Reframing AIDS Narratives: New Perspectives on AIDS in *Positive* and *Voices*

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Ashraf Said Qutb Metwalli and Mohamad El-Sebaey Ibrahim Zayed
Jouf University, KSA and Al-Azhar University, Egypt
Mahmoud Sobhi Mohamed Gadallah
King Khalid University, KSA
Talaat Farouq Mohamed
Jouf University, KSA and Al-Azhar University, Egypt

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Abstract: The present paper investigates the shift in fictional representation of AIDS as manifested in Michael Saag's *Positive*: *One Doctor's Personal Encounters with Death, Life, and the US Healthcare System* and Susan Ball's *Voices in the Band: A Doctor, Her Patients, and How the Outlook on AIDS Care Changed from Doomed to Hopeful*. It explores how the two novels, through their fresh and vivid representation of the patients, redress relevant stereotypes through a semi-documentary, fictional revisiting of their winding routes. It also covers the ways both novels portray the very process of the disease contraction and treatment, and the patients' attempts to cope with it in a balanced manner that invests the documentary as a strategy for braiding the scientific and the literary in the representational process. The overall purpose is not to normalize the disease but rather to help deconstruct the stereotypical image of it in mainstream media and revisit the negative historical, social, and religious associations of it through the selected novels. For this purpose, the "docu-literary" approach is used as an analytical and evaluative critical method to explore the representation of AIDS in the selected novels.

Keywords*:* AIDS-related fiction, anti-stereotyping, docu-literary representation, *Positive*, *Voices*

1. Introduction

The present paper investigates the fictional representation of AIDS in Dr. Michael Saag's *Positive*: *One Doctor's Personal Encounters with Death, Life, and the US Healthcare System* and Dr. Susan Ball's *Voices in the Band: A Doctor, Her Patients, and How the Outlook on AIDS Care Changed from Doomed to Hopeful*. The two novels, published in 2014 and 2015, are selected for their fresh and anti-stereotypical representation of the disease, targeting no "primitive reader" (Forster 2002: 22) and offering no expected solutions to climaxes. They also help in dispelling the negative historical, social, and religious connotations of the disease.

As a life-threatening disease, AIDS has received much fictional attention due to the sense of panic and awe it induces. Mysterious and mutative, it kept smarting both science and fiction out for decades. Besides, relevant media and graphic representation have made it difficult for narrative literature to mainstream a wholesome state of compassion and understanding toward patients (Deacon 2005; Liamputtong 2013; Labra and Thomas 2017). AIDS patients were portrayed as sexually permissive and irresponsible, catalyzing high rates of infection. Respective studies also touched on the impact of commercial talk shows on the reception of, say, the gay community (Gamson 1995) and how medical "objectivity" discussions were inimical to "lesbians, gays, and bisexuals" on moral grounds (p. 337). Addressing undergraduates' perception of AIDS patients as innocent victims, for instance, Schellenberg, Keil and Bem (1995) revealed how newspaper articles implicitly bore on their tolerant attitudes towards homosexuals. In another study, Riggle, Ellis and Crawford (1996) showed how relevant media representation could have a positive influence on the viewers' attitudes. However, media representation may also further "homophobic attitudes and anxiety" about the disease and the patients (All 1996:17-21). Anderson, Fakhfakh and Kondylis 1999 study of media representation illustrates how gender, age, and level of religiosity may predict differences in each of the dependent variables. Such representational perceptions tend to ignore the fact that contraction of the disease is not restricted to gays or drug users. The 1980s media-led campaigns, in their stress on the gender and race of AIDS patients, helped in heightening the stigma around the disease. This even made things difficult for fiction to win the 'positive' battle (of representation). A noticeable twist in the representation of AIDS came as a result of blurring the boundaries between science and fiction. Hence, the felicity of examining such representational twist in the two novels of Saag and Ball, where a documentary literary imaginary prevails. This imaginative shift helps in redressing the stereotypical representation of AIDS patients and reintroduces the disease, not as a death sentence or marker of moral perversion.

2. Significance of the study

The upsurge in fictional representation of AIDS at the moment is predominantly medical in nature, featuring diagnostic, report-like narratives. These narratives have failed to engage the readers due to blunted dramatic intensity and lack of suspense. Besides, the fictional representation of the epidemic was relatively guided by sexist and racist prejudices, with patients depicted as stigmatized, shame-ridden, and discriminated against. Even sympathetic fictional accounts offered a contradictory innocence/depravity image of patients/victims (Kohnen 2016).

Here springs the significance of addressing shifting literary representation through the two novels under discussion, whose titles are promising and indicative of that shift. The title of Saag's *Positive*, besides denoting contraction of the disease, ironically alludes to a needed 'positive' understanding of AIDS as no more than a disease. Ball's title, on its own accord, initially hints at a change in attitude from doomful to hopeful. The manifest shift in this novelistic representation of the disease features also in the changing characterization of the disease, accompanied by an intrinsic as well as extrinsic change in the form of writing, method of narration, and plot construction.

