implies having been (over)tested, and, sometimes, more tests bring about contradictory readings and more ambiguity. In reality, this type of medical approach does not always seem to be the rule. Oftentimes, people visit doctors who, perhaps superficially, prescribe a textbook course of treatment, and, if that fails, another may be recommended. On the other hand, from what we have noticed so far, either from the doctors' evasive discourses or from Anna's exhausting waiting, there is a constant deferral of meaning. No one knows what ATD is; hence, no one attempts to prescribe a definitive treatment. Vogel desperately searches for validation, so that she could finally have closure in her mentally exhausting post mortem relationship with her brother.

The play's plot invites us to deconstruct an ontological paradox. As humans we cannot escape suffering. But how much suffering could we actually endure? The best way to rephrase this question is: how much water could a fish stand? We may go a step further in this parable by arguing that a fish stops needing water once it is out of the tank. By comparison, our endurance of pain ceases only when we are dead. One of the reasons why we cannot easily move forward in life results from our static waiting. We wait for something else or better to happen. When Anna realizes that there is not anything left to do for her brother, she admits: "The problem with being an adult is that you never forget why you're waiting. When I was a child, I could wait blissfully unaware for hours" (52). Although she does not say it explicitly, now she is waiting for her brother to die. Anna learns to mask her suffering and anxiety in an attempt to ease her brother's pain. On a larger scale, at the end of the play, we could visualize people doing squat, immobilized in that irrational, but allegedly risk-free, position. In other words, one has to "squat" to feel the insanity of that slogan, and these are the deplorable and laughable dimensions expressed in Vogel's play. People seem irrationally eager to attempt any treatment, when traditional ones have proved ineffective. As Harry Lime, a minor character, asserts: "When they're desperate, people will eat peach pits or aloe or egg protein — they'll even drink their own piss. Gives them hope" (50). We notice here another contrapuntal remark, where hope is constructed as a combination of desperate needs and means. This is also a critique addressed to those health campaigns, according to which we are/become what we eat. However, when choosing to eat healthy, we may develop a satisfactory, yet empty, placebo-like feeling. In other words, we have removed the Epicurean component from eating, maintaining us instead in a drastic regime of healthy snacks, healthy drinks, and healthy habits. The obvious question is to which extent we have developed a healthy conscience of what we are doing to our minds and bodies.

Alchemists "discovered" the *elixir vitae* that, presumably, had the miraculous capacity to renew one's body because it was an agent of bodily renewal. Comparatively, Dr. Todesrocheln elaborates his theory: "Let us look at the body as an alchemist, taking in straw and mud und schweinefleisch and processing it into liquid gold which purifies the body. You might say that the sickness of the body can only be cured by the health of the body" (53). In his vision, the body is simultaneously the agent and agency of its renewal, transforming itself into "liquid gold." This echoes some current health campaigns that promote the urgency of cleansing our bodies off their excesses, toxins, etc. To illustrate this idea better, I return to Dr. Todesrocheln's "theory" and analyze it against the initial slogan proposed by the play. Dr. Todesrocheln is a homeopath for whom the body is a holistic site, and consequently it is capable to restore its balance through whatever originated its pain/imbalance. The solution of non-traditional medicine is to drink urine; the choice of prophylaxes is "do squat." Neither is a valid answer and we notice, once again, Vogel's powerful contrapuntal technique where she creates an imaginary dialogue between divergent types of medical approaches. Her hope is that just as a waltz is gracefully danced with a partner, traditional and alternative medicine should collaborate more effectively, so that we may benefit from their improved findings.

