



# *Chronic Illness and Collective Trauma in Steve Yockey's Octopus*

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**ABSTRACT:** In Steve Yockey's *Octopus* (2008), a ravenous sea monster embodies AIDS. A cheerful telegram delivery boy, a drenched messenger on an otherwise sunny day, delivers the news of contagion. The patient is a quick-witted gay man whose emotions are out of sync with his partner's long before group sex enters the equation. The play is a health tragedy centered on collective trauma and individual illness, in which AIDS is explored through the conventions of the horror genre because of the overlapping representational codes. In *Octopus*, no distinction is made between good gays and bad queers: the characters are people with their fair share of flaws and virtues. Thus, without stigmatizing, dehumanizing, or overly sanitizing the lives of gay men—at the risk of making the story unpalatable to the audience, Yockey proves theatre's aptness to portray illnesses and patients, painting the latter as people rather than a set of symptoms. Following this, this paper aims to analyze *Octopus* through the lens of medical humanities, focusing on the deconstruction of the fragility of communal and private relationships and the potentiality of hope in the face of an epidemic.

**KEY WORDS:** HIV/AIDS in performance; medical humanities; post-AIDS



Steve Yockey's *Octopus* premiered on January 27, 2008, at the King Plow Arts Center in Atlanta, GA. The initial response was positive and the play's San Francisco debut on May 17 that same year at the Sam Shepard Theatre further secured its success. Critics received *Octopus* as a "surreal nightmare in a play as angry as it is clever" (Hurwitt), praising it for its solid metaphors (Harvey) and for being a bold dare with "a method to its madness" (Holman). More recent reviews remark Yockey's ability in writing "gestalt theater at its finest and most unpredictable" (Thomason), notwithstanding the playwright's keenness on mixing realism and horror, and on destroying "mundane worlds with a Lovecraftian supernatural sledgehammer" (Lengel). Even so, the unsettling and dark comedy was considered at risk of falling apart because of the delayed pay-off and brevity (Harvey) as well as the seeming superficial approach to the characters.

*Octopus* follows the story of two gay men, Kevin and Blake, whose longing for "adventure" (Yockey 11) leads them to have a *ménage a quatre* with an older couple. What is supposed to be something "fun, [...] exciting" that is "not gonna' fuck anything up" (Yockey 9) soon jumpstarts a health tragedy. Caught up in the moment, the men forget about condoms and safe sex, which, in turn, leads to infection. The appearance of a ravenous sea monster that embodies the "piece of nucleic acid wrapped as bad news" (Whiteside 23) sets both couples up for failure. The arrival of a cheerful telegram delivery boy, drenched on an otherwise sunny day, marks the moment when things start turning sour. Under the weight of communal trauma and feelings that antecede any issues caused by "bed geography" (Yockey 18), interpersonal bonds wither and snap as each of the four men loses himself in resentment and insular sorrow.

The play belongs to the ever-growing corpus of AIDS literature. Yockey's approach not only favors gay men over any other stigmatized group at risk of infection but also the conventions of the horror genre. *Octopus* does not stage the physical symptoms of AIDS but concentrates on the psychological effects instead. The illness itself is merely an echo, embodied by the loud roars of a sea monster. Its presence dominates the characters' lives to the point of shaping a new reality in which ease and comfort are not immediate and cannot be taken for granted. These choices allow Yockey to shift the focus from illness to the idea of the patient-as-person, someone who lives in a specific socio-cultural environment and has their own thoughts and feelings. He consequently subverts the general tendency to "deprive [patients] of their individual story" (Dignan 157) and, in doing so, elicits compassion, understanding, and empathy from the audience.