This paper adopts the documentary-literary approach. The two novels redress the literary representation of AIDS by blending documentary-like elements with literary techniques. Theoretically, the analytical framework of the two novels aligns with the concept of "docu-literary" representation, which combines documentary and literary elements. It aims at tracing positive "attitudinal shifts" (Hamdan 2011) and bridging the gap in HIV/AIDS literary and media representation. Such an approach is particularly effective since it draws on reality as much as it is shaped by creative interpretation. It is meant to highlight the nuances and complexities of the subject matter and at the same time keep the readers engaged through the power of storytelling.

3. Literature review

Tracing fictional representations of AIDS, we surveyed the prevalent mode of representation and found that AIDS patients are abnormally caricatured as either gay or drug shooters. They are either gay young men who are plague-stricken, stigmatized as "gay community" (p. 92), in the words of Frank in, Dorothy Bryant's *A Day in San Francisco* (1983), or the heroes of *Faggots* by Larry Kramer (1978). This line of representation persists in novels like *Second Son* by Robert Ferro (1988). Largely, the heroes/victims are delineated as black young men, like Charles and other characters in *As Real as it Gets* (1992), or Henry and Alex in *Confession of an AIDS Victim* (1993), or white spoiled young teens, like Mark Valerian in *Second Son*. These characters are largely presented as sexually perverted, outcasts and recluses, failing to adapt socially. They are always accused of violating social and natural norms through engaging 'in practices that outrage and weaken society' (*A Day in San Francisco*: 21). They are also religiously alienated, with famous clergymen announcing that "homosexual people should be sent to prison," (p. 22) in the words of Reverend Gynt, who cited the Bible when accusing homosexuals of being criminals committing sin against nature. They are also judged as trespassing normal gender patterns and thus as sick in the sight of society that deems them worthy of being banished or locked up for the safety of others. Sometimes, people accuse them of lacking self-respect to the point of putting an end to their lives. They are even harassed by thugs or by the police. This manifest prejudgment against them affects their families too in a way that could double their suffering.

Yet, with the discovery of new AIDS causes based on scientific investigations aimed at deciphering the disease, these causes began to reflect in respective (non)fiction, as in Elizabeth Glaser and Laura Palmer's *In the Absence of Angels* and in Andrew J. Skerritt's *Ashamed to Die* (2011), when unscreened blood transfusion surfaced as one major cause of spreading AIDS outside the two traditional circles (gays and drug shooters).

As for the fictional genre, most AIDS writers relied heavily on fictional melodramatic memoirs to (re)present AIDS, contrary to some authors who contracted the disease themselves, such as Paul Monette in *Borrowed Time* (1988), Sean Strub in *Body Counts* (2014) and David Caron in *The Nearness of Others* (2014). While nonfiction works were personal accounts of the bewildering experience, modern novelists significantly contributed to "dispelling the plague rhetoric" (Pozorski, Lavoie and Cynn 2019: 15). Among these novelists who introduced this manifest shift in representation are Michael Saag and Susan Ball, who - being doctors themselves - combined that almost unwieldable scientific precision and literary imagination. Both authors dedicated their life to a humanitarian cause, i.e. fighting AIDS, scientifically and literarily.

Though many novels address AIDS, still there is a considerable gap in the representation of stigma and shame related to AIDS patients in modern fiction. Stigma plays havoc with AIDS patients as it could make them reluctant to go on testing and telling relatives or caretakers that they are HIV positive. This in turn delays their treatment process and at times leads to their death. Here, the role of literary representation is fundamental in spreading awareness, creating a more tolerant space HIV-victims, through objectively portraying HIV as a disease, not as a curse, and opening new horizons for socializing people as well as patients to live with AIDS as a long-term disease. Adriana Bertini remarks that there is a need “to create a new form of thinking in people to wake them up to the reality of the situations of risk they face with HIV and AIDS” (Subero: XV).

Both *Positive* and *Voices* offer us unconventional accounts. They portray patients as fighters who stay true to their cause and contribute to the good of other fellow patients through social research and economic initiatives. They value life most, though this does not mean they would not choose to quit when they have done their best in getting cured and in helping others heal. They participate in pharmaceutical experiments on AIDS new medications and regimens. They do education to other infected members; “It’s my duty to educate them about this disease” (*Positive*: 291). They even fund new institutions that help fight AIDS. All such firmness, however, does not diminish their delicate nature. Saag’s Jenny, for example, whose husband has died of AIDS, gets to shoot cocaine and suffer depression, but she had the power to go to the clinic and start medication. She successfully gives up drugs and starts a new life with a new partner who knows her health problem and agrees to get involved. It is interesting to feature this type of character, read about them, encourage and pay homage to them. This goes against the grain of conventional representation of AIDS patients as helpless characters, acquiescently waiting for their doom.

