

# The Archivist in the Elevator

## On the loss of memory and the remembrance of AIDS in Rebecca Brown's *The Gifts of the Body*

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Rebecca Brown published the American AIDS novel *The Gifts of the Body* in 1994, just over a decade on from the perceived onset of the epidemic in the United States. It arrived amid a minor flourishing of novelistic responses to the AIDS crisis, including several award-winning books and multiple works later adapted into feature films.[1] The 1990s was, as Gabriele Griffin has argued, a period in which “HIV/AIDS was at the height of its public visibility” (Griffin 1). However, the later part of the decade also brought “changes in knowledge about HIV/AIDS and in treatment regimes” that signalled a “move away from a dominant position of ‘dying from’ AIDS to ‘living with’ HIV/AIDS” (Griffin 8). Since the turn of the millennium – over the span of nearly two decades – the overall output of novels on the subject of AIDS has fallen by approximately seventy per cent.[2] Zoë Apostolides, in a March 2017 article in *The Guardian* entitled “Why are there so

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few novels about Aids these days?” has reflected that, “[f]ollowing the introduction of antiretrovirals in 1996, there is now a generation with no lived experience of its [the virus] terrors”. Those who survived are “now in their 50s and 60s, having spent their teens and 20s fighting for social change and planning their friends’ funerals”. In 2019, then, the remembering and ongoing understanding of HIV/AIDS is at a moment of *aporia* – both at an impasse, in the conventional understanding of “an absence of a path, a paralysis before roadblocks”, and also, as Jacques Derrida characterises the term, at a point where “the thinking of the path” becomes imperative (*Memoires for Paul de Man* 132).

Looking back on a novel like *The Gifts of the Body* brings the history of HIV/AIDS into a strange, new and challenging perspective. While the novel was published during the brief period in which AIDS novels were still receiving their highest degree of public attention, its unique storytelling approach points more toward the uncertainties of the future of the epidemic, including the many ways in which it may fail to be remembered or even registered as an imminent or ongoing crisis in the forthcoming years.

The novel is first, unexpectedly, a work of magical realism. Although not acknowledged as such in many accounts of the text by critics such as Sarah Brophy, Anne Cvetkovich or Jennifer Blair, one of the key proponents of the story lies in the disruptive force of what Carlo Coppola identifies in *The Encyclopedia of the Novel* (1999) as the “introduction of unexpected, fantastic, bizarre, or absurd” elements “into what is an otherwise realistic narrative flow” (795).

Secondly, it deals with a variety of experiences rather than a singular story, each of which involve isolated and disparate individuals whose lives are witnessed and recorded by an unnamed care worker. This approach runs counter to the majority of novelistic works on the AIDS crisis, many of which focus either on individual first-person or third-person accounts, or on realist stories involving communities of individuals centred around the epidemic. As Monica Pearl has argued, for instance, “gay AIDS fictions” have tended to involve stories that create “coherence out of disparate events”, which in turn contribute to a “format for the work of mourning” (25).

*The Gifts of the Body*, in contrast, involves care patients in a variety of unrelated circumstances – including men and women, both straight and gay, as well as parents and children, older people, the middle and lower classes, the able-bodied and the disabled – in a narrative that neither connects these isolated

vignettes together nor privileges an aesthetic of coherence over the care worker's day-to-day labours.

To place *The Gifts of the Body* within the legacy and ongoing history of the epidemic, therefore, my approach will be analysis of the work that confronts the challenges of both memory and mourning as aspects of textual realism. In light of its broad focus, my assertion is that the work provides unique and prescient insights into the shifting demographics of HIV/AIDS that most other novelistic responses to AIDS have tended to overlook.<sup>[3]</sup> Consequently, its position in relation to the ongoing recognition of HIV/AIDS concerns a deep antagonism in the ways that specific, isolated, and private remembrances of the epidemic are either “counted” or “discounted” in accordance with broader cultural memory. Where, for instance, “gay realism” serves as a broader cultural narrative in many novels about AIDS, the problem, as Judith Pastore has pointed out, is that “AIDS seems to have plateaued among gays” since as far back as even the early nineties, and has “shifted to heterosexuals, particularly IV drug users, their sexual partners, and their offspring” (23-24).

In order to engage this antagonism critically, I will be turning to the theoretical writings of both Michel Foucault and Jacques Derrida in relation to their positions on the role of the “archive”. Specifically, I will be analysing *The Gifts of the Body* as a novel of conflicted archival work, at once cumulative in its encounters with a variety of AIDS experiences while also incapable of bounding these experiences into any coherent sense or meaning. This incapacity, I will argue, informs the novel's eventual turn towards the genre of magical realism, wherein the collected memories of the novel-as-archive can no longer sustain the purely realist format and so emerge instead as encounters with the spectral or impossible.

