

The Way We Live Now Study Guide

The Way We Live Now by Susan Sontag

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Contents

The Way We Live Now Study Guide.....	1
Contents.....	2
Introduction.....	3
Author Biography.....	4
Plot Summary.....	5
Detailed Summary & Analysis.....	7
Characters.....	14
Themes.....	18
Style.....	20
Historical Context.....	22
Critical Overview.....	24
Criticism.....	26
Critical Essay #1.....	27
Critical Essay #2.....	31
Critical Essay #3.....	35
Topics for Further Study.....	38
Compare and Contrast.....	39
What Do I Read Next?.....	40
Further Study.....	41
Bibliography.....	42
Copyright Information.....	43

Introduction

Susan Sontag's "The Way We Live Now" first appeared in the *New Yorker* in 1986. Narrated almost exclusively through dialogue, it tells of an unnamed man's struggle with the AIDS through the reactions of his large circle of friends.

Sontag began writing the story on the night she learned that a close friend had been diagnosed with AIDS. Very upset and unable to sleep, she took a bath; it was there that the story began to take shape. "It was given to me, ready to be born. I got out of the bathtub and started to write very quickly standing up. I wrote the story very quickly, in two days, drawing on experiences of my own cancer and a friend's stroke," she told Kenny Fries of the *San Francisco Bay Times*.

Selected for the collection *The Best American Short Stories of 1987* and also included in *The Best American Short Stories of the Eighties*, "The Way We Live Now" was written at the time that the impact of the AIDS epidemic was felt throughout America and the rest of the world. As such, critics maintain that it truly represents the spirit of its time. The characters reflect on the sudden omnipresence of death in their community and dissect their own changing attitudes about morality and mortality.

"The Way We Live Now" is also viewed as a dramatic rendering of some of Sontag's most important ideas about attitudes about sickness, as discussed in her infamous essays *Illness as Metaphor* and *AIDS and Its Metaphors*.

Author Biography

Sontag was born on January 16, 1933 in New York City. She grew up in Tucson, Arizona and Los Angeles, California. A serious and precocious child, Sontag began to read when she was three and wrote her first stories and plays at age seven. Her interest in literature and philosophy began early in childhood.

Sontag finished high school at fifteen and enrolled at University of California, Berkeley for one year. She continued college at the University of Chicago, placing out of most courses and graduating at age seventeen. That same year she married Philip Rieff, a sociology professor at the University of Chicago, only two weeks after meeting him. She followed Rieff to Harvard, where she earned masters degrees in literature and philosophy.

At age nineteen Sontag gave birth to her son, David, who was to be her only child. After eight years, her marriage to Rieff ended in divorce, and for the first time in her life she explored beyond her academic interests. "I had a very enjoyable adolescence from age 27 to 35," she told the *Washington Post's* Paula Span.

She has held positions at various universities and, beside a brief foray into filmmaking, has devoted her life to writing. She began publishing essays and book reviews in the early 1960s, making a name for herself as a prolific intellectual. Her works, which borrow heavily from a Western European tradition and take up broad modernist themes, range from philosophy and politics to art and cultural criticism. Her best known works of nonfiction, the novels *Against Interpretation* and *Styles of Radical Will*, provoked both controversy and renown.

In 1975 Sontag was diagnosed with cancer. She struggled with the disease for two-and-a-half years before she was finally cured. In response to the experience she wrote *Illness as Metaphor*, which explores the cultural myths surrounding disease. While writing "The Way We Live Now" she drew on her experiences as a cancer patient, as well as her friendships with many people afflicted with AIDS.

Sontag was primarily known as an intellectual until the surprise success of her 1992 novel *The Volcano Lover*. She has been the recipient of numerous awards, including a National Book Critics Award for criticism in 1978 for *On Photography* and a MacArthur fellowship from 1990 to 1995. Sontag lives in New York.



Plot Summary

"The Way We Live Now" is comprised of a series of conversations as a large network of friends share information and express concern about one of their friends, an anonymous character who is showing symptoms of an unnamed disease. The story opens with several characters describing these symptoms. They also point out that he must be frightened because he has quit smoking and put off a doctor's appointment. They discuss the panic that has spread among their circle of sophisticated gay, straight, and bisexual Manhattanites about the spreading AIDS epidemic.

In the next scene, the friends visit the man in the hospital. He has been diagnosed with AIDS, and they talk about how best to keep his spirits up in light of the devastating news. Most of the friends visit him frequently. They discuss his need for visitors, and one of them admits her feelings of fear and awkwardness about seeing him.