So, dramatization of AIDS through novels began to get the community engaged in addressing the crisis, romanticizing the lives of victims contracting the disease by chance, through blood transfusion of polluted unscreened blood, as in the case of Stella Rimington’s *At Risk* (2005) and Lurnene McDaniel’s *Sixteen and Dying* (2004). In these two novels, readers are morally tested about how a person contracting AIDS by mistake, through blood transfusion, can be guilty! The intricacies of the wrecked life of an innocent victim as represented in the novels invited the readers to recheck their (mis)information about contracting AIDS, the difference between HIV and AIDS, what to do if one tested positive, where to go, who to disclose to, how to manage one’s lifestyle and so on. A recent stage echoed scientific optimism with readers becoming more conscious of sexual freedom and gender orientations.

Another narrative challenge was to break the taboo and offer the public readership a glimpse into the fate of patients and the looming risks. Ordinary readers expected a different closure that was unreachable. The disease imposed its own path, a dark hole that swallows up patients. That is why Saag, for example, braided stories of his patients with his long career in the fight against AIDS and thus kept readers keen on pursuing his narrative exploring the unexpected as they would turn the next page. Here, reading is not just a pastime but rather a journey about how this disease controls lives, is controlled, attacks, and is being attacked. Drawing plausible characters in a novel about AIDS is intriguing because we truly portray what we have experienced best or at least felt or have a thorough knowledge of. In the case of AIDS, things are different.

As the borderlines of science and fiction almost blur, novels like *Positive* and *Voices* adopt a calculatedly optimistic point of view. They depict a genuine attempt to challenge people's perceptions of AIDS. In them, AIDS is no longer a death sentence. It is a life problem that requires collective efforts. The narrator of *Positive*, for instance, is a prestigious AIDS doctor who came upon the disease on its first day. He walked along the medical and scientific journey of discovery and treatment of the disease. No wonder critical analysis of the two novels highlights how they induce a relative shift in perspective, and how they avoid traditional melodramatic portrayal of patients. Their well-balanced representational technique engages the reader in the narrative through first-hand accounts of patients-narrators. This adds to the reliability of the narrative and lends it more depth. The doctor-authors are more likely to maintain scientific immediacy because they are fully aware of the process. This vantage point offers credible insights into the world of AIDS and engages the readers in the winding routes of the disease and the humanness of those around the patients.

In this context, the doctor-author representation is significant given their close affinity to science and literature. As stated in *The Double Face of Janus*, medicine is "not only [a] science and [an] art but also a mode of looking with compassionate objectivity" (Temkin 1977: 37). Edmund Pellegrino also asserts that both literature and medicine "must start by seeing life bare, without averting their gaze … they must look with compassion. Medicine without compassion is mere technology, curing without healing; literature without feeling is mere reporting, experience without meaning" (McWilliams 2012). Such scientific accounts represent AIDS as a manageable disease. It also helps the readers abandon their negative attitude toward people contracting the disease, regardless of the causes of contracting it. This approach reduces concomitant stigma, blame, and discrimination against patients.

4. Research objectives

In this article, we trace the shifts in fictional representation of AIDS through a discussion of two respective novels that assume a more objective approach to the disease. We investigate the 'docu-literary' imaginary of both Saag and Ball. The study thus attempts to trace such positive shifts toward the docu-literary mode of AIDS representation. This shifting representation is profoundly investigated in *Literary and Visual Representations of HIV/AIDS* (2019), which relatively bridges the gap in HIV/AIDS literary and media representation. In similar lines, the present study sustains that representational bridging through a discussion of *Positive* and

Voices and the ways they contribute to literary or fictional representation of the disease(d) by braiding the reportage-like documentary and the literary.

It addresses the largely stigmatized AIDS patients in modern fiction, given the prominent role of literary representation in mainstreaming awareness about the disease and creating a more tolerant space for the victims. It also answers Adriana Bertini's observation of the need "to create a new form of thinking in people to wake them up to the reality of the situations of risk they face with HIV and AIDS" (Subero: XV). Hence, it discusses the ways in which *Positive* and *Voices* (re)present the patients in an unconventional manner, which still requires further analytical and critical analysis, an objective that lies at the core of the present article.

5. Discussion

Fictional representation of AIDS patients tends to portray them as stigmatized, shame-ridden, blamed, and discriminated against. This tendency to portray them in such a way can be traced back to the onset of the epidemic in the 1980s. Early AIDS writings were dramatically influenced by mainstream media when contracting the disease was a sign of moral and social deviance. This prejudiced, stereotypical, and discriminatory attitude instilled an enduring image of AIDS as a curse, a mark of sexual deviation. It is even reflected in many novels of the 80s and 90s, which played on the "plague" or "death" trope and demonized seropositive individuals as sick subjects whose illness was a threat to the heteronormative society (Subero: 10). Here, works like *And the Band Played On* (1987), *At Risk* (1988) and *People in Trouble* (2019) are indicative examples. The name of the disease itself was fraught with heavy cultural significations that bore negatively on the patients. It was an "inherently unstable term invested with meaning by various metaphors and cultural narratives which are hostile to those most at risk or already infected" (Couser 1997:81). The ill reputation is evident in the 'moralistic' meaning associated with it. This negative signification was a punishment in itself, as "[N]othing is more punitive than to give a disease a meaning— invariably a moralistic one" (Wolffers 1992:22). Contracting the disease was "associated with homosexuality and intravenous drug use, people with HIV/AIDS are apt to be isolated by moral disapproval" (Couser: xii). Besides, the common perception of the disease is coupled with images of PLWAs [people living with AIDS] in extreme pain or of romantically sick figures, even though the media obscure the reality that many PLWAs continue to lead full, 'normal' lives. No wonder Marissa K. López considers this a "crisis of signification" that needs to be challenged (López: 91). Scientific language, attaching "intentionality" and "perversity" to the patients, sustained this crisis and offered a gendered representation of the disease, "imputing maleness and femaleness accounts of infection and the expression of disease" (Murphy 2013: 35).

