**The Absurdity of Denial: Staging the ‘American Way of Death’**

Death denial is a psychological impulse and a cultural attitude that banishes thoughts about death and disavows the reality of personal mortality. In theatre, death denial can function as an unexamined philosophy and conditioning element unless it is foregrounded and challenged. In this article Adrian Curtin looks at two examples of American experimental theatre that did just that: a 1975 production of Dino Buzzati’s 1953 play *Un Caso Clinico* (*A Clinical Case*) and *Terminal* (1969-1971), a collectively created work by the Open Theatre. Buzzati’s play is little known, especially in English-language scholarship. This article pairs an obscure work with a canonical work in order to offer new insight into American experimental theatre of the early 1970s. It indicates how both productions contributed to the contemporaneous ‘death awareness’ movement, which opened up matters relating to death and dying. These productions highlighted the illogicality and absurdity of death denial, exposing the delusional basis of this attitude and its potentially damaging effects on the individual and society. Adrian Curtin is a Lecturer in the Drama department at the University of Exeter. He is the author of *Avant-Garde Theatre Sound: Staging Sonic Modernity* (Palgrave, 2014) and multiple essays on theatre sound, musical performance, and modernism. He is the 2015 winner of the Early Career Research Prize, awarded by the Theatre and Performance Research Association.

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I’ll die, yes. I’ll die all right. In forty, fifty, three hundred years. Or even later. When I want to, when I’ve got the time, when I make up my mind.

—Eugène Ionesco, *Exit the King.*[[1]](#endnote-1)

Death denial is a psychological impulse and a cultural attitude that banishes thoughts about death and disavows the reality of personal mortality. In theatre, death denial can function as an unexamined philosophy and conditioning element unless it is foregrounded and challenged.[[2]](#endnote-2) This article looks at two examples of American experimental theatre that did just that: a 1975 production of Dino Buzzati’s play *Un Caso Clinico* (*A Clinical Case*, 1953) and *Terminal* (1969-1971), a collectively created work by the Open Theatre, co-directed by Joseph Chaikin and Roberta Sklar, with a text prepared by Susan Yankowitz. The Italian-born Buzzati (1906-1972) is principally known as a novelist and short-story writer. His play *Un Caso Clinico* is little known and has received scant scholarly attention. It has not been published in English translation. Based on his 1937 short story ‘Sette Piani’ (‘Seven Floors’), it was first staged at the Piccolo Teatro in Milan in 1953. Albert Camus adapted it as *Un Cas Intéressant* (*An Interesting Case*) for a production at the Théâtre la Bruyère in Paris, directed by Georges Vitaly, in 1955.[[3]](#endnote-3) Martin Esslin produced a radio version of it in 1961 for the BBC’s ‘Third Programme’.[[4]](#endnote-4) In 1975 it received its English-language US stage premiere in a production by the Theatre of Involvement, a Minneapolis-based group, directed by Phillip Zarrilli.[[5]](#endnote-5) This version of the play will be examined here. Terminal, in comparison, is well known; indeed, it is one of the Open Theatre’s most famous works. This article pairs an obscure work with a canonical work in order to offer new insight into American experimental theatre of the early 1970s.[[6]](#endnote-6) Zarrilli’s production, which featured non-realist staging elements, was part of an experimental theatre programme associated with the United Ministries of Higher Education that sought to present audiences with challenging and unconventional material. The Open Theatre was experimental in terms of Chaikin’s psychophysical approach to actor training, the collective creation process by which new work was generated, and the way the company sought to use the actor’s ‘presence’ and the distinctive possibilities of theatre as an art form to connect ‘authentically’ with an audience.

This article indicates how these productions contributed to the contemporaneous ‘death awareness’ movement, which opened up matters relating to death and dying (exemplified by Elisabeth Kübler-Ross’s book On Death and Dying, published in 1969).[[7]](#endnote-7) Both *A Clinical Case* and *Terminal* highlight the illogicality and absurdity of death denial, exposing the delusional basis of this attitude and its potentially damaging effects on the individual and society. Buzzati is associated with absurdism, and his play exemplifies this genre, identified by Esslin in his landmark study on the theatre of the absurd.[[8]](#endnote-8) The Open Theatre’s Terminal is not an absurdist piece, but it nonetheless engages the absurdity of death denial in its examination of cultural attitudes and social practices relating to mortality. This analysis shows how these productions offered mordant social commentary by questioning personal mortality and challenging prevailing orthodoxies through the presentation of fantastical, theatrically arresting, and sometimes morbidly funny scenarios.

**Debating Death Denial**

In psychoanalytic writing the principle of death denial has not been considered problematic or something that must be corrected. In a 1943 article published in *The Psychoanalytic Quarterly* the Ukrainian-American psychoanalyst Gregory Zilboorg stipulates that ‘the fear of death is always present in our mental functioning’, but he regards it as an ‘instinct of self-preservation’ that one must generally suppress to cope with the business of living. ‘If this fear were as constantly conscious, we should be unable to function normally’, he proposes. ‘It must be properly repressed to keep us living with any modicum of comfort’.[[9]](#endnote-9) It would do us no good to be constantly fretting about our personal mortality, Zilboorg maintains. We are therefore inclined to operate in a subjunctive psychological mode, behaving ‘as if’ our lives will continue apace, at least for the foreseeable future, and that our days are not ultimately numbered.[[10]](#endnote-10) Zilboorg elaborates:

[In] normal times we move about actually without ever believing in our own death, as if we fully believed in our corporeal immortality. We are intent on mastering death. We work out medical problems of longevity; we indulge in planning for the remote future of our family, our country, humanity as a whole; we marshal all the forces which still the voice reminding us that our end must come some day, and we are suffused with the awareness that our lives will go on forever.[[11]](#endnote-11)

Zilboorg indicates that a certain amount of self-deception in relation to personal mortality is understandable and not necessarily a bad thing.

Ernest Becker follows suit in his study *The Denial of Death*, first published in 1973. Becker, a Jewish-American cultural anthropologist, claims that consciousness of death is the primary repression, not sexuality (pace Freud), and that ‘[repression of death] is the repression on which culture is built, a repression unique to the self-conscious animal’.[[12]](#endnote-12) Becker builds on Zilboorg’s claims, noting how repression of the fear of death is a learned childhood behaviour that is made to seem natural and proper. He is keen to emphasize the vital importance of having a robust psychological defence against the existential threat posed by human frailty and the prospect of personal extinction. In a passage that has special bearing on the theatrical examples discussed in this article, he muses:

What would the average man do with a full consciousness of absurdity? He has fashioned his character for the precise purpose of putting it between himself and the facts of life; it is his special *tour-de-force* that allows him to ignore incongruities, to nourish himself on impossibilities, to thrive on blindness. He accomplishes thereby a peculiarly human victory: the ability to be smug about terror.[[13]](#endnote-13)

The dramatists and theatre-makers featured in this article address the question that Becker poses. They magnify incongruities, impossibilities, and intentional blindness relating to death, undermining ontological security. In so doing, their work implicitly critiques a widespread culture of death denial, notwithstanding the supposed psychological benefits of this practice.

Theatre artists were not alone in making this criticism. Some anthropologists and historians have been notably critical of death denial, which they regard less as a psychological defence mechanism than as an ideology and set of social practices. In 1955, the English anthropologist Geoffrey Gorer likened the contemporary attitude to death to that of pornography: both were aspects of human experience ‘treated as inherently shameful or abhorrent, […] never discussed or referred to openly, and experience of [them] tends to be clandestine and accompanied by feelings of guilt and unworthiness’.[[14]](#endnote-14) Gorer observes that ‘whereas copulation has become more and more “mentionable,” particularly in the Anglo-Saxon societies, death had become more and more “unmentionable” as a natural process’.[[15]](#endnote-15) Indeed, in Gorer’s view, the natural processes of corruption and decay had become ‘disgusting’, like the processes of birth and copulation had been considered a century prior; attention given to the natural process of dying was now deemed ‘morbid and unhealthy, to be discouraged in all and punished in the young’.[[16]](#endnote-16) Death denial was regularly conducted as a matter of course, Gorer remarks, and was evident in mortuary practices as well. ‘The ugly facts [about death and dying] are relentlessly hidden; the art of the embalmers is an art of complete denial’.[[17]](#endnote-17) The connection between embalming and death denial is addressed in the Open Theatre’s *Terminal*.

