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### **Immersive Pedagogies, or "Can You Feel It, Joe?"**

*Can you hear the heartache in her voice? Can you feel it, Joe?*  
- Andrew Beckett (Tom Hanks) in *Philadelphia*

*Now I wonder, Has this story liberated anything but my tears?  
And is that enough, I want to ask.*  
- Dale Peck, *Martin and John* (220-1)

*Poignancy may, in fact, be a pad from which action may be launched....*  
- Gregory Woods, "AIDS to Remembrance" (166)

I would like to begin by saying that this essay is, for me, a risky essay. In discussing literature of AIDS, in talking about and teaching the fictional and fictionalized scenarios of death and social stigma, in examining the constructions and evocations of empathy in and through such texts, and in discussing the powerful political and emotive effects that may circulate both inside and outside the contexts of the classroom, I know that the tales I would tell and those I would teach run the risks of both sensationalism and sentimentality. Furthermore, I know that the ways I want to talk about the disease and the field may seem too political to some, or more awkwardly, too humanistic to others. My insistent emphasis on the relation of homophobia, sexism, and racism to societal perceptions of and responses to AIDS occasioned more than a few students to say on evaluations that as a literature course the class was too political, and the first time I taught the course I found myself attacked by the local conservative newspaper for "indoctrinating" students with my homosexual "agenda." More problematically, though, I find myself more and more compelled by work in the field of medical humanities, work on narrative and empathy, on the use of narratives--whether literary texts or patient histories--to create empathetic and more humane responses to those living with disease.<sup>1</sup> I find that I place a great deal of hope in the idea that reading can not only

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<sup>1</sup> I would like to thank the students of Literature and AIDS at the University of South Carolina (fall semesters 1995, 1996, and 1998), since it is their sustained engagement with the issues and texts of the class that informs this essay. Of those students, I would especially like to thank Andy Collins, Susan

make one more aware of other perspectives, but also may make one more tolerant, more understanding, more sensitive, more empathetic. That, I realize with chagrin, sounds naively humanistic--to think that literature can make us better people. And yet, *and yet*, what I've discovered in teaching AIDS literature is that just as literature can move people emotionally, it may also move them to more responsible and more humane social and political positions.

It is around the term *empathy* that I want to orient the following discussion. How does a classroom of mostly white, mostly middle class, mostly Southern, mostly self-identified straight, mostly politically liberal (if often naively so) students understand literature about AIDS, and, perhaps more importantly, how do they understand their own emotional responses to the literature, and to the larger cultural dynamics that both the literature and their responses represent? How does literature function as a transitional object for these students between their own lives and those of people living with AIDS? How do they understand the vicarious acts of identification, desire, anger, or outrage evoked by emotionally-charged artistic representations? How do they place themselves in relation to these texts? What is the role of empathy in the classroom? And what is the relation of empathy to politics, or, more precisely, how may empathy negotiate the tensions between the aesthetic and the political, between emotional reaction and critical response, between emotional reaction and useful action?

In an attempt to address if not perhaps fully answer these questions, I examine in this essay three critical moments from the class I teach on AIDS literature. (Throughout the essay, I also retain a constant awareness of the particular political and social contexts that inform and distort our discussions in AIDS in this region and this state.) First, I discuss my students' frequent use of Joseph Cady's distinction between immersive and counterimmersive AIDS literature. Cady

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Finley, Amy Harris, Quentin Johnson, Caroline Pratt, Stacy Race, Medha Rege, JoyL Smith, Barry Wheeler, Kevin Wimberly, and most of all Anne Knight, for both in their papers and in person they helped me think through the problem of empathy in the AIDS literature classroom. I should also thank Vernon Davenport, whose homophobic and inaccurate attack on me in the local conservative press in 1995 galvanized class discussions about the relation between aesthetics and politics. Finally, I would like to thank my friend, lover, and partner, Bert Easter; his support sustains my work.

<sup>1</sup> See, for example, Howard Spiro's "What is Empathy and Can It Be Taught?" or "Storytelling in Medical Arenas: The Art of Self-Determination," by Larry R. and Sandra W. Churchill.

distinguishes between immersive texts, or those that *immerse* the reader in the experience, confront the reader with the "special horrors of AIDS," and counterimmersive texts, those that protect or distance a reader. My students' use of the term suggested to me that the vocabulary of immersion--and the related terms of touch, distance, proximity, contact, feeling--provided a language for the experience not only of reading, but of understanding worldviews and experiences other than their own. In a recent class, the students took Cady's distinction and applied it widely, not only describing texts as immersive or counterimmersive, but also experiences of film and theatre, our class trip to Washington D. C. to see the AIDS Memorial Quilt, some even describing the class itself as an "immersive" experience. The terms were not simply critical, but experiential.

Second, in order to explore the nature of empathy in the classroom, I compare the language of immersion to critical discussions of empathy, and I note the repeated failure of the immersive/counterimmersive binary terminology when we discussed issues of audience, minority representation, graphic imagery, and the complexities of affective response. The simultaneous efficacy and failure of Cady's terminology may register the students' use of that vocabulary to negotiate issues of empathy, identification, and distance, as well as their (and my) struggle to understand the nature of empathy as it developed through the course and through the act of reading. It was through the language of immersion that they could make strategic acts of empathy and identification, in both textual and extra-textual realms otherwise fraught with distance, otherness, fear, perhaps even danger. I think the idea of immersion played an important role in that it gave us a term through which to think about the ways that literature evokes compassion, understanding, or empathy. It also provided a language for thinking about otherness and community, and for discussing artistic methods as political or pedagogical strategies.

Third and finally, I discuss a scene from the movie Philadelphia as emblematic of the ways we might think about the relation of empathy to the affective and political effects of a literary text. Although the students often found the movie less powerful after they had seen such films as Silverlake Life and Longtime Companion, they usually found one scene very moving, the scene in which Tom Hanks as Andrew Beckett plays an operatic aria for his attorney, Joe Miller, played by

Denzel Washington. It is a scene much discussed in criticism about the movie, more often than not dismissed by critics, just as the movie itself was roundly denounced in the gay and progressive press. I suggest that this scene's power for viewers such as these students lies in its representation of the empathetic transaction--the scene represents the way the movie itself asks for empathetic identification in and through an aesthetic text. It is a scene about sexual difference and minority representation, a scene about vicarious identifications and social prejudices, a scene that in fact pivots dizzyingly and problematically around a central request for empathy, effected through a translated and shared artistic text. Describing explicitly the heartache in the soprano's voice, and perhaps implicitly the vicarious investment he has made in the song, Andy asks, "Can you feel it, Joe?" In writing about immersive texts and experiences, that is the question I think my students are asking, whether or not they can "feel" the emotional power of a text, whether or not they can empathize. And if they can feel it, how it may change them, what they might do as a result.

### **The Contexts of Immersion**

In Writing AIDS: Gay Literature, Language, and Analysis (1993), in an essay on Paul Monette's poetry, Joseph Cady draws a distinction between two kinds of AIDS literature: "immersive" and "counterimmersive" texts, that is, texts that "immerse" the reader or place the reader in direct contact with the emotions (the fear, anger, and sorrow) and particularities of the experience of AIDS, and texts that distance or protect the reader from AIDS. Cady's discussion of immersive and counterimmersive texts takes as specific social context "the profound denial that has dominated worldwide cultural reaction to AIDS," the related denials and silences about homosexuality, and "the double degree of cultural disavowal" that "gay men in the AIDS epidemic thus face." Immersive texts confront denial by including "prolonged moments" during which "the reader is thrust into a direct imaginative confrontation with the special horrors of AIDS and is required to deal with them with no relief or buffer provided by the writer." Counterimmersive texts, on the other hand, fail to address or resist social and cultural denial and may in fact center on characters or speakers in denial themselves. These texts protect readers from "too jarring a

confrontation" with AIDS by using distancing devices, such as humor, irony, narrative or thematic shifts, humor, or protective framing strategies. In so doing, counterimmersive texts, says Cady, while they may have a cumulative effect of discomfort, characteristically do "nothing to dislodge whatever impulse their audience may have to deny the disease" (244-5).

In both the senior seminar I teach on literature about AIDS and in the lectures I've given in public health courses on AIDS, I frequently use Cady's distinction as a way of talking about AIDS and art, since it seems a useful vocabulary for thinking about the ways literature can address disease and can evoke or affect emotional responses. In both situations I use two examples to illustrate Cady's idea of immersion, one verbal, the other visual.