This crisis may block channels of acceptance of AIDS, a 'vicious', syphilis-like disease once perceived as a real curse and a sign of divine punishment. Susan Sontag rightfully notes that societies need to imagine their own evil, be it an enemy country or an incurable disease, with the patients being 'blamed' for contracting it (1979: 16). Such victimization of vulnerable segments in the community reflects a moral weakness in that community rather than a perversion of those contracting it. Some communities use ‘loathing image’ to taint a vulnerable segment and shame/blame them socially and morally. Through this defense mechanism, they shirk responsibility towards patients. No wonder they may develop “a direct association between homosexuality, deviance, and AIDS”, contextualizing it within ‘embedded death’ to lend credibility to their narrative (Subero: 33). The majority keeps away from such categorization by assuming everyone outside its norms is deviant and deserves punishment. Christopher Taylor notes that inveterate diseases may be associated with images of “negative sociomoral judgments” that persist when the disease largely targets “marginalized categories for reasons of ethnicity, life-style, or socioeconomic status” (Feldman 1990: 56-57). This applies to AIDS, which is imagined as a “terrifying, fatal disease” and a cause of “social stigma” (Brandt 1988: 102, 156).

Another persistent misconception about the disease is that positivity is often read in terms of a narrative sequence leading from promiscuous gay sex to illness and certain death. The dominant narrative in this respect reduces the individuals to their sexual identities and condemns them to an early death from a harrowing illness. It even sensationalizes their past, “spoil[s]” their identity, and foreshorten or deny their future (Couser: 87). Hence, springs the necessity of introducing novels that offer counter-stereotypical narratives and that meld the literary and the scientific fictionally.

In this regard, the two authors fill the gap and tell the story from another perspective, amalgamating literary representation with scientific knowledge in a way that enhances overall fictional portrayal. If patients adopt a subjective first-person view, the leading personae adopt a third-person objective perspective, where doctor-authors assume the role of omniscient narrators. In their literary/medical capacities, they disrupt the unilateral narrative, and “subvert negative message" about AIDS, as indicated in Pozorski et al. (8). This scientific standpoint allows for a rich literary representation of the disease and the patients. An HIV-positive is no longer vulnerable to stigmatization. Rather, it is just an indication of vulnerability to a manageable disease. Dr. Saag remarks:

> My imagination had not factored in the events of June 5, 1981, when the US Centers for Disease Control reported eight cases of unusual opportunistic infections in gay men, and I happened to be where that mattered. In time, the “gay cancer” first described came to be known as Acquired Immune Deficiency Syndrome. I couldn’t then have imagined that brawling with HIV and knocking out AIDS would become my life’s passion (p. 4).

It was a passion to curb an unruly disease afflicting vulnerable humans who deserve our sympathy. That is why Saag detailed the causes of the disease, partly to curb potential stigmatization. Within his discussion of relevant cases, he points out:

> I started to thank George for taking my call, but he graciously cut me off and dove straight into the case. He grilled me about the teacher's story: Was I sure she had no other exposures? No other partners? No injections? No forgotten blood transfusions, perhaps blotted out by anesthesia when she delivered her two children? Ultimately, we agreed: This required further testing (p. 34).

Saag's approach is different from those judged by Pozorski et al. as exploiting science to perpetuate harmful messages about HIV transmission modes, particularly in Africa (p. 8). It nurtures a shift through its new attitude to the disease, especially with the introduction of AZT azidothymidine; "the light at the end of the tunnel" (p. 169). The pre-AZT admonishing tone, in works like *Faggots, The Normal Heart* (1985) and *A Day in San Francisco*, largely subsided. After AZT, fictional writings carried a more promising tone, as is the case with *Positive* and *Voices*. Without being didactic, both adopt a skillfully tailored dramatic representation of characters/patients. Their accounts are indirectly enlightening about one symptom of HIV, without being trapped in the pit of scientific jargon. Characters, for example, could suffer diarrhea, as in the case of Sophia, Olive, or Sabitha, or Kaposi Sarcoma as in the case of Martha, Sabir, and Roman, or night sweats as in the case of Etta. Here, Saag and Ball rely on 'story' to string together a tableau of the disease that integrates a mosaic of different components. This technique allows more authority to diversify and elect cases that best illustrate the representational narrative. While previous works focused on examining the life of only one case that could or could not appeal to the reader, Saag and Ball weave their stories in a boredom-dispelling manner, introducing a variety of sub-stories. Their characters are 'socially respected', including teachers, doctors, journalists, clergymen, and athletes. This variety attracts the sympathy of a broader spectrum of readership. This debunks the early mythical claims that AIDS only targeted gay people and by corollary undermines the moral justifications for exclusion or stigmatization. The earlier 'layers of refusal built on stigma and shame' (*Positive*: 73) started to crumble. The personae of Saag and Ball are commonly acknowledged members of the 'straight community':

> I was feeling a little out of place in the halls of power—until I met my fellow panelists. An AIDS foundation president. A leader of the National Black Gay Men's Advocacy Coalition. A young woman living with HIV. And me, an Alabama doctor. A rainbow of people from varied walks of life, gathered to do what proud Americans do: to serve in whatever way could help our nation (*Positive*: 344).

