

The Medea Project: MAZE, Life on the Swerve

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The Medea Project: Theater for Incarcerated Women/HIV Circle is a San Francisco institution with an international reputation. The group is made up of formerly incarcerated women, women living with HIV, theater professionals and community women. Founded in 1989 by Rhodessa Jones, based on Jones' workshops in the San Francisco county jail, Medea Project productions have often used ancient myth as their framework. In the jails, in the clinic for women living with HIV, and in community settings, Rhodessa starts by asking participants to write in response to questions she asks; in some cases, she tells one of the old stories—the “classic” stories—and then asks the women to make connections between these stories and their own lives. Together, they then create a piece for public performance.

Of course, the Project takes its name from a Greek heroine and her eponymous tragedy. There have been five public productions based on ancient myth: *Reality Is Just Outside the Window* (1992, Euripides' *Medea*); *Food Taboos in the Land of the Dead* (1993, Demeter/Persephone); *A Taste of Somewhere Else: A Place at the Table* (1994, Sisyphus); *Slouching towards Armageddon: A Captive's Conversation/Observation on Race* (1999, Pandora); and *Can We Get There by Candlelight?* (2002, Inanna).

Recently, the group was at work on a project with the Bayview Opera house—a performance called *MAZE: Life on the Swerve*. The show used the classical myth of the Minotaur and the labyrinth as a structure through which to think about women of color's access (or lack thereof) to quality healthcare. Therefore, when Rhodessa and I were asked to publish an interview about the group in this special issue on “What makes an American classic?,” we were delighted at the chance to think about the role of classical myth in the Medea Project methodology.

In doing so one must navigate contemporary concerns that using canonical material from the ancient Mediterranean might be interpreted as colonizing. They're not the *only* old stories, right? Why not turn to, say, Uncle Remus? For the Medea Project, however, these ancient classical stories are used for resistance, not merely as cultural capital or the reassertion of dominant values. Comparisons might be drawn with the way ancient tragedy, for instance, has been adapted and performed by many liberation movements, including powerful adaptations of *Trojan Women* across multiple war zones, or Sartre's *Flies* using the mythology of the *Oresteia* to speak back to 1940s fascism. The Medea Project is a theater of resilience for marginalized women, and their answer to this question is a resounding "Hell, yes—let's use them! These stories *are* all of ours."

I started with a conversation with Rhodessa Jones, Medea Project Director, and then went on to a roundtable with Rhodessa, Angela Wilson (core member), Fe Bongolan (core member and dramaturg), Pamela Peniston (designer), and Lisa Frias (core member and choreographer) for an hour and a half about their new project, *MAZE: Life on the Swerve*. I caught up with Theresa Dickinson (company member and choreographer) a few weeks later and have incorporated her responses.

The Medea Project received a grant to work on the healthcare theme, specifically concerning women with HIV, for a show that's going up at the Brava Theater in March of 2025. That show will be on trauma-informed care as a beginning step in approaching health inequities and the struggles that Black women specifically face in the healthcare system. In the meantime, they received another grant to work with women in the community around the Bayview-Hunters Point neighborhood; they maintained the theme of healthcare and, incorporating the idea of the maze myth, performed the piece at Bayview Opera House in June 2024.

Nancy Sorkin Rabinowitz



Figure 1. The Medea Project was founded in 1989 by performer and director Rhodessa Jones. (Photo credit: Emily Fitzgerald)

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Nancy Sorkin Rabinowitz: What were you driving at in the Bayview show, and what led you to the Minotaur?

Rhodessa Jones: Fe and I were very distressed about the state of Black women’s health and, in particular, all the news about infant mortality. We brought it to the core group of the Medea Project, and Theresa Dickinson and Pam Peniston immediately made the connection to the Minotaur and the labyrinth because the Minotaur eats children: we saw the Minotaur as the American healthcare system. We were asking: “How do you get out?”

For us the question was also: “How do you lift the myth out of a modern situation?” I had been awarded a legacy grant from the Rainin Foundation for a piece on women’s health, and we had two other grants, one for me from the San Francisco Arts Commission and one from the Dreamkeeper’s Initiative. We decided that the show should be about Black women’s health.

Fe Bongolan: We started with a poem by Theresa; she was playing Pasiphaë, the lover of the bull.

