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Review

Self and other through the prism of AIDS: a literary examination of relationships with patients

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Abstract

This article examines how the "non-ill," often formal or informal caregivers, structure their relationships with "the ill," using as a specific example the disease of AIDS; and as a specific analytic tool selections of fictional writing. An introductory rationale explores why literature may be well-suited to helping us understand value-laden issues such as relationship. Discussion then focuses on how the professional and personal Self is identified and defined in relation to the suffering Other, through the development of concepts such as threat and boundary work. The concluding section suggests alternative relational models derived from more fluid and permeable definitions of Self and Other.

Keywords: Doctor–patient relationship; AIDS; Literature and medicine

"AIDS is not even just about itself, but about how we are… it is a part of everyone."

—Rob Baker, *The Art of AIDS*, 1994 [1]

1. The professional–patient relationship and AIDS

As a professor of psychology and medical humanities in a department of family medicine, I am interested in ways of revealing new insights to medical students, residents, and even experienced physicians about their proper relationship to patients. Specifically, I am concerned about how to help physicians most ethically and meaningfully define their professional and personal Self in relation to the suffering patient–Other whom they have committed to treat and care for. More broadly, my question becomes an examination of how our assumptions and conceptualizations about the self influence our responses to the suffering of others. The disease known as acquired immune deficiency syndrome provides fertile ground for such examination because in important ways it epitomizes the emotional conflicts health care providers may experience in relation to their patients, based on self–other dichotomizations.

2. Science, art, and the AIDS crisis

AIDS is a contagious, disabling, and often fatal disease, the diagnosis and treatment of which are appropriately located within the domain of medical science. In fact, science has been described as the "master discourse" of AIDS [2], determining all other perceptions and responses with regard to the disease, because it is considered best able to provide the technical language, conceptual models, and research strategies needed for identification, treatment, and eventually cure and prevention. However, AIDS is not only a biomedical event, but a sociocultural phenomenon as well, and thus also belongs to the province of art. It is for this reason that James Miller writes that AIDS should be investigated not only by "virologists and other researchers mantled in scientific authority," but also by "cultural critics" [3,4]. Indeed, for certain value and relationship questions such as the one posed above, technical determinants of contagion and transmission are clearly insufficient to provide a comprehensive response.

3. Literature and the suffering Other

Science does not take much of a direct interest in suffering, although its goal is ultimately the alleviation or amelioration of suffering. As Schweizer points out, "In

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science, suffering is almost inaudible" [5]. It is assumed that in order to attend to the business of medicine, we must repress the voice of the suffering other, so that researchers are not distracted from their investigations, nor physicians from their treatments. Imaginative literature, on the other hand, is extremely useful in helping scientists and clinicians reflect on how we choose to position ourselves in relation to the suffering other, because its particularity and emotional power force us to consider questions of meaning and value [6]. Of course, literature does not claim to cure suffering, but it does demand that its readers serve as witnesses [7] so that the sufferer's voice can be heard. Through spoken and written language, the sufferer is able to break free, to some degree, of solitude and fear, and create a sense of community with the witnessing other (the listener/reader). This act of witnessing facilitates empathy by creating a simultaneous shift in perspective and an emotional engagement so that the reader is able to recognize the suffering other not only as an object but as a subject. Necessarily, by placing sufferer and witness in intimate relationship with each other, literature raises questions about what the nature of their connection might, and should, be.

The immense suffering of the gay community during the 1980s and 1990s as a result of the AIDS epidemic, at a time when science and medicine had little curative or even ameliorative to offer, led to an outpouring of literary and other creative efforts. This outburst was intended both to bring attention to a devastating problem that many at the time wished to ignore; and to alleviate, through shared experience, the emotional and physical devastation of the disease. From this vast literature, I have selected two short stories and two poems that I often use in teaching and discussion groups. These writings can help us to examine and understand the positioning of Self and Other as expressed through the prism of the physician's (or caregiver's) relationship with patients (persons) with AIDS (PWAs). I first provide a brief synopsis of the selections, then show how the quintessential psychosocial themes we use to define and demarcate our sense of self are explored in each work.

4. Literary summaries

The poem "F.P." [8], by the Harvard professor and internist Rafael Campo, is written in the voice of a cynical, angry, and perhaps frightened resident. In the poem, the narrator speaks to a peer in the harsh, irreverent language sometimes exchanged between fellow residents in unsupervised circumstances. The narrator describes a new "AIDS admission" in sarcastic, disgusted terms, and asks for backup. The patient is never referred to by name, only by initials, or through derogatory profanity. The dominant tone of the poem is one of fear and loathing.

