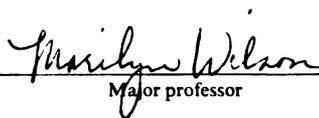




This is to certify that the
dissertation entitled
AIDS FICTION:
A DECADE OF REFLECTION AND CLARIFICATION

presented by
Cherelyn Bush

has been accepted towards fulfillment
of the requirements for
DOCTOR OF PHILOSOPHY degree in English


Major professor

Date 3 April 1996

**LIBRARY
Michigan State
University**

**PLACE IN RETURN BOX to remove this checkout from your record.
TO AVOID FINES return on or before date due.**

DATE DUE	DATE DUE	DATE DUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MSU is An Affirmative Action/Equal Opportunity Institution

c:\circ\dtedue.pm9-p.1

AIDS F

in

AIDS FICTION: A DECADE OF REFLECTION AND CLARIFICATION

By

Cherelyn Bush

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of English

1996

AID

their

atten

prima

liter

commu

study

Feinbe

in the

fiction

pivotal

culture.

The

developed

factual i

entered a

the AIDS

informati

anticipat

the discov

which are

I created

ABSTRACT

AIDS FICTION: A DECADE OF REFLECTION AND CLARIFICATION

By

Cherelyn Bush

Recent writing by gay men in the United States about their experience with AIDS has received popular and critical attention. Minimal critical examination has been done on the primary literature of the AIDS epidemic. The primary literature is derived from gay writings, as that is the community with the foremost authentic AIDS voices. This study examines representative authors, Paul Reed, David Feinberg and Christopher Coe, to determine the alterations in the discourse over the first literary decade of AIDS fiction, 1984 to 1994. This study positions AIDS fiction as pivotal in the creation of the AIDS discourse and an AIDS culture.

The earliest construction of an "AIDS community" was developed by a panicked media and medical profession. As factual information was received and research progressed, we entered an era of crisis control. The most recent era for the AIDS community is the complacent era in which the information disseminated has not affected the population as anticipated. These eras are represented in AIDS fiction and the discourse created allows for an examination of qualities which are reflected in the texts. The categories of analysis I created are only part of a greater AIDS community

di

str

sym

inc

the

a pu

and

consc

compa

compl

A

creati

face of

FWAs co

reflect

communic

dialogue.

AIDS fiction allows for an examination of the support structures available, the medical description of AIDS symptomology, the representation of optimism and the increased sophistication in the description of AIDS. While the first wave of AIDS writing characterized AIDS deaths as a public event and the second wave allowed for testimonials and narratives, current AIDS writings promote a historical consciousness that encourages the reader to practice compassion, understanding and awareness of the danger of complacency.

AIDS fiction is not about a loss of hope, but the creation of a new community that functions powerfully in the face of a personal holocaust. AIDS fiction demonstrates that PWAs continue to live meaningful lives. AIDS fiction reflects the growth in the knowledge base of the greater community and also allows for clarification and insight.

Copyright by
Cherelyn Bush
1996

Dedicated to
the memory of
Marlo R. Harvey

and
those who have died
from AIDS complications

ACKNOWLEDGMENTS

Many thanks to:

Marilyn Wilson, who burns the candle at both ends;
Diane Brunner, for her acute insight;
Robert Martin, for his genteel critique and
Georg Schuttler, for his genial humor.

Special thanks to:

Mike Shelton, for computer and cuisine excellence;
Carol Atkins, for penetrating observations;
Joseph Lentz, for being true-blue.

Chapter
AIDS L

Chapter
Method

Chapter
Silent

Chapter
Panic a

Chapter
Crisis

Chapter
Complac

Chapter
Summary

List of

TABLE OF CONTENTS

Chapter I.
AIDS Literature and American Culture.....1

Chapter II.
Methodology and Categories of Assessment.....43

Chapter III.
Silent Spread and Part One of Eighty-Sixed.....74

Chapter IV.
Panic and Facing It.....101

Chapter V.
Crisis Control and Part Two of Eighty-Sixed.....130

Chapter VI.
Complacency and Such Times.....160

Chapter VII.
Summary and Conclusion.....190

List of References.....212

Chapte

I. Def

I

through

novel

like A

authors

in some

an "A

early

that s

early

about

I

Emmanue

of

Al

cu

Lee Ede

defines

and the

Chapter I. AIDS Literature and American Culture

I. Defining the Central Question and the Problem

I have been an avid reader of contemporary literature throughout my lifetime and remember reading my first AIDS novel in 1988. That novel was Alice Hoffman's At Risk. I like Alice Hoffman and I became curious about what other authors were writing novels that thematically featured AIDS in some way. There did not seem to be many ways to pinpoint an "AIDS novel" from any other kind of fiction until the early 1990's, when critics began compiling bibliographies that stipulated what was an "AIDS" novel. Many of these early novels came from the authors living and writing in and about the gay community.

In the critical text, AIDS: The Literary Response, Emmanuel Nelson describes AIDS texts as

...works which offer broad perspectives that are of some value in locating literary texts about AIDS in their medical, historical, political and cultural contexts. (219)

Lee Edelman discusses the difficulties of denoting what defines AIDS in American culture in his article, "The Mirror and the Tank." He notes that:

"AIDS," t
an opport
of subje
context
"identit
distinct

AIDS literatu
creates an id
fiction of A
as a major t
peripheral t
characteriza
a basic dis
AIDS in pas
focus of th

As I b
fiction was
thinking ab
writers and
AIDS novel
evaluation
changes in
AIDS into
compelled
AIDS theo
Gera
propositi

"AIDS," then, can be figured as a crisis in--and hence an opportunity for--the social shaping or articulation of subjectivities because, in part, the historical context within which "AIDS" in the West achieved its "identity" allowed it to be presented as a syndrome distinctively engaging identity as an issue. (12)

AIDS literature and AIDS fiction does illustrate that AIDS creates an identity for the character who has the virus. The fiction of AIDS has "AIDS" as the central theme, or at least as a major thematic issue in the text. AIDS is not peripheral to the action in the novel or to the major characterizations, but is a foremost characteristic. This is a basic distinction which separates literature that mentions AIDS in passing from literature which makes AIDS a central focus of the text. This is AIDS fiction.

As I began reading more AIDS fiction I found that AIDS fiction was intriguing, entertaining and moving. I began thinking about the authors, their lives and commitments as writers and voices for their communities and I wondered if AIDS novels were not an appropriate format for analysis and evaluation of cultural trends. Did these novels reflect changes in our society over the time since the inception of AIDS into our consciousness to the present? This question compelled me into an extensive reading of AIDS novels and AIDS theory and criticism.

Gerald Graff describes how literary works detail propositions about real life in his article, "Literature as

Assertions.

to disagree

that:

one in

'mess

stater

There

Acquired In

as "AIDS" 1

about the A

time period

interested

American c

fiction.

I have

I wonder a

discourse.

of technic

AIDS and t

be part of

the intent

questions

1. Wh

knowledge

2. Wh

literature

Assertions." He states that literary theorists will continue to disagree about what kind of statements are made, but that:

one important use of such discourse is to assert 'messages' which ask to be taken seriously as statements about real states of affairs. (82)

There are important assertions made in the fiction of Acquired Immune Deficiency Syndrome, hereafter referred to as "AIDS" fiction. These assertions, which relay messages about the AIDS culture and community, have changed over the time period in which AIDS literature has been produced. I'm interested in what the fiction of AIDS tells us about American culture and how AIDS is portrayed in contemporary fiction.

I have read many AIDS novels in the last five years and I wonder about their ability to create and sustain an AIDS discourse. The novels do contain greater or lesser amounts of technical, social and psychological information about AIDS and the AIDS culture. These texts have the potential to be part of an AIDS discourse, and I have also contemplated the intent of the author in creating these novels. The questions I explore in this study are the following:

1. What is the relationship between the state of knowledge of AIDS and the texts that are written?
2. What is the author's intent in writing the literature?

3. Does
reflects the

4. Does
informs and
understanding

5. Does
the text in
These signi
explore in
not answer
be evaluate

The po
during the
and is now
contempora
reside and
A review o
number of
our cultur
AIDS ficti
attempt a
fiction o
change in
and in th
Tim
creation
Politics

3. Does the author attempt to create literature that reflects the cultural changes that are taking place?

4. Does the author attempt to create literature that informs and changes the reader and changes cultural understanding?

5. Does AIDS fiction invite the reader to engage with the text in an aesthetic and efferent manner simultaneously? These significant questions are ones that I will attempt to explore in reviewing AIDS texts, acknowledging that they are not answerable in definitive terms. These questions beg to be evaluated and yet definitive answers may not exist.

The portrayal of AIDS has altered in significant ways during the last decade. AIDS has affected American culture and is now a part of the American fictional landscape. Much contemporary literature reflects the society in which we reside and in that sense it also creates a separate reality. A review of articles on AIDS fiction illustrates a vast number of perspectives and viewpoints of AIDS literature in our culture. I will attempt to analyze specific qualities in AIDS fiction as presented over a ten year time span. My attempt at examining static qualities in varied works of fiction over time will perhaps reveal the evolution of change in AIDS perception, both on the part of the author and in the greater culture.

Tim Edwards discusses the ten year time span as the creation of an AIDS dialectic in his text, Erotics and Politics. He first heard of AIDS in 1983 and he describes

the

gay

c

c

ca

di

pr

de

Edwards

timefram

European

and ackno

the reade

It i

accou

expl

promi

varia

conce

Edwards has

our culture

and politic

that is evi

in this Amer

the social consciousness that developed for him as a young gay man:

The impact of such an epidemic is perhaps most simply explained in psychological terms of shock, denial, anger and grief...This move from a community devastated and shocked to a community consolidated and activated has happened at colossal speed, dizzyingly quickly, and one of the difficulties lies in trying to analyze this process slowly with due care and attention to detail. (123)

Edwards is an AIDS theorist who has carefully created a timeframe for AIDS awareness in American and northern European cultures. He discusses AIDS fiction in his text and acknowledges that an AIDS text demands a great deal from the reader because

It is the symbolic meaning attached to AIDS which accounts for its significance: its juxtaposing and explosion of sex and death, of homosexuality and promiscuity, of intravenous drug use and racial/ethnic variation. AIDS can be seen to mean everything concerning life and death, from eros to thanatos. (124)

Edwards has pinpointed why AIDS fiction is significant in our culture; the complexity of its symbolic, socio-cultural and political meanings constructs an important discourse that is evident in our lives on a daily basis. Those living in this American culture are inundated with AIDS

inform
turn o
relate
Depart
the sc
consci

TI
consta
is evol
diction
as its
hemophi
of Ameri
fiction
the AIDS

Ken
essay "On

Soci
of w
capt
And s
of se
what
what
were m
it was

information. One cannot pick up a newspaper, magazine or turn on the nightly news without some accounting of an AIDS-related issue. It might be a commercial developed by the Department of Health and Human Welfare but it will flash on the screen for ten seconds and become a part of consciousness.

The images of AIDS surround our lives and are constantly changing and evolving. The language of AIDS also is evolving such that "AIDS" has a place in contemporary dictionaries. There is much that is assumed about AIDS, such as its being only sexually transmitted, but hundreds of hemophiliacs will refute that misconception. AIDS is a part of American culture and it is important to evaluate AIDS fiction and AIDS representation. AIDS fiction is a part of the AIDS discourse, created by many knowledgeable authors.

Ken Plummer writes about the discourse of AIDS in his essay "Organizing AIDS":

Social life is organized through language, a great deal of which is political. It serves as a cloak which captures minds and organizes the way the world is seen. And since, as Kenneth Burke once remarked, 'every way of seeing is a way of not seeing,' it matters hugely what language we use to make sense of AIDS. Imagine what AIDS could be like if the meanings surrounding it were more positive. If there was no stigma attached, if it wasn't termed a 'killer disease,' if it wasn't the

C
A

evalua

creati

specif

AIDS c

history

texts p

I

1984 an

time to

changes

novel in

the cult

four cat

1. The d

2. The d

person w

3. The re

devastati

4. The in

the writin

descriptio

The f

language u

'gay plague,' if it wasn't 'caused by sexual promiscuity.' The suffering of people with AIDS is compounded by symbols. (40)

All of these issues make AIDS fiction challenging to evaluate because there are several different communities creating AIDS discourse and each community might have a specific agenda. I will evaluate the discourse of the gay AIDS community, which is the community with the longest history of involvement with the virus. There is a body of texts produced by this community which is ample for study.

I will evaluate AIDS literature over the decade between 1984 and 1994. It makes sense to evaluate AIDS texts over time to allow the texts to reveal cultural change. There are changes evident in AIDS fiction, from the earliest AIDS novel in 1984 to a more recent 1994 publication. To assess the cultural change evident in these texts, I have chosen four categories to evaluate:

1. The description of the disease, AIDS and AIDS symptoms.
2. The description of support structures available to the person with AIDS (PWA).
3. The representation of hope or optimism in the face of a devastating illness.
4. The increasing level of sophistication and complexity in the writing and representation of the disease, in the description of AIDS and AIDS symptoms.

The first category allows me to look directly at the language used to describe AIDS symptoms and illness to see

if changes

understandi

The se

structures

governmenta

caring for

grass roots

will also h

In the

trope, "AI

reality. S

living ove

automatica

the lives

emphasis o

The f

is increas

descriptio

categories

and unders

The u

time could

of AIDS or

II. Larger
Repre

A. Th

if changes evidenced over time indicate a greater cultural understanding of the AIDS virus and symptomology.

The second category looks at the development of support structures for PWA's to see if this category shows the governmental, medical and technological advances made in caring for PWA's while it chronicles the development of grass roots organizations. Familial and love relationships will also be examined in this category.

In the third category, I will review the earliest AIDS trope, "AIDS=death," which is a decidedly depressing reality. Statistics indicate that many individuals are living over a decade with the HIV virus so AIDS no longer automatically means death. Current AIDS fiction might detail the lives of individuals with AIDS and the change in the emphasis on their "living" rather than their deaths.

The fourth category will allow me to examine if there is increased complexity and sophistication in the description that is illustrated in the first three categories. This might reflect an increased knowledge base and understanding of the AIDS culture in America.

The use of these four categories to evaluate texts over time could suggest some intriguing findings about the impact of AIDS on American culture.

II. Larger Issues about AIDS in American Culture and the Representation of AIDS Issues in Fiction

A. The "AIDS-changed World."

Jo
film) w
his esse
HIV
hou
the
Clum is
American
AIDS on
precedin
in previ
time is
a new wa
The
what Clu
...
wor
ang
Reviewing
different
AIDS awa
clearly
earliest
and grief
to the br
notes tha
those qua

John Clum describes a variety of mediums (TV, novels, film) which exhibit the changes AIDS creates over time. In his essay, "Once I Had It All," he states:

HIV is not only an invasion of one loving couple, one household, or of a gay culture; it is an invasion of the American dream itself. (210)

Clum is accurate in describing AIDS as an "invasion of the American dream." This description highlights the impact of AIDS on American culture and is a reminder that in the preceding fifteen years, AIDS has altered American culture in previously unimaginable ways. The impact of AIDS over time is demonstrated in representative texts that allow for a new way of seeing illness in our culture.

The changes apparent over time in AIDS fiction provide what Clum describes as an AIDS-changed world:

...the days before AIDS was heaven. The AIDS-changed world is one of fear, debilitating illness, loss, anger, action--and nostalgia. (207)

Reviewing AIDS fiction over time does allow one to evaluate different eras in "AIDS consciousness." The descriptions of AIDS awareness and the impact on American culture can be clearly delineated and defined. Clum is describing the earliest AIDS fiction which was primarily fiction of loss and grief. Those nostalgic works were powerful testimonies to the brave spirit of PWA's and their caretakers. Clum also notes that "anger and action" are a part of AIDS fiction and those qualities exist in a specific era of AIDS fiction.

B

O

descri

Admitted

politic

of AIDS

develop

politic

"Free yo

equal op

recreati

happines

previous

powerfull

heterosex

being at

Much

the-closet

community

in the gen

contribute

politics o

minorities

same-sex pa

married or

B. The "before and after" Representation

One of the considerations in AIDS fiction which Clum describes is the "before and after" quality of some texts. Admittedly, there was an era of prosperity, good health and political freedom in the gay community prior to the advent of AIDS. In a historical context, the era of AIDS development, or the 1970's was one of the most socially, politically and sexually heightened eras since 1900. The "Free yourself!" cry of the 1960's combined with mandated equal opportunity and an increase in personal income and recreational time produced widely varied "pursuits of happiness." Gay men had a wide spectrum of choices which had previously not existed for them. The gay subculture was so powerfully vivid that it frequently crossed over into the heterosexual realm, with fashion, recreation and politics being at the forefront.

Much of the music, fashion, dance crazes and "out-of-the-closet" attitudes were first exhibited within the gay community and were accepted and developed more extensively in the general population. The gay subculture has contributed a great deal to the American culture. The politics of gay rights fit in neatly with the issues of minorities and women's rights and in some cities gays (or same-sex partners) have secured the same legal rights as married or cohabitating heterosexual couples.

blitz

belief

home e

MTV. O

much in

bombard

CI

and aft

retriev

in the p

older ga

Stonewa

that rec

The

The

bef

pas

bat

C. T

Tim

in his te

delineati

He sees fo

Silent Spr

Technological developments have created a massive media blitz of information for public consumption. Individual beliefs, actions and feelings are brought into the American home every night on the evening news, or in magazine form or MTV. On a daily basis our homes and minds are filled with so much information that it became inevitable that we are also bombarded with information about AIDS.

Clum believes that AIDS fiction often defines a "before and after" sensibility: a way of either rejecting, retrieving or affirming the past (pre-AIDS) while surviving in the present. He does not see much of a future for the older gay community that lost many of its early post-Stonewall members to AIDS-related deaths, but he does note that recent AIDS fiction calls for personal activism:

There is no more need for depictions of loss and grief. There is no longer time for nostalgia, for the "time before the war," which is receding farther into the past... AIDS fiction of the 1990's will be a record of battles waged... (221)

C. The Time Eras of AIDS Awareness

Tim Edwards neatly categorizes the time periods of AIDS in his text, Erotics and Politics. This is his model for delineating the historical development of the AIDS epidemic. He sees four stages:

Silent Spread (Pre-1981)

The epidemic spreads silently through specific populations without demonstrating symptoms systematically and without diagnosis. Early symptoms were easily confused with routine sexually transmitted diseases. Due to the discovery of the potentially very long time required for development of symptoms, the AIDS epidemic is assumed to have spread primarily "silently" throughout the 1970's or even earlier.

Panic (approximately 1981-1986)

A second phase developed as symptomatic patients started to appear in hospitals and in particular, people started dying without medical explanation. GRID (Gay Related Immune Deficiency) was one of the earliest diagnosis as many of the early patients were sexually active gay men. Media hysteria and discrimination ensued as cases came to light and misleading causes and outcomes were created, including the metaphor of the "gay plague." Patients were mistreated, AIDS-afflicted tenants evicted and there was an overall increase in violence against the gay community.

Crisis Control (1986 to the present)

This phase was created as AIDS causes were clarified and risk categories shifted into "risky behaviors." The slow involvement of the government in funding health education was central in the process. This phase is still in evidence today as health education dominates local and governmental agendas.

Compla

This p

it bec

failed

whole.

less s

that A

Ed

which t

descrip

develop

represe

allows

distinct

The

for each

example,

or about

characte

having a

Eighty-S

accurate

Edwards.

describes

Panic era

describes

Complacency (1988 - present)

This phase developed as information overload developed and it became evident that the information disseminated had failed to penetrate the practices of the population as a whole. The spread and development of the epidemic appears less significant and many people assume they are immune, and that AIDS is merely a moral or media panic.

Edwards has provided valid time categorizations in which to evaluate cultural change. He provides a brief description of some facets of change created by the development of an AIDS culture for each era. Using representative texts from these different time categories allows for an assessment of the accuracy of his categorical distinctions.

There are novels which serve as a representative novels for each one of Edwards's eras, or time periods. For example, an AIDS novel written in the pre-1981 time period or about the pre-1981 time period could exhibit characteristics that Edwards describes, in addition to having a variety of other qualities. David Feinberg's novel, Eighty-Sixed, published in 1989, describes in a historically accurate manner the Silent Spread era as detailed by Edwards. Paul Reed's novel, Facing It, published in 1984, describes many of the qualities attributed to Edwards's Panic era. Part Two of Feinberg's Eighty-Sixed also describes with accuracy Edwards's Crisis Control era, in

which it

to repre

Coe's SE

Clare. I

novels in

In a

Edwards's

categories

categories

not found

framework

own time

William L

talked abo

and AIDS.

(Gay Relat

referents

No wo

have

years

Edwards's

of the eras

sociocultur

linguistic

well-define

political or

impact of AI

which it was published. Many contemporary novels could serve to represent Edwards's Complacency era, such as Christopher Coe's Such Times or Christopher Bram's In Memory of Angel Clare. I will describe fully the choosing of representative novels in Chapter Two.

In addition to reviewing the texts for evidence of Edwards's time frame qualities, I will evaluate the four categories which I have previously described. Edwards's categories are unique and in reviewing other authors I have not found an assessment which uses his categories as a time framework. Other authors have similarities in creating their own time frames for AIDS awareness. One such author is William Leap, who describes the way that AIDS has been talked about in the last decade in his article, "Language and AIDS." Leap uses a chronology which begins with "GRID" (Gay Related Immune Deficiency) and moves through other referents until he notes that "AIDS" is used as a noun:

No wonder, then, that so many different paraphrases have become a part of "ordinary English" in recent years... (156)

Edwards's descriptive delineations for the characteristics of the eras of AIDS awareness cover a broad range of sociocultural, medical and political, in addition to linguistic categories. Because Edwards's chronology is so well-defined and broad, not limited to merely linguistic or political or sexual qualities, but combining evidence of the impact of AIDS on the greater culture, I have chosen

Edwards'

paramete

II. A Re

A. I

Ger

reading a

variety o

fiction i

credence

Read

asse

making

Read

from the t

authors of

comprehens

written to

reflect an

Alan C

response of

Literature

Literature.

they indica

who is readi

process and

Edwards's suggested AIDS time frame to use as the time parameter for selecting AIDS fiction.

II. A Review of Reader-Response Theory

A. Reader-Response in AIDS Fiction

Gerald Graff describes the transactional process of reading and states that readers engage with texts on a variety of levels. It is important to recognize the power of fiction in creating a new reality for the reader and to give credence to this significant point:

Readers, for their part, can scarcely help formulating assertions in the form of thematic propositions, in making sense of literary works... (105).

Readers come to the text with expectations and learn from the text while they are interacting with the text. The authors of the AIDS culture offer the most comprehensive and comprehensible information to their audience. The texts are written to engage and enlighten and I wonder if they also reflect an increased knowledge base in American culture.

Alan C. Purves and Richard Beach have studied the response of the reader to literature. In their classic text, Literature and the Reader: Research in Response to Literature, Reading Interests and the Teaching of Literature they indicate that adults read for meaning. The adult reader who is reading for meaning is engaging in a transactional process and they state:

...we know that a work of literature can have a profound effect on the beliefs and even upon the emotional life of the individual. (177-178)

Michael Denny believes that fiction in particular allows people to exist simultaneously in a variety of worlds. He notes:

...we can bridge these distances by the active power of the imagination, that power, as Hannah Arendt used to say, that makes present which is absent, that makes near which is far, that power which is the root and source of all human understanding. (52)

Denny is discussing a transactional model of reading which allows one to develop a relationship with the text. An earlier theorist of the transactional model of reading was Louise Rosenblatt. In her text, The Reader, the Text, the Poem: The Transactional Theory of the Literary Work. She describes the reading process:

In broadest terms, then, the basic paradigm of the reading process consists in the response to cues; the adoption of an efferent or aesthetic stance; the development of a tentative framework or guiding principle of organization; the arousal of expectations that influence the selection and synthesis of further responses; the fulfillment or reinforcement of expectations, or their frustration, sometimes leading to the revision of the framework, and sometimes, if necessary, to rereading; the arousal

of
th
or
Rosenbl
the tex
the rea
and tha
differen

As
lit
bri
know
to t
a me
verb

Rosenblat
the litera
composed o

The "
affect

Rosenblatt
from the ob
to allow fo

Rosenbl
how a reader
AIDS text. A
fferent and

of further expectations; until, if all goes well, with the completed decoding of the text, the final synthesis or organization is achieved. (54)

Rosenblatt describes an interaction between the reader and the text that is complex, yet also simple. She notes that the reader's expectations and past experience are important and that readers do take a different stance in approaching different kinds of literature. She notes that:

As with all texts, the reader must bring more than a literal understanding of the individual words. He must bring a whole body of cultural assumptions, practical knowledge, awareness of literary conventions, readiness to think and feel. These provide the basis for weaving a meaningful structure around the clues offered by the verbal symbols. (88)

Rosenblatt suggests that the reader attempts to understand the literary work as an "organized whole." Texts are composed of "strata", or layers of meaning, or norms;

The "world" which the reader brings to the text will affect what he makes of all the so-called strata. (108)

Rosenblatt encourages reading theorists to "free ourselves from the obsession with a single correct reading, (118)" and to allow for new readings of texts that are dynamic.

Rosenblatt provides a framework for an understanding of how a reader might take a stance with a text, including an AIDS text. AIDS fiction presents possibilities for both an efferent and aesthetic stance and the reader will have a

tentative f
beginning t
which will
clarify and
revision o
information
This allow
eventually

Rosen

in only an
or aesthet
read his w
but can pau
formula. In
emphasizes
aesthetic s
that most r
that this p
the text, t

AIDS fi

average read
framework re
reader's fra
knowledge of
knowledge als

AIDS fic

engage with t

tentative framework of background knowledge about AIDS in beginning the novel. The novel might arouse expectations which will create further responses which will reinforce, or clarify and fulfill expectations while leading to the revision of the framework, perhaps by introducing information somewhat outside of the background knowledge. This allows for arousal of further expectations and eventually the final synthesis is achieved.

Rosenblatt implies that rarely does one read strictly in only an "either-or" manner, engaging in only an efferent or aesthetic stance. She describes how a mathematician will read his written solution with an initially efferent stance but can pause, and admire the elegance of the mathematical formula. In this instance which she describes, she emphasizes that the reader is shifting between efferent and aesthetic stances in the transactional process. She notes that most readers make these continual and subtle shifts and that this process is based on the reader's action towards the text, their attitudes and background knowledge.

AIDS fiction both provides background knowledge to the average reader and also encourages additional growth and framework revision by providing information outside of most reader's framework. AIDS fiction can reflect the background knowledge of the reader and allow for the creation of new knowledge also.

AIDS fiction offers the reader the opportunity to engage with the text in both an efferent and aesthetic

manner.
more des
of the A
encourag
offer li
that pro
create f
reader.

Rose
creating
symbols c
uses reso
as a stim
transactio

Rosen
text. The
Reader-Res
Practice, I
Reader's Re
states:

Transa
relati
not dy
by what
presupp
being s

manner. If considerable detailing is offered in AIDS texts, more descriptive detailing than is readily available outside of the AIDS community, then AIDS authors might be encouraging an efferent reading stance. AIDS texts also offer lifestyle characterizations and stylistic elements that provide a pleasing aesthetic experience so the authors create fiction that can be approached either way by the reader.

Rosenblatt suggests that the reader is capable of creating meaning from the clues offered by the verbal symbols created by the author. The reader of an AIDS text uses resources to fill in the gaps, to experience the text as a stimulus to additional thinking and feeling. This transactional process has been analyzed by other theorists.

Rosenblatt is discussed extensively in John Clifford's text. The Experience of Reading Louise Rosenblatt and Reader-Response Theory. Ann Berthoff's chapter, "Democratic Practice, Pragmatic Vistas: Louise Rosenblatt and the Reader's Response" discusses the meaning of transaction and states:

Transaction, as Rosenblatt intends it, means that the relationship between the reader and what is read is not dyadic, like stimulus-response, but is mediated by what he brings to what he reads, by what he presupposes and conjectures and concludes about what is being said and what it might mean... (79)

The reader of an AIDS text does bring their experience and background to the reading of the text and reads perhaps for aesthetic desire, or what Rosenblatt describes as, "...what he is living through during his relationship with that particular text" (25). The "final synthesis" that the reader arrives at might appear to have developed from an efferent interaction however. For if the reader is aware of "what he will carry away from the reading" (Rosenblatt 24), then he has achieved the continuum which she sees as being the hallmark of transactional reading:

Actually, no hard-and-fast line separates efferent--scientific or expository--reading on the one hand from aesthetic reading on the other. It is more accurate to think of a continuum, a series of gradations between the nonaesthetic and theaesthetic extremes. (35)

Michael Denny discusses the developing interest in gay/AIDS literature and highlights the interest of the reader as being what Rosenblatt would refer to as "efferent and aesthetic." He suggests that the developing interest of these readers could mirror cultural changes evident in American society. These changes could indicate that readers are willing to experiment with literature outside of their realm of direct experience, and perhaps are seeking information about the gay/AIDS lifestyle. This might suggest a efferent reading stance on the part of that reader and another reader might be seeking what Rosenblatt refers to as

"the asso
words and
but devel
developing
this inter
it was a c
authors al
occurring.
efferent s
challenged

...the
offere
draw s
of exp
organi

43)

The no

death is sl

like Magic J

"living with

written refl

experience o

and in the au

Michael

apocalypse no

article, "Ter

the decade of

"the associations, feelings, attitudes and ideas that these words and their referents arouse within him"(25). This slow, but developing interest in gay literature could suggest a developing interest in the gay and AIDS community and that this interest is more commonplace in American society than it was a decade ago. Perhaps the creation of AIDS texts by authors also reflects the cultural changes which are slowly occurring. AIDS texts encourage both an aesthetic and efferent stance in the reader. Readers of AIDS fiction are challenged and rewarded by the text because:

...the reader responds to the verbal stimuli offered by the text, but at the same time he must draw selectively on the resources of his own fund of experiences and sensibility to provide and organize the substance of his response. (Rosenblatt 43)

The notion of AIDS as being irretrievably linked to death is slowly changing, primarily because of media figures like Magic Johnson or Greg Louganis. The social context of "living with AIDS" is being redefined. The AIDS texts being written reflect this awakening cultural awareness. The experience of the text mirrors the experience in the culture and in the author's community.