In *The Archaeology of Knowledge*, Michel Foucault establishes first the concept of a “statement” as a “function that cuts across a domain of structures and possible unities, and which reveals them, with concrete contents, in time and space” (98). From this, the “archive” is then something that “reveals the rules of a practice that enables statements both to survive and to undergo regular modification. *It is the general system of the formation and transformation of statements*” (146). Hence, historical reading or analysis is something that concerns the elucidation of a changing or differential set of structures and unities, both spatially and temporally. The AIDS crisis is concerned with the formation of statements about not only the causes and spread of infectivity, but also about the demographics attrib-

utable to such vectors. Because, for instance, in the early years, HIV/AIDS was known as gay-related immune deficiency (GRID), thereby there emerged through literature, media, dialogue, and discourse a whole archive of “gay-related realist” statements about the epidemic. Of course, as Foucault writes, an archive is not something that can be “described in its totality” and instead “emerges in fragments, regions, and levels” through its historical unfolding. For this, the Foucauldian archaeological method requires at least on some level the vantage of a “chronological distance” in order to reveal the archive’s proper conformation (Foucault 147).

If the AIDS novel rose in prominence following the turn of the nineties, this may be in part attributable to the historical vantage offered by the advent of new scientific knowledge and such treatments as protease inhibitors. Paul Reed argues that the reason why “it took so long for AIDS to be thoroughly treated in fiction” is because “AIDS was a profoundly *personal* reality—friends were dying of this mysterious malady with an alarming swiftness, and one knew almost nothing but this fact: withering illness and death” (91). What novelistic realism offers, by this token, is a degree of retrospective clarity. The creation of “coherence” that Pearl describes is an archaeology that reveals the makings of an archive that was once so overwhelming as to be totally intangible.

Many of the standard critical responses to *The Gifts of the Body* have tended to posit the work as an example of ascetic realism. Cvetkovich, for instance, reflects that the novel is “far from sentimental”, demonstrating an “uncompromising antisentimentality as it articulates its sense of [...] the trauma of dying from AIDS and the trauma of witnessing those deaths” (222). Blair notes that the narration of the text “would seem to be the antithesis of feeling”, and that its “abrasively spare tone [...] is not the sign of a negligent caregiver but the melancholic symptom of its disaffected narrator” (521). The work appears to embrace many of the formal narrative components of a traditionally realist text. A quick gloss of its chapters, for instance, reveals a strong narrative trajectory through which the memory of “trauma” or “melancholy” might be articulated and organised. Each of the eleven chapters is named in accordance with the motif of the “gift”, starting with “The Gift of Sweat”, and following through the rest of the book with chapter headings based either on physical embodiments (skin, hunger, mobility, death, speech, sight, tears) or on emotional relations to the body (wholeness, hope), before ending on the final chapter entitled “The Gift of Mourning” (Brown v).

An overt way of reading a text such as this may be to propose that it comprises the “traumatic” memory of the body – which is a dying and decaying body shared between many, separate individuals – in an assortment of different pieces. The common thematic of the “gift”, as Cvetkovich writes, can be ascertained through each of these pieces as “an epiphany, a dramatic moment in which the horror of death and decaying bodies condenses around a gesture, an act, or a recognition between the patient and caretaker” (223). Hence, in the composition of the novel, the formal act of storytelling might work to arrange such moments in order to construct “coherence out of disparate events” – or, in other words, might lead us to the point where “mourning” becomes finally possible in an ending where it feels nothing necessary has been omitted.

However, a closer engagement with the text destabilises this analysis. First, the ascetic realism of the novel is a deliberate narrative contrivance. While it is accurate to say that *The Gifts of the Body* comprises an “unsentimental” response to scenes of trauma and vulnerability, this only stays consistent for the first five chapters of the novel. After two turning points in the sixth and seventh chapters, which I will argue employ the use of magical realism, the figure of the narrator becomes less a cipher through which each story is told, and more reflective as a flawed and emotionally driven character in her own right, ultimately conceding by the novel’s end that her work is “very difficult” as she decides to go on leave from her duties as a caregiver (Brown 102).