The friends notice his drop in spirits and discuss a diary he has just started to keep, theorizing that it helps him think about his future. They discuss the side effects of his medications and, referring to their constant presence and new group identity, one of them jokes, "We are all side effects." The friends reflect on how the man's illness has changed their lives and relationships to one another.

The man improves enough to return home, and a close friend and former lover moves in to take care of him. The friends worry about the sick man's state of mind and discuss the possibilities of new experimental drug treatments. Several of them suggest therapies that are alternatives to traditional medicine. The man is accepted into the protocol for a new drug. His friends think it is a good sign that he has started to talk less about being sick and also that he says the word *AIDS* "often and easily, as if it were just another word."

They compare the conditions of living with AIDS to what it was a few years earlier, when less was known about the disease and there was more prejudice and hysteria. A friend from out of town says that the "utopia of friendship" that they have formed around the man in his illness is "rather beautiful." Another friend comments, "We are the family he's founded, without meaning to." A third objects to this collective identity, and they all discuss the differences between the man's responses to various visitors.

The man improves and informs the friend staying with him that he no longer needs his help. The friends hear about two other acquaintances that have been stricken with AIDS. They think it is best to keep the news from him. They talk about how life has changed for all of them, how none of them do the same things or take life for granted since the spread of AIDS. Soon after, another member of their immediate social circle is diagnosed, a fact that they also withhold from him.

The man's health appears relatively stable. Tensions and competition among his friends increase. The man takes their attention for granted. He begins to have fewer visitors.



The man has a relapse. Facing death, he talks about his feelings of fear and exaltation. One of his friends comes up with the idea of a "visiting book" with a schedule for visitors, limiting the number to two at a time. The tension between the friends eases up in the face of the man's latest brush with death. His condition stabilizes and he is out of danger of not recovering from this particular downturn. Friends observe that he has become more detached. His death from the disease seems inevitable, but as the story ends he is still alive.



Detailed Summary & Analysis

Summary

The story opens when the main character, a thirty-eight year old man, has only begun to suspect he has a serious illness. The two most important elements in the story -the man and the disease from which he is dying-are never named. As the disease progresses, we learn very little about the main character, but we do learn a great deal about his inner circle of friends. It is through their conversations that the personalities and actions unfold, with the narration giving the sense of something overheard, rather than directly shared; we follow the developments while they are passed from one friend to another in hurried exchanges and whispered confidences.

During this first scene, while several friends discuss the man's symptoms, they acknowledge he must be very frightened, since he has given up smoking. Despite having lived with a variety of unnerving symptoms for many months -- weight loss, fatigue, sensory changes -- he has put off visiting his doctor, not wanting to hear it said aloud what he already suspects: he is dying. The man tells his friends that if he is really sick, he will find out soon enough. Underneath his calm is panic, which prompts him to confide his fears to his closest friends.

This confidence sets off a somewhat frantic flurry of early exchanges, filled with questions and conjecture, during which it is difficult to tell one speaker from another. Slowly, though, individual personalities begin to emerge when each of the friends and former lovers reacts in his or her way -- first to the news itself, and then to the day-to-day changes brought on by the effects of the man's illness.

In the next scene, the friends begin visiting the man in the hospital, where he has been taken, presumably after a worsening of his condition. Most of his friends visit often and are emphatic that he needs these visits for his emotional well being.

Not all the friends find it easy. Aileen, for example, is in love with the man, and naturally wants to be near him. Yet, she considers herself a coward because she finds it so hard to visit him -- especially when he is in the hospital, which reminds her of the fatal nature of his disease. Later, she admits she equates the time spent with the man as "learning how to die," and says she is not ready to do that. At the same time, because of the intensity of her feelings, she resents those who are not afraid to witness illness and pain up close. Aileen lets her fear of not knowing what to say keep her from saying much of anything at all, and she channels her frustration into jealousy toward the circle of friends.

The transition from the unknown to the undeniable shifts the members of the group into an unofficial hierarchy. Whereas, before his illness, the man may have classified someone as a close friend or just an acquaintance based on the length and type of their previous relationship, he now sees people in light of how they treat him. Each character



embodies one or more typical ways we respond to such shattering news. When the man finally learns the nature of his disease, his friend Stephen immediately sets about learning everything he can about the illness, arming himself with a battery of facts. Stephen reads the latest medical journals from the United States and France, the two countries doing the most-publicized research on the disease, keeping up-to-date on the latest theories and drug protocols, but it is not enough for Stephen to gather data; he is also one of the main conduits of information to the others, and, more than once, Stephen notes he is exhausted by the obsession he seems to have with keeping everyone else informed.