Michael Lynch qualifies this time period as "not apocalypse now, but apocalypse from now on"(82). In his article, "Terrors of Resurrection," he describes changes in the decade of AIDS:

How

focu

to p

dema

focu

pote

Lynch is

that can

experie

recogniti

recognized

AIDS

earliest

the presen

in underst

the virus.

their read

AIDS

constructi

AIDS commu

reflect imp

intricate

what the te

that these

purveyors o

B. The

How sensible folks seem then, when, they shift the focus from death to chronic illness...from AIDS victims to people living with AIDS...from revising wills to demanding treatments. To the degree that we shift the focus thus, we have shifted from the apocalyptic to the potentially manageable. (82)

Lynch is describing the change in society which is a change that can be recognized by the reader through a transactional experience with the AIDS text. This is just one of many recognitions that can be developed, reaffirmed or recognized.

AIDS fiction does demonstrate the shift from the earliest time when very little was known about the virus to the present, in which considerable advances have been made in understanding transmission, containment and management of the virus. Readers can obtain and review all of this through their reading.

AIDS fiction might offer the reader an experience of constructing increased knowledge of the AIDS community; that AIDS community represented in the text which already might reflect important cultural evolutionary change. This intricate process of transaction, of the reader reading into what the text reflects about the changed society suggests that these novels might be important cultural documents: purveyors of an altered and ever-altering discourse.

B. The Adult Reader of AIDS Fiction

J.A.

of how chi

several re

of other r

she provid

In dy

conti

memor

conne

are t

She sees a

read for e

gratificat

truth of i

the story

of the adu

...ad:

of how

over c

Consc:

the or

whatev

Appley

acknowledge

She paints

fanaticism

J.A. Appleyard devotes an entire text to her analysis of how children and adults become readers. She examines several reading theories from her own research and analysis of other research projects. In her book, Becoming A Reader, she provides chronological stages of development:

In dynamic involvement with the text, the reader continually focuses and refocuses expectations and memories, building more consistent and meaningful connections as the interacting structures of the text are traversed from beginning to end. (7)

She sees adults as "pragmatic readers," who might choose to read for escape, to experience a new challenge, gratification, or to learn something new and determine the truth of it. She notes that "the reader not only actualizes the story but completes it"(19) and in a fuller description of the adult reader she notes an important point:

...adult readers choose to read and are very much aware of how voluntary their reading is. They choose reading over other activities that claim their time...

Consciousness of their own motives and responses may be the one truly distinctive mark of adult readers, whatever their age. (164)

Appleyard sees adult readers as seekers of truth and acknowledges that such a search can take different forms. She paints the positive side of this search not as fanaticism for "one truth" but:

the d

and c

(173)

Perhaps thi

fiction; wh

increased c

Despit

flouri

1980's

gay an

the fi

AIDS has be

is obvious :

purchasers a

and understa

National Ass

now the numb

(Templeton 1

share with t

integrated s

appear periph

are not AIDS

suggest that

of AIDS in Am

Appleyar

attention on

from the read

the determined quest to understand, to solve problems and construct theories, to get to the bottom of things. (173)

Perhaps this might explain why more people are reading AIDS fiction; why the market for gay and lesbian fiction has increased considerably in the 1990's:

Despite continued homophobia in society, gay literature flourished in the late 1970's and throughout the 1980's. This has continued in the early 1990's: "400 gay and lesbian books were scheduled for publication in the first three months of 1990 alone" (Koponen 13).

AIDS has been a part of American culture long enough that it is obvious it will not simply "fade away." Are the purchasers and readers of AIDS novels choosing to read about and understand AIDS more fully? According to current National Association of People with AIDS studies, AIDS is now the number one cause of death in individuals aged 25-44 (Templeton 1) and authors of AIDS texts have perspective to share with their interested audience. AIDS is becoming integrated so thoroughly into the culture that it does appear peripherally in many contemporary novels, though they are not AIDS novels. Perhaps these references to AIDS suggest that there is increasing acceptance and recognition of AIDS in American culture.

Appleyard sees reading as both "efferent"-focusing attention on what the words refer to, on what is taken away from the reading and "aesthetic"-a focus on the experience

the reader
search for
of allowing
feelings, a
believes th
summation:

...rea
coming
knowle
oursel
...this
stake
appropri
oriente
same ti
sensory
cultural
mysteri
We appr
acting.

Appleya
writing and
to know, but
reaching out
which illumir
attempt to en
the AIDS comm

the reader has during reading. She believes that the adult search for truth lies closer to the "aesthetic" end as a way of allowing the reader to "select and synthesize the ideas, feelings, and images aroused by the work" (173). Appleyard believes that the reading process is complex. She notes in summation:

...reading a text, reading the text that is the world, coming to understand how we appropriate our own knowledge of text and world, and appropriating ourselves by our choices are all related activities. ...this view of development helps us see what is at stake in our humanity--The goal of development is to appropriate ourselves fully, both as spiritual beings oriented by an unrestricted desire to know and at the same time as embodied spirits operating in and through sensory and imaginable experiences and in and through a cultural framework that centers our world in the mysterious unknown that orients and scales our lives. We appropriate ourselves not only by knowing, but by acting. (187)

Appleyard suggests possible reasons for both the writing and reading of AIDS fiction: not only to learn, or to know, but to act. Perhaps the authors of AIDS novels are reaching out to their readers. In their creation of a text which illuminates and reflects cultural change they can also attempt to enlighten by sharing the latest knowledge from the AIDS community. This combination of reflecting what is

commonly known

that significa

Perhaps t

reader. AIDS a

lives of indiv

texts that ful

psychological

written by HIV

Unquestionably,

aesthetic exper

it actually ser

an opportunity

and for the adu

known. It can i

All fiction

AIDS fiction off

continually deve

culture. The aut

audience whether

work, or with a

Such Times. AID

both enlightens a

does encourage th

III. Review of th

A. AIDS Fict

commonly known and building new information would indicate that significant transaction is taking place.

Perhaps the intent of AIDS fiction is to inform the reader. AIDS authors do present an accurate portrayal of the lives of individuals who have the AIDS virus. They create texts that fully delineate the complex social and psychological issues surrounding "having AIDS" and texts written by HIV-positive authors are acutely perceptive. Unquestionably, the fiction is created to provide an aesthetic experience but that is not the only function that it actually serves. It can be enjoyed, provide an escape or an opportunity to learn something new, as Appleyard states, and for the adult reader, a clarification of the lesser known. It can inform the reader.

All fiction has the capacity to inform the reader and AIDS fiction offers this to the reader because there is continually developing information about AIDS in our culture. The authors of AIDS fiction intend to inform their audience whether it be humorously, as in David Feinberg's work, or with a historical overview, as in Christopher Coe's Such Times. AIDS fiction has more than a singular role. It both enlightens and entertains, clarifies and delights and does encourage the reader to engage on many levels.

III. Review of the Literature

A. AIDS Fiction and Authors, 1981-1986

When

bibliograph

published a

bibliograph

to determin

following:

Murphy, Tim

Nelson, Etm

Pastore, Ju

These

bibliograph

I chose to

publication

Edwards's A

with AIDS w

exceptions

Maupin's Bal

Early A

infected inc

lovers who c

"Testimony."

had seen the

were margina

Peabody's Th

death from A

Several

individuals w

When I first started reading AIDS fiction there were no bibliographies of AIDS texts. Today, several have been published and undoubtedly more exist. The three bibliographies I reviewed when I began reading more novels to determine appropriate novels for evaluation are the following:

Murphy, Timothy and Suzanne Poirier. Writing AIDS.

Nelson, Emmanuel S. AIDS: The Literary Response.

Pastore, Judith. Confronting AIDS Through Literature.

These three critical texts offer extensive bibliographies and it was from the combination of these that I chose to read AIDS novels. I selected novels by publication date to find novels that would fit into Timothy Edwards's AIDS eras. Very few novels that dealt extensively with AIDS were published prior to 1986, two noteworthy exceptions being Paul Reed's Facing It and Armistead Maupin's Baby Cakes.

Early AIDS fiction was frequently produced by non-infected individuals who had directly cared for sons or lovers who died, according to Timothy Murphy in his essay, "Testimony." Murphy notes that the authors were healthy but had seen the devastation up close. Many of these early texts were marginally fictionalized eulogies, such as Barbara Peabody's The Screaming Room, her tale of her son's slow death from AIDS-related complications.

Several of the bestselling AIDS novels were written by individuals who had no firsthand knowledge of AIDS. In Roger

Sutton's in

adult novel

whose older

"I did

There

to die

and suc

terrifi

poignan

Kerr had no t

the text, whi

Risk is descr

Hoffman has a

with AIDS when

in his essay,

three American

"forsaking the

society to regi

Hoffman sanitize

(27). He summa

at all, but the

concludes that A

...does not

disease has

Hoffman's na

exploitative

without grap

Sutton's interview with the author M.E. Kerr, whose young adult novel Night Kites features a teenaged protagonist whose older brother has AIDS, she states:

"I didn't ever think that AIDS was going to last... There was a boy in this town who came home with AIDS, to die. The family always gave a big Christmas party, and suddenly the caterers wouldn't go; everybody was terrified of this disease. I thought it was such a poignant story.." (27).

Kerr had no firsthand knowledge of the virus when creating the text, which is also true of Alice Hoffman. Her novel, At Risk is described by R.Z. Sheppard as a "one-hankie book" and Hoffman has admitted that she had no firsthand experience with AIDS when she wrote it. Joseph Dewey analyzes At Risk in his essay, "Music For a Closing: Responses to AIDS in three American Novels." He notes that Hoffman's novel, "forsaking the tensions caused by AIDS on the margins of society to register the impact within the settled middle, Hoffman sanitizes the epidemic, makes it reader-friendly" (27). He summarizes that the text is really not about AIDS at all, but the resilience of an American family. He concludes that At Risk:

...does not focus on the isolation and anxieties the disease has prompted within the gay community... Hoffman's narrative is, finally, unpleasantly exploitative as it summons the images of the epidemic without grappling with its essential definition. (29)

I have
must have
there is a
about AIDS
is not accu
"Blood Simp
gay men are
in 1995. The
and devastat
population i
rapidly in o

In his
Emmanuel Nels
a non-gay, no
more publicati
reviewed than
are questions
and if these te
persuasive. Nel

Their respo
AIDS to the
Early AIDS
Panic era, which
Early AIDS texts
EWA in this time
family and commu
their own knowled

I have not reviewed criticism which has stated that one must have AIDS to write about it, but as Dewey suggests, there is a strong belief in the gay community that to write about AIDS and not include the issues of the gay community is not accurate. According to John Weir, in his article, "Blood Simple," CDC statistics continue to demonstrate that gay men are the group with the highest infection rate, even in 1995. The gay community has indisputably been decimated and devastated by the virus, more so than any other population in America, although infection rates are rising rapidly in other communities and age groups.

In his article, "AIDS and the American Novel," Emmanuel Nelson suggests that gay authors are outraged that a non-gay, non-infected author's text received considerably more publication kudos and was more frequently read and reviewed than fiction written by a gay author or PWA. There are questions about the accuracy of the portrayal of the PWA and if these texts are adequately descriptive and persuasive. Nelson makes this statement about gay authors:

Their response to AIDS, inevitably, is deeply personal. AIDS to them is too real to be merely a metaphor. (48)

Early AIDS texts fit primarily into Timothy Edwards's *Panic* era, which chronicles the time period of 1981-1986. Early AIDS texts did chronicle the usually rapid demise of a PWA in this time period. Readers can see how the fictional family and community lives with PWA's and this can inform their own knowledge about what they might do in a similar

situation
offers th
represent
young man
even inclu
because sh
spread. Th
1986, whic
author Pau
offers bot
medical tex
There were
heterosexua
significant
predict futu
characterize

B. AIDS

A succes
published in
view of a you
transfusion i
reader that AI
reason alone,
that it encour

situation. M.E. Kerr's Night Kites, published in 1986, offers the young adult and adult reader a mild representation of the beginning of the AIDS infection in a young man. Kerr admitted to Roger Sutton that she did not even include information about condom use in her novel because she did not believe that AIDS would continue to spread. This novel offers a very basic version of AIDS in 1986, which contrasts significantly with a text from the gay author Paul Reed. His novel, Facing It, published in 1984, offers both information about condom use and technical medical terminology, symptomology and treatment suggestions. There were distinct differences in the texts of gay and heterosexual writers in this time period, but there were significant similarities also. Neither of these novels could predict future AIDS issues, and that lack of knowledge characterized the Panic era.

B. AIDS Fiction and Authors, 1987-present

A successful text like Alice Hoffman's At Risk, published in 1988, allows a less AIDS-aware reader a gentle view of a young girl with AIDS. Her infection due to a blood transfusion is tragic and also reminds the less AIDS-aware reader that AIDS affects many different people. For this reason alone, Hoffman's book could said to be successful in that it encourages that first step towards understanding and

compassion towards a pre-teen inadvertently infected with the virus.

In the article, "Suburban AIDS: Alice Hoffman's At Risk," Judith Pastore asks the question, "Does At Risk distort and betray the realities of AIDS?"(40). She is very careful in her critique and allows how it is probably better that Hoffman didn't attempt to write outside "the kind of suburban life her novels always depict"(41). She notes that At Risk does little to combat homophobia or portray the gay AIDS or IV-drug-using AIDS sufferers. She cites Hoffman's lack of current medical knowledge in her representation of AIDS treatment, but admits that AIDS research causes problems of topicality for any AIDS writer.

She does note that:

At Risk opens up the possibility for greater compassion by first showing AIDS in the known and then shifting briefly to the "Other" who even in an attenuated, sanitized version still has the potential of enabling people to make the necessary imaginative leap.(49)

This text fits into Tim Edwards's Crisis Control era and it does exhibit characteristics of that time period.

Lee Edelman delineates the kind of fear, or homophobic constructions that exist in American culture in his text, Homographesis. He believes that Americans want to identify AIDS as a gay disease to separate the "them and us." He states:

...we might rather say that infection endlessly breeds

sentences--sentences whose implication in a poisonous history of homophobic constructions assures that no matter what the explicit ideology they serve, they will carry within them the virulent germ of the dominant cultural discourse. (91)

Edelman is perhaps too critical of the dominant cultural discourse. AIDS texts have the potential to impact on belief systems of the readers and in doing so, could change the discourse to one which accurately reflects the AIDS community. The evolution evident in AIDS texts could highlight changes in American culture and cultural discourse.

AIDS texts blur the issue of separatism, the "them and the us." AIDS fiction does not eliminate the recognition that some individuals have the AIDS virus and some do not. The message in many AIDS texts is that whether infected or not, "we" are "them" and "they" are "us." AIDS texts demonstrate that we are caretakers, husbands, wives, children, lovers and teachers, doctors and lawyers as are the PWA's. These texts invite the reader to contemplate a world where all have equal voice.

C. The Language of AIDS Fiction

Paula Treichler evaluates the language of AIDS in her article, "AIDS, Homophobia and Biomedical Discourse: An Epidemic of Signification." She examines and cleanly dissects several texts to expose the diverse and inaccurate

conc

inte

AIDS

asse

rhet

Gay

voic

r

r

t

me

di

an

conceptualizations of AIDS. She believes that much of the intelligent and factual material has come from within the AIDS community. This community has frequently contested the assertions of the biomedical community. She states:

...what AIDS signifies must be democratically determined: we cannot afford to let scientists or any other group of 'experts' dismiss our meaning as misconceptions and our alternative views as noise which interferes with the pure processes of scientific inquiry. Rather, we need to insist that many voices contribute to the construction of official definitions--and specifically certain voices that need urgently to be heard. (287)

Michael Denny describes the development of gay rhetoric in his article, "AIDS Writing and the Creation of Gay Culture." He provides a historical overview of those voices that "need urgently to be heard":

During the decade of gay liberation...the process of transformation ignited everywhere, and the enormously complex act of redefinition--was spontaneous, decentralized and multiple. Something akin to Nietzsche's "transvaluation of all values" was happening...with the advent of AIDS...a new and heavier task fell to the writers: sounding the alarm, mobilizing the community...and initiating the discourse of AIDS in the silence of the national media and institutionalized medicine. (39)

Pre-AIDS gay texts which describe the pre-AIDS era are delightfully and richly constructed tales of the gay community in the 1970's when "anything is possible." Numerous gay authors delineate the capturing of the "American dream" by many post-Stonewall gay men, but the appearance of AIDS has radically altered this community. This alteration in the gay culture and community is noted in the decade of AIDS, from 1984 through 1994. The numerous changes in the gay community are reflective of changes in the greater community, which was slower to recognize the AIDS virus as a serious or devastating illness. A new culture is being defined and created by AIDS and AIDS fiction illustrates this culture very clearly.

Denneny believes that AIDS fiction is critical to the understanding of AIDS culture. He sees AIDS writing as:

...individual acts of language performed in the full light of the community's crisis. They are, I would argue, the primary discourse of AIDS, a public dialogue that articulates the experience of the community and constitutes beyond the shadow of a doubt, the creation of a culture. (43)

The creation of an AIDS culture and the representation of it in fiction is important to evaluate because there is little evaluation of such fiction at this time. There are individual works that have been evaluated and these evaluations appear as chapters in anthologies but there is no study that I have found that has evaluated qualities in

AIDS fiction over time. A review of the Dissertation Abstracts International from 1989 through 1994 illustrates many AIDS dissertations in the fields of science, psychology, sociology and anthropology but none in literature and language. One AIDS dissertation in Anthropology is about the discourse in the gay press from 1981-1986. This dissertation, Silence equals death: Discourses on AIDS and Identity in the gay press, 1981-1986 by Karen S. Heller is the only AIDS dissertation that addresses some of the issues raised in AIDS fiction. She is focusing on sociocultural change in response to the AIDS crisis.

AIDS theorists are just beginning to look at the impact of fiction upon the greater culture. In AIDS anthologies, AIDS has been evaluated as a metaphor or in a symbolic manner. Early AIDS fiction has been compared to plague literature with the focus on the trope "AIDS=death."

My study will allow AIDS texts to reveal what is changing in the larger community over time. There is much that is represented in AIDS fiction: the government, medical community, heterosexual community and gay community and each is touched by AIDS. Each community has been affected by AIDS and the response is evidenced in AIDS texts. That response is the beginning of the development of the AIDS community: all individuals who encounter AIDS directly or indirectly. AIDS education is taught at the elementary school level so the youngest citizens of our culture begin to understand

AIDS in their lives. AIDS permeates our culture and it is interesting to contemplate the AIDS community as it is represented in fiction.

IV. Choosing Texts and Authors

Chapter Two provides a careful delineation of the choices of authors and texts and the rationale for these specific choices.

I have chosen to use three texts by gay authors, two of whom have died from AIDS and one who has the AIDS virus. The three texts I have chosen are:

1. Facing It. Paul Reed. Published in 1984.
2. Eighty-Sixed. David Feinberg. Published in 1989.
3. Such Times. Christopher Coe. Published in 1993.

I have read and analyzed at least 17 AIDS novels, including the following:

- 1,2. Babycakes and Sure of You. Armistead Maupin. 1984, 1989.
3. At Risk. Alice Hoffman. 1988.
4. The Screaming Room. Barbara Peabody. 1986.
5. Second Son. Robert Ferro. 1988.
6. Martin and John. Dale Peck. 1993.
7. In memory of Angel Clare. Christopher Bram. 1989.
- 8,9. Horse Crazy and Rent Boy. Gary Indiana. 1989, 1994.
10. Night Kites. M.E. Kerr. 1986.

11. Rebel without a Clue. Holly Uyemoto. 1989.
12. Early Graves. Joseph Hansen. 1987.
13. Afterlife. Paul Monette. 1990.
14. Spontaneous Combustion. David Feinberg. 1991.
- 15,16. Goldenboy and How Town. Michael Nava. 1988, 1990.
17. Mad Man. by Samuel Delany. 1995.

After an extremely careful reading of these AIDS novels I have determined that they are similar to the novels that I have chosen to evaluate in several ways, which are described more completely in Chapter Two. Some novels, such as Martin and John, were rejected for evaluation because there were only minimal or peripheral references to AIDS. I have selected novels from the gay community written by gay authors, so that ruled out evaluation of several other texts, such as Alice Hoffman's At Risk or Holly Uyemoto's Rebel without a Clue. I fully rationalize the use of only gay authors in Chapter Two.

In brief, the gay community is the community that has firsthand experience with AIDS; has the longest history of managing AIDS issues and the voices of gay authors are not hesitant about speaking of AIDS in the language of the AIDS community. As Pastore notes in her article, suburbia is not the AIDS hotbed, yet. The gay community is the voice that speaks most directly and articulately about AIDS, consequently authors from the gay community are selected for evaluation. AIDS theorist Emmanuel S. Nelson supports the

u

v

C

P

an

S

re

pr

th

Pr

19

Pa

Cr

Pu

Co

con

bot

ear

fla

yea

and

the

ing

of "the voice that needs to be heard," and that is the
 e of the gay AIDS community.

Two of the authors I chose, David Feinberg and
 .stopher Coe, have already died from AIDS complications.
 L Reed is HIV-positive. By using representative texts, I
 evaluating them very closely. A survey would produce more
 superficial results, and since these texts are
 representative in significant ways, an in-depth analysis
 promises revelatory results.

The books fit into Edwards's time categorizations like
 his:

Pre-AIDS: Book One of Eighty-Sixed: time 1980. Published in
 1989.

Panic: Facing It: time 1981-82. Published in 1984.

Crisis Control: Book Two of Eighty-Sixed: time 1986.
 Published in 1989.

Complacency: Such Times:time 1992. Published in 1993.

The use of Feinberg's texts allows a "before and after"
 comparison since it is the same protagonist experiencing
 both of those years, or AIDS eras. Paul Reed's text is the
 earliest gay AIDS text and Christopher Coe's text utilizes
 flashback to take the reader on the odyssey of the past 15
 years, but the protagonist reminisces from his place in 1992
 and the novel was published in 1993. It has been hailed as
 the "gay novel of the decade" according to The Philadelphia
Inquirer.

period

the Pr

years

Nelson

1980's

B

c

c

c

a

p

v

Nelson

since t

novels

introspe

Fe

accordi

represe

gay lif

Any tex

histori

88, pro

centered

monthly

One of the novels was published outside of the time period it represents. Any gay text could be used to describe the Pre-AIDS era, and many texts were created in the ten years following the Stonewall riots in 1969. Emmanuel S. Nelson discusses the proliferation of novels in the mid-1980's by gay authors and he notes about the 1970's:

By the late seventies promiscuity had become a core characteristic of urban gay culture...Anonymous sex, once an obsessive theme in gay fiction, is a matter of considerably less interest...And there is an increased affirmation of monogamy, commitment, rootedness and permanence--values that were once dismissed as too vulgarly traditional and boringly heterosexual. (48-49)

Nelson notes the significant changes evident in gay fiction since the onset of AIDS and the "insistent and explicit" gay novels of the 1970's have been frequently replaced by a more introspective text.

Feinberg was a member of the gay New York community and according to Nelson, Part One of his text Eighty-Sixed represents "a brilliantly realistic evocation of pre-AIDS gay life in New York City at its carnivalesque peak" (50). Any text not written prior to 1981 would have to provide historical accuracy; Feinberg, who wrote the text in 1987-8, provides ample historical referents to keep the reader entered in 1981, the time setting for Part One. There are monthly reminders of what was going in 1981, as the

prota

month

which

I

M

r

c

Part T

does n

1986.

might

charact

except:

in 1982

in term

was pub

publish

Re

represe

other A

qualiti

Chapter

V. Summa

protagonist, B.J. Rosenthal, narrates his life month-by-month to the reader. There is no mention of AIDS whatsoever.

Feinberg continues his historical accuracy in Part Two, which is set in 1986. Nelson notes that:

Death, not sex, begins to dominate his consciousness.

News reports scream the latest statistics on AIDS-related casualty...as he fearfully treads the wasteland of gay Manhattan... (50)

Part Two of the novel also maintains historical accuracy and does not delve into AIDS terminology that developed after 1986. Feinberg was a member of the AIDS community and this might have allowed him to recollect with exactitude the characteristics of AIDS in 1986. Feinberg's novel is exceptional in portraying the contrasts in the gay community in 1981 and 1986, and I could not find a comparable novel, in terms of descriptive detailing, that was adequate, that was published prior to 1986. This is why I selected a novel published outside of the era stipulated by Edwards.

Reed's text was published in the time era it represents, as was Coe's text, so each is representative of other AIDS novels of their time eras. I discuss these qualities and comparisons to other novels more fully in Chapter Two.

Summation

Keith Alcorn, in his essay, "Illness, Metaphor and AIDS," describes how diseases have meaning in American society and almost invariably moralistic ones. He notes:

Considerable energy and ingenuity is needed to bring together the discourses on sexuality, practices, rights, power, privacy, gender, social relations, and deviancy into what AIDS has intervened. (72)

My study will be a fledgling attempt to create a framework for evaluating AIDS fiction and to create an outline for assessing evolution in the AIDS culture.

The fiction of AIDS demonstrates how AIDS is impacting on the American dream. The most contemporary AIDS writings show HIV-positive individuals living a good life which is a significantly different portrayal than earliest AIDS fiction which depicted death. This is an astonishing reminder about the indomitable will of the individual: one can live with AIDS in a meaningful and relevant manner. AIDS changes one's life, and fiction is just beginning to demonstrate those changes. Eleanor Templeton quotes Shelly Gerson speaking at the 12th International AIDS Candlelight Memorial:

"HIV has opened up my world considerably because there are some things I'm not sure I would have done if I didn't have HIV...I'm here as an example that you're not going to die the next day after you find out you're infected," she said. (1)

These dramatic changes in the attitude about life and death are demonstrated in AIDS fiction. There is a

1

t

a

t

As

a

CO

As

developing interest in AIDS fiction and other AIDS writings. because people in American culture might want to understand the significance of AIDS in their lives. AIDS does represent an "invasion of the American dream" while it also presents the opportunity for a new way of seeing the evolution of American culture. AIDS has been in American culture in such a manner that:

It is as if, by 1990, readers and writers both had matured to the point where they could see individuals apart from the illness and acknowledge that friendships and love affairs still thrive or die or continue in their faltering way as they did before AIDS had a name.

(Dawid 202)

That life continues as it did before AIDS had a name confirms that AIDS fiction does present a altered vision of American culture: one in which AIDS has a place.

Chapter II. Methodology and Categories of Assessment

I. Overview

In this chapter I will discuss the methodology that I have used in my dissertation and identify the specific novels and reasons for choosing them; how the analysis did proceed, and delineate the categories which I examined in the texts. My central question as stated in Chapter One is:

How does the fiction of AIDS allow us a new way of seeing? How has it impacted on and led to the creation of an "AIDS culture," and what does that suggest in terms of looking at AIDS over time? Does the literature of AIDS reflect changes which may be occurring in American culture? Have the authors of AIDS literature attempted to reflect those changes in the text and do they also inform and entertain? I have examined the continual redefinition of AIDS within our culture in the decade since its inception, along with some factors evident in AIDS fiction that appear to have changed in this decade.

As a way of categorizing the possible changes evident in AIDS fiction, I have evaluated the description of the disease and symptomology; the representation of the support structures offered to the PWA and the depiction of AIDS as

not being the end of life, but a new beginning. All of these categories could inform us about the significant impact of the AIDS culture upon the greater community. AIDS is a real issue. Andrew Holleran offers his citation of the statistics in his essay, "Giving Up":

In the meantime, as of July 16 (1992), per Larry Kramer, "In America, 212 new cases of full-blown AIDS are diagnosed every day; there is one AIDS death every 12 minutes, and a new case of infection every 54 seconds...A transmissible virus is loose in the world. It may be one of several. It is completely out of control. Short of a cure, there is no way it can be stopped." (6)

These shocking statistics provide an eye-opening recognition of the impact of AIDS on American culture; the presence of AIDS in all individuals: Kramer is not separating the gay from heterosexual infected here.

II. Early AIDS Fiction and Second Generation AIDS Fiction

The earliest coda in AIDS fiction was the trope, "AIDS=death." This has altered significantly in more recent AIDS fiction and the focus of the texts is less on relating the horrific nature of early AIDS deaths and more on examining the quality of life for those who have the AIDS virus and those around them. No longer does fiction focus on a narrow group, be it a mother tending her son who is dying

of AI

revea

chara

livi

livi

the

nece

dyin

and (

deter

the re

Earlie

works,

journ

demise

primar

signif

1980's

S

group

of AIDS or any isolated individual; now the fiction of AIDS reveals the lives of all involved with the PWA and also characterizes the lives of PWA's as being lives worth living. AIDS is a terminal illness, but many individuals are living with the virus, HIV, for extended periods of time and the focus seems to be shifting to a recognition of the necessity of portraying the living of PWA's, rather than the dying.

As stated by Avril McDonald in her article, "Of Gender and Genres":

Contemporary writing on AIDS differs markedly from that produced in the early days of the epidemic... "Second generation" refers to a writer's perspective as it changes the material. The earlier work is sentimental, elegiac; the second generation is angrier." (28)

Early AIDS fiction focused on the devastating deterioration of individuals with AIDS as a way of allowing the reader to see clearly what the AIDS virus could do. Earlier AIDS novels were autobiographical or testimonial works, such as Barbara Peabody's The Screaming Room: journalistic entries which were created during her son's demise from AIDS, and they focused on what was happening primarily in the gay community. This was the community most significantly impacted by the virus in the early and mid-1980's.

Statistics bear out that gay males have always been the group with this highest infection rate overall throughout

the p

his

deat

stil

Now,

Unit

the

perc

case

if p

his e

Franc

expre

W

r

h

b

c

p

S

Weir se

young,

On

ac

ri

the previous decade of AIDS. According to Frank Bruni, in his article, "Casualties on the Front Lines," the pace of death has accelerated to 50,000 per year and gay men are still the most significantly infected group by sheer number. Now, in 1995, more heterosexuals are being diagnosed. In the United States, it is still the gay male population which has the highest death rate from the AIDS virus. Eighty-five percent of individuals infected with the virus are gay men.

John Weir expresses his concern about the rise of AIDS cases more than a decade into the AIDS epidemic. He ponders if people have learned how to take care of their health in his essay, "Blood Simple." He interviews members of the San Francisco gay community and is dismayed at the attitudes expressed:

While the number of reported cases of AIDS has fallen nationwide since 1993, HIV infection transmitted by men having sex with men, is, after a period of decline, back on the rise...Between 1989 and 1994, diagnosed cases of AIDS among men having sex with men rose 51 percent in the Midwest and 49 percent in the South... (139)

Weir sees a dangerous trend in infection amongst the very young, aged 13-24 and he also finds that:

One of the crucial and necessary goals of 1980's AIDS activist movements was to protect and promote the rights of HIV-positive people, and to show how normal

Weir
peop

earl.

beca

or ev

was l

withi

margi

being

accur

III. T

I

commun.

are "g

genre c

are con

novels

by hete

seller"

represen

the gay

relevant

their lives were, despite the disease. Maybe, the campaign worked too well. (190)

Weir believes that having AIDS has been glamorized and that people have become complacent about caring for themselves.