Secondly, the final chapter, “The Gift of Mourning”, ultimately reflects the eventual limitation of the novel as a “coherent” project of embodied memory. The ending marks one of the few instances in which the narrator is compelled to absent herself from the act of witnessing. The final moments involve the death of a woman named Connie who, surrounded by her children, provides them with the opportunity to grieve for her as a family. As this happens, the caregiver goes “out of the room” to “leave them with the body” where “they mourned” (163). According to Brophy, the novel’s ending is a closure that “risks reinstalling the nuclear family at the centre” as it “schools” the narrator “to quietude” (116). Far from incorporating Connie’s memory as a final act of reconciliation, therefore, the caregiver is instead detached from any potential designation of “loved one” altogether.[4] The promised “gift” of “mourning” is a closure that never finally arrives, that never quite enables the distance necessary for the work of remembrance to begin.

To expand on these incongruities and why they matter as reflections on the novel's approach to mourning and memory, I will address the precise nature of the novel's turn towards subjective emotional fallibility, including how the disruption of "realism" as its overriding aesthetic facilitates this change. My analysis will then return to the novel's end in order to address the problem of the narrator's absence. Why is it that a novel about witnessing excludes its primary witness in its final account, and how can one resolve this question in the context of the narrative as a whole?

The embodiment of trauma in *The Gifts of the Body* stays consistent throughout the text, reflecting Judith Herman's psychiatric designation of "traumatic memories" as phenomena that "lack verbal narrative and context" and focus instead "on fragmentary sensation, on image without context", giving them in turn a sense of "heightened reality" (38). The first five chapters depict this fractured mode through their excessive, mannerist approach, describing each of the environments in the caregiver's daily routine in intense detail:

I stripped the bed and put a load of laundry in. I vacuumed and dusted. I dusted all his fairy gear, his stones and incense burners and little statues and altars. I straightened clothes in his closet he hadn't worn in ages. I untangled ties and necklaces. I put cassettes back in their cases and reshelved them. I took out the trash. (7)

This approach, carried through into each subsequent chapter, is reflected in the caregiver's duties for each patient:

[Rick] was still shaking. I pulled my body close to him so his butt was in my lap and my breasts and stomach were against his back. I pressed against him to warm him. He pulled my hand onto his stomach. I opened my hand so my palm was flat across him, my fingers spread. He held his hand on top of mine, squeezing it like the quilt. I could feel the sweat of his hand on the back of mine, and of his stomach, through his shirt, against my palm. I could feel his pulse all through him; it was fast. (8)

The basic method here is a technique outlined in Roland Barthes' establishment of "reality effects" in 1968, wherein he argues that the "useless details" of narratives – typically Western narratives – are constitutive of their construction of

“concrete reality”, which is to say that they establish the literary text as “realistic” through the use of “insignificant gestures, transitory attitudes, insignificant objects, redundant words” (230-4). However, unlike in the conventional Western narrative, the narrator’s approach to each of her care patients in *The Gifts of the Body* is an abnormally flattened view that affords a strange perspective on the “concrete” aspects of her storytelling. The seeming continuity between descriptions of the objects, furniture and bric-a-brac that comprise the setting of each visit, alongside the depersonalised body of the care patient whose partial features are each glossed in a succession of images (“butt”, “back”, “stomach”, “hand”, “pulse”), make for a lateral and syntagmatic fusion between human and nonhuman material. The staccato rhythm of each paragraph, punctuated with the recurrent active voice – “I pulled”, “I pressed”, “I opened” – consolidates this effect as a performative feature of the narrator’s relation to the setting. Taking, for instance, the unassuming boldness with which the caregiver describes how she places the Rick’s “butt” in her “lap”, there appears to be little personal reticence in the material nature of her work; the patient’s body presents another duty of care that must be fulfilled by whatever means prove to be the most effective. The novel’s “reality effects”, therefore, converge not only in its excessive environmental detail, but also in the fragmentary bodies of the care patients themselves, resulting in a recurring narrative shuttering, in which the body itself appears not as a total functioning organ, but rather as a “series of images” in constant flow and interaction with the environment, which itself forms only a brief stopgap in the caregiver’s everyday roles and responsibilities.