The title of the short story "Slim," [9] by the British author Adam Mars-Jones obviously alludes to the nickname for AIDS common in Africa, but also emphasizes that this is a small story, written about someone of no importance, simply a dying gay man. Yet its very unpretentiousness alerts us to the "every-man" overtones that the author surely intends. The story is written in the first person, from the point of view of the narrator, who describes his rapidly shrinking daily life, as he becomes increasingly debilitated by AIDS, and especially his relationship with the ironically named Buddy, his volunteer caregiver. Commensurate with the title, nothing of great importance happens in the story. Buddy pays a visit, bringing a home-cooked delicacy that is unintentionally revolting to the narrator, and leaves.

Like "F.P.," "How to Watch Your Brother Die" [10] by Michael Lassell is written not from the perspective of the PWA, but from that of an outsider looking in, in this case an estranged brother. The poem describes the narrator–brother flying from his safe, heterosexual home of wife and children to the hospital room where his gay brother lies comatose, dying of AIDS. Over the course of the poem, he meets and gets to know the brother's lover; encounters a cold, unsympathetic physician; tries to obtain illegal medicine to prolong his brother's life and is repulsed by a border guard; finds a mortician who then refuses to embalm his brother's body; attends his brother's funeral; and flies home again to his family. Of course, like "Slim," the poem has universal overtones. Its title refers not only to a specific dying brother, but to the "brotherhood" of all humankind.

Finally, "Imagine a Woman" [11] by Yale professor and surgeon Richard Selzer considers the situation of a pregnant woman who has contracted AIDS from her (secretly) bisexual husband. Aside from a slight introduction by an omniscient narrator, the story is told from the perspective of the woman herself, through a lengthy diary/letter she composes to be sent to her betraying husband upon her death. After learning of her diagnosis, the woman (another nameless character who renames herself, ironically, "S. Gallant") leaves her husband and journeys to a remote French village. There the simple, earthy inhabitants willingly and modestly care for her. Her progressive symptoms of AIDS are carefully chronicled. Her child is stillborn. At the close of the story, a mysterious, mythological figure courteously and lovingly escorts her into the afterlife.

5. The modern, healthy self

Both personality [12] and literary theorists [13] point to the construct of the pure, clean, and bordered self as the essential identity of the modernist era. Since the beginning of the Judeo-Christian period, purity and cleanliness have been held up as positive individual and cultural goals. With the rise of the middle-class in the eighteenth century, qualities of "boundedness," including individualism, respectability, restraint, control, and competence, were also incorporated into the desirable self [14]. Both historically and contemporaneously, this desirable self is most easily conceived of as male, because the male body is seen as stable, self-enclosed, individuated, always penetrating but never penetrated, immune to fragmentation and confusion [15]. Health in particular has

become the dominant symbol of a firm, well-established identity embodying all the pure and disciplined qualities associated with the modernist idea of self [14].

Examination of the literary selections helps ground and particularize this healthy, "normal" self. The narrator self in "F.P." obviously belongs to this category by reason of his governing role authority (he is "in charge" of the ER) and competence, and his obvious superiority to the patients whom he treats. The narrator in "How to Watch Your Brother" is male, white, heterosexual, and middle-class, thus conforming to established criteria for the "normal" self. Buddy, in "Slim," is the most fully realized exemplar of this idealized self. He is young, vigorous, healthy, clean, pure, independent, and self-sufficient, with white corpuscles that the narrator describes as "crack troops." "Imagine a Woman," by contrast, is the only selection in which the idealized normal self does not seem much in evidence.

6. External threats to the healthy self

Unfortunately, this fantasized, desirable self can never be made truly invulnerable and is rarely secure. Rather, the self is under constant assault. Filth, decay, pollution, defilement, infection, and disease are all potentially engulfing contaminants that represent a fundamental danger to identity [16]. Despite the best efforts of science and medicine, the perfectly objectified and controlled body remains elusive, because it is always being undermined by illness, disease, and dying [14]. Ultimately, of course, we fear the loss of control and loss of self that result from death. Death is the ultimate non-distinction, the collapse of the body back into the outside, into indistinguishable nature [15].