Not everyone welcomes Stephen's scientific approach to the situation. One taking the opposite tack is Greg, who finds he can no longer bear to read anything at all about the illness or the people who have been affected by it. Like Robert, who cannot bring himself to visit the man often, Greg seems to believe by avoiding the difficult moments and confrontations, he can alter reality -- the classic reaction of 'ignore it, and maybe it will go away.' Ellen is ashamed to find herself morbidly fascinated by the illness and the whole concept of death and dying, and likens herself to a Londoner during the Blitz, frightened, yet feeling all the more alive because of her fears.

Some of the man's friends become philosophical, some become practical. Tanya, a former lover, and Jan, an old friend, deal with the knowledge that their friend has an incurable disease by busying themselves with practical matters. They concern themselves with the little things, such as bringing cherished objects from the man's apartment to brighten up his hospital room. Xavier and Frank discuss how the man's illness changes not only the man's life but the lives of everyone close to him, forever altering the dynamics of the relationships among them. Former lovers, once jealous of each other and caught up in "petty grievances," find themselves helping each other through a difficult time. Although the strengthened bonds deteriorate along with the man's health, it is clear to at least some of them that their lives will never be the same.

Several of the man's friends note that the man's illness signals the 'end' in more ways than one. Ira, Victor, and Lewis express both fear and regret, noting that even if the man should miraculously recover, he will always be a carrier, and he will never again feel the same. It marks, says Ira, "the end of bravado, the end of folly, the end of trusting life, the end of taking life for granted." In their friend's death sentence they see their own. Lewis is especially distraught, knowing he stands a very good chance of having been infected by the man.

The man begins to keep a diary, though he lets no one read it. His friends theorize that it helps him to picture himself as having a future, one in which he will be well enough to read about his illness as something he endured in his past. The man does admit that he often pictures himself back in his penthouse, with the diary tucked far away in the drawer of his stupendous Majorelle desk.

The friends discuss the man's treatments and the side effects of the medications he takes, and reflect on how their friend's illness has altered their own lives and the relationship among his friends and former lovers. One friend, Ira, jokes that they are all



side effects. Their increased and newly intense presence in his life, and in each others' lives, is a direct result of his illness.

Predictably, the situation brings out the caretaker in some. Kate, who has always fancied herself in kind of a "big sister" role to the man, now is all that and more, encouraging the others, showering the man with gifts and small kindnesses. The strongest reaction among the friends is also the most polarizing. Quentin, the former lover who sees himself as the man's closest, true friend, becomes possessive and controlling. When the man is sent home from the hospital after his first serious bout of illness, it is Quentin who moves in to take care of him until he has recovered enough to live on his own again. While the man was aware of who came to visit and who did not, Quentin becomes almost rabid in his ranking of who is a real friend and who is not, seemingly awarding points for the number and types of visits they make. Not surprisingly, Quentin's role as self-appointed gatekeeper does not endear him to his friends. At times, they do not know whether to regard him as the most selfless or the most selfish member of the circle.

The man begins receiving the newly accepted drug treatment for the disease. Several of his friends suggest alternative treatments and new approaches to his illness, such as visualization therapy and a macrobiotic diet. Ironically, Stephen points out that the man's willingness to say the name of the disease out loud (the disease that is not mentioned by name in the story), to say the word as though it were just another word "like boy or gallery or cigarette," is an encouraging sign that the man is willing to fight for his life.

The friends discuss how the stigma of the disease and the conditions of living with it are changing, because scientists learn more about the nature of the illness, its causes, and how it is transmitted. They point out that some of the initial hysteria and prejudice has waned to the point where people -- the friends and former lovers included -- are no longer afraid to hug him or kiss him lightly on the mouth. They do discuss the nature of the risk though, and point out that the man's former lovers appear to be at greater risk. Another friend, Ellen, rightly points out that "everyone is at risk, everyone who has a sexual life, because sexuality is a chain that links each of us to many others, unknown others, and now the great chain of being has become a chain of death as well."

Indeed, we learn through the many conversations that many of the friends have been lovers not only of the man but of each other. The friends say that the "utopia of friendship" that has formed around the man and his illness has brought them together: "we are the family he's founded, without meaning to." They discuss the man's pre-diagnosis behavior, and his "risky" behavior: smoking, using drugs, and deliberately having unprotected sex with both men and women. Several friends note that they tried to caution him to be more careful, but he refused on the grounds that "sex is too important."