It is important to have determined which was the earliest gay text about AIDS and include it in this survey because a gay author writing about his immediate community or even himself will be the clearest depiction of what AIDS was like at its inception. The inception of AIDS did occur within the gay community, even though the media focused on marginalized groups such as Haitians and IV-drug users as being equally represented. Statistically, that is not accurate.

III. The Rationale for using Gay Authors

I have examined exclusively novels about the gay AIDS community written by gay authors. The three novels selected are "gay AIDS novels," a subgroup of the newly recognized genre of "gay fiction." As previously cited by Dewey, there are concerns in the gay community that other literature, novels by non-infected individuals, by mainstream authors, by heterosexuals or hemophiliacs tend to dominate the "best-seller" lists in American culture. The accuracy of such representations have been questioned by numerous critics in the gay community throughout the 1980's and 1990's. It is relevant to discuss some of these concerns.

A. An Analysis of Early AIDS Fiction

Paul Reed describes why there is a minimal amount of very early AIDS fiction in his article, "Early AIDS Fiction." He states that the gay community, of which he is a member, faced a "profoundly personal" reality; friends were dying and no one seemed to have any real answers in the early years of the AIDS crisis. He cites Armistead Maupin's popular "Tales of the City" series as one of the earliest publications to have AIDS as a central theme. The publication of Maupin's Babycakes in 1986 did illustrate that there were burning questions in the San Francisco gay community about the "new gay plague." Maupin is a gay author and his novels have a variety of characters. His protagonist is not necessarily gay, as in his final novel in the series, Sure of You. That novel has a heterosexual female protagonist. As Reed notes in his article, his own novel, Facing It has been cited as the "first AIDS novel" and he was surprised by its excellent critical reception.

Reed notes that the "literary heavy guns" were essentially silent for the first five or six years of the epidemic and suddenly in the mid-1980's a wide variety of novels was published by a wide variety of authors. Regardless of the growth of AIDS fiction since then, he does find a single, masterpiece of fiction (that) has yet emerged from the AIDS epidemic to take its place alongside the

great novels of illness--Camus' Plague, Mann's Magic Mountain, Defoe's Journal of the Plague Year--giving rise, then, to a feeling that AIDS has not "really" been handled yet. (93)

B. An Analysis of AIDS texts by non-gay Authors

In his article, "AIDS and the American Novel," Emmanuel S. Nelson has described the paucity of the representation of AIDS in novels from the 1980's. He found less than twenty novels which featured as AIDS as a central theme. He describes the slow response in the gay or heterosexual writing community to the AIDS crisis. He states that the gay community experienced a "silence that is chillingly meaningful and piercingly loud" (48). He is careful to evaluate works by heterosexual authors and provides significant criticisms of the accuracy of the works and the ability of said authors to provide accurate representation of AIDS-infected individuals. These authors are not a part of the AIDS community and have not dealt with AIDS firsthand. Obviously this argument is one that continues in academia: for example; can only black scholars represent the black experience? This kind of debate is very challenging and I am not discounting the non-gay contributions to the understanding of AIDS. I believe that these texts, which present a "middle-American" sensibility, break new ground for those who are less informed about AIDS, and consequently perform an invaluable service. For the purposes of my

evaluation however, my interest is in choosing the texts that are the most closely informed about AIDS from firsthand experience.

He specifically critiques Alice Hoffman's At Risk and Gloria Miklowitz's Good-Bye Tomorrow, both of which he characterizes as "imaginative works." He states:

While both narratives at times are moving, neither one fully explores the complex thematic demands that AIDS poses...AIDS is reduced to a metaphor, a universal symbol of the random nature of death...At Risk contains obvious medical inaccuracies...(47)

He goes on to point out that homosexuality is not a theme in either text and he believes that

Both texts avoid the larger cultural and ideological concerns caused by the perceived link between homosexuality and AIDS...despite the fact that AIDS continues to strike... most fiercely in the gay community--a historically marginalized and stigmatized community. (48)

To write about AIDS without mentioning the homosexual community is akin to writing about World War II without mentioning the Nazis. Nelson is accurate is stating that individuals in the greater American culture might fear AIDS but have not experienced the ravages felt by the gay community.

C. An Analysis of the Stages of Gay AIDS Fiction

Emmanuel Nelson describes three different gay literary responses to the AIDS crisis which are important to examine. The first gay authors responded to the crisis with silence. Nelson states:

Perhaps to some writers the burden of creating art out of the horror seems too heavy to bear...Just as some post-WWII Jewish writers have resolutely avoided imaginative confrontation with the Holocaust, many contemporary gay writers have tended to shy away from the plague that rages around them. (48)

Nelson cites several well-known gay authors who were prolific before AIDS but do not write AIDS fiction. These "pioneers," who produced concise pictorials of the gay community and explicit gay sexual behavior have avoided writing about AIDS. There is a new development in gay fiction: "the theme of family formation." This proposes a new kind of gay social unit not unlike a traditional family unit. Nelson also notes that gay fiction in the 1980's focuses more on monogamy and commitment. The silence of radical authors has led to an embrace of much that had been rejected in the gay community during the 1970's.

The second gay literary response is exhibited in those authors who acknowledge AIDS but not directly in their texts. This category includes novelists who allow AIDS to remain nameless or present characters that are not yet infected, though the threat of "infection" looms. These

texts allow the protagonist to still discover his (homo)sexuality and identity while stipulating that something of great value has been lost in the gay community.

Nelson describes the plot of Paul Reed's Longing and notes:

The novel, nevertheless, ends on a hopeful note as the narrator catches an epiphanic, transcendent glimpse of the larger meaning of his longing. (49)

These types of novels often illustrate a quest as they document the beginning of the end of the post-Stonewall glory era. AIDS has begin to inform the moods of the characters and the early deaths in the gay community are noted and mourned. Nelson sees a bit of nostalgia for that earlier time:

But a reconciliation with this change--an awareness that change is not only inevitable but even necessary--becomes part of the new vision of life...(50)

These novels do offer the first glimpses of that changed reality for the gay community and American culture. These narratives produce an "implication that AIDS will be around even in the twenty-first century,"(50) and that the virus will affect the gay and heterosexual populations alike.

Nelson's third category of gay literary response are those novels in which AIDS is directly confronted. AIDS is integral to the plot and one or more characters are dying of it. The concerns of the community have escalated into actuary tables, with the increased death rate now obvious to all. There is description of the actual symptoms of those

dy:

au

ba

Th

in

thes

comm

the

accep

only

but t

commu

prior

fictic

will g

by doi

T

m

dying from opportunistic infections. In this category, the authors are often infected themselves and struggle with the balance between reality and imagination in their works.

Nelson describes these texts as most often:

heroic story(ies) of individuals confronting, with remarkable dignity, the terrifying realities of their lives. (51)

This category of novels also offers illuminating insight into family dynamics, friendship, loyalty and love.

Love does not triumph in the sense of preventing death or averting tragedy...it succeeds by making 'facing it' possible. (51)

Interpersonal relationships are at the forefront in these novels and the support networks developed in the gay community are described fully. Those portrayed with AIDS and the individuals that surround them are carefully drawn. The acceptance of AIDS as a part of life is finely crafted. Not only do the protagonists accept their illness and selves, but their caretakers, families, neighbors and the greater community is encouraged to also accept AIDS. AIDS changes priorities.

Nelson has delineated the three categories of gay AIDS fiction and he also projects the direction that AIDS fiction will go. He states that AIDS has "forced new concerns," and by doing so, can produce a cathartic effect:

Though death is at the core of the literature of AIDS, many of the works in the genre, ultimately, prove to be

c
T
c
t
c
f
i
i

Ec
aw
te
Ec
Si
Pa
Cri

life-giving. They affirm life, even as they explore the human consciousness on the verge of entering the void. Often these novels are more about love and loyalty than about death and dying. And more so than ever before, gay writers have begun to affirm and articulate a sense of community, the need for connectedness and cultural cohesion. (53)

Nelson presents a convincing argument for focusing on only gay AIDS texts for evaluating changes in AIDS fiction. The practical aspect of this is evident in that the gay community and gay authors have been struggling with AIDS for the longest amount of time. Their portrayals of the AIDS community are the most acute at this time. To have the fullest and richest descriptions in AIDS fiction I have looked within the texts of those authors most intimately involved in the AIDS community.

D. Categorizations

1. Time Categorizations

My choice of texts allows for representation from Edwards's time chronology. He defined four stages of AIDS awareness in American culture and I will use representative texts from each.

Edwards's four time categories are:

Silent Spread (Pre-1981)

Panic (approximately 1981 - 1986)

Crisis Control (1986 to the present)

Complacency (1988-present)

There is overlap in these time categories and it has been interesting to see the characteristics developed in each era. He has defined characteristics from each era which were delineated in Chapter 1. This provides a guideline for selecting texts only. The actual categories in the novels assessed were those developed by me. Edwards's descriptions supplement the characteristics which I evaluated in each text.

I particularly like Edwards's categories because he describes very cleanly my interpretation of how AIDS has been received by the general population, the media and medical community. He delineates AIDS eras primarily as a way of looking at the progress of the understanding of the virus in the greater community, in the United States. I chose Edwards because he creates eras that include medical, social, psychological and political facets of the representation and response to the AIDS virus. I was struck by how he includes an acute synopsis of the varied responses to the AIDS virus in his designated eras without an inherent judgment in any of his categorizations. He cleanly delineates the depictions of sociocultural, political, medical, psychological and interpersonal facets of AIDS in American and northern European culture, for each era, and leaves the reader to interpret of their own accord. If there were other AIDS time period theorists, they might have just one of these facets as part of a specific agenda in their

categorization schemes. Edwards does not appear to have an agenda other than allowing readers to have some manageable way to assess the progress of AIDS in American culture. For these reasons, I chose to incorporate Edwards's work into my own development of understanding AIDS fiction.

2. The Four Categories Created

A review of the Dissertation Abstracts International from 1988 through 1994 does not reveal any similar dissertations with a focus on AIDS literature. There are numerous AIDS dissertations with scientific, psychological, sociological or anthropological basis, but I could not find one literature study that utilized AIDS fiction. There was one anthropological study that utilized the gay press from 1981 through 1986 but it was not about fiction, but journalistic reporting. This dissertation, Silence equals Death: Discourses on AIDS and Identity in the Gay Press, by Karen Heller does examine elements of sociocultural change in the press. In that sense, and only in that sense, are there similarities which I hope to identify as evidence of sociocultural evolution in fictional texts.

In reading numerous AIDS texts that will not be part of this study, I have noticed intriguing qualities which suggest that there are changes taking place in the AIDS culture. These are the characteristics which I will evaluate:

1. The

Nu

use ext

were ne

illnes

out "n

were r

in dis

fictio

there

genera

signi

lesse

know

risk

seen

ind

The

it

ne

re

kn

me

te

de

1. The Description of the Disease and Symptoms

Numerous AIDS theorists have noted that earlier works use extensive descriptions of symptoms because the symptoms were new and frightening and the ultimate outcome of the illness was not initially understood. Later fictions left out "naming" the disease but still described symptoms which were readily recognizable to the "knowing." I am interested in discovering what is evidenced in the most recent AIDS fictions in terms of descriptions of the disease--whether there would be more sophisticated descriptions as the general knowledge base grew. Would there also be new signifiers for those who are HIV-positive and living with a lesser diagnosis? New terminology could reflect the knowledge base of the greater culture or the texts run the risk of being unintelligible.

It is possible that the descriptions of the disease as seen by the authors and presented for the reader can indicate the evolution of change in the AIDS community. These texts offer a considerable amount of description, but it is not too extensive. I am interested in what the necessary amount is to make the disease "real" to the reader. Over time, will the texts reveal that there is knowledge of symptomology and treatment? Is the current medical and scientific knowledge adequately reflected in the texts? I question if there is an expectation that the reader develops an understanding of the medical community by the

desc

base

under

2. T

t

rep

ava

or t

rep

exc

str

Ans

Thi

of

lo

de

ti

re

de

P

o

t

s

o

f

descriptions given, or do they reflect the general knowledge base? There is an assumption of some AIDS knowledge underlying the descriptions.

2. The Representation of the Support Structures available to the Person with AIDS (PWA)

This general "category" allows me to assess the representations of the different support structures available to the PWA. I hesitated to narrow it to just one or two initially, for example focusing on just the representation of familial support or that offered exclusively by the gay community and evaluated the support structures exhaustively, since they are indicative of how American culture was responding to AIDS at a given time. This "category" includes the representation of the support offered by the medical community, federal government, and local political organizations. I included all of these to determine which will show the most significant change over time. I have also included the analysis of romantic or love relationships in this category. Early AIDS fiction often depicted the "significant other" of the PWA providing primary care and it was made clear that this individual was or had been the romantic interest, or committed partner of the PWA. Because many young men were rejected by their families the primary caretaker had to be the lover, ex-lover or members of the support network of gay friends since the family was unwilling or unable to provide caretaking.

I am defining a support structure as an individual, who would be representative of a larger group, or group that offers some kind of assistance to the PWA during a crisis or at any time throughout the PWA's existence. Because there are so many support structures in place, I am looking for those that evidence the most significant change. I have not evaluated minor representations of support, such as a character holding a door open for a PWA or something that is minor in nature.

The support structures of interest are those that were exhibited over the duration of the PWA's lifetime, as depicted in the novel. I believe that many gay AIDS authors show the evolution of support structures that developed in the time frame of the novel and these would be significant. For example, did the family ignore the gay son until he was terminally ill? Evaluation of that support or lack of it could demonstrate the level of support or lack of it in American culture. The texts mirror what was happening in the gay community.

One of my interests is if the reader was made aware of the distinctions in support structures depicted in the texts and if those distinctions were representative of the greater gay community. Other questions that I investigated are:

1. Was there a plea for more, better, improved support structures?

2. What about the qualities which are familiar in romantic or love relationships? Are there parallels with other kinds of literature?

3. Is there evidence of the development of the "new kind of family" which serves as a support structure to the terminally ill? What new support structures are evidenced that I have not considered?

3. **The Representation of Hope or Optimism in the face of a Devastating Illness. Do these novels provide hope? What kinds of hope are offered in each text and has this evolved over time?**

Many might construe an AIDS novel to be without hope, since AIDS does result in death. I think that these novels do offer different kinds of hope to the reader and that it has evolved as the scientific and technical knowledge about AIDS increases.

Early AIDS novels might have offered hope for a cure, or a vaccine or way to "stop AIDS in its tracks." Research has been slow in the United States and few voices in the gay community currently hold out for a "cure." Still, medical progress has provided some drugs which lengthen the lives of PWA's without reducing the quality of life. (Early AIDS experimental drugs were so toxic that often the PWA died from side-effects of the drug rather than AIDS complications.) I suspect that the presentation of hope has been altered by the progress in the medical research community.

Readers are turning to gay and lesbian literature as a way of beginning to understand alternative lifestyles and AIDS. Eric Bryant describes the growth in popularity of gay literature and in his article, "Where do you Shelve Books That Are Out of the Closet," he examines the rise in sales of such books. And these books are not just being bought by the homosexual/lesbian population. Gay authors are receiving "crossover" success. Dorothy Allison's Bastard Out of Carolina and Randy Shilt's Conduct Unbecoming were both New York Times bestsellers. Bryant notes that:

...as gay and lesbian lifestyles came increasingly "out" and anti-gay groups become more vocal in the conservative decade, writers such as Edmund White and David Leavitt found wider audiences.(41)

The average reader turns to gay writers like Leavitt and White and others despite the homophobic ranting of minority groups. The average reader chooses to read to understand something different, be entertained, explore commonalities and be reconfirmed and enlightened, as I explored in Chapter One while discussing Reader-Response Theory.

Shilt's text chronicles the lives of gay servicemen/women and the unfair treatment they received from the military. Margarethe Cammermeyer's autobiography of her esteemed military service and her eventual "coming out" was made into an Emmy-award-winning TV docudrama. There appears to be greater interest in understanding the lives of gay individuals, and that includes gay individuals living with

AIDS. Gay AIDS fiction offers clarification to the uninformed while reflecting cultural change. That there is interest on the part of the reader, I take as a hopeful indication that society is evolving such that AIDS fiction can provide answers to many questions that readers hold about alternative lifestyles. AIDS fiction might be able to clarify the enigma of difference by portraying the similarities in communities; the support, the understanding that has developed. I hope that my analysis will help highlight the arenas in which that is possible.

4. Do the texts reflect the Increasing level of Complexity and Sophistication in the Writing and Representation of the Description of AIDS and AIDS Symptoms?

This category allows me to evaluate if the texts are reflecting an increased sophistication in the culture in an understanding of increasingly complex terminology, symptom description, avenues for caretaking, support networks and in the development of the AIDS discourse in the greater community. If authors are presenting highly complicated medical and technological information, does this mirror the readers' growing knowledge base? What might a greater sophistication in these texts demonstrated over the decade provide the reader? Do later works present more realistically the complexity of the AIDS community and reflect the discourse more clearly? Do later texts mirror the greater knowledge base of the average reader?

E. Texts Chosen for Analysis

1. Selecting Representative Texts

Pre-1981: The Pre-AIDS Era

I selected my texts on the basis of the era represented, and also took into consideration the date of publication. I chose the following three texts, which are representative of a much wider group of gay AIDS texts. The first text I chose was from the earliest era stipulated by Edwards: the pre-1981 time period. For this era, which is an era described in numerous gay non-AIDS texts, I selected David Feinberg's Eighty-Sixed. This text, published in 1989, offers diary-like entries for each month of both 1980 and 1986. As I previously explained, Feinberg retains the historical accuracy of the time period, even though it was published after 1981. I selected Part One of this text, which takes place in 1980. There is not a single reference to GRID(Gay-Related Immune Deficiency)/HIV(Human Immunodeficiency Virus) or AIDS (Acquired Immune Deficiency Syndrome) in Part One. According to Edwards's criteria, and the recognition that publication of the first articles about a gay plague were in early 1981, there would be no references to AIDS.

Feinberg used his New York "Hells kitchen" neighborhood as the setting for this novel and he describes in minute detail the life of protagonist B.J. Rosenthal in each year. This text offers a "before and after" comparison of the gay

community: "before and after AIDS." This is significant because many gay AIDS texts have a "before and after" setting.

Emmanuel Nelson evaluates Eighty-Sixed as a significant 1980's novel. He describes it as "one of the best novels in the entire genre of AIDS literature," (50) and praises the quest motif set forth in the text. He sees it as a "coming-of-age" story, not unlike Salinger's Catcher in the Rye and:

The first part is a brilliantly realistic evocation of pre-AIDS gay life in New York City at its carnivalesque peak. (50)

This would provide a comparative basis as Edwards has stipulated: the Pre-AIDS era.

The Panic Era: 1981-1986

The novel chosen to represent Edwards's "Panic" phase is Paul Reed's Facing It, published in 1984. The setting of the novel is 1981-1982. This novel was one of the earliest gay AIDS novels and is considered by many gay critics to be the first. It is a carefully researched text and the protagonist is one of the first young men in the United States to be diagnosed with GRID. Reed takes on the medical establishment in this text, demythologizing much that was believed outside the gay community and offering a political call to action. Emmanuel Nelson describes this text as:

...a celebration of love, loyalty and friendship...As Andy's disease-ravaged body deteriorates, he grows morally. In his death bed he asserts to David that his life has indeed been meaningful. (51)

I feel fortunate to have found a text written within the era which it describes. Feinberg had the knowledge of the mid-to-late 1980's when he wrote Eighty-Sixed, yet he carefully remained true and accurate in his representations of medical treatment available and cites factual cultural information throughout to contain his description within either 1980 or 1986. Reed created his novel after living in the San Francisco gay community for a year. He was not HIV-positive at the time of the writing, though he was diagnosed shortly thereafter. He avidly researched medical issues related to GRID/AIDS and portrays the earliest discovery of AIDS in the gay community, and the reaction of the medical community.

Terence McGovern critiques Reed's novels in his article, "Paul Reed," and makes this observation about Facing It:

...Reed juxtaposes the carefree and exhilarating days of post-Stonewall gay liberation of the late 1960's and the 1970's with the concern and worry of the 1980's about personal health and fear of casual sex as more and more gay men contract AIDS. As in real life, not all of the gay men described in the novels accept the change of life-style required by AIDS...For some, it is

1

a

a

r

a

t

b

er

she

the attitude that it won't happen to them; for others, it is the question of why indeed it happened to them. (353)

Reed's novel was generally well-received critically, especially for a first novel. There was some criticism of his rather "wooden" dialogue, but the book sold well. There is extensive description of AIDS symptoms and AIDS support in this novel.

There is no other gay AIDS novel written in the "Panic" phase that is as comprehensive as this one.

The Crisis Control Era: 1986-present

Part Two of Feinberg's text is filled with his concerns about his own HIV status and the dying of so many of his gay acquaintances. AIDS has arrived in Manhattan and 1986 is right in Edwards's "Crisis Control" phase. Feinberg's text allows the reader to revisit the community experienced in the pre-AIDS era. Feinberg has discussed the distinctions between Part One and Part Two:

I wanted to be as honest and direct as possible. I knew I was going to go into the obscenity of AIDS in the second half. It's obscene describing what happens to people with AIDS. So I said, "OK, go all the way."

(Weinberg 47)

There are many novels written in and about the pre-AIDS era but Feinberg's text offers the unusual opportunity to the reader of revisiting the exact community portrayed as a

pre-AIDS, then a post-AIDS community. Each part could stand alone as a text but by creating a "before and after" world the reader can see the devastation clearly.

Several gay AIDS novels were written in the mid-to-late 1980's. I chose to use Part Two of David Feinberg's Eighty-Sixed as the novel representing the "Crisis Control" era. Each part of this novel stands alone as a text, and using Part Two gives a comparative consistency in this evaluation. Rather than use a different author describing a different community, I chose to use this text as a known and described community. This allows the changes in the community to be more evident, than to analyze two different portrayals of two different communities. Feinberg was a member of the gay AIDS community when the text was written and his use of description is complete.

The Complacency Era: 1988-present

The text that I chose to represent the "complacency" period is Such Times by Christopher Coe. This novel, published in 1993, illustrates a very long-term friendship between two gay men and through the use of narrative flashback, shows the decimation of the New York and San Francisco gay communities from the mid-1970's through 1992. This is also a "before and after" AIDS novel, yet it seamlessly weaves through time such that the reader is unconcerned with exact dates. Coe has his protagonist,

Timothy Springer, describe the AIDS epidemic from his 1992 vantage point:

In the last decade more than a million men and women have died, many from loving without demands. Possibly, many of them loved without expectations. There are other reasons, other causes; I'm not suggesting that every death is due to a lack of demands. It's not a moral statement I'm making, though no doubt it sounds like one. I'm not saying the uncrested waves of death are in any way a retribution, though sometimes it is hard to think of them as being anything else. I do not speak of the thousands of children who are born infected. (126)

Coe has the luxury of having greater information available and he remains true to his era as he describes the different characters, their contracting AIDS and how each deals with it differently. He uses terminology appropriate to the times he describes. Coe's lifestyle, which allowed him to live in both San Francisco and New York, and his HIV-positive status allows the reader to begin to understand the complexity of being an individual with AIDS anywhere. This text is described by Jameson Currier of the Washington Blade as:

...a must-read. Coe demonstrates how the AIDS epidemic has forced a whole generation of men into directions they might never have taken...he remains unwilling to yield to the randomness of fate or to the misery of

lost romance. He finds instead redemptive power in his memories, and as he unfolds his story, his voice elevates Such Times into a new classic.

Coe's text is representative of other gay AIDS texts published in the late 1980's or early 1990's.

These three texts are representative of the many gay AIDS texts that I reviewed.

2. The Rationale for using Specific Texts

I have chosen representative texts and will explain the nature of the representation and reasons for eliminating other potential AIDS texts.

From the list of texts reviewed in Chapter One, I eliminated texts which were not by gay male authors. As I have already discussed the rationale for choosing gay male authors as most representative of AIDS in our culture, I will not reiterate the reasoning here. The following texts/authors were eliminated:

1. At Risk by Alice Hoffman.
2. The Screaming Room by Barbara Peabody.
3. Night Kites by M.E. Kerr.
4. Rebel without a Clue by Holly Uyemoto.

I still have eight other gay male authors who wrote AIDS texts and in each case I will explain how they are represented by the texts chosen for evaluation.

1. Armistead Maupin:

His Babycakes was an early novel to question the "gay plague" in the San Francisco community. It lacks the detailing of Paul Reed's text though it has concerns about the same AIDS community. Babycakes is a more far-ranging text, in that Maupin describes the San Francisco counterculture and does not limit characterizations to the gay community. Another novel in the series, Sure of You has minimal references to AIDS and a female protagonist.

2. Robert Ferro:

His Second Son is a powerful AIDS novel and examines the interrelationships of a wealthy Philadelphia family. Homosexuality is condemned early in the novel and AIDS has an even less acceptable cache. The dying son chooses to live in the Cape May summer home with his ill lover and they create an imaginary world, Sirius. There is no illness on planet Sirius. This text has AIDS as a secondary concern, the familial relationships taking precedence. The introduction of the idea of a "illness-free planet" is interesting, and perhaps an obvious reaction to how little was being accomplished in the medical community in 1988, when the novel was published.

3. Dale Peck:

Martin and John is a text represented by Coe's text, being also about a long-term relationship which ends due to the death of one partner from AIDS. While it has the most

graphically horrifying description of end-stage AIDS, it does not have enough references to AIDS overall.

4. Christopher Bram:

In Memory of Angel Clare is similar to both Peck's novel and Coe's in that it is a tale told by a young gay male about the death of his older lover. Other characters, friends of the deceased, reminisce about him and the 1970's gay lifestyle. This text has less references to AIDS than Coe's text.

5. Gary Indiana:

Both Rent Boy and Horse Crazy explore male relationships in a more sexually explicit manner and his texts are far-reaching thematically, such that AIDS is not the central focus. His interest in the gay sado-masochistic element allows exploration of varied sexual practices, prostitution, drug abuse and pedophilia. I interpret Indiana's works to be less representative of the larger gay community than the authors I chose to evaluate. A similar statement could be made about the author Samuel Delany and his gay AIDS text, Mad Man.

6. Joseph Hansen:

Hansen is an author of a popular detective genre series and Early Graves does feature AIDS, however, this genre of writing offers different representational aspects of

culture, since it must keep the reader in suspense. His usual mysteries are set in Los Angeles. The representation of gay life is so subtle in most of his novels that many readers might be unaware of it.

7. Michael Nava:

His Goldenboy and How Town feature a homosexual protagonist who does have a lover who is HIV-positive, so there are occasional references to AIDS. Since this is again a mystery series, AIDS is peripheral to the story.

8. David Feinberg:

Spontaneous Combustion is a series of vignettes that stars B. J. Rosenthal, protagonist of Eighty-Sixed. Feinberg's own health status and continued knowledge of AIDS issues, he created "Act Up", is evident in this text. His earlier text provides the perfect balance of AIDS innocence and awareness.

There are a multitude of reasons for selecting the texts that I did choose and I have mentioned the rationale for those texts not chosen. Many of them had minimal AIDS references: they could not be called "AIDS novels" though they might contain perfunctory AIDS references. In the novels chosen, AIDS is as large a figure as any of the characters. AIDS is not hovering in the background in any of those three novels: AIDS has a place of importance and significance and the cultural impact of AIDS is clear.

VI. Conclusion

In this chapter I have examined and described the rationale for using gay authors who have written AIDS novels, a decision that will provide the fullest picture of the epidemic. Initially I considered using other novelists, but was uncomfortable with the criticism which has been levelled at them. In reviewing texts by non-gay authors it is obvious that they are less descriptive. Since rich descriptive detailing is extremely pertinent to my analysis, I cannot justify using non-gay texts.

The framework that I have provided--the categories of analysis, the attributes of AIDS fiction, and the representative texts for different time periods serves as the foundation of the analysis that follows in subsequent chapters.

Chapter III. Silent Spread and Part One of Eighty-Sixed

I. A Description of the Text

In this chapter, I will evaluate texts according to the categories which I created in Chapter 2. The categories developed for analysis also fall into Tim Edwards's four time periods of AIDS awareness. I will evaluate how those criteria are exhibited in the text in addition to evaluating the evolution of my four categories.

The first text that I will evaluate is Eighty-Sixed by David Feinberg, published in 1989. This text represents two of Edwards's time periods because it is structured as a "before and after" AIDS novel. Part One of the novel is set in 1980, which is the time period Edwards describes as the **Silent Spread** era. Edwards describes this era:

The epidemic spreads silently through specific populations without demonstrating symptoms systematically and without diagnosis. Early symptoms were easily confused with routine sexually transmitted diseases. Due to the discovery of the potentially very long time required for the development of symptoms, the AIDS epidemic is assumed to have spread 'silently' throughout the 1970's or even earlier.

Interestingly, in Feinberg's diary-like entries for each month of the year 1980, AIDS is not mentioned once. His description of the era is that it was one of light-hearted good fun, sensuality and friendship. The character B.J. Rosenthal seems to be on a quest for the perfect boyfriend, and his parable-like tales of boyfriend "woes" would certainly parallel other texts written about that year. Feinberg has B.J. lament his lack of success in the romance department:

"Dennis, Am I ever going to get a boyfriend? I feel my life has no direction. Sometimes I feel like I'm just treading water; I'm not really making any progress. I mean, at least you have been having a series of relationships with men...If I get interested in somebody, I scare them away..." (94).

Feinberg's text allows the protagonist, B.J. Rosenthal, to be mildly self-deprecating and his knowledge of the gay community is immense and good-humored. In the interview, "Epidemic of Laughter," Joel Weinberg discovers that Feinberg sees Eighty-Sixed as:

"50 % autobiographical and 50% not. I rummaged in my past and took everything I could use...When I started writing, I was thinking about AIDS all the time...I wanted to be as honest and direct as possible. So one day I got the idea of writing something about what went on before AIDS and then during AIDS...I knew I was

going to go into the obscenity of AIDS in the second half. It's obscene describing what happens to

people with AIDS. So I said, "OK, go all the way." (47)

B.J. is determining that he doesn't want to finish graduate school in 1980. He is 23 years old and like many gay young men, can provide a shorthand curriculum vitae of when he "came out" and how he currently lives. B.J. is presented as a confident young gay man, one who is considered likable, attractive and a touch neurotic, in a contemporary, not a psychological sense. He questions everything, and analyzes his gay community, the individuals within it and the greater culture in which he lives. This off-the-cuff mini-analysis of contemporary gay and heterosexual culture provides a running commentary on life in New York City in 1980.