Angela Wilson: Theresa’s poem about Pasiphaë was a metaphor about childbirth:

*What is this in my womb?
A blood-red umbilical path
Leads to the inner room,
A prison, a shelter, a home
For the being who will become
A monster / An angel?
An unknown human animal.*

*Your exit will be hard and hurting.
Blood will spill, flesh will tear.
My bones will block the way
That’s keeping your huge head from air.*

*We will struggle together
To expose you to this other life.
The scarlet cord will be your tether
Tying you to me, and death, forever.*

It was about the difficulties inherent in bringing babies into the world, because, remember, Pasiphaë’s child was the monster that was fed in the labyrinth. For the show, Theresa drew a labyrinth outside on the sidewalk. Unfortunately, this was just a one-night show, but it’s something that we have visions of bringing back to the Brava [a theater in San Francisco where

it will have a full weekend run]. When you walk into the show, you walk through the labyrinth.

Think about the monster and the eating of the children in reference to the medical field. It comes back to how the show is specifically about health-care, the inequities for women and especially Black women; how the medical field eats us as children as well. You walk through this labyrinth, this maze to receive care, and then you have these horrible outcomes where people are dying.

FB: The idea of the maze, the labyrinth, and the Minotaur is thematic rather than literal. The maze is important in this instance because we were working in the Bayview-Hunters Point area, which has been an EPA superfund site [identified as some of the nation's most polluted land in need of decontamination]. Because of the naval shipyard there, there was storage of nuclear waste, poisoning the water, and resulting in a high rate of breast cancer and infant mortality. It's also a redlined neighborhood—it's a historically Black neighborhood.

The people of Bayview-Hunters Point moved from the south to California to work in the shipping industry during World War II. So all of this becomes the labyrinth: this is the maze in which they're living, because there is poisonous material inside the "monster," underneath that ground, that has made people ill. People were sacrificed partly for the war, but they also continue to be sacrificed through the generations, economically and physically.

Pamela Peniston: I was the set designer for the show, and I did the projections as well. We were talking initially about the labyrinth, but I was kind of tossing between "labyrinth" and "maze," because there's a big difference between them. The labyrinth finishes and you walk through it on a path, but a maze has dead ends. Labyrinths don't really have dead ends. And so, for me, looking at it and drawing back, I looked at it as if the *maze* was the health-care system in this country, and how it treats its people.

Theresa and I kind of came to—well, certainly not blows, but we came to intellectual blows (!). I was like, well, is it a maze or is it a labyrinth? Usually, when you think of Theseus and the Minotaur, do you think of a maze or do you think of a labyrinth? Are these people walking through this eventually to reach the end of the labyrinth, and somebody who's going to eat them and destroy them? Or are they wandering and stumbling around in the dark? When I started thinking about the idea of the healthcare system, for me it felt much more like a maze than a labyrinth. (This wasn't something about coming to some revelation. Somebody said "how do you get these designs?" And I said, "Well, I keep running at a wall, and eventually I figure out how to go around it or over it, you know.") A maze has much more interest and power and fear within it than a labyrinth does.

It's scary, it's the Minotaur; there's something bad in there. I loved watching the women, whether or not they knew what the overlay of the myth was, coming to what "their Minotaur" was. Each one of the women see the Minotaur as something different. It might be an abusive, drug-using husband. It might be a specific doctor being "attitudinal," or it might be the whole racist system. It could be the misconceptions of us that we experience in the medical system; each person's Minotaur could be different, but all within this maze.

AW: I think one thing to remember, as Fe was saying, is that the Bayview neighborhood has the highest rate of violence in San Francisco. It has a well-used school-to-prison pipeline for the children; a high incarceration rate. When you look at something like an ACEs score, which measures trauma, those children are testing at the highest level; and the level of trauma that is happening to our children that live in that neighborhood, or neighborhoods like it, mimics the racism and the maze, and the Minotaur. It gets really, really complicated.

RJ: As the director I deliberately decided that Felicia would be the first voice, and I envisioned her escaping and talking about the journey that she had been on to get there. [Felicia is diabetic and has been so for most of her life. Her mother, who passed away this year, was also diabetic. Felicia has been on a medical journey and has been frustrated by the frequency with which she

is prescribed pills instead of being given better information about health-care].