The man's health continues to improve, and Quentin moves out of the man's apartment. While his health remains fairly stable, the friends learn that two remote acquaintances, one in Houston and another in Paris, have been diagnosed with the same illness. Not long after that, a friend in the immediate circle of friends, and one of the man's former



lovers, is also stricken, and rushed to the hospital with a perilously high fever and respiratory distress. Most of the friends believe they should not share this news with the man, thinking it would derail his recovery and dampen his spirits. When they make up a story to explain Max's absence from the man's life, the man does not question it. By then, the number of people visiting and the frequency of their visits has considerably waned, despite the fact, or perhaps because the man has come to take the friends' presence for granted. The friends begin to squabble amongst themselves, competing for his favor, and old tensions resurface.

Once again, the man's health fails, and he is hospitalized. Quentin devises a "visiting book" to schedule visitors, once again taking on the role of gatekeeper. The others resent this but go along. The man begins to talk about his impending death, discussing his fears and his unexpected exaltation, admitting that "calamity is an amazing high." His friend Xavier brings him an eighteenth-century Guatemalan statue of Saint Sebastian, saying that where he comes from, Saint Sebastian is venerated as a protector against pestilence. They discuss the symbolism of a beautiful youth bound to a tree and pierced by arrows, seemingly oblivious to the pain, and Xavier points out that while most people forget the fact, the story goes that when the Christian women came to bury the martyr, they found him still alive and nursed him back to health. The man reacts by saying that he thought Saint Sebastian died in the story.

By the story's end, the man is once again in the hospital. While the friends are readying his penthouse for his return home, something in the tone of their conversations, and in the change in his demeanor -- he's so "sweet" and "nice," they say, almost complainingly -- suggest that it may not be a long remission. Even the man's handwriting has deteriorated to the point where it is all but illegible. Several of his friends discuss the man's impending death in metaphorical terms, noting the power of the word "still," as in still alive. In the last line of the story, his friend Stephen assures us that the man is still alive.

Analysis

It comes as a surprise to realize at the end of Susan Sontag's short story "The Way We Live Now" just how little she has told us, and just how much we as readers filled in subconsciously. We are given almost nothing in terms of specifics. The main character and the disease he is dying from are never named. We do not know where he lives, or what year it is. We know virtually nothing about the setting. It is this lack of specificity that gives the story its allegorical power. Yet nearly every reader, even without knowing what we know about Sontag and her other writings, comes away "knowing" that the man has AIDS, that he lives in a large city, that he has gay, straight, and bisexual friends and lovers, and that the story takes place in the late 1980s, when so little was known about how to treat the disease and the chances of survival were grim at best.

The most striking feature of Susan Sontag's short story "The Way We Live Now" is the unique and powerful narrative style. The story unfolds not in standard chronological form, with distinct characters speaking in easily differentiated exchanges of dialogue



interspersed with paragraphs of clear description and plot progression, instead, Sontag chose to tell the story exclusively through the spoken words of the sick man's friends and former lovers, with each thought, description, opinion, announcement and development delivered as part of a torrent of conversational tidbits.

During the course of the story, we hear from twenty-six characters. That this number equals the number of letters of the alphabet is no coincidence. To further emphasize the story's universal implications, the effect on everyone from "A to Z," Sontag gave each character a name beginning with a discrete letter, from Aileen to Zack. The fact that the man is given no name suggests that he is part of a separate reality: once he has the disease, he is no longer one of "us" but, in a sense, one of "them", someone for whom the devastating diagnosis is much more than just frightening news but a virtual death sentence.

Sontag chose, too, not to deliver the dialogue in neatly packaged bundles set off with paragraphs and quotation marks. Rather she chains together the comments and communications in a rambling, often confusing string of incomplete thoughts. Character A speaks with character B, who learns something from character C and tells D, and so on. There are individual voices, but they blur together in a fluid, unstoppable flow that mimics very well the chaotic interchanges of a large group of people caught up in a personal drama. By blending these individual voices into a sea of actions and reactions, Sontag raises the story above the level of personal drama into the realm of allegory. The story is about more than a group of friends reacting to one man's illness; it is about, as the title says, "the way we live now." It says, quite clearly, AIDS has changed everything.