By chronicling the lives of four gay men, the playwright then extends his area of interest to the complex web of personal and romantic relationships between members of the same community. AIDS affects patients and their close ones alike, causing different, flawed, and unexpected reactions. Nevertheless, the characters in *Octopus* are



not on trial. There is no distinction between “good gays” and “bad queers” (Stychin 200), regardless of potential feelings of discomfort tied to the sudden inception of a health crisis. This absence of stigmatization and dehumanization, despite the prominent role played by sexuality and sex, offers an all but sanitized portrayal of gay men at the time of post-AIDS. Although Yockey is at risk of making the story unpalatable to the audience, the final product is deeply humane. He thus proves theater’s aptness to depict narratives “of patienthood and illness” (Hooker and Dalton 210), especially when diverging from the status quo while retaining some of the hegemonic discourses. Following this, the paper aims to analyze *Octopus* through the lens of medical humanities. It will look at Yockey’s approach to the idea of the patient-as-person, highlighting the context in which the play takes place, the fragility of communal and private relationships, and the potentiality of hope in the face of an epidemic.

### DEATH IN THE VALLEY: AIDS AS LOVECRAFTIAN MONSTER

The onset of the AIDS crisis in June 1981 led to the production of an eclectic corpus that exposes the “shifting identities in response to AIDS” (Pearl 1). On occasion, these texts move beyond the major focus on gay men and the “polemical and didactic” tone found in earlier works (Kakutani). While, in the beginning, there may have been “a considerable body of literature, though not yet a great work of art” (O’Connell 502), there are now monumental and award-winning works such as Tony Kushner’s *Angels in America* (1993) and Larry Kramer’s *The Normal Heart* (1985). In light of their relevance, a comparison is immediate and inevitable, notwithstanding the change of perspective in the past forty years. Gone is the interest in portraying a diverse society (Newton). Gone is the strive for recognition and the urge to create “a culture that isn’t just sexual” (Kramer 114). Instead, as in other post-AIDS plays, American or not, the past feels distant but not enough to stop lingering and adding to the feeling of dread.

Although *Octopus* deals with the same topic and uses equally effective and inventive staging choices as other plays, its story takes place at a time when Prior’s blessings have come true and Ned Weeks’ fight for awareness has come to fruition. AIDS is no longer much of a problem, and those affected are granted “More Life”<sup>1</sup> (Kushner 146). However, Yockey seems to argue that it is now too little of a problem—almost yesterday’s news. Such a stance places *Octopus* in-between optimism and the “longing, disappointment, loss, and grief” common in gay literature (Pearl 9). It also bends social awareness to the point of turning it back into oblivion. In turn, fear regains its prominent position as if, truly, “AIDS without fear [was] Hamlet without the Prince, without the

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<sup>1</sup> Emphasis in original.



court, without all rotten Denmark" (Mars-Jones 6). This fear of the unknown, which unsettles the characters and destabilizes their world, makes it easier for Yockey to play with the gothic and with Lovecraftian monsters.

The genre lends itself to discussing social anxieties and transgression concerning an Other in terms of gender, race, and sexuality (Halberstam, Davidson). *Octopus*, however, does not cast any of the four men as the titular monster. The fear of the unknown remains, but it is AIDS and its impact on *les passions de l'âme* that embody the otherworldly horror. When Blake dismisses "the ocean and sea monsters and all [the] morbid bullshit" as nonsense of little import (Yockey 42), he is very much mistaken. Monsters are real. They force people to recognize something unquantifiable from a *terra incognita* that defies understanding and conceptualization. Given the initial feelings of safety, the confrontation with the "deafeningly loud" roars that are "closer than ever" (Yockey 38) can only be met with disbelief. As the "specter of death" (Westengard 274) slowly begins to take shape, the play constructs a world in which Lovecraft's interest in the "impossibility of mimesis" (Kneale 106) and the meeting of different realms of the same reality (Salomon, 76-77, Will) are adapted to showcase the kind of change that undermines "the jolt of facing a new life" (Dunlap) and the sense of security that comes from it.

