

THE SUBJECT OF DEATH IN CONTEMPORARY  
AMERICAN DRAMA

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In Memory of:

John S. Brooks, Father

T.N. Crawford, Grandfather

Martha Jane Crawford, Grandmother

Victor C. Chancey, Uncle

A Special Acknowledgement

to

Dr. Elizabeth Kübler-Ross,

whose books first provided me with some comforting insights into death and dying and then, later, inspired this thesis topic. I was in sore need of both the comfort and the inspiration when they came, and I shall always be indebted to Dr. Ross for providing them.

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## INTRODUCTION

"We shall not be able to refrain from speculating about death until we can refrain from speculating about life: for the one is inseparable from the other."<sup>1</sup> Throughout history, literature has endeavored to explain the meaning of death, and science has worked to postpone that inevitable moment when all men must progress from life into death. Societies and religions have established ever-changing customs for dealing with the dead and for mourning them.

In recent times society has seemed to focus on the process of dying. The courts are struggling to define death in the legal sense, to identify that moment when the process is over and death has resulted. Medicine has begun to be concerned with psychological treatment of the dying, as well as with their rights. The dramatist is busy portraying characters who are reacting to the knowledge of impending death, their own or that of a loved one. There has been a rash of plays with this subject matter in the last twelve years.

Dr. Elizabeth Kübler-Ross,<sup>2</sup> a psychiatrist and a world renowned authority on death and dying, has worked extensively with terminally ill patients. In her writing, she postulates that the dying go through five phases when confronted with evidence of imminent death. Dr. Ross lists these as 1) denial, 2) anger, 3) bargaining, 4) depression, and 5) acceptance.

It is the purpose of this study to analyze a sampling of contemporary plays to determine to what extent they reflect

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<sup>1</sup>John Hick, Death and Eternal Life (New York: Harper and Row, Publishers, 1976), p. 21.

<sup>2</sup>Henceforth referred to as Dr. Ross, as she is called by her colleagues, except when her full name is used.

Dr. Ross's stages and to evaluate the degrees of realism in the character portrayals, using the five phases as a measuring device.

The three plays selected for consideration are Cold Storage by Ronald Ribman, The Goodbye People by Herb Gardner, and Michael Cristofer's The Shadow Box. These three plays have been selected because they are all by American authors, but beyond this commonality and that of their shared subject matter, they were selected because they offer variety to the reader or playgoer. The Shadow Box is a drama. It was Michael Cristofer's first Broadway production, and it won a Pulitzer Prize and a Tony Award for him. Cold Storage and The Goodbye People are comedies with roles that have attracted stars with the status of Martin Balsam and Milton Berle. They are similar in that both are warm, human-interest stories. Cold Storage takes place in a hospital, and cancer is the terminal illness. The Goodbye People takes place on Coney Island, and a possibly fatal heart attack is the threat to life.

Chapter 1 of this thesis will include an introduction to the thesis subject and an explanation of the nature of Dr. Ross's research and how it led to the five stages traversed by the terminally ill and their loved ones. In addition, it will define each of those five stages. Chapters 2 through 4 will analyze all three plays, each in turn, in regard to the five phases. They will include plot summaries, character analyses, and discussions of the plays' themes. Chapter 5 will summarize the analysis that has been made and explain the resulting evaluation.

The dramatic artist is concerned with effective character portrayal, regardless of the kind of play being presented. It is the hope of this writer that the analysis and evaluation of the character portrayals in these three plays, based on Dr. Ross's studies, will provide beneficial insights into these plays and any others that deal with the process of dying.

## CHAPTER 1

### TO EVERYTHING THERE IS A SEASON

#### A TIME TO DIE

Since the beginning of recorded history, man has struggled to understand and explain the phenomenon of death. Many scientists and philosophers have distinguished man from the other animals on the basis that man is the only animal aware of its own mortality. Whether this is entirely true or not, it is a fact that man is the only known species to examine, in minute detail, this inevitable event in every living thing's existence and to attempt to give it meaning through religion, philosophy, and literature.

Until well into this century, death was a household event; every man, woman, and child, invariably, was exposed to death in some way or another. Almost all homes had beds in them where members of the family had come into the world and had left the world. It was not unusual for family members and neighbors to be responsible for the "laying out" of the deceased, the building of the coffin, and the digging and the filling in again of the grave. Death, when it occurred, was dealt with openly and as a normal facet of life.

In past centuries, death intruded on everyday life more frequently than it does now; we can thank modern medicine for this change. Plagues, famines, and wars took tremendous tolls on the populations of the past. Parents brought large families into the world with the awareness that they could count themselves fortunate if half of them lived to adulthood. Also, those were the days when women died in childbirth with a much higher frequency than today.

Since the year 1900, the life expectancy of human beings has been increased by ten years,<sup>1</sup> but even in this century, one does not have to be very old to remember the large number of deaths caused by the big killer diseases, tuberculosis and infantile paralysis.

Today, all of this has changed. As the effects of the Victorian era faded away, and sex, as a social subject, came out of the closet, death moved in to take its place in obscurity. Death became taboo, an obscene subject, its existence to be denied or covered up. It became a cinematic or television amusement, a highway or war statistic; it ceased to be a "natural" part of life.

This process of death-denial has included removing dying people from their own homes to impersonal hospitals and, when the event of death occurs, from the hospital to the mortuaries, where everything that can be done--embalming, applying makeup--is done before presenting the deceased, peacefully "asleep" in a "slumber room." In spite of this great "cover-up" of the permanence of death, society still maintains that only adults can handle even that much reality. Children are seldom seen at funerals.

However, in the last decade, there have been signs that today's society may be rounding another corner in its dealings with death. Edwin S. Shneidman, in his foreword to Death: Current Perspectives, says:

Today there is a new permissiveness regarding death, almost an urgency to speak and think about it. In this century death has become . . . the new pornography--a subject banned from polite society and social discourse. Yet, in the last few years there has been a spate of books on death; death has become a respectable field of inquiry, particularly in the social and behavioral sciences; and death has become an acceptable topic of study in the college curriculum.<sup>2</sup>

One of the major contributors to the "spate of books" mentioned by Mr. Shneidman is Dr. Elizabeth Kübler-Ross, a renowned psychiatrist

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<sup>1</sup>F. Clark Howell, Early Man (New York: Time-Life Books, 1965), p. 174.

<sup>2</sup>Edwin S. Shneidman, ed., Death: Current Perspectives (Palo Alto, Calif.: Mayfield Publishing Co., 1976), p. xxii.

who specializes in the treatment of the dying. Dr. Ross has written extensively on the subject of death. Some of her books are On Death and Dying, Death--the Final Stage of Growth, and her most recent, To Live Until We Say Goodbye.

Dr. Ross has been a leader in the fight for the right of the dying to have a "death with dignity." In the fall of 1965, she was approached by four students from the Chicago Theological Seminary, who wanted her assistance in researching a paper on the subject of "death" as the biggest crisis in human life.<sup>3</sup> This first research resulted in the creation of a seminar on death. Within two years of the development of this seminar, it had become an accredited course for both the University of Chicago's medical school and the theological seminary.

Dr. Ross's Chicago seminar studied death as a human crisis by interviewing patients who were critically or terminally ill. The major content of her books is a report of these interviews and the insights into death and dying that the interviews have provided. In analyzing these encounters, Dr. Ross has arrived at five stages or phases that the terminally ill experience as they confront their own deaths. These are denial, anger, bargaining, depression, and, finally, acceptance. She does not maintain that everyone who is dying goes through all five stages. Some do not reach acceptance. Dying patients may not progress through all the stages in the listed, typical order, and, frequently, they may regress to a stage they seem to have already been through, usually back to denial. Also, the loved ones of the dying patients, their families and friends, tend to go through some of these same stages, both before and after the death of the loved one.

All of the recent attention directed to the subject of death, attention generated by Dr. Elizabeth Kübler-Ross and other authors who have jumped on the "death bandwagon," has begun to be

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<sup>3</sup>Elizabeth Kübler-Ross, On Death and Dying (New York: Macmillan Publishing Co., Inc., 1969), p. 21.

reflected in other literature, particularly in the drama. Art reflects the society that spawns it, and so, in past dramatic literature, we can gain insights into the ancient Greek view of death in plays such as The Trojan Women and Antigone. Everyman reflects the medieval attitude toward death, and the Renaissance perspective is well represented by Marlowe's Tragical History of Doctor Faustus, Jonson's Volpone, and, of course, Shakespeare's Hamlet. In this century, a few of the dramas that have forced society to contemplate the subject of death are Wilder's Our Town, Miller's Death of a Salesman, No Exit by Sartre, and O'Neill's The Iceman Cometh.

There is a major difference between the plays of the past that deal with the subject of death and those of the last ten years. There has been a surge of recent dramatic literature featuring characters who must come to grips with the fact of their own deaths or with the death of someone close to them. These contemporary characters are not concerned with what awaits them on the other side of the grave; nor are they wrapped up in their reasons for contemplating suicide or in any of the other concerns that can be found in the plays of the past. These contemporary characters are involved in the process of dying. In other words, we see them as they work their way through the five stages posited by Dr. Ross.

The three plays selected for this study--Cold Storage, The Goodbye People, and The Shadow Box--present characters who are terminally ill, and who are dealing with that knowledge alone or with their friends and families. The remainder of this chapter explains the five stages.

Denial: "No, not me!"

Death denial is rooted in man's fear of death. "We hate death for two reasons. It ends life prematurely; and we do not know what lies beyond it."<sup>4</sup> In her book, On Death and Dying, Dr. Ross

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<sup>4</sup>John Fowles, "Human Dissatisfactions," in Death: Current Perspectives, ed. Edwin S. Shneidman (Palo Alto, Calif.: Mayfield Publishing Co., 1976), p.3.

gives us more reasons for this fear that happens to most men to some extent. She says: "The more we are making advancements in science, the more we seem to fear and deny the reality of death."<sup>5</sup> And she goes on to say that one of the main reasons for this is that death has become "more gruesome, . . . namely more lonely, mechanical, and dehumanized."<sup>6</sup> This is not only in hospitals. War has become mechanized to the point that the average soldier in war never confronts his enemy in hand-to-hand combat or even sees the men he has killed. In modern warfare, death comes in big numbers, caused by bombs, missiles, and cannon. As almost everyone in modern society knows, it is possible to annihilate whole countries on the other side of the world without ever seeing a dead person. Our mechanized world makes it easier for today's society to deny the realities of death.

Conversely, trends in religious beliefs have increased society's anxieties and fears concerning death. Dr. Ross feels that society has ceased believing that "suffering here on earth will be rewarded in heaven"<sup>7</sup> and because of this, suffering has lost its meaning for society. The result is that society has lost its grasp on the hope and purpose that the belief provided. A side effect of this change in religious views has been a lessening of man's belief in immortality, a belief that has been, perhaps, the most comforting form of death denial that man has had. If there is nothing after death, then man is forced to acknowledge the existence and finality of his own death. If there is life after death, but no connection between that after-life and what is suffered on earth, then there is a tendency to perceive death as a fearful and dreadful thing. Dr. Ross says "Man has to defend himself psychologically in many ways against this increased fear of death and increased inability to foresee and protect himself against it. Psychologically he can deny the reality of his own death for awhile."<sup>8</sup>

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<sup>5</sup>Ross, On Death and Dying.p. 7.

<sup>6</sup>Ibid., p. 8.    <sup>7</sup>Ibid., p. 15.    <sup>8</sup>Ibid., p. 14.

Sometimes, when denial takes the form of "It may happen to my family and friends, but it cannot happen to me," we see individuals challenging death. This attitude can result in battlefield heroics and dare-devil feats; these people play Russian roulette with their own lives, because they do not really believe that death can happen to them.

The denial phase is not to be considered a bad or cowardly reaction. It is the normal reaction to the news that someone is going to die whether that someone is yourself or a loved one. Dr. Ross confirms that this initial denial happens, regardless of whether one is told of the impending death outright or whether one is allowed to come to that conclusion by oneself.<sup>9</sup> She adds:

Denial, at least partial denial, is used by almost all patients, not only during the first stages of illness or following confrontation, but also later on from time to time . . . These patients can consider the possibility of their own death for a while but then have to put this consideration away in order to pursue life. . . . Denial functions as a buffer after unexpected shocking news, allows the patient to collect himself and, with time, mobilize other, less radical defenses.<sup>10</sup>

The fact that the stage of denial is the most universally consistent reaction to the news that death is or could be imminent is reflected in the frequency that we find it portrayed in the three plays selected for this study.

Anger: "Why me?"

"When the first stage of denial cannot be maintained any longer, it is replaced by feelings of anger, rage, envy, and resentment."<sup>11</sup> Anyone can be the target of the dying person's anger. He will lash out at his doctors and nurses, his family and friends, his God, society, and himself. Anyone who can look forward to enjoying the pleasures of life without the imposed limitations of time, diet, and physical restrictions, can be an object of envy and anger. An angry patient may be cantankerous, demanding of attention, and difficult to care for. Dr. Ross suggests that the angry

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<sup>9</sup>Ibid., p. 38.    <sup>10</sup>Ibid., p. 39.    <sup>11</sup>Ibid., p. 50.

patient is trying to say with this "last loud cry" that "I am alive, don't forget that. You can hear my voice, I am not dead yet!"<sup>12</sup> If an angry patient is allowed to ventilate his anger without being judged or punished, he is more likely to progress to another stage and become a much more tractable patient. A dying person in a state of anger needs to be treated with patience and understanding; he needs to be reassured that he is still very much a living human being.