The language of external threat is much in evidence in the first three writings. The narrator of "F.P." clearly fears direct contamination, either from fecal material or from the patient's tubercular coughing. He cautions his colleague to wear protective gear, and agonizes about having to do another blood draw on the patient. In "Slim," threat is more implicit. Buddy "doesn't flinch" in the narrator's presence, and even gives his patient "a hug," as he has been trained to do. But this very language intimates an act of overcoming instinctual loathing and withdrawal. In "Brother," threat is primarily portrayed through other characters in the poem, notably representative figures of "normal" society such as doctor, border guard, and funeral director who all are clearly repulsed and afraid of the contaminated brother or his surrogates (lover and narrator). In Selzer's story, however, the sense of external threat is absent as a significant dynamic. In the idyllic little French town, no one seems worried that AIDS has invaded their paradise.

7. The threat within

The above description represents a kind of "virological" definition of threat to self, in which external forces threaten and attack its fortified castle from without. But there is an internal, "immunological" threat to self from within, the fear that aspects of the self will betray the self [17]. In psychological terms, these are the unacknowledged, unacceptable elements of self that do not conform to the modern definition of health [18]. They include our vulnerabilities, fears of physical and psychic disintegration and dissolution, forbidden desires, dependencies, and addictions. In an ultimate sense, death is not simply a threatening external force (disease, accident) that we can keep at bay through impermeable defenses, but part of the hardwiring of every human being [19].

What is the nature of the internal threat expressed in these poems and stories? Rafael Campo, the author of "F.P.," is gay (he addresses his sexual orientation frequently in his writing). Does this mean he is afraid that he somehow embodies, or might embody, the dying, loathsome patient described in his poem? The narrator complains about the patient's anger, yet is clearly angry himself. He describes his patient as disgusting, yet his attitudes toward the patient in fact make him appear disgusting to the reader. Buddy, the caregiver in "Slim," almost flaunts his health, as though emphasizing his invulnerability from contamination. Is this really defensive posturing? Perhaps Buddy worries that he too is gay and therefore "vulnerable." The narrator of "Brother" overtly fears closeness, both literal and figurative, with his gay brother. Why? One of the things he discovers is the nurturing power of male intimacy, something he has heretofore forbidden himself. Perhaps he fears that his ability to feel, to cry, and to be moved might represent latent homosexuality, a potential threat to the healthy, normal self.

8. Self vs. Other

The psycho-structural proposition of the I/Other split formulated by Lacan [20] and other psychoanalytic and psychodynamic theorists [12] highlights the human tendency to mark difference over similarity as more significant, and also to infer something dangerous and threatening from this emphasis. The binary thinking [19] characteristic of much of Western philosophy and science has led us to define ourselves not only in terms of self, but also in terms of other; not only in terms of who we are, but also in reaction to who we are not, or what we cannot allow ourselves to be.

In Eriksonian terms, "positive identity" cannot exist without "negative identity" [21]. We are not able to recognize ourselves as good, pure, and healthy unless we have someone whom we can identify as evil, defiled, and sick. The more the other can be confused with the self ("How could she have AIDS? She seems like such a nice young woman;" "He has AIDS? But I thought he was heterosexual"), the more urgent becomes the quest for boundary delineation. Projection is a strategy of self reassurance that "domesticates" our fears of collapse and dissolution. Once located externally, "the fear of our own dissolution is

removed. Then it is not we who totter on the brink of collapse, but rather the Other" [22].

In the first three literary selections, the self of the healthy caregiver is opposed to the other of the sick patient. In "F.P." the opposition is complete, creating the irony that the doctor's patient is really his enemy. In "Slim" there are slight, and largely ineffectual attempts to bridge the gap between self and other, as Buddy attempts to be "helpful" to his dying charge. But Buddy never gets close to the narrator and always can escape from contact with the other back to the "normal" world. In "Brother," self (the heterosexual brother) moves closer to other (the dying gay brother), in some ways becoming the other's representative to the outside world, but ultimately also moves back into the world of health and "normalcy." Only in "Imagine" is there a fluidity between self and other, a movement back and forth, even a confusion of identities. The dying narrator becomes an integral, cherished part of the village, seamlessly incorporated into its natural rhythms, and even discovers within its borders a vibrant, healthy young woman with a thriving baby who looks exactly like herself!

9. The nature of the Other

It has been pointed out that binarism is never value-free, but rather implies superior–inferior, dominant–subordinate relationships [23]. Thus the other is necessarily a category of abjection, a repository for both external and internal threats. All identities that are threatening, and therefore loathsome, to the clean and pure self, become "other." Members of ethnic, racial, or religious minorities, homosexuals, addicts, prostitutes, the poor and disadvantaged are all examples of groups defined as other [22].