FB: Our aspirations were for a show that would usually take six months to do, and we only had two and a half months to do it.

AW: ...and we pulled it off. It looked beautiful.

Theresa Dickinson: Oh, it was incredibly successful. We had to turn them away at the doors, and then, the people who did come in, they were certainly San Franciscans, and they were largely Black. And they were very, very enthusiastic from the instant the show started. They were there with everybody, and it felt to me like they learned—I have not experienced a lot of that in theater. I've experienced happy audiences and successful shows, but I haven't experienced a whole lot of places where I thought people actively learned from what they were watching. That's happened with this audience, which was very exciting.

For me it was kind of daunting, because I would think how can I talk to this group of women about the myth? To me that's always been a challenge—to read in this kind of stuff.

RJ: Thanks to Angie and the Women's Resource Center we were able to get more women to participate as well as members of our company.

NR: To clarify, Angie, you're working with women in early release and recovery?

AW: Yes, I work for the sheriff's department and I'm currently running the women's resource center. One of my favorite things about this, even though it wasn't necessarily the intention, is that at the finish line we had three from my group, formerly incarcerated women, and women from the Medea Project, and I really loved that; I think that their stories, although they may have not been from the Bayview, mirrored the stories of the women who live in the Bayview. That was really inspiring to me. We formerly incarcerated women at the table are very excited about it in ways that we haven't been in a while. I mean, we're always excited, but it was really exciting to

watch women work. The lives of these formerly incarcerated women's were changed in the same way that Felicia's life was changed, or my life was changed, because of the Medea methodology.

Lisa Frias: We hustled and bustled with a very short window of time, and it was powerful and meaningful and really rewarding. I feel like there was specificity in the individual stories. But what comes next [the spring show at the Brava theater] will really have a lot *more* specificity in terms of the driving force of the myth, and just a lot more depth. I feel like this show really accomplished what it could, which was what it was set out to do—part one. We're kind of giving the appetizer, of the idea of the maze, and now we can get into the entrée.

NR: How important is the myth itself and why?

AW: When you go back to the Medea methodology, which involves women reading a story and writing in response to it, a myth always drives the story. One of the things that I think is important about this kind of intellectual exercise is to get women to begin to use their brains, and to begin to read, and to be able, again, to have their own throughline to understand these things. I think that the myth is incredibly important to the process, because once you get women's brains working, we know the outcome of that. It's brilliant and beautiful, and they come up with things that sometimes we cannot imagine from an intellectual, academic way.

LF: What comes to mind is the Medea show *A Place at the Table*. There are two things happening: it's not only utilizing myth as a driving force for the evolution of the work, it's also a place at the literature table for people who historically have been excluded from it. I think that there's something really important about a new and different approach; it's sort of like reclaiming the right to have something to say about classical literature, making it accessible and available to all.

With the other myths that we've used, we've had a very clear female protagonist that we latch onto. And she becomes our North Star for the work in a lot of ways, right? This one is a little bit more challenging because we're kind

of focused on the entity of the maze as opposed to a female deity, and that's a different energy in terms of what drives us forward. We're still unpacking the "who" and the "what" of the myth.

RJ: When I think about the early days of the Medea Project and what I could use, when I was first in the jail, first working with women, I told the story of Demeter, and the women who were hearing it were going "Oh, I remember that." I like to present a myth for women to respond to; of course I don't always find one that works.

NR: The Minotaur is a very long and multi-generational story, right? So there's not just one level. There's Pasiphaë, and that's a whole different story. Then there's the birth of the Minotaur, and who's responsible for that? And then there's the rescue, the Theseus piece of it, and that's different too. I wonder who is having that conversation?

LF: It was on a very introductory level with the performers—again, based on the time constraint, as you were saying. I think it's really a core member kind of conversation that we've been having, and we keep circling back and revisiting things. You have to understand, too, that this is not ever an ordinary theater production. I mean, we had a performer in jail the night before the show, right? It's always the Medea way: we pivot, and so I feel like now we have the luxury of time to be able to dive in more deeply to these conversations.

FB: I'm going to ask the classicists to forgive me, but if we start getting too involved with the birth of the Minotaur and Pasiphaë, we lose the focus of what we're trying to do with the myth. The myth for us, and the theme that we're dealing with, is the monster. The monster is the center of a healthcare system that denies and treats Black women unequally.