Michael Lassell's poem "How To Watch Your Brother Die" is one of the most powerful and effective short texts I've used as an example of an immersive text, both in form and content. The poem echoes the genre of the "how to" essay or instruction manual, directly addressing the reader as "you" and using throughout the imperative mode: "When the call comes," the poem begins, "be calm./ Say to your wife, 'My brother is dying. I have to fly/ to California'" (141). The reader as the implied interlocutor becomes the family member of someone dying of AIDS, specifically the straight, married brother of a gay man. Clearly, one intended audience is a straight audience, an important consideration, given that the poem was originally published in 1985, relatively early in public awareness about the epidemic.<sup>2</sup> The poem confronts the reader-as-brother with both the horrors of AIDS ("Try not to be shocked that he already looks like/ a cadaver") and the homophobia of American society ("Think of one of your children getting used to/ another man's hatred"), as well as anecdotal incidents of both historical (a funeral director refusing to embalm the body) and personal relevance. The poem ends asking the "you" to stroke a scar on his eyebrow--a scar he received during a childhood fight with his dead brother. The scar represents both forgiveness and remembrance in the poem, but it surely also suggests, by its placement near the eye, that the result of this experience is an altered point of view. The scar will be "all that's left" of the

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<sup>2</sup> As one of my students pointed out in her analysis of the poem, it was also published the same year as the Supreme Court's *Bowers v. Hardwick* decision, a political context that amplifies the poem's focus on homophobia and heterosexism.

dead, yet by localizing the scar at the eye, Lassell self-consciously suggests that the reading of this text, and the vicarious experience of death and homophobia through the text, will leave the vision of the reader changed.<sup>3</sup>

The other example I use is an image from a 1994 portfolio of drawings of an AIDS ward by artist Sue Coe, which were published in the Village Voice. The images are simultaneously poignant and disturbing, and all are accompanied by doctor's notes or case histories. The particular image I use, titled "Kaposi's Sarcoma," shows a doctor examining a patient's back, which is covered with KS lesions. For many, this visual symbol remains the most recognizable marker of the disease. (Think, for example, of the examination and display of lesions in Silverlake Life, or the horrifying display in Philadelphia). Beneath the drawing is a quotation from a doctor:

He positioned himself to me, like he wanted to be *touched*. He was also a doctor, and my friend. People with full-blown AIDS are rarely *touched*. The skin wasn't opened, so there wasn't a need to wear gloves, but I thought I needed to, because the diseased flesh looked so awful. He went into a deep sleep. Two days later, he was dead.

When was the last time you *touched* someone? (22, emphasis mine)

The images themselves confront the viewer with the horror of the disease, but this particular image helps to foreground Cady's focus on the languages of proximity and *touch*, a word repeated three times in the short quotation.<sup>4</sup>

The sense of touch is frequently invoked in literature about AIDS, since the gay and the HIV positive were early in the epidemic imagined in homophobic culture as *untouchable*. Fears of contagion and bodily fluids as well as social stigmatization prescribed and proscribed physical and social proximity. In Lawrence Biemiller's elegiac essay about friends who died of AIDS, "Lessons

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<sup>3</sup> In teaching AIDS literature, I frequently compare this poem to the use of scars in Dale Peck's novel Martin and John, in which scars--localized prominently on both the eye and the hand--signify the mapping of memory, history, and perspective on the body itself.

<sup>4</sup> The portfolio, "Scenes from an AIDS Ward," was published in the Village Voice, 22 February 1994 (19-23). The images were published alongside a personal essay by Robert Massa about living with AIDS, "Specimen Days: Scenes from an Epidemic," framing the visual images with a verbal first-person narrative (18, 24).

from a Sobering Age," published in the Chronicle of Higher Education (19 Oct 1994), he concludes:

It is the business of writers to make sense of things, but I can't make sense of this. You're on your own. All I can tell you is that I learned one other thing from Terry and Randy and Miguel: Touch people. Hug them when you need to. At first it may not seem like much, but it makes all the difference in the world. (A67)

In this essay Biemiller substitutes the sense of touch for "making sense of things." The essay's final gesture is, perhaps, melodramatic, but it is also essentially human. Here, again, I know that I, like Biemiller, run the risk of sentimentality, but images both personal and poetic ground my thoughts here: watching friends make a panel for the Quilt, touching the clothing of the deceased (an image echoed poignantly in Melvin Dixon's "Aunt Ida Pieces a Quilt"); my lover and I rubbing the feet of a friend lying in a hospital bed, only hours before he would die; the repeated images of touching, of hugs and hands clasped and embraces both sexual and social that form a framing motif of Thom Gunn's The Man with Night Sweats. Indeed, it is the appeals to the senses my students repeatedly describe as "immersive" when discussing such works as Rebecca Brown's The Gifts of the Body, a novel told through the point of view of a home health aide, a novel rich with images of touching, combing, feeding, washing, salving, and caressing the bodies of those with AIDS.

Obviously, representations of touch and actual touching are not the same thing, and the word *touch* is clearly metaphorical when we think of a text touching us. But I think that the way we feel emotionally moved by a text, which we may describe as its *touching* us, suggests an important relation between emotional proximity and physical proximity. Even the students themselves registered the ambiguities of this relation. One student wrote of Brown's novel: "As a former caregiver to the terminally ill, I realize that you can become educated about a disease and its symptoms or complications, but often the type of insight exhibited by Brown cannot be achieved until you encounter this disease firsthand." While she praised the writer's immersive style and use of the five senses as a pedagogical aesthetic, she insisted on the grounding of knowledge in bodily experience, either the author's or the reader's, a grounding further emphasized in the perhaps

unintentional pun--in a text about the issue of immersion and *touch*--on "firsthand" experience. Yet it remains clear that the literary text as a document of testimony, witness, and alterity functions as an intermediate zone of negotiation--a contact zone.

Furthermore, for many of the students the issue of touch became real as they took the issues of the course beyond the classroom--volunteering with area AIDS service organizations (two students worked as "buddies" in a local support program, one of them later establishing a service project for one of the university honor societies in which students could perform necessary tasks for PWA's on an as-needed basis), working with local AIDS fundraising organizations (many were ushers at a benefit dinner with Greg Louganis; others volunteered or walked in AIDSWalk, and one student organized volunteers for the Artists Against AIDS benefit auction). Admittedly, some of the students had had contact with AIDS before the class, and at least one was already involved in AIDS awareness as a peer counselor at the university, but for many the class provided a time and space through which they might develop a capacity to empathize with others, a capacity that itself might become the ground for further action.

But how do you teach empathy?

The first time I taught the course, I began with the 1995 "victim art" controversy, centering on Arlene Croce's infamous dismissal of choreographer Bill T. Jones's work on HIV in "Still/Here." We read her review, which argued that the art of "victims" disallows any critical or aesthetic judgement; we read the many letters that came in response; finally we read Joyce Carol Oates's response in the New York Times, which argued that human tragedy has long been a theme of art. Although I had hoped that introducing the students to the then current and ongoing conversation about AIDS art might lead to a complicated and nuanced discussion, the polemicization of the pieces and our lack of access to the central work by Jones tended to only produce a polarized and groundless discussion. It was only when we got to Monette and Cady that their writing became more reflective. The second year I began with Susan Sontag's work on illness and metaphor, introducing from the beginning a critical vocabulary; I also distributed excerpts from anti-gay progaganda, safe-sex educational materials, and a few short literary texts (including Laurie

Anderson's song, "Love Among the Sailors") so that we might have specific texts to focus our theoretical discussion. This strategy worked fine, but, again, it was the Cady distinction, again brought up in conjunction with Monette, that most energized class discussion and writing.

Even as I'm writing this essay, I'm teaching the class for a third time. The previous two classes were senior seminars in the USC Honors College. This semester I'm teaching it as a regular English topics course.<sup>5</sup> This shift has affected class demographics dramatically. As noted, the two previous classes had been mostly white (only two African-American students, one Asian-American), predominantly straight-identified (only one self-identified out gay man, and three less outspoken lesbian women),<sup>6</sup> mostly liberal (though I had at least one fundamentalist student who maintained a focus on homosexuality as sin, though she did express a growing concern and sympathy over representations of homophobia, hatred, and family abandonment), and also mostly women. This semester I have more students in education (as opposed to primarily English and pre-med), and almost a third of the class are African-American women. Both shifts are significant, I think, given the state's draconian and abstinence-based sex education guidelines, and given the fact that HIV infection is at its highest among African-American women; within the first three weeks of class, one student had already told the class of her aunt's death from AIDS.<sup>7</sup>

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<sup>5</sup> Within the past year, the course has been added as a regular offering for the university's new medical humanities minor curriculum. A complete syllabus of the course, along with my own introductory discussion, may be found in the syllabi section of the Lesbian and Gay Studies Newsletter (published by the Gay and Lesbian Caucus of the Modern Language Association), the fall 1997 issue.

