

The Stubborn Aunt

For Gina Ferrari

The family (mother, father, two boys, one girl) is close knit. The parents work hard, far away, and for extended periods. During them a maternal aunt—the youngest in her family -- watches the siblings. She is an attentive caretaker: makes sure they have necessary clothes, supplies; makes sure they have healthy meals; makes sure they are enrolled in school, and reasonable extra curricular activities. Because she believes a degree frustration is essential for character development, her relationship to the children can be oppositional. If they ask for milk she gives them juice; if they read, or do schoolwork, she insists they play outdoor ball games or, in bad weather, practice music.

The siblings understand some of their aunt's ideas do not benefit them or her, but agree to keep this to themselves; agree not to bother their parents, already so overwhelmed by their pressured profession.

One early spring, after a bitterly cold winter, this aunt stands up from shelling beans on the front porch swing and collapses. She hits the side of her face on the hard cement floor, lets out a piercing scream. The bowl lands on the swing without spilling a single bean. The children run from different activities and locations (one clears debris from the front yard garden; another practices baton tosses in the driveway; a third scrubs potatoes in the kitchen). Together they carry her to the living room couch, make tea, read her poems and entries from their journals (she requires they fill minimum one page daily).

Still, she remains unconscious. A lump grows, puffy and discolored, on the side of her face where she banged it. The children, believing she can hear them, promise her that when she wakes up, they will walk her to a favorite place, the garden, not yet in bloom, and make her favorite soup: rice and red pepper.

Meanwhile, they set the table, cook the shelled beans and scrubbed potatoes in butter, oil, salt and pepper; hope the smell will wake her up. When it becomes clear that she will not, cannot wake up, they call the doctor. While waiting, they place her on the down cover of their parents four poster bed (where she sleeps), remove her insulated slippers, massage her nylon clad feet.

Not long after, the doctor arrives with his nurse. They examine the patient, take vital signs, find nothing identifiably wrong, even after thumbing through a weighty diagnostic reference book. They note, but are not alarmed by, the growth on her face. The children offer them a meal, the bean and potato dish, but the visitors decline. “You will need that food,” the nurse tells them. Then, “Is your house always this neat?”

The children nod, and explain that their aunt is a careful housekeeper, and has taught them, individually and together, to keep a careful house, too.

Over the next few days the children helplessly witness their aunt’s transformation. A once sturdy, carefully groomed, woman, is now still, gray, motionless. Yellowish liquid dribbles from the corners of her mouth.

One late afternoon, the children, the doctor, his nurse, standing in a circle around the aunt’s bed, note that she is exceptionally pale, that her body is cold, unmoving.

“It is her time,” the nurse says, “She has stopped breathing.”

The Doctor nods his head in agreement. He gently touches his long fingers to her neck artery.

“This is it,” he says, “This is her time.”

The children are stunned, and very sad. They love this aunt. True, at times they wished she were not taking care of them, even wished she would go away and let them take care of themselves. But they never wished for her to fall, to get sick, to get so sick. They never wished for her to die.

“We cannot cremate her until your parents return, but we can prepare her for cremation,” the Doctor says.

He, his nurse, the children, carry her out back to the spacious garden shed, and lay her on a clean work surface there. They stand around the aunt in the darkening evening light. There is a crease in her forehead and her hands are clenched.

“How do we really know if she is dead?” ask the children.

“She has no pulse,” says the nurse.

“Boys, let’s build a fire,” suggests the doctor. The nephews gather wood for a bonfire. They use shovels in the shed, evenly hanging from sturdy pegs, to help the doctor dig a hole for the blaze. The nurse and the niece put the aunt in a good dress (silk, yellow). They comb her shiny blond hair, rub lipstick along her lips and into her cheeks.

Now all they have to do is wait for the parents, but no one knows when the parents will come. The doctor gives the aunt a transfusion to keep her dead body fresh. When he finishes the shot, he looks down at the niece, who carefully watches him. He takes in her small size, her curly blond hair, is shocked to notice a yellowish bruise on her neck. He questions her; she answers.

“It is from our aunt. Last week, in the middle of the night, she came into my room, pulled my arm, told me to get up and help her clear the garden. She said, ‘Get up, get up now, get up now, time to garden’ and at first I just could not because I was so tired. So she pulled my hair and grabbed me by the neck. I choked, I could not breath. My brothers were sleeping in the other room. I got up and went outside and worked with her in the garden. She wanted us to clear away debris from winter so we could get things ready for spring. She made me hot chocolate, gave me raisin buns with butter and honey on them when we’d finished.”

The two brothers move toward and hug their sister. “You should have told us,” they whisper, stroking her hair.

“But you know her, we all know her, she cannot help her opinions, or behavior,”

the child answers.

“Look at her now,” says the nurse. They stand around the aunt, lean over to watch her in the darkening evening light. There is still a crease in her forehead and her hands are clenched. The niece stands to her aunt’s right.