In conceiving of constructions of memory around the AIDS crisis, this approach through “reality effects” is problematic for any attempt to create an objective and coherent record of the epidemic. This is reflected in the disconnection between each of the novel’s chapters. While throughout every account we follow the first-person view of the primary caregiver, the absence of any internal reflection or emotional response in each of the first five stories means one can read them in virtually any order without losing much sense or meaning. Every one of the stories involves a character with no relation or contact with any of the others, which makes the views into each of their lives almost entirely dependent on the comings and goings of the narrator. Care patients regularly attest to the caregiver’s fleeting presence throughout the novel, as though totally dependent on her role as witness, pleading “Don’t go” (6), asking “Will you miss me?” (105) or

encouraging her simply to “remember” them when she does leave (75). The result is a story in which the responsibility of care work becomes gradually exhausting and unbearable. By the novel’s end, she decides she is ready to end her time as a volunteer, and as Cvetkovich reflects, “[i]t is an odd sort of closure – no more stories to tell because the clients have all died and the caretaker cannot move on to others because of her own small death and burnout” (225). What remains is a sense of unfinished business, or more radically, of a business that could never be finished. The place of each care patient in the novel becomes something transitory as one remembered encounter slips away in to make room for the next.

How, then, does eventual “burnout” manifest in respect of the novel’s procedural construction of memory? The first five chapters of the novel each take on a character whose capacities for independence or rational decision-making are for the most part diminished. “The Gift of Sweat” has Rick lying prone and sweating after attempting to make a breakfast for the caregiver. “The Gift of Wholeness” has an older woman named Connie, who tries to be independent, but has to be bathed and put to bed by the narrator “the way [her] mother did when [she] was young” (22). “The Gift of Tears” features Ed, an older man who sits watching television, repeatedly ignoring the narrator’s suggestions to accept his admission to a hospice. “The Gift of Skin” features a man named Carlos, who is largely absent from the chapter until it is time for his bath, with the caregiver spending a majority of the time speaking to his friend Marty. And lastly, “The Gift of Hunger” focuses on Connie again, who is this time unable to consume food without her body rejecting it, while friends and family try to give her food in vain attempts in to “fatten her up” (51). It is by this point that *The Gifts of the Body* establishes its premise more or less firmly; the narrative role of the care patient is one that is passively tied to the environment of each of the caregiver’s visits. The reason they would appear to resemble the objects in the scenery of their environment is, of course, because they are totally suspended from influencing the conditions of their own lives – deprived, that is, of the ability to make a significant narrative impact on the world around them.

An obvious proviso in building a novel around the narratives of an array of isolated individuals is that this technique sets up in advance the possibility for either missed or overlooked encounters. Along these lines, “The Gift of Mobility” features another returning character, Ed, who is now settled into a hospice despite his previous reservations in “The Gift of Tears”. In this case, however, our attention is drawn almost immediately to the connections between the fifth and six

chapters, demanding – for the first time – the use of the reader’s memory in piecing both scenarios together. Ed makes this link explicit for the narrator: “He asked if I remembered how he used to wait for the hospice to call and say they had a room for him. I said yeah, I remembered” (75). Following this, he then makes a surprising and reflective statement which serves as a critique for the novel’s treatment of narrative so far: “He said whenever someone died they all talked about them for a day or two but then stopped. There were so many new people all the time you couldn't remember everyone who died. He said, 'There won't be anyone left to remember us when we all die'” (75). Ed’s return is an abrupt turning point for the narrative as a whole. No longer passive or “acted upon”, the body of the care patient is now embodied by a voice which speaks on behalf of the forgotten many in the legacy of the AIDS crisis, a significant departure from Ed’s refusal to speak in the previous chapter. After spending several weeks in the hospice, Ed packs his belongings and decides to leave. When the caregiver attempts to contact him, she finds he is impossible to locate: “I called the Y, but he wasn’t there [...] I called Margaret, but she was out [...] I called Ed’s case manager, but he was out too [...] I didn’t know where else to look. There wasn’t any place for Ed to go” (79). The congruence between the “emergence” of memory and the intrusion of this unwanted agency establishes the link necessary to begin conceiving of the care patient as a subjective and autonomous individual, but it also presents as the first authentic moment in which the caregiver can no longer claim narrative possession of the “gift” for herself. As Blair reflects on the chapter’s anti-climax:

With Ed, loss is not only unpredictable but also untraceable. Its proximity to or coincidence with death is not perceivable by even this professional carer and mourner. If the narrator experiences loss, it is less a consequence of death than of her inability to be receptive to the ‘gifts’ her clients give her (522).

In other words, the projected view of the novel’s composition – the building of a coherent and subjectivised memory of the AIDS crisis – is cut short by the intrusion of an agential story that becomes “untraceable”. The “departure” of Ed is our first clue in *The Gifts of the Body* that the purported project of committing the AIDS crisis to memory must also give way to the limits of spectatorship – that is

to say, of those moments which *cannot* or *must not* be witnessed in the everyday unfolding of the epidemic.