Like denial, anger is an easy phase to script, in this case, because it is the stage most often externally expressed and the stage most likely to involve interaction with other people. Anger, whether it seethes or rails, is inherently dramatic, and so one will find this stage thoroughly illustrated in all three selected plays.

Bargaining:

"If you will . . . I will . . ."

The third stage, the stage of bargaining, is less well known but equally helpful to the patient, though only for brief periods of time. If we have been unable to face the sad facts in the first period and have been angry at people and God in the second phase, maybe we can succeed in entering into some sort of an agreement which may postpone the inevitable happening: "If God has decided to take us from this earth and he did not respond to my angry pleas, he may be more favorable if I ask nicely."<sup>13</sup>

The bargaining stage often resembles the manipulations that children perform after their tantrums have failed to produce the results they want. It is the attitude that "if I am a good boy (or girl), Santa Claus will bring me lots of toys." Usually the dying person bargains for an extension of life or, failing that, a relief from pain and physical discomfort. The terms of the bargain usually include a reward, generally the postponement of death, in exchange for "good behavior" on the part of the

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<sup>12</sup>Ibid., p. 52.    <sup>13</sup>Ibid., p. 82.    <sup>14</sup>Ibid., p. 84.

patient. A clause of the bargain is, frequently, a self-imposed deadline. "Most bargains are made with God and are usually kept a secret."<sup>14</sup>

This writer recently went through a faith shaking experience as a result of trying to strike a bargain with God. It is a good example of behavior typical of this phase, if I may relate it in first person.

In the fall of 1978, my eighty-five-year-old grandmother suffered a severe heart attack, and at the time she entered the hospital, we knew that her chances of ever leaving it alive were slim. Eleven days later my only uncle, nearly thirty years younger than my grandmother, also suffered a monumental heart attack. My running mental monologue to God ran something like this:

"God, You can have my beautiful, saintly little grandmother if You want her now. She hasn't been happy on earth since my grandfather's death five years ago; she's ready to go, and she has lived an exemplary life. I won't rail against You if You take her, but please, if You do take her, then leave us Vic. After all You've taken my daddy and my grandfather, You can't need Vic, too. He's the only man left in our whole family that we can look to for masculine wisdom, advice, love, and approval. His grandson Christopher needs him and there is a new baby due in May that will need him, too. You take Mamaw; leave us Vic."

When my grandmother died, I honestly felt that my uncle's life was secure. But, exactly three weeks after my grandmother was buried, I had to travel to Dallas again to my uncle's funeral, and I learned one does not bargain with God, nor does death wait until one is ready for it.

Depression: "What's the use?"

In her chapter on this stage, Dr. Ross describes two kinds of depression. She calls one type a "reactive depression" and the other a "preparatory depression."<sup>15</sup> The former is the type that most people are aware of and have experienced themselves or encountered in others. Reactive depression is a condition caused by loss,

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<sup>15</sup> Ibid., p.86.

a sense of guilt, or a sense of failure. All patients are subject to this type of depression, but so is everyone else. The terminally ill can fall into this state of depression over any number of things: the loss of an organ or some other part of their bodies, overwhelming hospital bills and the guilt of being a burden to their families, the inability to finish a task or to accomplish a goal they had set for themselves. Quite naturally, the average person will try to cheer up anyone with a case of these "blues," and this is considered constructive behavior as long as the patient is truly suffering from reactive depression.

Preparatory depression is quite another thing, and it is a stage that is normal and necessary for the terminally ill patient to work through, if he is to come to the desirable stage of acceptance. This second type of depression is caused by a sense of impending losses.

The patient is in the process of losing everything and everybody he loves. If he is allowed to express his sorrow he will find a final acceptance much easier, and he will be grateful to those who can sit with him during this state of depression without constantly telling him not to be sad. . . . In the preparatory grief there is no or little need for words. . . . This is the time when the patient may just ask for a prayer, when he begins to occupy himself with things ahead rather than behind. It is a time when too much interference from visitors who try to cheer him up hinders his emotional preparation rather than enhancing it.<sup>16</sup>

Friends and relatives who are not ready to turn loose tend to put pressure on the patient to concentrate his energies on trying to live longer, when the patient really needs to use his energies in preparing to die. Dr. Ross considers preparatory depression necessary, if a patient is to die in a stage of acceptance and peace.

Depression, whether reactive or preparatory, is not as easily scripted as the three phases already discussed, because it is less overt in nature. A character who is moping in gloomy silence will hold an audience's attention only for a limited time.

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<sup>16</sup>Ibid., pp. 87-88.

Preparatory depression offers more potential for the dramatist, primarily in the struggle of wills that occurs when friends and relatives place themselves in opposition to the patient's need to work through this stage. Depression is portrayed to a lesser extent than the first three stages in the plays being analyzed in this thesis.

Acceptance:

"I'll rest before I journey on."

"If a patient has had enough time . . . and has been given some help in working through the previously described stages, he will reach a stage in which he is neither depressed nor angry about his 'fate.'"<sup>17</sup> The patient may no longer be angry or depressed, nor is he happy. Acceptance is a stage almost void of feelings. Dr. Ross describes this as a stage when the patient will need to sleep more, a state similar to that of a newborn child, but in reverse order. It is not a case of just giving up, either; this happens frequently, but is not acceptance. Acceptance is a state of being ready to move on to something else and to be done with the things of this world. This stage can be hard on loved ones who do not understand and who, therefore, let themselves feel rejected. In the stage of acceptance the interests of a person become much narrower; he does not want to hear current news and the problems of this world. The patient rejects visitors who might stir him up, and he becomes taciturn. In this stage nonverbal communication is more effective than verbal; the touch of a hand and the mere presence of someone who cares will let the dying person know he is loved and not alone, without recalling him from the peace he has found.

As with the stage of depression, the playwright is apt to find acceptance difficult to dramatize. However, he can draw his dramatic material from the reactions of relatives, friends, and

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<sup>17</sup>Ibid., p. 112.

medical personages to the dying patient and give effective hints as to how likely it is that his character(s) will reach this final stage.

Hope:

"Maybe, before it is too late . . ."

Although Dr. Ross does not list it as a separate stage, she does deal with hope as a condition that usually exists and lasts through all the stages.

In listening to our terminally ill patients we were always impressed that even the most accepting, the most realistic patients left the possibility open for some cure, for the discovery of a new drug or the "last-minute success in a research project, . . ."18

Dr. Ross points out that it is hope that helps patients through their especially difficult times, and that when a patient stops expressing hope, "it is usually a sign of imminent death,"19 usually within twenty-four hours.

In the plays selected for this study, threads of hope will be seen as a significant part of the five stages, as they are examined in the following chapters.

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<sup>18</sup>Ibid., p. 139.

<sup>19</sup>Ibid., p. 140.

## CHAPTER 2

### COLD STORAGE

Cold Storage, written by Ronald Ribman, takes place in a hospital and has only three characters: Joseph Parmigian, an Armenian who was a fruit seller until he entered the hospital with cancer six months before the time of the play; Richard Landau, a Jewish investment advisor in fine art, who is in the hospital for exploratory surgery; and Miss Madurga, an attractive Puerto Rican private duty nurse, who has attended Parmigian in the past and is now attending Landau. Both acts take place on the hospital roof garden, and the action covers one day.

Joseph Parmigian is an outrageous man, who will say anything to get a rise or a reaction from others. He seems to need to see the impact he makes on other people in order to prove to himself that he is still a living, viable human being. Landau is new to the cancer wing of the hospital, and Parmigian moves in quickly to test the mettle of the man. Minutes after their first meeting, Parmigian asks Landau to help him commit suicide by pushing him off the roof; Landau is properly horrified. Parmigian promises to "make it interesting" for Landau. "As soon as you push me over I'll go into a triple somersault, a full layout, fold up like a jackknife, and do a terrific swan right through the entrance awning. You live another six months you won't see something like that again."<sup>1</sup>

Through two acts, Parmigian pushes and probes at Landau, particularly jabbing at the fact that Landau is a Jew, until Landau reveals some significant things about himself. We learn

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<sup>1</sup>Ronald Ribman, Cold Storage (Garden City, N.Y.: Nelson Doubleday, In., 1978), p. 14.

that Landau's parents and sister were killed in Nazi Germany, and that Landau carries a load of guilt, because what money his parents had was spent in securing a haven with a safe family for their only son, Richard Landau.

While Parmigian is learning about Landau, he reveals his own soul, too. We learn that he is interested in everything; he is devouring life as if it were a sustenance that could keep him from dying. He has read everything he could get his hands on, including Spenser's The Faerie Queene, which he has had read to him twice. Nothing is too small for his notice; he is even interested in the ants that carry off the crumbs of his rum cake. We also learn that he is desperately lonely, and that his irascibility is a ploy, mainly to get attention. He and Landau establish enough grounds for communication and friendship to encourage them to make arrangements to visit again the next day. The last line of the play is Parmigian's, "I promise you a very interesting day."<sup>2</sup>

Of Dr. Ross's five phases, anger and denial are the ones most evident in Cold Storage. Parmigian is the angry character, and much of his anger is directed at the hospital staff. He expresses resentment against the impersonal, detached treatment that is so common in today's hospitals--the same condition that Dr. Ross is trying to change through her life's work.

At the very beginning of the play Parmigian strikes out at Miss Madurga, the private duty nurse who attends Landau now, but who once was Parmigian's nurse. He calls her fat, makes fun of her Puerto Rican background, and accuses her of lying. She takes it all in stride, saying, as she leaves for her lunch break:

Miss Madurga: As you can see, Mr. Parmigian and I go back a long way.

Parmigian: Yeah, six months. If you stay alive in this hospital six months, that's a long way. You become an antiquity, a pyramid of longevity.

Miss Madurga: Last winter we read all five cantos of William Spenser's Faerie Queene together.

Parmigian: Edmund Spenser!

Miss Madurga: Yes, of course, Edmund Spenser. (She rests her hand gently on Parmigian's shoulder for a moment, and then starts to exit.)

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<sup>2</sup>Ibid., p. 87.

Parmigian: (Shouting after her.) It's grotesque reading the entire Faerie Queene, all seven books, and still calling him William Spenser! Hypocrites! Liars!<sup>3</sup>

It becomes apparent, when Miss Madurga returns, that she does care about Parmigian and has heard his insults before. She brings him an ice cream bar when she returns from lunch.

In the conversation just preceding the one above, Parmigian shares with Landau his first words of wisdom on the subject of hospital survival:

Parmigian: . . . You want some advice, Landau? No matter how weak you get, don't let them know it. You can't throw the covers off the bed, tell them you feel as strong as a bull elephant. The first sign of weakness they see in you, the truth goes out the window. You'll never hear it again. A five hundred ton meteorite hits you in the head, they'll tell you a chip of paint fell off the goddamn ceiling. Bastards!<sup>4</sup>

He has also figured out how to keep himself from being ignored by the doctors on their rounds:

Parmigian: The old doctors come around with the young doctors every day, and if your case has some interest for them, they stand around your bed making suggestions. I'll tell you one thing, Landau: Make yourself interesting the night before they make up the schedule. Make sure they put you down on the list! Don't let them pass you by! You know what I got? A PDR. You know what a PDR is? A PDR is a Physician's Desk Reference. I bought it from an intern for five dollars. You know what a PDR has? It lists all the reactions to drugs. So what I do when they give me a drug is I develop a new reaction, a reaction they can't find in the PDR. This makes my case interesting.<sup>5</sup>

We get more insights into hospital survival techniques when, in Act II, Parmigian tries to explain or justify his rudeness to everyone:

Parmigian: . . . For your information everything in this hospital is improved by being unpleasant. You know what a semiprivate room is when you're pleasant? It's four in a room. You know what a semiprivate room is when you're unpleasant? It's yourself in a room! . . . Now I don't have to listen to people with appendectomies, people with prostactectomies, people with stones, and nose jobs, and one with a pacemaker in his heart buzzing away with atomic energy at

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<sup>3</sup>Ibid., p. 8.    <sup>4</sup>Ibid., p. 6.    <sup>5</sup>Ibid., p. 46.

four in the morning. Now I can concentrate totally on my disease. I can devote my entire thought process to my disease--which happens to be the emperor of disease! The emperor!<sup>6</sup>

This passage and subsequent ones show us another facet of Parmigian's anger. The enemy that is destroying him is cancer. He has accepted the fact that he is not likely to win the ultimate victory in this war he is waging, so he compensates by expressing respect for his formidable enemy. The higher he elevates his enemy, the less loss of self-esteem he must suffer when he finally surrenders to it.