The necessities that stem from discussing a "senseless disease" (Newton 215) herewith require the acknowledgment that there is "no undo" (Yockey 45) and that 'AIDS Is Not History'. Because both the characters and the audience live in the post-AIDS world, the collapse of reality and metaphor works both ways insofar as it moves on the plot but also incites shock and mobilization. While the monster, as AIDS, never takes any form but that of a fleeting shadow, the wreckage left in its wake is ongoingly staged. Firstly, through the crumbling relationships of the four characters and, of course, Andy's death in scene five. Secondly, through all the "water everywhere" that comes from an unidentified source and continues to appear out of nowhere (Yockey 25). As things get "very, very wet" for the characters and theatergoers, especially for those sitting in the front rows (Thomason), AIDS is brought back into the present and turns once more into a "very bad dream" (Rofes 4) which suddenly starts to take shape thanks to the glimpse into an abyss hidden in plain sight.

#### (DON'T FEAR) THE REAPER: POST-AIDS AND THE UNPREDICTABILITY OF ILLNESS

At the end of the play's second scene, Kevin and Blake receive the following telegram: "8.08 AM. 'We regret to inform you that [Andy] has gone to live at the bottom of the ocean. Stop. Please accept his deepest apologies, but he will no longer be in contact. Stop. Should you wish to see him, you unfortunately cannot. Stop.'" (Yockey 22). The piece of carbon paper, so much like a joke, is the first disruption to the couple's everyday



life and anticipates the monumental change in the aftermath of unprotected sex. The overall obliviousness and the jealousy-tainted reactions that follow are not too unwarranted. After all, the envelope does not contain a medical diagnosis nor an observation chart.

The whistling messenger is not a physician either, even though he does deliver the news of infection and eventually of death. Instead, he takes on the role of grim reaper and, like Charon, moves between two realms. Every interaction he has with the main characters brings these two worlds closer together to the point of reshaping Blake's and Kevin's certainties about reality. This use of mediation, which results in an initial lack of clarity, distances *Octopus* from 'trauma porn' or content "created not for the sake of the marginalized group, but instead to console or entertain the non-marginalized group" (Johnson). By taking advantage of the horror genre and the overlap of its representational codes with AIDS and homosexuality (Benshoff), Yockey achieves two things: the creation of two worlds that are not as distant as both characters and audience are led to believe; and the challenge of the past and contemporary notions on homophobia and what Mowlabocus defines as the "homogenizing gay aesthetic" (67). There is no such thing as post-AIDS, Yockey claims, and privilege remains a tricky business. Illness ravages, affecting gay and bisexual men (Ayala and Spieldenner), regardless of the diminished media coverage or the place these men occupy within society. The interconnection of queerness and death (Woods) therefore continues to exist, all the while people are lulled into a false sense of security.

While Andy vainly attempts to fight the sea monster with a nineteenth-century whaling harpoon, he lays the foundations of *Octopus*' playworld. On the one hand, there is the world as the audience knows it. On the other hand, there is the bottom of the ocean. In the first case, life, he says, is "warm and familiar in a world full of daylight, no matter how confusing or difficult" (Yockey 37). Most importantly, this world is also safe and comforting. Illness and isolation, on the other hand, construct a place that is "so far away from anything of the every day world that everything up above just sinks to the back of the mind, becomes a story, a fairytale that hangs on the edges of awareness" (Yockey 37). The latter world is the opposite of the former. It also nurtures AIDS—the "almost mythical, [...] fantastically destructive beast that couldn't really exist" (Yockey 38). Such a distinction, however, is soon depicted as illusory as the two realities collapse into each other. As Blake tells Kevin, "[This is the] real world, this [right here]<sup>12</sup>" (Yockey 43) never mind the nightmarish features. Illness *always* lurks under the surface because people's refusal to acknowledge it does not translate into its actual disappearance. On the contrary, willful obliviousness may actively cause more harm than good as 'Silence Equals Death'.

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<sup>12</sup> Steve Yockey uses square brackets for overlapping dialogue.