<sup>6</sup> On the AIDS classroom as a kind of closet, see Bowen (148-54).

<sup>7</sup> In both preceding classes and after my lectures in Public Health classes, students have requested more examples of texts that represent the experiences of women, heterosexuals, and African-Americans with AIDS. While some might say that such requests represent previously unvoiced homophobia, I think such requests also represent the changing populations of infection, and the overwhelming emphasis on white, urban gay men in much of the early literature. I added this semester a children's book, Mary Kate Jordan's Losing Uncle Tim, and one education student presented to the class a bibliography of texts available on AIDS and on death and dying appropriate to a number of different age groups. This seemed an important student intervention into education policy. I also added a novel about AIDS from the point of view of an African-American woman. In the past I have taught E. Lynn Harris's bestselling and sentimental novel Just As I Am, which juxtaposes and African-American man's coming to terms with his homosexuality with his best (female) friend's search for love, both effected by their friendship with a black gay man who dies of AIDS during the novel. I dislike both the novel's sentimentality and its use of the (very stereotypical) gay man with AIDS as a plot device. This semester I am teaching Charlotte Watson Sherman's Touch instead. The novel's title registers my interest in immersive/counterimmersive themes, and the novel focuses on an African-American woman who contracts HIV through heterosexual sex. Moreover, the novel avoids the treacly sentimentality of Harris, includes lesbians and children dealing with HIV, incorporates a feminist focus on the reproductive rights of HIV-positive women, addresses both racism and sexism, and remains very self-conscious in an

In many ways, then, this course must be risky for students, too. Their own stories--whether expressed verbally to the class, privately to me, or in writing in their papers--inform and subtend any discussion of AIDS in the classroom. There was the student who told me that her best friend's father died of AIDS while she was in high school. Another student was shocked when she walked into a forum on social work and HIV this semester to find an old friend with whom she had lost contact speaking on the panel as someone living with HIV. Yet another student from rural South Carolina found her favorite cousin coming out to her, because he felt comfortable enough to tell her after hearing her talk about both the course and her openly gay professor. But even those not dealing directly with HIV or homosexuality see the class as a realm of risk; one student attempted to do research for the paper in her small town library over the Thanksgiving holiday, only to be told by a chilly and apparently rather homophobic librarian, "We don't have those kinds of books here."

Moreover, the larger social contexts inevitably impinge on the class. The first semester I taught the course, not only was I attacked by the local conservative press, but the president of the university effectively killed a faculty senate motion to add sexual orientation to the university's anti-discrimination policy, a health education teacher at a nearby public school was suspended for showing Philadelphia to her classes, and, as the course was ending, a man was prosecuted and sentenced for the intentional transmission of HIV, in one of the most public trials of this kind in the state--one in which the prosecutor clearly stated his intent to make an "example" of the infected man.<sup>8</sup> When I discuss AIDS fiction in 1988, the year of both the first bestseller, Alice Hoffman's At Risk, and one of the first literary novels about AIDS, Robert Ferro's Second Son, I usually read to the class excerpts from David Leavitt's essay "The Way I Live Now," which not only attacks the novel At Risk (for its perpetuation of the innocent/guilty victim dichotomy) but which also describes an early ACT-UP demonstration on the steps of the South Carolina state capitol to protest the state legislature's consideration of quarantines. Leavitt is clearly moved by the bravery of a man from rural South Carolina so upset by the death of his friends--and the homophobia and AIDS

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emphasis on art and cultural representation. On the particular ramifications of AIDS education in the African-American community, see Robenstine.

<sup>8</sup> On the HIV-related prosecution, see Bob Stuart, "Ex-lover sentenced in HIV case." On the controversy over the showing of Philadelphia, see Clay Murphy, "'Philadelphia' costs teacher."

policies of the state--that he comes out by naming himself and his hometown during a television report. My students are also moved, and we discuss the reasons why that action, coming out, is significant, both in relation to the state's social context and in relation to public policies about HIV and homosexuality.

I give these contexts because I think them important when I suggest that Cady's language was so critical for my students. AIDS, HIV, and homosexuality are, for most though not all of the students, unfamiliar realms. So issues of contact, of proximity and distance, of testimony and understanding and empathy, are very real issues in the classroom. Although in each class we have discussed a number of distinctions or tensions at work in the literature (rage and remembrance, mourning and militancy, poetics and politics, aesthetic and documentary, first and second generation literatures),<sup>9</sup> the immersive/counterimmersive distinction and the related languages of touch, distance, proximity, contact, and feeling give them a rhetoric for the power of literature, for the role of testimony and witness, and for the desire or need to move beyond emotional reactions to discuss the effects of art, what art can do to us, through us. Of the many interpretive strategies we discuss, Cady's seems one most compelling and efficacious for students.

The first two semesters I taught the course, I assigned Cady as outside reading for the discussion of Monette. The first semester I taught the course, fall 1995, I found students using the language of immersion to describe their experience of seeing a portion of the AIDS Memorial Quilt, which was shown at the USC Coliseum during the semester. Such a usage suggested to me that this language had an experiential value beyond the literary, perhaps even a phenomenological or epistemological value. The Quilt panels were shown on the floor and walls of the Coliseum below the stadium seating, so that visitors walked onto the floor and found panels not only stretching out before them, but also surrounding them and above them on the walls. Almost literally one walked into the Quilt. The additional experience of sound--the reading of names, many of the readers

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<sup>9</sup> The tension between the poetic and the political, variously framed as mourning and militancy, rage and remembrance, aesthetics and advocacy, fills many discussions of AIDS literature and culture. See, for example, Lawson, Woods, Crimp. On the differences in first and second generation AIDS texts, specifically drama, see Therese Jones's introduction to *Sharing the Delirium* (x-xi). On testimony as a genre through which to understand AIDS literature, see Timothy Murphy's essay.

concluding their lists with family members or personal friends who had died of AIDS--amplified the sense of being surrounded and even penetrated by the memorial. For several students, the term "immersion" offered a name for the experience.<sup>10</sup> While students continued to use the terminology in Cady's literary sense in textual analysis throughout the semester, it was their experiential use of the word that struck me.

The second time I taught the course, then, in fall 1996, I decided to foreground the essay more, since of all the outside reading I recommended and of the many interpretive strategies I provided, this essay provided a language that seemed both compelling and efficacious for students. That semester offered the most extra-curricular opportunities for the class. We saw the regional production of Angels in America: Millenium Approaches (and met with the director), and we took a class fieldtrip to Washington D. C. to see the complete showing of the AIDS Memorial Quilt on the Mall. While in Washington, we also visited as a class the Holocaust Museum (since so many writers, most notably Larry Kramer, use the Holocaust as a metaphor for AIDS), and many in the class participated in a candlelight march and vigil. For several, the march was the first public demonstration of any kind in which many of them had ever participated. Their awareness of the larger political contexts of the class was strengthened not only by the march and the sequence of speakers, but also by the appearance at the vigil of religious protestors, who carried such horrifying signs as "God Hates Fags" and the acronymic G.A.Y. or "Got AIDS Yet?" On our final night in Washington, my partner and I took the class to dinner just off Dupont Circle, the heart of gay and lesbian D. C.

One student later wrote about the weekend:

Although we have discussed immersion and counter-immersion from a literary perspective, I think much of the impact of our Washington experience has to do with

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<sup>10</sup> It is perhaps worth noting that for me and perhaps for some of my students, the language of immersion has a ritualistic resonance that may further inflect our understanding. Having grown up in a rural fundamentalist religious culture that emphasizes immersion baptism (rather than infant baptism or sprinkling), I find that the language of immersion remains richly connotative, especially when linked to such experiences as the ritualized showings of the AIDS Quilt.

our complete immersion into a culture and environment very different from the one here in South Carolina.