The right arm shoots up, straight into the air.

It stays raised.

“Push it back down,” instructs the nurse, “Push her arm back down.”

The girl stands, frozen.

“Do as she says,” says the Doctor “push the arm back down.”

The child pushes the arm down. Again, the arm shoots up.

“Push it back down,” repeats the nurse. “Her arm will come up as many times as

she hit you and my guess is she hit you a lot.”

The child repeats the exercise again and again.

After a time the aunt’s arm stops shooting up. It rests on the table, palm down, next to her hip.

“She did not hit me that many times,” says the child.

“Now, one more thing,” says the nurse, ignoring the comment, “Take this branch from the garden and hit her on her neck on the exact same spot where she choked you last week. Find that spot and hit that spot hard. This will allow your aunt to rest in peace.”

The nurse pulls the stick from her deep uniform pocket, and hands it to the girl. The child takes it in her palm, raises it high, and hits her aunt very hard once, twice, three times

on the neck, then stops striking. A heave comes from the aunt's chest. Her forehead, smoothes, her hand unclenches, the bruise on the side of her face fades.

The Doctor puts his hand on the young girl's shoulder.

“People in this town treated your aunt very badly when she was a child, but she never told anyone. I knew, others knew too, and we never did a thing. Your aunt had it tough, and we in this community are all to blame. I am sorry you were hurt because of our failure to be good neighbors.”

It is night. Dark, starless. The group circles the aunt. Some time the Doctor will tell the children what happened to their aunt as a little girl, but not now. He does not want to tell, and they do not want to listen to, those stories now. What they want to do is circle her, hold hands and breath with each other, listen to the fire crackle behind them, wait for their parents, remember every little and big thing about the aunt that they can.

Brenda Goodman at Paul Kotula Projects

Gertrude Stein's remark that there is no repetition only insistence means we can revisit, but never duplicate, an experience, and suggests the extraordinary range of responses such revisits can generate. Among them: soothing (simple rhythms of lullabies and nursery rhymes); dull (the endless acts of sex and violence detailed in the novels of Marquis de Sade); communal (holiday and religious traditions); torment (the question, according to Freud, plaguing the obsessive compulsive's hand washing, counting, retracing steps is: am I dead or alive?); exhilaration (the detective solving a case by returning again and again to the same facts and, at last, learning new ways to view the material). Brenda Goodman's paintings, bold combinations of upheaval and discipline, contain some of all of the above. They function as a sort of visual anaphora (carrying back) to loaded past events, or scenes, and evoke a complex string of emotional verbs such as hound, console, hide, display, hurt, want.

I first saw her work in the 80's, and was struck with paintings like, “Jungle Flute,” which contained harmonies of shapes and fall color (auburn, yellow, red). They evoked, for me, witchy Halloween marches, Mardis Gras, annual midnight European Carnival processions (Fasching) so popular in cities like Basel, Switzerland. At the time I was

reading Monique Wittig's novel, *Les Guerillas*, which is, among other things, a call for women to detach from existing categories and construct new forms of identity and language. I had underlined these words in the book, "Let those who call for a new language first learn violence." I went home from Goodman's studio and penciled her name next to the previously marked sentence.

Violence has been a consistent element of Goodman's work, including the self-portraits she is best known for, with their ghostly blend of bulk and delicacy. Her renditions of large, ungainly bodies, small heads, thin, fragile looking arms, small, graceful hands, against her trademark textured, kinetic backgrounds unflinchingly, surgically, detail elements that seem deeply personal. They mesmerize. Goodman is able to be horrific and breathtakingly lovely at the same time.

She makes much of the fact that her works are reality based. In a recent interview she asserts, "My work is about reality not irony...I do everything I can not to distance myself from the work." She references the strong technical training she received at the College for Creative Studies in Detroit, known for its emphasis on technique (which helps account for her skill with paint). She has said she incorporates autobiographical elements into her work: a gay woman, born in Detroit, a childhood accident resulting in hearing loss, a move to New York in her 30's, coming home for a time, watching her mother die a terrible death, wanting to physically touch her, her deep regret at not touching her.

The newest paintings suggest less interest in documenting the past, and seem to head into a different direction in their depictions of forms of release, or scenes where release can be enacted. These include her portraits of women with open mouths. The mouths are not like Goya's (emoting, chewing, guzzling) or Bacon's screaming orifices, but, in contrast, are portals for pure, tonal, discharge; ringing hymns, chants, or ballads. Other new works are nearly void of figures (they might contain one little tiny body) and instead, highlight the architectural settings themselves, which appear to be stages erected for a play, opera, or dream scene; sites where packed down emotional baggage can be expressed, acted out; sites where wounds can start to get better, if not completely heal. Goodman seems, at this point in her long, stellar, career, to address the possibility of dramatic exercise, recreation, song--albeit somber forms of them--as ways to face pain. This is a good thing; she owes it to herself to let loose.