One of the most obvious changes, and one of the underlying themes of the story, lies in the transformation of attitudes surrounding sexuality. The alphabetical characters represent a sampling of gay, lesbian, straight, and bisexual men and women who have previously lived without too much concern about possible health repercussions of their sexuality. Suddenly, they are faced with the possibility that any sexual liaison could lead to death. They can no longer see intimacy and sexual freedom as something loving and positive and life-affirming, because it is now so closely associated with a deadly disease. The epidemic forces everyone in the story to confront and respond to the reality of death. By focusing more on the friends than the afflicted man, Sontag reminds us how death affects the entire social fabric in waves of outward ripples.

This abrupt change in attitudes toward sexuality happened only a decade after it seemed that the non-straight population had finally begun to achieve a modicum of acceptance by the mainstream, heterosexual, with the 1969 Stonewall protest against police harassment of gays touching off the optimistic, self-respecting Gay Pride movement. People who previously felt the need to hide or deny their sexuality felt liberated by this positive force of tolerance and acceptance, only to find in the early to mid 1980s that the false belief by the public, and, unfortunately, by the government, that AIDS was a "gay" disease caused a sometimes violent backlash and renewed homophobia.



Another big change touched on is the realization that we are mortal. While we see the range of ways the man's friends deal with his illness, we learn of the various coping skills and personal epiphanies brought about when people hear such devastating news. The story goes beyond its examinations of how different individuals deal with death and dying. It also models what psychiatrist Dr. Elisabeth Kubler-Ross called the Five Stages of Grief in her book *On Death and Dying*, written in 1969. Originally known as the Five Stages of receiving Catastrophic News, these stages are descriptions of the most common states of mind, the classic coping strategies that patients pass through after learning of something as devastating as, say, an AIDS diagnosis. Even Dr. Kubler-Ross did not claim that everyone passes through every stage, or in the exact same order, but she did identify a basic pattern. The man and the man's friends in Sontag's story follow this pattern: denial, anger, bargaining, depression, and acceptance.

Another theme at work in the story is the notion of language, or words, as validation. When the man becomes ill, he begins to keep a diary, something he has never done before. This not only makes the disease more real to him but gives him something physical and concrete that he can put behind him when he recovers. His friend Quentin says that he is keeping the diary to "stake out his claim to a future time."

Ursula states this theme metaphorically when she comments on the ephemeral nature of his remaining existence in this way:

"I was thinking, Ursula said to Quentin, that the difference between a story and a painting or photograph is that in a story you can write, He's still alive. But in a painting or a photo you can't show "still." You can just show him being alive. He's still alive, Stephen said."

Like the proverbial tree falling in the forest -- does it make a sound if there is no one there to hear? Likewise, we only know if the man is alive, or not alive, by the actions and reactions of his friends. The words validate his existence.

The ironic twist that has one character praising the man's ability to say the name of the disease out loud when Sontag deliberately withholds it from their conversations reinforces that theme. The man eventually confronts the reality that he has AIDS, and that it is more than likely going to cause his death. Yet, his friends, for all their frenetic conversations, never mention the illness by name, which suggests a sort of universal denial that only those who are not infected can afford. The sense that we are eavesdropping on them serves to remind us that, back then, the disease was especially reviled as a "gay man's disease," and was rarely talked about without the discourse being tinged with fear-mongering, homophobia, and misinformation. By not naming the disease, the friends are, in essence, free to talk about what is happening without having to engage in the wider view of how AIDS has so drastically changed the social fabric of their lives, and of everyone's lives.

Relatively little was known about AIDS when the story first appeared in the *New Yorker* in 1986 except the most basic facts. Sontag's story, one of the first to appear in a mainstream publication, quickly became one of the best-known and best-received



stories on the subject. Not only was it chosen for the volume *Best American Short Stories of 1987*, and again in the *Best American Short Stories of the Eighties*, but John Updike included it in the 1999 anthology, *The Best American Short Stories of the Century*.

Today there are more than thirty million infected people, and the main method of transmission worldwide is heterosexual sex, yet for most people, discussions of AIDS today treat the disease like it was treated in Sontag's story, as a sad and devastating problem on the periphery of everyday life-something that fortunately happens to someone else.



Characters

The AIDS Patient

The unnamed AIDS patient is the focus of the story. Diagnosed with AIDS, he is the subject of his friends' concern. His struggle with the illness is narrated exclusively through their observations and descriptions.

The man is described as a sophisticated urbanite, a collector who lives in the penthouse of a pretentious apartment building in Manhattan. He lived a "risky" lifestyle before his illness—smoking, using drugs, and having unprotected sex with men and women. His circle of friends becomes a "family he's founded without meaning to."