This awareness of the limits of spectatorship contributes to an overwhelmingly fatalist view. The immediate consequence is not just that Ed's story is no longer counted as part of the novel's project of memory, but that it also figures as a synecdoche for every story that cannot be contained within the archives of the remembered history of the epidemic. In Blair's words, "*Gifts* is about the impossibility of giving as much as one would wish and the impossibility of receiving everything one is given" (522). The social complexity of HIV/AIDS has long been acknowledged and debated among theorists of the crisis. Thomas Yingling, for instance, has written that "Anyone interested in AIDS must suffer from [...] vertigo: the number of books, essays, pamphlets, and articles, the kinds of information, issues, and events that occur are so overwhelming in sheer number as to defeat any attempt at comprehensive incorporation by one person" (37).

One can see this apprehension reflected in the "burnout" of *The Gifts of the Body* narrator. Contrary to Yingling's example, however, *The Gifts of the Body* concerns itself not just with the innumerable accounts of AIDS that are already currently accessible, but also with that which *cannot* be recorded – that is, the kinds of experiences and information that *never* make it into "books, essays, pamphlets, [or] articles" and so linger instead as the spectres of eternal missed opportunities. In order to better understand this, of course, one needs to be able to break from the realist logic that ordains the most part of the novel. *The Gifts of the Body* may have us conclude that all such moments could be best confronted through the fulfilment of a totalising form of memory – constituted, that is, by the gradual piecing together of the fragments of the body into a unified and continuous whole. However, the betrayal of this composition by the incursion of rogue elements, including "gifts" unreceived and "bodies" displaced, makes the novel's fulfilment of its narrative project practically untenable.

The novel's seventh chapter, "The Gift of Death", takes the reins of this logic and introduces a fundamental break in the procedural flow of the narrative. Taking place in a "housing authority building" the caregiver has visited "several times before", it features as its centre-piece an elevator, "like a freight train elevator", which scales the full ten stories of the estate (85-87). Assisted by a man named Andrew, the narrator is set to cover for a patient named Francis, who does not have a primary caregiver. As we linger outside the elevator at the base of the building, the narrator observes the residents around her, including "an old

woman in a wheelchair waiting, and a middle-aged guy in a shower cap reading *Soap Opera Digest*. Also a twitchy youngish guy wearing the thickest glasses I'd ever seen in my life" (86).

Each in their own way reflects the detached ethos of the novel so far established – an agglomeration of individuals, each as idiosyncratic as the next, and each in their own way disconnected and isolated from the other, by age, by habits, and by dress sense. The elevator doors open, and they step inside. It is at this point the narrator hears something unusual: “a low creak then a jolt. Then this froggy voice. 'Hello Anna Weber.'” Anna Weber, a woman inside the elevator, responds, “Hello, Roy”. This then happens again with a man called James Green: “'Hello James Green' [...] 'Yo, Roy.'” And then it happens again, on repeat, with every one of the elevator's occupants, including Andrew. Finally, it addresses the narrator herself: “'And who are you?'” (87)

Multiple points of reference and minor revelations are set up in this short passage without explicit commentary. First established are the occupants of the building, who are not only indicative of the caregiver's detached attitude, but also figurations of the novel's depersonalised care patients. Each is idiosyncratic in their appearance; if not elderly or disabled, they are “twitchy” or they wear “thick glasses” or “shower caps”. Their purpose is to imbue a sense of character – “reality effects” – into the environment of the building itself. Inside the “freight train elevator”, which is large enough to house numerous individuals, a disembodied voice gives personal recognition and differentiation to each of these strangers. Addressing them one by one, “Roy” performs the work otherwise absent in the span of *The Gifts of the Body* storytelling; he forces the multiple and disparate individuals to break their “uncomfortable” silence and speak for themselves. Much like Ed's departure, here the “gift” is one of vocal agency across a variety of individuals, introducing the sense of a number of lives unaccounted for in the narrative whole.