In other passages in the play, Parmigian sheds light on some of the specific things that have pushed him to the degree of anger he expresses, anger that is sometimes so bitter that we can almost see him physically fighting off the reactive depression that threatens to daunt his courage in the face of death. Early in the play, before Miss Madurga goes to lunch, she asks him:

Miss Madurga: What would you like, Mr. Parmigian?

Parmigian: Sixty thousand dollars so I can pay my hospital bill for the week.

Miss Madurga: Just try to rest, Mr. Parmigian. It doesn't help getting yourself excited all the time.

Parmigian: You call this excitement, being wheeled onto a hospital roof to sit in the sun? I'll tell you what excitement is. It's being alive! It's shacking up in an Armenian brothel and feeling the fleas crawling around on the bed!

Miss Madurga: Is that what you really want?

Parmigian: Yes! Fleas! I want fleas!<sup>7</sup>

Later, when Parmigian is trying to explain why he asked Landau to help him commit suicide, he paints a tragic picture of what a long, lingering illness can do to a family:

Parmigian: . . . To tell you the truth, the reason I asked you is that I need someone to make the decision for me. I don't have the courage myself. What I said before about not having any guts is true, literal. They took out my bladder, shaved off my prostate, hooked up my large intestine to my urinary tract, and tied my bowels to my hip bone. . . . Now my urine flows with my blood, and when I shake my leg my liver drips prostatic fluid on my shoes.

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<sup>6</sup>Ibid., p. 64.    <sup>7</sup>Ibid., p. 7.

And that's the good news. You want to hear some bad news? Last week I ran outta Blue Cross. My wife tells me not to worry because I have a prosperous fruit and vegetable business in the Village. She's going to take care of my bills down to the last tangerine. That's what I'm going to leave her. These people with their X-ray machines, and their cobalt machines, and their knives and operating rooms, are going to take everything, and my wife, for thirty years of<sup>8</sup> work and love, is going to be left with a tangerine. . . .

Another target of Parmigian's bitter anger is the group of friends that abandoned him when they learned that he was dying. This is one of a couple of tirades that he delivers:

Parmigian: . . . You know what happens to friends? They vanish like a row of chicken hawks taking off from a branch. They used to come around with flowers . . . They bought them in the subway, but a flower's a flower . . . They used to come around in the afternoon, in the evening. Then when the ultimate prognosis was made, they could hardly wait to get out of here. Two seconds in the room and they'd start fidgeting, looking at the ceiling, looking at the walls. I'd lie there looking at what? A tiny ant, once, that had climbed eighteen stories up from the street just to frizzle to death on the radiator. And then faces, disappearing into the traffic like a puff of smoke.<sup>9</sup>

Most of Parmigian's lines in the play are colored by his anger to some extent. It is his way of fighting off death. Landau only explodes once in obvious anger, but it is enough to let us see that his mask of denial is slipping a little. His anger is expressed less specifically and more symbolically than Parmigian's verbal explosions. Only the last sentence of the line reveals what his real concern is:

Landau: . . . Ugly city of gas and gasoline. City where they plant a few scraggly trees so everybody can pretend he's living back in a forest. You know why these trees never grow into anything? Why they always cut them down? Because nothing is allowed to interfere with the power cables beneath the street. What has grown beautiful on the surface must not offend the thrust of power below the surface. That's when the city comes. One morning in my sleep I hear power saws--buzz, buzz--men with uniforms, hands like brown leather. "Why are you cutting down those trees?" "Mind your own business, Jack! Stick your head back in your window, Jack!" A week later they're back

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<sup>8</sup>Ibid., pp. 18-19. <sup>9</sup>Ibid., p. 64.

again. Six holes the size of a dog's grave are dug, and they plant the replacements--trees no thicker than a broomstick. For thirty years a tree is allowed to live, cut into by children with penknives, shit on by dogs, backed into by cars, allowed to grow into something of dignity and value--to be replaced by a broomstick? There is no replacement! What is killed is killed forever!<sup>10</sup>

Landau is in the hospital for exploratory surgery, and, in the course of the play, we never learn, for sure, what the diagnosis is. Parmigian is convinced that Landau does have cancer and tries to convince Landau that he needs to prepare himself for accepting that diagnosis. Landau, who is strongly enmeshed in the denial stage, is a real challenge to Parmigian's brand of therapy. Shortly after Parmigian and Landau meet for the first time, we see the denial mechanism in full control of Landau and get a glimpse of what the denial stage was for Parmigian:

Parmigian: . . . What are you in here for anyway?

Landau: Exploratory surgery.

Parmigian: Oh, yeah? What are they exploring for? Cancer?

Landau: It was just a shadow on an X-ray of my stomach, a few cells they weren't quite sure about.

Parmigian: Sure.

Landau: Really. Just a small twinge. I don't even feel it anymore.

Parmigian: Whatta ya working on, Mr. Landau?

Landau: I don't understand.

Parmigian: Sure you understand. What are you working on?

An ulcer? Is that what you're working on for yourself?

An ulcer? You know what I thought I had? A tickle in the throat. Honest to God, that's what I thought I had.

I came through the front door and I told them I had a tickle in the throat! Take my word for it. On this floor it's never a twinge in the stomach. It's never a tickle in the throat! You got what I got.

Landau: What's that?

Parmigian: The big C. You're going down for the big count, same as me, Mr. Landau, Mr. Richard Landau.

Landau: I told you I'm just here for an exploratory.

Parmigian: Sure. And you're all dressed up. You look terrific in your Bloomingdale's pajamas. You look . . . spiffy. You know what I weighed six months ago? Two hundred twenty pounds. I looked spiffy, too. I was the King Kong of the fruit and vegetable business. I had a pair of fists like

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<sup>10</sup>Ibid., p. 30.

two hammocks. Now I can't even find them anymore. I tell 'em my clothing don't fit me anymore, they tell me the hospital laundry must be stretching them out. Can you believe such a pack of crap? The hospital laundry is stretching them out? You'd have to be some kind of a goddamn moron to believe something like that. What did you used to do for a living?

Landau: I didn't used to do anything for a living, Mr. Parmigian. I'm still doing it. I'm an investment advisor in Fine Art.<sup>11</sup>

A little later, while Parmigian and Landau are arguing the issue of suicide, we see more of the denial stage, threaded with hope, in process; but the hope is expressed in a manner that suggests "grasping at straws."

Landau: Seeing somebody try to take their own life? Yes, it disturbs me. Nobody has the right to do something like that.

Parmigian: Why not? Whose life is it?

Landau: That's not the point. The point is that . . . Look, they're always coming up with something.

Parmigian: They're coming up with nothing.

Landau: Don't say that because that's not true. They're making fantastic progress all the time. Every day you read about something new. Just last Sunday there was an article in the Times about how cockroaches can't get cancer.

Parmigian: That's wonderful news if you're a cockroach.

Landau: That's not the point. If they can't give cockroaches cancer, maybe they can find out what it is that prevents cancer.

Parmigian: You want to know what prevents cancer? Death! Death prevents cancer.<sup>12</sup>

Later, but still in act I, we get more of Landau's denial and a good look at Parmigian's methods of pushing Landau to face the possibility of a grimmer reality than he wants to contemplate:

Parmigian: What are you standing up for?

Landau: I have an appointment. I . . . I have to go down to the X-ray room some time this afternoon. I have to swallow something, then they're going to X-ray it.

Parmigian: That's a terrific test. You'll like it a lot.

Landau: You had that test?

Parmigian: Oh, sure. That's one of the best procedures in this hospital. That's where they wheel you in with your Bloomingdale pajamas, and when they're finished they take your pajamas away and send them to the cleaners to stretch.

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<sup>11</sup>Ibid., pp. 10-12.      <sup>12</sup>Ibid., p. 16.

Landau: I'll be home in a few days. Time enough to finish the meat in the refrigerator, time enough to have a few friends over for dinner.

Parmigian: Oh, yeah, that's right. You're just in for an exploratory. I forgot. Tell me something, Landau. You seem to be in pretty good physical shape. You do something?

Landau: I play squash a couple of afternoons a week, and on the weekends some tennis if I can get away.

Parmigian: That's probably a big help to your whole cardiovascular system--all that movement in your Addidas sneakers.

Landau: Pumas.

Parmigian: Listen, your cardiovascular system stays in good shape there's no reason why you couldn't go on living until this time next year.

Landau: I wish you'd stop doing that.

Parmigian: Doing what?

Landau: Implying that there's something terminal about me.<sup>13</sup>

Several times, Landau reveals that he has begun to contemplate the possibility that he might have cancer and be facing a battle with death. When he learns that Parmigian has a B'nai B'rith card, he wants to know why. Parmigian's answer is, "I support everything. Everything has a right to live." Landau's answer is, "Not everything."<sup>14</sup>

More revealing is his reaction to a flower box that is part of the hospital roof garden. As usual, one has to "read between the lines" for Landau's thoughts, because he stays on an abstract, more symbolic plane than Parmigian all through the play:

Parmigian: You like that? That's the spring garden. It's also the winter, summer, fall garden, because they never take it out of there.

Landau: It almost looks alive . . . until you touch it.

Parmigian: It's better than alive. It's plastic. You dust it off every once in a while, you'd think you were in the Garden of Eden.

Landau: How unpleasant a forgery feels when you expected life.<sup>15</sup>

The characters in Cold Storage show us very little of the other three stages beyond denial and anger. One does realize that Parmigian maintains a constant fight against the depression that he sees waiting for him, ready to pounce if he ever sheds his anger.

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<sup>13</sup> Ibid., pp. 25-27.    <sup>14</sup> Ibid., p. 42.    <sup>15</sup> Ibid., pp. 44-45.

However, he does let Landau and the audience see his vulnerability in his fear of being alone. He has a schedule for his days--set times when he sits in his room, then by the nurses' station, in the dayroom, or on the roof garden--all this to avoid being alone or ignored. When Parmigian finally confesses his real need for a friend, a need for someone to talk to, he touches a chord with Landau that makes it possible for Landau to relent in his determination to remain untouched by and uninvolved with Parmigian:

Parmigian: Tell me about Madrid, Landau. Tell me about the restaurant in Madrid.

Landau: Tell you about anything that isn't silence is what you mean! You're interested in anything that isn't silence! It doesn't matter what it is, does it, Mr. Parmigian? It's all the same to you: The cabala, ants, reruns on television, anything, everything, as long as it isn't silence.

Parmigian: Where are you going?

Landau: I'm going inside.

Parmigian: What for? There's nothing inside.

Landau: There's nothing outside either, Mr. Parmigian.

Parmigian: Landau! Don't leave me out here. Stay with me a little while. You don't have to talk. You don't have to say anything to me. Please. I don't want to be alone. I . . . I can't be alone no more.

Landau: Then go inside. You've got a whole floor full of people to feed yourself on.

Parmigian: Who? The woman who sits in the dayroom, shuffling her cards? The rest of them who lie in their rooms, staring at the ceiling, dying with the spit running out of their mouths and a thousand tubes in their body? Who, Landau? Who?

Landau: I don't know.

Parmigian: Stay with me, Landau, for a little while, for a little while and then I won't bother you no more. I know what I am, but I also know what dying is. I'm being left alone here. I'm watching a world filled with things, with people, with a million adventures, slowing shutting me out, putting me aside, separating me from themselves. A little less attention every day, a little longer to answer the bell when you ring it. And the mind's not stupid. It sees what's happening . . . It sees . . . But it thinks it's going to go on living forever, no matter what the body tells it, no matter what it hears the doctors tell it--the truth is a lie it won't believe. You'd tell it yourself, but you don't have the heart. And when death comes--what? It must be a big surprise. The mind must be stunned with surprise. It was just on the point of making new worlds for itself, just on the point of telling me this roof garden is a Bounty from which I will never mutiny, a Garden

of Eden from which I will never be thrown out. Give it the whole universe, and it wouldn't have enough room, or put it in a little box and watch it make worlds within worlds, little worlds without end. How such a thing could die, I don't know. . . <sup>16</sup>

Parmigian's final speech of this passage sums up the attitudes that make denial so necessary and death so unacceptable.

Parmigian is determined to live a full life until he dies. This attitude reflects the major message of Dr. Ross's latest book, To Live Until We Say Goodbye. Parmigian reminds us, repeatedly, that he is a man who has savored life to the fullest and intends to do so until his last breath. He refuses to be classified and treated as if he were in some limbo between life and death, which is frequently what happens to the terminally ill in today's hospitals. When he is advising Landau to keep Miss Madurga as his private-duty nurse, he makes the following colorful disclosure:

Landau: I thought you didn't like her. You said she was too fat.

Parmigian: She used to sit on the edge of my bed, reading to me in a thin dress with the sunlight coming through . . . driving me crazy. Now she got engaged . . . and her dress is as thick as a rubber sheet. What's the matter, Mr. Landau. You don't think I have a penis anymore? I'll give you a surprise. I got a penis! In spite of all the operations, and the cutting, and the needles, and the twisting around, I got a penis. And when it comes time for me to leave this hospital, I'm going out like a knight from The Faerie Queene--with everything I got sticking straight up in the air!<sup>17</sup>

Less lusty is Parmigian's acknowledgement that he has not yet reached the point where he is ready for death:

Parmigian: Don't overestimate me, Landau. Some days I can't even turn my wheelchair. I want to come out here I have to sit by my door, waiting for some jerk to come along and give me a push. And sometimes they even forget I'm out here. It rains and I sit out here screaming my head off for half an hour and nobody hears me. So I sit here waiting . . . Waiting for what? A push inside? No, not a push inside. I am waiting for something . . . Something!