Among the immersive aspects of the trip she pointed out were the visit to the AIDS Memorial Quilt, the experience of the candlelight vigil, the trip through the Holocaust Museum. Yet she also included her tours of ethnic restaurants with her Indian-American roommate and her visits to Dupont Circle, where "gays and lesbians were able to be open about their sexuality because of the accepting nature of the environment," which she further compared to her first visit to a gay bar in Columbia. She concluded, "Overall, the weekend had a general theme of immersion." This paper was not an anomaly; in fact, it summarized much of the discussion the students had in the van on the trip back, and it was repeated in many of their final evaluations of the course.<sup>11</sup>

This year I began with the distinction. After spending two days on our first two short stories, Susan Sontag's "The Way We Live Now" and Adam Mars-Jones's "Slim," both available in Sharon Oard Warner's quite useful anthology, The Way We Write Now, we spent a day discussing various frameworks for writing about AIDS literature, and I introduced Cady's vocabulary through further discussion of the two stories (along with the Lassell poem and the visual representation discussed above).<sup>12</sup> Although Cady has elsewhere discussed both stories as counterimmersive ("Teaching 242), my students traced a number of immersive and counterimmersive elements in both. Annie Dawid writes that her students in a fiction class disliked the Sontag story, since they could find no one within the story with whom to identify (200-1). Characterizing Sontag's story as

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<sup>11</sup> The final evaluations, from which many of the comments in the next section of this paper were taken, were not the university-mandated forms, but a series of short essays responses to three questions I asked them to address in lieu of a final: (1) What three things about HIV/AIDS have you learned during this class, or in what ways have the readings caused you to think about AIDS in new ways? (2) Name three things you now know, as a result of this course, about AIDS literature in particular, or literature about illness in general. (3) Some have argued that one purpose of reading literature is to cause us to reevaluate or reexamine our assumptions about certain things, possibly even long held but perhaps unexamined values--that the effect of reading literature is to see things differently. Another purpose for reading literature is that it exposes us to new experiences, new ideas, and new possibilities for discussion. Briefly discuss how your readings this semester have prompted you to reexamine certain assumptions and/or how they have broadened your awareness and understanding of other realms of experience. I use the final question in almost every literature class I teach, regardless of subject.

<sup>12</sup> Both Sandra Stephan (222-4) and Joseph Cady ("Teaching"237ff) discuss their use of these two stories in the classroom in Judith Laurence Pastore's *Confronting AIDS through Literature*, Stephan in the freshman composition class, Cady in a medical humanities class in which he utilizes the immersive/counterimmersive distinction.

a "prime example of counterimmersive AIDS writing," Cady also notes the distancing effects of Sontag's style, a floating narration from one character to another, all reacting to a central and nameless character's infection and hospitalization (237).

Despite those distancing effects--and Cady admits her point might be to criticize the very detachment the story illustrates so well--the class pointed out that the focus is on community and relationship, an immersive theme if not an immersive writing strategy, they insisted. The characters names begin with every letter of the alphabet, including the last, Zack, who has died of AIDS and was once the husband of Clarice; the relationships of sexuality and friendship form a chain linking them all, a chain that, according to Dawid, implicates everyone (200). Similarly, although "Slim" is in the first-person point of view of a person with AIDS, students find his constant deflections of metaphor distancing, and the narrator distances himself, at end, physically and emotionally, from his home care "Buddy" and from the healthy as a group.

If the language of immersion had a specific context when I introduced the terminology in relation to the poems of Paul Monette, or later with Sontag and Mars-Jones, it is clear that my students see the vocabulary as wildly appropriable and widely applicable. The wider application, though, marks a combination of emotional power, experiential newness, and political or social otherness, as indicated by the description of the weekend trip as an immersive experience. It strikes me is that the emotional power of Monette's poems--their raw anger, visceral longing, and devastating sorrow--moves my students in ways that other texts coming early in the semester do not (the anger of Larry Kramer or the intellectual arguments and distancing effects of Susan Sontag), so they may thus lend to Cady's terminology a resonance that extends beyond the merely literary critical.

Although the continued examination of how texts reinforce, illustrate, intervene, or interrogate larger cultural representations informs our classroom discussions, along with pertinent analyses of race and class, critiques of homophobia, expressions of political outrage, discussions of religious and social constructs, and queer critiques of hegemonic representation, I want to recognize the importance--for these particular students in these particular regional and educational contexts--of the affective power of texts. Since for many students AIDS is a "world elsewhere" with impassable

borders, and there is a disassociation or detachment between their knowledge about AIDS and their knowledge about themselves (Bowen 143, 146), I want to acknowledge and use the emotional power my students have emphasized. And I want to make the very links my students were already making, the link between making sense and the sense of touch, between the literary and the experiential, between the classroom and the world beyond.

### **Immersion and Empathy**

The language of immersion appeared frequently in the weekly response papers I assigned to the class. Rather than structuring the class around exams, I used weekly 2-page response papers as a way of generating discussion, focusing on the texts, and guaranteeing that everyone was keeping up with the schedule of readings and viewings. Early on, such papers tended to be more reactive, detailing emotional reactions to the fear, anger, and sorrow of early AIDS literature, perhaps reflecting the emotional intensity of much early AIDS literature. But in both class discussion and the syllabus itself, I asked that the papers move from emotional reactions to more critical responses. To some extent that simply reflected the nature of the course; I assumed that as they read criticism, and as we discussed the texts, students would have historical, literary, social, and aesthetic contexts through which to discuss the materials. The response papers provided an important and weekly occasion for them to negotiate the movement from emotional reaction to critical response.

Not that I think emotional and critical responses are actually discrete types of response to a text. Indeed, what I have come to realize in teaching this class more than any other literature class I teach (including creative writing) is the imbrication of the emotional and critical, which echoes but doesn't exactly replicate the interaction of the aesthetic and the political. I ask my students in these weekly papers to think about not only *what* a text does and *how* it affects them but also *how* a text works and *why* it has the effects it does. And to what ends. This year when I showed the films Longtime Companion and Silverlake Life, I began each discussion by asking the students to name on paper the scene they found most emotionally compelling. I then asked that they write one or two specific descriptive details about that scene. Finally, I asked them to explain why they thought the

scene not only emotionally important, but critically or structurally important. The ensuing discussion inevitably focused on the relation of the emotionally powerful and the critically or analytically important.

This exercise, the movement from the emotionally compelling to the critically important, enacts in a rudimentary and perhaps somewhat crass way my desire to encourage empathetic reading in the classroom. Empathy, J. Brooks Bousoon notes in a study of the "empathetic reader," is a combination of the experiential and the reflective; the empathetic reader "must both enter into and reflect on the experiential world proffered by the text" (169). Empathetic reading is to "loan" one's subjectivity to another, who then feels, suffers, or acts within the reader (170). But empathy, in the act of reading as in psychoanalytic discourse, is both active and passive; one may be temporarily and passively absorbed by the text (or the patient's narrative) but also then a reflective, active interpreter thereof. As Bousoon explains, drawing on a number of reader-response critics as well as the discourse of psychoanalysis, the negotiations of an empathetic reading are marked by shifting subject positions, between poles variously described as absorption (or fusion) and dispossession, oneness and separateness, thinking with and thinking about, merging and separating, or, in language that echoes that of Joseph Cady's description of AIDS literature, *immersion* and distance (169-70).

Similarly, in the discourses of medical humanities, practitioners emphasize the need to combine detachment and involvement. On the use of storytelling in the medical context, Larry and Sandra Churchill discuss the "dialectic of distance and intimacy" the structures any kind of storytelling, but they emphasize the "defining" and "orienting" functions of patient narratives, which, unlike medical histories that force a disease into classificatory systems, instead construct a "meaning" of a disease (75, 77). If medical school tends to teach detachment, the abstraction of a patient into a case or subtraction of the person from the history (Spiro 843, 845), then medical humanities courses may seek to balance that detachment with a focus on human experience, and what Martha Montello describes as "illness in the context of lived lives."

Stressing the need for passion and feeling in medical education, Howard Spiro (in "What Is Empathy and Can It Be Taught?") defines empathy as a kind of "merging," an understanding of

someone else's experience not as a stranger but as a friend. He characterizes empathy as both aesthetic and personal, contrasts empathy with medical equanimity or detachment, and distinguishes empathy from sympathy on the basis of passion versus mere compassion (843).<sup>13</sup> Empathy, he says, can be taught and enhanced, but that goal "requires the consideration of human life and experience; the reading of stories and novels; and the discussion of narratives" and role models, as well as the continued and collegial discussion of human relationships throughout medical school and an emphasis on patient histories (844-6).<sup>14</sup>

In using literature to teach narrative ethics and moral reasoning at Harvard Medical School, Montello attempts to hone three areas of "narrative competence" in relation to moral reasoning: (1) the ability to negotiate detachment and involvement, which echoes Bouson's description of the empathic reading process; (2) the ability to adopt another person's point of view, to "participate in the moral reality of someone else," which she argues is a fundamental attribute of compassion; and (3) the facility to recognize patterns within and among stories, as the student develops, though both medical work and literary study, an "intensified repertory of feelings, events, and possibilities."<sup>15</sup>

In the medical humanities, the impulse in studies of narrative and empathy is, of course, on the medical student or medical practitioner. But I think the emphasis on using stories to humanize those living with a disease are equally applicable to the AIDS literature classroom. The literature we read humanizes both homosexuality and AIDS. Although many a good liberal humanist might say that literature gives us a broader understanding of the human condition, literature may also given us more specific understandings of more particular embodiments of the human condition, and thus

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<sup>13</sup> Similarly, James Jones says of sympathy in relation to theatrical representations of AIDS, "Sympathy can only be granted by someone who stands outside the victim's [sic] predicament" (109). In sympathy, the gay and the PWA remain other; empathy suggests identification--what Spiro calls the view of the friend rather than the stranger.