The play ends with an uncertain, yet controversial, view in regard to the role of medicine, traditional or alternative, as well as the efficiency of health campaigns. In contrast, Lavery's *Last Easter* starts ambiguously. Lavery describes her persons/characters as appearing "to be in a rehearsal for something … They overhear, watch some scenes they are not in. When not in scene, they get on with their lives … working, eating, sleeping … The actors create all the places … as if rehearsing in a bare room" (1). June, the main character, has cancer, and her chances for recovery are nonexistent: "nothing is working. The Bristol Diet. All Western medicine. All Alternative medicine. Positive thinking" (17). Nonetheless, her friends will take her to Lourdes; as hearsay has it, sick people miraculously become well again there. Although June knows she will not recover from her cancer, she agrees to go on pilgrimage because she wants to meet her God in pain, or make God suffer just as much as she has been suffering. For Lavery, the theme of waiting is a ridiculously overused cliché,and it uncovers the unnecessary anxieties added by our waiting to find a cure for cancer. Lavery suggests we stop waiting; instead, we must use and accept sarcasm as the best-at-the-moment alternative. Undoubtedly, this sarcasm is a form of agony. Yet maybe it, in the form of vaudeville routine, is the best, although underused, analgesic for our pains: "GASH [to LEAH]. This man. Goes to the doctor's … he says … 'Doctor, doctor … I keep thinking I'm a pair of curtains…' The Doctor says … BOTH. 'Oh … pull yourself together…' GASH. This man goes to the doctor's … he says … 'Doctor, doctor … I keep thinking I'm a pack of cards…' The Doctor says … BOTH. Sit down … I'll deal with you in a minute" (5). Along with mocking the theme of waiting, as well as introducing medical genre jokes, Lavery proposes to deconstruct the theme of illusion. Since June did not find a cure for her cancer at that miraculous site, she does not comprehend either why Jesus was abandoned by God unless "He must have known who was going to betray … [who] was going to stand by … so he could run the whole thing to his entire satisfaction … and make it a really memorable and beautiful Easter" (44). What is implied in June's dissatisfaction is a variation upon the act of betrayal. Intuitively, Jesus knew who would betray him, and, more importantly, why. We do not know what will betray us (or when our bodies will undergo a major change/breakdown). The first act of the play ends abruptly and until the second act we do not know if we have been transported into the Garden of Gethsemane or if we are still in the company of June's friends.

In a contrapuntal technique, the second act is about pain and dying that have been accepted, or as June says, "once you do devote yourself to the business of dying, that's a fascinating project too!" (70). The first act becomes the basis for the second, where we see not only June's acceptance of her death, but also her being developed into a character by her friends. Because June's body and mind have reached insurmountable levels of physical and emotional pain, she realizes that there is only one way out: not through slow death, helped by tranquilizers, but through suicide. To accomplish this, she needs help. In her vision, she has to wake up God and make Him participate in her drama. To do this, Lavery makes Gash, June's friend, an accomplice in her death (the meaning of this character's name acquires more depth once we read it as in "Oh, my Gosh"). Then, once Gash becomes involved in this criminal act, he may bring some hope and comfort to other people in pain. For someone who is a be-

liever in God, or for those who have lost someone beloved, Lavery's solution may appear irreverent. They may feel entitled to ask, if pain is too unbearable, then is the acceleration of death the solution? In his book, *The Loneliness of Dying* Norbert Elias raises two similar questions: "What does one do if dying people would rather die at home than in hospitals, and one knows that they will die more quickly at home?" (91). Elias poses these questions to let doctors know that the patients' relatives and attendees would like to assist their loved ones more. Explaining the title of his book, Elias reaches a sad conclusion. He believes that, due to the restrictions imposed by hospitals' policies and their ethical etiquette, the patients are bereft in their experience of pain and denied much needed comfort from their families and friends. On the other hand, Lavery's play seems to suggest that in some cases it is proper to help pain cease permanently. Her play uncovers its meaning when it is read next to its title, *Last Easter*. Here the adjective "last" announces an end to the ritual of the death of Jesus followed by his resurrection. There is no "after," or sense of soothing atmosphere in Lavery's play unless we are ready to accept uncomfortable truths and/or unorthodox methods (such as assisted suicide) in dealing with extreme pain. Apparently, "The Human Will to Live" cannot accept degrading pain, which coincides with the moment when pain affects a patient's mind and brain. Is pain ignored, or only seriously taken into consideration, when one's body is too depleted of its resources to any longer endure pain? Without promising answers, Lavery admits, at least indirectly, the meaningless of pain — a point of view she shares with Vogel's play. Unlike the ambiguous end of the play's first act, Lavery proposes to conclude the second clearly. After June dies, her experience as a cancer patient is dramatized with her friend, Joy: "JOY. (BIG BOTTLE OF MINERAL WATER, TALIKING TO A POTTED SMALL TREE…) Come here [i.e., addressing the potted tree]. (SHE PULLS IT TO HER) This is the first conversation we've had sober. Me sober. So. (ENOURMOUS SHOUT) You killed yourself, you bastard! (SAME ENORMOUS SHOUT) And now, fucking June! So I'm not going to see her at the moment because I might just fucking kill her out of sheer imitation! … You must have really wanted out, huh? I do understand, actually. I do. But. Dying's not just about you!" (70-71). Being confronted with a real problem (such as June's cancer) makes us realize that the praxis of pain is, paradoxically, a better way to define ourselves than by posing the same series of rhetorical and metaphysical questions about our (predestined) fate.