Landau supplies the name for Parmigian's "something" when he replies with, "The courage to die."<sup>18</sup>

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<sup>16</sup> Ibid., pp. 69-71.    <sup>17</sup> Ibid., p. 63.    <sup>18</sup> Ibid., p. 61.

The stages of depression and acceptance are stages that happen internally; by definition they are expressed nonverbally more than verbally. As mentioned in chapter 1, it is not likely that either of them will be seen extensively in any of the three plays. In Cold Storage they are not seen at all, except in the hints already mentioned. Bargaining, which is usually the middle stage in the progression of these phases, is also missing in Cold Storage. We get only one glimpse of it, and that is in the sealing of the friendship between Parmigian and Landau. Near the very end of the play, Parmigian has succeeded, finally, in getting Landau to laugh at something he has said, and he strikes a bargain for just a little more time:

Parmigian: . . . That's it, my friend, laugh a little bit, and while you're laughing I'll wait a little bit longer with you. I'll give the man working with one eye in Zurich laboratory another month.<sup>19</sup>

Happily, Ribman does not let us know whether or not the terms of Parmigian's bargain plea are honored by death. What Ribman does make apparent is that, in the course of the play, Parmigian has come a psychologically healthy distance toward the stage of acceptance, and he will continue to have "interesting" days until he finds that final "courage to die."

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<sup>19</sup>Ibid., p. 85.

## CHAPTER 3

### THE GOODBYE PEOPLE

Herb Gardner, author of The Goodbye People, has given American drama some of its most lovable rebels. He puts them in serious dilemmas and lets them say and do all the outrageous, impertinent things that most less eccentric souls wish they had been able to say or do at some time in their lives. Gardner's characters enlist our sympathies to the point that we happily cheer them on to impossible solutions and then applaud their spiritual victories. It is only as an afterthought that we realize we should have been weeping rather than cheering, for we know, in the cold light of reality, that the only victories that Gardner's characters are going to have are spiritual ones.

The Goodbye People--there are three of them--are as lovable as any of Gardner's characters. Max Silverman has just walked out of the hospital after a major coronary and heart surgery. His life expectancy is very low, even if he lives the staid, sedentary life that his doctor has ordered. He is determined to say goodbye to life in his own way, which is by rebuilding and reopening a restaurant called "Max's Hawaiian Ecstasies" on Coney Island in February, in spite of the fact that the restaurant was not a success in its first existence, twenty-two years before.

Max has spent the interim twenty-two years as a manager for a fast food chain called "Burger Circus." He wants to restore his old restaurant, because he wants to leave " . . . somethin' says I was alive, somethin' terrific, somethin' classy . . . somethin' beautiful;" and he "can't just leave behind this crowd of Silvermans."<sup>1</sup> Max not only insists on saying goodbye to the world

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<sup>1</sup>Herb Gardner, A Thousand Clowns, Thieves, The Goodbye People (Garden City, N.Y.: Nelson Doubleday, Inc., 1979), p. 197.

in his own eccentric way, but he is ruthless about ridding himself of anyone who might try to hinder him from doing it. He has initiated divorce proceedings against his wife of forty-three years, not because he has ceased to care for her, but because she has already begun behaving as his widow and because she starts each of his days with the greeting, "Guess who died!" She then reads to him from the obituary column. Max also erases from his life one of his two sons, "Michael the Bore,"<sup>2</sup> who is a lawyer, and his former partner, Marcus Soloway, who still owns half the Coney Island property, because they both refuse to go along with Max's scheme. They want him to sell the land to a commercial chain called "Mister Hot Dog." Max pursues his dream and sees it through to the eve of the "big opening," but not all by himself. He enlists the help of one Arthur Korman and that of his own daughter, Nancy. These two characters are the other "Goodbye People." They are not dying, in the literal sense of the word, but they both do recognize the fact that, with every passing day, they are closer to the day they will die, and that this reality should affect the way they live their lives.

Arthur Korman is a designer for the Jingle Bell Display Company. He comes to the beach every morning, even in the winter-time, to watch the sunrise. He is seen at the beginning of the play calling in a complaint to the newspaper, because their published time of sunrise is incorrect, or the sun is late; at any rate, he is holding the newspaper responsible for the fact that at 6:48 a.m. he is shivering in the dark on the Coney Island beach instead of basking in the beauty of a glorious sunrise. While awaiting the tardy spectacle, Arthur usually falls asleep, thereby missing it altogether. In his sleep he rehearses resignation speeches to a man named Bill, presumably his boss, who is tolerant enough of Arthur's artistic temperament to call him regularly at the pay telephone on the beach. Arthur wants the inspiration of

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<sup>2</sup>Ibid., p. 196.

the sunrise to help him through his real resignation. He realizes that his life is beginning to pass him by. He says to Nancy:

Arthur: . . . That's why I started coming here, I got up last Wednesday and I noticed I didn't have any [great expectations]. It was my birthday, forty-one years old and I wasn't even expecting that . . .

Nancy: Come on, forty-one's not old . . .

Arthur: I know; but it happened the day after I was twenty-three, so naturally I was a little shocked. Wednesday morning--zappo--forty-one. I felt like I'd left a wake-up call for thirty and I musta slept right through it . . . Something terrific was supposed to happen by now, see--some terrific reason for shaving and buying shoes and keeping the clocks wound--something terrific, a dazzler, a show of lights, . . . I had this whole other fella in mind once, lady. You woulda been crazy about him. I was gonna be a sculptor, I had in my mind once . . .<sup>3</sup>

Arthur is captivated by Max's enthusiasm and the charm of his daughter, Nancy, to the extent that he is willing to contribute ten thousand dollars to buy a partnership in Max's Hawaiian Ecstacies. He also uses his sculpturing talents, building palm trees to decorate the restaurant. Along the way to making Max's dreams come true, Arthur and Nancy fall in love. Max dies from over-exertion on the eve of the grand opening. Arthur decides to continue with the opening, complete with an aged brass band, and ends the play with the hope that the restaurant will somehow generate enough business, in this off-season venture, to fend off the almost inevitable takeover by Mister Hot Dog.

Nancy Scott, who is Shirley Silverman on her birth certificate, has already said goodbye to many things: her husband Eddie, a big part of her original nose and her old hair color, her real name, her Jewish accent, and her whole past lifestyle. She is now Nancy Scott, with a perky nose, a psychiatrist, a "teeny bopper" look, and a job, acting in commercials. Nancy does not want to help her father commit suicide from overexertion in the rebuilding of his restaurant. However, she feels guilty because she did not visit him while he was in the hospital, and she truly loves him too much

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<sup>3</sup>Ibid., p. 215.

to just walk out on him. Having seen Arthur on the beach before, she has already become attracted to him, and when it becomes obvious that the attraction is mutual and that Arthur is also going to become her father's business partner, she gives in and goes along with their ridiculous whimsies. Once committed, she gives the project her best effort.

One of the reasons that The Goodbye People was selected for this study is that Max, the terminally ill person, is a heart patient. Dr. Ross mentions in her book, On Death and Dying, that it is easier to talk to a cancer patient about dying than it is a cardiac patient, because of the fear that the latter may be frightened by the discussion into a coronary attack.<sup>4</sup> The cardiac patient lives under a different kind of threat than the cancer patient, and he cannot depend on having time to prepare for death. Heart disease does not go into remission. It usually imposes severe restrictions on its victims' activities, and all physical exertions must be rigidly controlled. The quality of life for a cardiac patient is severely altered, and following the doctor's orders does not necessarily guarantee an increase in the quantity of life. Always, death may be only the next breath away.

From the onset of the play, it is evident that Max Silverman is fully aware of the probable consequences of his actions, but he deplores the idea of living the life of an invalid. In the following speech to Arthur, he establishes the rationale for what he plans to do. Also, we see, for the first time, where Max's anger is directed. His family catches much of his anger, but enfeebling old age is his main target. This is Max's first sales pitch to Arthur:

Max: You came here to see the sunrise; but today, mister, Max Silverman also rises! I notice that don't take your breath away . . . but they almost took mine away altogether. Two months in Mount Sinai Hospital--all day my family sits around the bed watching me with funerals in their eyes. Every lively move I make is to them a miracle and a wonder.

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<sup>4</sup>Ross, On Death and Dying, p. 172.

I lift a cup of tea, I get an ovation. Suddenly I'm a talented man and my talent is that I'm not dead. What I got to look forward is in ten years I'll be my brother Harry whose big accomplishment is that he's eighty years old and he gets outa bed every morning! Look at Harry, they say, will you look at him how he eats his soup, look how cute, look how he hears almost ten percent of what you say to him--And they almost had me! I'm lying in the bed there and I'm starting to think I'm terrific just because I'm breathing! . . . and in the bed I look around at the rest of them . . . and I'm thinkin', if I die, when I die, this here is all I leave, this is all the world will know of me, this bunch American beauties here . . . so then, right there --buddy, I make-'em-up my mind--right there in Mount Sinai Hospital, Room 423, semiprivate--I decided not to die! Halt! Stop the horses! Rip it from the schedule! Max has got business to do! First I gotta leave something you should know I been around; . . . and what's it gonna be?! Yessir-- . . . the grand and gala reopening of--the Original Max's Hawaiian Ecstasies! I'll tell ya who's not gonna die! Me; the original Max!<sup>5</sup>

When Max says he is not going to die, he is not denying his literal death; he is only emphasizing the fact that he plans to leave something of himself that will live on after him.

Another fact, evident from the beginning of the play, is that Max feels that he has bargained with God for enough time to rebuild and reopen his restaurant. This is implicit in everything he does, even though he makes only a few verbal references to confirm this. That Max may have doubts about the reliability of God in keeping the bargain is revealed in this character analysis:

Max: . . . You want to know God's job? To give every great man a squash! Yessir, I got that boy's number! He's a joker, a fooler, a whimsical fella, and a rascal altogether.<sup>6</sup>

Max has one other line that puts God in His place, so to speak, and also sums up pretty well Max's business and religious philosophies. He is talking to Arthur:

Max: . . . I don't believe in nothing or nobody! Including you till I get my check. I believe in me, Max; and why's that? Because I'm terrific? No-sir. Because I'm what's left. Hello and goodbye; I look around, what's left is

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<sup>5</sup>Gardner, pp. 195-97.    <sup>6</sup>Ibid., p. 195.

me. Willy and nilly, what's left is me. I believe in Max Silverman, and when the weather is nice I believe in God; a couple days in the spring and that's that. . . Meanwhile, darling; if God don't work out . . . there's contracts. Sign this and a check and then we'll all believe . . .<sup>7</sup>

When Max approaches Arthur as a potential business partner, he is fairly explicit about the limited terms of the bargain he feels he has made:

Max: Would you let me talk, please? I have only recently recovered from a serious and delicate operation on my only heart--I'm buddies with the angel of death; I'm operating on a very tight schedule, so close-'em-up-the-mouth--<sup>8</sup>

The time span of the play is three days, so Max's "tight schedule" is not underestimated. He reminds us of his "tight schedule" again, in his conversation with his former partner, Marcus Soloway. Marcus tries to talk him out of his scheme to reopen the restaurant:

Marcus: . . . You know what you got here? Wintertime. Coldness, Max. And I'm not talkin' in the soul; I'm talkin' in the toes, the nose, and the elbows. Who'll come to shiver with a frankfurter? Even alone, Max; what's the hurry? You can't wait for sunshine?

Max: A Dacron ventricle don't wait for sunshine.

Marcus: This is a point.<sup>9</sup>

Max is a business man to the core. Bargains and deals are his "stock-in-trade." He knows "the territory." He is a realistic dreamer, if one can be allowed the incongruity of that description. When Arthur becomes Max's partner by contributing ten thousand dollars to the restaurant project, the contract they sign assures full ownership to the surviving partner, in case one of them dies. Max knows that Arthur's money will allow him to realize his dream--seeing Max's Hawaiian Ecstacies opened again--and that Arthur can recoup any losses he incurs on the project by selling out to Mister Hot Dog, if he has to. When "Michael the Bore," Max's lawyer son, informs Max that, unless the restaurant shows a profit by June, Mister Hot Dog will have a legal right to put up

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<sup>7</sup>Ibid., p. 230.    <sup>8</sup>Ibid., p. 195.    <sup>9</sup>Ibid., p. 264.

a stand of their own or to sue Max and Arthur, Max jumps at the opportunity to bargain for more time:

Max: Gorgeous! Court is gorgeous! Everybody sues everybody! Meanwhile the store is open, meanwhile profits! They'll take you to court, you'll keep them there. Delays and stalling, legal monkey business. You'll do it, Michael; you and the magic briefcase. Get me time, get me the summer, and I'll show you profits . . .<sup>10</sup>

Max knows that he will not be the one to go to court; he wants the time for Arthur, in hopes that Arthur will make a success of Max's dream.