Once addressed, the narrator turns and sees who is speaking. She describes Roy as “a huge fat man with huge white hands sitting on a bench in the back of the elevator”, with eyes that are “little and piggy [...] gray and watery like an egg at the edges”. He grasps her hand and it is “wet and soft” (87-90). The grotesque imagery short-circuits the everyday flow of the text. Roy's unsettling presence disrupts the expected movement of the story from one place to another. In the social community of the elevator, he disrupts the accepted protocol, intruding as a

socially awkward body. As the elevator comes to its first stop it does not move: Andrew “punched the Close button [...] waited a couple seconds then hit the floor buttons” (88). Three of the remaining occupants are looking up “at the blinking elevator lights” as Andrew “kept hitting the floor buttons” (89). Roy keeps talking through all of this, and an occupant named James asks, “When’s this fuckin’ box gonna move” as Andrew “crossed his arms and closed his eyes and sighed” (90). More than simply disruptive, the manifestation of Roy is one that becomes physically demanding; this time the environment appears unnaturally to bend and contort to the needs and whims of its inhabitant, stretching time and manipulating space to make the encounter seem all more intolerable for everyone inside. The more overbearing Roy’s presence, the more the elevator seems to jolt, jump, and start and stop. One can see in this scenario obvious reflections of Ed’s own self-determination in the previous chapter, in which the narrator’s efforts to trace him down and reclaim her “gift” are thwarted at first by the absence of her supervisor Margert, and then a second time by the absence of Ed’s case manager. The motif introduced in both scenarios is an “unreal” set of coincidences that stretch beyond the realms of possibility established by the novel’s early chapters.

In the conventional understanding of magical realism, the appearance of the “unexpected” in the novel is not simply a trope characterised by the literal manifestation of ghosts, magic and curses, but also more subtly by “a broader spectrum, ranging from the fantastically implausible to the outright impossible”, argues Hegerfeldt (51). The aesthetic style of magical realism “blends elements of the marvellous, the supernatural, hyperbole and fabulation, improbable coincidences and the extraordinary with elements of literary realism”. For *The Gifts of the Body*, the elevator sequence along with Ed’s vanishing act illustrates the power of such a synthesis. Coupled with the notably restrained tone of the novel’s first five chapters, these events appear as more than just incidental by the time they play out. For Homi Bhabha, magical realism appears as “the literary language of the emergent post-colonial world” (7). The technique becomes recognised by its entrenchment in discourses of history and identity, but also most significantly by a strong sense of *counter-narrative* which pushes against the generic conventions of literary realism. “Such novels”, writes Jean-Pierre Durix, “often evoke the process of liberation of oppressed communities. The scope of these books largely transcends the individual fate of a few characters in order to constitute an imaginary re-telling of a whole nation through several decades” (116). Such is the potential of a novel which similarly involves an emphasis on embodied memory around

the lived experiences of the AIDS crisis. But how does *The Gifts of the Body* account for its broader historical situation?

The caregiver's encounter with Roy becomes doubly unsettling as Roy begins explaining his history and role within the building. Having finally offered her name and acknowledging his presence, Roy begins laughing at the caregiver as though she had "just fallen for this incredibly funny joke". Then, he says, "very seriously, 'I know, I've seen you before'". The narrator confides that "It felt weird to think of this guy watching me from the elevator when I'd been in this building before" (88). She then learns more about Roy. Having established his talent for memorisation, he reveals he knows the names of all of the people who have HIV/AIDS in the apartment block; what is more, he knows the names of the people with HIV/AIDS in both Western State Hospital and Pierce County Youth Services Home as well. "I know your name too," he adds, and the narrator feels her "skin crawl" (90). Out of the elevator, Andrew and the caregiver discuss Roy's situation. Andrew explains that Roy "is our welcome committee", but then jokes, "I guess archivist is more like it". The caregiver admits that she did not know if she was "supposed to laugh" (91).

To invoke this unsettling figure of the "archive" is to bring once more to light the problem of remembering the AIDS crisis in its entirety. If Roy is indeed to be taken seriously as an "archivist", then his presence in the novel appears almost in direct contest to the caregiver's own as someone who fails to register, connect or account for a majority of her care patients. Whereas the caregiver's story by this point involves an array of disconnected individuals, Roy's in contrast contains within itself the inordinate connections necessary to comprise an entire functioning universe, with all names and faces intact. According to Foucault, an "archive" may be understood as not only "the law of what can be said" in the accounting of a whole range of statements, but also as that "which determines that all these things said do not accumulate endlessly in an amorphous mass" (145).

The problem, however, in the context of an event such as the AIDS crisis, is that the development of such an "archive" appears impossible. When an archive is attempted, as Yingling has already reflected, it becomes increasingly clear that many important components are being left out. For any individual interlocutor, such as that of the narrator of *The Gifts of the Body*, the celerity of each encounter is enough to defeat "any attempt at comprehensive incorporation". Nevertheless, when we are introduced to Roy, it is with the proviso that he is not just an indi-

vidual whose talents create a marked impression on the world, but that he is also a physically impossible fold in trajectory of the narrative itself. He is large enough, within the confines of his elevator, to take up an entire bench; his size is such that his shirt buttons “looked like they were about to pop” (87).