<sup>14</sup> The emphasis on taking patient histories as a way of recovering patient voices, honoring patient understandings, and recording patient lives appears also in Abraham Verghese's *My Own Country* (see especially 120 and 126).

<sup>15</sup> Discussions of Montello's work are based on a lecture she gave at the University of South Carolina on 26 November 1996, during my second attempt at teaching AIDS literature. The lecture was sponsored by the recently instituted Center for Bioethics at the university, the base for the developing humanities curriculum. All of my students who attended Montello's lecture immediately situated her descriptions in relation to Cady's vocabulary--"What she is really talking about is immersion."

broaden our sense of what might be encompassed by the word "human" -- other than the straight, the white, the male, and the healthy.

It is one thing, however, to discuss the dialectic of immersion and distance, the need to adopt another person's point of view, and the need to humanize. It is another thing entirely to see how those concepts work out in the classroom experience. The response papers in my classes and the persistent focus on immersion as an experiential marker indicated that the taking on of different subject positions in relation to a text could be quite fluid, if sometimes awkward, especially in texts that students found to be emotionally powerful. One student summarized, in her class evaluation:

When we all walked into the classroom late September, everyone was infected with the HIV virus. Through our readings, we were gay, straight, bisexual, white, African-American, Latino, Christian, Jewish, HIV+, HIV-, living, and dying. We witnessed many of our friends and lovers die. We, ourselves, even died. We were the friends, doctors, aunts, uncles, nurses, lovers, and caregivers taking care of the PWA. We laughed, cried, screamed, shouted, and sat silently. We experienced AIDS.

Of course, not all students were as immersed in their reading practices as this student suggests, nor could all be moved by all texts and experiential positions. Nor do I want to read this rather utopian version of the reading practice as descriptive of the class as whole, though I *do* want to read it as indicative of the kind of reading practices Cady's terminology (and, I hope, my own pedagogical practices) might encourage.

However, if this discussion seems to imply that the response paper assignments and the film questions were carefully constructed to optimize empathetic engagements and the development of emotional and critical reading strategies, I must admit that to some extent these exercises arose out of frustrations and accidents, and from the recognition of the real complexities of response that would belie the student's utopian description of fluid subject positionality. Inevitably, some students were put off by the anger of a Larry Kramer or a David Wojnarowicz. Some found and will find movies like Silverlake Life or stories like Abraham Verghese's "The Agent of His Death is a White Woman" too harrowing to respond to at an intellectual level, at first. The combination of

experimental form and graphic content may alienate many readers of Dale Peck's Martin and John.<sup>16</sup> More disturbingly, some will insist they are not part of the intended audience of the text, as if that might obviate their engagement with the text or the class or preclude their ability to work with it. And some will find themselves surprised and perhaps disoriented by detailed descriptions of gay culture--what I began to call the "Dr. Madden, what is 'fisting'?" moment, after the question that inevitably comes up when we read Andrew Holleran's "Cleaning My Bedroom" from Ground Zero. Faced with such complexities, we as a class discover during the semester that Cady's distinction between immersive and counterimmersive may break down, emotional engagement may stop at the emotional level, and empathy or action are neither obvious nor requisite results of reading.

Surprisingly, it was a viewing of Paul Rudnick's humorous Jeffrey rather than the more predictably alienating texts of Kramer or Wojnarowicz that precipitated the argument about audience exclusion. The movie is quite self-conscious on the issue of audience; it incorporates a scene of two high school boys in a theatre making gagging noises when two men first kiss on screen. During our discussion of this scene, though, some straight male students in the class brought up the issue of audience in what was one of the more tense class discussions. One man pointed out that at our viewing in the theatre, other than our class the audience was primarily gay men, and he then suggested that he felt in the minority there. Another wrote in email that he, too, felt in the minority, but that because of this class and his acquaintance with gay men, he understood a lot of the humor he might have otherwise missed. Yet another wrote in response, "I was aware that I was the minority there," adding, "I thought a lot of the [gay] references and jokes in the movie were a little overdone and kind of blatant," and "I don't know if Jeffrey is a movie for straight audiences."

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<sup>16</sup> It was the first set of papers on Dale Peck's Martin and John that left me reeling, in fact, and forced me to think through the relation of the emotional and the critical. I expected some resistance to the experimental form, the fracturing of linear narrative and coherent characterization. What I did not expect were students absolutely horrified by the scenes of sex and death. One student wrote, "The sex scenes for me were so real, so brutal that I wanted to block them out." She explained in her response paper that "When you witness something . . . so shocking. . . , maybe you lose the ability to analyse it critically." I focused on her own recognition, though, that this argument echoed, despite its different intent, Arlene Croce's dismissal of "victim art." The student wrote, "If I find Mrs. Croce's argument repugnant, then I must also find mine disturbing."

Although a lot of anger might have been addressed, directly or indirectly, at the straight males in previous texts, their quite physical sense of being in a social minority in the theatre, their almost irrelevance to the film (other than the mocking self-conscious reference), and the straightforward representation of homosexuality ("blatant" seems to sexualize the very representation of homosexuality orientation and identity per se) made them react against the movie. I suggested, both in email and in the class, that we consider such comments in relation to minority representations in general. I grounded my comments in "my own experience as a gay man at straight movies (where I'm expected to get it, and do) and yet my experience that gay movies are overwhelmingly attended by gay men and few others." But turning to the issue of "minority representation, and the politics (and pleasures) thereof," I asked if majority audiences are always excluded from minority representations, which we discussed at length, and I added, "Think, too, how it only works one way, that a majority audience (or the audience of social power) is seen as excluded by the nonmainstream representation, but NEVER the other way around."

My turn to experience might reflect the consistent ways the first class put me in the position of resident or native informant, the "Dr. Madden, what is fisting?" moment. If the parameters of audience and representation complicate Cady's vocabulary, the issues of otherness in both the classroom and the text obviously complicate issues of empathy, despite most of the students' earnest desire to be moved by texts. So, too, issues of representation. Though students are consistently moved to tears by Silverlake Life, they are just as consistently annoyed by one scene near the center of the movie that foregrounds the issue of representation. In the documentary, the two men spend minutes simply lying on the bed, looking back and forth from the camera to the monitor, noting not only that they can't simultaneously look into the camera and see the representation, but also noting--in a particularly chilling and literalizing trope on the idea of perception--that it is only this play of perception that they notice the new KS lesion developing on one man's eyelid. Even the most immersive text is carefully constructed. It is a problematically counterimmersive moment (distancing effect of representational self-consciousness) with poignant immersive effects. But this critical focus on representation seems to intrude on the students' desired

focus on emotional identification and catharsis. Again, we find ourselves discussing the tension between the emotional and the critical.

One student later argued that "too much immersion might be counterproductive," and he compared the representation of occupational burn-out of the AIDS home care worker in The Gifts of the Body to the experience of reading too many confrontational texts in a row. He later explained, "If in taking this course I had only read immersive writing I would have been either (a) tired of it, (b) terrified of it, or (c) too utterly depressed to do anything about it." In order to "get people involved," there must be both immersive and counterimmersive representations, he said, citing both the distancing effects of Sontag and the humor of Paul Rudnick's Jeffrey. As my colleague Greg Forter has suggested, comparing AIDS literature to Art Spiegelman's Maus, the formal deflections of the comic genre and the animal fable (the allegorization of Nazis and Jews as cats and mice) may allow students to take in things that might otherwise be too difficult, too powerful, too horrifying to comprehend. So student desire for counterimmersion may also have pedagogical value.

Furthermore, I was constantly reminded by my students that the moments and sites of empathetic connection might be surprising. Although several students expressed dislike for David Feinberg's black humor in Queer and Loathing, one student found a sense of connection in his essay on warts: "Loneliness, hopelessness, frustration--these are all aspects of the disease that I anticipated we would encounter in the literature. It was, I guess, Feinberg's voice that really touched me. I have had three warts removed from my hands with liquid nitrogen. . . . I cannot relate to having AIDS, but I can relate to his AIDS-related symptom." Alongside the continued emphasis on immersion and literature that "touched" her, this student focuses literally on her hands, and through this minor medical procedure attempts some kind of connection, however tenuous, with the PWA. Expecting the larger and darker aspects of the literature, she focuses on the surprise of the daily details of living with inconvenient symptoms, and simultaneously on the surprise of connection, of empathy, that that symptom may offer her.