*Octopus* herewith challenges the use of post-AIDS to describe the period following the discovery of the anti-retroviral treatment (ART). The term was first used to describe the widening gap between the number of infections and deaths (Dowsett *et al.*) as well as the end of the “communal experience of AIDS-as-crisis” (Rofes 75). What it does not equate to is the complete eradication of both the virus in Western countries and the Global South (Román), and the stigma and anxieties associated with it. Misleading headlines and statements block out data, providing a worldview distorted by rose-tinted glasses. Between 2007 and 2008 alone, the United States of America continued to be “one of the countries with the largest number of HIV infections in the world” (United Nations Programme on HIV/AIDS, 07 33@). In the same years, the number of infected people in America was an estimated average of 580371 (Centers for Disease Control and Prevention 9), an 8% increase if compared to the data collected at the very beginning of the new millennium. People’s assimilation of the beliefs attached to the narratives of the ‘end of AIDS’ (Sullivan) and ‘AIDS is over’ (Savage) stabilizes the audience’s connection to the characters insofar as they inhabit the same world and arguably share a common point of view.

Within *Octopus*, the characters treat AIDS as an afterthought due to their skewed perception of reality. Andy and Max get “tested pretty regularly” (Yockey 29), and Blake and Kevin never have unprotected intercourse. They sat through “7<sup>th</sup> grade health class” and are aware of all the “fucking awareness” (Yockey 32) surrounding the matter though such awareness is not enough to warrant safety or the absence of prejudice. The persistent conviction that AIDS “[isn’t] even something people get anymore” (Yockey 32) is so rooted within the characters’ minds that disbelief continues even when the disease becomes a matter that is close-up and personal.

When Kevin returns home after his talk with Max on Andy’s disappearance, he and Blake have the following conversation:

KEVIN. Andy tested positive.  
BLAKE. Positive for what?  
KEVIN. (*dumbfounded*) What?  
BLAKE. What?  
KEVIN. What do you, he tested positive. Positive. (Yockey 30-31)

Blake’s reaction appears ludicrous, and out of place. His words transform the ghost of the height of the epidemic, characterized by descriptors such as ‘gay plague’ (Markova and Wilkie) and the acronym GRID (Gay-Related Immune Disease), into something distant in time and space—as if belonging to a foreign country shaped by “the work of an avenging God” (McCabe 512) and political ineptitude.

Soon after, in the same scene, the conversation steers closer to AIDS patients as envisioned by the collective imagination.



BLAKE. Maybe it's a, this is so bizarre; he didn't look sick. Did he?

KEVIN. Oh Blake, that's the stupidest fucking [thing to...]

BLAKE. [Well I've] never known anyone who had it, so I'm sorry if I don't know how it's supposed to look.

KEVIN. Of course you've known people who've, what are you talking about? You know people who have it now.

BLAKE. No I don't. Who?

KEVIN. Lots of, Dan that was at Thanksgiving with us last year, Toby, the bartender you flirt with at the bar all [the time.] (Yockey 31-32)

Yockey underlines people's inability to distinguish between HIV-positive and healthy people, stressing on the wide-spread nature of diagnosis and the fallacious conceptualization of 'unhealthy'. There is "no big flashing sign [or anything]" (Yockey 32). There are merely individuals who look like themselves and, as a result, construct new identities. These subvert the understanding that AIDS patients are nothing more than "deathbed victims" (Crimp 16; Nunokawa 312). At the same time, fail to overshadow past stereotypes and replace them.