Feinberg maintains the realistic context by citing events that occurred in our culture, or in New York, in the text.

This text has been called "autobiographical" by critics and Feinberg has acknowledged that the text which he next produced, Spontaneous Combustion, which also stars B.J. Rosenthal as the protagonist, is an autobiographical acknowledgment of his coming to terms with his HIV-positive status. B.J. Rosenthal has many qualities of the author and reflects realistically the author's immersion in the New York gay community in 1980.

In his text, Coming Out, Wilfrid Koponen describes this era:

The new gay liberation movement was flourishing. In increasing numbers, gay people were rejecting the furtive nature of gay life prior to the Stonewall riots. Annual gay pride celebrations commemorating Stonewall sprang up in several cities. The AIDS crisis has not yet devastated and decimated those living the gay life in fast lane. (185)

Feinberg depicts the qualities of the gay community which are also evidenced in gay AIDS fiction. Michael Bronski evaluates the critical reception of Feinberg's texts in his piece, "David Feinberg." He notes that Feinberg uses a conversational narrative voice for B.J. Rosenthal and that:

Neither Eighty-Sixed or Spontaneous Combustion has a traditional narrative structure but move along, incident by incident, in an artful approximation of everyday life. The use of such a style attempts to convey the more open structure of urban gay life... as a social critic who is passionately concerned with questions of personal and social morality. For Feinberg, the moral questions of how casual sex partners treat one another is as important as how ACT UP is attempting to force the United States government to act honorable and ethically about AIDS. (129-130)

To evaluate the designated categories in the Silent Spread era will give a basis for comparison in later AIDS texts.

II. The Description of the Disease and Symptoms

There is no mention of AIDS or any AIDS-related opportunistic infection throughout Part One of Eighty-Sixed. There are descriptions of disease, however, but they are not diseases unique to the gay community. Feinberg describes these diseases in detail, especially chilling to those knowledgeable of the AIDS etiology who recognize some of these diseases as precursors of the AIDS virus.

One of the diseases described in the text is Giardia Lamblia. This bacterial infection was very common in the gay community in the mid-1970's through the 1980's. The bacteria is passed during unprotected intercourse and results in infection of the receiving partner. This infection was considered a "rite of passage" for many sexually active young gay men and was treatable with antibiotics. Feinberg describes the discomfort of having the disease and the steps that must be taken to be tested and treated.

B. J. Rosenthal won't risk the chance of an inopportune bowel movement once he takes the laxative which will induce the requisite stool sample for analysis:

This was a concoction one would throw out in chemistry lab or wash the sinks with after a failed experiment...I felt like a walking time bomb, set to detonate in sixty minutes. I planned on returning

within the half hour. I didn't want to take any chances. (57)

B.J. describes the consistency of his first stool sample and the discomfort of having to provide a second sample. He notes the color of the waiting room walls as "the visual equivalent of having the doctor run water to help a patient produce a urine specimen" (59). He is sympathetic to the other young gay men who also are waiting and look uncomfortable. The next day he gets his test results, which are positive. The positive outcome of this particular test could easily foreshadow a future positive HIV test, but this is not mentioned because this was unknown in 1980. B.J. has an extensive amount of prescription drugs to use to cure his bacterial infection and within three weeks he is cured.

Sexually transmitted diseases take a significant toll on the sufferers and the statistics about them are surprising. As reported in the American Family Physician, April 1990 issue there are many individuals infected with sexually transmitted diseases:

To estimate the prevalence of HSV-2 (Herpes simplex virus type 2) in the United States, Johnson and colleagues tested serum samples from 4201 participants in the second National Health and Nutrition Examination Survey, which was conducted between 1976 and 1980. The results indicated that 16.4 percent of the U.S. population (approximately 25 million Americans)

are infected with HSV-2. The prevalence of HSV-2 infections was less than 1 percent in individuals under 15 years of age, 20.2 percent in persons 30 to 44 years of age and 23.4 percent in persons aged 60 to 74 years...HSV-2 infection was slightly more common in women than in men...(1267)

Feinberg also describes this disease in the text. This disease was noted in the mid-1970's in the gay and heterosexual populations and is a sexually-transmitted disease. Herpes is a viral disease and while it can go into remission, once infected, the disease remains in the body. B. J. describes in detail how he discovered he was infected with the herpes virus:

"We should have waited," said Philip. "Another ten days wouldn't have mattered."

"Why?" I asked.

"The herpes," he whined--an obvious fact, at least to him.

"Whose herpes?"

"Yours, mine, and ours."

I touched my face nervously. "This?" I inquired.

"It's not exactly poison ivy."

"What do you mean? I don't have herpes."

"You do now," said Philip.

"I didn't before," I said slowly, the truth gradually dawning.(77)

This paints a sympathetic picture of many individuals who were infected unknowingly with herpes in the 1970's by partners who were not willing to be responsible sex partners, and were sexually active while the virus was in the infectious stage. Herpes was a difficult disease to control once infected and outbreaks were exacerbated by stress and other factors. Herpes was a commonly diagnosed sexually transmitted disease in the heterosexual population during the 1970's. B.J. recovers from his initial outbreak and has infrequent outbreaks from then on, perhaps once yearly.

Most sufferers with herpes are not so fortunate. In the article, "Counseling to Prevent HIV Infection and other Sexually Transmitted Diseases," there are these statistics offered about genital herpes:

Primary episodes of genital herpes occur each year in approximately 270,000 Americans and nearly 20 million persons are already infected and suffer recurrent episodes...

Persons with genital herpes suffer painful vesicular and ulcerative lesions and recurrent episodes due to latent infection. (1179)

Gonorrhoea is briefly mentioned in passing but the final disease which is described is hepatitis B. This disease is described by Malcolm Gladwell, in his article, "Staying Alive," as "the gay community's biggest health threat" (250) in 1978. Gladwell describes numerous studies that were done

in the gay San Francisco population in the late 1970's at the San Francisco Free Clinic because:

During the 1970's, at the height of the sexual revolution and the gay bathhouse era, it was affectionately known as the "clap clinic." It was a natural place to study the health of young homosexual men... (250)

Hepatitis B is a disease that also leaves lasting residuals. Janice Hopkins Tanne examines the state of Hepatitis B in her article, "The Other Plague," and provides rather chilling statistics about this virus:

The estimated number of new infections per year has risen from about 200,000 (in 1978) to more than 300,000 (in 1986), according to Dr. Lisa Rosenblum of the Centers for Disease Control...Hepatitis B or its long-term consequences--cirrhosis (scarring of the liver) and liver cancer--killed 7000 to 15,000 Americans last year...15,000 to 30,000 American became chronic carriers. These healthy-appearing "Typhoid Marys" (AmHep estimates that there are 1.25 million to 1.5 million in the U.S. today) can spread the disease to others and are themselves at tremendous risk of death from cirrhosis or liver cancer...Hepatitis B is spread when infected blood, semen, or body fluids make contact with the blood of a victim through the skin or a mucous membrane. (35-36)

Hepatitis B can be treated and will become dormant, but does not leave the body of the infected individual.

That two of the diseases of 1980 are diseases which are not generally life-threatening but leave permanent residuals seems to foreshadow the future for sexually transmitted diseases.

One could surmise that the severity of diseases and their symptoms might only become more severe, not unlike the soft tissue infections which are becoming increasingly prominent in the United States. These diseases are resistant to common usage antibiotics and doctors are forced to treat them with radical surgery. Due to the overprescription of antibiotics and the misuse of them, bacterium are now resistant to them. Studies have shown that a bacterial infection which is not fully cleared up by antibiotics, perhaps because the infected individual doesn't finish out the prescription, creates a weakened but still powerful bacterium which becomes resistant to the antibiotic in the future. (Midland Daily News)

There were numerous sexually transmitted diseases in the 1970's and early 1980's which could also have symptoms which were not always correctly diagnosed. Tim Edwards is accurate in noting that AIDS spread stealthily during this time period, pre-1981, because some of the STDs were later linked as potentially leading to AIDS transmission. If an individual passed a hepatitis B infection, was AIDS also being passed?

In 1981, which crosses over into Edwards's Panic Phase, there were intriguing medical questions being raised about the appearance of diseases in odd population groups. As stated in Douglas A Feldman's text, Culture and AIDS, the information showed up in differing medical journals and caused confusion very early on:

"It is not clear if or how the clustering of Kaposi's sarcoma, pneumocystis, and other serious disease in homosexual men is related" (10).

Kaposi's sarcoma was previously unheard of in young individuals and suddenly in 1981 at least 26 young gay males died from it. The link between these two diseases is that each does develop in individuals with suppressed immune systems, which can stem from cancer, leukemia, lymphoma or malnutrition. That these men died without having these other diseases begins the "panic" aspect of the AIDS crisis: why did they die? How did they develop KS? What had silently gone on in the gay community that lead to the development of suppressed immune systems?

III. The Description of Support Structures available to the PWA

Feinberg describes the support systems available to B.J. throughout 1980. John Vincke and Ralph Bolton evaluated support structures in the gay population in 1989. In their article, "Social Support, Depression and Self-Acceptance

Among Gay Men," they determined that societies use social support as a manner of social control:

Through the manipulation of social support, societies provide or withdraw respect, positive evaluative appraisal, emotional assistance, and the assurance that someone will be available when things go wrong. (1051)

They focused on the participant's knowledge of acceptance or approval of his sexual orientation by his immediate family, including his mother, father and siblings; heterosexual friends, employers and coworkers. They also evaluated identity issues such as spending time with gay friends, participating in gay clubs or designated activities and self-acceptance of being gay. They determined that:

differences between older and younger gays reflect the gap between the level of functioning of the adult homosexual man within a social support network and the level of functioning of the gay adolescent while developing his sexual identity. Because young gays are not yet embedded in a social support system, he suggests, they experience more psychological distress due to their sexual orientation. (1059)

Feinberg does not suggest that B.J. Rosenthal is not comfortable being gay. Though only 23, he seems to embody a naturalness about being gay that would belong to an older man. B.J. "came out" four years previously in California, some distance away from his family. He had hoped that he might be bisexual, but "now I'm happy that I'm a Kinsey

six...that's about two hundred percent gay" (9). He informed his family of his attending a Gay Pride Parade and when his sister responded saying that their mother was hysterical, believing he was gay, he simply wrote back, "You're right." B.J. relates this conversation:

"You got my letter?" I asked. "Yes," she said tersely,

"Do you want to talk about it?" I asked.

"Bad news," she said bitterly. "You always get bad news in the mail," she said softly, resignation in her voice.

That was the last time we had ever referred to the matter of my sexuality. (136)

B.J. does not have a close relationship with either his mother or his sister, Sheila, although Sheila is accepting of his homosexuality. She enthusiastically greets him at the airport when he makes his "annual pilgrimage" home for Thanksgiving but most of their conversation stems around troubles she has with their mother not accepting her non-Jewish boyfriend, Alexander, who she has been dating for five years. Feinberg characterizes B.J.'s mother as a martyr of the Jewish guilt-trip and while there is humor in the characterization, it is not surprising that the annual pilgrimage does not represent a trip "home." New York is his home and he cannot wait to return to it after his Thanksgiving visit. B.J. states:

I caught a glimpse of the New York City skyline to my left, shimmering light against the clouds and stars, a

dramatic view of Emerald City. My heart leapt. I was home again. (141)

Feinberg does not present much detailing in this text that indicates that family represents a support network for any of the gay characters. B.J. speculates that there are just too many generational differences for his mother to be accepting and that she is very conservative and believes her son should be like her late husband, who certainly wasn't gay. Little additional insight is offered in 1980 and the writing remains upbeat and never maudlin. Jane Carducci reviews his career in her article, "David Feinberg" and she notes:

He uses his sarcastic humor as both a weapon and a shield in his terrifying world. This is not unlike Feinberg himself, who feels, "If you can laugh at a situation, it's no longer completely in control of you. You have taken some control over it." (124)

The primary support offered to B.J. throughout 1980 are in the form of close friends, both gay and heterosexual and in "place." The concept of "place" was not entirely surprising and reflects a gay community phenomena that only continues to mushroom throughout the 1980's and 1990's. That subgroups of the population feel "safe and accepted" in a "place" takes on greater meaning when one acknowledges that each or any subgroup of the population might have a "place" unknown to other subgroups. For example, malls seem to be overrun with below-driving-age teenagers on a Friday

night, at least in the midwest and the mall possibly represents a "place" wherein that subgroup will encounter like others and feel "safe and accepted." That they choose to congregate together and that only they know where that "place" is from week to week solidifies a common understanding only available to members of that subgroup.

Les Roberts describes the attributes of a mall in the text,

The Lake Effect:

The Lake Erie Shores Mall needs no description, because everyone in America has been in it--or one just like it. Shopping centers like this one proliferate all over the country as a greatly expanded and completely depersonalized replacement for the old general store, where the folks could meet their neighbors, talk, and catch up on the local news, except that most of the people that use the mall for social purposes are teenagers. (221)

What is unique about the descriptions of "place" offered in the text is that many of the places, such as the Baths, are strictly for a gay clientele. But a gay club is not the only place where B.J. knows he can go to find like individuals where he will be safe and feel accepted. It will be interesting to compare the sense of physical place as a support network in 1980 with what is demonstrated in 1986 or 1990.

One of the places that B.J. goes to for support and camaraderie is Jones Beach. This huge, sprawling beach could

have thousands of people on it on any summer day, but B.J. knows right where to go: "I scanned the beach, looking for familiar faces and objects of desire...I had arrived at the heart of the gay section"(91). He runs into his friend Dave, and Paco and he scopes out attractive young men all afternoon. They share an afternoon talking and dishing on all the men they know jointly, drinking, eating bad food and splashing in the water. It is a pleasant and relaxing time, just like all the other people there and the only difference is that B.J. knew where to go to be sure he would find acceptance and camaraderie.

There are many places that are used to network, meet friends, be introduced to possible new lovers, and just be in the midst of gay men. Parks have areas which Feinberg describes as "gay acres" and gyms, Y's and restaurants also cater to the gay population. Gay men know which of these are likely to provide a supportive environment. There were a number of bath houses in New York throughout the 1970's and 1980's, such as the St. Marks's Baths or Man Country. There were also numerous gay bars and some gay clubs that had esoteric themes, such as the Mineshaft or The Anvil. These meeting places proliferated and gay men had a private environment where they could meet sexual partners or potential lovers without concern for heterosexual censure. B.J. describes meeting Richard on the street, literally and notes:

Because they took place in the straight world, even more tact and discretion were required than, say, at the baths or the bars. (99)

Feinberg allows the reader glimpses of the heterosexual culture and it is not a culture necessarily receptive to homosexuality. Rachel Rosenberg is B.J.'s best heterosexual friend and she is worried one evening when there is an attack on a gay bar, a not uncommon occurrence:

"B.J.? Thank God you're home." Rachel sounded hysterical.

"What's wrong?" Now it was my turn to ask.

"You haven't heard? Turn on your radio for the eleven o'clock news. Some maniac went into a gay bar in the Village with an Uzi machine gun and went crazy."

"You're kidding." I sat down and breathed deeply.

"Would I lie about a thing like this? It's called the Ramrod. Six guys got shot, and it looks like two are dead already. I was so worried you might have been there" (129).

There are not many references to gay-bashing or crimes against gays in this text, but the landscape that B.J. resides in is one that he has carefully evaluated, and he "has divided the world into two classes: those who knew I was gay and those who didn't" (10). He lives with the knowledge that being gay is not agreeable to some segments of the population and avoids those situations and potential conflicts.

He does have a heterosexual friend who he confides in and she is part of his support system. Rachel is one of his best friends and this is his description of her:

Rachel was the local problem lady. From her I could get advice on anything: how much to send for a bar-mitzvah present...and how many times to call a prospective boyfriend after meeting him (exactly once). Rachel organized lives and romances as easily as her shoe closet. She always knew what to do and what to say in any social situation. (41)

B.J. sees Rachel on a regular basis and they have a mutually supportive relationship. B.J. jokes that they both like men. B.J. is supportive of Rachel when her live-in lover moves out and he encourages her applications to law schools. They have many conversations and seem honest with one another in a way that is insightful and blunt. The fact that their relationship is a friendship rather than a romance gives it longevity. B.J. often fantasizes about the dramatic end of a romantic relationship before one has even begun but characterizes his friendships differently:

I wanted to tell him Nathan was a mistake. Instead, I kept my eyes on the dance floor. In my head I prepared the condolence speech I would deliver in two or three weeks when their affair was over. Nathan was attractive but certainly not compelling enough to risk my friendship with Dennis. (109)

Dennis, a gay Catholic priest, meets B.J. through a personals ad and they date briefly but realize they are not physically attracted to one another but become good friends. Dennis is B.J.'s alter-ego in that he has just come out and is experiencing many things that B.J. already has. Dennis tells B.J. about every potential boyfriend and B.J. ironically serves as a type of "Father Confessor." B.J. is protective of Dennis:

It wasn't anything specific I disliked about Chris other than his name, his Cadillac, and his pinkie ring. It was just that we didn't have that much in common. Secretly, I was disappointed. I thought Dennis could do much better. I felt like his mother, rejecting prospective suitors as unworthy of his affections. (119)

Dennis is present in all but two months of the year. He is the only gay character with whom B.J. has consistent interaction. He is supportive of B.J. and that primary friendship outlasts the romantic entanglements.

Richard provides support to B.J. during the two months that they date, but the relationship ends differently than B.J. anticipated:

Richard sat on his chair...And you're not exactly what I had in mind, either. I think we should call it quits. "Fine," I said slowly. And then it dawned on me. "But I thought that..." I didn't realize that breaking up would mean that we wouldn't be seeing one another.

"Does this mean we won't be seeing one another?" I'd lost a friend and a lover in one fell swoop. (126)

B. J. is devastated by the end of the relationship and he turns to Rachel and Dennis for comfort. They provide him with the same gentle advice as he has given them and he realizes that he will be able to live without Richard.

Dennis tries to jolly him out of feeling morose:

Dennis opened the left side of his tweed jacket like a hawker of stolen wristwatches on Forty-Second Street.

"Have I got a date for you!"

He pretended he had an assortment of cards with names and addresses of suitable suitors. (128)

The support structures described in 1980 are the places that gay men can congregate safely and those friends that outlast lovers. David McWhirter and Andrew Mattison described the stages of commitment in homosexual unions. Friendship and networks of friends have an important place in the lives of gay men as they note in their text, The Male Couple: How Relationships Develop. Friends serve several purposes:

. . . a way for some couples to deal with serious conflicts. Having the advice and support of loving friends or family can give perspective, help reduce emotionality, and provide useful suggestions. (75)

McWhirter and Mattison describe how gay couples socialize with other gay couples and "they often have a tight group of friends--fitting none of the usual stereotypes of gay men"

(100). Friends and place are important support structures in the lives of gay men in 1980.

IV. The Representation of Hope or Optimism in the face of a Devastating Illness

Feinberg's Part One of his novel Eighty-Sixed actually ends on a note which foreshadows the grief to come to the community. In December 1980, the musician John Lennon is murdered, and Feinberg ends his text for 1980 with B.J. Rosenthal reminiscing about his admiration of the Beatles and what this death portends. B.J. doesn't particularly like December, being constantly assaulted by the "christian holiday" aspect every time he opens his mailbox, but he is rather glib about that. He is not glib about the death of the man who penned, "All You Need Is Love," and he calls Dennis and then meets Rachel in front of the Dakota for a candlelight vigil:

Someone started chanting Lennon's "Give Peace A Chance." Soon the entire crowd was chanting together, swaying slowly, some with arms linked, off-key, a horrible dirge. I felt sadness, despair, and a bitter rage. The world was enveloped in a thick black cloud...I felt that John Lennon's death would be the last murder that would affect me this deeply. (148-149)

Ironically, this statement foreshadows the extensive deaths which B.J. will encounter in 1986. Perhaps not murders, though some gay activists consider all AIDS deaths

as murders by insensitive governmental and medical professionals. B.J. sees John Lennon's death as emblematic of the death of a kind of hope, wherein " We all could live as one." The specter of AIDS has not yet entered the American consciousness but it will split the population and create a separate AIDS culture.

The end of the novel is not completely bleak. Dennis has found a new lover and the relationship appears stable and Rachel has been accepted into law school. These are indicators of good fortune which hopefully will continue into 1981. Feinberg suggests that society is changed by the death of John Lennon, as they were by the assassination of both John Kennedy and Martin Luther King but there are arenas for B.J.'s friends which are still hopeful. Even B.J. notes that he has completed a probationary period at work and is settling into a comfortable routine. He does not appear hopeless but the novel does foreshadow the devastation to come to the gay community.

IV. Does this novel demonstrate an Increasing level of Complexity and Sophistication in the Writing and Representation of the Description of AIDS and AIDS Symptoms?

As this is the first novel evaluated and a novel that has no references to AIDS whatsoever, it cannot easily be assessed in this category. What can be assessed is the level of complexity in the representation of other illnesses and Feinberg's level of sophistication in presenting the

characterizations of support structures and his delineation of optimism.

A. The Representation of Illness

Feinberg does use the Latin names to describe the common ailments of the gay population in 1980. He tends to describe more intimately the consequences of the symptoms, rather than the symptoms themselves. He does not dwell on the symptoms, but rather on the individual's reaction to them. This humanizes the illnesses, perhaps so most readers are comfortable with imagining themselves having a similar problem, instead of distancing the disease by using considerable technical terminology.

Feinberg's text is humorous, and that aspect also lightens the severity of the description that he does supply:

My symptoms were far less severe than the test, I thought. Some irregularity. Mild diarrhea.

Occasionally, a well-placed fart capable of clearing out the gym in a second. (57)

The continual use of humor lightens the tone of severity, and is used throughout the novel.

B. Characterizations of Support

Feinberg provides straight-forward representations of the 1980 support structures available. He names the New York

City bars, baths and gyms in which gay men congregated. He is familiar with the terrain and describes it simply and accurately. He provides visual detailing such that one can see these "places."

His characterizations are well-drawn and lively, the characters coming to life through an excellent use of dialogue. He has a particular gift for creating dialogue that "sounds" naturalistic and real:

"Wasn't he a former student?" Dennis frequently ran into former students when he was cruising.

"Yep. He was at the college a few years ago. He dropped out. He was having problems at home. His parents kicked him out when they found out he was gay." (69)

This snippet of conversation is a familiar conversation and supports character development. The protagonist, B.J. Rosenthal is frequently going to commonly-known places and his narrative style of description draws the reader in, because it is not technical or complex. Feinberg has kept the language of this novel very accessible.

C. The Delineation of Hope or Optimism

It is difficult to determine the level of sophistication in the presentation of hope or optimism. Feinberg does not use a metaphorical level in creating hope: he allows his protagonist to come right out and state that one must maintain their optimism:

"Hey, don't get so upset, everything's going to be

all right. I'm here; I'm here with you," I said,
hugging Richard... (118)

B.J. Rosenthal does not give up on his belief system when things go awry; he strives to help his friends or himself out of trying situations. He steadfastly believes that situations improve.

Feinberg creates a character in B.J. Rosenthal that reflects little slices of all of us, from his mild neuroses to his endless search for love, B.J. seems to be part of all of the possible readers, in some small way. Perhaps this facet of the characterizations is the most hopeful.

V. A Comparison to other Novels of the Time Period

Feinberg's Eighty-Sixed is very representative of other gay novels written about the pre-AIDS era. There is a certain joie de vivre present in the text that exemplifies the spirit of gay novels of the late 1970's and 1980.

Christopher Coe's I Look Divine, published in 1987 is about the time period prior to the AIDS crisis. As William Lane Clark describes Coe's intent in the novel, in his article, "Christopher Coe":

Rather, the crisis for all of Coe's "boy" characters is one of establishing identity and autonomy, of individual integration of sexual desire and sexual being in the face of social and familial repression. (75)

This was the theme for much of the pre-AIDS fiction that was produced, or produced post-AIDS about this era. Edmund White, whose novel The Beautiful Room is Empty (1988) chronicles the pre-Stonewall era, makes this statement about the eras of representation for gay men:

To have been oppressed in the fifties, freed in the sixties, exalted in the seventies, and wiped out in the eighties is a quick itinerary for a whole culture. For we are witnessing not just the death of individuals but a menace to an entire culture. All more reason to bear witness to the cultural moment. (Clum 213)

Many authors did bear witness to the cultural moment of the pre-AIDS era. John Rechy, Christopher Isherwood, George Whitmore, whose The Confessions of Danny Slocum (1980) dealt with a gay man's problem with impotence and his therapy. This novel is discussed by Levin in his article, "The Enigmatic Eighties":

The account of their therapy is relieved by flashbacks about family history, and the general purpose is to show how newer kinds of therapy seek to make the lives of gay men more rewarding rather than to alter their orientation. (319-320)

This ties in nicely with the intent of Feinberg's text, which certainly is not to deny homosexuality but to celebrate it. B.J. Rosenthal just needs to find someone to love and be loved by in return, a not uncommon theme in any

contemporary novel. Levin also describes a novel by David Kaufelt as being humorous. This novel, Midnight Movies, (1980) has a protagonist who struggles to connect with another man and Levin notes:

The description of his lonely existence is effective and balanced by parallel problems for the heterosexual characters in the novel. (321)

This also is similar to Feinberg's text in that there is a female heterosexual protagonist struggling with relationship issues, much as B.J. Rosenthal. Perhaps this suggests that this is a universal theme in contemporary literature: the search for love and connectedness. Many of the pre-AIDS gay novelists presented that search as one that was joyful and without a serious sense of despair. The novels suggested that there would be someone wonderful coming around the next bend, so the search was in good spirits. Feinberg's work reflects the qualities of the novels of the pre-AIDS era very completely, in that his protagonist is on a personal quest, sexually active, content with his homosexual status, isolated from his family and in a community that is supportive of the gay lifestyle. These are facets of the fiction of the pre-AIDS era and Feinberg captures and describes these qualities completely.

Chapter IV. Panic and Facing It

I. A Description of the Text

This chapter will allow me to explore the text representative of Tim Edwards's Panic phase, the time period from approximately 1981 to 1986. Edwards has described some of the characteristics of this AIDS era in this manner:

A second phase developed as symptomatic patients started to appear in hospitals and in particular, people started dying without medical explanations. GRID (Gay Related Immune Deficiency) was one of the earliest diagnosis as many of the early patients were sexually active gay men. Media hysteria and discrimination ensued as cases came to light and misleading causes and outcomes were made including the metaphor of the "gay plague." Patients were mistreated, tenants evicted and there was an overall increase in violence against the gay community.

The text that has been hailed as "the first gay AIDS novel" was published in 1984. This text, Facing It, by Paul Reed, is an overlooked text in some anthologies of gay literature. It is a difficult text to locate and was printed

on a small regional press yet in his article, "Early AIDS Fiction," he notes that:

My own novel Facing It was published in 1984 to surprisingly widespread acclaim in both the gay press and the mainstream reviewing media. Sales were astonishingly brisk for this first novel by an unknown author. (92)

In his article, "AIDS and the American Novel," Emmanuel S. Nelson notes that the first half of the 1980's saw the publication of few AIDS novels. He notes that the community was too stunned to really write early on about the tragedy taking place within the community. He describes Facing It:

Paul Reed's first novel, is the first major work to take AIDS out of the realms of scientific discourse and locate it in a human context through artistic rendering...Reed explores Andy's private tragedy while placing it in a larger context of the politics of AIDS. (51)

Many of the qualities which Edwards described as being in the Panic era are demonstrated in Facing It. Judith Laurence Pastore compares early gay AIDS texts to At Risk in her article, "Suburban AIDS: Alice Hoffman's At Risk." She describes the qualities of gay AIDS fiction which differ from Hoffman's text and notes:

Many AIDS novels by gay writers...such as Paul Reed's Facing It, the first novel to explore AIDS in depth, ...seethe with anger at a neglectful establishment that

has ignored AIDS as long as it only seemed to threaten marginalized populations--gays, IV drug users, Haitians. (40)

Her denotation of the anger in Reed's text corresponds with Edwards's description of discrimination and violence against the gay community. Such actions would cause anger and in analyzing the three categories already specified, we shall see exactly where the anger is both generated and sent.

II. The Description of the Disease and Symptoms

It has been suggested that earlier AIDS novels used extensive descriptions of symptoms because the symptoms were new and frightening and description helped give a basis for comparison and compassion. Facing It is set in the time frame from June 1981 through February 1982. We first meet Andy Stone, the protagonist, at the office of his physician, Dr. Walter Branch. Andy has presented himself with symptoms:

Usually quite robust and muscular, Andy now looked extremely pale, tired and much thinner. He had never seen Andy so drawn with such a pallor. He frowned as he listened to the litany of complaints.(11)

This description almost seems to offer a few vague qualities, such as being tired or thinner, as AIDS symptoms but it only seems that way to the contemporary reader. At the time his text was released in 1984, his descriptions

were very straight-forward and factual. He had become a member of the San Francisco gay community in 1981 and by the time he wrote Facing It in 1983, he was a member of that community. Terence J. McGovern describes Paul Reed's development as a writer in his article, "Paul Reed." Facing It reads in a simple manner, because he was describing what he had seen in his gay community although:

he did not know anyone who had AIDS, but he was motivated to write the novel because the epidemic had become the personal tragedy of so many young gay men. (352)

Post-publication Reed knew many young men with AIDS, his lover was diagnosed and he himself tested HIV-positive. McGovern goes on to note that the response to Facing It was positive:

As for the subject matter of the novel, Joseph Interrante sums up the critical reception by stating that Facing It, "is a welcome addition to our struggle to learn to live with AIDS." Reed's knowledge of the history and development of AIDS is commented on by most of the critics. (356)

This knowledge of the development of AIDS is shown through the development of the AIDS virus in the protagonist Andy Stone.

Initially, the doctor, who is presented as a concerned, knowledgeable physician, thinks that Andy probably has hepatitis. Oddly, he has "a number of small red sores in his

armpit," (14) and that is not typical of hepatitis, but Dr. Branch, of Mt. Zion Hospital in Manhattan, assumes it is a staph infection. He prescribes cloxycillin for that and encourages Andy to get rest. Andy's lover David is skeptical because Andy is not jaundiced:

"You know," David said, thinking of the word "hepatic" he had just used. "I bet you don't have hepatitis."

