

## FEAR OF CONTAMINATION

by

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She could not believe her ears. He had taken her for a long walk near the beach. It was a cold, foggy autumn morning and only a few seagulls which were rarely separated from the fog were visible flying in the grey sky or diving into the grey sea to capture their prey. Nature seemed dead in these early hours. Absolute silence only disrupted by the splashes of the grey waves as they were unveiling smoothly to the coast.

He was silent as well. And she was looking at him with a big question mark drawn on her face. She was about two inches shorter than he was, so she was looking up to decode his enigmatic face. She could not catch his glance. Why? They hadn't seen each other for a whole year after his move to London for his postgraduate studies in biogenetics. He was her old roommate and best friend and she expected a totally different response to their reunion. She had imagined him hugging her with a big, bright smile drawn on his face and sharing one of his "awesome experiences" with her: the new places, the new friends, the English pubs, the parties he had been to. She had imagined herself listening mesmerized to his narration with admiration and a bit of envy. Why was he silent? Why was he staring at his shoes? Something terrible must have happened, she could sense it! At last he stopped pacing and he looked at her.

But she wished that time had remained still before his utterance when she was just wondering. Now she suddenly felt twenty years older. She was experiencing something extraordinary; something like an extracorporeal experience as if she was watching herself out of her body listening and then hugging her friend spasmodically. But when she hugged him after a while she became apprehensive and drew back a little violently.

She did not know how she could handle this. Living with an HIV patient was something that had never crossed her mind. She could not believe that this had actually happened to him. She and he had almost the same lifestyle: the same friends, the same ways of entertainment. It could have been her. What if she already had the virus and did not know it?

She kept asking these questions to herself and she felt guilty at the same time for not devoting all her sentiments to his support. Of course she was devastated and was trying to do her best by telling him that everything was going to be OK, that nowadays science had tremendously improved and that she would accompany him to the doctors and hospitals for any examination. Nevertheless, a fear of contamination was growing secretly inside her soul as if touching him would infect her. Of course she was well informed of the ways AIDS is transmitted. But how could she know everything about it as long as she had a minor education concerning this theme--the small reference your teachers and the biology book make at school. How could she know all the parameters? She was prevented from asking the doctor he was visiting because she didn't want her friend to find out how she was feeling about his illness at any cost. She had Googled for some information but again she did not feel satisfied.

She was terrified for both his and her future and was feeling that a tremendous menace was hanging above their heads like a dark shadow. It had already started swallowing him and now it was spreading towards her.

So she was striving to prevent its spread and protect herself while she was lamenting for her friend secretly considering his case a done deal. Whenever she was not sure if he had used a particular utensil, she was washing it as she was afraid to drink water from the same glass or eat from the same fork. When she had to do the laundry, she was putting on plastic gloves secretly, afraid she would touch his underwear accidentally, and then she would go right to her room and she would cry silently. Furthermore, she was always washing her hands after having touched him or something he had touched. Actually, she was washing her hands more and more often. If she had counted the times, she would realize that they reached about 35 times per day. She was realizing how irrational she was and was feeling awful about it; however, she could not help it. She was looking at him with shame, terrified that he was going to catch her acting in this way. When one time he finally asked her why she was always washing the dishes, she replied that Ms. Cohen who was living next door informed her this morning that cockroaches had started marching in her apartment and she was really afraid that they would come for a visit if their house stunk. He gave her a suspicious look. "Since when are you so afraid of cockroaches?" he asked. "I used to beg you to wash the dishes once in the past."

And their cohabitation was going on with the feeling of suffocation getting stronger and stronger.

One day as she was slicing tomatoes to prepare the salad for the lunch, she cut her finger with a knife. A deep, horizontal line of blood splurged on her thumb. "Oh shit, everything goes wrong for me!" she moaned and started crying. He was in the living room. He heard her sobbing, "What happened?" he asked. "Let me see this!" And he took her hand into his and kissed the wound. She drew her hand violently. She looked at his eyes with anger. It seemed like hatred. "What the hell are you doing?" she yelled hysterically. "Are you kissing my open wound? You didn't care for your self--at least care for other people." He looked at her for a moment and then stormed out of the room and slammed the door behind him. The glass on the surface of the door cracked.

She ran behind him yelling, "NO, wait, wait I didn't mean that."

"I know well what you mean! I've seen you wearing plastic gloves to touch my clothes for God's sake! What's all this shit? Are you afraid of me? You'd better be afraid of yourself, you psycho."

"I'm living with an HIV patient," she moaned. "How am I supposed to handle this?"  
"Then I'm going to make it much easier for you. I'm getting out of this damn house right now so I won't contaminate the air you're breathing anymore."

"No, I don't want you to go. I really don't. I love you and I need you. I'm just afraid that's all. I don't wanna lose you. I'm sorry." She bent down on her knees and started crying. He looked at her angrily but then he bent next to her and started crying too.