Yet the student remains critical of her own connection, adding, "How striking, and perhaps disappointing, that it wasn't until I read something I could actually, *personally*, relate to that I felt a sense of kinship, of understanding, or commiseration." Other students were also self-conscious about the nature of their connections with the literature. Another student, discussing in a final course analysis his enlarged understanding of both HIV and homosexuality, noted, "Most of all, though, I am fascinated by the solidarity and sense of community among the gay culture that this work has exposed me to, albeit vicariously." He adds that he realizes the representations do not "necessarily represent all of gay society." If one student is critical of the tenuous personal nature of her connection, he is critical both of his own tendency to universalize from the literary depictions and the vicarious nature of his fascination and experience.

One student in his final analysis of the course insisted that he really hadn't learned anything new about HIV and AIDS *per se*, since he was a pre-med student working on a senior project in epidemiology. However, he admitted three significant shifts in his perceptions about the disease. First, though he remains "cynical" about the possibility of a cure in the immediate future, he realized a respect and "newfound hope for the infected individual." In a move clearly called for in the discourse of the medical humanities curriculum, he thus shifted from a medical view of AIDS as a disease to a more humane view of the patient as a fellow human being with a need for "quality of life"--a focus Martha Montello might characterize as "illness in the context of lived lives." Similarly, another pre-med student wrote, "I have learned that there is a human factor to AIDS; it is not just a scientific disease." Other students in other majors also emphasized that the course had "humanized" AIDS.

The second shift in perception he describes as a shift from the biological to the sociological," that is rather than viewing AIDS as "strictly biological" phenomenon with "purely personal" consequences, he realized that the disease has "tremendous effects" on "our society as a whole and the gay community in particular," since now "the implications of infection seem exponentially more complex to me as I consider the interactions of whole communities, the fear and

intolerance of homosexuals, the fear of death, the role of politics and religion." AIDS is a disease, he concludes, not of individuals but of society.

Finally, noting the local conservative press's attacks on me as an openly gay professor the first year I taught the course, the student said that criticisms of the course and "your character" were "significant burdens" he brought to the class. He says that he now realizes how "vehemently" people may attack homosexuality and AIDS (he makes no distinction in whether or not the attack is an attack on people or on topics) "without a complete understanding," and he insists that the third shift he made in the course was a movement toward "tolerance and open-mindedness." "Since the best literature concerning AIDS and its effects on individuals stems from the gay community," he writes, "my new perceptions and tolerance have allowed me to experience it [the gay community] with comfort and security. This attitude has not only afforded benefits in class but has improved my view of the world." More specifically, he writes, "My feelings about homosexuality and its role in society have been significantly advanced to almost militant acceptance and tolerance." Emphasizing that "this change is secondary to the focus of the class, he adds, "my understanding of AIDS has been directly affected by this shift." He thus links a critique of homophobia to more complete understanding of the AIDS crisis. That is critical work for the AIDS classroom.

On the issue of homophobia, a female student wrote on her course evaluation, "I came into this class knowing little about AIDS and nothing about the gay community. What I take from this class is as much about AIDS as it is about gay culture." That awareness has effects may be registered by the fact that she added, "Since the beginning of this [school] year, my cousin and my good friend have come out to me. I cannot say how I might have responded before. Probably, I would have simply ignored that aspect of their lives." Furthermore, she registers the knowledge she gained from the class as not simply education, but understanding, even a critical awareness: "Our literature and films, more than just educate me, helped [me] understand a culture and begin to question the condemnations with which I have grown up."

Not every student will offer his or her experience of the class as such a narrative of conversion. But the shifts the pre-med student offers are the very shifts that need be effected by a

course on AIDS literature. One goal of such a course is for college students, who consider themselves "invulnerable," to realize that they are at risk. One student wrote, "I have realized just how real this disease is. I no longer think that I'm safe from it, which was the way I used to think, for the pure fact that I didn't think anyone I had been involved with could have possibly been exposed to the disease. And suddenly, I realized what bullshit that was." So first there are the educational goals, which the pre-med student realized as the need to understand AIDS in its social, political, and cultural contexts. Second is the medical humanities goal of humanizing disease, of understanding disease as a human condition rather than biological data, and the patient as a person rather than "a body to be treated" or a good "teaching case" study (Spiro 844). Finally, in a culture in which homophobia is inextricably linked to the cultural spectacles of AIDS, there is the political goal of recognizing the homophobic and heterosexist inflections of AIDS representation, and further racist and sexist constraints of representation and treatment. I insist that all of these goals, at least within the contexts of this class and this region, must be further connected to the development of an empathetic identification with both gay men and PWA's, and the empathetic desire figured by my students in their constant turn to the language of immersion as a language of humanization.

### **Philadelphia and the Representation of Empathy**

To conclude my discussion of empathy and the language of immersion, I want to turn to the movie Philadelphia. It is a movie, as I noted, roundly denounced in the gay and progressive press, and by gay critics in the popular press (Larry Kramer's vicious review in the Washington Post perhaps the best example). Criticisms of the movie include the unrealistically accepting middle-class family of Beckett, the strangely passionless depiction of the gay couple (who do not even kiss), the fumbled analogies of race and HIV status in discourses of discrimination, the troubling representation of HIV transmission (it is highly unlikely that one might be infected through being fellated), the heterosexist framing of the homosexual within the representational imperatives of reproduction (as if all the images of babies at the end could redeem the gay man's failure or refusal to reproduce), and (I would add) the failure of the movie to address religious discourse, the one

language that literally crushes Beckett in the courtroom (he collapses at the final witness's invocation of the Bible). Even the movie's emotional power, celebrated in the mainstream press at its release, seems lacking to my students after we've seen the more harrowing Silverlake Life and the more sentimental and openly gay Longtime Companion.<sup>17</sup>

However, despite all of these criticisms, most of the students (though not all, my one openly gay student in particular I should note) love the scene in which Beckett plays an aria for Miller, his attorney, and the scene remains strangely resonant for me. In thinking about that scene, trying to get it what makes it so powerful, I have begun to think that it has to do with the representation of vicarious experience and empathy as they may be effected through a literary text. While I do not think my sense of this one scene obviates in any way criticisms of the film, I want to examine this scene in relation to the issue of empathy, both as it appears in the film and in the rather pedestrian novelization by Christopher Davis (based on the screenplay by Ron Nyswaner).

Critics Paula Treichler, Katherine Cummings, and Eva Cherniavsky all insist on resistant readings of AIDS films. Paula Treichler writes of one early AIDS film, An Early Frost, which she finds objectionable for many reasons, that it at least "represents Western liberal humanism doing what it does best: arguing for compassion, reason, compliance with scientific authority, common sense. No one could argue with respect to AIDS that this is not crucial cultural work" (174). She further argues that even as we analyze how a film facilitates or discourages identification with characters, we cannot determine the exact nature of a viewing subject and his/her subject positioning, the methods and means by which identification occurs in a filmic text, and the ways people engage with film (the nature of their critical viewing and the generic legibility of such texts). The complexities of identification do not forestall criticism (indeed she writes of the provisional successes of modest films only to conclude with her outrage at their larger failures), but there is a need, she says, to explain further the points of identification and perspective effected through film (171, 177-8, 186-7). Echoing Treichler's understanding of the complexities of viewer identification,

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<sup>17</sup> Although there have been many critics of Longtime Companion, see James Miller's "Dante on Fire Island" for a reclamatory reading of the film and its contested closing image.

Cummings argues that "while all narratives attempt to seduce their readers into thinking and desiring in textually specific ways, no narrative is finally capable of determining its reading subjects or of controlling precisely how it will be read--and certainly not those narratives which would compel us to confront the imminence of our own mortality under the acronym of 'AIDS'" (71).

Eva Cherniavsky attempts to modulate other critical dismissals of mainstream and bourgeois representations of AIDS, not by dismissing or arguing against their criticisms of such texts as Philadelphia or And the Band Played On, but by locating a "counterdisciplinary potential" in the "lapses and inadequacies" of normalizing mass culture texts (378-9). She has specifically focused on the opera scene as the one that might break down the movie's representational politics, which she defines the "reproductive agenda" of melodrama by which Beckett's death is linked to familial regeneration.<sup>18</sup> As she describes the scene, it elides the movie's representational focus on families, reproduction, and civil rights discourse to emphasize, through Beckett's translation of the aria as "I am love, I am life," a "demand for community and recognition" and the compatibility of the HIV-positive person with both "life" and the communal body of the nation (395-7).