"Why do you say that?"

"Because you're not yellow," David answered.

"But the symptoms add up," Andy said. "Besides, what else could it be?" (36)

The confusion about AIDS symptoms in the early 1980's is illustrated in this small bit of dialogue. While young men were dying, there were considerable questions about causation and symptoms. Reed has Dr. Branch reviewing the CDC Morbidity and Mortality Weekly Report for July 3, 1981 and that is the first indication that there is something happening in the gay population that is causing death. The report is excerpted for the novel and here is the first clue:

During the past 30 months, Kaposi's sarcoma (KS), a uncommonly reported malignancy in the United States, has been diagnosed in 26 homosexual men... Eight of these patients died--all within 24 months after KS was diagnosed...The occurrence of this number of KS cases during a 30 month period among young, homosexual men is considered highly unusual. (43)

There are several characters who are physicians in the novel and another doctor, Dr. Kinder-Mann, in San Francisco calls these cases a "trend." The reader is introduced to the term "immunosuppression," and how immunosuppression usually occurs as the doctors discuss the oddities of these cases:

"This is pretty strange stuff. An epidemic of cancer? Among homosexual men? I really don't know what to make of it. How can it be?"...

Immunosuppression was a rare condition, usually seen only among the extraordinarily impoverished...

But to have spontaneous, unremitable immunosuppression in formerly healthy young men made little medical sense. (47)

David notices that Andy seems to be worsening before his eyes in a one month time period and Dr. Branch discusses the CDC findings and biopsies his lesions. David represents the attitudes of many individuals in the earliest stage of the AIDS crisis:

He alternated between hope and panic. One moment he felt calm, realizing that the CDC story was just too far-fetched to affect Andy. But the next moment the panic seized him, sent him into a wild fit of uncertainty. (58)

Andy feels a sense of doom: how could he go from feeling healthy to feeling ill so quickly? The biopsy results in late July show that he does have KS. He will undergo the

chemotherapy that was offered to early afflicted individuals. The disease is given a name, GRIDIS (Gay Related Immune Deficiency Syndrome) and suddenly there is an epidemiological component. Over 100 individuals demonstrate the symptoms spelled out in the CDC report.

There is a comparison to other diseases, such as toxic shock or Legionnaires disease, (88) and as the reported cases continue mounting, it is referred to as a "health emergency" (95). The chemotherapy used is described carefully, including the inevitable side-effects and one physician questions the validity of using toxic substances, such as cobalt, in men who already have debilitated systems. By late August, there is a question as to if these cases could be caused by a "parasitic organism" (116) and in this report, there is a woman infected with pneumocystis:

There may be a link to some previous infection or the victims may have a problem with their immune systems. The diseases may be linked to their sexual lifestyle, drug use or some other environmental cause, although no evidence of those connections has been found. (117)

There are numerous questions about the transmissibility of the disease and David and Andy have stopped their lovemaking, which would have been a necessity even if Andy had been infected with hepatitis. Andy talks with another young gay man, Patrick, who believes that he contracted the

disease because the government used a bacterial warfare agent in the gay bathhouses and bars:

And then, of course, it spread, slowly, but getting more and more of us, until finally, you see, they can round us all up as public health hazards or something like that. (130)

This speaks to the media hysteria that was perpetuated in the earliest phase of the Panic era. So many rumors flew in the face of medical and technological reason in the gay and greater communities. This was a time of much confusion and individuals responded with paranoia in the presence of someone who had symptoms.

By late October 1981 there is a new acronym for the syndrome: AIDS (Acquired Immune Deficiency Syndrome). The newly-formed American Gay Rights Committee met with CDC members to encourage them to "recognize the potentially incriminating political implications of the CDC retaining the acronym that linked such a deadly thing to gay people" (142). Also, at this point in time it is evident that not just gay men are developing symptoms of AIDS.

Andy looks like a 'survivor of Dachau', and is suffering a wide variety of AIDS symptoms: nausea, night sweats that leave him chilled, weight loss, listlessness, loss of appetite and Patrick has been rendered blind by an attack to his central nervous system. Andy does not go into remission after chemotherapy. He remains vulnerable to any opportunistic infection.

In January 1982 the Gay Men's Health Crisis was established and the gay community realizes it will have to rally to help those infected:

Too many people were viewing the AIDS epidemic as a new social disease, VD, something to be swept under the rug and definitely not to be discussed over dinner. It was that attitude, coupled with the blatant homophobia of a right-wing administration, that kept research advances at a minimum. (174)

Dr. Kinder-Mann suggests that the disease is viral. Reed has very carefully and conscientiously and with historical accuracy delineated the early stages of the AIDS crisis. Once the determination is made that it might be viral then the physicians and researchers must face:

There are, quite literally, millions of viruses, and they're much, much smaller than bacteria, for example...Finding them requires enormous time and cost...until we've enough money to hunt the virus, our next step is to trace the outbreak of the disease, to find out what are the interconnections here, how are the victims related, if indeed they are. (184)

Dr. Kinder-Mann also goes one step further and states his own personal belief that the virus is sexually transmitted, "Or to be more precise, transmitted by contact with blood or semen" (186). This information is released to the reader before it is released to the gay community, not unlike the speculations offered by physicians early in the

epidemic. The warnings that could have been provided to the at-risk community was withheld for a variety of reasons. Few physicians were willing to risk the censure of their colleagues by making professional guesses about transmissibility issues. There was also a concern about sounding an alarm that might have hurt the lucrative businesses which catered to the gay population: often businesses in which transactions between men might have involved such an exchange. The press often misconstrued early medical information such that the general public readership was misled about the severity of the disease and infection issues.

The text ends with the hospitalization of the protagonist with pneumonia. Most young patients would not die from it, but individuals with compromised immune systems frequently did:

Branch returned to the nurses's station and studied Andy's chart once again. There was really nothing more he could do. He knew that it was most likely that Andy would succumb to the pneumonia, probably that night. None of the KS patients in a similar condition had survived it yet. (214)

Reed leads the reader by the hand through the most basic and understandable and concrete symptoms of the AIDS virus as they were known and demonstrated in the early 1980's. His creation of Andy Stone allows the reader to sympathize with a healthy and likeable young gay man who

suddenly and inexplicably develops a debilitating terminal disease. Reed describes in simple lay terms the conditions of the AIDS virus as it was presented in the gay community in 1981--1982.

III. The Representation of the Support Structures available to the PWA

There are a variety of support structures demonstrated for the PWA in this novel. There are notable omissions in support also, primarily demonstrated through family relationships and with some individuals who are unclear about the transmissibility of the disease. Reed paints a picture of an average young gay man, estranged from his conservative family, living with his lover in a committed relationship. Interestingly, the initial support for this protagonist comes from his physician.

Dr. Walter Branch seems more concerned about Andy Stone's physical decline than Andy himself. Dr. Branch has treated Andy since his infancy so there is a personal interest in addition to a professional one. As soon as Branch sees Andy he states, "My guess is hepatitis, but I'm worried about how sudden it is--his whole decline, that is"(16). Branch seems to have precognition that this is not another situation where Andy has indulged in "too much nightlife," but is genuinely ill. Branch contacts a fellow physician who also suggests hepatitis but his willingness to search for additional information is very supportive.

Dr. Branch reviews the CDC Morbidity and Mortality Weekly Report for July 3, 1981 and immediately makes the connection to Andy's symptoms; he is profoundly concerned by Andy's non-responsiveness to antibiotics and his increased symptomology. He explains to Andy and David about the CDC report and encourages a biopsy, which turns out to be KS. He felt "sick and angry" (69) when the biopsy was positive but his anger is just beginning to build:

It made him slightly angry that when he had phoned around, very little was known. He was almost furious--this because of personal involvement--that nothing was being done to discover what was happening...No one seemed to care--really care--if a handful of gay men were suffering at the hands of an unknown infection that wore them down and made their immune systems worthless... (70)

His level of concern remains this high throughout the novel. Andy could not have a more positive physician, nor a more capable medical ally than Dr. Branch. As the disease progresses, Branch explains everything in an honest, straight-forward manner. Branch is also interested in getting funding to research this devastating illness.

Reed has created the ideal physician in his portrayal of Dr. Walter Branch and Branch's compassion and interest is offset by medical personnel who will not "care for a patient because of the patient's disease" (140-141) and other physicians and administrators who are not enthusiastic about

providing primary care or doing research. Reed does show that the medical community, especially the gay physicians, were supportive of their ill patients and frustrated by the lack of government interest in securing adequate research funding. The physicians in this text are trying to do something to stem this terrible tide.

Kinder-Mann represents the West Coast sympathetic realm:

Already the statistics were grim, and his personal involvement even more so. Two of his friends--one of them his former lover--had contracted the disease and died early on, following only a few weeks of intensive chemotherapy and other radical treatments. His whole community was beginning to stir in fear, and yet he--the leading medical researcher in the country, and a gay one at that, he reminded himself--had pursued one course after another, each a dead end. (164)

The next individuals who provide the most support are the lover and closest friend. Andy Stone and his lover David Markman have been in a committed relationship for over four years when Andy becomes ill. They met in 1977 and by the "end of 1980, David couldn't imagine a more perfect gay couple" (31) than the two of them. Andy and David are close friends with Rita Carrera, "A lusty, somewhat infamous dyke" (32) and she is a stable concerned friend throughout Andy's illness.

Rita cooks for her friends and at a July dinner she encourages the men to remain monogamous:

"You've got to watch out," she said. "I don't mean to preach, but really, bodies aren't disposable bottles." She shook her head.

"You don't mean to preach?" Andy probed. "But look, you're talking to the wrong guys. We're married and ever so faithful." He glanced at David. "More or less," he added, remembering their recent foray into the baths. (39)

Rita has a concern that promiscuous sexual practices lead to disease and she is liked and respected by the men so she can express it. When she is told that Andy has KS she immediately rallies and says, "if there's anything you want or need, I'm here" (61). She continues to hug and kiss Andy as a friend without concern for her own health. She notes during chemotherapy that his hair has thinned, his cheeks were sunken and his eyes had a glazed, preoccupied look. She is very worried about him and angry at how little the medical establishment seems to know about the illness. She also is concerned about the political aspects of the illness and that health care is not readily available to all sick individuals. She drops by and brings him home-baked cookies and she notes that their mutual friend Jim no longer visits Andy because he is "simply too flipped out by the disease to face Andy anymore" (147). Rita is dismayed by Jim's behavior

and she is honest however, because Andy wanted to know the true reason.

Andy spends Christmas day with the two people closest to him: Rita and David. David, his lover, is remarkably supportive of Andy while balancing his own fears about his own condition. David encourages Andy through the difficult chemotherapy, even though he questions every aspect of his treatment:

David wore an expression that was a cross between horror, revulsion and concern. He seemed to be struggling to accept the facts. Andy wondered if he might not just walk out, call the relationship quits and get out while the getting seemed good. But no, David seemed to be hanging on, to something. "What happens then?" David asked... "either I get better... Or, of course, I might get worse and die." "You'll be better," David said. "I'm sure of that." (84)

David is with Andy throughout much of his medical treatment and also is protective in dealing with those individuals who are less accepting of Andy's illness. Andy is completely estranged from his family and has minimal phone contact with his sister, Elizabeth. Andy's father has forbid anyone "living under my roof" to contact Andy, "the fag." David's mother is accepting of their relationship and David tells his mother immediately that Andy is ill. She struggles with understanding, believing that KS is a type of venereal disease.

The disease brings them closer together while it discontinues their sexual activity. David suspects that Andy is feeling defeated by his symptoms and David searches for answers by interviewing leading epidemiologists. He does not find the answers he is seeking but

Because it was the cancer itself--and its ensuing imposition on their lives--that had, in another way, forced them together, closer in loving support, more so than before. (122)

David loves Andy so much that he tries to find a "cure" and won't stop looking for one.

By January 1982, David is frustrated with the information he has discovered about the epidemic. He worries about facing a life without Andy:

...his entire existence was invested in Andy's illness.
 ...Their love should not have been crippled by this unknown science fiction...David's toughest lesson with Andy so far was learning when to pull back, when to allow Andy the space, the silence. It was a delicate matter of respect; a dying man must go alone at times; no matter how much the silence may afflict his partner. (173-174)

Andy is hospitalized with pneumonia and Dr. Branch tells David that Andy will die very soon. David sits with Andy and Andy answers the question that is resides in the back of David's mind:

"My question has boiled down to one thing," Andy went on. "Whether or not--if I had the chance--I would choose not to be gay." David didn't try to stop him. He understood that for many, especially those afflicted by the disease, this question posed itself as seemingly central...

"You know David, we were there! We were at the front of something new, something hopeful. How many people can say that?...To be fully gay and fully human, to have men like you to love...(216-217).

Terence McGovern critiques Facing It more sharply as a novel of alienation; however, he does note that the primary relationships are supportive and loving. He sees the relationship of David and Andy in this manner:

Through David's abiding and deep love, Andy found a refuge from alienation and loneliness. True friendship expressed in David's fidelity to his lover echoes the promise made by straight couples to be faithful in good times and bad, including illness, until parted by death. (354)

McGovern draws an analogy that compares a gay "marriage" to a heterosexual and legally-sanctioned marriage. Reed does have messages throughout his text which encourage commitment and monogamy. In addition to this being his lifestyle choice, by the time his novel was published in 1984, there was a resurgence of interest in these kind of relationships in the gay population, directly in response to

the AIDS crisis. Other novels demonstrate that the support structures offered to PWA's come not only from long-term gay marriages, but also from the gay community in general and from casual partners. David Feinberg's Eighty-Sixed Part Two has the protagonist providing daily care to an acquaintance with whom he "tricked once." Support structures have arisen from the realm of an extremely casual contact within the gay community.

There is no support offered by the biological family of Andy Stone. His father has forbidden his wife and daughter to see Andy, even as he lay dying. Andy has accepted this chiasm and Reed's portrayal of Edna and Chuck Stone is stereotypical, yet not unusual in the post-Stonewall generation. Many young men were completely rejected by their families when they "came out of the closet" and Reed has painted a portrayal of a controlling, conservative father who runs the family and believes:

It was his greatest disappointment in life that his son--his only son--was a queer. For all it meant, he may as well have had four daughters. (153)

Edna Stone, Andy's mother, rebels a little against the cold, unforgiving attitude that is exhibited by his father but she unable to change her husband's mind. He feels betrayed by Andy's homosexuality and is berated by his daughter:

"That you could never have produced?" she said. "What do you mean--you could never have produced a man that

loves men? That is not afraid to show his affection for other men? Is that what you're afraid of?...I believe it, because you cannot do it yourself. You can show no love, no warmth towards me or Momma or Andy or another man." (194)

There is no representation of place as offering support in this text. All of the support is offered through interpersonal relationships. Even when Andy is hospitalized there is almost no emphasis on the hospital as a setting of any significance. What is significant then, is that he is with his lover in a supportive emotional place. There are peripheral references to the baths or other gay places of congregation but they are not presented as supportive to Andy when he becomes a PWA.

IV. The Representation of Hope or Optimism in the face of a Devastating Illness

Reed offers cynical portrayals of some individuals within the medical profession and also critiques the slow governmental response to the outbreak:

David was lighting another cigarette and shaking his head. "That's impossible," he said. "Hard to believe. You can't have a hundred people with an epidemic and get ignored. It can't be." "A hundred fags," Andy said flatly. He needed to say nothing else...A hundred fags are expendable, he reasoned, realizing it would have to be straight people getting sick before anyone

would care. (85)

While Reed does not present much confidence in the nature of research that will be done, the ability of the government to recognize the severity of the disease or medical personnel to adequately treat it, he does highlight some important and hopeful developments for 1981-1982.

Reed illustrates the growth of gay activist groups, such as the New York Gay Men's Health Crisis, which organized to raise money for research and communicate pertinent information to the public. This group was at the forefront for advocating for the rights of PWA's and providing safe sex messages within the gay community and the community at large. This radical group became very large and was primarily staffed by volunteers who freely gave of their time to help PWA's.

Reed notes that the gay presses were avidly covering the outbreak and cites publications such as the New York Gay Herald and New York Native as presenting articles to alert the gay community that "something's afoot" (167). The willingness of the gay community to inform its members is hopeful, because most individuals do not have access to obscure publications like the Center for Disease Control's Mortality and Morbidity Report, nor would they necessarily know how to interpret it. The gay press rallied around the information available: not to frighten gay men, but to let them have information that the government might not deem important enough to release. The major article on AIDS

created by and released to the general public by the federal government was published in 1988, seven years after the epidemic began. This publication, "Understanding AIDS," was mailed to every postal customer in the United States. The cover carries a message from the then-Surgeon General C. Everett Koop:

I feel it is important that you have the best information now available for fighting the AIDS virus, a health problem that the President has called "Public Enemy Number One." Stopping AIDS is up to you, your family and your loved ones.(1)

It is unquestionable that AIDS was being recognized as a devastating illness on a personal level and an epidemiological one much earlier than 1988.

There are political ramifications which are hopeful in 1981-1982. The development of gay activists helps create a name for the illness which is all-inclusive, rather than exclusive to gay men. Health care workers who were compassionate demonstrated that PWA's deserve appropriate medical care like any other ill person. Those physicians who suspected sexual transmissibility sounded the warning in the gay community, realizing that "anything less would be tantamount to negligence"(172). That love relationships continued until death is also hopeful, and shows a level of commitment that was often dismissed by and in the gay community. Such dedication to a terminally ill partner is not necessarily exhibited in the heterosexual community.

Andy does not renounce his homosexuality as he approaches death. While one might lie in anguish and question if living a heterosexual lifestyle might have "saved" their life, a question only likely in that time frame, as heterosexual infection rates continue to increase, Andy deliberately recommits to the choice he made to live an "out" life: to be a loving, whole gay man. Reed has the protagonist make this statement because by the time Facing It was published there was a contingency of the population that believed AIDS was strictly a "gay" disease. If these gay men renounced their gay lifestyles then they might still attain freedom from a diseased state. Andy states that he has known heaven on earth as a gay man, and that is enough.

Reed has created evidence of hope through the development of an advocacy system, a press and media which spread necessary information, the creation of a name which accurately reflects the afflicted population and the continuation of love and care for the PWA. There also is no renouncing of the gay lifestyle. All of these elements are hopeful and Reed provides these facets and positive characterizations of those closest to the epidemic, so the reader is not left feeling despair, but rather optimism.

V. The Increasing Level of Complexity and Sophistication in the Writing and Representation in the Description of AIDS and AIDS Symptoms

Reed's novel was one of the earliest novels to use medical terminology and occasionally was lambasted as being

"didactic." Terence McGovern describes the critical reception of the novel and notes that, "Much of the information on AIDS is conveyed through the conversations of the characters...somewhat wooden"(357). It must be unquestionably challenging for a novelist to create dialogue which speaks using new terminology and words not familiar to the general readership. Reed clarifies most of the medical jargon that the characters speak, in a careful and conscious manner. He recognized that his characters were some of the first to speak of AIDS to the general public and he created these conversations to be as clear as possible.

Reed is careful to use the terminology as it made its appearance in the media chronologically in his text. His use of the CDC Mortality and Morbidity Weekly Report is startling because the general public is not reading that publication, yet there were physicians who did read it and began puzzling over its implications. This report was the first inkling that AIDS was beginning and Reed recreates this factual historical moment to set the tone for the confusion and panic that settled into the public consciousness once it was clear there was a real epidemic beginning. The term "immunosuppression" was introduced consciously and deliberately.

Andy's doctor explains very simply how Kaposi's Sarcoma develops and how this new ailment allows opportunistic infections to become life-threatening, all by page 56.

Perhaps a current patient would respond more vehemently than Andy's passive, "Sounds like I've got it," Andy said plainly. (57) So much was unknown about the AIDS virus at the time however, that Andy is not assuming that he will die, even if he is infected.

Part Two introduces additional information about Andy's illness and the possibility that he has Gay Related Immune Deficiency Syndrome, or GRID. It is late summer of 1981 and Reed chronicles the rapid progression of Andy's infection. That was common in the early period of the epidemic; diagnosis and fairly rapid (within one year) death. Reed focuses on the epidemiological aspects of the disease and well as describing simply the symptoms exhibited by Andy. He succeeds in personalizing AIDS while clearly showing that it is a developing social problem. He describes the discomfort of chemotherapy and the use of sterilization/isolation procedures.

In the fall of 1981 it is suggested that the disease is caused by a virus and that people "will most likely develop antibodies and thus be immune" (135). This speculative remark has not yet come to pass although there are many HIV positive individuals who have survived for over a decade with the virus. As reported by Faith Johnson in the Lansing State Journal on December 2, 1995,

Huston tested positive for the Human Immunodeficiency Virus in 1986...

"I thought I would be dead in three months," he said.

"But people have different reactions to it. There are some long-term survivors"(1).

AIDS was a new illness at the time Reed created the text and there were no long-term survivors, yet. There was considerable speculation about how the disease would progress in society.

In Part Three of the text Reed gives a clever explanation of how T-cells work and draws a comparison to "Raquel Welch in *Fantastic Voyage*"(185). This pop culture reference gives some levity to a serious condition and allows for visualization of how the immune system of all bodies should work. Reed has a doctor suggest that the virus is sexually transmitted and that information for public use was being suppressed. Reed provides this information in a straight-forward and easily-understood manner. The reader does not have to have much background to be led through the descriptions that Reed provides. He makes it clear to the reader what the symptoms of AIDS are; how treated and the prognosis. Reed could be said to be "spoon-feeding" the information to his audience and this is not a criticism. At the time the novel was published, the general public was just developing an awareness of the AIDS virus and some of its ramifications. Reed used a simple writing style and a step-by-step development of the AIDS disease because that was the way to develop understanding and not overwhelm the background knowledge of the reader.

Reed's text seems fairly simple today in that AIDS novels can now offer complex overlapping development of the disease because the public knowledge of AIDS is so much greater than was the public knowledge of 1984.

VI. A Comparison to other Novels of the Time Period

Reed's novel is representative of other novels of this time period. One that is quite similar, though more autobiographical in nature, is Barbara Peabody's The Screaming Room. This novel also demonstrates the toll that the AIDS virus takes on the body of the afflicted and Peabody had first-hand experience with the virus and detailed that experience in The Screaming Room. Peabody does detail the compassion of caretakers and the disorientation of the PWA, as the disease progresses. She provides a humanistic nonmoralistic view of the PWA.

There were few other novelists that had begun to write about the AIDS virus in 1984. Daniel Curzon's The World Can Break Your Heart was published in 1984 and does feature a mention of AIDS near the end of the text. The similarity in the texts is that both protagonists must question their homosexual orientation as a reason for contracting the AIDS virus. Each novel also demonstrates the isolation the PWA felt, because in the earliest days of the epidemic, people were unclear about infection issues so families often remained distant.

James Levin reviews gay authors publishing books during 1986 and notes in his article, "The Enigmatic Eighties," that:

Nava writes accurately about the law, but his pictures of gay life lack vibrancy. His failure to mention AIDS (in a novel that concerns casual sex with a known intravenous drug user) only adds to the problem... Stevenson's Ice Blues...continues the momentum of the first two works but the plot injects even more political ideas. AIDS, though mentioned, still doesn't seem to be a factor in the lives of gay men. (347)

That sums up much of the gay fiction published prior to 1986. AIDS is barely mentioned, if at all. This gives Reed's novel an important and unique place in the inception of AIDS fiction.

M.E. Kerr's young adult novel, Night Kites (1986) demonstrates the family struggling with the knowledge of their son's gay and HIV-positive status. Thematically AIDS is significant though the focus of this text is on the familial relations. Kerr provides barely accurate medical terminology in her text and Reed's is much more medically astute.

Armistead Maupin's novel, Babycakes, does feature an AIDS-related death. Maupin's "Tales of the City" column in the San Francisco Chronicle popularized the gay San

Francisco community and the focus of that novel is not on AIDS, but Maupin does provide mention of the disorder. Maupin's tone is lightly humorous, which makes him comparable to Feinberg.

Reed's novel stands out as an exemplary early AIDS novel in that it treats AIDS as a main focal point, and provides the most up-to-date medical information and a sympathetic look at the struggles of the PWA.

VII. A Comparison to Part One of Eighty-Sixed

The most obvious difference in these novels, Facing It and Part One of Eighty-Sixed is the presentation of illness. As Edwards predicts for the Panic era, in Reed's novel young males are being hospitalized with a mysterious and frightening illness. There were not clear medical explanations for the protagonist, Andy Stone's, illness. In Feinberg's novel, the etiology of the illnesses described are quite well-known and readily treated. This is a significant difference and the concept of people dying without explanation, which is presented in Reed's novel, does not appear in Feinberg's novel.

The tone of the novels is quite different. Reed's novel reads in a straight-forward chronological manner and Feinberg's novel is also chronological and self-amused. Reed's focus on the devastation that the AIDS virus is wreaking perhaps reduces a humorous element that could

exist. Often, novels with terminal illness as a theme are not particularly humorous.

The "quest" motif evident in Feinberg's novel is less evident in Reed's text. He chooses to present his gay protagonist in a monogamous relationship; not looking for the ideal partner, but having already found him. This is suggested as being desirable in Feinberg's text, in the character of Dennis, who at the end of 1980, seems to be settled into a committed relationship with Christian. (147)

There are similarities in the text in that each author clearly presents the gay lovers and gay friends as being the support structure for gay individuals. Heterosexual female friends also figure in and there is distance in the biological familial relationship. Feinberg has B.J. Rosenthal make one visit home over the course of 1980: Reed has Andy completely isolated from his family, even as he lay dying. Both authors illustrate that family relationships were often problematic in the late 1970's and early 1980's.

Another similarity in the texts is that each presents appropriate medical terminology in an understandable manner. Feinberg does describe the illnesses of 1980 carefully and simply and Reed also clearly describes the symptoms of AIDS as they existed in 1981-1982. The authors strive to present the medical terminology in a clear and reader-friendly format. This suggests that each author is reflecting the background knowledge base of the reader while carefully enhancing it at the same time.

Chapter V. Crisis Control and Part Two of Eighty-Sixed

I. A Description of the Text

Part Two of David Feinberg's Eighty-Sixed reads as an entirely different text from Part One. Once again the novel is structured in a chronological diary-like format, going from January 1986 through December 1986. This time period is in Edwards's Crisis Control era, and a review of this text does show that much of Edwards's criteria are met in this text.

The Crisis Control era is described by Edwards in the following way:

(This) phase was created as AIDS causes were clarified and risk categories shifted into "risky behaviors." The slow involvement of the government in funding health education was central in the process. This phase is still in evidence today as health education dominates local and governmental agendas.

There are significant changes in the tone of the text in Part Two. AIDS was never mentioned in Book One, but the word "AIDS" appears on the sixth page of this text, and there is a veiled reference to it within the thirteenth paragraph. AIDS is immediately a reality in the life of B.J.

Rosenthal, whereas AIDS did not exist whatsoever in 1980. There is the same wry humor in the first mention of AIDS, and a cynical bite:

"Are they still doing the swine-flu bit?" asks Dennis.

"Yes. Swine fever, actually. The publisher is relentless."

"A maniac," agrees Dennis.

"For the past three years he's been shoving this pet theory of his, that African swine-fever virus causes AIDS, down our throats, and he shows no sign of giving it up. You know, they could come up with a cure for AIDS and totally eradicate it, and I bet he'd still be pushing swine fever." (158)

B. J. Rosenthal is still surrounded by his close friends Dennis and Rachel in this text and he loses several acquaintances to AIDS complications. He attempts to remain upbeat in the early recognition that he is part of a community that is being decimated by this virus. He still is searching for fun and friendship, but the presence of the virus has radically changed both his outlook and his behavior.

B.J. still is searching for love and a lasting relationship, which his friend Dennis seems to have secured with his lover Christian. B.J. exhibits a respect towards committed relationships amongst his gay friends and has an acute understanding of the privilege of monogamy:

"Perhaps you need ze spice in ze love life?" says Dennis.

"Come on Dennis, you know me, a mass of symptoms, I've got enough AIDS anxieties as it is. You're lucky. You found a boyfriend. You've been involved in a monogamous relationship for five years, I've tricked around enough to be worried. It was just dumb luck that I stopped going to the baths in '81." (160)

B.J.'s concerns about his own pending HIV status has him much more cautious in approaching men. He feels a little left out by so many of his friends being "married," but the depiction of the impact of AIDS on his community takes the forefront in Part Two.

II. The Description of the Disease and the Symptoms

AIDS is the main disease described in this text. There are references to other early diseases, but AIDS is on the headline of any newspaper a character might read; there are political rallies and gatherings that are for AIDS awareness; an AIDS-Walk; and frequent mention is made of the primary networks of support which consist of fellow gay men, community hospitals that do treat AIDS patients and activist groups like the Gay Men's Health Crisis.

Feinberg presents the gay community has having more knowledge and first-hand experience with the AIDS virus in its varied manifestations than common media newspapers, gay

newspapers excepted. The conversations between gay men who have observed friends and lovers perish are more clinically accurate and factual than Feinberg's description of 1986 political speech-making or TV programs. The nation is concerned with Christa McAuliffe and President Reagan's nonmalignant tumors. There is an occasional depiction of another disease, but the AIDS virus overwhelms the portrayed community.

B. J. Rosenthal's herpes is described like this:

"Well, I'll always have my herpes, I guess. It only comes once or twice a year now. My stomach still bothers me occasionally. I used to tell my doctor about it, but he'd always insist I take the amoeba test. I'd put it off for a week or two..."

"It's hideous," put in Richard.

"And then finally I'd take a day off from work and take it. Once I tested positive again. I can't imagine how, unless I never was completely cured from years ago. So now I just let it slide." (177)

B.J downplays the significance of his herpes in light of a more deadly and frightening possibility: AIDS. He is uncertain as to the etiology of his bowel problems but doesn't really want to be tested, because he might find out something that he doesn't want to know. His bowel symptoms could be an early indicator that he is HIV-positive.

Interestingly, though he is reluctant to be tested for Giardia Lamblia, he constantly expresses a belief that he

will soon begin to exhibit signs of the AIDS virus. In April he is routinely showering and this is what he does:

...wash my hands, check my face for purple spots in the mirror. None today...check for swollen glands in the crotch, under the arms, at the neck. None today... I step on the scale to check for sudden unexplained weight loss. None today...I put the back of my hand on my forehead to check for fever. None today. (192)

This ritual of checking for early signposts of the AIDS virus demonstrates his obsession with his own health status, particularly acute when he realizes that men he has known, intimately, are succumbing to the AIDS virus. This is personified in the character of Bob Broome, singularly unmemorable, but once he hears that Bob is infected, he immediately wonders:

What did we do? I knew I shouldn't have tricked with him...When you come down to it, I didn't even like him that much...Why am I thinking only of myself?...I should be feeling sorry for Bob. Perhaps I have an asymptomatic case and transmitted the virus to him. No. That's pretty unlikely. I'd probably be dead by now...I'm sure we must have deep-kissed.