How many minutes or hours passed? They drained all the water they had in their bodies. They cried and cried and cried. They would both be pretty ashamed of that incident later on, and they would make a mutual silent agreement never to mention this again, but for the time being they just felt relieved. Much relieved!

He looked at her tenderly. "Look," he said, "I know it's hard for you too. But don't worry I am well aware and take all the necessary precautions to preserve my own people's health! And you should ask my doctor any question you have about this. But don't treat me like a dead person. I have as many possibilities to live a relatively long life as you have if I follow my treatment. And I WILL survive. I'm sure I will now that I've survived your insanities!

She let out a laugh. She got up and hugged him tightly---a big, vivid, generous hug.

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## **A Self-Reflective Analysis on “Fear of Contamination”**

In “Fear of Contamination” I have dealt with a burning and still up-to-date taboo issue almost fifty years after its first recorded case: the issue of AIDS and, more specifically, how people have been affected by and have reacted to the contagion of the virus. In my short story, I narrate the story of a young man’s infection with the virus from his friend’s perspective. I concentrate on how his friend’s life is affected after she learns that he is an HIV patient and how both her lack of knowledge and the fear of contagion lead her to paranoid behavior.

I have chosen the topic of AIDS since it is a phenomenon that I am concerned with as well as puzzled by. Regardless of the multiple campaigns for its prevention and elimination, it is still rapidly transmitted especially among young people as recent statistics show. Both of my protagonists are young. The male character has just returned from London where he has just completed his postgraduate studies and where he learned that he was infected with the virus. Now he has to come to terms with his infection. I do not specify whether the contagion occurred during that trip, and the reader may assume it happened any time.

Furthermore, in this story I wanted to bring up the way society usually reacts to such incidents. In “Fear of Contamination” my protagonist is the patient’s closest friend. They live together, however they are not related sexually. Despite this fact, my protagonist is becoming obsessed with the idea of contagion, and she turns to odd reactions. She wears gloves to do the laundry; she washes her hands all the time and becomes more and more obsessed with cleanliness in general.

As far as I am concerned, her behavior is indicative of certain people’s attitude who may act in an offensive way toward the patient due to fear and lack of knowledge. In “AIDS as Human Suffering,” Arthur Kleinman also refers to examples of similar social behavior driven by fear. “It is fear that prompts someone to refuse to get into a taxi driver driven by a Haitian man; it is fear that leads a reporter to wrench her hand from that of a person with AIDS...it is fear that led some health professionals to react to patients in degrading fashion” (155). Fear of contagion affects both common people who would be skeptical of getting into a Haitian’s taxi and doctors whose knowledge has not defeated superstition.

I also wanted to comment on in my story that in modern society AIDS is still considered to be a taboo. People are told from an early age about the ways the virus is transmitted, but HIV education is often brief and undetailed, especially when it comes to sexual intercourse. My protagonist’s reaction is, as I have already mentioned, triggered by a feeling of inadequacy as regards knowledge about the virus, “How could she know everything about the virus as long as she had a minor education concerning this theme, meaning the small references her teachers and the biology book make at school and how she could know all the parameters?” (“Fear of Contamination”). This kind of ignorance concerning both the ways of transmission and the proper behavior towards a carrier or an HIV patient could be confronted from an early age. As many doctors point out, it is vital that sexual education should be an integral part of the school educational system.

Since the issue of AIDS has multiple aspects, I have chosen to negotiate this theme through the genre of a short story. The use of the specific genre has helped me include many details such as setting, round characters, and dialogues to show moments of

tension. For example, in my character's confrontation towards the end of the story the female protagonist reveals her true sentiments. Dialogues have also helped me convey a hue of realism. As long as the story is realistic in the sense that it could happen or may have happened already in real life, it brings attention to realistic situations and realistic behaviors.

The will to bring to life a realistic situation so as to awaken the readers' awareness that AIDS is not an illness that infects only particular social groups such as homosexuals has made me choose characters that are more mainstream. The majority of the audience, especially young readers, might identify with such characters more easily. An extra element that would help the identification with the characters is the absence of names. Indeed both of my protagonists are anonymous so as to allow the reader to put him/herself into their position. The female protagonist is young. She is a student, and her friend's suffering extends to her. She reacts with sympathy but also with simultaneous fear and subconscious blame. The main sufferer, the male protagonist, is also anonymous. This anonymity means that he could be any man. He could be a student of a medical field who goes abroad to study for his Masters, and on his return he has to announce to his intimate friends that he is an HIV patient. I do not specify how he was infected, and I am not interested in mentioning any clue of his sexual life, namely whether he was infected while engaging with multiple sexual partners or during a long-term relationship. The point I wish to remark is that his best female friend is really surprised and shocked hearing about it; therefore I would like to make clear that he does not belong to a particular social group that most people tend to identify with the virus, namely homosexuals or drug users. While in the early '80s the majority of the first cases of the virus recorded were due to homosexual intercourse, nowadays the fact that a person is heterosexual does not equal his exclusion as a possible victim by any means.