10. The sick Other

The sick individual unavoidably takes on the identity of a negated self, or other. All disease is threatening because of people's desire to separate themselves from anything suggestive of disability, decay, suffering, or death [24]. Serious illness makes those afflicted aligned with suffering and death, the enemies of the healthy self. Contagious disease, such as AIDS, is particularly threatening because it represents a "dangerous bridge" over which the protective space created between healthy and unhealthy can be traversed [14]. It is the pathway by which the afflictions of the other can become the afflictions of the self, the mechanism by which safe perimeters are violated.

Bodies that are open, permeable, and uncontrolled are culturally horrifying [15,19] because they are perceived as prone to collecting and proliferating infection. Such bodies tend to be perceived as gay male or female rather than as heterosexual male. The gay male body is associated with ambiguity (a male who loves another male), receptivity and permeability (anal sex), and lack of self-control (promiscuity) [25]. The gay male body seems blamefully unconcerned about the protection of its own purity and integrity, and so becomes fatally compromised. This is the body that emerges in both "F.P." and "Slim." In the poem, the inferred subtext is that the irresponsibility of this patient's lifestyle has earned him the suffering he now experiences. Buddy's self-righteous health also by implication contrasts his "clean and proper" body with the physical ravages of the narrator that result from a body out of control.

Women occupy a liminal position [26] with regard to the category of other [27,28]. Some women (virgins, or monogamous wives for example), are allowed categorization as healthy selves. Others (prostitutes, promiscuous, IV drug-using, and even pregnant women) are seen as risky because of the fluidity, permeability, and receptivity of these female bodies [29]. Many feminist writers have leveled the accusation that HIV-positive women are seen less as victims of a dreadful disease than as a vehicle for transmitting the virus to men and fetuses [29,30].

In "Imagine," Selzer boldly tackles such allegations from a feminist stance. For example, his focus in the story remains centered on the narrator, not on her fetus or spouse. This emphasis necessarily makes her more than a mere conduit of disease; rather she is a suffering, feeling person in her own right. The narrator steadfastly refuses to align herself with the norms and values of the low-risk "general population," despite the fact she could easily slip into the category of "innocent victim." Although she has been betrayed by her husband's bisexuality, she refuses to denounce the love between himself and his lover, writing in her journal, "I continue to marvel at love however one locates it." This endorsement of homosexual love uncomfortably blurs boundaries and definitions about what constitutes "clean and proper" love.

11. Boundary work

How does the desirable self protect itself from being confused with or engulfed by the threatening other? Central to the modernist idea of self is the concept of borders, which establish a self that is fixed and categorical [14,15,19,31]. To crystallize its identity, the self creates rigid boundaries between both external others ("These are not my kind of people") and internal others ("These aspects of myself are unacceptable"). In fact, one of the best ways of achieving purity and invulnerability is to place all undesirable qualities onto the external other, then draw a firm distinction between oneself and this abject, defiled other.

The literary works provide an opportunity to explore different levels of boundary creation. In "F.P." we have an example of physical intimacy (the care of a diseased body by a healthy body) accompanied by extreme psychological and emotional boundary construction and distancing. The physician–narrator of this poem finds his proximity to his

patient repellant, and attempts to create literal separation through protective devices (goggles, gloves, and gowns) as well as symbolic separation through anger and rejection. In "Slim," the distance between caregiver and patient is less, as hatred has given way to pity, but the boundaries appear equally firm. Buddy knows that he has a choice about whether or not to help his PWA. Whatever gestures he makes across the divide, he can always reinstate the border with impunity. Strong initial borders between the straight and gay worlds in "Brother" slowly give way to more permeability. Unlike Buddy, the narrator of this poem begins to actually enter into his brother's world, and experience life through his brother's eyes. The narrator's margins of self have become more porous, and as a result at times his identity seems confused with that of the brother. Ultimately, however, by returning to wife and children, he also draws a clear distinction between his world and that of the dead brother's. In "Imagine," by contrast, boundaries are much less stable. The story contrasts the scientific new world of America, with its clear boundaries and medical procedures to split off PWAs from the rest of the healthy population, with the natural old (European) world, in which everyone accepts that they are a part of everyone else, and therefore that help must be rendered to all.

12. Immunological models for boundary work

Interestingly, immunology, at least as it is represented in many text and lay books, provides support for a relationship between self and other that is intrinsically hostile [15]. On a cellular level, the immunological response is presented as the self rejecting, expelling, or killing off everything not recognized as "self" [32]. Boundaries of self are perceived as critical to survival. This approach emphasizes the importance of constant cellular surveillance and the elimination of useless, expendable, or threatening elements. The most popular immunological metaphor is warfare, with immune system cells concentrated in defense against incursions of otherness.