That's not risky, at least not this week. (181)

B.J. tries to remember his activities with Bob, since he is thinking in terms of "risky behaviors," one of Edwards's criteria for this AIDS era. B.J. makes it apparent that he is uncertain as to what behaviors constitute risky behavior

and he is evaluating behaviors which occurred in his past anyway, and cannot be undone.

B.J. feels a small amount of guilt for his self-concern but the uncertainty of the parameters for infection could make anyone feel concerned and distraught. That he might have infected Bob passes briefly through his mind, but medical evidence at this time did not indicate that there were asymptomatic carriers of the virus. All individuals can be asymptomatic for a certain period of time, the incubation period, but B.J. knows in reality that those individuals who become HIV-positive do not live for an extended period of time.

B.J. enters therapy to deal with his fear of AIDS; his fear of becoming infected. AIDS is no longer removed from his consciousness as something that "happens to a friend of a friend,"--he now knows an infected man with whom he had an intimate liaison. AIDS is so prevalent in the gay community that there are therapy groups such as the "Worried Well:" those not currently infected but fearful of testing HIV-positive. B.J.'s anxiety is no longer neurotic; he knows that he is probably going to become HIV-positive. He admits that he was no "Whore of Babylon," but frequency of sexual contacts points towards eventual infection. In one scene, B.J. is conversing with some gay friends who point out an newspaper article which highlights an individual contracting AIDS from only one sexual encounter. Feinberg shows how the media in 1986 focused on the statistically minute cases

which promoted confusion in identifying truly risky behavior, as if one would commonly contract AIDS from one sexual encounter.

Longevity issues tie in to the presentation of the kinds of medical treatment available and the accessibility that AIDS patients have to the treatment that they need. Bob is initially hospitalized at Lenox Hill hospital and as his condition deteriorates, he is shuffled to another facility, St. Clares, "a long-term health-care facility for AIDS patients" (272). B.J. notes that AIDS has revived a slow hospital industry, and he also notes the irony in that fact.

The transmissibility of AIDS is frequently referred to throughout the text. Transmissibility issues were in the forefront of the minds of Americans in 1986. There were media stories of infection from mosquitos, toilet seats and through improper surgical techniques. There was confusion due to medical studies speculating on the basis of a disproportionately small study group and proclaiming "facts." B.J. continually reads the latest medical information and counsels his gay friends to be careful in their behavior:

"You were just kidding about the blow job, weren't you?" I thought he was just talking cheap.

"No," says Peter. "He wanted it. Am I supposed to refuse?...Listen, he took the risk. He knew what he was doing...my boyfriend Raul used to be his boyfriend

last year. Everybody's connected. It's a human chain. It's a little too late for damage control."

"Repeated exposure to the AIDS virus can increase one's chances of coming down with the disease," I parrot from the latest pamphlet from GMHC. (230)

Feinberg suggests that more research was taking place in Europe also. He cites an article that promises a "cure" for AIDS. This "cure" requires a complete blood transfusion from an identical twin, and it restores the immune system. Even though this has minor practical applications, Feinberg includes highlights from the kinds of research that were appearing in the public consciousness in 1986. The descriptions of the symptoms of AIDS are clear and the virus is presented as fatal, if not immediately (within months) then within a year. There are no characters who are HIV-positive and living for any length of time. In 1986, individuals went undiagnosed until terminal symptoms appeared. Today, there are many HIV-positive individuals living for extended periods of time, but this was not evident in 1986. B.J. sees Bob Broome's deterioration and death from AIDS complications firsthand, as does the reader. B.J. also describes other AIDS patients, friends of friends with AIDS and the physical symptoms of AIDS in 1986 were debilitating and obvious.

B.J. first notes that Bob has lost over 25 pounds(198), and that being pudgy will be a fashionable signpost of good health. No more the "gaunt look," popular amongst some gay

men. That gaunt look can mean impending death in 1986. Bob is first hospitalized for Pneumocystis, and pneumococcal pneumonia. These lung infections were very common in AIDS cases and in early AIDS, caused death. Bob has repeated hospitalizations for this but manages to put the infections into remission and return home. Bob can no longer drink alcohol because of a contraindication with the chronic medication regime he must follow. He also is incapable of tasting food with delight.

Feinberg chronicles Bob's rapid decline in painstaking detail, inserting ironic asides that startle the reader into a recognition of the severity of Bob's illness. Bob is rehospitalized because of numbness in his legs and his 35th birthday is celebrated there. Bob cannot blow out the candles because "some nights he uses an oxygen mask" (249). In July, five months after Bob's diagnosis:

The doctors still don't know what's wrong with Bob's legs, but they're afraid it's spreading. We sit, drinking wine and eating pasta, each with the tacit knowledge that today is Bob's last birthday. (250)

This is a new train of thought about AIDS sufferers: that they will die, sooner than later. There is no possibility of a cure offered to Bob and his gay friends have seen enough death that they offer insightful tales of deaths with dignity. Dennis relates this tale of death to B.J.

"Anyway, the last time, we were all there,

crowded around his hospital bed last Thursday...He weighed less than 100 pounds...Morgan started reading a beautiful passage, a spiritual passage about passing over to the next world. It was long, gentle and flowing. And at the end he said to Ed that it was OK to let go. And at that moment Ed sat up in the bed, looking straight ahead, a tear rolling down his cheek. And then he died" (271).

Death is the inevitability with AIDS so several characters express either a fatalistic or a compassionate attitude about those with AIDS and their own potential HIV status. Feinberg has two individuals choose suicide rather than the prolonged suffering. This choice is presented as shockingly gutsy and gay men are shell-shocked so, "Nothing much affects me immediately anymore" (255). Living with so much death in their community, suicide is one more death, no more or less reasonable than to perish from AIDS. Some characters are portrayed as continuing their sexual escapades without concern for possible infection: B.J. is horrified at such behavior but cannot persuade other gay men to his point of view. The reality for this gay community is, "Everyone has a friend who is dying" (266).

Bob's deterioration continues and he exhibits signs of dementia, is on a constant IV and catheter. Feinberg describes Bob's physical decline in bits and pieces. His description is acute yet he does not dwell on specific symptomology excessively. He uses description that is

accurate, factual and brief. He knows that his gay readership can immediately identify Bob's sour smell. For those less aware of AIDS physical symptoms, the description is adequately sensory without being unnecessarily graphic. Dale Peck's AIDS novel, Martin and John, has considerably less AIDS information so the glimpses he provides are exceedingly graphic. Feinberg's novel has such an intense concentration on AIDS that he can be less graphic and maintain the impact of Bob's gradual debilitation. As Bob approaches death the reader sees this:

He is so pale, so weak. His hair sticks up in sweaty tufts, remnants of a used carpet. Bob could be in his late sixties. The bones in his face are painfully prominent; you can see the pulsing in the veins. (301)

Bob doesn't always recognize his friends. He is always cold. In early November he is comatose. By the end of November, "his lungs filled with fluid and he drowned" (319).

Bob's friends speak at his eulogy and there is anger at the moralizing that appeared. Patrick and B.J. have this discussion:

"All that business about Bob making a tragic mistake... Sure, blame the victim... goddamn it, AIDS is a disease. There's no connection between diseases and morality. I mean, like try to tell me that having hemophilia is immoral and getting a blood transfusion is immoral... There's no connection."

"I think he was just trying to warn those of us in the

audience," I say gently.

"As if any of us didn't know by now,"...Patrick takes a deep breath and sighs. (322)

Feinberg is careful in the text to avoid moralizing. His characters have brisk debates and all the spectrum of possibilities of response to the AIDS crisis are demonstrated, yet, he carefully does not alienate any reader by suggesting only one response is possible. The protagonist, B.J. Rosenthal, seems to desire to remain optimistic in the face of so much death, and that is one response to the crisis. Feinberg allows minor characters to portray the numerous other responses. The reader encounters the family whose father draws his children protectively near him during the AIDS Walk. The reader sees individuals engaging in risky sexual practices and those who have embraced monogamy or celibacy. Dennis continues to pray with those who are dying and Joey Romano has written off all early-stage AIDS victims as "eighty-sixed." Feinberg does not judge these differing responses, the responses of the greater community in 1986. He portrays the variety of people that existed then, and exist now in American society. He portrays the impact which AIDS had on American culture in 1986.

In the novel it is Mr. Mackenzie who distills the rhetoric of the end of the world:

"It's unfathomable. It's incomprehensible. It's beyond

human comprehension...It's endless, I tell you, endless...Survival of the fittest. Shit. Survival of the celibate...The last homosexual will die in the year 2030," he predicts.

"The last heterosexual will die in the year 2065.

Don't worry. We won't be around to say goodbye" (264).

This bleak attitude is one of the many expressed in 1986 when people did not fully understand all of the manifestations and ramifications of the AIDS virus.

III. The Representation of Support Structures available to the PWA

The support structures available to PWA's and their caretakers are not vastly different than those described by Paul Reed in his text, Facing It. We follow the demise of primarily one individual in Part Two of Eighty-Sixed, though many other gay men die in the text. Bob Broome's rapid deterioration from his diagnosis in February to his death in November is detailed carefully and realistically.

His primary care is provided by two large New York hospitals and staff. Bob willingly checks into a hospital when he becomes seriously ill. These hospitals are part of a network of support available to him because he is also visited by a group of gay and other friends. His parents visit him once in this time period. Oddly, B.J. Rosenthal became a primary caretaker even though he hardly knew Bob

prior to his becoming ill. I will evaluate each of these supports separately.

A. The Hospitals and Medical Care Staff

Bob first checks into Lenox Hill Hospital. B.J. doesn't particularly like hospitals but he does note that Bob receives adequate medical care while an inpatient. B.J.'s problem with hospitals is "that the rooms are full of the sick and the dying" (198). This is quite a contrast with a maternity ward or recuperative ward. Bob is cared for by cool, efficient nurses and "moronic attendants who, being afraid of being in the same room as an AIDS patient for fear of contagion, leave dinner trays at the door" (197). He willingly dons the required mask and gown to avoid contaminating Bob and washes his hands with Phisophex after visiting to avoid being contaminated himself. B.J. notices that AIDS is good for the hospitals: they're full of patients. Bob is transferred to St. Clare in September and the patients there are in the terminal stages of opportunistic infections. Dave describes the junkie with KS lesions covering his body, pencil-thin legs and his fragile sunken chest. Simply passing through a hallway is a glimpse into a hell that readers outside the gay community have only imagined.

Feinberg demonstrates that the hospitals are careful in their treatment of AIDS patients: careful for the staff and the patients. Bob's room is cheerfully decorated by his

friends with posters and streamers. He has a VCR early on, before the dementia sets in. He has nurses who do come and attend to his needs when he buzzes them. He is not ignored, nor is he fawned over. He is another sick patient, deserving of an adequate level of care to manage his illness. B.J. talks to Selena, the nurse on Bob's floor and gets insight into how the staff handle constant death:

I look at the blackboard. There have been two erasures since my last visit.

"You know, I prefer the gay AIDS patients to the IV drug users," she remarks. "They're a lot nicer. They're more interesting. Pretty soon the hospital will be filled," she says in an upbeat tone. Selena likes her job. I wonder if it is harder for the visitors, who know the patients, or for the hospital workers, who must endure an endless stream of dying. (286)

B.J. knows the pain of watching Bob die, and he realizes that medical personnel become attenuated to death. Death is the one given for all people, and especially those with a terminal disease. This does not suggest an indifference on the part of medical staff, but perhaps a more open acceptance of death than is exhibited in the general public. Death is not happening behind closed doors in the hospitals that care for AIDS sufferers. Death might be on a gurney in plain sight.

Feinberg does allow a critique of the American medical system. His characters discuss the use of AZT, which was an

experimental drug in 1986, though readily available in Europe. This argument is presented:

"Doesn't it get you really mad, how doctors have to lie just to dispense drugs?..Why do they have all this red tape?..People are dying, and the government is just wasting time...You know, sometimes I'm glad that straight people are finally coming down with AIDS. You never saw much concern for a cure when AIDS was more or less confined to the 'high risk' groups."(298)

This indictment of the medical system and the difficulties compassionate physicians had in prescribing appropriate treatment regimens, which might have extended the lives of HIV-positive individuals is reiterated in AIDS literature throughout the latter half of the 1980's. Even today, in 1995, the United States still lags behind European countries in funding research and supporting alternative and experimental therapies.

B. Gay and Other Friends, including B.J. Rosenthal

After Bob is diagnosed, a circle of friends convened by Dave provide additional care and support during his hospitalizations and in his weakening condition. Dave, Gary, Patrick, Jerry, Marcy, Roxanne and Ernie visit Bob at the hospital or his apartment, help him with meals, do household chores and errands he can no longer do, pay bills and just sit and read or talk to him even when he appears comatose, but alive.

Unlike some of the paranoid hospital staff, there is also Terry, a volunteer who is comfortable with Bob's illness. This group of friends helps Bob even with physical needs; Patrick exercises his numb legs, B.J. cuts food into minuscule pieces and feeds him. The support group of friends serve to reassure Bob that he is loved. Their care reminds the reader that anyone can become a caretaker of a PWA.

B.J. didn't know Bob well before he became ill. In fact they had met only a couple times but he is drafted into helping Bob. B.J. agrees to this initially out of a sense of guilt and fear, realizing that it could easily be him who had contracted the virus--and who would help him out? This was a common feeling in gay men in the mid-1980's. William Henry explores the feelings of the gay community in his article, "An Identity Forged In Flames." He describes the changes in the gay community and recognizes that some HIV-negative men have their own issues

Yet however ruthless they may be on the surface about isolating themselves, uninfected men are widely burdened with what scholars of war call survivor guilt. These gay survivors see no moral reason, no legitimate distinction that accounts for why they are alive and their friends and acquaintances are dead. (36)

B.J. explores his AIDS anxieties with a therapist throughout the text and he states:

"I don't want to commit myself to playing Mother Teresa twice a week. Yet I don't know how to say no.

I really identify with Bob: his pain, his helplessness. It could easily be me" (235).

B.J. becomes more compassionate through his relationship with Bob and notes that "no one should have to suffer like this" (292). His gradual change into a more empathic, concerned individual parallels Bob's decline. Bob becomes less of a person and B.J. becomes more humane and expansive in his emotions. He joins Bob's old friends in mourning the "old" Bob. Patrick notes:

I think we've lost him. It's scary. He's been sick so long; it seems like he's been sick so long. I don't even know him anymore. I don't want to be in the position of remembering this, what's left of Bob, instead of Bob. But that's not him in the bed anymore. It's like a shell of what Bob used to be. (283)

Feinberg portrays the challenges of caring for a PWA and the support provided by gay friends and non-gay friends. This is representative of what Feinberg observed in his gay New York community. That there would be a rotational schedule of visitation so Bob would not be left feeling isolated and alone demonstrates how powerfully the gay community and others have rallied around PWA's to provide loving support. Whereas early victims died unrecognized by their families, Feinberg does illustrate that relationship.

C. The PWA's Biological Family

Bob's parents came from Oregon to visit him while he was hospitalized. They had only known for a few months that Bob is gay, and has the AIDS virus. Still, "Bob's face lights up," when they walked into the room. His parents were shocked at his physical condition in September. His mother wrote him a daily letter and he had weekly phone conversations with them. They maintained contact with Bob for many years without knowledge of his homosexuality. Before they return to Oregon, they thank his friends for always being there for Bob. This relationship demonstrates the difficulty that many young gay men faced in coming out in the 1970's and 1980's and yet these parents are not portrayed unsympathetically.

Feinberg illustrates their love for Bob, if from a distance. This is more familial acceptance than is shown in Paul Reed's text, Facing It. The PWA in Reed's text is completely rejected by his father, who insists that the rest of the family also ignore him.

D. The Changes in Support Networks from 1980-1986

The support structures such as the Gay Men's Health Crisis, Therapy groups, AIDS-related support groups, AIDS-Walks, The National Gay Pride Day and Parade, Gay Community Center, AIDS bereavement seminars, AIDS-related phone information lines and The Greenwich Village Gay News have replaced the baths and many bars as places of support for the gay community. There are two remaining bathhouses in New

York, the infamous St. Mark's Baths being closed down. In the remaining two, there are "lifeguards" on duty to make certain that all bathers are wearing condoms and that no body fluids are exchanged. This is an immense change from the descriptions of the bathhouses that B.J. frequented in 1980. Gyms are also meeting places but primarily for cruising. B.J. surreptitiously looks for "purple spots," signs of Kaposi's Sarcoma. Now in the gym, he might find out why he hasn't seen a fellow bodybuilder in some time:

"I haven't been around the gym much for the past month. I wanted to tell you what's been going on. My lover died two weeks ago. He got sick; it was very fast. I just wanted to let you know" (204).

Even in the places devoted to good health, death permeates the air. Feinberg shows a powerful sense of community in the AIDS-Walk and other large gay community gatherings. The gay community is filled with angst at the multiple losses it is experiencing and rallies, parades and group support situations are one way to revitalize the sense of togetherness in the face of so much loss. This phenomena in the gay community is described by William Henry. He analyzed the sense of activism that now encompasses the lives of many gay men. He quotes Eric Marcus:

"In the mature sense of the word community, you can make a case that there really wasn't much of one for a great many gays before AIDS." Thus it has become almost an incantatory mantra within gay circles to say the

catastrophe, "has not been without its gifts"(36).

IV. The Representation of Hope or Optimism in the face of a Devastating Illness

This is not a text about only despair, although despair is inherent in situations that are out of control, and dealing with AIDS is dealing with a situation that is out of control. The novel ends on a cautionary note:

It begins as a gentle rain. Just a drop, for each illness, each death. And with each passing day it gets worse. Now a downpour. Now a torrent. And there is no likelihood of its ever ending. (326)

This was Feinberg's premonition about the expanse of AIDS in the general population. His metaphorical trope has become truth, as recent research indicates that:

NAPWA estimates there are 600,000 people with AIDS in the United States and 1.5 to 2 million HIV-positive people. AIDS is the No. 1 killer of men and women between the ages of 25-44. (Templeton 1)

Despite these grim statistics and the anxious view of the world that B.J. projects, there are elements of hope in this text.

A. Elements of Hope

The hopeful elements in this text are evidenced in the supports that were created in the gay community for all AIDS-stricken individuals. The marches, rallies and other

assemblies for PWA's illustrates how a marginalized community can create a powerful voice. There is considerable personal activism portrayed in this novel: Dennis doing volunteer work with PWA's; Terry, an AIDS volunteer; Mayor Koch listing his administration's accomplishments in the fight against AIDS (214). Throughout the text gay men in particular exhibit acts of mercy and kindness towards PWA's.

Feinberg retains a cutting edge cynical humor in this text and has B.J. asking many of the philosophical questions that people do ask: "Is there life after death? What is the purpose of my life?" and even when B.J. has a smart retort, his character has developed a sense of responsibility beyond his own immediate concerns. He is not so cynical that he no longer feels for others. He attempts to pass himself off as unfeeling perhaps because he does feel so intensely. His friend Dennis counters his claim that he has "killed my emotions:"

"What are you talking about, B.J.? Have you finally gone off your rocker? You're feeling all of the time. You're filled with emotions...I'm not trying to persuade you either way. All I'm saying is that, with life so rough, does it make any sense to deliberately deprive yourself of its pleasures?"

"So this is the voice of the church?" I ask.

"This is the voice of compassion, B.J. This is the voice of your friend, damn it" (260).

Feinberg does not offer hope of a cure or even a quicker response to the AIDS crisis from an ineffective government and some might bristle at the admonition that "it's about time heterosexuals are coming down with AIDS so it will get some attention." This mildly inflammatory statement is just one statement out of a 175 page text, and comes near to the end of it. He is expressing the dismay that the gay community has felt for the five years they have struggled alone against the epidemic. Finally, as heterosexuals exhibit the virus, the government begins to research AIDS issues. One can understand the anger behind that statement.

Feinberg retains a sense of humor throughout the text and his ability to maintain humor while dealing with a painful issue is also hopeful. Humor often serves to alleviate the discomfort a reader might feel and it allows for "stress relief" from the intensity of the topic. Feinberg's humor while facing the AIDS crisis foreshadows a future time when there will be AIDS humor.

V. The Increasing level of Complexity and Sophistication in the Writing and Representation of the Description of AIDS and AIDS Symptoms

Feinberg uses small slices of dialogue and description to develop the progress of the AIDS virus in B.J. Rosenthal's life throughout 1986. This text is a narrative and so his use of snippets of information seems natural and adequate. Feinberg does not spell everything out for the

reader, but in this novel he encourages the reader to draw on their own background knowledge of AIDS and illness to complete the "visuals" he begins.

For example, when B.J. gets a sore throat he exaggerates the symptoms of that sore throat into thrush, a common AIDS ailment. The doctor examines his inflamed tonsils and announces that Sucrets or Luden's should provide relief. The reader goes through the same questioning as B.J. goes through, and recollects their experience of imagining a simple sore throat to be strep or something more severe. The reader knows that a sore throat is not necessarily a signpost of AIDS infection. When the doctor states, "You appear to have a sore throat," (210) the reader already knows that.

Feinberg does not belabor his descriptions of AIDS symptoms and uses images of illness that are common to AIDS by 1986. Bob's weight loss and exhaustion signal that the virus is working on his body and when he is hospitalized with numbness the slow development of symptoms allows the reader to slowly digest how AIDS works to deteriorate an individual's physical health. There are no pages or even paragraphs of description in this text. Feinberg creates quick takes on the AIDS virus and this allows the reader to absorb bits of significant information, which reflect the background the reader already has and provides clarification.

Feinberg limits the amount of technical information about the AIDS virus to conversations like this:

"Do you think AZT would have helped much?"

"I think he was too far gone. Who can say?"

"Yeah, I've heard there are severe side-effects.

Anemia is usually so severe that many patients need regular blood transfusions." (287)

This conversation, as most of the dialogue in the text, highlights that treatment of AIDS was still being explored and much was being learned about the AIDS virus in different individuals. Feinberg's use of dialogue would ring true to the reader, who also would know that much was still being explored about AIDS at that time. Feinberg reflects both the knowledge of the AIDS community and the uncertainty of the general public and media. There are many characters who succumb to the virus in the text but each has a different pattern of illness, one dying within only three weeks of diagnosis. Feinberg accurately and simply portrays that much about AIDS was unknown and that speculation was the norm. All aspects of the AIDS virus were being evaluated and researched in 1986.

Feinberg does not present extensive use of technical terminology because in the narrative structure of the text any terminology used is immediately clarified. When B.J. mentions Pneumocystis, he immediately clarifies it to be a type of pneumonia. These types of clarification throughout

the text allow the reader to cross-check their understanding of the virus symptoms.

VI. A Comparison to Other Novels of the Time Period

This novel is very representative of the novels of Edwards's *Crisis Control* era. There are the qualities of questioning that Edwards describes and the concern with "risky behaviors." There is an inkling of the government taking an interest in research and considerable evidence which highlights the contributions that those closest to the PWA make in caring for the PWA. The protagonists of the novels of this era speak as frankly as possible about the AIDS virus and its ramifications.

Feinberg's novel offers also the direct comparison of the gay community, circa 1980, to the same gay community, circa 1986. This historical perspective and comparison is very valuable to the reader.

Feinberg's novel has representation similar to several other authors of the *Crisis Control* era, 1986 to the present. Alice Hoffman's novel, At Risk (1988) follows one PWA most closely and the sense of rejection by the community is carefully portrayed, as is the general confusion surrounding transmissibility issues. Hoffman provides that information in her text, which makes it reflective of the knowledge base at the time of publication. Feinberg has B.J. also discuss current transmissibility issues with his

friends, as a manner of warning them away from risky practices. Hoffman peripherally features a gay male PWA, which is appropriate since in 1988, that was the population with the highest rate of infection. This character is minimally developed.

Another novel from this era is Robert Ferro's Second Son (1988). Ferro traces the relationship of two gay PWA's and the father-son relationship is explored and there are similarities in B.J.'s reflecting on his father's mental illness. AIDS features thematically in the forefront although the reader is spared the detailing of late-stage infection. Ferro provides realistic detailing of AIDS symptoms as does Feinberg. Ferro's novel digresses from an AIDS focus to a focus on a make-believe planet, where no one would die from AIDS. This escapism is a relief from the unknown facets of AIDS infection. Feinberg's novel suggests that this planet could ultimately be overcome by the AIDS virus.

Holly Uyemoto's Rebel Without a Clue provides a look at the junior set and their learning about the AIDS virus. The PWA in this novel seems nonchalant about his HIV-positive status and as the protagonist struggles to understand risky behaviors and how this illness has befallen his friend, the PWA continues to have unprotected sexual intercourse. This endangering act angers the protagonist and that is not dissimilar to B.J.'s horror at his friend's description of unprotected sexual acts. Each novel suggests that there are

those still behaving as though they are not infected, and consequently there will be more infection. The horror and anger reflect the feelings of the greater community in this era where PWA's were encouraged to abstain from sexual activity.

Armistead Maupin matches Feinberg in brevity for his novel, Sure of You, (1989) has a humorous tone while illustrating the serious impact of the AIDS virus on the San Francisco community. This is the final novel of a series and in that respect it provides a historical perspective for those readers who read the earliest novels. Maupin does not belabor the AIDS issue in this novel, but provides an overview of the devastation on the San Francisco community.

Feinberg's text is representative in several ways of other novels of this time period. The intense focus on the issue of AIDS, with the demonstration of the resultant questions and concerns, provides the elements that Edwards has stipulated for the Crisis Control era.

VII. A Comparison to Part One and Facing It

It is obvious in comparing Part Two of this novel to its Part One that Feinberg has clearly depicted the changes in the gay community due to AIDS. Part One illustrates a carefree community and Part Two highlights a caring community of gay men and their friends. The laissez faire

interactions are less frequent and B.J. symbolizes the changes that were occurring in the gay community in 1986. He has become more responsible and responsive to the needs of PWA's. He encourages his friends to avoid risky behaviors and he participates in AIDS-awareness activities.

The support structures are still intact, being that of closest gay friends, lovers and heterosexual female friends. The bars, gyms, discos have closed and in 1986, there are other support groups in place, such as bereavement groups. Part Two presents the narrator watching a friend die from the AIDS virus complications and the humor is more biting and filled with irony.

Interestingly, the PWA's family does appear briefly in Part Two. Perhaps Feinberg is suggesting that by 1986, there was a modicum of acceptance of the gay lifestyle and AIDS by family members. The family did not provide primary care of the PWA, but did visit him prior to his death. That contrasts strongly with Reed's novel, Facing It, in which the PWA died without any reconciliation with his family.

There are similarities in Reed's novel, Facing It, and in Part Two of Eighty-Sixed. Each novel provides the necessary amount of medical terminology to clarify and reflect the background knowledge of their respective time periods. Each novel presents the PWA as being cared for by loving partners and friends, rather than family members. Each novel puts forth the question of where the epidemic will end, if indeed it ever will end. Each novel is critical

of the government or medical establishment in terms of their slow response to AIDS and unwillingness to disseminate information, do necessary research and provide meaningful therapeutic regimens for the PWA. Both novels illustrate that AIDS knowledge is continually evolving.

Feinberg's novel is described by James Levin in his article, "The Enigmatic Eighties," as one of significance, even if flawed. He notes:

Because Feinberg's novel is one of the first to study the effects of AIDS on the lives of gay men with even this much care, these deficiencies should be kept in perspective. (355)

Levin criticizes Feinberg for having an "insouciant" style but that tone does not negate Feinberg's serious treatment of the AIDS virus and its impact on the gay community.

VI. Complacency and Such Times

I. Overview

Christopher Coe's novel Such Times was published in 1993, over a decade since the inception of the AIDS virus into American society. Coe chronicles the devastation of the gay communities by having the characters reminisce about their lives and friendships from the late 1970's through 1992. His use of such a broad historical context allows the reader to experience the AIDS crisis along with the gay community.

Coe died on September 6, 1994. In his obituary in the New York Times it is noted:

His second novel, Such Times, published last year, is about the long-term affair of two men, the older of whom has died of AIDS, leaving his lover to piece together their shared story. Andrea Barnet wrote in The New York Times that Mr. Coe was a daring writer, as unflinchingly honest about his character's affectations and fatuous desires, their treacheries and small self-deceptions as he is about the truth of their hearts. (D19)

Coe's novel demonstrates the increased knowledge and comprehension about the AIDS virus, its manifestations and ramifications, which contrasts sharply with Paul Reed's novel, Facing It. Reed had considerable medical knowledge demonstrated in his text, but Coe's writing almost a decade later is much more technical and also debunks notions about AIDS that have been disproved in the interim between Reed's and his own writing.

This novel fits into Timothy Edwards's **Complacency Era**. This stage begins in 1988 and continues into the present. Coe's novel was published in 1993, so it is literature produced in and about this era. The era is described as:

This phase developed as information overload developed and it became evident that the information disseminated had failed to penetrate the practices of the population as a whole. The spread and development of the epidemic appears less significant and many people assume they are immune, and that AIDS is merely a moral or media panic.

The novel covers considerable geographic settings: the characters live in New York, West Hollywood, San Francisco and Paris. This broadens the spectrum of settings for AIDS; everywhere these characters travel there are people with AIDS.

The novel uses reminiscent flashbacks on the part of Timothy Springer to remember his deceased lover, Jason Eisendorfer. Dominic Tardiverri is a friend of both, and

there are a variety of other secondary gay and heterosexual characters. Timothy was the much-younger lover of Jasper for nearly twenty years, since their first meeting in early 1974, even though Jasper had an older live-in partner, Oliver Ingraham. Jasper is in the age group of gay men that "came out" after the Stonewall riots and he is the first to succumb to the AIDS virus. Oliver Ingraham does not have AIDS, because the relationship was companionable rather than sexual. Timothy has the virus, but cannot be sure that he contracted it from Jasper. Dominic also is HIV-positive and no one is particularly concerned about the "how" of infection. The concern lies in the quality of life which remains.