Indeed, as Dr. Metallidis points out, the virus HIV was initially called GRIG — an acronym for "Gay Related Immune Deficiency" (22). This naming shows how closely associated the virus was with homosexuals. Arthur Kleinman also declares in "AIDS as Human Suffering," which was published in 1989, that initially a man's contagion with the virus meant discrimination and racism which "extend[ed] to hostility and even violence, and that has led to discrimination in housing, employment, insurance and the granting of visas" (154). These behaviors were not only towards the infected ones but towards those who were "thought to be in 'risk groups'" (154). The victims had not only to deal with their illness and an imminent death but also to fight for their survival within the community, with society posing additional problems to their already existing ones.

Another point I wish to highlight regarding my characters is how both friends' lives are connected through suffering that is not externalized until the final scene. Both of them strive to hide their fears and deal with the virus on their own. Since I have chosen to focus mainly on the female, I describe how this attitude of internalization leads to suffocation and to extreme behaviors, "she was terrified for both his and her future and was feeling that a tremendous menace was hanging above their heads like a dark shadow. It had already started swallowing him and now it was spreading towards her" ("Fear of Contamination"). How pessimistically she thinks of their future. Her friend's contagion equals his death according to her, perhaps even a lingering and torturing one. These thoughts, which create her depressive emotions and anxiety, influence her to do anything in her power to eliminate her own contagion as well as

death. The obsession with cleanliness and especially the image of the multiple hand-washing has nothing to do with the illness itself but with the physicalization of her emotions.

These “odd” behaviors, for example wearing gloves to touch an infected person’s underwear, may sound extreme and peculiar or even ridiculous. They come from ignorance and a need of self-protection, like an act of exorcism or an ancient ritual against evil.

Furthermore, these kind of reactions may have totally negative outcomes for both the actor who senses how irrational s/he is and mainly for the patient who despite his/her own pain has to encounter society’s fear, superstition, and rejection. In “Fear of Contamination,” though the female persona tries not to externalize her feelings, she is terrified that her roommate will notice her “odd habits” and will realize how she feels about his illness. Indeed, before the encounter in the final scene, there are some hints that the patient is aware of his friend’s thoughts even though she does her best to hide them. At his implication that she has started being extremely clean all of a sudden, she gives an untrue reply that the reason lies in her fear of cockroaches. Naturally enough her friend does not find her excuse satisfactory, something that is quite obvious from his answer: “Since when are you so afraid of cockroaches?” (“Fear of Contamination”).

This is the first time there is a hint of a dialogue in my story. That is why up to that point the narration focuses on the internal feelings of the female persona. Nevertheless, the final scene mainly consists of dialogues. The contact of the girl’s wounded thumb with the boy’s lips would be considered as a beautiful act of love and affection towards the hurt friend under normal circumstances, however in this case it is an act that triggers sentiments of terror and anger towards the boy and leads to their confrontation. Through their confrontation some notions are externalized at last and finally revealed with first and foremost the girl’s fear for her own health and fear of contagion. The girl is terrified that a soft kiss to her hurt thumb will stand as a reason for the transmission of the virus and so she admits the actual reason for her odd actions for the first time.

Another main notion concerning this virus which is revealed at this point is the notion of the “self-earned” disease: “You didn’t care for yourself — at least care for other people” (“Fear of Contamination”). Through this outburst it is implied that the girl blames her friend for being infected. Through her behavior I specifically comment on a reaction towards the particular virus. While sympathy has a more clear manifestation towards illnesses that are considered severe and tricky such as cancer or Alzheimers, sympathy towards carriers or patients of HIV tends to be much more controversial and weighted by a hue of blame. People usually tend to blame those patients, even subconsciously, for they think of them as accountable for their fate since they could have been protected by using protection during the sexual act or having less sexual partners. Maybe sympathy with the full meaning of the concept is experienced towards the “innocent” carriers, those not responsible for their contagion such as infants or children in Africa. However, this is a really dangerous attitude and underlies superstition. The patient experiences and senses this covert “hostility” and feels stigmatized or even blames his/her own self. But should the fact that that s/he could have been protected against the virus be a reason for accusation and for considering his/her illness “fair”? If that is the case people could be restrained from

feeling compassion towards a diabetic person or someone with cancer or heart disease for they would consider the patient responsible since s/he consumes many fats and much sugar due to following an unhealthy lifestyle, drinking or even just being too anxious.