13. Social implications of immunological models

Through the process of homology—in which apparently similar models, relations and processes are reiterated at different levels of scale—it becomes easy for people to think that the scientific version of what is happening immunologically is also appropriate at individual and societal levels. The binaries of science and immunology —normal vs. pathological, self vs. other—lead inexorably to other binaries: clean/unclean, innocent/guilty, sexually normal/perverted [16]. It is a simple step from launching "war" against a virus to attacking the people whose bodies are implicated in the disease, whether those currently infected or simply those associated with the virus through "risk groups," "the future infected" [33]. These people have crossed the boundary delineating the clean and pure body, to the side of the virus, the side of death.

The irony of perceiving the suffering victim as aggressor and enemy is most vividly conjured in Campo's poem. The doctor (and by implication the reader) is represented as the one who is under attack, the "good, clean, and pure" one who must be protected at all costs. "Brother" also makes it clear that the dying AIDS patient is the antagonist from the perspective of the "normal" general population; even after death the threat he poses remains. "Slim"'s solution is what has been referred to as "warehousing" [34] in which the enemy is only exiled, not exterminated, a ghettoization that nonetheless carefully contains the threatening other [35].

14. Manifestations of self–other dichotomies in the professional–patient relationship

Because of self–other distinctions, a profound emotional gap can develop between healer and sufferer as a mechanism for boundary maintenance. For the physician, there is the fear that subjectivity and intimacy in the doctor–patient relationship could be as debilitating to one's professional role as disease would be to one's physical person because both open the door to permeability and a confusion of boundaries [36]. From the perspective of boundaried self-protection, for the physician emotional connectivity can be analogized to homosexuality as "the love that dare not speak its name." When boundaries between doctor and patient weaken, and the patient is able to "penetrate" the doctor emotionally, then the patient is no longer solely the doctor's object, but has stimulated a more ambiguous and threatening relationship.

The literary selections present differing views of self–other relationships between professional and patient. In "F.P.," the narrator–physician's attitude toward the patient F.P. is judgmental, harsh, and distancing. Of all the literary examples, this is the clearest one of caregiver perceiving the patient as a dangerous object, a thing, something less-than-human. The use of the physician's first person voice to narrate the poem, as well as the self-preoccupations of the speaker, place his suffering, distaste, and inconvenience front and center. The patient's suffering is all but invisible. The gap between provider and patient is a chasm.

In "Slim," the caregiver exemplifies the "new altruism" that emerged during the Reagan era, in which pity became chic, without, however, ever creating true community or closeness [2]. The relationship between Buddy and the narrator illustrates this detached, pseudo-involvement. The boundaries between Buddy and the anonymous narrator are crisply maintained. Under the guise of compassion, Buddy behaves in ways that reinforce the sense of difference and distinction between the two. Buddy and the narrator have only the shadow of true relationship and real connection. Buddy is a bridge that leads nowhere. He cultivates a kind

of teflon persona, in which he remains healthily and vigorously sealed off from the suffering of his patient. In contrast to Peabody's famous dictum, he *takes care of* the narrator without *caring for* him [37].

The narrator–caregiver in the poem "Brother," on the other hand, embarks on a true journey of empathy. His starting point is one of detachment, separation, and not-knowing. He himself admits that, since learning of his brother's sexual orientation, he has kept him at arm's length and tried to learn as little as possible about his life and lifestyle. He is a self-contained, normal, male, heterosexual body, healthy and autonomous. But slowly, through the process of his brother's dying, he is pulled closer to the brother, and begins to see the world from his (and his lover's) perspective. Nevertheless, this poem stays comfortably grounded in self–other differentiation. Despite the greater knowledge and understanding the narrator has attained, with something like relief he returns to his own world at the close of the poem. Like "F.P.," the poem is very absorbed with the struggle and suffering of the narrator, for all intents and purposes ignoring the much greater suffering of the brother, lover, and gay community.

"Imagine a Woman" briefly portrays an ostensible caregiver, the narrator's obstetrician, but his appearance is brief, mechanical, and largely irrelevant to her plight. The real caregivers are to be found among the French villagers, women and men who live a simple life within the rhythms of nature, and who see themselves in the suffering other. What the implications might be of this model are explored below.