Near the end of the novel, Timothy and Dominic go to a bar to relax and talk. Timothy persuades Dominic to perform, though he has not sang in six years. This is Coe's description:

I don't hear in Dominic's singing any of the damage that I know has been done, nor, I think, does anyone in this audience hear it. All Dominic's flaws are inaudible tonight; his singing gives them no egress. It is as if all the cocktails, all the sex and cigarettes, and even the symptoms of illness have been lifted from him, in order for this moment to occur. (301)

Coe writes with a clarity which allows these moments to occur for the reader. Dominic transcends the pain of his

life through singing and throughout the text, the reader transcends the horrors of the AIDS crisis through comparable moments. Coe's writing is both direct and lyrical. Coe discussed his first novel with Amy Hempel and she noted:

This is one of the ways in which Coe, a remarkably assured and seductive new voice, allows the reader the pleasure of decoding his prose. (455)

Coe also stated during that interview that he feels "compelled to write." His familiarity with various settings stems from his extensive travelling and he did live in New York's Greenwich Village, Paris, the Pacific Northwest, San Francisco and Rome.

II. The Description of the Disease and Symptoms

A. Terminology

It is noteworthy that this novel provides the most technical and timely information about the AIDS virus of any of the novels analyzed. This is not surprising since there is continually more knowledge gained from research and studies and Coe had access to this information because he was a member of the AIDS community.

AIDS is indirectly mentioned on page one, in a reference to Jasper's death. AIDS is referred to numerous times obliquely and termed "the virus" by page 16 but Coe still hasn't named it by its commonly known name. Coe rarely cites the term "AIDS" throughout the text, using synonyms or

description instead. There is no mistaking however that he is talking about AIDS, even those readers less informed about the virus would pick up that it is AIDS from this description:

I suspect that it was on the telephone with me, after months of feeling tired, months of a steadily declining T-cell count, which was thought to mean everything then; after rectal surgery and seventeen weeks in the hospital; after his arms had turned blue from injections--it was only then, I think, telling me on the telephone about holding a fistful of hair, that Dominic was struck by the notion, the idea, and by a feeling, that his life would get no better. (17)

The reference to a T-cell count would tip off most people that it is the AIDS virus. Earlier in the novel he describes Jasper's decline and includes, "pneumocystis" in the litany of symptoms. This is one of the most common infections in AIDS patients today, and one from which many succumb.

Susan Sontag discusses the significance of illness in American culture in her text, Illness as Metaphor and AIDS and Its Metaphors. She describes the impact of AIDS on American culture and states:

Strictly speaking, AIDS--acquired immune deficiency syndrome--is not the name of an illness at all. It is the name of a medical condition, whose consequences are a spectrum of illnesses. In contrast to syphilis and cancer, which provide prototypes for most of the

images and metaphors attached to AIDS, the very definition of AIDS requires the presence of other illnesses, so-called opportunistic infections and malignancies. (104)

She provides a brief definition for a wide variety of symptoms and illnesses that are described in Coe's text.

B. Time Frame References

The novel provides a twenty-year time span so I will break the evaluation of symptoms and description of disease into time periods.

I. 1981 to 1988

Coe does describe the inception of AIDS into the American consciousness in 1982. He cites the big-city newspapers carrying stories of the strange illness and reports of Kaposi's Sarcoma. He notes that in 1982, the "cause" of such illness was possibly due to "multiple partners or the use of nitrate inhalants" (90). He has heard of GRID and finds the acronym odd.

By 1986, more is known about the virus, but much is still a mystery. This parallels David Feinberg's novel, Eighty-Sixed, in which there was a certain mystery to the issue of when one contracted AIDS and how soon one died from it. It was suggested that one died fairly expeditiously after diagnosis:

In 1986, in 1987, many physicians, including mine,

were opposed to the test. So little could be done for a patient that to test positive for the antibody was, at that time more or less tantamount to a death sentence. It was thought by many, perhaps rightly, that the anxiety of testing positive, the stress, would further weaken a person's already weakened immunity. (190)

By 1987, Timothy's doctor is finally speaking to him openly about the virus and tells him, "You get it by being passive," (169) and suggests that the incubation period could be as long as twelve years. Timothy received a positive diagnosis in 1988 and remained asymptomatic for two years.

II. 1989-1992

In 1990, we learn from the novel that opportunistic infections, such as chicken pox and pneumocystis are such common infections in AIDS patients that they are called "nosocomial infections" (200). These are very easily spread, usually airborne and hospitals are full of them. Cleanliness procedures must be carefully maintained to prevent spread of such parasites to individuals with compromised immune systems. Timothy is hospitalized with herpes, which became shingles, red and purple, the size of a shirt button. He was not allowed to shave because that could cause them to spread.

Coe includes information about the severity of toxoplasmosis in AIDS sufferers and also allows Timothy to discuss the difficulties of using experimental drugs,

non-FDA-approved drugs, that insurance often will not fund. Jasper and Timothy discuss the recent 1990 findings about the AIDS virus and RNA. Coe provides very detailed information about the conversion of RNA to DNA and in the description notes, "This is hard for anyone who is not a scientist to grasp" (209). This material is included to demonstrate the advances that were being made in understanding the virus on a scientific level, and what the implications might be in the treatment of affected people. In the text, Timothy is trying to reassure Jasper by sharing such information. The reader learns a great deal which is not easily understood, though the metaphorical use of jewels to describe nucleotide DNA strands is visual. This section of the text, pages 205-215, indicate that there is hope that the RNA research will lead to controlling the virus to a greater degree, and that the scientists deserve some accolades for the hard research that they conduct.

In 1991 the reader is informed of the usual prophylaxis against pneumocystis. Coe details the procedures and the use of drugs in a synergistic manner, that which allows them to work together, not antagonistically. He cites the use of acyclovir with zidovudin as an example. He also suggests other possible combinations. All of this information is shared with the reader as Timothy attends to Jasper's health. It is extremely precise information, but information which the AIDS community would have and would share amongst its members.

By 1992, Coe has Timothy state:

"In the last decade more than a million men and women have died, many from loving without demands"(126). This statistic is a huge leap from the numbers suggested in Paul Reed's novel, Facing It. Another character, Bob, has become HIV-positive and is using "nucleoside analogues to halt its replication"(128), an unknown therapy in 1984.

Coe has Timothy state in 1992, that:

"Recently, though, I read that in the latest supplement to the Oxford English Dictionary, AIDS has been admitted into the lexicon. Today it is a proper word, a noun, just like "eggshell" or "pomegranate." This rise in status doesn't make me any happier to use it"(185).

AIDS has been defined by the larger community in 1992. AIDS is recognized as a part of our society that is not going to disappear. One of the greatest changes in the representation of PWA's in this novel is that there are several who continue to live years after their diagnosis, and through the end of the novel. This focus on the quality of life that PWA's are able to maintain and the humor and sensitivity that they project make them appear both imminently human and admirable.

Dominic describes in detail throughout the text the tribulations of alternately being bedridden and mobile. He has suffered at the hands of dishonest and inept caretakers, yet he finds humor in these situations after the fact; after

he has once again put an opportunistic infection in remission. Coe presents Dominic as an example of how many gay men are living with the virus on a daily basis. They have good days and bad days, just like the rest of the healthy population.

C. AIDS Acceptance and Morality Issues

By 1993, when this text was published, the reaction of the public, the American common reader, has been incorporated into the text as naturally as all of the other detailing. Earlier texts like Reed's Facing It demonstrated the acceptance or rejection of AIDS primarily as a **Support Structures** issue. Now the acceptability of AIDS is portrayed more cleanly as simply a medical AIDS issue. The support structures in this text will be evaluated separately.

Coe is careful to avoid morality issues in dealing with his AIDS community. There are minimal portrayals of individuals uncomfortable with just the term "AIDS," as there were in Feinberg's text. By 1993, the average person knows that he/she will not contract AIDS simply from casual contact. Coe's AIDS community demands and receives the medical care desired from competent, unafraid healthcare workers.

William Clark notes in his article, "Christopher Coe," that Coe's first novel I Look Divine, received critical praise. One of the noteworthy features of that novel is that

it highlights the complexity of the discourse of sexual identity:

The failure to balance homoerotic desire and homosexual being and the subjection of the latter to the former, as drawn in the relationship of these gay siblings, reflects the discourse on sexual identity in the gay community at the time of its publication in 1987. The epidemic of AIDS and its attendant crisis in the gay community forced reevaluation of some of the basic tenets of the gay liberation movement concerning restraints on sexual behaviors, and Coe's novel echoes these concerns without reference to the health crisis and without drawing conclusions. (75)

Coe continues to remain impartial while evaluating the morality issues regarding AIDS. One morality issue hinges on the decision to commit suicide by some AIDS-afflicted men. This was mentioned twice in Feinberg's text, but seems to have reached a level of more immediate practice by 1993. Jasper attempts suicide after battling the virus for two years. Timothy knew that he had attempted suicide once before, and Oliver Ingraham, his live-in lover/roommate could also not prevent Jasper's death. While this is not the only mention of suicide as a "solution" to a prolonged debilitation from the disease, there is no emphasis on this as common. Timothy, and presumably Coe, do not embrace suicide. Timothy and his best female friend Abigail have a discussion about Jasper's suicide:

"You know, I can't imagine hating life so much that I wouldn't want it anymore."

"I know you can't." Abigail answered.

"How could he do it?" I asked her then. "Does he own himself so completely, every ounce, every breath?...Didn't he think for a minute, one instant, that he is part of me, and that by killing himself, or trying to, or even just by wanting to he is taking part of my life with him?...Can you imagine hating life so much?" I asked Abigail. (220)

Coe does not pass a judgment on Jasper's decision, but allows Timothy to revel in his memories and state that some memories are so sweet that life could end at that moment, and it would have been complete. Timothy hopes Jasper felt that way; he himself will continue to live. Timothy and Dominic and all the other people with AIDS in the text do live on.

III. The Representation of Support Structures available to the PWA

This text, like Feinberg's, illustrates how the support structures have changed since Feinberg's Part One, the pre-AIDS era. The qualities of comparison are very clear in Coe's text and he allows his characters to speak directly to the emotional quality of such change. James Levin analyzes briefly the plots of 1980's novels in his text, The Gay Novel in America. He states that:

David Feinberg's 1989 work, Eighty-Sixed deserves great credit for his attempts to deal with the AIDS crisis in broader terms. By comparing the life of the narrator in New York in 1980 before AIDS was known with his life in 1986, he strives to show what changes generally occurred in gay men's lives. This contrast has not yet been examined directly...Most gay men have very definite feelings about how AIDS has changed their lives. (354-355)

Coe's novel was published in 1993, and he did have the expressions of gay men contrasting and comparing life before the AIDS crisis and after. In this sense, it echoes Christopher Bram's In Memory of Angel Clare. All the characters in his novel are fully aware of the changes in their lives that AIDS has wrought. That comparison is the focus of his novel and also of Coe's novel.

I have examined the support structures and will divide them into categories for easier review.

A. The Hospitals and Medical Care Personnel

Coe describes extended hospitalizations for the characters without belittling the care provided. Timothy had a seven month-long hospitalization and remained positive about the care he received. Coe includes all the AIDS sufferers in his description of AIDS care, including juvenile AIDS sufferers. He suggests that children are infected by drug-abusing parents and he shatters the concept

of immunity for anyone. He critiques the drug companies that complain about not making money from AIDS medications, "It strikes me as sad that a medication that restores more or less--probably a little less--the acuity one had before the infection set in would be so unprofitable"(237). His sarcasm does not go unnoticed throughout the text about the profiteers of the AIDS crisis.

Timothy speaks to the good fortune he has to be living in New York, where "benefits are a kindness, a charity, and notes that his life in a less urban area would mean a life of less access to experimental drugs and therapies. Coe provides so much factual information about treatment that was available in 1992, and those treatments that were used earlier, that the text could serve as a primer for someone in the early stages of AIDS. Coe, himself, suffered from AIDS and obviously believed it important to share his medical acumen with his readers. As described by William Lane Clark in his biography of Coe:

Perhaps the reader might learn as much about Coe by examining his writing; he effortlessly manages the first-person voice, the narrative mode for nearly all his work, with a credibility that suggests origins of deep personal experience. (71)

Coe had deep personal experience of the AIDS community when creating this text. He does note throughout the text that:

...a lot of people are making fortunes off health care, especially off this epidemic, ...people who run private

nursing services, drug companies that hold patents, companies that manufacture condoms, people smart enough to have bought stock in those companies... (158).

While the medical and medicinal care is in place, Coe as social critic cannot help but point out that AIDS is a profit industry.

Coe is critical of the hordes of "unwashed and uneducated" direct care workers who were serving to personally assist PWA's in the mid-1980's on. He describes various patients being "ripped off" by these health care workers of food, personal items like stereos, china, glassware and art and many of these caretakers would sleep through a scheduled injection and not be roused from their slumber by a patient's coughing fit. The health care workers also were inept when it came to basic care, such as cooking for the PWA or cleaning up adequately. Apparently it was not uncommon for direct health care workers to remove valuables from a deceased PWA's apartment or home before notifying family and friends of the death.

Dominic describes the horrors of his direct care nursing: "And the health care creatures only came round the clock for a month...All but one of them talked to themselves. They'd carry on endless monologues all day long. Endless, honey. You don't know how hideous it was, hearing them babble all the time...One of them forged checks. One day she wrote herself a check for five hundred dollars, the next

day she wrote one for a thousand..." (36)

Dominic had other direct care workers steal from him and Timothy notes that:

I had heard similar stories from men in New York who got out of bed one day and found themselves without copper pots, without Cuisinarts, without toasters. (37)

Coe portrays a specific disgust for those who rob from the ill and the connotation is that this kind of thievery is especially low. Often the PWA is unaware of their surroundings and completely incapable of prevention of such acts of cruelty.

The medical personnel such as physicians and nurses are portrayed as adequate. There is no disdain shown for them and the interaction of the characters with said personnel is usually efficient and productive. In the earlier years of the AIDS crisis physicians weren't fully informed about AIDS issues, but neither was the general public. Coe does not demonstrate resentment issues against the medical establishment: he acknowledges that physicians did what they knew, which wasn't much. In later representation, the doctors are more flexible in involving the characters in choosing treatment modalities. Coe dedicates the text Such Times, to his doctor William Siroty.

There is less fixation on any one aspect of the medical establishment and an evaluation of how all the components of health care work, or don't work, together.

B. Gay and Other Friends

The main characters in this text have a wide variety of gay and heterosexual friends. Support is demonstrated as coming from both camps equally. Coe does not focus as specifically on the care provided by friends to end-stage AIDS sufferers, perhaps because they have around the clock health care workers. This is a change from Feinberg's text, although Coe demonstrates the loving last-minute participation of friends in the lives of PWA's.

Friendship is extremely important in the lives of PWA's. Timothy describes the numerous qualities which Jasper possessed which made him an irreplaceable friend and lover. Jasper listened, advised and gave Timothy moments of pure love: love not based on anything other than Jasper's kindness. Timothy "liked Jasper's teaching" (103). Jasper was older and served as a role model in ways for Timothy.

Dominic and Timothy have been friends for a long period of time, almost twenty years. They were not lovers but for one brief episode and part of the basis of their longevity is Dominic's candor. Timothy appreciates this quality, accepting it as a sign of love. Timothy and Dominic also travelled together, shared leisure time activities together and, "For years, Dominic has been one I could count on" (12). Timothy encourages Dominic to inform his family of his HIV-positive status.

Timothy has several heterosexual female friends, such as Abigail and Eleanor. Abigail lifts his spirits:

She does not toss off a phrase like "terminal disease" casually. She does not think of me or anyone who is still with the virus as being a cripple, or a victim; she doesn't rush in to smother a fact with a word like "disability," and she makes a dazzling cherry pie. (218)

Abigail is a longterm friend for Timothy, much like the female presented in Feinberg's Eighty-Sixed. B.J. has Rachel Rosenberg on which to bounce questions and reality checks. These women are accepting of their male homosexual friends and do concern themselves with health questions at times. Abigail's husband works with pediatric AIDS sufferers so she has a deep knowledge of AIDS issues. She supports Timothy on an unequivocal emotional level, "It was Abigail who got me through it," (120) he notes about his struggle to finish college.

Coe describes many friends of both Timothy and Jasper and his characterizations are detailed and precise. The reader feels as if they "know" these characters from their actions, statements and behaviors. Coe's earlier novel I Look Divine is described by Levin:

Most reviews praised the beauty of the writing, generally conceding its elegance. Richard Burgin... assessed it as "laconic, subtle and full of lyrical effects," and considered the author "an icy and acute observer" (75).

Coe does illuminate the friendships and love relationships as being the only things that make life worth living. This

is not extremely different from either Reed or Feinberg, who also stressed the significance and importance of gay friendship and love.

C. The PWA's Biological Family

Coe has references to family throughout the text. Timothy's parents are deceased, but Dominic occasionally struggles with the idea of confessing his HIV-positive status to his mother, Estelle. There is little angst in this novel about family issues, perhaps because there is so much friendship and gay community support. Dominic describes his 65-year old mother as having her own problems with her latest husband and from the description, the reader can discern there would be little gain in sharing his status with her.

Timothy jokingly refers to himself as a "pitiful little orphan boy," (68) and he has no family except his created family. The one nuclear family that is described is Tom and his family. Tom is physically and emotionally abused by his manipulative father and ultimately commits suicide. Tom forged his father's signature on prescription slips and overdosed on sedatives. He left no note, but familial indifference is evident even at his wake.

Coe does not focus on the biological families because all of the PWA's have created families or pairs or cliques and the age group of these protagonists, Jasper is in his mid-fifties when he dies, puts them into a realm where there

is less emphasis on familial relations. A man in his fifties may no longer even have living parents or siblings.

D. The Changes in Support Networks from 1974-1992

This text illustrates the significant changes in the support networks from the early 1970's to 1992. There is an increased interest and support of long term friendships and love relationships. There are gay "couples," as a standard for support situations and the gay community offers a wide variety of services to PWA's. There is a migration within the AIDS community:

Other men are doing the opposite. They are leaving home, coming from small towns to the big ones, hoping to find experts, treatments, to fit protocols and join drug study trials; they form support groups, coalitions, and they await the miracle.(6)

Coe shows that all of the choices PWA's make in terms of where they will finally rest in their last days are good choices. He is less flattering to the choices that gay men made in the 1970's and 1980's and Timothy describes a feeling which overcame him in one of the pickup bars

I was certain something like it would come, something like an apocalypse. I could almost feel it coming...I recall a few conversations, and usually the men seemed fairly smart, and this, if anything confirmed a sorrow that I felt. It was, in a way,

too bad, I thought that these men would not be among those to repeople the earth. (73)

Timothy's early feeling foreshadows the devastation that AIDS will wreak on the gay community. The meeting places such as bars or the pier or a cafe or gym have all been replaced, torn down, perhaps rebuilt elsewhere. But Timothy realized before the risk was well-known why he didn't often go there:

This will explain why I stopped going to the baths with Tom, and to the piers and to the backroom bars. I didn't need to throw myself into their quagmires of temptation. That what they all were: they were quagmires. (129)

Timothy later describes the baths as places where young gay men literally "lived," the irony being that their existence there possibly caused their deaths.

At the time of publication of this novel, Coe has extensive knowledge of both the East and West coast gay communities and had seen vast changes in the support network of both. He acknowledges the necessity of the piers or the meat-rack bars of the 1970's as a place to demonstrate how fully free a gay man was in determining his sexual proclivities. He also knows:

There is no blame, no villain. (297)

IV. The Representation of Hope or Optimism in the face of a Devastating Illness

A. Death is not imminent after diagnosis

There are several hopeful elements in this text. One of the foremost elements is that it is not just a novel about PWA's who die from AIDS, but serves equally well as a novel about those who live with the virus. This distinguishes it from the previously examined texts because individuals were not portrayed as living very long once infected, and that no longer is true in Coe's lifetime. Several of his characters have lived for over five years and the suggestion in the text is that they might live five more years. The concept that death almost immediately follows diagnosis is not carried out in Such Times. As in other AIDS novels with elegiac overtones, such as Christopher Bram's In Memory of Angel Clare, the focus is very much on what will happen to those who remain in adequate health. The narrative stems from the narrator who may or may not be HIV-positive but must live without the PWA who succumbed to an opportunistic infection.

The presentation of these lives as meaningful, active and happy, even, suggests that AIDS does not take away the capacity to enjoy life if adequately medically managed. Each AIDS sufferer will experience the virus according to their own genetic timetable. Each will live as fully as possible with the virus, which lessens the impact of AIDS overall because it does seem to become a "manageable" illness. There are concerns in the AIDS community that this very "manageability" will reduce public interest in and

comprehension of AIDS, but this representation of it is to decrease the fear of immediate disability, which people reject more quickly than the concept of a "managed" illness. There are many people living in the United States with "managed" illnesses, such as Multiple Sclerosis.

B. People can change their behavior and their lives

Coe presents a character called Miss Fingerstop, a dominatrix in her early years who becomes a wife and mother later in life. This woman was a friend of sorts to Timothy and he is encouraged by his recognition that people can improve their lives, in spite of the challenges faced in doing so. Miss Fingerstop has become a woman of tact and kindness. As he contemplates the sorrow he feels about Jasper's death, he spies the baby:

A baby was the perfect thing for me to see. It let me know that not all life had died that morning, and that right there, this minute, given to me to look at, was a tiny life that was just beginning. (286)

Coe's characters are aware of the beauty in life, the terror and the need to choose optimism when facing the difficulties. Timothy is optimistic and he himself faces a slow AIDS-related death. Coe provides this passage about the necessity of optimism:

I may not extrude enthusiasm or effervesce with cheer, but buildings do go up, money changes hands, nations prosper and fall; possibly someone's friends grow

cherries in their garden, handsome men eat peaches; sounds come into being that are heard for the first time; new music is made with them; cuisines are reinvented, new machines come along, new techniques for old things; diseases are conquered, history happens and movie stars still have babies. I've not seen all the images. I haven't seen enough. Even without resources, without prospects, lacking health, lacking money, perhaps even unloved and unloving, there is still a world to grasp. If I cannot grasp it, it is there to be beheld. I will do so.

I will apprehend. (221)

Coe provides several characters who engage fully with life on as many levels as possible, and this holds true for the PWA's as well as the non-infected individuals in the text. Coe's text is uplifting to the reader as so many reasons to live are unveiled.

V. The Increasing level of Complexity and Sophistication in the Writing and Representation of AIDS and AIDS symptoms

Christopher Coe provides a remarkable amount of technical detailing about AIDS symptoms and treatment and he does this in a manner which reinforces the audience background and reflects the considerable amount of sophistication and complexity of AIDS knowledge. This text reads as the most deeply complex of the texts analyzed and by the time it was published, in 1993, there was a vast

amount of knowledge accumulated in the AIDS community and in the greater community. His writing reflects both communities because he was a member of the AIDS community and is careful to depict AIDS symptoms and treatment as concisely as that community reads it. He also provides conscientious detailing when introducing complex AIDS issues, to clarify the reader's understanding of those issues.

Coe does all this while maintaining historical accuracy and rarely using the term "AIDS." This is a remarkable accomplishment because it is so clear that he is discussing AIDS even without naming the disease. That is one indication of how the greater community has come to learn enough about AIDS symptoms and treatment that the reader "knows" a description of AIDS manifestations without needing to see the word "AIDS." The reader knows the answer to this question:

"I have the virus," Dominic said, wasting no time.

I hadn't been sitting down. "What virus?" I asked.

"The virus, honey," Dominic said.

"Wait, do you mean the virus?"

"That's the one," Dominic said. (159)

The reader knows that this is a reference to the AIDS virus. There are many viruses that are infectious in this society, but a reference to "the" virus intimates that it is the most deadly virus in our society: AIDS. Coe illustrates throughout the text that it is "the" virus that has no cure; kills people; and is completely unpredictable except that

eventually it will take your life. Some sufferers do live for extended periods of time while infected, some die quickly. He portrays the virus as a highly individualized illness, and indeed that is the status of it today. A physician cannot predict the course of illness and debilitation for an individual with the AIDS virus. This comprehension of it is shown to the reader who already has background knowledge on the vicissitudes of AIDS in America. This reader has followed the media depictions of Ryan White, Alison Gertz and Magic Johnson. The average reader has seen quick and slow deaths and also robust good health in media figures with AIDS. Consequently, the reader continues to develop and clarify the background knowledge about AIDS symptoms and treatments in the 1990's.

VI. A Comparison to Other Novels of the Time Period

I have drawn comparisons to other novels throughout the chapter but I will specifically show why Coe's text is representative of other novels for this AIDS era, the Complacency era.

This novel is structured much like Christopher Bram's In Memory of Angel Clare. (1989) Bram used a historical perspective, as does Coe, to unravel the nature of a long-term friendship between two men, one of whom dies from AIDS, leaving behind a young lover. Bram illustrates the grieving process and Coe also touches on the concept of living life

without the deceased. This is different from earlier AIDS novels because the focus was more narrowly on the individual with AIDS and its ramifications than the lives of those living without that PWA. By 1993, when Such Times was published, the issue of "life after the death of a beloved PWA" was being raised in numerous gay texts.

James Levin, in his article, "The Enigmatic Eighties," describes an new trend in AIDS fiction that is evident in both Coe and Bram's work:

Feelings after death are often considerably more than just loss, and Bram illuminates some of the guilt that survivors feel. (357)

Bram and Coe both intricately detail the life of the PWA and his relationships and influence upon others.

Coe's text also shares similarities with Dale Peck's novel, Martin and John (1993). This novel is the chronology of a long-term relationship between two men and the death of one partner from complications of the AIDS virus. Peck does not put AIDS in the forefront of this novel but AIDS casts a shadow over the lives of the protagonists. Coe and Peck share the ability to graphically describe AIDS symptoms and AIDS treatments. Bram, Coe and Peck all provide generous histories for their characters and so the reader can recognize pre and post-AIDS issues. All three novels richly detail the minutiae of the lives of the protagonists, a trait that Bram describes as stemming from his "filmmaker's eyes":

"I have no desire to write a novel about writing novels, but filmmaking is different--a social act that includes business, work, and family dynamics as well as imagination" (Summer 7).

All of the traits of everyday life are present in these three novels.

Coe exhibits some similarities to his fellow novelist, Gary Indiana. Indiana's Horse Crazy (1989) depicts an older man's obsession with a younger man, from the older man's viewpoint. AIDS permeates this novel, though not explicitly as in Coe or Bram. AIDS is in the background of Horse Crazy and Indiana drops asides about the AIDS virus:

Look at this obscene medical system. If Paul doesn't have insurance he's probably in a room full of other people's contagion, they say the patients with AIDS go into Sloan-Kettering perfectly healthy and pick up diseases in the waiting room...(44)

Indiana has a sense of the ironic not dissimilar to David Feinberg. He briefly notes the irony in a situation but does not examine or unveil it any further for the reader.

Coe's text is richly detailed and representative of the novels of this AIDS era in that it illustrates Edwards's qualities of the era, such as illustrating how people knew more about the AIDS virus and ignored that information. In fact, in the novel Timothy deliberately exposes himself to the AIDS virus by sexual contact with a dangerous partner, Claude. Coe does encourage a focus on the lives of the

PWA's, and at least two AIDS-afflicted protagonists continue living at the novel's end. This is extremely significant for the novels of the complacency period.

VII. A Comparison to Eighty-Sixed and Facing It

There are some similarities between the three texts. One of the most obvious is that AIDS is a central theme in each text. AIDS is fully described and the appropriate medical terminology is used for the era of each novel. AIDS is at the forefront in each: AIDS creates an identity for the PWA.

Each novel illustrates the deterioration of a PWA due to AIDS-related complications and the community and personal support available to that PWA. The medical care available is described and the use of friends and lovers as caretakers is delineated. The novels suggest that the medical community was not initially ready to provide care for a PWA but by 1993 the text suggests that medical care was readily come by and coolly competent. Each novel describes interpersonal relationships, lovers or friends, as being integral to the caretaking and survival of the PWA. There is little emphasis on the biological family in all three novels. The biological family simply does not feature into the caretaking of a PWA.

The most noteworthy difference in the novels is the increased level of the description of AIDS symptoms and AIDS terminology by the time Coe's novel was published. Reed's

text seems simple compared to Coe's text because Coe was writing from a larger knowledge base. There was much more information about the AIDS virus and its ramifications by the time Coe published Such Times. Each novel was true to the medical knowledge of the era that they represent.

Another difference in the texts is the change in the gay community in terms of the support structures available. Coe describes the freewheeling late 1970's much as Feinberg describes 1980 and each places men in bars, bathhouses, at the docks and in other places that have decreased or disappeared by 1990. The way that gay men congregate has been altered by the sensibility that has developed about AIDS transmission.

Chapter VII. Summary and Conclusion

I. AIDS Novels as Indicators of Cultural Trends: Implications

My analysis of AIDS fiction indicates that AIDS novels are reflective of changes in society over the time period since the inception of AIDS into American culture to the present. These novels reflect the slowly burgeoning knowledge base of the community and also clarify and create additional knowledge. AIDS fiction serves a unique purpose in that it mirrors cultural change and encourages the reader towards greater knowledge. AIDS fiction most closely mirrors the AIDS community and can provide timely information even to that population.

A. The Representation of Medical Knowledge

All three novels provide medical terminology which reflects the era of the novel appropriately. The terminology used in each novel reflects the author's knowledge of American culture and the knowledge of the AIDS community. Paul Reed's novel, Facing It, was written after he was moved by the plight of so many gay men dying from AIDS complications. He researched the medical regimen that was available to the AIDS-infected individual at that time and

this is reflected in his text. The reader of that 1984 text would have familiarity with most of the terminology and the knowledge base would be broadened by the unfamiliar. For this text, in the AIDS community, the "unfamiliar" would probably be known because the gay AIDS community was mobilized to gather medical information. This suggests that the AIDS community had greater knowledge of medical terminology and issues about symptoms and treatment. Another AIDS novel, Barbara Peabody's The Screaming Room, also provided insider information about AIDS symptoms and treatment, from her first-hand experience of caring for her son. The reader of Reed's and Peabody's texts would recognize the use of most of the AIDS terminology and description.

The unfamiliar becoming familiar is evident in Feinberg's text, Eighty-Sixed. He provides the Latin names of diseases and carefully describes the symptoms of said diseases in layman terms. The medical information provided about AIDS symptoms is generally straight-forward, allowing as how in 1986, the era the novel represents, there were many questions about AIDS symptoms and treatments. Much was being discovered about the regimen for AIDS treatment and he illustrates in his text how even physicians admitted to not being all-knowing. Alice Hoffman demonstrates this in her text, At Risk. The physician admits to the parents:

"I don't know either," she says.