It is the trauma that women who are at risk face, and even under treatment they die because they haven't dealt with the trauma that led them there in the first place. This is the monster that we're dealing with in the center of the maze; we're trying to work with Dr. Eddie [Machtiger] and the HIV clinic to identify "protective factors" as a way to get out of or recover from a trauma

that led you to addiction or to disease. A protective factor is something that turns that maze into a labyrinth [with a clear end]. That's why we're using it. It's a kind of vehicle to help us visualize guiding women to a form of health-care that's trauma-informed. We have a system based on community confluence and sisterhood that helps guide them through it.

That's why we are here. After ten years of research on the effects of the Medea Project—our system works.

NR: Let's explain a little bit about the clinic and the Medea Project's role in health: the Project is very well known as theater for incarcerated women, but for fifteen years now they've also been working with Eddie Machtinger, a doctor running a wonderful clinic, and are part of the healing offered there. [Edward Machtinger specializes in primary care for people with HIV and AIDS. He directs the UCSF Women's HIV Program and UCSF Center to Advance Trauma-informed Health Care]. They emphasize what they call "protective factors" which can help people with recovery.

FB: A protective factor is the support.

LF: A protective factor is the opposite of a "stressor" in mental health parlance. You use the word "stressor" to describe the things that will decrease a person's capability to be self-sufficient, to be autonomous, to be healthy, to be stable. Whereas a stressor can be a traumatic life event. It can be...

PP: ...living in the swerve, you know.

LF: Housing can be a stressor.

FB: Violence.

LF: Crime. It can be domestic violence; it can be racism and homophobia. All of these things are stressors. A protective factor is the complete opposite of a stressor.

RJ: I was on a webinar with Eddie and a clinic in Philadelphia. This doctor was so condescending to me. She said: “Oh, so nice that you wanna work with the clinic. It’s just great that you have this interest.” Eddie said: “Wait, no. I need her. I need her and her theater to make this all make sense to us.”

Then he started telling her about the Medea Project and what we brought to the clinic. We created this as a portal out for the women in a lot of ways. We’re dealing with women with HIV, but this woman wanted to sort of pat me on the head and send me on my way. She wanted to talk to the great doctor about what they are doing, and I loved that Eddie said “No. The clinic *needs* her organization.”

As we’re talking, I just want us to keep in mind that we have brought such clarity, through our artistic expression, to the clinic as to what’s needed for women, especially those with HIV. Even when I was in New York, or when I was in Philadelphia, Fe was working with the women at the HIV clinic, having weekly sessions and still getting women to write about their fears, their anger. All that came through the Medea Project. We are protectors.

PP: One of the things that was really interesting is that a woman that I’d worked with got back in touch with me—her name is Mona, a poet and artistic director at the QCC (Queer Cultural Center)—after I left. She went on to work for a Black women’s health clinic at UCSF, so I invited her to come in to help work out this program for the Bayview. One of the things she was hired to do, as a Black woman who had worked in healthcare, was to sensitize the doctors and staff to the needs of Black women and to expand UCSF’s programs within the hospital and clinic to accommodate those particular needs. She was excited by the prospect of coming to the show and brought three doctors with her. The doctors, who I think had not expected to see such raw and honest storytelling, were blown away by the women’s experiences and Mona later told me they presented and discussed the work with their colleagues.

We’d hoped to be able to fit 125 seats in there. We ended up with about 145 people squished in even though we weren’t supposed to have people standing. It was so important for the women in the project—I mean, we’d seen it

before, we've been there—but especially for the new women in the project, to hear how they were validated by their community. Even if it wasn't their neighborhood, it was their community, because that audience was 90, if not 95%, Black women, watching the transformation. They want to pick up on this as a project that they can get behind as well.

AW: I just want to go back to Dr. Eddie's research because I've been writing a paper about it for school. And one of the most profound stress factors, in addition to what everyone said, is the stigma. So when we stand before an audience, or, you know, a community, and say we are living with HIV, it is a powerful moment. Coming out about your HIV status is difficult because of the stigma, but it is also incredibly important for healing. Some people in the audience stand up and raise their hand and disclose for the first time as well. If you can't be open about your status, you can't get help, for one thing.