It follows that Blake's perception of his everyday reality is close to the "fantastic and attractive phrases" (Haghdoost and Karamouzian 820) that describe the objectives institutions like UNAIDS and WHO aim to achieve: for example, "zero new HIV infections, zero discrimination and zero AIDS-related deaths" (United Nations Programme on HIV/AIDS, *Take Action*) and "an HIV-free and AIDS-free generation" (World Health Organization). Blake's inability to wrap his head around his health as well as Andy's is striking due to the lack of seriousness with which he approaches the matter: much to Kevin's annoyance he'd rather "get some more cereal" or switch to Lucky Charms (Yockey 35-36) than go get tested. His passivity and belittling attitude make him an imperfect and seemingly uncaring patient, yet his bias merely reflects the world around him, remarking the easiness with which truth is forgotten. It seems to be a matter of forgetfulness rather than ignorance as he fails to take into account the existence of a reality that is closer to him than he believes, preventing him also from questioning his own approach to anything AIDS-related.

### WHEN THE LEVEE BREAKS: PATIENTS AS PEOPLE AND LIFE'S MINGLED YARN

Blake loves cereals and switches from one brand to the other weekly. He is attentive and caring and can recognize any Icelandic pop song even though it all sounds the same to his partner. Blake is keen on safe sex. He is in a relationship that is, by all means, falling apart: his partner accuses him of having been "the star of group sex" (Yockey 18) while also blaming himself for what happened. Despite his overall disinterest in getting tested, Blake is inclined to believe that the news of Andy's declining health is real even



though "zippy the shiny telegram guy" (Yockey 42) delivered it because, regardless of any minutiae, something terrible happened either way. He also treats AIDS according to what it is now, an illness that meets all the criteria to be categorized as chronic (Mahungu *et al.*). Importantly, throughout the play, Blake repeatedly reveals his annoyance at being told what to feel and how to react, at his Kevin's impulse to babysit him and his inability to reach for the larger thought and get to the core of the problem.

Even though some reviews criticized Yockey for his seemingly superficial approach to characters and relationships due to their excessive "bitching" (Harvey), the slow disclosing of Blake's interiority and his precarious relationships with others make for an interesting study of the play's patient. Since the 1980s, the medical humanities have pushed for a new reassessment of patients to reframe them in light of their "fears, desires, concerns, expectations, hopes, [and] fantasies" (Cassell 47). Yockey embraces this perspective by highlighting the existence of these feelings and their vantage point in life. In doing so, the playwright reinforces his criticism and avoids depersonalization, a risk that recurs particularly in medical environments where doctors often reduce the people in front of them to nothing but "the black and white of a clinical diagnosis" (Dignan 157). Yockey subsequently encourages the audience to look beyond the illness and see the person as something other than a mere set of body parts or the embodiment of a disease.

Viewers, in turn, witness a twofold tragedy: Blake gets sick, which forces him to reconsider the world and the people around him, leading to the sudden discovery that stigma is ever-present. Crucially, because of his sexual identity, Blake is not a 'normal' patient to begin with. Homosexuality, rooted in shame and horror (Butler), prevents him from ever integrating into a heteronormative society. It also subjects him to potential discrimination within private and social spheres in which "negative attitudes, discrimination, and stigma" (Ayhan *et al.* 45) continue to flourish. While it is true that the playworld of *Octopus* is largely homonormative, it does not subvert nor challenge heteronormativity and its institutions. The existence of hegemonic norms and structures emerges through the reveal of the scammy nature of assimilation which Halperin defines as "the accommodation to the mainstream, the drive to social acceptance and integration into society as a whole" (441). Compliance is not synonymous with safety and does not exclude interiorized prejudice. The initial foursome avoids "the evacuation of sex from a disease so wrapped up in sex" (Schechter 14) and forces the four main characters to engage in queer resistance, if only by proxy. Even so, the degree of involvement in sexual intercourse feeds resentment and the tragic outcome puts the characters in front of a conundrum: is the further deviation from the norm the reason behind the sudden AIDS diagnosis?