In this light, the novelty of Lavery's play is related to its Pirandellian quality: persons try to cheer up June and by so doing to cheer up themselves. The play begins with Leah saying: "We are trying to cheer each other up because okay, June, this friend, this bitch, June's had breast cancer" (2). At the end of the play, "the bitch" will give her permission to let Joy theatrically interpret her cancer ordeal. In other words, what this dramatist achieves is to show June her "after," to which neither she (nor, by extension, we) has any access corporeally. She and her friends, together, meticulously work to make a believable and decent *mise-en-scène* of someone with cancer. Their message may be that, even if cancer inexplicably will take June away from them, this illness need not take away their dignity as well. Retorts such as the following reinforce the idea that Lavery's characters are a group of people exhausted in their waiting for a cure for cancer and, instead, are now embarked upon a search for its dignified representation: "All the acting is impeccable" (25); when June pretends to sleep, and, according to Lavery's indications, "She looks dead. The others watch her" (50), Gash is not fully convinced of her performance's force and says, "Sorry. It's very undramatical" (50); and when Joy experiences that manic access of anger and yells at the potted tree, Gash retorts, "Drama-wise … Big anticlimax" (78). When we do not understand things, events, and phenomena we try to define them. But when we do not understand the actual pain of the other, what do we do? Years after completing her book *Illness as Metaphor*, Susan Sontag writes that its purpose "was to calm imagination. … Not to confer meaning … but to deprive something of meaning. … To regard cancer as if it were just a disease — a very serious one, but just a disease. Not a curse, not a punishment, not an embarrassment. Without 'meaning'" (14). Without meaning does not mean without significance — it does imply, however, without the excessive and thus obsessive interpretations we tend to give to a traumatic event, inevitably impoverishing it. Cancer is one of those words that can be defined only partially, since its sufferers experience its transitory manifestations. This is why Lavery's group of actors-friends-people meets daily to write, rehearse, and adjust the lines of a play with cancer as their *mise-en-abîme* subject.

While Vogel constructs her play on the alienation effect, pointing out the deliberate effect of a waltz danced alone, Lavery's may appear to have a with Pirandello: describing Luigi Pirandello's *Six Characters in Search of One Author*, David McDonald remarks that they are "floating signifiers. Their story, identity begins and ends as a protowriting, a first writing, the mark and the trace of their *Dasein*, their being-there. They have come in search of an author; they have come to be written out" (425). Lavery's actors are in search of a protoperformance of cancer, namely a first (for them) performance of this illness based on June's body's script that has been modifying drastically from one day and scene to another. In other words, as long as June's cancer constantly exhibits bodily and emotionally floating signs, her friends can best hope to stage a more or less impromptu protoperformance. McDonald also remarks that the six characters "want to gain their substance through performance, through enactment of their narration, through the act of speech and gesture … to be not merely in the flesh or in the word but in the unity of both flesh and word" (426). Lavery's protagonists want to reach that symbiosis, too, between uttering arbitrary words and inconsistent flesh identity, between fluctuating form and modified matter. Both Vogel and Lavery's plays pose a common concern; in the former, the character who has ATD/AIDS appears only fictively, while in the latter, the one with cancer sees herself transformed into a character; consequently, the climax of the plays is intentionally left unwritten, thus inviting the audience to participate. The last scenes of both plays are situated at what is actually some midpoint in the action, or they are perhaps set offstage, meaning in the middle of the audience. The way Carl is developed as a character may allude to a quiet, possibly passive, audience; on the other hand, Lavery's June functions as a *memento mori*, since she reminds us that we will become a memory, too.

The focus of both plays is the problem of meaning, and more specifically the meaning of death as seen through AIDS and cancer. Vogel and Lavery reinvent the problem of meaning through a type of laughter that borders on tears. When we scream, the muscles of our faces are widely open, the diaphragm almost explodes in its attempt to release the anger locked within. Yet with what are we left once the scream subsides? What better opportunity to emphasize the contrapuntal technique than by saying that after anger, there must be joy; after screaming, laughter. However, according to Vogel and Lavery, when angry, we should situate ourselves outside of ourselves so that we can properly acknowledge the laughable aspect of our anger and thus better balance our emotional lives. For example, to June, cancer "is a 'neoplasm,' apparently … which has 'the ability to leave home and travel somewhere else.' Sort of Disease-Package-Tourist" (5). The first reading of cancer as a "neoplasm" arises as if June were looking over some notes taken without care in a doctor's office, or seeking out its definition from a dictionary. Immediately after the pseudo-scientific explanation given to "neoplasm," she adds her own, in a sort of laughter-and-crying kind of technique; without wanting, her cancer has made June a tourist in her own body. This technique of combining laughter and tears is not new; as suggested by Vogel and Lavery, it has only been forgotten. In antiquity, theatrical festivals ended with a comedy that celebrated in disguise the foolishness of our actions and the cornucopia of our flaws. However, neither Vogel nor Lavery wants her play to be considered a comedy. They point out that sometimes, as June admits bluntly, "shit happens … and the modus operandi for the happening shit, deal with it" (51). In this scenario, patients should rely on the wisdom learned from their enduring bodies. And most importantly of all, they should prepare the others for their departure, because these attendees will negotiate their deaths alone. Yet, this presents a dilemma. As Sontag suggests, compassion is an unstable emotion. Although she places her emphasis on the other's participation, I take the liberty to use this succinct remark and ask: what happens with our compassion when our beloved die? Who comforts us? Undoubtedly, those who attend the dying are traversed by many self-doubts and fears *vis-à-vis* their own deaths. These individuals could become part of a solidarity-driven community by sharing their fears and agonies of loss. Because such a community does not (yet) exist, as proposed by Vogel and Lavery, another thing as sure as death is one's indulgence in self-prescribed treatments of laughter. In this light, everything could generate laughter, ranging from ridiculous gestures and actions, mixed-up reactions to illnesses' irrationality, meaninglessness, and death: "GASH. This man dies. Goes to Hell. The Devil says … 'We have three rooms you can choose from. First room … everybody's standing up to their waists in shit. Second room … everybody's standing up to their necks in shit. Third room … everybody's standing knee-deep in shit, drinking cups of