15. Shared vulnerability as alternative

Should persons with disease and disability be defined as the fundamental other, or should we recognize our shared vulnerability [38]? As long as vulnerability is configured exclusively as a shortcoming, it can be seen only as a threat. Some authors suggest that this viewpoint deprives us of our ability to "live toward death" [39]; instead, we are engaged in a perpetual flight from extinction [40]. The social philosopher Ivan Illich wrote, "medicalized health undermines both our cultural and individual capacity to embrace and respond to pain and suffering" [39]. Further, the safe self in this model must be built at the expense of a censured and disparaged other, blamed for his/her own demise and isolated so as not to morally or physically infect the healthy self [14,41].

Shildrick has pointed out that "what is at stake in our vulnerability to non-self factors is an ethics of relationship" [19]. She argues for a radically different model in which vulnerability is recognized as the risk of ontological uncertainty for everyone. Spivak [13] refers to a "radical acceptance of vulnerability." Even in immunological terms, apparently it is possible to think not only in terms of warfare, rejection, and expulsion, but also more horizontally and fluidly. The immunologist Richard Gershon, for example, illustrates the immune system analogically as an orchestra rather than through a military metaphor [15], while other immmunological models stress communicativeness and continuity with the environment rather than organism separateness, mobilization and warfare [42]. In parallel social/psychological terms, perhaps the self should be willing to examine and integrate internal qualities that are chaotic, disintegrating, and vulnerable, or disturbing; and external rejected others as connected to, rather than walled off from, one's self.

Each of the literary selections, in its own way, hints at the possibility of alternative relationships between professional and patient, marked by different and more flexible boundaries. The last line of the poem "F.P." comes as a marvelous surprise. Until this point in the narrative, the reader has only encountered the stigma and rejection directed by the doctor toward his patient. Yet suddenly, the narrator sighs, "The things you do for love." To what is he referring? In the context of the narrator being required by his job to care for this loathsome patient, the statement initially appears sarcastic, and this "love" more akin to hate. Yet, although the poem is ostensibly an ode to the importance of maintaining separateness of self and other, the introduction of the word "love" hints at connection, permeable boundaries, and identification. Perhaps, somewhere deep in his solidly secured identity, this narrator truly is acting out of a love for the despicable other.

In "Slim," the author suggests the mutual, fluid nature of care-giving, and even implies that the narrator is of more help to Buddy than vice-versa. While there is little that Buddy is able to do to truly ease the narrator's suffering, the narrator perceives that his duty is to educate and encourage Buddy about the importance of getting a hepatitis vaccination. Ironically, the narrator, though at times resentful and impatient with Buddy, recognizes that he must save him, if he can, from blundering stupidly and irrevocably into the world of illness. This realization challenges the construct of care-giving as a unilateral, top-down relationship.

In "Brother," author Michael Lassell explores the idea of universal brotherhood rather than carefully bordered individual identity as the core essence of self. Perhaps, his poem hints, we are all brothers under the skin (or under our sexual orientation). Perhaps we are more alike than different. Perhaps, to become most fully ourselves, we must learn to embrace all those whom we have rejected as other.

Finally, in "Imagine," Selzer asks us to imagine an alternative universe in which an entire community extends love and support to the suffering of the PWA. It is in this selection that the despised other most clearly becomes the beloved other. There is no sense of choice, as in "Slim." Characters do not question whether this is the right thing to do, they simply do it. In contrast to "Slim," where Buddy's insensitivity and ignorance cause him to provide repellant food to his patient, in Veyrier the pension concierge and others prepare culinary delicacies that tempt the narrator's

fading appetite. Because they pay close and loving attention to her, they understand and often anticipate her physical and emotional needs. They extend not pity, but themselves. In this world, life and death are not unalterably opposed, but are two sides of the same coin. Life flourishes and so does death, but both are enclosed in the natural order of things.

16. Conclusion

Literature helps us see that, in the imagination, AIDS can safely belong to the other, and remain exclusively a disease of the other [43]. But the reality is that AIDS is an equal opportunity, non-discriminating disease. Ironically, for this very reason, it has the potential to link various subcultures—white, minority, middle-class, inner city—and protected self to rejected other. In order for this to occur, however, our thinking must change from I/other dichotomies to an awareness of the interconnectedness between people. In this regard, provisional, fluid concepts of identity may be better able to accommodate the prospect of finality as well as the otherness of contagion [16]. "A healing society will not be made up of rigorously bounded identities, but of sharings and resemblances, as well as differences" [44].

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