The French historian Philippe Ariès is probably the best-known proponent of the death denial thesis as it pertains to western modernity. In the 1970s Ariès made the case for death in the modern western world being ‘invisible’ and ‘unreal’, driven into secrecy and made taboo by the hospitalisation of the dying, the medicalization of death, and the displacement of the dead to the margins of society. Ariès suggests that the sensibility of the age was one in which, excepting the death of statesmen, death had been ‘banished’ and made to seem indecent (echoing Gorer). He writes:

It is no longer acceptable for strangers to come into a room that smells of urine, sweat, and gangrene, and where the sheets are soiled. Access to this room must be forbidden, except to a few intimates capable of overcoming their disgust, or to those indispensible persons who provide certain services. A new image of death is forming: the ugly and hidden death, hidden because it is ugly and dirty.[[18]](#endnote-18)

Ariès notes that dissimulation had become commonplace in matters involving the dying: people lie to one another and to themselves, refusing to acknowledge the reality of the situation. ‘The dying person and those around him continue to play a comedy in which “nothing has changed,” “life goes on as usual,” and “anything is still possible”’.[[19]](#endnote-19) He contends that ‘the hidden death in the hospital, which began very discreetly in the 1930s and 40s and became widespread after 1950’ had become the norm.[[20]](#endnote-20) Ariès writes about how the hospital facilitates the secretive and solitary way in which dying tends to occur in the modern West; it had become the accepted, and the expected, place where dying takes place – ‘the scene of the normal death’, as distinct from the home.[[21]](#endnote-21) Medical professionals manage the dying process, affect its duration, and take it out of the patient’s hands, as it were. They make it possible for the dying person to be minimally aware, or even unaware, of the fact that they are dying. Ariès notes that by the middle of the twentieth century this lack of consciousness about death was seen as desirable. Evidently, in some cases, dying people do not want to know that they are dying; they just want to ‘slip away’, to use a euphemism. ‘It may be desirable to die without being aware of it, but it is also correct to die without anyone else being aware of it either’, he remarks dryly.[[22]](#endnote-22)

Scholars have critiqued Ariès’ history of death in the West, which stretches over a thousand years, questioning his methodology, evidence, and conclusions.[[23]](#endnote-23) These criticisms will not be rehearsed here. It stands to reason that generalising about attitudes to death in the modern West is problematic and can lead to reductive thinking, inaccuracies, bias, and lack of consideration of national/cultural differences (the West is not monolithic, after all, and personal circumstances, beliefs, and economic situation are obviously crucial factors in shaping attitudes and experiences). Ariès’ observations about death denial are probably best considered as providing insight into a *potential* social or personal attitude rather than an all-encompassing worldview. There can be no single, overriding mentality about death in the twentieth century or at any other time.[[24]](#endnote-24) Yet this does not discount death denial as a potential, and possibly not uncommon, behavioural and cognitive mode that people may share across national boundaries. Death denial may not be unique to modernity, but this does not make it chimerical or merely a psychological reflex. The fact that dramatists and theatre-makers of various nationalities took up this theme indicates its discursive legitimacy and reach. These artists contributed to the discourse about death denial by creating pieces about mortality that encouraged audiences to question personal beliefs and social practices. Their work provides unusual angles on death denial, potentially provoking reconsideration of it.

**Evasive Manoeuvres in *A Clinical Case***

Buzzati’s A Clinical Case is a Kafkaesque take on common anxieties about the medical profession, and in particular about the hospital as an institution. It dramatizes the fear that one can enter a hospital with a minor complaint and end up much worse off – even dead. Consequently, it speaks to Ariès’ critical perspective of the modern medicalization of death and dying, and how patients and doctors participate in, and help to shape, a culture of denial and dissimulation. The play concerns a rich and career-obsessed businessman, Giovanni Corte, who is led to visit a nearby clinic to treat the aural hallucinations he has been experiencing. The facility is configured in a highly stratified manner: patients kept on the seventh floor have only minor ailments, those on the floor below them are slightly more seriously ill. Each of the lower floors is similarly gradated in terms of patient health; the ground floor is for terminal patients. Corte starts out on the seventh floor but through a series of ostensibly innocuous events (administrative shuffling and the like), and despite – or perhaps because of – his health, he keeps getting moved down the hospital floors until, disastrously, he reaches the bottom and his fatal spiral is complete. Corte’s descent is grimly amusing: one guesses what is going to happen, but the way in which he gradually loses ground is deviously engineered. It is not entirely clear whether Corte’s death was inevitable, or, more sinisterly, whether the ‘system’ failed him and brought about his death. The former scenario suggests a fatalistic, nihilist outlook in which ‘man’ is a plaything of chaotic forces (an absurdist theme); the latter indicates an indictment of a social attitude, politics, and institutional bureaucracy. Esslin remarks: ‘[In] the hospital, with its rigid stratification, Buzzati has found a terrifying image of society itself – an impersonal organization that hustles the individual on his way to death, caring for him, providing services, but at the same time distant, rule-ridden, incomprehensible, and cruel’.[[25]](#endnote-25)

Both Corte and the medical professionals who treat him engage in avoidance and obfuscation of one kind or another. Corte is initially unwilling to consult with any doctor about his aural hallucinations and is only cajoled into doing so, visiting the clinic as a ‘tourist’ rather than a prospective patient. After he is admitted he is adamant that he belongs on the seventh floor, and will be returned to the seventh floor, even as he progressively gets further and further away from it. At first he approves of the clinic’s ‘modern methods’, its way of grouping patients with similar degrees of relative (ill-)health. He thinks the system will keep him safe, as he tells his secretary: ‘It seems that this way […] there is no longer the danger that a slightly ill person, like me for example, is exposed to a death in the next room. It’s not impossible that seeing someone in that condition could bring about a worsening in one’s own condition’.[[26]](#endnote-26) Corte fervently holds onto the belief (or fantasy) that he is only slightly ill, and his doctors enable him in this regard. Dr. Claretta, the clinic’s assistant director, initially informs him that that he has nothing – or ‘almost nothing’ – to worry about and that his aural hallucinations are ‘a syndrome, if anything, of the most trivial kind’.[[27]](#endnote-27) He nevertheless recommends a complete examination. Dr. Schroeder, the clinic’s director, is equally cagey and underplays the seriousness of Corte’s case, while quietly impressing on him the need for action.

CORTE: Then you found something? Serious?

SCHROEDER: Serious, slight, serious…expeditious words. If life were

equally simple and expeditious! Serious…serious… Why force ourselves to definitions that do not bring any practical results? We rather retain that in a very short time everything will return to normal (*in a low voice*)…after a brief operation.[[28]](#endnote-28)

Corte cannot get a straight answer from the doctors about his unnamed condition and continues to get the run-around after he has surgery. Claretta spouts medical gobbledygook that sounds like it might mean something, but actually doesn’t:

CLARETTA: This voice could very well come from within you, right? It

could be a phenomena of pathological erethism…explainable in the end…explainable by the inevitable bearing of the cerebral sector on the pathological case…if one were to give for example, a syndromatic picture…[[29]](#endnote-29)

Insidiously, Claretta and the other hospital staff make it seem as though Corte has agency and is the one who is making the decisions about which floor of the hospital he should be on (reinforcing the connection to absurdism). ‘You are the master’, Claretta tells him. ‘I have only given you an unbiased picture of the situation’.[[30]](#endnote-30) Claretta nonetheless continually explains (away) Corte’s current floor location, or else makes the case for why it would be better if Corte were on the floor below. It is not until Corte reaches the second floor that a hospital staff member is forthright with him.