In *Positive,* we come upon a teacher who "had never, ever, received a blood transfusion … never used intravenous drugs, or any drugs for that matter … [or] had unprotected sex with multiple partners" (p. 46). Yet, she was diagnosed positive because of test errors. Other dedicated professionals, like Jim Raper, come to the fore. Some are 'gifted, creative, generous healthcare provider[s]' (p. 150). In 1981, when Elizabeth Glaser was giving birth to her first child, she hemorrhaged and required a blood transfusion. Four years later, she learned that she had contracted HIV from the transfusion and that she had passed it to her daughter, Ariel, through breast milk and to her second child, Jake, in utero. In 1988, Ariel died. On July 14, 1992, in New York City, Elizabeth gave a speech to the Democratic National Convention in which she vented her rage on “leaders who say they care but do nothing” (p. 163). We also come upon award-winning roller skaters, who prided themselves on wearing outrageous costumes, and Alabama University graduate activist, Elliott (p. 230). Patients are “those kinds of people”, an array of brave, depraved, strong, entitled, admirable, self-centered, amazing, strange, funny, daring, gifted, exasperating, wonderful, sad and also helpless when contracting the disease (*Voices*:1). This is a sort of disruptive intervention in the established disease narratives.

Distorted images long taken for real resulted from bias seeping into accounts released randomly to intimidate people and keep them away from ‘risky’ groups, “marginalizing” the voice of these groups (Steele 1997). Here, Pozorski et al. highlight, art’s power to “disrupt” negative messages (p. 9), subverting, modifying or mitigating them to stress the fact that the disease is a "cultural" one and that it could be redressed through representation. LGBTQ literature features prominently in this process too. Earlier racial and gendered representations marred by ideological or conservative conventions (Moral Majority) had impacted the victims’ right to be treated as patients not as criminal or pariahs. "The catalogue of misrepresentation" (Al- Jezawi: 65) of the 1980s that had entailed blame, stigma, rejection subsided when it became clear that there was no causal link between being gay and being infected; the ‘virus was as happy infecting straight people as gay’ (p. 39). At this juncture, literary representation started to take a slightly nuanced attitude. Gay characters in both memoirs are given enough time and space to develop objectively as human beings and tragic victims rather than heroes who only serve to rouse pity and fear. Jim Raper, in *Positive*, is a gay nurse who struggled hard to build a bright future for himself. He worked with Saag as a head nurse in UAB. Saag represents such characters as staffers trained to be respectful and knowledgeable about the gay community. Gay and straight community volunteers served as “clinic hosts”, making patients and their loved ones feel welcome, guiding them to resources, and offering a shoulder to cry on or a hug to bring comfort; “our waiting room felt like a group therapy session” (p. 58). The dilemma of the gay community after the spread of the disease was that of ensuring “care for … patients, many of them social and religious outcasts who viewed the medical establishment with skepticism—[as they] had encountered layers of refusal built on stigma and shame when seeking medical care” (p. 60). Relations between patients and health caregivers are gripping. It soars to the limits of idealism, as in the case when Carol keeps calling Andy's mom even after many years of his death and still keeps his photo on her desk. Carol swam against the current when she insisted to work in an AIDS clinic against her parents' will. She was alienated as someone who had a 'death wish' when she chose to work with AIDS patients.

Such representational voice was not romanticized. It was associated with plausible arguments about gay people in a manifest shift in representation. When a character asks a victim, "when did you know you are gay?" the answer is a rhetorical question or counterargument, "when did you know you are straight?" (p. 76). in this situation, the reader is given insight into the mind of gay people, their need "to construct their identities through the interactive relationship with their surroundings" (Bashiti and Al-Musa: 59), thoughts, etc. Readers are invited to engage in such optimistic attitudes as they are given 'the opportunity to listen to the story in the make' (Samarrai: 65), through the doctors who really care for patients, and this gives some sort of solace.

Saag's Cyndie is the first female Conservative pulpit rabbi in the entire state of Alabama, who contracted AIDS and announced it to the congregation as first an act of "emotional catharsis" for her. She asks the audience to participate in the fight against the disease. She even romanticizes the scene when she asks them:

> Will you flinch when I drink from the water fountain, or from the Kiddush cup? Will you invite me over for dinner, but serve me on paper plates, or politely decline an invitation to my home? Will you discourage your children from coming near me, or stop the exchange of Shabbat Shalom cheek kisses and hugs that we have shared on Friday nights?" (p. 163).