tea.' Devil says … 'Okay, which do you fancy?' The man says 'Well, if it's all the same to you … I'll take the third room.' Okay, says The Devil. Man goes in. The devil says, 'Okay. Tea break over. Back on your heads'" (62).

In his play *Endgame* Beckett inserts a joke within the dramatic text, too. His refers to an unsatisfied customer who repeatedly goes to his tailor to remind him that he is still waiting for his pair of trousers to be made. The tailor is lazy and it takes him a lot of time to complete this order. Dissatisfied, the customer reminds the tailor that God was able to complete His project in six days. The tailor replies shrewdly that God completed his project too fast, and hence His was full of errors. In other words, the tailor suggests that we are eager to have something quickly, disregarding its quality. In their own specific ways, Beckett, Vogel and Lavery teach their audience that one has to be prepared to deal with misfortunes, as they come unannounced in life, by rehearsing alternatives for surviving. The challenge is whether or not we could truly sooth the other's pain. Herein lies a great divide or separation, if you will. When we look far forward at the horizon so that everything seems to be seamless, the more we walk, the clearer and more distinct things crystallize into view. The same vision is expressed by Erica Berger's photograph *Last Days*: the attendee does not show his face since he has collapsed emotionally from the pain of the other. His proximity to the patient is evidently irrefutable. However, their visual foci do not intersect with each other; then, no matter how much closeness the experience of pain has brought them, their space — like their identity — reveals the significant degree of their inescapable separation. Put differently, confronted with and changed by the drama of the other's pain, the attendee develops an "absorption-in-delicate-moments" syndrome where he cannot totally understand his beloved's pain, nor, unfortunately, negotiate its fluctuating meaning. It seems in this case that the attendee cannot know whether he is being of any comfort to the dying loved one. This raises yet another question about the effect on the survivor. As inferred from these two plays, performing and narrating the pain of the other relies heavily on improvisation. Etymologically, this noun comes from the Latin verb *improvvisare*, which means "to see ahead." Without sufficient medical background, only few of us are indeed prepared to understand (at the level of discourse) the pain of the other. Even those medically educated cannot but improvise their reactions every now and then.

At the level of narrating the pain of the other, we are confronted, additionally, with partial translations not only because there are physical and cognitive borders of empathy, but also because we must translate ad hoc the jargon-ridden medical language. In Lavery's play, Joy shouts, "Dying is not about you!" (71). The deictic, personal pronoun "you" makes possible a dialogue, an embrace, a kiss, a touch, and, in a manner of speaking, contributes to the other's sense of identity. When "you" dies, a part of one's identity dies, too. There is no longer "you" and 'me," but only "(impaired) me"; there remain memories, but they are retroactive and not active, part of the actual, certain domain. Put differently, "dying is not about you, but about us." Therefore, when witnessing the other dying, we create thousands of thoughts, some healthy, others nightmarish. The Third Man, an obscure character in Vogel's play, believes: "There is a growing urge to fight the sickness of the body with the health of the body" (29). When the other is in pain, there is a constant, recurrent thought that s/he will return to what s/he used to be. We may also argue that this type of remark is a reflection of those transient speculations that transpire at night, in our dreams or obsessions. Consequently, unlike Oedipus who poked his eyes to erase the memory of having slept with his own mother, the moment we saw a beloved dying, our most ardent wish relies on his body's willingness to restore its functions or, at least, die as dignified as possible. Towards the end of one's life, the refrain of hope is not chanted any longer, but almost invariably transformed into discovering strategies for coping with his eventual demise.

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