Max realizes that pursuing his restaurant project will probably, literally, be the death of him, yet he is determined to continue working on it. And, since Max is not suicidal by nature, he has to revert to the denial phase in order to keep going. His need to maintain his denial is why he has filed for divorce from his wife of forty-three years:

Nancy: Max, why . . . after all these years, why now?

Max: Because the woman looks funny at me . . . Since I come from the hospital, she looks at me like she misses me . . . and I didn't leave yet! These ladies, one little heart attack, they start right away learning to live without you. Trouble is, they learn a little too good and a little too early and all of a sudden you wake up one morning in the same bed with your own widow! . . . every morning I come in for breakfast, the woman is reading the obituaries. I say, "Good morning, Rosie!" She says, "Guess who died." I say, "Who died." She says, "Bing-bing. One minute he was here and then, bing-bing, he was gone." I say, "Who, Rosie, who? Who is Mr. Bing-bing today?" And then she tells me . . . And, Shirley, I swear to God, I never heard of him! For Rosie, anybody who died is automatically a buddy! Shirley, Shirley . . . in my neighborhood they're gonna put up soon a lotta new apartment buildings . . . they paint these big X's on the windows of the old houses they're gonna rip down . . . Last week we're watching the T.V.; I'm sittin' there in front of the set like a fish they took all the bones outa, fillet of person . . . and I catch Rosie lookin' at me . . . Shirley, she's lookin' at me like she sees X's on my eyes . . . like she sees'em painted right on there, like she hears the wrecking crew coming from blocks away. Maybe I'm gonna die,

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<sup>10</sup> Ibid., p. 245.

but I guarantee you it's not gonna be in the middle of the Late Show! Maybe it's the truth what she sees--but if that's the truth, I don't wanna hang around with it.<sup>11</sup>

Shortly after this explanation, Max has a gripping pain, which scares Arthur and Nancy into momentary paralysis. He maintains his denial while trying to reassure them:

Max: Don't make funeral arrangements. I just stopped to take a breath . . . Shirley . . . you're lookin' funny at me . . . Oh, my sweet children; won't you be shocked . . . my darling children with your frightened eyes, won't you be surprised when I live forever . . .<sup>12</sup>

As mentioned earlier, Max's anger is directed, primarily, at the indignities of growing old and at death itself. He rails at length about the new order of things:

Max: I'm on the telephone calling up some of my former business associates; any one of them would jump at the opportunity. Unfortunately, they're all dead. It's only twenty-two years; everybody died! Al Glickman, my meat supplier, gone--I'm speakin' to Al Glickman Junior. Kramer's Kitchen Supplies, I'm speakin' to Kramer Junior. Cantor and Sons, the contractor, I'm on the phone with "and Sons." How long I been gone? All of a sudden I'm living in New York Junior! And these Juniors, these winners, senior voices on the phone with junior guts, wouldn't advance you credit for a Hershey bar! I'm talking yesterday to William . . . Gallino . . . Junior--a hundred receptionists answer the phone he shouldn't catch cancer from my voice--I ask him for credit, two month's goods, he give me a cute maybe on the telephone. His father, I'll tell you frankly, was a thief. . . . But Monday I'm on the phone with Junior and I'm sorry Billy isn't alive to sell me yesterday's bread . . . I'm sorry none of them are alive; those hondlers, those hustlers, those faces! Now I got the Maybe Babies! . . . at the end of the conversation, these sweethearts'll go a "Goodbye" for you--oh boy, it's beautiful! "Hello," they don't do so good; and after "Hello," nervous and rotten . . . but "Goodbye," will they do a job for you on "Goodbye"! "Goodbye . . . keep in touch . . . so long . . ." All of a sudden it's happiness, it's sweetness, it's their best number, it's the goodbye people and they're feelin' terrific; they got through a whole

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<sup>11</sup>Ibid., pp. 254-55.      <sup>12</sup>Ibid., p. 256.

phone call without promising anything, without owing, they lived another day without getting into trouble . . .<sup>13</sup>

In The Goodbye People, we find a good sample of the kind of anger that the relatives of a dying person experience. Nancy explodes at Arthur because he is abetting her father in the restaurant project:

Nancy: Crazy! The word is "crazy"! A man who can't play the banjo and an old man who can't lift one are gonna sell frankfurters on the beach in the dead of winter! . . . Dead of winter! Dead as in dying! As in dying old man! I saw you with my own eyes, I saw you give him a check for ten thousand dollars! That's not a business investment, that's funeral expenses, that's--

Arthur: How much did you give him?

Nancy: Two thousand. How could I do that? I don't understand; I went with him to deposit your check, to talk him out of it, and the next thing I knew . . . How could I do that? I asked Dr. Berman [her psychiatrist] about it this afternoon. . . .

Arthur: What did he say?

Nancy: He said the best he could do was three hundred. . . I'm trapped, mister. I can't stop him, and I can't leave him either, . . .<sup>14</sup>

Nancy's situation is typical. It is painful and frustrating to watch, helplessly, as a loved one is dying, whatever the cause. When Max does die, Nancy again explodes in anger:

Nancy: (Nancy has been seated at the edge of the pier all night, speaking through the night till dawn. There are no tears left.) Sure. The Queen Mary was gonna stop here, right? Frankfurters at the captain's table . . . You wanna know who was gonna show up here? I'll tell you who. Nobody. How dare you, Silverman. How dare you go and die. I paint forty-eight palm leaves and then you . . . Sneaky, sneaky, crazy old man, how dare you die. You hustled me, Silverman; you said you were gonna live forever, and you didn't. So all bets are off, Max. No more crying. I did that last night. That's all you get . . . Am I talking to myself, Max; or am I talking to you? Well, I couldn't tell the difference when you were alive, either. This crazy place. He conned us, Arthur. Alive and hollering, he made it look possible: palm trees in February, lovers on sand dunes. But now you are dead, and where are the customers, Max? Listen to the ocean, Arthur; the noise it makes; it roars. If it had an accent

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<sup>13</sup>Ibid., pp. 222-24.      <sup>14</sup>Ibid., pp. 236-37.

I'd think it was him . . . What do I do now? I don't know . . .<sup>15</sup>

Her anger is characteristic of bereaved people. It is normal for a person to get angry at being abandoned by a loved one. If the anger is repressed, serious guilt complexes can result. Dr. Ross tells us that "a high percentage of widowers and widows seen in clinics and by private physicians present themselves with somatic symptoms as a result of the failure to work through their grief and guilt."<sup>16</sup>

Of the three plays selected for this study, The Goodbye People is also the only one in which we see the actual death scene of a character. Max goes to his death without encountering depression, even for a moment, and without acceptance. Arthur is with him when it happens:

Max: Now I can't talk. I'm busy. . . . Not later either.  
I'm busy having a heart attack. . . . I'll tell you what I'm doing. I'm dying.  
Arthur: I'll call your doctor--an ambulance . . . Max, the phone, I'll be a second . . . Max, what should I do, I--  
Max: I don't know. I never died before. . . . Look at you. If I don't hurry, you'll beat me to it . . .  
Arthur: Max, can I . . . how do you feel?  
Max: Not in the pink. Too busy! Who needs this? It's stupid! So stupid! I got business. There's business . . . I got business . . . Arthur . . . Tell Rosie, say to her . . . Say to Rosie . . . guess who died.<sup>17</sup>

Although Max was never willing to accept the fact that he was old or dying, the play is not entirely devoid of acceptance. Marcus Soloway, the original partner who sold his half of the property to Mister Hot Dog, tries to talk Max into dropping his project:

Marcus: . . . Take my advice, I come to tell you personally: be an old man, you'll live longer . . . Max, listen to me . . . this year I started doing old-man things. I tell stories for a second time, just like an old man. Sometimes for a third time. . . . I know it's the third time,

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<sup>15</sup>Ibid., pp. 269-70.      <sup>16</sup>Ross, On Death and Dying, p. 162.

<sup>17</sup>Gardner, pp. 267-69.

but I go right on, it doesn't bother me; just like an old man. I can remember what I did, what clothes I wore, names of people from when I was eighteen, and if you told me I was in Hong Kong yesterday, I would believe you, because I don't remember; just like an old man. So, I finally figured it out. The reason I'm behaving like an old man . . . is because I'm an old man. A revelation to me, Silverman; and for the first time in years I'm not annoyed with myself. Silverman, I was not a top businessman. I was good, but not first-class. I was an O.K. husband; and as a father, not a knockout. But, Max . . . I'm a great old man. I do that the best. I was born for it. I'm seventy-two, Max, and it fits me like a glove. You, you're a crazy. I wish you well with the business; but I can't join you . . . See . . . I'm too old for it. . . . Notice how I don't take the stairs. Regard me, how I take the easy way under the boardwalk. I'm seventy-two, Max, and I got one interest in life: seventy-three. You gather me, Silverman . . .?<sup>18</sup>

This may not illustrate "acceptance" strictly according to Dr. Ross's definition of this stage, but it clearly indicates an acceptance of encroaching old age and the limitations on life it brings, which surely is a major step to accepting the inevitability of death.

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<sup>18</sup>Ibid., pp. 264-65.

## CHAPTER 4

### THE SHADOW BOX

The Shadow Box, written by Michael Cristofer, almost has Dr. Ross's seminar situation written into the script. The play takes place at a hospice where terminally ill patients can live with their families, in neat cabins in a lovely mountain setting, until they die. Periodically, the patients are interviewed by an unseen interviewer, who seems to be interested, primarily, in how the patients feel about dying. We meet three patients whose illnesses are not named specifically, but all the symptoms point to cancer.

In cottage one we have Joe, whose wife Maggie and teenaged son Steve arrive at the beginning of the play. Steve has not been told, yet, that his father is dying. Maggie did not tell him, because she does not accept or believe it herself. This refusal to face the fact of Joe's death causes her to avoid entering the cabin until the very end of the play. In the course of the play, we learn that Joe and Maggie had wanted, but were unable to have, more children, and that Joe has always wanted a farm of his own, but Maggie has refused to go along with the idea during their married life. We also learn that, for one reason or another, they have lost almost everything that they have ever owned.

In cottage two, Brian, the patient, lives with his "friend" Mark. We assume Brian is bi-sexual, as he met Mark as a male prostitute, but Brian has an ex-wife, Beverly, who shows up for a visit shortly after the beginning of the play. Beverly is dressed garishly with about a hundred pieces of jewelry pinned on her; she calls them her medals--all gifts from her multitudinous lovers. She arrives in an intoxicated state and corrupts Brian and, finally,

even Mark into joining her in her drunken state. Brian is writing again, prolifically, if not well. Words continually pour out of him, both written and oral.

Cottage three contains Agnes and Felicity. Felicity is an elderly, feisty little lady who is clinging fiercely to what life is left in her. Agnes is her fortyish, shy, drab daughter. Agnes, who has never been loved by her mother, writes letters to her mother, pretending they are from her sister Claire, who in reality, has been dead for a long time. However, Felicity has never accepted the fact of Claire's death, and so now she waits for her to arrive for a visit. It is obvious that Agnes has never had a real life of her own; she has been playing the dutiful daughter for a long time. Felicity's rendition of "Roll Me Over in the Clover," a bawdy barroom song, would probably make the show worth the price of admission.

In an announcement of one of Dr. Elizabeth Kübler-Ross's seminars on the treatment of the terminally ill, it is stated that one of her special interests is the creation of hospices for terminally ill patients beyond medical help.<sup>1</sup> In another source, The Psychology of Death, Dying, and Bereavement by Robert Schultz, hospices are discussed as an alternative to hospitals as places for treating the terminally ill. Schultz points out:

A final characteristic of the hospice approach is that in the process of treating the patient, the family is simultaneously treated. By including family members in the treatment program, relatives have the opportunity not only to work through their relationship with the patient, but also to perform practical services for the dying such as preparing special meals. This type of participation effectively minimizes feelings of guilt during bereavement.<sup>2</sup>

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<sup>1</sup>Trinity University Continuing Education, "On Death and Dying" (Lecture and seminar brochure, San Antonio, Texas, 1979).

<sup>2</sup>Richard Schultz, The Psychology of Death, Dying, and Bereavement (Reading, Mass.: Addison-Wesley Publishing Co., 1978), pp. 81-82.

Certainly the setting for The Shadow Box would seem to correspond to the hospice situation suggested by both Dr. Ross and Mr. Schultz.

If one were guessing at what influences affected a given work, one would guess that Michael Cristofer had written The Shadow Box with Dr. Ross's stages of dying in mind. In the other two plays of this study, we find manifestations of the various stages interwoven in the dialogue and action, but they have to be abstracted and pointed out. In Cold Storage and The Goodbye People, other things are happening that cannot be directly related to the process of dying, and so they have not been mentioned except in the plot summaries at the beginning of the chapters. In The Shadow Box, the process of dying and Dr. Ross's five stages--denial, anger, bargaining, depression and acceptance--are the subject matter of the play. The five stages are clearly illustrated.

Denial is represented most overtly in cottage one. Maggie has not told her son Steve that his father is dying. Steve thinks he has come to this mountain retreat for a vacation; he does not realize that he has come to be with his father until Joe dies and that Joe's death could come within a few weeks:

Steve: You look terrific. I was worried. I missed you.