When referring to the above reactions about illnesses in general, I have in mind Greek reality and culture. However, as Arthur Kleinman claims, “the concept of autonomous individuals who are solely responsible for their fate, including their illness, is a powerful culture premise in North American society” (146). This means that each illness, not only HIV, is a reflection of an individual’s free choice hence he/she is accountable for it, so it is maybe a more recurrent phenomenon to blame the patients whether they are related to HIV or not. On the contrary, as Kleinman points out, in less advanced countries where “individual rights are often underemphasized,” such as Haitian, African or Asian communities, “blaming the victim is also a less frequent response to AIDS” (146). In any case Kleinman’s claim highlights the fact that the way people react to illnesses is a matter of culture.

An additional notion revealed in the final scene of “Fear of Contamination” is the fear of a premature death. Earlier in the text it is revealed that the girl is thinking of her friend as “a done deal” as soon as she learns about his infection. AIDS is considered to be a terminal disease as it is incurable for the time being and it is closely associated with a long and painful death. This is the image that prevails in my female character’s mind, and that makes her feel depressed and overwhelmed by negative feelings, which she is incapable of dealing with. After having the fight with her friend she breaks and externalizes her fear, “I don’t want you to go. I don’t wanna lose you” (“Fear of Contamination”). This statement has a double meaning. It is a plea for him to remain home and forgive her behavior, but actually it also means that she does not want him to die and that she feels terrified: “I’m just afraid that’s all” (“Fear of Contamination”). The boy tries to eliminate her fears and console her, “Don’t treat me like a dead person. I have as many possibilities to live a long life as you have if I follow my treatment. And I WILL survive” (“Fear of Contamination”). The patient naturally feels more fearful and anxious about his fate. However, at this point he seems to adopt an optimistic behavior and the reason behind it is simple. During the time of his infection, every superstition or false idea associated with AIDS would not be able to stand after coming into contact with modern medicine.

As a representative of modern medicine, Dr. Metallidis points out that after fighting with the virus of HIV from the earlier AZT to Two-Drug Therapy and then Three-Drug Therapy from 1996 onwards, today the patient can expect aging with AIDS instead of high and early mortality and severe body impairments. Specifically, Dr. Metallidis cites an excerpt from *The Lancet* published on July 26, 2008, which states that “[a] 20-year-old HIV-positive person starting antiretroviral (ARV) therapy today can expect to live, on average, to the age of 69” (44-60). From this excerpt someone can conclude that nowadays AIDS is not a terminal disease but a chronic one. This presupposes certain circumstances: these are the early diagnosis of the infection as well as the strict maintenance of the antiviral treatment. My male protagonist is a young person who has been diagnosed early with the virus fortunately, and he knows that he has the chance to fight and win a relatively long life. When dealing with his friend’s worries, he sounds confident and he is the one who supports and comforts her. He even makes a joke about his condition, “And I WILL survive. I’m sure I will now that I’ve survived from your insanities” (“Fear of Contamination”). His calm

reaction is a result of much inner thought and agony. Obviously a severe disease including AIDS is not welcome by anyone and despite the dramatic prolongation of life expectancy the changes in one's life that it implies would be a shock to anyone. In the final scene of my story, the man seems to be on a good road in dealing with the feelings his virus evokes. Having to climb his own Golgotha, he is extremely hurt and disappointed to find out that he is confronted in a hostile way by his own best friend. Being aware of the stigmatization that exists in society, he expects support from his people at least and this is why he reacts aggressively by calling her names and threatening to leave the house when he realizes that his friend is afraid he is going to infect her.

Nevertheless this fight turns out to have positive outcomes for both characters since it is a chance for the externalization of the most inner fears as well as a chance for true communication. The female protagonist openly admits her fear of contagion, her fear of losing him and claims she is sorry for her wrong behavior. What she actually means is that she is sorry for treating her friend as a condition, meaning that she has focused only on the virus forgetting that he is still her best friend. The externalization of her fears acts as a catharsis while it additionally turns into real communication, where no one tries to hide how s/he really feels, and mutual love and respect can prevail and defeat most obstacles. Therefore, when the boy sees her friend crying and feeling sorry, he forgives her and hugs her. After their dialogue, she is not afraid that she will be infected through the hug anymore. What matters is to be with her friend and to support each other, so she hugs him back. This hug contrasts symbolically with the first hug in the beginning of the story when she due to her fear she withdraws from any expression of understanding. From now on they will be united and will deal with their difficulties together. The virus becomes a part of their life, something they have to live and cope with together.

The story ends in an optimistic way with the image of the two protagonists embracing each other united as opposed to the ominous beginning where the grey, foggy, and silent morning puts them both into a morbid mood. This is a comment on how human beings can take the most unpleasant and unfortunate situations and still deal with them or even make something positive through these by creating true human relationships, even when it comes to a disease

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