Within the context of illness as punishment, the relationships tying Blake, Kevin, Andy, and Max fall apart. The stories of the two couples mirror each other. Andy gets sick, and Max leaves him. Blake gets sick, and Kevin leaves him. The four men are



connected by their shared experience and by feelings of regret: Andy is “sorry he didn’t know” (Yockey 42), Max is sorry for abandoning Andy, Kevin is sorry for having proposed the foursome to begin with, Blake is sorry for not having any afterthoughts. Their interactions force them to reconsider their attitude towards health, illness, and relationships. However, as Andy and Max quickly turn into a cautionary tale on the dangers of stigma and prejudice, Blake and Kevin are allowed a second chance despite the overwhelming tragedy and all the “trouble with the pipes” (Yockey 47). This extension of *Octopus*’s interest is not symptomatic of Yockey’s shallow approach to the play’s themes but, rather, the means by which individual and communal struggles arise.

While it is true that the two romantic relationships are far from perfect, the prioritization of the couples’ respective struggles makes more sense than reviewers believe. After all, illness is a turning point for all. There is a before and an after, and both challenge any romantic notions of unwavering devotion that a person may have. Readjustment is needed, yet the motions and negotiation necessary to go there are not easy to handle under normal circumstances let alone one in which “fear and ostracism” (Siegel and Lekas 572) play such a prominent role. At the end of scene five, right before his death, Andy claims, “At the bottom, you try to remember that it was hard for the people around you in a way that’s not impossible to understand, but still agonizingly impossible to understand” (Yockey 39). Notwithstanding the potential selfishness of others, the private and interpersonal factors cannot be separated insofar as they warrant new actions and reactions that influence each character’s objective.

Andy’s lines emphasize two of the issues outlined by Scandlyn in relation to AIDS as a chronic illness: its status as “discrediting and negative” (132) and the patients’ tendency to “hide and retreat into a self-imposed isolation” (132). In doing so, Yockey subverts audiences’ potential expectations of community and support by creating a connection between AIDS-as-monster and the homosexual-as-monster. As Andy is taken by the sea monster, the audience’s mind inevitably wanders back to the “mix of bodies and roaming arms and hands” (Yockey 16) of the four lovers while in bed at the beginning of the play. The boundaries between sexual identity and illness blur, allowing repeated transformations even in the eyes of other queer individuals.

The retention of ideas rooted in the image of the deviant other climaxes in the moment of crisis. It forces each character to confront their own prejudices and weaknesses and make a choice. This dynamic relies on two forces that pull in opposite direction and prevent the complete normalization of AIDS, even within familial microcosms. Firstly, the impossibility of escaping the centuries-old belief that homosexuality is in and of itself “sick, perverted” (Riddiough 27), leading to internalized homophobia and resistance. Secondly, the medical optimism that derives from the “pills [...] and all kinds of amazing” (Yockey 43) that undoubtedly prolong HIV-positive people’s lifespans. For Blake, a potential diagnosis is “not the end of [the world]” (Yockey 45). For Kevin, whose guilt pushes him into a corner, all while assuming a holier-than-thou attitude, the imminent change appears like a dealbreaker. As in Max’s case, his actions are understandable, albeit callous.



While two of four men find themselves incapable of looking past the illness and the complications that may come up in the future, the audience is led to deconstruct the characters' ascription to the 1980s' rhetoric surrounding contagion. At the end of the play, when the young telegram boy argues with Kevin and actively questions his change of heart, the overlap is complete. He says:

No, that? That is a nightmare. That is what happens when people stop paying attention. I wish you could see it, look right at it. You know, it's mind boggling to me, can I just say? It defies belief that there can be this monstrosity trashing around and making such a cacophonous racket, I mean it's nearly deafening, and somehow it's not there. Just step outside and listen, but no, no, people, people just... (*He makes a popping noise with his mouth*) wander around willfully ignorant of that. It's a gigantic monster and somehow it's always a surprise. Amazing! So no, that's what happens when people stop paying attention. I am what happens when people don't care. People like you. (Yockey 55-56).