Hey! How long can we stay? Huh?

Joe: I don't know. A couple of weeks . . . I don't know how long it . . .<sup>3</sup>

Maggie has not told Steve, because she cannot face it, herself. Symbolic of her denial, all the way through the play, is the fact that she will not enter the cabin. To enter the cabin where Joe will die is to accept the fact that he is dying. Even when she is physically pushed toward that ominous door, she successfully resists entering the cabin. Her refusals to go inside are interspersed throughout the whole first act and part of the second:

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<sup>3</sup>Michael Cristofer, The Shadow Box (New York: Drama Book Specialists (Publishers), 1977), p. 9.

Steve: Hey, Mom, come on in if you're coming.

Maggie: I'm not coming in. You're coming out. And don't give me any smart back talk or I'll split your lip!<sup>4</sup>

\* \* \* \*

Joe: Come on inside. You want some coffee?

Maggie: I brought some coffee. You've got everything here already. You should've told me.<sup>5</sup>

\* \* \* \*

Joe: Sure. Come on inside. I'll show you. It's real nice.

Maggie: No, I don't want to go inside.

Joe: Huh? Why not?

Maggie: I don't . . . I'll see it. I'll see it.

Joe: But . . .

Maggie: How do I look? It's a new dress.<sup>6</sup>

\* \* \* \*

Joe: You must be tired, huh?

Maggie: Yeah. I don't know.

Joe: Come on in. You can rest.

Maggie: (Ignores his offer) One minute you're there. The next minute you're here. I still feel like I'm there.<sup>7</sup>

\* \* \* \*

Joe: Come on in, Maggie, I'll show you around.

Maggie: No. I want to stay outside. For awhile, it's nice.<sup>8</sup>

\* \* \* \*

Steve: (Starts to tickle her and push her toward the cottage) Come on inside, Chicken Lady. I'll show you the roost! (Maggie is laughing hard now. Steve clucks like a chicken, tickling her, and steering her toward the cottage. Joe laughs and joins them.)

Joe: Come on, Maggie. We got you. (He grabs her hand and pulls her toward the cottage.)

Maggie: Joe . . . ! No . . . I don't . . . !

Steve: Chickens and pigs! Chickens and pigs!

Joe: Come on inside, Maggie. Come on!

Maggie: No . . . I don't . . . want to go inside . . .

No . . . ! Joe! (Suddenly Maggie turns and slaps Steve hard across the face. She is terrified.) I'm not going in there! Now stop it!<sup>9</sup>

Another factor in Maggie's denial is that, although Joe has lost some weight in the six months he has been in the hospital,

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<sup>4</sup>Ibid., pp. 9-10.   <sup>5</sup>Ibid, p. 11.   <sup>6</sup>Ibid., pp. 11-12.

<sup>7</sup>Ibid., p. 12.   <sup>8</sup>Ibid., p. 23.   <sup>9</sup>Ibid., p. 26.

he does not look like a dying man to Maggie. Joe ends up humoring Maggie, at least temporarily, in her futile hope, as we see at the end of the following scene:

Maggie: You didn't say in the letter. And we talked and I couldn't remember. I tried. What the hell. They said to come and bring Steve. That's all. At first I thought that was it. Then I got your letter and you sound fine and I talk to you . . . so, I made the ham . . . I . . .

Joe: I missed you, Maggie. I missed you real bad.

Maggie: You got to tell me what's going on. Don't make me feel so stupid. Like I'm supposed to know everything. I don't know nothing. I just know what I see.

Joe: Maggie . . .

Maggie: But you look real good. You're all right now, huh?

Joe: Maggie, listen . . .

Maggie: No. It's all right. You don't have to tell me. I can see it. You're fine. Huh? It's just I got so scared. Thinking about it. Making things up in my head. But it's all right now. I can see it's all right. I knew it would be when I got here.

Joe: (Giving in) Yes, Maggie. Everything's all right.

Maggie: I knew it. I knew it.<sup>10</sup>

It is well into act one that Maggie confesses that she has not told Steve, and reveals that it is her own inability to accept her husband's death that has prevented her from doing so:

Maggie: I didn't tell him.

Joe: What?

Maggie: I didn't tell him, Stephen. I didn't . . .

Joe: Oh, no. No, Maggie. What's the matter with you?

Maggie: I couldn't.

Joe: He doesn't know? What does he think? He thinks I'm going home with you? Maggie? What didn't you tell him?

Maggie: I couldn't.

Joe: Why not?

Maggie: Because . . . it isn't true. It isn't true. It isn't . . .<sup>11</sup>

In Joe and Maggie's situation we also see the classic situation mentioned in the description of depression in chapter one. Joe has accepted what is happening to him; he wants his family to be with him as he faces the end, and he is sad about leaving them and about leaving unaccomplished the dreams he has had, but he is no longer fighting the inevitable. He could be

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<sup>10</sup>Ibid., pp. 13-14.    <sup>11</sup>Ibid., p. 27.

described as being in the stage of preparatory depression. However, Maggie is not yet able to understand his needs; she is still too immersed in her own shock, anger, and sense of loss. In the following passage, we see Joe and Maggie express some anger. With Joe the anger is more in line with his depression. Maggie's anger stems from her denial, her inability to accept Joe's death:

Joe: Work? Shit. Fifty weeks a year in a flat-wire shop.  
 Twenty-four years. . . . Two weeks a year at the beach.  
 One week off for Christmas . . . Talk to me, Maggie.  
 Talk to me.

Maggie: What? What can I say?

Joe: I don't know. Somebody walks up one day, one day, somebody walks up and tells you it's finished. And me . . . all I can say is "what" . . . what's finished? What did I have that's finished? What?

Maggie: We give up too easy. We don't fight hard enough.  
 We give up . . . too easy . . .

Joe: We got to tell him, Maggie. We got to face it and tell him. Some son of a bitch walks up one day and tells you it's finished. What? What did we have that's finished?

Maggie: Us. Us. For Christ's sake, don't make me say things I don't understand. I don't want to hear them. I shake all over when I think about them. How long? Two weeks? Three? A month? , And then what? What have I got then? An apartment full of some furniture I can't even keep clean for company, a closet full of some old pictures, some curtains I made out of my wedding dress that don't even fit the windows . . . What? What do I do? Sit down with the TV set every night, spill my coffee when I fall asleep on the sofa and burn holes in the carpet, dropping cigarettes?

Joe: Maggie . . .

Maggie: No. I want you to come home. What is this place, anyway? They make everything so nice. Why? So you forget? I can't. I want you to come home. I want you to stay out four nights a week bowling, and then come home so I can yell and not talk to you, you son of a bitch. I want to fight so you'll take me to a movie and by the time I get you to take me I'm so upset I can't enjoy the picture. I want to make too much noise in the bathroom because you go to bed too early and I don't care if you are asleep because I want somebody, somebody to hug me once before I go to bed. I want to get up too early, too goddamn early, and I'll let you know about it, too, because I have to make you breakfast, because you never, never once eat, because you make me get up too early just to keep you company and talk to you, and it's cold, and my back aches, and I got nothing to say to you and we never talk and it's six-thirty in the morning, every morning, even Sunday morning and it's all right . . . it's all right because I want to be there because you need me to

be there because I want you to be there because I want you to come home.

Joe: Maggie . . . I can't, Maggie. You know I can't.

Maggie: You can. Don't believe what they tell you. What do they know? We've been through worse than this. You look fine. I can see it. . . . You get stronger every day.

Joe: It gets worse. . . . Every day, it gets worse.

Maggie: We'll go home, tomorrow. I got another ticket. We can get a plane tomorrow.

Joe: Don't do this, Maggie.

Maggie: I put a new chair in the apartment. You'll like. It's red. You always said we should have a big red chair. I got it for you. It's a surprise.

Joe: No! It won't work.

Maggie: We'll get dressed up. I'll get my hair done. We'll go out someplace. What do we need? A little time, that's all.

Joe: It's not going to change anything.

Maggie: No. It's too fast. Too fast. What'll I do? I can't remember tomorrow. It's no good. We'll look around. Maybe we can find a little place. Something we like.

Joe: No. This is all. This is all we got.

Maggie: No. Something farther out. Not big. Just a little place we like. All right, a farm, if you want, I don't care. Tomorrow!

Joe: Tomorrow is nothing, Maggie! Nothing! It's not going to change. You don't snap your fingers and it disappears. You don't buy a ticket and it goes away. It's here. Now. . . . Look at me, Maggie. . . . Look at me. You want magic to happen? Is that what you want? Go ahead. Make it happen. I'm waiting. Make it happen! . . .

Maggie: I can't. I can't. . . .

Joe: I'm going inside now, Maggie. I'm going to tell him.

Maggie: Tell me first.

Joe: What?

Maggie: Tell me. Say it out loud.

Joe: I'm going to die, Maggie.

Maggie: Why?

Joe: I don't know. . . . Like everything else, I don't know. Come inside.

Maggie: What'll we do in there?

Joe: Try. That's all. Just try. Live with it. Look at it. Don't make me do it alone.

Maggie: I can't promise.

Joe: Don't promise. Just come inside. (Finally Maggie turns and walks slowly toward the cottage. Joe joins her and together they walk inside.)<sup>12</sup>

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<sup>12</sup>Ibid., pp. 75-79.

Anger is expressed by all the dying patients in The Shadow Box at one time or another, but there is not much from Joe, other than what has already been mentioned. The first interview in the play is with Joe, and we do get an insight into how Joe felt, initially. In this first interview, one can see why this writer feels that Christofer must have been aware of Dr. Ross's studies when he wrote the play:

Joe: It's not an easy thing. . . .

Interviewer: You seem fine. . . .

Joe: You get scared at first. Plenty. And then you get pissed off. Oh, is that all right to say?

Interviewer: Yes, Joe. That's all right. It's all right for you to be angry or depressed or even happy . . . if that's how you feel. We want to hear as much as you want to tell us. . . .

Joe: Yeah, 'cause I was. Plenty pissed off. I don't mind telling you that. In fact, I'm glad just to say it. You get tired of keeping it all inside. But it's like, nobody wants to hear about it. You know what I mean. Even the doctors . . . they shove a thermometer in your mouth and stethoscope in their ears . . . How the hell are you supposed to say anything? But then, like I said, you get used to it . . . I guess . . . There's still a few things . . . I could talk to you about them . . . maybe later.

Interviewer: Even if it's just to listen. That's what we're here for, Joe.<sup>13</sup>

In her interview, the pugnacious Felicity expresses her anger, also aimed at the medical care she has had. By the time she is finished with the interviewer, we feel sorry for him and realize that his job is a difficult one, one requiring great patience, diplomacy, and concern for these people he is trying to help. In the play, only Felicity leaves him at a disadvantage:

Felicity: Your attitude. It's a piss poor way to treat people.

Interviewer: But, Felicity . . .

Felicity: . . . All right. You want to talk? Let's talk.

"I feel fine." Is that what you want to hear? Of course it is. I feel fine, there's no pain, I'm as blind as I was yesterday, my bowels are workin--and that's all I got to say about it.

Interviewer: We're only trying to help.

Felicity: Well I don't need any more help from you. Do I?

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<sup>13</sup>Ibid., pp. 5-6.

Interviewer: Well, we don't know.  
 Felicity: Of course you know. I've just told you. I've just said it, haven't I?  
 Interviewer: Yes.  
 Felicity: Well, then . . . there you are. You should learn to listen.  
 Interviewer: Yes.  
 Felicity: What, have you got your friends out there again? All come to look at the dead people.  
 Interviewer: Felicity . . .  
 Felicity: He doesn't like me to say things like that. He's sensitive. Why don't you go hide yourself out there with the rest of them?  
 Interviewer: Would you like me to . . . ?  
 Felicity: No. No. You stay where you are. . . . How do I look today?  
 Interviewer: You look fine.  
 Felicity: You're a liar. I look like I feel. I smell, too.  
 Interviewer: Are you tired, Felicity?  
 Felicity: No.  
 Interviewer: Do you want to talk some more today?  
 Felicity: No.  
 Interviewer: You could help us if you talked to us.  
 Felicity: Help you? Help you? Which one of us is kicking the bucket? Me? Me or you? . . . Come on. Spit it out. Don't be shy. You're not stupid on top of everything else, are you? One of us is dying and it isn't you, is it?  
 Interviewer: No. You are the patient.  
 Felicity: Patient?! Patient, hell! I'm the corpse. I have one lung, one plastic bag for a stomach, and two springs and a battery where my heart used to be. You cut me up and took everything that wasn't nailed down. Sons of bitches.  
 Interviewer: But we're not your doctors, Mrs. Thomas. We have nothing to do with . . .<sup>14</sup>

With the exception of the small scraps of angry dialogue from Joe and Felicity, most of the anger comes from cottage two. Mark, Brian's male lover and nurse, is extremely angry at losing the only person in his life who has really been kind to him and loved him for what he is. Mark lashes out at Beverly, whom he considers a "bad penny" turning up in Brian's life again. He is frustrated at having to watch Brian die without being able to do anything to stop the onslaught of Brian's debilitating disease.