Aileen

Aileen has a close but somewhat ambiguous relationship with the AIDS patient. She rarely visits him and considers herself as a coward because of her behavior. She speculates that he is attracted to her, but others speculate that she is in love with him.

Betsy

Betsy is a friend of the AIDS patient. She recommends a diet specialist to help him fight the disease, but he declines her offer.

Clarice

Clarice is Zack's widow and part of the AIDS patient's larger social circle

Donny

Donny is a close friend of the AIDS patient.

Ellen

Ellen is a close friend of the AIDS patient.

Frank

A close friend of the AIDS patient, Frank is a gay man who volunteers at an AIDS crisis center. He has a falling out with Lewis, which signals the rise of tensions among the man's friends and visitors.



Greg

Greg is a friend of the AIDS patient.

Hilda

Hilda is a close friend of the AIDS patient.

Ira

Ira is a close friend of the AIDS patient.

Jan

Jan is a close friend of the AIDS patient.

Kate

Kate plays a "big sister" role in the AIDS patient's life.

Lewis

An ex-lover of the AIDS patient, Lewis "still has the keys to his apartment." He is at the fringe of the circle of friends. Once he finds out that the AIDS patient is sick, he starts to visit him regularly.

Max

Max is a friend of the AIDS patient. He is described as one of the circle of friends "most at risk" and, during the course of the man's illness, he too is diagnosed with AIDS.

Nora

Nora is the estranged ex-lover of the AIDS patient. The only woman the AIDS patient ever loved, she now lives far away, and he has not told her about his diagnosis.

Orson

Orson is a friend of the AIDS patient.



Paolo

A friend and ex-lover of the AIDS patient, Paolo is described as one of the people most at risk of getting sick.

Quentin

Quentin is both a close friend and ex-lover of the AIDS patient. He is fiercely protective of his ill friend and, according to some, keeps a tally of who does most for him. Quentin moves in with him to help him when he gets out of the hospital and comes up with the system of a "visiting book" to regulate the stream of visitors when he returns to the hospital.

Robert

Considered a friend of the AIDS patient, Robert has only visited him twice since the man's diagnosis.

Stephen

Stephen is a close friend of the AIDS patient. Out of the circle of friends, he has the most knowledge about medicine and the treatments for AIDS. He asks the doctors "informed questions."

Tanya

Tanya is a close friend and ex-lover of the AIDS patient.

Ursula

Ursula is a friend of the AIDS patient.

Victor

A friend of the AIDS patient, Victor recommends a "visualization therapist," a kind of alternative medicine based on the mind-body connection.

Wesley

Wesley is a friend of the AIDS patient.



Xavier

Xavier is a close friend of the AIDS patient. He brings a statue of Saint Sebastian to him at the hospital as a protection against pestilence.

Yvonne

A friend of the AIDS patient, Yvonne flies to New York from London for business and spends the weekend visiting him. She tells his friends that the attitude towards AIDS in the United States is less fearful and hysterical than it is in Britain.

Zack

Zack was an acquaintance of the AIDS patient. He died of AIDS the previous year.

Themes

Life and Death

The title of the story, "The Way We Live Now," refers to the lifestyle of a group of friends and of a wider community of people like them who have made a fundamental change in their attitudes and worldviews in light of the AIDS epidemic. The characters reflect on their growing intimacy with death, as their friend's health declines and other friends fall ill from the disease.

It is significant that Sontag chooses to end the story with the words "he's still alive," countering expectations that a story about a man with AIDS will end with his death. Sontag does not imply that the man will not die—which would be historically inaccurate given the treatments available at the time when the story is set—but makes a point of closing the story while his battle with the disease is still underway. This underscores her point that AIDS had become a way of *life*, not only for those who contracted it, but for the community at large.

Language and Meaning

In "The Way We Live Now," Sontag suggests that there is a connection between language and survival. The AIDS patient begins to keep a diary after he becomes ill; in addition, Quentin speculates that writing is a way of "slyly staking out his claim to a future time." The story closes with Ursula's observation that the difference between a story and a photograph is language's ability to move beyond the present tense: "In a story you can write, He's still alive. But in a painting or a photo you can't show 'still.'"