NURSE: The Schroeder method…hypocrisies…they don’t have the

courage to say things as they really are. The Schroeder method…to arrange these tricks. The director is a genius. He should have been a politician. The things they tell… […] Always a new lie, more subtle, more difficult![[31]](#endnote-31)

By the time Corte has descended to the ground floor he recognizes that the system has defeated him: ‘With graciousness and grins they destroyed me…the doctors’, he laments. ‘A…a lion…I was a lion…and now…now a little lamb…. This trip is absurd’.[[32]](#endnote-32)

**Death-by-Hospital**

Corte’s trip down the hospital floors *is* absurd and fantastical, as are other elements in the play. The character of Schroeder emerges as an all-powerful, demonic puppet-master figure, operating in the shadows.[[33]](#endnote-33) Claretta tells Corte that Schroeder’s ‘beneficent force radiates outward’ but that ‘[the] master [i.e. Schroeder]…reigns, so to speak, between the first and second floors’, indicating why it might be advantageous for a patient to be located therein.[[34]](#endnote-34) At one point Claretta makes light of Corte’s concerns, and jokingly admits that the whole operation is a sham.

CLARETTA: You are aware, right? That it is all a plot? You know that you

are in excellent health and don’t need any operations…and you would let Schroeder use his medical instruments on you? This is too much you know! But do you know who Schroeder is? He is a bag of wind. A butcher with a heavy hand! Questionable whether he can even perform appendicitis! But he has a fine barbarian name that people have a hard time pronouncing and so everybody bows to him![[35]](#endnote-35)

In parodying Corte’s fears Claretta works to negate them, using charm and guile. Claretta and the rest of the hospital staff are presented as caricatures and ciphers, collectively out to ‘get’ Corte, even though they profess to act in his best interest.

Buzzati depicts the hospital as a nightmare zone, especially on the ground level, where the lights are turned off and the blinds pulled down after a patient’s death. It is also suggested that there are supernatural forces at work, connected to the hospital. Corte’s aural hallucinations, which prompt the series of events, are of a woman’s voice; a mysterious female figure also visits his office. Corte’s mother says she can hear this woman too, and implies she is a premonition of Corte’s death. ‘I had hoped when I heard her come the first time that it was for me’ she says. ‘Or at least for…for someone else. Instead it was for him’.[[36]](#endnote-36) Corte’s mother tells Claretta that the woman in question has entered the house and is in the closet. When Claretta opens it he says it is empty, but the stage directions state that ‘*inside is a woman wearing a dark frock, knitting or sewing rapidly*’.[[37]](#endnote-37) In the final scene, Corte’s mother, who has come to visit her dying son, says that the attending nurse, who is *‘[knitting] feverishly against the light*’, is the same woman who entered the house; the nurse disappears once she sees Corte’s visitors.[[38]](#endnote-38) It is implied that she is an angel of death/siren figure who has been calling to Corte and leading him to his end, and that the hospital has helped to facilitate his downfall.

This fantastical element of the play offers a quasi-mythological sensibility that subverts the logic and rationale of modern medicine, suggesting that the doctors are not as omnipotent as they appear, or would like to believe. Ariès argues that the ‘triumph of medicalization’ in the twentieth century is marked by the transformation of death from something that was formerly considered (relatively) instantaneous to a potentially protracted, multiple-stage process, managed and overseen by hospital staff. ‘The doctor cannot eliminate death’, Ariès notes, ‘but he can control its duration, from the few hours it once was, to several days, weeks, months, or even years’.[[39]](#endnote-39) Medical professionals have taken charge of death, Ariès declares, and subsumed it into an all-encompassing organisational-bureaucratic complex.

For death has been brought under control in order to reconcile an accidental, sometimes inevitable phenomenon with the psychological security of the hospital. […] Death no longer belongs to the dying man, who is first irresponsible, later unconscious, nor to the family, who are convinced of their inadequacy. Death is regulated and organized by bureaucrats whose competence and humanity cannot prevent them from treating death as their ‘thing’, a thing that must bother them as little as possible in the general interest.[[40]](#endnote-40)

Ariès is clearly biased against the medical profession, and his blanket statements do not allow for much nuance or complexity, but he articulates a familiar conception of the hospital as a place associated with death and dying, where patients lack agency, are lied to, and made subservient to the dictates of those who treat them. This conception may not be accurate or universally true, but aspects of it circulate in the popular imaginary.[[41]](#endnote-41) Buzzati’s play invokes this conception, even as it suggests that modern medicine is an instrument of larger cosmic forces that ensnare humankind.[[42]](#endnote-42) Buzzati satirizes the figure of Corte, a businessman who thinks he is control of his life and would like to deny that there is anything wrong with his health; the playwright also satirizes modern medicine, which is shown to use evasive manoeuvres to string patients along, avoiding honest exchanges. Despite the declared altruism and scientific principles of its staff, the hospital in this play functions as a factory-line for death.

**Historical Resonance**

Buzzati’s dystopian vision of a medical facility in which patients are seemingly marked for death upon entry and shuttled along to their inevitable extinction, despite official protestations to the contrary, connotes the spectre of the Holocaust. It would be far-fetched to claim that the play is an allegory of the Holocaust, but it does recall it. To put it another way, the Holocaust inflects interpretations of the play. The fascistic character of Dr. Schroeder (with his Germanic-sounding name) encourages this line of thought, as does Buzzati’s depiction of Corte’s dehumanisation under the protocols of scientific method, rationality, and an all-encompassing bureaucratic operation. Buzzati uses satire to dramatize the proverbial banality of evil in the context of modern medicine, as exemplified by Schroeder’s ‘method’, which seems inhuman and perverse. Writing about the Holocaust, Zygmunt Bauman proposes that ‘it was the spirit of instrumental rationality, and its modern, bureaucratic form of institutionalization, which had made the Holocaust-style solutions not only possible, but eminently “reasonable” – and increased the probability of their choice’.[[43]](#endnote-43) In Buzzati’s play, Corte’s transformation into a ‘bureaucratic object’ against his will connotes the victims of the Holocaust. [[44]](#endnote-44) Likewise, Buzzati’s nightmarish presentation of the hospital as an unacknowledged engine of corpse production is reminiscent of the Nazi death camps.

Additionally, one could interpret Corte’s fateful descent down the hospital floors in light of Heidegger’s notion of Being-towards-Death, the ‘idea of death as the ontological foundation of totality’, which he articulates in *Being and Time* (1927), and which fascism embraced.[[45]](#endnote-45) However, Corte’s situation does not entirely align with this notion, and relating it to the Holocaust also requires qualification. As Todd Samuel Presner contends, ‘Although the inmates in the concentration camps existed every second of every day toward death as a permanent possibility, their death does not count as authentic [in the Heideggerian sense] because it conferred no individuality’.[[46]](#endnote-46) Instead, the Holocaust signalled a new, terrible form of ‘Being-toward-*mass*-death’, to adapt Heidegger’s phrase, whereby ‘the potentiality of anonymous mass death is now a potentiality of being’.[[47]](#endnote-47) This does not directly map onto *A Clinical Case*, which concerns the loss of agency and the implied deathof a named individual, not an anonymous mass. The play also does not concern genocide or state-sponsored killing. And yet, after Auschwitz, the play’s sly insinuation of modern, scientific, institutionally assisted killing has unsettling historical resonance.