The crescendo of animosity exposes the crux of the matter, namely that "the person who should be afraid for [Blake] is afraid of him" (Yockey 58). For Kevin, Blake is a ticking time bomb. This makes it difficult to share his relaxed outlook. He can, as any other AIDS carrier, go on living but also be able to spread the virus in a moment of carelessness. Thus, the catalyst for fracture appears to be the weight of what Cvetkovich defines as "national trauma" (7) and the array of feelings it contains. AIDS, the play ongoingly remarks, is not like any other illness and will most likely never be. It is an illness that has been "socially and culturally formed, characterized by the existence of many co-morbidities" (Walker 103) that transcend the social sphere and enter the private. Fear of contagion is not to be excluded even at an age in which ART has prolonged life expectancy (Bogart *et al.*). These issues, however, do not necessarily exclude empathy or compassionate solidarity. The telegram delivery boy's skeptical remarks challenge Kevin's promises and undermine the play's attempt at constructing a happily ever after. Even so, they do not discredit the reunion completely. After all, only time can tell.

## DARKNESS ON THE EDGE OF TOWN: SIXTEEN YEARS ON

In 2010, two years after *Octopus* premiered, the number of HIV infections in North America reached new heights (El-Sadr *et al.*, *Forgotten but not Gone*). Even though the number of new infections and AIDS-related deaths decreased in the decade that followed, the country did not manage to reach the 95-95-95 target set by UNAIDS (United Nations Programme on HIV/AIDS, *UNAIDS Data 2022*) by an average 10% margin. Furthermore, an overview of the reports issued by institutions such as UNAIDS and WHO reveals the central position held by minorities, which, in the case of gay men, translates into making up more than half of new HIV diagnoses (United Nations Programme on HIV/AIDS, *UNAIDS Data 2023*). Such data remains significant because it



highlights the ongoing necessity for "genuine efforts to overcome the economic, cultural, and social barriers" (El-Sadr *et al.*, *Back in the Headlines* 1987) in addition to medical intervention and rising awareness.

Under such circumstances, the newness of Steve Yockey's "powerful statement about illness and love" (Harvey) will never become old. On the contrary, it retains its urge to a call to action. The danger of considering AIDS as a thing of the past leads to fallacious arguments and a lack of attention and awareness. In *Octopus*, the distorted perception of the post-AIDS world and the false assumption that prejudice and stigma have been eradicated are the reasons behind the characters' carelessness and inertia. Yockey thus approaches the increase of new HIV infections attributed to unprotected sexual intercourse between men from a different angle, avoiding the trappings of illness-as-punishment. The humane and contradictory responses that AIDS elicits within the play evoke empathy rather than annoyance and provide a case study of patients and close ones alike.

Not all, however, is lost. There comes a time when, as the Sheffielder rock band Arctic Monkeys succinctly put it, many a lover asks themselves any variation of the question 'Are you mine?'. In Yockey's play, the answer appears to be 'yes' for as long as one does not lose sight of the complexities of life. Yes, in sickness as in health and despite many a hundred (external and internal) tribulations. Unlike *Angels in America*, *Octopus* ends with lovers meeting. Kevin and Blake reunite and see each other with more clarity than ever before, subverting the myth of Orpheus and Eurydice. The audience shares their happiness, but it also shares the telegram delivery boy's skepticism insofar as AIDS ravages on.

The fragile nature of the play's happy ending does not undermine Yockey's objective. Instead, it reinforces it. By sharing the same preoccupations as some of the most famous representatives of the medical humanities, like Eric Cassell and Rita Charon, the playwright vouches for the idea of the patient-as-person who cannot and should not be considered nothing but an illness or a set of symptoms. *Octopus* herewith challenges people's bias and perceptions of the world around them and invites them to reconsider their view of others. Consequently, the uncertain nature of the future loses its relevance ever so slightly because community and empathy are possible regardless of what will happen as long as people are not reduced to a single character trait or the dichotomy of healthy and unhealthy.

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