Sontag again connects the use of language to survival when Paolo and Stephen discuss the sick man's use of the word *AIDS*. They see it as a good sign when he begins to name his illness freely and casually, which is ironic, given that the word *AIDS* never appears in the story. The fact that the disease is left unnamed suggests that "the way we live now" is not healthy or honest. In her book *AIDS and Its Metaphors* Sontag seeks to demystify the disease by revealing the cultural myths that attach themselves to the medical condition, obfuscating its reality. In "The Way We Live Now" she shows such mythologizing at work among the patient's closest friends.

Friendship

The story illustrates the way that friendship grows and changes in the face of a crisis. The AIDS epidemic is represented through its impact on a group of friends that forms a collective identity when one of them is diagnosed with the disease. Moreover, the story shows how AIDS brings not only death, but changes in life. Yvonne describes the circuit of communication and caring that springs up around the AIDS patient as a "utopia of



friendship," which Kate modifies as a "pathetic utopia," as if to remind her of limits to how much their friendship can help him.

Sexuality

Sexuality is an important underlying theme of the story, a crucial element in the connection that holds the group of friends together. In the course of the story, they assume a group identity in caring for the man with AIDS; yet previously they had all been part of a circle of friends and lovers. Several of the characters—both male and female—are named as ex-lovers of the man with AIDS. He is bisexual, indicating a link between gay and straight worlds. Several members of the group have had affairs with one another, creating further links of love and risk between men and women, gay and straight.

In the words of one character, "everyone is at risk, everyone who has a sexual life, because sexuality is a chain that links each of us to many others, unknown others, and now the great chain of being has become a chain of death as well." The freedom to view sexuality as safe and positive is something that has been destroyed by the onslaught of AIDS. While homosexuality is closely associated with this phase of the AIDS crisis, Sontag is deliberate in representing sexuality *in general* as an important aspect of the disease and its impact.

Style

Point of View

The story's point of view is the most striking stylistic element of Sontag's story. It is told in the third person, through the voices of a large group of friends as they share information about a friend who has AIDS. No one character's perspective dominates the narration and the large number of characters creates a kaleidoscope effect. Within a single sentence, the perspective often shifts several times. The characters frequently disagree with each other and one of them, Quentin, objects to the constant references to the group as "we."

However, the experience forges a collective identity. The many individual voices that make up the group create a constantly shifting point of view, but the collective identity that they share lends the multiple points of view a certain unity. The fact that the friends are speaking to each other is more important than which particular friend is talking to another.

Dialogue

The story is narrated almost entirely through dialogue, with nearly all information expressed through the spoken words of the characters to one another. Sontag's use of dialogue is unusual not only because it plays such a large role in her telling of the story, but because it is presented in an idiosyncratic format, which means that she does not use the conventional paragraph breaks and quotation marks to distinguish between different speakers. Instead, she runs the dialogue of different speakers together, often using extremely long sentences to capture the flow of conversation. The very first sentence runs eleven lines and includes the comments of four different people. This has the effect of melding the identities of the different speakers and suggests the merging of their identities, as well as the urgency of their communication with each other.

Symbolism

In "The Way We Live Now" Sontag uses language, for the most part, in a realistic way. The conversations that make up the narration mimic the natural intonations and patterns of speech. The story represents a real situation and offers concrete historical details.

However, it can also be viewed as an allegory, where the characters and events represent larger ideas about the AIDS crisis. The story's symbolic quality is most clearly illustrated in Sontag's use of naming: she uses names in a manner that is intentionally unnatural, calling attention to the fact that the story is an artistic construct. The AIDS patient is never named and neither is his illness. While the way the characters talk is largely naturalistic, it is highly unlikely that real people would fail to mention the man's name in the course of their many conversations about him. The omission is symbolic of the

absence of his perspective in the story, and his underlying isolation from the friends that surround him.

The rest of the twenty-six characters are given distinctive first names, each beginning with a different letter of the alphabet. These friends, as represented by the alphabet, suggest the universal scope of the disease. The characters themselves are all part of a narrow sector of society—well-educated, liberal, urban sophisticates—but their alphabetical naming suggests that AIDS touches every kind of person, from A to Z. However, it also suggests that the man who has AIDS is left out of the collective experience. Sontag's use of naming suggests that he is not one of the "we" that react in response to the illness, but one of the "them" who becomes irrevocably "other" when he contracts it.

Historical Context

Gay Liberation in the 1970s

The story takes place in the mid-1980s, after AIDS had begun to decimate the gay population of Manhattan and other large urban centers. The lifestyle referred to in the title of the story stands in implicit contrast to "the way we used to live" before the AIDS epidemic. Sontag is careful to include characters of every sexual orientation, but gay history is a particularly pertinent context for her story.