Ball's characterization is not much different regarding gay characters, lesbians and transgender. Edward, for example, is "a nice guy; quiet, friendly, unassuming" (p. 9), and his parents are 'fragile and dazed' (p. 9) in the face of that calamity but still think of their dying son asking the doctor if they could give him an ice cream! In a sharply penetrating poetic scene, they forget about their son's deadly disease and just behave as parents. Similarly, Yolanda is a lesbian character who is very tough and foul-mouthed, but when examined closely, she was found "lonely and vulnerable" (p. 57). Her tough appearance is an act of resistance to the unfriendly milieu LGBT where victims are forced to live as pariahs. Sophia is an HIV transgendered woman whose family support her to quit cocaine and adhere to medications.

> At first, we wore masks, gloves, gowns, hats, and booties, covering ourselves from the unknown threat that lurked somewhere within these horribly sick patients. As we tried to protect ourselves, our costumes dramatically reinforced the patients' sense of fear and isolation. Even After identification of the virus, and knowing the virus couldn't be transmitted casually, admitting offices usually placed hospitalized AIDS Patients in rooms by themselves (p. 21).

Such victimization of the vulnerable group of AIDS patients justifies further studies that sustain the shift in literary representation of the disease and in turn mainstream a balanced view of the disease and wholesome reintegration of patients into the community.

6. Novelistic memoirs and swimming against the current

Surveying fictional literature on AIDS since 1982 to date, a good deal of novels assumes a similar treatment of the disease, with only little differences depending on the novelist's point of view and institution on which the blame is to be put in the crisis; be it social, medical, administrative, religious or cultural. Most authors use the same characterizations, settings, plots, and themes...etc. However, the two fictional memoirs discussed in the present article are relatively different both in characterization and narrative treatment. Furthermore, many novels treat AIDS from the point of view of patients, family members, friends, or caregivers, but – despite the significance of all such personae. Yet, readers miss an interesting element in the story; that is AIDS doctors. However, the two novels under discussion give space to two distinguished and fully committed AIDS doctors to tell what is going on behind the scenes. Secrets about the epidemic and medication progress find their way into the narrative.

Saag's *Positive*: and Ball's *Voices* that appeared almost synchronously induce a positive shift in the literary representation of AIDS; "a disease that has become uniquely and powerfully stigmatic, irrationally (and rationally) feared, widely (sometimes cruelly) publicized, and highly politicized" (Couser: 8). Interestingly both authors are AIDS doctors whose firsthand experience with the disease lends added credibility to their narratives. They adopt an optimistically calculated point of view of AIDS. They present a serious attempt to change and challenge people's (mis)perceptions regarding the disease.

The two novels are selected based on their manifest similarities in tackling the disease. Both authors opted for the *memoir* as a literary technique in representing AIDS. They also invested the 'story' rather than the novel form for technical considerations such as 'issues of authority' which are complex in the case of the memoir of illness, where the patient is not the narrator; Couser remarked that "For various reasons, then, illness and disability may at once stimulate the production of written lives and inhibit authoritative self-representation" (p. 7).

Since seropositive characters inhabit a liminal social space where their introversion is an optimum means to avert stigmatization, the memoir offers space for an indirect yet credible representation of these characters. Accordingly, they are represented by those who know them well, such as parents, wives, caregivers, or doctors, in a way that minimizes the "likelihood of negative stereotyping" (Sawrikar 2016:28). No wonder, "the vast majority of AIDS narratives have taken the form of memoir rather than autobiography" (Couser: 86). This means the two authors use their own lives "in a particular manner that seeks truth through various fictive devices" (Raoul, Canam, Henderson and Paterson (2007: 40). Yet, this means that the reader has a role in reaching out to truth, given that such truth "lies in the relational space between the story and its reader" (Adams 2017: 12).

Towards presenting such truth, both novels deploy scientifically established facts about the disease in an attempt to redress dominant misconceptions about it. Here, the related discussions on AZT constitute a relevant example. On the other hand, they expose the carelessness of the infected people themselves (transmission of the disease from a pregnant mom to a child). Though the testing process has become very simple and out of charge, people still do not pay attention to be tested. Parents themselves might ignore their children's sexual orientation which "may have opened the door to the virus, standing at their child's deathbed represents proof positive of the truth they long avoided" (*Positive*: 164). They just pop up when they collapse; "Why would people rush to be tested for cancer but avoid being tested for HIV? You already know the one-word answer: stigma" (p. 504).

In both works, such carelessness is largely attributed to preconceived stereotyping and stigmatization associated with the disease, "[T]he huge stigma surrounding patients with HIV came from fear of the illness and judgment of the lifestyles of the patients. AIDS was associated with homosexuals and drug addicts" (*Voice*: 19). This is further asserted through the following ironic statement, "If you have cancer in America, you look for a great doctor. If you have AIDS, you look for a place to hide" (Fisher 2012:19). That, Mary observes, is because "we've infused American AIDS with so much shame that women and men at risk are too afraid to be tested; they'd rather die than know. And once you *are* diagnosed positive, you head for silence, not support" (p. 19). The name of the disease itself has is laden with such negative signification that nobody would want to "come to a clinic with HIV or AIDS in its name. No one wanted to be associated with such an awful diagnosis" (*Voice*: 7).