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<sup>14</sup>Ibid., pp. 28-30.

Mark dwells on the ugliness he sees in the dying process. When Beverly shows up already intoxicated, he wastes no time in elaborating on some of the gory details:

Beverly: . . . So. How is he?

Mark: Dying. How are you?

Beverly: Oooops. Let's start again. Is he feeling any pain?

Mark: Are you?

Beverly: Strike two. Well, I think we've got it all straight now. He's dying. I'm drunk. And you're pissed off. Did I leave anything out?

Mark: No, I think that just about covers it.

Beverly: Tell me. How is he?

Mark: Hard to say. One day he's flat on his ass, the next day he's running around like a two year old. But he is terminal--officially. They moved him down to these cottages because there's nothing they can do for him in the hospital. But he can't go home, either. There's some pain. But it's tolerable. At least he makes it seem tolerable. They keep shooting him full of cortisone. . . . You should be prepared, I guess. . . . it has side effects. It . . . well, you may not notice it, but the skin goes sort of white and puffy. It changed the shape of his face for a while, and he started to get really fat. . . . don't get too upset. A lot of it's been corrected, but he's still very pale. And he has fainting spells. They're harmless. Well, that's what they tell me. But it's embarrassing for him because he falls down a lot and his face gets a little purple for a minute.

Beverly: All the details. You're very graphic.

Mark: It happens a lot. The details aren't easy to forget.<sup>15</sup>

Later in the midst of Brian and Beverly's reunion revelry, Beverly spills champagne on Mark's jacket. She is totally contrite and, in her drunken manner, goes on and on about wanting to have the jacket cleaned or to make amends in some way. At this point Brian explodes, clearly revealing how drastically the dying may shift their focus from mundane things to the esoteric "whys" of the universe:

Brian: My God, it's only a jacket. Two sleeves, a collar, a piece of cloth. It was probably made by a machine in East Podunk. Why are we wasting time?

Mark: Brian, take it easy. . .

Brian: No! Not easy. Not easy at all! At this very moment, twelve million stars are pumping light in and out of a

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<sup>15</sup>Ibid., pp. 20-21.

three hundred and sixty degree notion of a limited universe. Not easy! At this very moment, a dozen Long Island oysters are stranded in some laboratory in Chicago, opening and closing to the rhythm of the tide--over a thousand miles away. Not easy! At this very moment, the sun is probably hurtling out of control, defying ninety percent of all organized religion--plummeting toward a massive world collision that was predicted simultaneously by three equally archaic cultures who had barely invented the wheel. At this very moment, some simple peasant in Mexico is planting seeds in his veins with the blind hope that flowers will bloom on his body before the frost kills him! And here we stand, the combined energy of our three magnificent minds focused irrevocably on this fucking jacket. My God. There are more important things I promise you.

Beverly: . . . Brian?! Are you all . . . ?

Brian: No! No. It's all right. I'm all right. He walks, he talks, he falls down, he gets up. Life goes on.

Mark: Let me give you a hand.

Brian: Leave me alone.<sup>16</sup>

After Brian exits, Mark and Beverly get back, again, to the sordid details of dying. Mark has just explained how he and Brian met and became lovers, and Mark's anger and frustration are evident again:

Beverly: You're sure he's all right?

Mark: Of course he's all right. It's just this dying business, Beverly. It gets a little messy every now and then. . . . Brian takes such pride in putting things in order, keeping things in their proper perspective, it's hard to tell. I mean, give him ten minutes and a few thousand words, and he'll make you think dying is the best thing that ever happened to him. . . . It's all words for Brian. And it's a little hard to keep up. One letter follows the next, one paragraph, one chapter, one book after another, close parenthesis, end of quote. Never mind what it's all about.

Beverly: That's not fair.

Mark: Isn't it? The way you two have been carrying on, I was beginning to think I was at a wedding. I mean, I enjoy a good joke as much as the next fellow, but dead people are pretty low on my list of funny topics.

Beverly: Let's not get angry, we'll spoil your metaphor.

Mark: Fuck my metaphor! It's true! My God, listen to me. You think you know something. You think you have something. . .<sup>17</sup>

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<sup>16</sup>Ibid., pp. 53-54.      <sup>17</sup>Ibid., p. 65.

The hostility between Beverly and Mark, hostility resulting from the fact that they both love Brian and cannot face the fact that they are losing him, builds up to a climax when they get into an exchange of slaps. Beverly expresses some keen insights into what hope can do, if it is forced onto a dying person once he has progressed into a stage where it might do more harm than good. Beverly and Mark, in their mutual grief, are able to make a truce before she leaves:

Mark: I don't want him to die. I don't . . . Please . . .  
 Beverly: Hopes, baby. That's what you got. A bad case of the hopes. They sneaked up on you when you weren't looking. You think maybe it's not gonna happen. You think maybe you'll find some way out. Some word that's still alive, some word that will make it all different . . . Please, baby. Just one favor you owe him. Don't hurt him. . . . Don't hurt him with your hope. He needs somebody. . . . 'Bye, baby.<sup>18</sup>

In The Shadow Box, the bargaining stage is the special province of cottage three. In act one, Felicity is obviously excited about the fact that her daughter Claire is on the way to see her. In her lapses into senility, we get a glimpse of how important seeing Claire is to her:

Felicity: When did they say they are coming?  
 Agnes: I don't know, Mama. Soon. Soon.  
 Felicity: As long as we know . . . As long as we know they're coming.  
 Agnes: Well, of course they're coming. You wait and see . . . One afternoon, we'll be sitting here, having tea, and that door will fly open like the gates of heaven and there they'll be . . . two twin angels and our bright-eyed little girl. You wait and see, Mama. You wait . . .<sup>19</sup>

Then later, in act two, we learn the truth about Claire. Agnes, Felicity's spinster daughter and nurse, is talking to the Interviewer. It is the Interviewer who points out that Felicity is living "on a bargain":

Agnes: . . . There was an accident . . . something. And Claire was dead. They said at first they thought she was going to be all right, but she was hemorrhaging and . . . This is very hard to remember.

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<sup>18</sup>Ibid., pp. 72-73.    <sup>19</sup>Ibid., p. 45.

Interviewer: But these letters from Claire.

Agnes: Yes. You see, it was after Claire died that Mama started to get sick. All of a sudden, she was "old." And she isn't, you know. But she just seemed to give up. I couldn't bring her out of it. Claire could have. But I couldn't. We lost the farm, the house, everything. One thing led to another. The letters . . . uh . . . It was after one of the last operations. Mama came home from the hospital and she seemed very happy. She was much stronger than ever. She laughed and joked and made fun of me, just like she used to . . . and then she told me she had written a letter while she was in the hospital . . . to Claire . . . and she said she was very nice to her and she forgave her for not writing and keeping in touch and she asked her to come home to visit and to bring her children . . . Claire had been dead for a long time then. I didn't know what to do. I tried to tell her . . . I tried . . . but she wouldn't listen . . . And, of course, no letter came. No reply. And Mama asked every day for the mail. Every day I had to tell her no, there wasn't any. Every day. I kept hoping she would forget, but she didn't. And when there wasn't any letter for a long time, she started to get worse. She wouldn't talk and when she did she accused me of being jealous and hiding the letters and sometimes . . . I didn't know what to do . . . So . . .

Interviewer: How long have you been writing these letters?

Agnes: Almost two years . . . You're not angry with me, are you? . . . It means so much to her. It's important to her. It's something to hope for. You have to have something. People need something to keep them going.

Interviewer: Do they?

Agnes: Yes. Sometimes I think, if we can wait long enough, something will happen. Oh, not that Mama will get better, but something . . . So I write the letters. I don't mind. It's not difficult. I read little things in books and newspapers and I make up what's happening. Sometimes I just write whatever comes into my head. You see, Mama doesn't really listen to them anymore. She used to. It used to be the only time I could talk to her. But now it doesn't matter what they say. It's just so she knows that Claire is coming.

Interviewer: What happens when Claire doesn't show up?

Agnes: Oh, but I don't think that will happen. I mean, Mama . . . well, she won't . . . I mean, even if . . .

Interviewer: You mean she'll probably die before she ever finds out.

Agnes: Yes. . . . Sometimes she does things now, I don't know why . . . The pain is much worse. This medicine you've given her . . . it doesn't help.

Interviewer: Yes, we know. It may be necessary to move her up to the hospital again.

Agnes: But you said before . . .

Interviewer: I know. . . . I'm sorry.

Agnes: No, you are not sorry. You don't know. You put her in some room. You do one more operation. You wrap her up in your machines. You scribble on her chart. And then you go away. You don't know anything about sorry.

Interviewer: We hoped it wouldn't go on this long, but there's nothing we can do about it.

Agnes: But I don't want it to go on. You promised . . . it can't! Even when she's asleep now, she has dreams. I can tell. I hear them. You keep saying, a few days, a few days. But it's weeks and months . . . all winter and now the spring . . .

Interviewer: She has a strong will.

Agnes: I know that.

Interviewer: Sometimes that's enough to keep a very sick person alive for a long time.

Agnes: But why? Why? When it hurts so bad? Why does she want to keep going like this?

Interviewer: She's waiting for Claire.

Agnes: What . . .? What did you say?

Interviewer: It's what we call "making a bargain." She's made up her mind that she's not going to die until Claire arrives.

Agnes: Oh, no . . . no . . .

Interviewer: . . . it might easily be the reason. Now that you've explained about the letters.

Agnes: . . . no . . . it isn't true . . . it isn't . . .

Interviewer: Perhaps it isn't . . .

Agnes: It isn't wrong to hope . . . waiting for . . . no . . . she can't do that . . . she can't.<sup>20</sup>

By the end of Agnes's interview, she has slipped into an expression of reactive depression. Throughout the play, she is, perhaps, the best illustration of depression. She lives with daily reminders that she has never been loved by her mother as her sister was. Felicity has ripped Agnes's self-esteem to shreds by her negation of her dedicated, even if dismally dull, daughter. Agnes reaches the point of not being able to recall anything but the times since her mother became ill. Agnes's depression is inescapable in these lines:

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<sup>20</sup>Ibid., pp. 57-59.

Agnes: . . . If I told you the truth, Mama, would you listen?  
 If I told you the truth, would you think I was lying? . . .  
 I don't remember the good times anymore, Mama. I keep  
 thinking we have something to go back to. But I don't<sup>21</sup>  
 remember what it is. All I can remember is this . . .

\* \* \* \*

Agnes: You sit down one day, and you get caught . . . you  
 get caught somewhere in a chair . . . in some foreign  
 room. Caught in slow motion . . . stretched across the  
 floor, listening to the windows and the doors. It's  
 hard to remember sometimes what you're listening for.  
 A whistle, maybe . . . or a shout . . . somebody calling  
 your name. Or maybe just a few words. A few kind words.<sup>22</sup>  
 A ticket to Louisiana . . . a letter . . . something . . .

As in the other three plays, there is not much overt  
 evidence of depression or acceptance. However, in The Shadow Box,  
 we do find some indications of acceptance or predispositions toward  
 that final stage. Joe recounts a dream he has that indicates that  
 he feels himself moving away from earthly ties, and the mood the  
 dream conveys is more neutral than negative or positive:

Joe: I get dreams now. Every night. I get dreams so big.  
 I never used to dream. But now, every night so big.  
 Every person I ever knew in my life coming through my  
 room, talking and talking and sometimes singing and  
 dancing. Jumping all around my bed. And I get up to  
 go with them, but I can't. The sheets are too heavy and  
 I can't move to save my life. And they keep talking and  
 calling my name, whispering so loud it hurts my ears . . .  
 "Joe" and "Joe" and laughing and singing and I know every  
 one of them and they pull at my arms and my legs and I  
 still can't move. And I'm laughing and singing, too,  
 inside, where you can't hear it . . . And it hurts so  
 bad, but I can't feel it. And I yell back at them, every  
 person I ever knew, and they don't hear me, either, and  
 the room gets brighter and brighter. So bright I can't  
 see anything anymore. Nobody. Not even me. It's all  
 one. All white. All gone.<sup>23</sup>

Of the three terminally ill patients, Brian, our wordy  
 writer, is the one who communicates the most in the way of an  
 attitude of acceptance. One of the times he does this is in a  
 conversation with the Interviewer:

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<sup>21</sup>Ibid., p. 63,    <sup>22</sup>Ibid., pp. 73-74.    <sup>23</sup>Ibid., pp. 44-45.

Brian: . . . people don't want to let go. Do they?

Interviewer: How do you mean, Brian?

Brian: They think it's a mistake, they think it's supposed to last forever. I'll never understand that. My God, it's the one thing in this world you can be sure of! No matter who are you, no matter what you do, no matter anything--sooner or later--it's going to happen. You're going to die. . . . and that's a relief--if you think about it. I should say if you think clearly about it.

Interviewer: I'm not sure I follow you.

Brian: Well, the trouble is that most of us spend our entire lives trying to forget that we're going to die. And some of us even succeed. It's like pulling the cart without the horse. Or is that a poor analogy? . . . My watch is stopped. How long have I been babbling?