The production history indicates that Buzzati’s play acquired new cultural resonance decades after it was first performed. A press release for the 1975 American production situates it in the context of contemporaneous discourse about death and dying in society, as represented by some key texts on the subject. It includes the following statement:

Given the recent publication of Elizabeth Kubler-Ross’ outstanding and provocative study, *On Death and Dying*, and other widely read books such as Ernest Becker’s *The Denial of Death* (Pulitzer Prize Winner of 1974), Buzzati’s play seems particularly timely today. As the play traces Corte’s confrontation with his own death, we see unfolded the dynamics of every person’s denial of their own death.[[48]](#endnote-48)

A production note in the programme reproduces a quotation from Zilboorg’s article on the fear of death, cited earlier, concerning the observation that ‘in normal times we move about […] without ever believing in our own death’.[[49]](#endnote-49) The production clearly aimed to tap into the cultural zeitgeist surrounding death awareness, a movement that involved exposing personal neuroses as well as institutional ideologies and mendacity. Buzzati’s play is set in Italy, but this production made the play resonate for an American audience. Evidently, the theme of death denial travels well. In a letter written to a prospective publisher, Zarrilli, who also helped to adapt the text, states how the aim was to create ‘a stage version which would be playable for an American audience on the American stage’; he mentions that some cuts were made to the text in order to ‘keep the contemporary value of the script alive, for *the deeper issues of the script remain living realities*’.[[50]](#endnote-50) This was not museum theatre; on the contrary, the production engaged the present-day, albeit through a glass, darkly.

In a 2016 interview, Zarrilli offered the following historical contextualisation of the production:

In that period there was so much…the government lying…everything was hidden. Look at Watergate, look at the lies about the Vietnam War, about the whole military-industrial complex, about the civilian deaths in Vietnam, the napalming… You start looking at the social awakening going on… Death was everywhere. I felt, as a relatively young person, not very hopeful. I think a part of it [i.e. the production] was…*wake up*! Look at the world that’s around us! How many lies are there? What’s hidden? What’s revealed? When? By whom? What are the power dynamics of that? Who’s holding the power?[[51]](#endnote-51)

Buzzati’s depiction of medical deception thus had allegorical resonance with other forms of institutional duplicity, Zarrilli suggests. The play’s presentation of a character who is used to being in control of things and thinks he has agency, but discovers that he has only had the *illusion* of agency and has in fact been swindled by the system, had special valence for American audiences who were becoming increasingly aware of a range of deceptive practices, including, but not limited to, issues relating to health and mortality.

Zarrilli’s suggestion that ‘death was everywhere’ at the time is illuminating, though it would seem to contradict the death denial thesis. However, it is possible that one could have had the sense that ‘death was everywhere’ despite death denial also being in effect. The 1960s brought a great amount of violent deaths into American public life by way of assassinations, political protests, and the war in Vietnam.[[52]](#endnote-52) The Cold War had also stoked the possibility of nuclear Armageddon. Television beamed images of violent death in Vietnam into people’s homes, though, according to Jennifer C. Malkowski, footage of death in Vietnam was actually quite rare, and was censored by the television networks. ‘For all they did show, the networks were nevertheless an obstacle in screening death; still beholden to their advertisers and wary of presenting controversial material, they seemed to volunteer censorship beyond what was sometimes asked of them by the government’.[[53]](#endnote-53) This gave rise to the possibility of a skewed, racist perception of death. Robert Fulton and Greg Owen suggest that one of the ‘messages’ or ‘motifs’ about death that was conveyed, particularly for those who grew up during the Vietnam War, was that

when [death] actually occurred, [it] occurred elsewhere and mostly to foreigners, to “gooks,” or to people alien to ourselves in appearance, language, and national ideology. With rare exception during this period of time (the Kennedy assassinations, Lee Harvey Oswald’s murder), was the death of an American citizen ever presented on television. Accident and disaster victims always were shown with their bodies covered. Discrete avoidance of the corpse was the more typical practice. […] The death of ordinary citizens […] receded from view, and for a whole generation of young people, if death was seen at all, it was observed at a distance through the opaque glass of a television screen.[[54]](#endnote-54)

Zarrilli’s production of *A Clinical Case* and the Open Theatre’s *Terminal* offered striking counter-examples to this slanted view of death. This experimental theatre-making offered a corrective to forms of media distantiation and encouraged a more open and honest discussion about mortality.

Zarrilli’s production, which was mounted on a shoestring budget, made a virtue of the strange aesthetic blend of Buzzati’s play, referred to in the press release as ‘a mixture of sober reality and absurd incongruities’.[[55]](#endnote-55) This chimes with the ostensibly contradictory way in which death was putatively both pervasive and denied at the time. The production aesthetic was notably stylized in several respects, as indicated in Zarrilli’s outline of his directorial approach.[[56]](#endnote-56) The production featured a preliminary sequence that juxtaposed the mundane reality of Corte’s business life with the ‘grotesque’ world of the hospital personnel via contrasting music and choreography. Some of the parts were double and triple cast (e.g. two women were used to play the phantom woman/nurse figure). The set was ‘presentational’ and minimalist. It made use of a variety of boxes in different configurations, along with semi-realistic props (e.g. a functional telephone without its cord). The colour scheme of the set and costumes was predominantly black and white. White make-up was used for the hospital staff (Schroeder’s make-up was especially exaggerated and included black eye make-up). The actors playing the mysterious female figure spoke chorally and were made up with one half of their faces in white and the other half in black. [Images 1-3 near here]

Zarrilli’s juxtaposition of ‘the realistic and the quasi-absurd or grotesque’ in this production (which took place at a venue that was also used for religious services) registers Buzzati’s intermingling of the ordinary and the extraordinary, the bureaucratic and the mythological, the modern and the pre-modern, the local and the (notionally) universal.[[57]](#endnote-57) This peculiar aesthetic allowed for the possibility of perceptions about death, and death denial, to be revealed anew and changed, or at least questioned. A reviewer remarked:

It is never entirely clear in this Kafkaesque work whether the doctors and staff of the clinic are actively bent on reducing their patients from good health to an invalid state to death, or whether their patients are gradually done in simply by incompetence and inflexible, arbitrary rules. […] Nor is it ever obvious whether the audience is supposed mainly to laugh or worry.[[58]](#endnote-58)

The reviewer might have intended this as a criticism, but there is merit in theatre that cultivates ambiguity and uncertainty about how to respond to difficult subject matter such as personal mortality and its attendant social conventions. American experimental theatre-makers sought to present audiences with hard truths about their lives, and their deaths, by troubling existing practices and beliefs and encouraging complex responses.

***Terminal* and the ‘American Way of Death’**

A collage of scenes generated through research and devising, the Open Theatre’s *Terminal* offered a meditation on human mortality as well as an indictment of conventional mortuary practices and stultifying modes of thinking and patterns of behaviour.Like Zarrilli’s production of *A Clinical Case*, the Open Theatre was in conversation with social critics writing about mortality. However, *Terminal* put more emphasis on the funeral industry. It thereby exposed a different type of death denial and absurdity.

A 1970 feature article in *The New York Times* provides insight from Chaikin about the piece:

“‘Terminal’ is about a conspiracy to make death relevant only to others, never to oneself,” says Chaikin, “a conspiracy to conceal that we will all die. If one doesn’t think one will die, it’s perfectly plausible to drift, to avoid making decisions, to be caught up in the momentum of making money. When we were creating ‘Terminal,’ we realized we were in it now. What we are tomorrow is what we are today.”[[59]](#endnote-59)

Sklar offers a similar rationale in a 1971 interview in *TDR*:

We wanted to meet with the spectator around the same issues that we had met with one another for a year—the assumption that there is a prescribed attitude toward death, that there is a prescribed way of dealing with it, which is **not** dealing with it.[[60]](#endnote-60)