Amanda jerks away from Ellen Shapiro, her face flushed

with anger. "You should," Amanda says. "Doctors are supposed to know."

"It's a new disease," Ellen Shapiro says gently. "We're learning more about it all the time" (68).

Feinberg does not belabor his descriptions of symptomology and yet it is clear to the reader the slow deterioration of Bob Broome from AIDS complications. The description adequately details what the reader knew about AIDS in 1986 and he cites research and European studies to create additional knowledge. Issues of European research would be outside of the realm of the average reader and perhaps even the members of the AIDS community. He mirrors and creates knowledge in this instance.

Christopher Coe's Such Times reflects the vast knowledge base that has developed in the decade since the inception of AIDS into American culture. His text covers more recent medical terminology, since it presents material from the early 1990's. He also clarifies some AIDS misinformation that could have been presented as "fact" in one of the previous novels. Coe has Timothy describe the "usual" image of people infected with the virus, circa 1986:

Back then, and still, most images in the press or on television showed people in such advanced states of wasting that they appeared less lovely than dead people I've seen in paintings and photographs. (203)

He notes that too much was unknown and remains unknown about the AIDS virus. "A handful of men who were ill as early as

1980 live today" (190). Christopher Bram also presents the issue of the continual evolution of AIDS information in his text, In Memory of Angel Clare:

Talking with Ben and reading everything he could find about AIDS, Michael decided Clarence would be one of those cases whose remission lasted for years. He might die, of course, one day. Michael knew that, but in the way most people know they will die, of course, one day. (176)

Bram illustrates that one could believe that an AIDS sufferer would die a "natural" death, after years of healthy living and once again there are many variables that enter in to each individual case.

Coe's text clearly states that there are no absolutes when it comes to AIDS. Coe describes the medical regimens available to his protagonists suffering from opportunistic infections quite explicitly. Coe himself had AIDS and was extremely knowledgeable about medical treatment. His text does clarify and mirror a general knowledge base but he admits through Timothy that, "I've read a fair amount about the virus" (208). The extensive development of scientific information about AIDS mirrors the knowledge base of epidemiologists and other AIDS researchers. Other passages are brutally simple:

He could not avoid blood transfusions, for example, because AZT made him anemic, as it did to about fifty percent of all people who took it,

until it was discovered, after Jasper's death, that lower doses are safer and as effective. It may even be safe to say that a dosage that doesn't kill is more effective than one that does. (228)

Coe's text is the most far-reaching in terms of providing information that is outside of the realm of the average reader and even members of the AIDS community. He provides scientific knowledge which most readers will find challenging yet readable and it will enhance the knowledge base for those readers. They will have the opportunity to clarify and develop further knowledge.

B. The Representation of Knowledge about Social Support Structures

All three texts reflect changes in the knowledge about the development of support structures relating to the AIDS virus. The novels detail the development and evolution of these social structures.

Reed's text highlights the development of the AIDS epidemic in American culture, in 1981-1982. His dating of the development of the epidemic allows the reader to see the chronology of the development of the epidemic while experiencing the rapid deterioration of the AIDS-afflicted character. This provides an intriguing juxtaposition: as the epidemic takes on force, Andy Stone is near death. Reed shows the fledgling beginnings of the gay support network that will develop and he highlights the refusal of the biological family to provide a caretaking role. These

social issues are clearly developed in his text and the reader reflects on the significance of these issues in the American culture at that time.

Reed's novel provides similar information as do the few other novels written about AIDS in the Panic phase. Armistead Maupin's novel Babycakes, highlights a growing concern in the San Francisco gay community about a "gay plague." This novel is not as medically detailed as Reed's text, but it does illustrate social issues which were developing, especially as nervous healthcare workers rejected caring for AIDS patients. Maupin also suggests that there is the development of a support structure that does not involve the biological family.

Feinberg's text contrasts the New York gay community of 1980 with that of 1986. Much has changed and one of the clearest depicted is the change in the support structures offered to gay men. His seedy bathhouses of 1980 are closed by 1986. Casual camaraderie has been exchanged for furtive glances looking for tell-tale signs of Kaposi's Sarcoma. William A. Henry III summarizes some of the changes in the gay community in his article, "An Identity Forged in Flames." He critiques the changes in the gay culture that he has identified. He describes the presence of AIDS in the **Crisis Control** era:

AIDS has been the great defining moment in the history of the U.S. gay movement. By a macabre irony, the disease that wiped out so many gay men has given their

survivors a sense of mature purpose. The crisis turned an often hedonistic male subculture of bar hopping, promiscuity and abundant "recreational" drugs-- an endless party centered on the young and the restless--into a true community, rich in social services and political lobbies, in volunteerism and civic spirit. (36)

1986 New York is very aware of the AIDS virus and its place in the lives of gay community members. B.J. worries that he has contracted the virus throughout Part Two of this novel. He ends up providing care for a "trick" that he did not really like, recognizing that Bob could be him. He is willing to help Bob out and hopes that someone will do the same for him, when his time comes. The reader can contemplate the potentiality of such a necessity in their own life, while recognizing that AIDS has thrust this upon the gay community described. There is an underlying inevitability about AIDS. His novel ends on a cautionary note, imagining the exploding numbers of AIDS statistics.

That aspect of the Crisis Control era, was illustrated in Robert Ferro's work, Second Son. Ferro created a theme about an imaginary planet where no one would ever become ill. This suggests his comprehension of the potential enormity of the AIDS epidemic, such that individuals would have to live on another planet to escape it.

Feinberg does provide considerable information about

support groups for "the worried well." He contrasts the pleasure-seeking personal ads of 1980 with the numerous AIDS-related seminars, loss groups, activist groups, macrobiotic cooking groups and obituaries. The deaths continue unabated:

"I got a phone call."

"Let me guess," I say. "You got a phone call from someone you didn't know, and he told you that someone else had just died of AIDS."

"He got my name from this guy William's black phone-book," concurs Joey. "How did you guess?"

The service was this afternoon, B.J., I don't even know who William was" (232).

The network developed in the gay AIDS community ensured that many of the former associates knew about a death. The connection between men, however slight, gained prominence and deaths were celebrated and the losses mourned. The only deaths Feinberg describes as "alone" are those of even more marginalized individuals: IV-drug users. The gay community rallied around its AIDS-infected individuals. No one could have predicted this outcome, especially in terms of social awareness and growth.

Coe reflects the growth in knowledge about almost every aspect of the AIDS virus. Not only the gay community holds information about transmissibility, treatment and longevity. He presents the greater community as having developed some knowledge and involvement in the

network of support structures. Coe presents characters, like Abigail's pediatric social worker husband, who are not HIV-positive, but work with AIDS patients. He describes the gay community thus:

"Now of course, Todd could say he was a nurse," Dominic says. "We all know something about medicine now."

Dominic is right about this, it has come with the times. (19)

Interestingly, Edwards's *Complacency* era issue of too much knowledge is presented in this slice of life:

A woman I know, a friend, an executive, has been this year with three married men. None of these men used protection; the woman feels safe and dismisses me when I speak of risk, and in restaurants this friend will not taste food from my plate. (Coe 189)

Coe crystallizes the image of having some knowledge which places one in more danger. This woman knows enough about AIDS to be fearful of contracting it from a known source but is unaware of the more likely possibility of contracting it from a sex partner. She typifies the greater community in that she is friendly to her AIDS-infected friend, but not fully cognizant of all the AIDS transmissibility issues.

Armistead Maupin also presents characters who have knowledge about AIDS issues that are not completely accurate, in his novel, Sure of You:

"Better not be," he heard one of them say.

"Yeah," said his much shorter sidekick. They were both overacting for their captive audience...

The tall teenager dumped his fare into the slot.

"Better not be...cuz I ain't gettin' AIDS."

"Shit, no," said the short one. "You can catch AIDS and die like a fuckin' dog." He was moving toward the back now, brandishing the acronym like a switchblade. "Whatcha think? Any faggots on this bus?" (83)

Maupin's teenage boys illustrate that ignorance and knowledge do go together especially among those who have the least access to factual information. These teenagers probably have not had the AIDS education that should be available to all youth. Too often AIDS education is in the form of a single seminar with no real follow-up provided by the school personnel.

Coe's narrative weaves together anecdotes of this kind of ignorance, or complacency, with anecdotes about the extreme levels of comprehension that others exhibit. It is emblematic of the later AIDS era that Such Times describes.

II. The Representation of Hope or Optimism

Novels that end tragically might be considered without hope or optimism but AIDS novels feature AIDS deaths and that does not eliminate the presence of hope or optimism.

These novels and the numerous other AIDS texts described previously, present various elements that are hopeful.

These AIDS novels are similar in that all of them present caretakers as being friends and lovers. This surprising development for the gay community bespeaks a powerful ability to organize and advocate. These lovers, ex-lovers and friends are presented as a vocal, helpful and knowledgeable contingency of caretakers, perhaps better caretakers than health personnel. A pervasive fear of death and illness in our society can make people turn away from caretaking responsibilities but the gay community and friends of PWA's have actively taken those roles on and performed them successfully. AIDS is not a dreaded disease among the knowing. Susan Sontag discusses AIDS in her text, Illness as Metaphor and AIDS and its Metaphors. She states:

But it is highly desirable for a specific dreaded illness to come to seem ordinary. Even the disease most fraught with meaning can become just an illness. (181)

The AIDS novels evaluated and many that they represent do begin to present having AIDS as less "fraught with meaning." In fact, by the time that Coe's novel was published, many autobiographical texts had been published from a wide spectrum of authors: teenagers, women and athletes. More of the heterosexual population was coming forth in print to acknowledge the existence of the HIV virus and for the most part, these people were advocating for

education and compassion for PWA's. Mary Fisher wrote about the need for more understanding of the AIDS virus in her article, "Tolerance":

In fact, AIDS has become an American object lesson in intolerance. Children with AIDS have had school doors barred...But I've staked my hope on setting a different model. Maybe one day my children will recall the Christmas Eve's we've spent at The Children's Inn, a home for children battling catastrophic illnesses. At The Children's Inn, parents too weary to weep or hope comfort one another, unimpeded by differences in race or wealth. (5)

Fisher notes that acceptance comes from understanding the full ramifications of the virus so that one is not threatened by misconceptions. AIDS fiction provides information to clarify and solidify the accuracies about AIDS. The increased knowledge evident in the texts is hopeful because it suggests that many early misconceptions that were perpetuated about the AIDS virus have been clarified and the accuracies have been absorbed into the American culture.

III. The Detailing of AIDS Symptoms in the Creation of an AIDS text

In the texts analyzed, there is a progressive increase in the amount of description of AIDS symptoms and AIDS

treatments. This increase both parallels the increased knowledge base in the AIDS community and the greater community and also serves to provide clarification. This suggests that the texts serve both as primers for the AIDS community while delineating issues that may be only peripherally explored in the general readership and consequently they clarify and expand knowledge about AIDS. These texts, particularly Feinberg's Eighty-Six and Coe's Such Times, were written by authors intimately acquainted with AIDS treatments, including experimental treatments of the text era, and these texts do reach slightly beyond the knowledge base of the general reader, because the general reader of the text will not necessarily be a member of the AIDS community.

The descriptions offered clarify details for a general reader and encourage assimilation of details with generally-known and understood assumptions. So these AIDS texts serve a unique function in mirroring the changes that have taken place in society in the last decade and they also "push the envelope" in providing information slightly outside of the scope of the general reader. This unique function makes AIDS texts unusually compelling because they not only reflect general assumptions but allow for the creation of additional knowledge by proffering information that is slightly outside of the general knowledge base.

The intricacy of the detailing of AIDS symptoms and treatments is perhaps unique to texts dealing with illness

as a main theme. Other contemporary works of fiction may well detail the dissolution of marriage or familial structure with similar care, but unless that author details the legal rules and regulations of divorce and describes the technicalities also, then the detailing will not compare to the kind of detailing found in a contemporary AIDS text. Interestingly, AIDS authors include this necessary detailing seemingly without consideration for if it weighs down the narration or distracts from the plot. In fact, because AIDS novels demonstrate that AIDS is an integral part of life, the fine detailing of AIDS symptoms and treatments is equally integral to the overall development of the fullest portrayal of life with AIDS.

It is difficult to state that AIDS fiction is necessarily didactic, although it might seem to be. The term didactic might seem more easily applied to an instructional textbook and yet in the simplest terms, how could an AIDS novel not instruct the reader? Louise Rosenblatt describes the transactional theory of reading in her text, The Reader, the Text, the Poem and she states:

The transaction is basically between the reader and what he senses the words as pointing to. The paradox is that he must call forth from memory of his world what the visual or auditory stimuli symbolize for him, yet he feels the ensuing work as part of the world outside himself. (21)

Rosenblatt indicates that this "world outside himself" is not one that is arrived at in a linear fashion, but:

There is sometimes a backward flow, a revision of earlier understandings, emphases, or attitudes; there may be the emergence of a completely altered framework or principle of organization. Sometimes this very act of revision of the framework becomes an important aspect of "the meaning" of the work. (61)

This supports the concept of AIDS fiction as serving an instructional purpose through the transactional reading process.

In recognizing that increased sophistication and detailing enhances the comprehension of the general readership over time and that the increased complexity reflects general knowledge, one sees that AIDS must be represented as fully as possible. I suggest that these texts could not serve as "AIDS texts" without that detailing. In fact, in choosing texts for analysis, the amount of detailing was a consideration. A lesser amount of AIDS information does not present the fullest representation of the AIDS community. So, perhaps this creates a categorization: an AIDS text is one that has sufficient information about AIDS symptoms and treatment to fully delineate the characteristics of AIDS. A novel or short story that refers to AIDS symptoms only in passing, or in

peripheral detail, would not necessarily be considered an "AIDS text."

IV. The Support and Clarification of Background Information

The support of the reader's background information is evident in these AIDS texts. For example, in Coe's Such Times, the reader assumes from reading about a commonly-known set of symptoms that Coe is discussing the AIDS virus. The general reader of Coe's text will have read newspaper or magazine articles, seen TV shows and perhaps a mainstream film, all of which have delineated AIDS symptoms such that reading Coe's description confirms background knowledge. The author provides information that reflects the greater community's knowledge base and also each author has provided supplemental information from their unique perspective on the AIDS community. The supplemental information is commonly known material to the AIDS-infected individual and the AIDS community. So, for this readership, the author is presenting again the description that confirms what is known in the AIDS community. Some of this information might be slightly more specific than what the general reader has learned, but in that sense it serves to clarify and expand the knowledge base of the general reader. This is a finely wrought process because the author is being true to two communities: the AIDS community and the general reader who is not a member of the AIDS community. The authors feel a responsibility to portray the AIDS community and infected individuals fully as

possible and also maintain the integrity of the knowledge base of the greater community. In essence then, these authors are required to write for both communities, recognizing that there is considerable overlap in the two knowledge bases.

V. The Increased Complexity and Sophistication in the Writing and Representation of AIDS and AIDS Symptoms

The increased sophistication of the representation of AIDS symptoms over the last decade suggests that the authors did reflect an increased sophistication of knowledge in the greater community. Feinberg discussed AIDS symptoms in a minimalist fashion, as befit the constantly changing knowledge base of that AIDS era. He described Bob's symptoms:

Abruptly, in the same cheerful voice, Dave says, "I talked to Bob's doctor yesterday, and he said that the best thing to happen to Bob would be to die."

Whoa. I'm not ready for that. "What? Could you rephrase that? Is there a more delicate way of putting it. You just woke me up."

"He's not getting any better. He's not going to get any better. Whatever degenerative disease he has is attacking his central-nervous system, likely through the spine, and it's only going to get worse" (259).

Feinberg illustrates for the reader that in 1986, there was no specific treatment for a probable spinal inflammation due to the AIDS virus. The patient slowly continued to deteriorate until they died. Even a physician might suggest that death would be merciful. This reflects the level of knowledge and medical expertise that existed in 1986. His description supports the knowledge base of both the AIDS and greater community.

Coe describes numerous treatments for different opportunistic infections. That he calls them "opportunistic infections" demonstrates a increased sophistication on the part of the reader in 1993:

In all cases of HIV infection, the need is to combine different medications for different infections, which arise not from the virus itself, not directly, but from a lack of immune function. In medicine, these combinations are called cocktails. The doctors aim, or the patient's, is to combine drugs that will not be antagonistic, that may even work together, in synergy. The combination of acyclovir with zidovudine, now standard, I believe, is an example of such a cocktail. It is believed that each of these drugs, when taken together, is made more effective. (223)

Coe uses trade names of drugs and describes explicitly how they might work. This is appropriate detailing for the reader of this AIDS era. This particular description highlights the unique quality of reflecting the knowledge

base, particularly of the AIDS community while also reflecting the knowledge base of the greater community. The average reader might not have known the names of the drugs, but would have known that drugs might be combined for greater effectiveness. This suggests that the knowledge base of the AIDS community has specifically detailed information that is more generally represented in the greater community.

VII. Implications and Further Research Suggestions

I have described specific implications throughout this chapter. To summarize them:

1. AIDS fiction reflects changes in American culture over time, particularly in the reflection of medical and social knowledge.
2. The specific novels evaluated have characteristics of other AIDS texts and are accurately representative of the AIDS eras described by Timothy Edwards.
3. AIDS fiction encourages clarification and substantiation of information for the reader. It can also serve an instructional purpose based on the reader's background knowledge and the transactional reading that occurs.
4. The novels evaluated and those they represent, are hopeful and optimistic despite thematically presenting a terminal illness.

I have contemplated additional arenas for research based on my findings in this study and have arrived at the following possibilities:

1. A comparison of the categories I created in AIDS texts that are written by gay and non-gay authors. My research focused on texts written by gay authors only.
2. A comparison of the categories I created, in both AIDS texts and other novels that feature a non-AIDS related terminal illness.
3. A comparison of the categories I created, in both AIDS texts with texts that feature AIDS only peripherally.

There are pedagogical implications. AIDS fiction is appropriate for the college classroom, and also for later secondary classrooms, perhaps with parental approval. Unquestionably secondary educators face controversy in bringing gay literature into a high school setting. The following suggestions for use of AIDS literature in the classroom stem from a curriculum I have developed which draws AIDS materials from across the disciplines and incorporates some of these texts for classroom use.

A secondary or post-secondary educator could utilize just one piece of AIDS literature in the classroom. AIDS has so many ramifications in American culture that students would easily identify some of the sociocultural, political or medical aspects and begin a classroom dialogue to unlayer some of the controversy which surrounds AIDS. One

interesting piece of literature is the United States Department of Health and Human Services pamphlet, "Understanding AIDS." This 1988 publication could be easily read in a variety of classrooms and students could raise questions from a diverse spectrum:

"Why did the government wait until 1988 to put out AIDS information to the general public? What are the current facts about transmissibility issues, compared to this pamphlet? Do the photos in the pamphlet suggest only "certain kind of people" contract AIDS? How have the statistical numbers changed since the publication of this pamphlet?"

The use of a single piece of AIDS literature can open up a classroom dialogue and allow students to question, contemplate and affirm or dismiss information. I have found that late secondary and college freshman are interested in AIDS issues and willing to engage in debate with one another and to research AIDS issues. AIDS is a part of their childhood, and AIDS will be a part of all of our lives for some time to come. We need to utilize AIDS literature to decompress the mythology which surrounds AIDS and to encourage our students to be responsible critical thinkers.

Anthony Godby Johnson describes what is it like to live with AIDS in his autobiography, A Rock and a Hard Place:

AIDS doesn't understand that I've worked hard all my life to be the person I am--the one that I want people to see me as. I want to fall in love and look

into someone's eyes the way Pop looks into Mom's. I want to worry about middle-age spread, high cholesterol levels, and mortgage payments. I want to see movies, read books and grow from one phase of maturity into another. I even want to hate it sometimes. I want the luxury of being able to complain about life because I'm cocky enough to think there's so much of it left ahead of me. (157)

Godby's autobiography could encourage students to create their own autobiographies and compare the presence of AIDS in their lives. There are new AIDS novels, plays, poetry and non-fiction autobiographies and narratives being published so there is a considerable body of AIDS literature to draw upon in choosing literature to examine AIDS issues.

AIDS is a part of contemporary American culture and there will undoubtedly be other scholars interested in AIDS issues in literature and classroom research. The AIDS discourse continues to evolve and be encompassed in the greater community. AIDS fiction captures the evolution of the AIDS discourse while it envelops the reader in a transactional process that reflects and creates an understanding of what it is to live with AIDS. AIDS will always be with us.

LIST OF REFERENCES

LIST OF REFERENCES

- Alcorn, Keith. "Illness, Metaphor and AIDS." Ed. Peter Aggleton and Hilary Homans. Social Aspects of AIDS. Philadelphia: The Falmer Press, 1988.
- Allison, Dorothy. Bastard Out of Carolina. New York: Dutton. 1992.
- American Family Physician, April 1990, 1267.
- Appleyard, S.J. Becoming a Reader. New York: Cambridge University Press, 1990.
- "Bacteria Found Increasingly drug-resistant." Midland Daily News. 24 August 1995.
- Berthoff, Ann E. "Democratic Practice, Pragmatic Vistas: Louise Rosenblatt and the Reader's Response." Ed. John Clifford. The Experience of Reading. Portsmouth: Boynton/Cook Publishers, 1991. 77-84.
- Bram, Christopher. In Memory of Angel Clare. New York: Penguin Books, 1990.
- Bronski, Michael. "David Feinberg." Ed. Sharon Malinowski, Gay and Lesbian Literature. Detroit: St. James Press, 1993. 128-130.
- Bruni, Frank. "Casualties on the Front Lines." Detroit Free Press 24 February 1994.
- Bryant, Eric. "Where do you Shelve Books That are Out of the Closet?" Publishers Weekly. 240.23 (1993):41-42.
- Cammermeyer, Margarethe. Serving in Silence. New York: Viking, 1994.
- Carducci, Jane S. "David B. Feinberg." Ed. Emmanuel S. Nelson, Contemporary Gay American Novelists. Westport: Greenwood Press, 1993. 122-127.
- "Christopher Coe, 41: Wrote Gay Novels." The New York Times. 8 September 1994:D19.

- Clark, William Lane. "Christopher Coe." Ed. Emmanuel S. Nelson, Contemporary Gay American Novelists. Westport: Greenwood Press, 1993. 70-76.
- Clifford, John. Ed. The Experience of Reading. Portsmouth: Boynton/Cook Publishers, 1991.
- Clum, John M. "Once I Had It All: AIDS Narratives and Memories of an American Dream." Ed. Timothy Murphy and Suzanne Poirer, Writing AIDS, New York: Columbia University Press, 1993.
- Coe, Christopher. I Look Divine. New York: Ticknor and Fields, 1987.
- , Such Times. New York: Penguin Books, 1993.
- "Counseling to Prevent HIV Infection and Other Sexually Transmitted Diseases." American Family Physician. 4 (1990): 1179-1267.
- Currier, Jameson. Rev. of Such Times, by Christopher Coe. The Washington Blade.
- Dawid, Annie. "The Way We Teach Now: Three Approaches to AIDS Literature." Ed. Emmanuel S. Nelson. AIDS: The Literary Response. New York: Twayne Publishers, 1992. 197-203
- Delaney, Samuel. Mad Man. New York: Masquerade Books, 1994.
- Denneny, Michael. "AIDS Writing and the Creation of a Gay Culture." Ed. Judith Pastore, Confronting AIDS Through Literature, Urbana: University of Illinois Press, 1993.
- Dewey, Joseph. "Music for a Closing: Responses to AIDS in Three American Novels." Ed. Emmanuel S. Nelson, AIDS: The Literary Response. New York: Twayne Publishers, 1992, 23-38.
- Edelman, Lee. Homographesis: Essays in Gay Literary and Cultural Theory. New York: Routledge, 1994.
- , "The Mirror and the Tank: "AIDS," Subjectivity, and the Rhetoric of Activism." Timothy F. Murphy and Suzanne Poirer, Ed. Writing AIDS. New York: Columbia University Press, 1993. 9-37.
- Edwards, Tim. Erotics and Politics. New York: Routledge, 1994.
- Feinberg, Edward. Eighty-Sixed. New York: Penguin, 1989.

- , Spontaneous Combustion. New York: Penguin, 1991.
- Feldman, Douglas A. Ed. Culture and AIDS. New York: Praeger, 1990.
- Ferro, Robert. Second Son. New York: Plume Books, 1989.
- Gladwell, Malcolm. "Staying Alive." Vogue April 1995
246-250.
- Graff, Gerald. "Literature As Assertions." Ed. Victor
A. Kramer, American Critics at Work: Examination
of Contemporary Literary Theories. Troy: The Whitston
Publishing Company, 1984.81-110.
- Henry, William A. "An Identity Forged in Flames." Time.
3 August 1992, 35-37.
- Indiana, Gary. Horse Crazy. New York: Grove Press, 1989.
- , Rent Boy. New York: High Risk Books, 1994.
- Hansen, Joseph. Early Graves. New York: Penguin, 1987.
- Heller, Karen S. Silence Equals Death: Discourse
on AIDS and Identity in the gay press, 1981-1986.
Diss. University of California San Francisco,
1992. Ann Arbor: UMI, 1993. DA9318997
- Hempel, Amy. "Talking to...Christopher Coe." Vogue
8 September 1987, 455-456.
- Henry, William. "An Identity Forged in Flames." Time.
3 August 1992:35-37.
- Hoffman, Alice. At Risk. New York: G.P.Putnam's Sons, 1989.
- Holleran, Andrew. "Giving Up." Christopher Street. 148.13
(1991): 1989.
- Johnson, Anthony Godby. A Rock and a Hard Place. New York:
Crown Publishers, 1993.
- Johnson, Faith. "Remembering AIDS Victims." The Lansing
State Journal. 2 December 1995, P1.
- Kerr, M.E. Night Kites. New York: Harper and Row, 1986.
- Koop, C. Everett. Understanding AIDS. U.S. Government
Printing Office, 1988.
- Koponen, Wilfred. Coming Out: Stages of Articulation in

- American Gay Novels. Diss. University of California, 1990. Ann Arbor: JMI, 1992. 9104505
- Leap, Michael. "Language and AIDS." Douglas Feldman, Ed. Culture and AIDS. New York: Preager, 1990. 137-158.
- Levin, James. The Gay Novel In America. New York: Garland Publishing, 1991.
- Lynch, Michael. "Terrors of Resurrection by Eve Kosofsky Sedgwick." Ed. Judith Pastore, Confronting AIDS Through Literature. Urbana: University of Illinois Press, 1993.
- Maupin, Armistead. Babycakes. New York: Harper and Row, 1984.
---, Sure of You. New York: HarperCollins, 1989.
- McDonald, Avril. "Of Gender and Genres." Publisher's Weekly. 241.26 (1994):25-28.
- McGovern, Terence. "Paul Reed." Ed. Emmanuel Nelson, Contemporary Gay American Novelists. Westport: Greenwood Press, 1993. 352-358.
- McWhirter, David and Andrew Mattison. The Male Couple: How Relationships Develop. Englewood Cliffs: Prentice-Hall, 1984.
- Monette, Paul. Afterlife. New York: Crown Publications, 1990.
- Murphy, Timothy F. "Testimony." Writing AIDS Gay Literature, Language, and Analysis. New York: Columbia University Press, 1993.
- Murphy, Timothy F. and Suzanne Poirer, ed. Writing AIDS: Gay Literature, Language and Analysis. New York: Columbia University Press, 1993.
- Nava, Michael. Goldenboy. Boston: Alyson Publications, 1988.
---, How Town. New York: Harper and Row, 1990.
- Nelson, Emmanuel S. "AIDS and the American Novel." Journal of American Culture. 13.1 (1990):47-53.
---, Ed. AIDS: The Literary Response. New York: Twayne Publishers, 1992.
- Pastore, Judith. Ed. Confronting AIDS Through Literature. Urbana: University of Illinois Press, 1993.

- , "Suburban AIDS: Alice Hoffman's At Risk.
Ed. Emmanuel S. Nelson AIDS: The Literary Response.
New York: Twayne Publishers, 1992.
- Peabody, Barbara. The Screaming Room. San Diego: Oak Tree
Publications, 1987.
- Peck, Dale. Martin and John. New York: HarperCollins, 1993.
- Plummer, Ken. "Organizing AIDS." Ed. Peter Aggleton and Hilary
Homans. Social Aspects of AIDS. Philadelphia: The Falmer
Press, 1988.
- Purves, Alan C. and Richard Beach. Literature and the
Reader: Research on Response to Literature, Reading
Interests and the Teaching of Literature. Urbana:
University of Illinois Press, 1972.
- Reed, Paul. "Early AIDS Fiction." Ed. Judith Pastore,
Confronting AIDS Through Literature. Urbana: University
of Illinois Press, 1993. 91-94.
- , Facing It. San Francisco: Gay Sunshine Press, 1984.
- Roberts, Les. The Lake Effect. New York: St. Martin's Press,
1994.
- Rosenblatt, Louise M. The Reader, the Text the Poem The
Transactional Theory of the Literary Work. Carbondale:
Southern Illinois University Press, 1978.
- Shilts, Randy. Conduct Unbecoming: gays and lesbians in the
U.S. military: Vietnam to the Persian Gulf. New York:
St. Martin's Press, 1993.
- Sontag, Susan. Illness as Metaphor and AIDS and Its
Metaphors. New York: Doubleday, 1989.
- Summer, Bob. "Promises Kept." Lambda Book Report.
July/August 1995: 6-7.
- Sutton, Roger. "A Conversation with M.E. Kerr." School
Library Journal. June 1993:24-29.
- Tanne, Janice Hopkins. "The Other Plague." New York. 21 July
11, 1988:34-40.
- Templeton, Eleanor. "AIDS vigil helps Survivors Cope." The
State News 22 May 1995.
- , "Service Helps AIDS Patients." The State News
24 July 1995 P1.

- Treichler, Paula. "AIDS, Homophobia and Biomedical Discourse: An Epidemic of Signification." Cultural Studies 1:3(1987) 263-305.
- Uyemoto, Holly. Rebel Without a Clue. New York: Crown Publications, 1989.
- Vincke, John and Ralph Bolton. "Social Support, Depression and Self-Acceptance Among Gay Men." Human Relations 47 September 1994: 1049-1062.
- Weir, John. "Blood Simple." Details Magazine. October 1995: 136-191.
- Weinberg, Joel. "Epidemic of Laughter." The Advocate. 14 March 1989. 46-47.

MICHIGAN STATE UNIV. LIBRARIES



31293014214989