That's why Dr. Eddie thinks that the Medea Project is so important, because of our ability to take that stigma out. And when we take the stigma out of incarceration, HIV mental health, any of those things, then we get our power back—that's an important protective factor.

It's so basic, and people dismiss it. They blame individuals for what is a social situation: "Oh, she's homeless! Why is it that she can't get herself together?" The fact is that she can't get herself together because she has nowhere safe to sleep. And more than that, when you have a vagina, and you're lying in the streets in the Tenderloin, or anywhere, that's going to have a really ugly outcome. People dismiss folks like us, and then they wonder why everything is messed up. Because nobody cares.

But housing, food, love, community are the basis for being human. And now we have a medical language for it, "protective factors," and it's turned into a whole research project, and that makes people special when they provide the basic needs for people. The Medea Project for Incarcerated Women/HIV Circle and the Clinic say: "Here, this is the place where you can stay."

This has been my safe, sacred place for a really long time.

NR: Let me take off from Angie’s last line. I too have felt welcomed by the Medea Project. In answer to the challenge of this special issue, I’d say that the Medea Project is a quintessential American institution, and the use it has made of ancient works is inspiring to me as a classicist and an activist. That is, these myths provide something that Angie speaks of here: a safe, sacred space for women to find themselves. They provide Rhodessa with provocative questions to ask of the participants, and imaginative material for modern performances. They are “American classics,” for sure.



Figure 2. Official poster for the 2024 production

About the authors

Nancy Sorkin Rabinowitz is Professor Emerita of Comparative Literature at Hamilton College. She is the author of *Anxiety Veiled: Euripides and the Traffic in Women* (1993, Cornell) and *Greek Tragedy* (2008, Blackwell), as well as the co-editor of five others. Among her current projects are “Queering the Past(s),” an international interactive digital book that uses ancient material to support high school teachers in presenting a queer-friendly curriculum; and “Nudging the Memory,” an autobiographical theater handbook, co-written with Rhodessa Jones, Director of the Medea Project: Theater for Incarcerated Women/HIV Circle.

Performer, teacher, director Rhodessa Jones is founder and director of The Medea Project: Theater for Incarcerated Women/HIV Circle, an award-winning performance workshop committed to the personal and social transformation of women. Jones and the Medea Project often use ancient stories as the basis for workshops and performances, for instance, *Reality Is Just Outside the Window* (1992, Medea); *Food Taboos in the Land of the Dead* (1993, Persephone), *A Taste of Somewhere Else: A Place at the Table* (1994, Sisyphus), *Slouching towards Armageddon: A Captive’s Conversation/Observation on Race* (1999, Pandora) and *Can We Get There by Candlelight?* (2002, Inanna), and most recently, *MAZE: Life on the Swerve* (2024, 2025, the Minotaur).

Fe Bongolan has been an actor, writer, dramaturg and long-standing core member of The Medea Project: Theater for Incarcerated Women/HIV Circle since 1992.

Angela Wilson is a formerly incarcerated mother, Glama, writer, actress, and teacher; she has been stage/production manager, activist and core member of The Medea Project: Theatre for Incarcerated Women/HIV Circle, since her final release in 1999 from San Francisco County Jail. Angie is currently studying at SF State for her Masters in Theater Arts.

Pamela Peniston has designed sets for theater, dance and television and created computer graphics in New York City, Chicago and Atlanta. Since moving to San Francisco, Pamela designed and painted for more than 25 companies in the Bay Area, among them: Magic, The Willows, Brava, ACT, Theater Rhino, and Stanford University, and is proud to continue working with Rhodessa Jones on her various projects as a designer and collaborator.

Theresa Dickinson is a recipient of a National Endowment for the Arts Choreographer's Grant. Her performance history includes work with the Twyla Tharp Co., Tumbleweed Dance Collective, Drugie Studio Poland, work on Contact Improvisation, and with the Medea Project. She was a Professor in the Arts & Social Change Program of New College of California, and lives in San Francisco with her two sons.

Lisa Frias is a core member of the Medea Project, and has been with the company since 1995, as a choreographer, actor, writer and musician. Additionally, she is a solo performance artist, with works including *Gratitude* (directed by Rhodessa Jones) and her current work in progress, *Project Room 31*. She has taught dance to middle schoolers for 23 years.