This echoes the spectre in Toni Morrison’s novel *Beloved* (1987), whose “basket-fat stomach” grows as it feeds on the grieving Sethe’s bodily and psychic energies (285). In other words, Roy makes passage into the realist narrative of *The Gifts of the Body* as a haunting figure for the *impossible* “archive”, both large enough and powerful enough to make palpable the entire lived and experienced history of the epidemic.

According to Hegerfeldt, the “many ghosts that appear in magical realist texts [...] can often be understood as the embodiment of memories or as personifications of a nagging conscience” (54). For *The Gifts of the Body*, Roy is a similarly tormenting spectre whose voracious appetite for names and faces embody the widespread remembrance and acknowledgment of the AIDS crisis. When Andrew introduces him as someone who “remembers all the names”, he sighs and adds, “[i]t’s nice someone does” (91). The ghost, in the context of the novel, comprises those remnants that fail to register on even the surface level.

I turn to Derrida to see how these remnants are already nevertheless imminent features in the bizarre and twofold logic of the archive itself. As argued in *Archive Fever*, Derrida’s take on archive work is to consider less the discursive limits of what can be said, and more the antagonisms of the containment of memory itself. He argues that there is not one, but two orders of the archive. The first is “the principle according to law, *there* where men and gods *command*”, which reflects Foucault’s own version of an archive of coherence; the second is the principle “according to our nature or history, *there* where things *commence*”, which reflects more broadly the accumulation of memory in excess of its containment, pointing more to the “incoherence” of what cannot be remembered (*Archive Fever: A Freudian Impression* 1). By this token, the archive’s “nagging conscience” is such that the more “it engrosses itself” and “gains in *auctoritas*”, in Derrida’s words, the more it “loses the absolute and meta-textual authority it might claim to have”. He adds: “The archivist produces more archive, and this is why the archive is never closed. It opens out of the future” (*Archive Fever: A Freudian Impression* 68). It is through this logic, then, that the “ghost” of the magical realist text manifests precisely at the breaking point of the archive’s capacity for control or authorship.

It is by the same token that *The Gifts of the Body* almost immediately shifts focus following its sublime encounter with the “impossible” archivist Roy. The same chapter, “The Gift of Death”, eventually takes us outside of the elevator and into the room of Francis, a man the narrator thinks she has never met before. Upon their meeting, the caregiver introduces herself, but Francis immediately rebuffs her: “I know,” he said slowly. “I know you” (93). Just like her conversation with Roy, this claim throws the narrator, although she quickly dismisses it as a case of “dementia” in the care patient and insists they have never met. But Francis is insistent, and finally raises his hand to shake. “I’m Marty”, he says. For a moment, this confuses her. “But his name was supposed to be Francis, Francis Martin”. And then she realises: “Marty”, but still the memory is not clear. Then Marty, just like Ed, takes pains to describe their last meeting: “You came to help Carlos once. He said you were nice. He told me you gave him a bath”. On this, the narrator stops in her tracks. “Then I remembered and got a horrible chill. My skin prickled” (93). Marty, the man from “The Gift of Skin,” is no longer the “pear-shaped guy in polyester pants and a short-sleeved shirt” she once described, but is now “thin, his face [...] lined”, a transformation she describes as “horrificing” (94). This entire sequence, which follows the caregiver’s encounter with Roy, almost entirely reverses the novel’s established approach. First, it is the second instance of a refused “gift” in the novel. The “death” to which the title of chapter alludes is none other than the death of Carlos from “The Gift of Skin”, whose euthanasia we learn was carried out by Marty. Second, it is the narrator’s first acknowledged emotional reaction to the traumas of her memory, which – just like in her encounter with Roy – manifests physically, in this case as a “horrible chill”. Together, these elements divert the novel’s focus into a new narrative trajectory, whereby the emphasis is less on the bodies and lives of each of the many care patients, and more pointedly about the physical embodiment of the witness of these bodies – that is, the story of the caregiver’s emotional relation to her memory.