Interviewer: It doesn't matter. There's no hurry.

Brian: Not for you, maybe. Some of us are on a tighter schedule.

Interviewer: I am sorry. I didn't mean . . .

Brian: It's all right. It's all right. You mustn't take all this too seriously. I don't . . . Our dreams are beautiful, our fate is sad. But day by day, it's generally pretty funny. We can talk again tomorrow, if you want. I don't mind. It's a bit of a shock, that's all. You always think . . . no matter what they tell you . . . you always think you have more time. And you don't. But I appreciate what you're trying to do here, and I do enjoy being a guinea pig.

Interviewer: Good, very good.<sup>24</sup>

The other time that Brian exhibits a philosophic acceptance of his predicament is when he is catching Beverly up on what he has been doing since they have been apart:

Brian: Sorry, but it's out of my hands. All of it. Some supreme logic has taken hold of my life. And in the absence of any refutable tomorrow, every insane thing I do today seems to make a great deal of sense. . . . It's just that when they told me I was on the way out . . . so to speak . . . I realized that there was a lot to do that I hadn't done yet. So I figured I better get off my ass and start working.

Beverly: Doing what?

Brian: Everything! . . . It's amazing what you can accomplish. Two rotten novels, twenty-seven boring short stories, several volumes of tortured verse including twelve Italian sonnets and one epic investigation of the Firth of Forth Bridge . . . I've also completed nearly

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<sup>24</sup>Ibid., pp. 14, 17.

one hundred and thirty-six epitaphs, the largest contribution to the Forest Lawn catalogue since Edna St. Vincent Millay, and four autobiographies.

Beverly: Four?

Brian: Yes. Each one under a different name. There's a huge market for dying people right now. My agent assured me.

Beverly: I don't believe it.

Brian: It's true. And then we thought we'd give them each one of those insipid dirty titles--like Sex . . . And the Dying Man!

Beverly: Or The Sensuous Corpse.

Brian: Very good.

Beverly: You idiot. What else? . . .

Brian: Let's see, what else? I've become a master at chess, bridge, poker and mah-jongg, I finally bought a television set, I sold the house and everything that was in it, closed all bank accounts, got rid of all stocks, bonds, securities, everything.

Beverly: What did you do with the money?

Brian: I put it in a sock and buried it on Staten Island.

Beverly: You did, didn't you?

Brian: Almost. I gave back my American Express card, my BankAmericard--severed all my patriotic connections. I even closed my account at Bloomingdale's.

Beverly: This is serious.

Brian: You're damn right it is. I sleep only three hours a day, I never miss a dawn or a sunset, I say and do everything that comes into my head. I even sent letters to everyone I know and told them exactly what I think of them . . . just so none of the wrong people show up for the funeral. . . . Anyway, that's what I've been doing. Every day in every way, I get smaller and smaller. There's practically nothing left of me.

Beverly: You're disappearing before my very eyes.

Brian: Good. You see, the only way to beat this thing is to leave absolutely nothing behind. I don't want to leave anything unsaid, undone . . . not a word, not even a lonely, obscure, silly, worthless thought. I want it all used up. All of it. That's not too much to ask, is it?

Beverly: No.

Brian: That's what I thought. Then I can happily leap into my coffin and call it a day. Lie down, close my eyes, shut my mouth and disappear into eternity. . . .

Beverly: It's a lot to deal with.

Brian: No. Not really. It's a little thing. I mean, all this . . . this is easy. Pain, discomfort . . . that's all part of living. And I'm just as alive now as I ever was. And I will be alive right up to the last moment. That's the hard part, that last fraction of a second--when you know that the next fraction of a second--I can't seem to fit that moment into my life . . . You're absolutely alone facing an absolute unknown and there is absolutely nothing you can do about it . . . except give in.

Beverly: That's how I felt the first time I lost my virginity.  
 Brian: How was it the second time?  
 Beverly: Much easier.  
 Brian: There. You see? The real trouble with dying is you  
 only get to do it once.<sup>25</sup>

In a way, Brian reflects Parmigian's (Cold Storage) approach to dying--his determination to live fully up to that last second. And, in the last sentence of the passage just quoted, we get an echo of Max Silverman's (The Goodbye People) death scene. Dying is difficult for the human mind to comprehend, and we do have only one chance to do it right.

The Shadow Box ends with an antiphonal recitation that effectively sums up some of the stages of dying. In this passage we have echoes of Dr. Ross's interviews as the dying and their loved ones express their feelings. We hear denial, bargaining, and anger defined for us. We hear these people cry out their need for preparatory depression, and, in the last four lines, we hear acceptance:

Brian: People don't want to let go. Do they? They think  
 it's a mistake. They think it's supposed to last forever  
 . . . You don't expect it to happen to you.  
 Joe: But it happens anyway, doesn't it? It doesn't matter  
 what you do, you can't stop it.  
 Brian: You try.  
 Mark: You keep thinking, there's got to be some way out of  
 this.  
 Brian: You want to strike a bargain . . . make a deal.  
 Mark: You want to say no. . . .  
 Brian: Your whole life goes by--it feels it was only a minute.  
 Beverly: You try to remember what it was you believed in.  
 Mark: What was so important? . . .  
 Beverly: You want it to make a difference.  
 Maggie: You want to blame somebody.  
 Brian: You want to be angry.  
 Joe: You want to shout, "Not me!" . . .  
 Brian: And then you think, someone should have said it sooner.  
 Mark: Someone should have said it a long time ago.  
 Beverly: . . . this lifetime . . .  
 Brian: It doesn't last forever.  
 Maggie: A few days, a few minutes . . . that's all.  
 Brian: It has an end. . . .

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<sup>25</sup> Ibid., pp. 34-39.

Mark: This face.  
Beverly: These hands.  
Mark: This word.  
Joe: It doesn't last forever. . . . It was never supposed to  
last forever.  
Mark: This day.  
Maggie: This morning.  
Beverly: This afternoon.  
Mark: This evening. . . .  
Brian: They tell you you're dying, and you say all right.  
But if I am dying . . . I must still be alive.  
Joe: This smell, this touch.  
Beverly: This taste.  
Maggie: This breath.  
Brian: This moment.<sup>26</sup>

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<sup>26</sup>Ibid., pp. 82-85.

## CHAPTER 5

### ALL THE WORLD'S A STAGE

AND ALL THE MEN AND WOMEN MERELY PLAYERS.

THEY HAVE THEIR EXITS AND THEIR ENTRANCES . . .

Herb Gardner, author of The Goodbye People, has some pertinent comments to make on the art of playwriting:

Playwriting is an irrational act. It is the Las Vegas of art forms, and the odds are terrible. . . . Your days are spent making up things that no one ever said to be spoken by people who do not exist for an audience that may not come. The most personal thoughts, arrived at in terrible privacy, are interpreted by strangers for a group of other strangers. . . . God help me, I love it. Because it's alive. And because theatre is alive, exactly what is terrible is wonderful, the gamble, the odds. There is no ceiling on the night and no floor either; there is a chance each time the curtain goes up of glory and disaster, the actors and the audience will take each other somewhere, neither knows where for sure. . . . An audience knows [the theatre] is the last place they can still be heard, they know the actors can hear them, they make a difference; it's not a movie projector and they are not at home with talking furniture, it's custom work. . . . In a theatre, the ones in the dark and the ones under the lights need each other. For a few hours all of us, the audience, the actors, the writer, we<sup>1</sup> are all a little more real together than we ever were apart.<sup>1</sup>

Theatre remains a powerful medium of communication because it is "alive" and it is "custom work." The playwright is the person who provides the custom designed blueprint which is the basis of all theatre. He wears many different hats. He must be a storyteller, a scene designer, a director, and an actor, but his most important chore is character portrayal. A playwright

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<sup>1</sup>Gardner, pp. xii-xiii.

has to be able to pen words which will give birth to real identifiable people. The tools and methods he uses in this process are myriad, but two particularly important ones are empathy and observation. In most situations, these more than adequately serve the playwright, but the portrayal of a dying person presents a special challenge. The average person does not have many occasions to observe the dying process in his fellow human beings, particularly in today's world, where the dying are cloistered away from the mainstream of everyday life. The playwright's attempts at empathy are hampered by two things. One obstacle is the automatic denial mechanism that goes to work when one seriously contemplates one's own death. This writer feels that the denial mechanism is an inherent element of one's instinct for survival. The second obstacle to empathy is the fact that dying is a one time event in our lives. As Max Silverman points out in The Goodbye People, one gets no rehearsal for dying.

In spite of the challenge that portraying terminally ill persons represents, a large number of playwrights have undertaken those difficult portrayals in the last twelve years. Why? One possibility is the increased availability of data such as the interview transcripts found in Dr. Ross's books. Dr. Ross and her colleagues-in-print have provided new insights into the process of dying and have succeeded in raising the level of social awareness of the problems involved in relating to the terminally ill. Playwrights, made aware of this new dramatic material, have been using it effectively, therein making their contributions to raising the social consciousness in terms of the treatment of the dying, and providing further insights into the dying process.

Certainly, the three plays analyzed in this study do demonstrate insightful understandings of the dying process and the problems that revolve around the terminally ill. All three measure up well against Dr. Ross's five stages. The three plays, together, provide us with ample examples of the first three stages:

denial, anger, and bargaining. It has been mentioned before that these three stages are more easily scripted than depression and acceptance. To understand why, one must consider the tools of the theatre which the playwright uses. Basically, those tools are anything visual or audible. By definition, depression and acceptance are seldom audible and minimally visible. They are the stages characterized by withdrawal from earthly involvement, demonstrated by a lessening of interaction with people. Therefore, while these stages may be saturated with emotional and dramatic impact in reality, depression and acceptance remain difficult stages for the playwright to dramatize.

Of the three plays analyzed in this thesis, The Shadow Box most thoroughly captures all five of Dr. Ross's stages in its character portrayal. No one person is shown going through all five phases; the stages are divided up among the inhabitants of the three cottages. To say that The Shadow Box has the most comprehensive representation of all five stages is not, necessarily, to say that it has the best, most realistic character portrayal of all the plays. Each of the plays studied here has a worthy contribution to make in furthering our understanding of the process of dying and the problems which confront everyone involved in the process--those who minister to the dying, those who face bereavement, and those who face death. The three plays are not being measured against each other and rated as good, better, and best. Each play reflects a different perspective on the subject of death in contemporary American drama, and each one spotlights a different aspect of the subject matter.

If these plays were to be used for illustrative, instructional purposes, each one would have a different, but specific function.

As mentioned in chapter 4, The Shadow Box could have been written specifically to illustrate Dr. Ross's five stages. There is certainly ample internal evidence that Michael Cristofer was familiar with them when he wrote The Shadow Box, and that he has

a keen understanding of each one. The character portrayals are accurate, thorough, and dramatically interesting.

In Cold Storage, Ronald Ribman highlights the hopes, fears, and frustrations of cancer patients, particularly in terms of their hospital treatment. He provides keen insights into the problems and needs of long term hospital patients, whether dying or not--insights that could provide helpful lessons for anyone in the medical professions. The stages of anger and denial are abundantly represented in Cold Storage and are portrayed believably. In the character Parmigian we get glimpses of all five stages. Of the two main characters, he is the one that we know is dying. In the play, the verdict on Landau is not in; the results of his tests are not revealed. We see him denying the likelihood that he has cancer; Ribman does not show us a Landau who has been confronted with the news that he has only "x" number of months to live. Nor do we see, in Cold Storage, a Parmigian who is ready to move into a stage of acceptance. The segments of the lives of Parmigian and Landau that Ribman does show us are portrayed powerfully, plainly, and realistically.

In The Goodbye People, we are missing the stages of depression and acceptance. The other three stages--denial, anger, and bargaining--are abundantly apparent. There is a plot-related reason for this. Max Silverman is a heart patient. A heart patient may live with his disease for a long time, but he is not apt to be given the kind of notice before his death that a cancer patient gets. Preparatory depression and acceptance, because they involve gradual withdrawal from the outside world, come only when the patient is aware that he is "knocking at death's door," when he can see the end coming. For most heart patients, death is a time bomb that could go off anytime, and when it does, there is not likely to be time for the victim to work through depression and acceptance. Therefore, it is not logical to expect to see these stages in The Goodbye People. The other three stages are portrayed truthfully and entertainingly in the play. This play provides a lesson for the family and friends of a dying person.

It spotlights some of the typical responses of those who love and care about someone who is dying and who have trouble facing the fact or sharing the emotional process. From the prospective widow who begins grieving before the fact, through the friends who bring subway-purchased flowers and then fade away in the face of the fact, to the daughter who explodes in anger after the fact, we are provided with truthful and typical reactions.

It has been a scholastically satisfying experience for this writer to trace the complementary interrelationships between the scientific discipline of psychology and the artistic discipline of the drama. All three of the plays analyzed in this study help us to see into the hearts and minds of the characters portrayed. If art is, indeed, a reflection of the society that spawns it, then it is encouraging to note that our society is becoming concerned with the problems of the dying and those who are involved in the sharing of that process. In these plays dealing with the subject of death, there are lessons to be learned, solace to be found, and new ideas to be pondered.

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