Interestingly, a manifest aspect of these two novels is that the dramatic focus in them transfers from patients in traditional mainstream writings to the disease itself, since the patients are just a kind of a mirror that reflects one angle of the epidemic, while the full image is that of the disease and not of the patients. Therefore, disease-directed narratives allow the two novelists to invest a scientific environment without losing the reader's interest. In such a context, the authors relish full leverage to anatomize the disease using medical jargon, lab terminology, and research forum language.

Both authors swim against the conventional current by adopting hope as humanity's lighthouse that looms amidst their black night, and though that hope is faint, it is still reassuring. In this, they are not naively optimistic since they ground this spirit on their field knowledge about AIDS. They both used the same metaphor of the light flickering at the end of the tunnel. Ball confirms that "AZT was a first ray of light in a very dark tunnel … Although it was far from a cure, its release to the public was met with jubilation by many" (p. 34). Saag, on the other hand, strikes a similar chord; "We could feel reasonably hopeful because we could see that proverbial light at the end of the tunnel" (p. 394).

7. Docu-scientific or docu-literary narration

A major aspect of the literary representation of AIDS is that the lines between science and fiction almost blur. Indeed, the public are (mis)informed about the disease through 'narratives' that, though governed by scientific terminology, still fall within the bounds of fiction. That is why doctors who fictionally represent the disease may avert the ambiguities of a literary language in favor of the precision lent by a 'scientific' narrative discourse. Since language is the tool of misrepresentation, it can still be used in the discursive battle towards better representation and redress of a literary/scientific culture.

In this sense, the scientific language used by Saag and Ball is a manifest feature of their works. As doctors, their narrative personae are telling what they know for sure based on their first-hand experience. They use their own diagnostic language as a method of characterization, with each case diagnosed differently in the same way a novelist endows characters with traits necessary for the development of action/character. Through the process of diagnosis, readers are given insights into the different debilitating perspectives of the disease in a scientific manner. They usually use medical and scientific terminology as a prerequisite to the credibility of portrayal.

This systematic process of scientific quest for medication gives plausibility to the process of characterization and builds suspense in readers enticing them to pursue reading in order to get well informed about what was a secret a moment ago. The gradual disclosure of the innings of the ambiguities of AIDS keeps readers alert all the time. Moreover, it fights back that demoralizing scenario which deemed AIDS patients as dead or at least stigmatized.

So, the two doctor-turned-novelists, addressing the brevity of life under AIDS, are extremely scrupulous towards AIDS patients. They did not trade their pains to win sympathy for other living patients. They just represented them as patients who care for themselves and crave for life. They portrayed them as clinging to life as much as they can and represented the response of those around them in a gentle and humane manner. Yet as pragmatic physicians, they knew that "Medicine doesn't treat findings or reports; it treats Ben and Andy and Cyndie, and therein lies the source of its messiness" (*Positive*: 417). In the same strain, Ball remarks that:

> A lot of the rules of medicine went out the window with patients who had multiple problems all at once… Often the labs or the CT scans or the X-rays would not tell us why a patient had a given complaint or symptom. It definitely felt at times more like art than science (Voices: 54).

Sharing the ongoing challenge of scientifically combatting AIDS with the readers is a major procedure used by Saag and Ball and this counts as one of their main contributions to AIDS fiction. This technique of active reading keeps readers constantly alert in anticipation of the next turn in the scientific battle against AIDS and engages them deeply in the process. They address their readers as if they are characters in the novel; "With PCR, we could accurately *quantify* the amount of virus in the bloodstream. ***Think*** what that would mean: We could tell how much virus was present and follow the actual *activity* of drugs" (*Voices*: 204). In the early part of the book, Susan skillfully asks a good question that would engage the reader in the process "What do **you** say about how it feels? I found myself wondering, could I go through that?" (p. 14).

Both authors adopt noticeable honesty and objectivity in a way that lends greater reliability to their accounts and opens horizons for broader readership. They do not shun the grim fact that some people make use of the virus. Saag's persona for example notes, "Even in the thick of the epidemic, I saw physicians and scientists making gains against the virus, and that kept my natural optimism afloat" (p. 205). In *Voices*, "Doctors and nurses refused to care for HIV-infected patients" (p. 20), and in another incident "The attending surgeon consulted for the surgery refused to take the case" (p. 46). In a sad tone, Susan portrays those early days when "the hospital didn't make money if it didn't have patients in the beds" (p. 227).