Sklar says that one of the things the company wanted to explore in this piece was the ‘subjective aspects of the American way of death’.[[61]](#endnote-61) The phrase ‘the American way of death’ is the title of a best-selling book by Jessica Mitford, published in 1963, which offers a pungent critique of American attitudes and practices in relation to death and dying. Mitford, an English writer and journalist, lambastes the American funeral industry, revealing it to be typically extortionist, exploitative, obscene, and rooted in an ideology of death denial. (Mitford’s cultural background likely informed her outlook.) She charges those in charge of this industry with perpetrating ‘a huge, macabre and expensive practical joke on the American public’ by providing unnecessary and dubious services, including deluxe caskets, tailored burial clothing, embalming, cosmetic work on the deceased, floral displays, and ornate burial grounds.[[62]](#endnote-62) The ‘funeral men’, as she calls them, ‘have constructed their own grotesque cloud-cuckoo-land where the trappings of Gracious Living are transformed, as in a nightmare, into the trappings of Gracious Dying’.[[63]](#endnote-63) The funeral has become an exorbitant and gaudy piece of theatre, Mitford suggests, with the funeral director (formerly known as the undertaker) running the show and making a killing in the process. Mitford, in arch fashion, writes:

If the undertaker is the stage manager of the fabulous production that is the modern American funeral, the stellar role is reserved for the occupant of the open casket. The decor, the stagehands, the supporting cast are all arranged for the most advantageous display of the deceased, without which the rest of the paraphernalia would lose its point—*Hamlet* without the Prince of Denmark. It is to this end that a fantastic array of costly merchandise and services is pyramided to dazzle the mourners and facilitate the plunder of the next of kin.[[64]](#endnote-64)

In Mitford’s view, the American funeral industry was built upon a web of expensive lies, circumlocutions, and euphemisms, ‘dressing up’ death to make it seem less frightening, and supposedly easier to bear, for the living. This is a dodge, Mitford suggests, and a racket. The language used by industry practitioners tellingly avoids words that are too frank, including, daftly, the word ‘death’ itself. Here Mitford paraphrases *Basic Principles of Funeral Service*, an instructional book written by Victor Landig, a funeral director, in 1956:

[Landig] enjoins the reader to avoid using the word “death” as much as possible, even sometimes when such avoidance may seem impossible; for example, a death certificate should be referred to as a “vital statistics form.” One should speak not of the “job” but rather of the “call.” We do not “haul” a dead person, we “transfer” or “remove” him—and we do this in a “service car,” not a “body car.” We “open and close” his grave rather than dig and fill it, an in it we “inter” rather than bury him. This is done, not in a graveyard or cemetery but rather in a “memorial park.” The deceased is beautified, not with makeup, but with “cosmetics.” Anyway, he didn’t die, he “expired.”[[65]](#endnote-65)

This discourse, and its associated practices, allowed for a culture of death denial to thrive and become profitable. The reality of death was circumvented and replaced by a strange un-reality in which the dead were made to star in an elaborate and arguably misguided fantasy.

Mitford takes aim at the practices of embalming and ‘beautifying’ the deceased to make the dead body seem more ‘natural’ and life-like. She notes that no law requires embalming, as is assumed to be the case, ‘no religious doctrine commends it, nor is it dictated by considerations of health, sanitation, or even of personal daintiness’.[[66]](#endnote-66) Nonetheless it had become *de rigueur*, although the actual process was not well understood; indeed, there is still ignorance today about what is done to a corpse to make it more ‘presentable’ for an open-casket display. Mitford gives a pithy overview:

Alas, poor Yorick! How surprised he would be to see how his counterpart of today is whisked off to a funeral parlor and is in short order sprayed, sliced, pierced, pickled, trussed, trimmed, creamed, waxed, painted, rouged and neatly dressed—transformed from a common corpse into a Beautiful Memory Picture.[[67]](#endnote-67)

The embalming process is discussed and acted out in a section of *Terminal*. A character called ‘the Embalmer’ explains the procedure to the audience, while an ensemble member ‘*illustrates the process in mime and gesture*’ using the body of another ensemble member, who lies inert.[[68]](#endnote-68) There is no obfuscation here. The facts of embalming are laid bare. The embalmer explains how a tube is inserted into the body to drain the blood, and another tube inserted to replace the blood with embalming fluid. He states how an incision is made in the central abdomen to remove the vital organs, which are replaced by cotton batting, like that used in upholstery, to retain the body’s original dimensions. He then reports on the ‘cosmetological’ procedures:

Lip slip occurs as fluids drain from the upper lip, causing it to recede, forming a sneer. This is unsightly for those viewing the body, so we stitch the lips together into a more attractive expression. We cut out swollen facial tissue and fill the sunken cheeks by injecting massage creams into them. We then apply conventional makeup, such as rouge and lipstick, to create a natural, lifelike glow.[[69]](#endnote-69)

This is an awful lot of work – an awful lot of unpleasant, violent, intrusive work, it must be said – to mask the reality of what a recent corpse looks like and make it better resemble the body of a living person. It is something of an absurdity, if not an obscenity (although it can also be a political act, as in the case of Lenin, for instance). In an abridged version of *Terminal* broadcast on American television in 1970 an embalming scene is presented in the manner of a TV news report.[[70]](#endnote-70) The Embalmer adopts the persona of a news reporter and delivers his piece to camera, while behind him team members ‘work’ on two prostrate bodies. Curiously, and rather disturbingly, one of the supposedly dead bodies shows signs of life and vocalizes his distress at the mimed actions that are being done to him. This has the effect of highlighting the intrusiveness of the process and making the physical interventions more viscerally apparent for the viewer, who is thus able to imagine what the process might feel like – even though such a thing could not take place in reality. Ironically, as Mitford notes, one of the arguments made for embalming was that it protected against the possibility of accidentally being buried alive. She glibly remarks: ‘How true; once the blood is removed, chances of live burial are indeed remote’.[[71]](#endnote-71) *Terminal* undercuts this assurance with its presentation of a live ‘*victim*’ of embalming, who ‘*screams and writhes*’ before growing silent once his mouth is sewn shut, as stated in the stage directions.[[72]](#endnote-72) Like Buzzati’s play, *Terminal* intermixed reality with macabre fantasy in order to startle audience members and encourage them to re-think what they knew, how they lived their lives, and what they wanted to have happen at the end.

The presentational aesthetic of the piece aided its critique of a culture of death denial. The musical instruments used were basic, taking the form of harmonicas, tambourines, drums, and sticks. The performers were costumed in simple white garments and wore no make-up, jewellery, or shoes (unlike the cosmetic procedures imposed on the deceased, demonstrated in the piece). Per the stage directions, lights were to be hung in plain view of the audience; nothing was to be hidden or disguised, including props, though everything could be re-purposed. Blackouts were used to ‘*delineate distinct thematic areas, but also [to] provide a stylistic counterpart to the cycle of life and death, presence and absence*’.[[73]](#endnote-73) *Terminal*’s down-to-earth, minimalist aesthetic offset the inauthenticity and gimmickry of the ‘American way of death’ and revealed its patent absurdity.

**Absurdity & Defamiliarization**

Although one would not classify it as absurdist theatre, *Terminal* nevertheless contains elements that are markedly absurd. One scene, entitled ‘The Runner Who Never Gets Started’, features a runner who ‘*runs with the top half of his body only*’.[[74]](#endnote-74) This person is going nowhere fast. In ‘The Initiation’, a ‘new arrival’ is approached by ensemble members and either slapped or embraced. ‘*There is no apparent reason for their choice*’, the stage directions state.[[75]](#endnote-75) Disequilibrium and estrangement are provoked in this scene, which resembles human (de-)programming. Sklar explains:

“The Initiation” is something that I think of as a slap-kiss scene. […] As he becomes accustomed to the slap, he receives an embrace. Once he becomes accustomed to the embrace, he receives a slap, so that this way of emotional relating between people becomes completely arbitrary and one equals the other. Neither of these experiences can be looked forward to by the person. The slap and the kiss are equal.[[76]](#endnote-76)

Relatedly, a process of indoctrination is dramatized in ‘The Interview’, a Pinter-esque scene in which the new arrival is interrogated about whether he liked ‘it’ (whatever ‘it’ is) and why he liked it; he is hit until he delivers the correct response. The scene concludes as follows:

TEAM MEMBER: Why did you like it?