Before discussing the movie, it is worth noting that the very semester I began teaching the AIDS literature course and soon after I showed Philadelphia to the class, a junior high health education teacher in Union County, South Carolina (home of Susan Smith and just outside of Columbia) was suspended and then put on probation for the year (during which time her classes were to be monitored) simply for showing Philadelphia to her health education classes. Although the principal admitted that the movie was shown to illustrate what happens to a person with AIDS, and others insisted at the school board meeting that the film promoted "compassion and humanity," a local pastor and some parents characterized the movie as "vulgar" and, more importantly, they

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<sup>18</sup> Cherniavsky's critique of the representational centrality of the heterosexual family and reproduction echoes, in some ways, previous critiques of the 1985 television movie An Early Frost, which also featured a respected lawyer as its central protagonist, and which focused on the family and the family's reactions to the exclusion of both the lover and the protagonist himself. See, for example, Harty (118ff) and Treichler, who argues that the American nuclear family is the real protagonist of An Early Frost (169).

condemned it for "promoting homosexuality."<sup>19</sup> So the movie was banned from the public educational context, the teacher punished.

"Promoting homosexuality," as we know, is a troublesome phrase. George Haggerty sees it as a strategy of keeping all but the most condemnatory views out of the classroom. Simon Watney sees it as a rhetorical means to negate *any* representation of homosexuality in order to forestall the idea that gays and lesbians are human. Yet it is a phrase with very real currency and efficacy in the antigay movements of my state. Only a few weeks before I had been accused by the local conservative press of "promoting homosexuality" by teaching Oscar Wilde and Jeanette Winterson in a British literature class, as well as for simply teaching the AIDS literature course. These incidents illustrate the inextricable linkage of AIDS with homosexuality and the persistent moralization of the disease still at work in our culture, but they also suggest that even a film so widely condemned by the progressive press still has political power in contexts as conservative as the state of South Carolina.

I would like to consider the rather controversial opera scene in its immediate textual contexts, and I want to trace the way the scene develops issues of illness, pain, mortality, humanity, relationship, and empathy. The scene falls during a final rehearsal of question and answer late in the evening after Beckett's big party, the weekend preceding Beckett's finally taking the stand. I should say, rather, an *attempted* rehearsal, since Miller never gets to his rehearsal of legal questions because Beckett repeatedly interrupts his legal agenda. Issues of identification, desire, and empathy circulate throughout the scene. "Does that hurt?" Miller asks of the IV, opening the scene on the question of pain, and knowledge of pain. Beckett says that it doesn't, then offers Miller a congratulations for surviving, as he says, "what I presume to be your first gay party." It is almost as if he suggests a parallel painlessness in his IV and the party.<sup>20</sup>

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<sup>19</sup> See Clay Murphy's article for details about the suspension and the school board meeting.

<sup>20</sup> Cherniavsky notes further of the IV that by the end of the scene, when he is whirling around it to the transporting music of the aria, it has been transformed from a "mark of his corporeal frailty into a kind of orthopedic aid, upholding him in a claim to life forged from 'sorrow'" (396).

We might compare the movie to Dawid's analysis of her fiction class, in which students responded strongly to Dennis McFarland's short story "Nothing To Ask For." The story is told through the viewpoint of a straight and healthy man, close friend of a gay man with AIDS, and Dawid says that this viewpoint offers a "safe entry" and "safe exit" into and out of the realm of AIDS. Although she says her students were able to experience, via the idea of friendship, a full range of emotions (friendship, love, bitterness, guilt, outrage), the "safe" viewpoint of friendship, which recalls Spiro's call for empathy as the view of friends not stranger (843), still allows them to perceive the PWA as other (Davis 198). Miller similarly offers a "safe" entry and exit for straight audiences of Philadelphia. Although such audiences may love Tom Hanks (a point Frank Rich emphasized in his early review of the movie as profoundly important), it is through the token homophobia, AIDS phobia, and heterosexist unfamiliarity of Miller that Beckett's homosexuality is framed, assimilated, made intelligible. That the straight man is also an African-American man, though, surely inflects the politics of otherness and intelligibility in more complicated ways than this comparison allows.

Throughout the movie, then, Miller offers a heterosexual male perspective that alternates between culturally sanctioned homophobia and carefully justified human or legal sympathy. This occasion is no exception. He replies, to Beckett's comment about "surviving" a gay party:

You think that's funny. Let me tell you something, Andrew. When you're brought up like me, like the rest of us in this country, rich, poor, black, white, red, yellow, or green, there's not a whole lot of discussion about homosexuality or 'alternate lifestyles.'

You're taught right away as a kid that queers are weird, queers like to dress up in their mother's clothes, queers are afraid to fight, queers are a danger to little kids, all queers want to do is get into your pants. And that pretty much sums up the general thinking out there, if you want to know the truth. (Davis 205)

It is a problematic speech, summarizing as it seems to do every possible stereotype of homosexuality (effeminacy, transvestism, cowardice, pedophilia, predation, and sexual rapaciousness). It sets up a distinction between gay men and "the rest of us"--it is us versus them,

he implies, and you're one of them. Miller emphasizes that while all other cultural boundaries may be crossed, such as class and racial differences (the spectrum of colors surely suggesting not only race but a plurality of differences), the country is united in its demonization of one further difference: homosexuality. Further, while in the movie Miller seems to simply be offering Beckett an explanation for his own unfamiliarity with gay men, the book version makes the speech more insidious: "He finally had told Andrew exactly how he felt about the whole damned gay thing." Andrew replies, "Thank you for sharing that with me." In the movie this comment seems a moment of sardonic humor, but in the book it is rendered "sarcastically."

The scene has moved from a question of specific pain to an affirmation of larger cultural hatreds, the very hatreds at work around and in the courtroom. Miller turns to the legal business at hand, but Beckett again shifts topics, turning to larger spiritual questions of faith and mortality. He asks, "Do you pray?" and "What have you prayed for?" Miller pauses, then tells him that he prayed for a healthy baby and for Philadelphia to win the pennant; Beckett reminds him that he may not see the end of the trial, and asks that he help take care of the charities and Miguel, as they are covered in his will. The scene turns to Beckett's imminent death. During that moment of silence in the movie, when the viewer assumes Miller considers how to answer such personal questions, the book suggests that he has come to a moment of understanding. Davis writes, "But then he looked at Andrew, and for the very first time since he had known him, he did not think 'gay man,' he just thought 'man who is dying.' And if he had been able to articulate it, he would have thought 'friend'" (206). On the one hand, one might want to read this as *the* moment of understanding, or empathy. On the other, the trajectory of empathetic understanding, that is the metonymic chain of gay man to man who is dying to friend, is marked as difficult, and in its cultural contexts it must be read as troubling. Yes, one might say that it is only the recognition of one's shared mortality and humanity that enables one to cross the cultural differences that otherwise separate us. Yet the cultural differences remain, since Miller is represented as unable to articulate the idea that he might be a gay man's "friend" unless he also imagines him dying.

Further, although AIDS forced many gay men out to their families and set in motion a larger cultural dynamic of gay visibility, of coming out and coming to terms with homosexuality, the cost for many gay men of their acceptance was their dying. And in many cultural representations, particularly in television, the gay man was allowed back into the family home only on the condition of his dying and death. So Miller's movement from gay man to friend rests uneasily, I think, on his thinking of Andy as a "man who is dying." Is this friendship based on shared mortality, or on pity? And is it really friendship at all, if Miller cannot accept Beckett's sexual identity, except at the cost of his dying.

Miller again turns to the line of legal questioning, but Beckett interrupts yet again, this time focusing on the opera music playing in the background: "Does this music bother you? Do you like opera?" "I'm not all that familiar with opera," he replies. The question of unfamiliarity surely resonates with the preceding exchange on homosexuality, especially when one considers that the scene enacts yet another cultural trope of sexual difference, the stereotype of the opera queen. However, what the movie portrays as a hesitant reply of unfamiliarity, the book again renders more problematically. "I'm not all that familiar with opera, Andrew," Joe says, and Davis adds, "And I hate it, he thought." The issue of hatred, not merely unfamiliarity, thus must subtend this exchange in its allegorical refiguring of the preceding one, opera as a metaphor for sexual difference.