In a relevant strain, Saag meticulously and poignantly alludes to the failure of the political administration to deal with AIDS crisis as it should be. There is no genuine interest in fighting the disease, and in turn, a broad area should be gulfed between those in the medical field and those outside it, whether the political, social, religious, or any other institution that could participate in the fight against AIDS. He asserts, "I preferred to think that if America's politicians and public servants fully understood the HIV/AIDS crisis and what they could do to help arrest it, they would embrace new strategies as a civic and moral duty" (*Positive*: 207). *Positive* amalgamates the role of various institutions in society since they have their share in blame for the disease. Similarly in *Voices* "Susan's father found that the filters in the hospitals are not working properly and asked the engineers to fix them, but they needed directions from the decision makers in the hospitals "My father was frustrated when the chief epidemiologist of the hospital refused to meet with him to discuss the need for better ventilation systems" (p. 94).

Hence, it is for their better to work together to fight that disease which would not differentiate between victims. It is a death machine harvesting souls mercilessly. No wonder Saag relied on his gigantic network of relations to spearhead a campaign that spread awareness and educate people on AIDS. He sought help from all influencers in the different fields; Mary spoke to 'all the rest of America—to those touched, and to those as yet untouched, by the virus … Have courage and you will find comfort … Set aside prejudice and politics to make room for compassion and sound policy' (p. 220). Towards boosting this shared approach, he exposed the role played by multinational capitalist pharmaceutical companies whose sole concern is profit. They sell the disease when they spend on research efforts and hold conferences on AIDS, yet their unspoken message is, "we were a marketing tool" (p. 275). In a similar vein, Susan accused the manufacturer of being coldhearted and calculating, interested only in cashing in on others' misfortune by rushing to market an inadequate, indeed a potentially toxic, medication" (p. 34).

Here, the two authors got the lesson of casting a wide net for allies at all levels "to cultivate awareness, understanding, and support among community, charitable, and religious groups, as well as civic and political organizations" (p. 213). Understandably, they as authors engage the most vulnerable community segments in the cultural fight against stigma. Saag involved the black community, as being the most vulnerable group, in his campaign to fight AIDS. He was both objective and sympathetic in unmasking their fears and in tracing their long history of suffering: "Here's how black folk think about AIDS … [they] fought through slavery" and "segregation" and they then have to combat AIDS, which is "too much" for them (p. 232). Ironically, the 'System' that is supposed to care for the vulnerable segments does not "want to" since they "cost" it money, seeing them as "pariah[s]" (p. 248).

8. Conclusion

The present article explores the new significances in the docu-literary representation of AIDS patients, bridging the gap of under/misrepresentation suffered by AIDS patients, as well as consequent alienation and exclusion. This shift is traced in the two novels of Michael Saag and Susan Ball, who are better described as scientists-litterateurs or doctors-turned-novelists. In this capacity, Saag and Ball use rational language that sustains the credibility of their narratives without missing the dramatic viability of their plots. They strike a balance between the plausibility of the fictional world and the factuality of the real world. Their language, though containing scientific jargon, entails no ambiguity, and their literary-scientific amalgam adds value to their writing. In this sense, *Positive* and *Voices* fill a gap in AIDS literature because it traverses propagandist AIDS narratives that sometimes compromise literary and/or scientific value or melodramatically aim to win sympathy for vulnerable groups. In the two novels, however, the readers are introduced to medicines, doctors' attitudes, sacrifices, commitment, hard work and sympathy, official responses, and communal collaboration. They fictionally manage to construct a realistic world populated by AIDS patients in a way that conveys the reality of our society. It is even hinted that if a writer lacks "artistic detachment" and "passion", they cannot "create characters who will move us deeply?" (*Positive*: 44).

Through these scientifically woven novels, the community is enlightened on HIV and HIV patients and hence is engaged in combating the epidemic from a literary perspective. It sustains the patients in their maximal defeat of losing their lives and being either underrepresented or misrepresented. Here, Saag and Ball offer us new insights that fictionally undermine HIV-related stereotypes without compromising the narrative suspense that climaxes in the open endings to their novels. Such works introduce us to the intricacies of the lives of HIV patients through breathtaking details that never fail to attract, engage, and inform.

Ashraf Said Qutb Metwalli (Corresponding author)
Assistant Professor, Department of English
College of Arts, Jouf University, KSA
Faculty of Languages and Translation, Al-Azhar University, Egypt
ORCID Number: 0000-0003-3395-3943
asqutb@ju.edu.sa/ ashrafsaid1527@gmail.com
+966544495420/+201066010027

Mohamad El-Sebaey Ibrahim Zayed
Assistant Professor, Department of English -College of Arts, Jouf University, KSA
Faculty of Languages and Translation, Al-Azhar University, Egypt
ORCID Number: 0000-0003-1759-7467
dr.mohamadzayed@gmail.com/ melsebaey@ju.edu.sa

Mahmoud Sobhi Mohamed Gadallah
Department of English, College of Science and Arts
King Khalid University. KSA
ORCID Number: https://orcid.org/0000-0002-4714-2175
gadallah2013@gmail.com/mgadallah@kku.edu.sa

Talaat Farouq Mohamed
Assistant Professor, Department of English -College of Arts, Jouf University, KSA
Faculty of Languages and Translation, Al-Azhar University, Egypt
ORCID Number: https://orcid.org/0000-0002-5178-439X
tffarrag@ju.edu.sa and t.farouq@azhar.edu.eg

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