NEW ARRIVAL: I don’t know. (*He is hit*.)

TEAM MEMBER: Why did you like it?

NEW ARRIVAL: I liked it because it was different. (*He is hit*.)

TEAM MEMBER: Why did you like it?

NEW ARRIVAL: I liked it because I never… (*He is hit*.)

TEAM MEMBER: Why did you like it?

NEW ARRIVAL: I liked it because it was necessary to like it.[[77]](#endnote-77)

The denial that is played out here, and in other parts of *Terminal*, is of independent, critical thinking in lieu of group-think, ideology (or what William Blake calls the ‘mind-forg’d manacles’), and habitual disciplining-and-punishing.[[78]](#endnote-78) In one section the spirit of a prisoner about to be executed declares that he is ‘[free] in the head’ and ‘[full] of imagination’, like when he was a child.[[79]](#endnote-79) ‘My prison’s made of steel’, he tells his warden; ‘yours is in your head’.[[80]](#endnote-80) In another section the spirit of a dead soldier marches on the spot, saluting, and repeats variations of a deadly mantra:

THE SOLDIER: Said yes

Said yes

Yessir

Said yes

And dead because I said yes

and dead because you said yes

and dead because I said yes

and dead because you said yes[[81]](#endnote-81)

The US was still embroiled in the Vietnam War at the time. On this point, critic John Lahr, writing in *The Village Voice* in 1970 juxtaposes *Terminal* with a riot he witnessed in Cambridge, Massachusetts, where Harvard students took to the streets to protest the Vietnam War and vent their general anger. He writes:

The riot was a living tableau of how deeply the society has been touched by death and how numb it is to life. […] The rioters were prankish, never confronting death. The actors [in *Terminal*] held the experience in front of their audiences, making them watch their own evasions. […] By recreating the agonizing simplicity of man’s final moments and the hypocrisy of his embalming, “Terminal” sends the audience away with a passion for preserving the gift of life: its gorgeous variety, its possibilities, its essential sweetness. “Terminal” makes you conscious of death and the limits of time, that you realize the necessity of taking your life into your own hands.[[82]](#endnote-82)

This review suggests that *Terminal* allowed audience members to re-frame current events along with their personal experiences and perceptions by defamiliarising modes of being.

The themes of mental incarceration, force of habit, and spiritual death-in-life are recapitulated in the final scene, entitled ‘The Dying Imagine Their Judgment’. [Images 4-5 near here] A speaker, sitting atop a ladder, drones into a megaphone a series of verdicts upon those around her, who are locked into various patterns of action, such as running in place, forming a human chain that crawls upon the floor, and being carted around in awkward poses. The judge intones in a pitiless monotone:

You moved from the house to the office, from the office to the house; from sleep to waking and from waking to sleep; you moved from yesterday to today, from today to tomorrow—and you will repeat that movement for eternity. […] You neither faced your death nor participated in your life, but straddled the line between one place and the other, longing for both. The judgment of your life is your life.[[83]](#endnote-83)

In the broadcast version of *Terminal* the judge’s speech gradually slurs and loses articulative clarity, becoming a stream of nearly unintelligible phonemes, while beneath her a human chain slithers through her ladder, enacting a ‘*seemingly endless passage*’ that evokes the image of a birth canal.[[84]](#endnote-84) It is an arresting, disturbing, scene, reminiscent of Hieronymus Bosch’s medieval depiction of *The Last Judgement*.

**The Spirits of the Dead**

*Terminal* aims to interconnect life and death, reintegrating the latter into the former rather than denying death and keeping it at bay in thought, word, and deed. As stated in the text: ‘*The living are also the dying; the dying are potentially the dead. And the dead will become living matter*’.[[85]](#endnote-85) In the piece, the living (a.k.a. the dying or the not-yet-dead) ‘call up’ spirits of the dead and let them possess their bodies and speak through them. The piece therefore posits posthumous spiritual existence, even if the spirits invoked here repeat the concerns and outlooks they had when they were still alive (a common feature of spiritualist discourse). Arguably, *Terminal*’s presentation of spirits makes it easier to accept one’s own mortality. The piece suggests that death is not the absolute end of one’s existence. (This may be wishful thinking, or a different form of denial, perhaps). Metaphysical implications notwithstanding, the invocation of spirits in *Terminal* has the effect of figuratively bringing the dead into the presence of the living rather than sequestering them or forgetting them entirely. The performers enact a ‘dance on the graves of the dead’ as part of the ceremony of spirit invocation and possession. This dance, which is accompanied by repetitive drumbeats and percussive wood-block sounds, conjures a ritualistic atmosphere. It connotes a hybrid and eclectic assortment of diasporic ritual practices, such as shamanism and Vodun.[[86]](#endnote-86) There is a suggestion of primitivism or cultural appropriation about this sequence, heightened in the television broadcast by the fact that the ensemble is seemingly all-white, yet the lack of cultural specificity in relation to what is being performed clouds these charges.[[87]](#endnote-87) Even still, the sequence recalls a problematic history of percussive primitivism in the theatrical avant-garde, connected to dada and expressionism in particular.[[88]](#endnote-88)

The ritualistic dance is part of a recurrent emphasis in this piece on the physicality and corporeal reality of the performers’ bodies. Early in the dance, the performers flop over at the waist and stay hanging; they subsequently become erect, open out, and take wide stances and posturing movements, making firm contact with the ground. An earlier section of *Terminal* parallels the biological processes of eating and defecating by simulating these actions; a subsequent section on breathing draws attention to this vital process by demonstrating some of its effects: ‘*Two actors walk forward, breathing slowly and rhythmically. One actor gasps in counterpoint to their breath. Another actor makes a sucking sound; his hands pulsate, feeling the air’.*[[89]](#endnote-89) Throughout the piece the performers make music in the form of ‘*pure sound and rhythm’*, as the stage directions state:

*Some music is simply an extension of the human voice. The actors become instruments […]. Some music is an extension of the human body. Hands and feet become instruments for eliciting music from surfaces –floors, walls, beds*.[[90]](#endnote-90)

*Terminal* juxtaposed the artifice and chicanery of mortuary practices, along with the implied spiritual bankruptcy of American society, with the ‘authenticity’ and physical rootedness of the performers, who were connected to each other and by extension to the audience. Chaikin prioritized ‘presence’ as a fundamental element of live theatre. He writes:

The attempts to video tape or film the Open Theatre works have all failed to transmit any part of the essential experience, which is the vibrating breathing actor, breathing in the breathing universe. The light of the eyes. The conscious body of the actor moving in the given space. The particular voice creating a living contact with the audience.[[91]](#endnote-91)

Dorinda Hulton, writing about ensemble exercises developed by the Open Theatre, suggests that a ‘sense’ of presence can emerge ‘that belongs to the whole group and co-exists between them’, possibly when a sense of self is absent.[[92]](#endnote-92) Unlike the blinkered, individualistic, nine-to-five work mentalities mentioned in this piece, the Open Theatre performers suggested the possibility of a less self-centred, and more spiritually aware, mode of being. They presented themselves as people who were ‘temporarily abled’ and cognisant of their mortality.[[93]](#endnote-93)

**Distorting Reality**

Denial allows us to create a version of reality that is more manageable or palatable – something we can live with, even if this involves self-deception and evasion. Absurdist drama also distorts reality in that it presents scenarios that resemble ‘the real’ in some respects but skews it so that the improbable and the fantastical hold sway. Zarrilli’s production of A Clinical Case and the Open Theatre’s Terminal deployed non-realist aesthetics to expose distortions of ‘the real’ in mental attitudes and social practices relating to death and dying, thereby raising consciousness about these issues. When Sklar was asked if involvement in the piece had encouraged the actors to change their ideas about death, she responded:

I can’t answer for the actors, of course, but I can for myself. It is very difficult in the culture in which we live to find a form to accept death, to accept that I will die, and that every person I know will die. Difficult is an absurd word. It feels impossible. It feels like a completely impenetrable reality. I don’t feel that working on a piece about death can counterbalance the weight of my culture. I recognize more clearly now that I’ve been in a process of change from the moment I was born. It's made me change my relationship to the present.[[94]](#endnote-94)

In the 1970s, American experimental theatre-makers addressed the challenge of recognising and accepting one’s own mortality, as well as the warped reality that can result from endeavouring to circumvent this process. Zarrilli, Chaikin, Sklar, et al. foregrounded the theme of death denial and enhanced the absurdity factor. In doing so they contributed to the cultivation of more critically astute, self-reflexive, and interrogative performers and audience members. Their theatre provided all concerned with an opportunity to confront anxieties, encounter difficult truths, and alter previously held conceptions. These pieces do not offer much in the way of existential comfort, but one can still learn from how the characters/personae confront (their) mortality. One can subsequently endeavour to circumvent, minimize, or perhaps take lightly the absurdities that death and dying can occasion.