In view of Derrida’s archive, Akira Mizuta Lippit reflects that there is a third category to consider alongside both “commencement” and “commandment”. Writing in respect of the unseen legacies of Hiroshima and Nagasaki, he contends that the “other archive, the shadow or an archive, represents an impossible task of the archive: to protect the secret, its heterogeneity, and divide the archive from itself” (11). For *The Gifts of the Body*, as I have argued, the problem of

memory is encapsulated not just in the complexity of all that which one has witnessed, but also within that which can never be witnessed. The impossible world of the elevator marks this point as a moment not only of transition, but also transcendence. The narrator, as mentioned, starts as a cipher; her traumatic experience means she refuses any and all emotional indulgences with regards to the memory of each of her care patients. By the novel's end, however, she starts to become more introspective. In realising the limitations of her ability to witness and obtain each "gift" for herself, it becomes apparent that a complete and total "body" of memory will never foment, and the story will never finally resolve itself. In the eighth chapter, she reflects: "When the epidemic started [...] everyone thought it wouldn't last that long because someone would find a cure. So when UCS started they asked you for a six-month commitment because that would usually cover how long people would stay alive and you could see them through to the end. But the epidemic kept going on" (101). This historical sense of inertia, through which an unbearable history keeps "going on", points to the same antagonism implicit in Roy's figuration as an "impossible" spectator/spectre. The burden of the "archivist", as Derrida has already suggested, is that the work of the "archive" opens "out of the future". But opening from the future means, essentially, that there is no limit point by which one's remembrance can be defined. Hence, in continuing the work of remembering the AIDS crisis, the work of the archive can never be concluded or completed, lest the future or even the experience of the present be foreclosed.

"The Gift of Mourning", then, presents not a termination of the story *per se*, but an opening of the work of shared and embodied remembrance. If *The Gifts of the Body* accumulates moments of congealed memory – minor miracles through which care patients demonstrate the "gift" of their narrative autonomy – the corollary is always necessarily the "loss" embodied in the eventual act of witnessing and recording each of these moments. It is in this sense that the piecing together of the novel's constitutive fragments results not in an objectively complete memory of the HIV/AIDS experience, but rather in the gradual "emergence" of the narrative viewpoint itself – that is, of the body that is at least *capable* of creating memories around some parts of its brief and spontaneous contact with the epidemic, however flawed or restricted. Redressing the novel's "failed" closure therefore, in which the narrator absents herself from the final "gift" of mourning and defers remembrance to the family of her final care patient, it is crucial to take to task the implicit lesson of the "archive" in the inverted logic of magical

realism. Consider Roy in his daily communion and contact with the residents of the “housing authority building”; the proper response is not to exorcise the spectre from its unsettling residence, but in the words of Christopher Warnes, to “counsel hospitality towards the ghost” as a reminder of the gap or missing link endemic to all recorded memories of the AIDS crisis (150). Or, as Derrida puts it, to “learn to live by learning [...] how to talk with him, with her, how to let them speak or how to give them back speech” (*Specters of Marx* 221). The closing of the door marks not a renunciation of the archive, but rather more radically, the opening of “an archive of that which has not been” – at once, the anticipation of the other text, of the communities of mourners, of parents, of readers, and of so many unwitnessed, concealed and residual moments in time (Lippit 12). The remembering of the AIDS crisis is an impossible archive which is at once made necessary by the absence of any other possibility.

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[1] The most well-recognised include Sarah Schulman's *People in Trouble* (1990), nominated for the Lambda Literary Award for Lesbian Fiction, Paul Monette's *Halfway Home* (1991), which won the Stonewall Book Barbara Gittings Literature Award, and Sapphire's *Push* (1996), which was adapted into the Academy Award-winning 2009 film *Precious*.

[2] I draw this percentage estimate from my own collected canon of AIDS novels. Counting from 1990 to 1999, I catalogue fifty-six American novels published on the

subject of AIDS. From 2000-2019, granting a timescale of nearly a whole extra decade, there are just sixteen American AIDS novels, with the most recent including Tim Murphy's *Christodora* (2016), Rabih Alameddine's *The Angel of History* (2016), and Rebecca Makkai's *The Great Believers* (2018).

[3] Joseph Cady concurs that although "infectivity is rising proportionately faster now in other CDC-defined risk groups, such as heterosexual women and IV-drug users", these groups have as yet "produced only a scattering of their own AIDS writing". See: Cady, Joseph. "AIDS Literature." *Gay and Lesbian Literary Heritage*. Ed. Claude J. Summers. New York: Henry Holt and Company, Inc., 1995. 16-20.

[4] In Brophy's words, "there is a sense of difficulty, loss, and shame that comes with the pressure to adopt a professional reticence when the family takes bodily and spiritual possession of a person to whom the narrator has also become attached, has come to love" (116).