In a scene, then, that both I and my students have found consistently moving, Andrew turns up the volume--his favorite aria, Maria Callas in *Andrea Chénier*--and translates the lyrics for Joe, lyrics that suggest love and life arising out of sorrow and ashes. "It was during this sorrow that Love came to me. . . . It said, Live still. I am life. Heaven is in your arms. . . . I am divine. I am oblivion. I am the God that comes down from the heavens to the earth and makes of the earth a heaven. I am love. I am love." In the middle of that translation, though, Beckett turns to Miller and asks, "Do you hear the heartache in that voice? Can you feel it, Joe?" Miller nods in movie (no reply in the book). Cherniavsky describes Miller's response as a "largely mute and indecipherable fascination" (397). In fact, he does nod, if only slightly. In the film, the lighting on Beckett becomes increasingly red, reflecting the literal fire in the fireplace and the figurative passion of the

music (as well as the blood of the IV), and Miller is left increasingly in darkness, as if he is more and more in the dark about what is going on. But is he?

The opera provides a provisional and transactional text through which the issues of hatred and unfamiliarity may be informed and transformed by the energies of identification and empathy. It is a sentimental text at a sentimental moment, in what many would describe as the most sentimentally maudlin scene of the movie. Two previous attempts at understanding--through interactions of question and perception--have failed. First there was the question about physical pain and the IV, which Beckett render innocuous by shifting to the issue of the party, as if that might be a source of pain for Miller. Second were the questions about prayers or spiritual needs. These questions circle around the issue of Beckett's eventual death--required, it seems, by the machinery of the narrative, which must end in Beckett's death to fully realize the dynamics of guilt, apotheosis, and the hegemony of the family--and in the novelization those questions are literalized in Miller's imagining Beckett as "a man dying." Such questions can only return to mortality, to the gay man's death, not his life. Art, then, offers the third attempt to inflect the unfamiliar with the empathetic--art that is itself unfamiliar, art that must be translated. Empathy is emphatically not grounded on Beckett's mortality (as the book suggests), but on a shared humanity (heartache, yes, but "life" and "love"). Empathy is effected through an allegorical reading of opera as homosexuality, rendered intelligible for Miller through Beckett's translation.

It is a moment of vicariating vertigo--Beckett asks Miller for vicarious identification with the feeling in a text which he has obviously vicariously reinvested with his own emotions. He translates the opera for Miller, who has admitted that he is unfamiliar with opera, soon after his admission of unfamiliarity with "queers" while growing up. When Beckett asks Miller if he can hear the pain in the music, it surely echoes Miller's earlier question about the pain of the IV. That Beckett clearly invests himself vicariously in the text, that he translates the text explicitly (and his investment implicitly) for Miller and then asks if he can "feel" the emotion of the text suggests an empathetic transaction. And I wonder if that is what so compells my students, who so frequently use the

languages of immersion (touch, feeling, proximity, emotion) as both a textual and an experiential vocabulary. "Can you *feel* it, Joe?"

The book ends the scene in a way that seems both pathetic and maudlin. Miller may have a "warmth in his voice [that] was genuine," but his feelings are represented as simple pity in Davis's incredibly bathetic and banal prose. "Oh that poor guy, Joe thought, it just isn't fair." And "all he could think of was how brave Andrew was and how much Andrew loved life and how much knowing Andrew had changed his own life" (208). Davis concludes the chapter with nauseating and almost morbid sentimentality with Beckett playing the music louder and louder, swirling around in a dance for life, music, love, hope, and eventually, his own death. Where the prose fails, though, the movie succeeds. It follows Miller out the door, reveals his brief desire to go back inside, shows him in his own house, embracing both his sleeping child and sleeping wife. And yet the whole scene is underwritten by the swelling music about which Beckett has asked, "Can you feel it, Joe?" Miller's life and loves have now been informed by that music and that moment. It is significant, then, that the following courtroom scenes are, finally, in the voice of Beckett, as if the viewers of the movie, through Miller, are ready to identify with his voice and his viewpoint, to recognize its validity, its humanity, and its power.

The movie fails, of course, to fully live up to the potential of this scene. It is the gay man's body as spectacle--the visible display of the stigmatizing KS lesions--that anchors the subsequent courtroom drama. Further, as Cherniavsky attests, Beckett is contained at the end by the home movies that return him to childhood (infantilize him?) and the family that frames the movie's politics. Yet in the contexts of my region, state, and classroom, the movie retains a challenging power, especially when I consider this scene as one my students find most compelling. In a world where student are still disowned by their parents for admitting their homosexual orientation, in a state where HIV remains a stigma (in the 1995 prosecution of the positive ex-lover, the "victim," as the press called her, wore a wig and mask to hide her identity from the public during the trial, fearing discrimination), and in a classroom in which students have acknowledged a desire for emotional connection of some kind, Philadelphia has meaning, and it does important cultural work,

despite its many and acknowledged flaws and failures. If we consider Simon Watney's central claim in Policing Desire that "AIDS is not only a medical crisis on an unparalleled scale, it involves a crisis of representation itself, a crisis over the entire framing of knowledge about the human body and its capacities for sexual pleasure" (9), and if we consider Cherniavsky's insistence that this scene's "potential to serve an activist agenda" lies in its disruptive representational mechanics, the "degree to which the scene represents . . . a glitch in the discursive apparatus" (395), and, furthermore, if we consider the scene in light of my students' compelling interest in the mechanics of immersion and empathy, then we *must* consider the way the scene represents the very transactions of representation and empathetic identifications, the request it makes for identification as a founding moment in arguing for social justice. "Can you feel it, Joe?" And if you can, what will you do about it?

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In another context, discussing elegiac poetry about AIDS, Gregory Woods insists that emotion may be a starting place for action. Responding to the early work of cultural theorists Douglas Crimp and Simon Watney, who argued against the sentimentality and mythification of much cultural representation of HIV and AIDS, Woods argues that the artistic manipulation of human emotion may serve a useful purpose: "Poignancy may, in fact, be a pad from which action may be launched; it is, at least, a *reaction*, all the better than a turning away. As Watney would probably agree, there is no need for us to harden our hearts, so long as we do not allow our hearts to distract us from the need to act" (165-6).<sup>21</sup> Although emotion can be a distraction and a stopping point, it can also be the starting point for transformed social attitudes and useful cultural action.

So how do you teach empathy?

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<sup>21</sup> See, for example, Watney in Taking Liberties (186) and Policing Desire (131), and Crimp in AIDS: Cultural Analysis/Cultural Activism (7). Crimp later modulated his position in "Mourning and Militancy," a profoundly important and useful essay. Dale Peck sounds a similar warning to that of Woods in his novel Martin and John. The writer-protagonist asks, "Has this story liberated anything but my tears? And is that enough? I want to ask. To which I can only answer, Isn't that enough?" (220-1).

Literature is one means through which empathy may be developed, as practitioners of medical humanities insist. Toni Morrison wrote recently in a review of portraits:

The resources available to us for benign access to each other, for vaulting the mere blue air that separates us, are few but powerful: language, image, and experience, which may involve both, one, or neither of the first two. Language (saying, listening, reading) can encourage, even mandate, surrender, the breach of distances among us, whether they are continental or on the same pillow, whether they are distances of culture or the distinctions and indistinctions of age or gender, whether they are the consequences of social invention or biology. (69-70)

Literature combines language, image, and experience in the act of reading. Empathy developed might then become a means by which attitudes are changed and through which actions may be affected and effected.

I do not think you can teach empathy, but you can construct a class room that encourages the enhancement and development of empathetic identification. My students' turn to the language of immersion offered me a starting point: the distinction between immersive and counterimmersive literature, and the ensuing discussions of how we identify with or are moved by literature, as well as the necessary and consequent discussions of how literature may facilitate our identifications with and desires for textual characters (fictional or otherwise), or distance us from those characters. The ways students further described extra-textual experiences as immersive also suggested the importance not only of the vocabulary, but also the importance of offering (or structuring into the syllabus) extra-curricular activities and events. The first time I taught the course, we went as a class to hear a speaker at the Baptist Student Union on living with HIV. His talk vividly illustrated Susan Sontag's description of spiritual transformation as a disease script; we had to address the ways such scripts and images work out in people's lives, but I also realized the need for such opportunities to make classroom knowledge relevant. As USC has begun to develop an extended service learning program--meaning the incorporation of service projects into the curriculum--I realize that this course is ideal for such opportunities, though that will require my thinking much more seriously

about how the classroom functions as an immersive space. Finally, grappling with the power of the scene from Philadelphia, at the same time another teacher in my state was put on probation for showing the film, I realized the importance of considering the way other contexts impinge on and inflect classroom experience. Teaching AIDS is a risky task for both students and teachers. Stories and personal experiences, whether voiced or not, circulate around and inform classroom discussions. Social and cultural contexts inform and deform our attempts to untangle the issues of representation. We must consider those contexts as we also utilize the poignancy and power of literary representation to pedagogical and political ends.

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