There is still much to learn about the ways in which modern dramatists and theatre-makers have grappled with issues relating to mortality in their work. This article has shed light on two specific examples, one of which was hitherto largely unknown in scholarship, thus providing an act of historical recovery. The reality is that many modern dramatists and theatre-makers have sought to engage, rather than deny, death and dying in their work, and have done so in a variety of ways. This is something that merits greater scholarly attention. Otherwise, we will continue to have an impoverished understanding of cultural history and the nexus between theatre and death.

1. **Notes and References**

   Eugène Ionesco, *Exit the King, The Killers, and Macbett: Three Plays by Eugène Ionesco* (trans. by Charles Marowitz and Donald Watson, New York: Grove Press, 1994), p. 22. These lines are spoken by Berenger in the play. [↑](#endnote-ref-1)
2. For example, death avoidance is thought to structure Stanislavskian-inspired approaches to actor training. Jonathan Chambers observes: ‘[The] implication central to modern acting approaches – that death is unacceptable because it will bring about the end of the individual’s/character’s pursuit of an objective and therefore constitutes an utter collapse of the individual’s/character’s drive – are concomitant with humanistic visions of death as reprehensible, as an affront to the natural order of things, and as failure’. Jonathan Chambers, ‘“Or I'll Die”: Death and Dying on Page and Stage’, in *Theatre Historiography: Critical Interventions*, ed. Henry Bial and Scott Magelssen (Ann Arbor: University of Michigan Press, 2010), p. 165. [↑](#endnote-ref-2)
3. Albert Camus, *Un Cas Intéressant: Pièce en Deux Parties et Onze Tableaux, adaptée d’*Un Caso Clinico *de Dino Buzzati* (Paris: Gallimard, 2013). [↑](#endnote-ref-3)
4. Alas, the script for this production does not appear to be extant, nor is there a recording of the broadcast. [↑](#endnote-ref-4)
5. Documents relating to the Theatre of Involvement are held at the University of Minnesota Library’s Performing Arts Archives, Manuscripts Division. According to a ‘production history’ document contained in Phillip Zarrilli’s personal collection, *A Clinical Case* had also been performed in Gemany, China, Argentina, and Sweden prior to his 1975 production. [↑](#endnote-ref-5)
6. The term ‘experimental’ is used instead of ‘alternative’ or ‘avant-garde’ to describe and bracket these productions most aptly. Zarrilli’s production was dramatic theatre that used a newly translated and adapted text. As such, it does not quite fit with either Theodore Shank’s conception of American *alternative* theatre or Arnold Aronson’s account of American *avant-garde* theatre. Both these studies privilege non-literary, non-narrative-based theatre (such as that of the Open Theatre). See Theodore Shank, *American Alternative Theatre* (London: Macmillan, 1982) and Arnold Aronson, *American Avant-Garde Theatre: A History* (London: Routledge, 2000). ‘Experimental’, as a genre descriptor, is relative and flexible in terms of its meaning. Undoubtedly, there is potential overlap between the terms ‘experimental’, ‘alternative’, and ‘avant-garde’.

   [↑](#endnote-ref-6)
7. Elisabeth Kübler-Ross, On Death and Dying (New York: Macmillan, 1969). In this book the Swiss-American psychiatrist outlines her famous theory of the five ‘stages’ of grief. [↑](#endnote-ref-7)
8. Martin Esslin, *The Theatre of the Absurd*, 3rd ed. (London: Methuen, 2001 [1961]). [↑](#endnote-ref-8)
9. Gregory Zilboorg, 'Fear of Death', *The Psychoanalytic Quarterly* 12 (1943), p. 467. [↑](#endnote-ref-9)
10. Compare this with the contemporary practice of having a ‘bucket list’ (of things to do before one ‘kicks the bucket’), which suggests a frank acceptance of mortality. The *Oxford English Dictionary* dates this phrase from 2006. Thanks to Claire Warden for this point. [↑](#endnote-ref-10)
11. Ibid., p. 468. [↑](#endnote-ref-11)
12. Ernest Becker, *The Denial of Death* (New York: Free Press, 1973), p. 96. [↑](#endnote-ref-12)
13. Ibid., p. 59. [↑](#endnote-ref-13)
14. Geoffrey Gorer, 'The Pornography of Death', *Encounter* October (1955), p. 50. [↑](#endnote-ref-14)
15. Ibid. [↑](#endnote-ref-15)
16. Ibid., p. 51. [↑](#endnote-ref-16)
17. Ibid. [↑](#endnote-ref-17)
18. Philippe Ariès, *The Hour of Our Death* (New York: Vintage Books, 2008 [1977]), p. 569. [↑](#endnote-ref-18)
19. Ibid., p. 562. [↑](#endnote-ref-19)
20. Ibid., p. 570. [↑](#endnote-ref-20)
21. Ibid., p. 584. [↑](#endnote-ref-21)
22. Ibid., p. 586-7. [↑](#endnote-ref-22)
23. See, for example, Joachim Whaley, *Mirrors of Mortality: Studies in the Social History of Death* (London: Europe, 1981); Roy Porter, 'The Hour of Philippe Ariès', *Mortality* 4, no. 1 (1999), pp. 83-90; Jonathan Dollimore, *Death, Desire and Loss in Western Culture* (New York: Routledge, 2001). [↑](#endnote-ref-23)
24. ‘The problems with Ariès’s work are accentuated by other writers who, in support of the denial-of-death argument, reproduce it in an abridged and reductive form…. Ariès had rightly described different attitudes to death as characteristic of different epochs, yet also continuous between them’. Dollimore, p. 121. [↑](#endnote-ref-24)
25. Esslin, p. 278-9. [↑](#endnote-ref-25)
26. Dino Buzzati, *A Clinical Case*, 1975 [1953], unpublished script, translated by Josephine Mangano and adapted by Phil Zarrilli, 36. I am very grateful to Phillip Zarrilli for bringing the play to my attention, providing me with materials relating to his production, discussing it with me, and reading my work. All relevant documents cited in this article are from Zarrilli’s personal collection. [↑](#endnote-ref-26)
27. Ibid., p. 18. [↑](#endnote-ref-27)
28. Ibid., p. 32. [↑](#endnote-ref-28)
29. Ibid., p. 46. [↑](#endnote-ref-29)
30. Ibid., p. 47. [↑](#endnote-ref-30)
31. Ibid., p. 55. [↑](#endnote-ref-31)
32. Ibid., p. 59. [↑](#endnote-ref-32)
33. Compare with the character of Doctor Graubard in Ewan MacColl’s play *The Other Animals* (1948). Thanks to Claire Warden for this observation. [↑](#endnote-ref-33)
34. Ibid., p. 49. [↑](#endnote-ref-34)
35. Ibid., p. 35. [↑](#endnote-ref-35)
36. Ibid., p. 16. [↑](#endnote-ref-36)
37. Ibid., p. 17. [↑](#endnote-ref-37)
38. Ibid., p. 58. [↑](#endnote-ref-38)
39. Ariès, p. 585. [↑](#endnote-ref-39)
40. Ibid., p. 587, p. 588. [↑](#endnote-ref-40)
41. Sandra M. Gilbert, writing about the technologized modern hospital, remarks: ‘[Whether] one imagines the place as a “vast mechanism” or an “idiot” organism, the contemporary medical center is in fact a kind of surreal city. […] [The] dread evoked by the size of this surreal city may be intensified in the minds of some patients not just by their desperation to survive but also by a concomitant fear that the inhospitable hospital isn’t just depersonalizing them but actively destroying them’. Gilbert, *Death’s Door: Modern Dying and the Ways We Grieve* (New York: W.W. Norton, 2006), p. 187-8. [↑](#endnote-ref-41)
42. In addition to the element of Corte’s phantom woman, a female patient relates how once, during an operation, she was anaesthetized using ether and had a vision of the devil. Buzzati, "A Clinical Case," p. 27. [↑](#endnote-ref-42)
43. Ibid., p. 18. [↑](#endnote-ref-43)
44. The term ‘bureaucratic object’ derives from Bauman, p. 102. [↑](#endnote-ref-44)
45. Martin Heidegger, *Being and Time* (New York: Harper Perennial, 2008), p. 235-267. The quoted formulation of Being-towards-Death is from Mark Neocleous, ‘Long Live Death! Fascism, Resurrection, Immortality’, *Journal of Political Ideologies*, No. 10.1 (2005), p. 38. [↑](#endnote-ref-45)
46. Todd Samuel Presner, ‘“The Fabrication of Corpses”: Heidegger, Arendt, and the Modernity of Mass Death’, *Telos*, No. 176 (2016), p. 103. [↑](#endnote-ref-46)
47. Presner, p. 107. My emphasis. [↑](#endnote-ref-47)
48. Press Release for *A Clinical Case*, Theatre of Involvement, dated May 7, 1975. [↑](#endnote-ref-48)
49. Programme for *A Clinical Case*, Theatre of Involvement, 1975. [↑](#endnote-ref-49)
50. Philip Zarrilli, letter to unidentified publisher, dated June 21, 1976. My emphasis. [↑](#endnote-ref-50)
51. Interview with Phillip Zarrilli on April 27, 2016 in Berlin. [↑](#endnote-ref-51)
52. Jennifer Catherine Malkowski, *“Dying in Full Detail”: Mortality and Duration in Digital Documentary*, PhD dissertation, University of California, Berkeley, 2011, p. 31. [↑](#endnote-ref-52)
53. Malkowski, p. 35-6. [↑](#endnote-ref-53)
54. Robert Fulton and Greg Owen, ‘Death and Society in Twentieth Century America’, *Omega* No. 18.4 (1988), p. 381. [↑](#endnote-ref-54)
55. Press Release for *A Clinical Case* (1975). [↑](#endnote-ref-55)
56. Phillip Zarrilli, ‘Outline of Directorial Approach [for *A Clinical Case*, 1975]’. [↑](#endnote-ref-56)
57. The Theatre of Involvement was part of the ‘Midwest Center for Religion and Theatre Arts’ in Minneapolis. [↑](#endnote-ref-57)
58. Peter Altman, ‘“A Clinical Case” Slashes Hospital Open with Satire’, *Minneapolis Star*, May 29, 1975. [↑](#endnote-ref-58)
59. Quoted in Margaret Croyden, ‘To Joe Chaikin, Burning Bridges is Natural’, *The* *New York Times*, March 29, 1970, p. 77. [↑](#endnote-ref-59)
60. Paul Ryder Ryan and Roberta Sklar, 'Terminal: An Interview with Roberta Sklar', *TDR/The Drama Review* 51, no. 3 (1971), p. 153. [↑](#endnote-ref-60)
61. Ibid., p. 154. [↑](#endnote-ref-61)
62. Jessica Mitford, *The American Way of Death* (London: Quartet Books, 1980 [1963]), p. 15-6. [↑](#endnote-ref-62)
63. Ibid., p. 16. [↑](#endnote-ref-63)
64. Ibid., p. 19. [↑](#endnote-ref-64)
65. Ibid., p. 78. [↑](#endnote-ref-65)
66. Ibid., p. 67. [↑](#endnote-ref-66)
67. Ibid., p. 66-7. [↑](#endnote-ref-67)
68. Susan Yankowitz, 'Terminal', in *Three Works by the Open Theatre*, ed. Karen Malpede (New York: Drama Book Specialists/Publishers, 1974), p. 50. [↑](#endnote-ref-68)
69. Ibid. [↑](#endnote-ref-69)
70. Open Theatre, *Terminal* (CBS, 1970), VHS. The performance was featured on a programme entitled ‘Camera Three’. [↑](#endnote-ref-70)
71. Mitford, p. 70. [↑](#endnote-ref-71)
72. Yankowitz, p. 62. Having one’s lips sewn shut can be a political action. For instance, in 2016 Iranian migrants in a camp at Calais did this as part of a protest about their situation. [↑](#endnote-ref-72)
73. Ibid., p. 41. [↑](#endnote-ref-73)
74. Ibid., p. 53. [↑](#endnote-ref-74)
75. Ibid., p. 58. [↑](#endnote-ref-75)
76. Ryder Ryan and Sklar, p. 152-3. [↑](#endnote-ref-76)
77. Yankowitz, p. 60. [↑](#endnote-ref-77)
78. Stanza two of Blake’s poem ‘LONDON’ (1794): ‘In every cry of every Man,/In every Infants cry of fear,/In every voice, in every ban,/The mind-forg'd manacles I hear’. William Blake, *Songs of Innocence and Songs of Experience* (New York: Dover Thrift Editions, 1992 [1794]), p. 42. [↑](#endnote-ref-78)
79. Yankowitz, p. 61. [↑](#endnote-ref-79)
80. Ibid. [↑](#endnote-ref-80)
81. Ibid., p. 55. [↑](#endnote-ref-81)
82. John Lahr, ‘On-stage’, *The Village Voice*, April 23, 1970, p. 43. [↑](#endnote-ref-82)
83. Yankowitz, p. 64, p. 65. [↑](#endnote-ref-83)
84. Ibid., p. 65. [↑](#endnote-ref-84)
85. Ibid., p. 43. [↑](#endnote-ref-85)
86. I am grateful to Katie Zien for her input on this matter. [↑](#endnote-ref-86)
87. At one point the company did have at least one African-American company member who was part of the ensemble for *Terminal*. Brenda Dixon is photographed performing the piece in the *New York Times* feature article on Chaikin, cited earlier. [↑](#endnote-ref-87)
88. See Adrian Curtin, 'Vibration, Percussion and Primitivism in Avant-Garde Performance', in *Vibratory Modernism*, ed. Anthony Enns and Shelley Trower (Basingstoke: Palgrave, 2013), p. 227-47. [↑](#endnote-ref-88)
89. Yankowitz, p. 46. [↑](#endnote-ref-89)
90. Ibid., p. 43. [↑](#endnote-ref-90)
91. Quoted in Karen Malpede, *Three Works by the Open Theatre* (New York: Drama Book Specialists/Publishers, 1974), p. 33. [↑](#endnote-ref-91)
92. Dorinda Hulton, 'Joseph Chaikin: The Presence of the Actor', *Studies in Theatre and Performance* 30, no. 2 (2010), p. 220. [↑](#endnote-ref-92)
93. Playwright Kaite O’Reilly suggests that ‘non-disabled’ people might also be considered ‘temporarily abled’. She mentioned this term to me once in passing; I redeploy it here. Chaikin, who was seriously ill as a child with rheumatic fever, had ensuing health problems as an adult and was therefore especially aware of human frailty, particularly his own. Malpede suggests that he lived with death ‘intimately’ (174). [↑](#endnote-ref-93)
94. Ryder Ryan and Sklar, p. 153. [↑](#endnote-ref-94)