In 1969, the Stonewall riots occurred to protest the police harassment of a bar in the New York neighborhood of Greenwich Village. Many gay men and women were inspired by the solidarity exhibited at the uprising, and several historians point to that moment as a defining one in the burgeoning gay rights movement.

The free, often promiscuous sexual attitudes of gay liberation were in some ways an outgrowth of the more widespread and mainstream sexual revolution of the 1960s, which resulted from women's access to abortion and birth control. Yet sexual freedom had special meaning to homosexuals, who, before their "liberation," had lived either without a community or in a highly secretive one, and who often and regarded their own sexuality as a sickness, sin, or shame. (It was not until 1973 that the American Psychiatric Association removed homosexuality from its list of mental illnesses.)

After Stonewall brought pride and attention to the homosexual community, gay men regarded promiscuity as a celebration of the unhampered male libido. While there were always people who saw this behavior as sordid and immoral, those who participated in the lifestyle viewed it as the reflection of a positive, optimistic, and even innocent time.

AIDS in the 1980s

In 1981 reports of a mysterious and deadly disease affecting homosexual men first hit the mainstream press. By 1983 it was acknowledged as an epidemic. That year the Assistant Secretary of Health announced that AIDS was the country's number one health priority. Haitians, hemophiliacs, and intravenous drug users were also identified as populations at high risk for AIDS, but it was still widely perceived as a "gay disease." There was public hysteria and a backlash against gay people in the face of false reports that casual contact might spread AIDS. This is the attitude Yvonne refers to when she calls the man in the story with AIDS "fortunate" because "no one's afraid to hug him or kiss him lightly on the mouth."

There was no medical explanation for the disease and no clear understanding of how it was spread until 1984, when French and American teams of doctors simultaneously discovered Human Immunodeficiency Virus (HIV) as the most likely cause of AIDS. As it became clear that AIDS was spread by intimate sexual contact or blood, there was

further hostility and moral judgment directed toward gay culture. The gay community itself responded with grief, shock, and denial.

Because sexual freedom was so closely associated with political liberation for this generation of gay men, many initially refused to change their risky behaviors. In the story Kate remembers asking the central character if he is being "careful, honey, you know what I mean," one night at a disco before he gets sick. He responds by saying, "No, I'm not, listen, I can't, I just can't, sex is too important to me." Safe sex guidelines were not initially effective, but as the AIDS crisis wore on, and gay men became more involved in organized AIDS prevention, safe sex became a community standard.

In the early and mid-1980s AIDS was concentrated in a few urban gay communities, with New York and San Francisco particularly hard hit. In 1984 more than a third of all reported cases were in New York City. By 1987, one in 25 gay men in Greenwich Village had AIDS. Shops in that neighborhood started to close earlier and pedestrian traffic was down forty percent. The disease had profoundly transformed what once had been the wild and thriving center of gay liberation.



Critical Overview

Sontag is a writer of amazing range, writing on subjects from photography to politics to the mythology of illness. Though her first novel *The Benefactor* appeared in 1963, her role as an intellectual has always overshadowed her career as a fiction writer.

In the 1960s Sontag published two maverick works of art criticism, *Against Interpretation* and *Styles of Radical Will*. These works, as well as her 1977 *On Photography*, made her one of the most recognizable and controversial intellectuals in American public life.

As she was finishing *On Photography* Sontag was struck with near-fatal cancer, an experience that inspired her to write *Illness as Metaphor*, which examines the cultural symbolism surrounding cancer. This book won her a new audience and more critical esteem.

Began as a three-page epilogue to *Illness as Metaphor*, *AIDS and Its Metaphors*, became the subject of her next book. Having lost a very close friend to the disease, Sontag applied the critical approach of the earlier book to the AIDS epidemic. Published in the midst of both hysteria and activism regarding AIDS, *AIDS and Its Metaphors*, was received with mixed reactions.

Sontag's interest in the AIDS epidemic also inspired one of her most successful works of fiction. "The Way We Live Now" first appeared in the *New Yorker* in 1986. The following year editor Ann Beattie selected it as the lead story in *The Best American Short Stories of 1987*, a popular series featuring fiction from the best literary and generalreadership magazines. At the decade's end, the story was also included in *The Best American Short Stories of the Eighties*.

In 1991 Noonday Press issued the story as an expensive and beautifully produced thirty-page paperback, with the addition of abstract etchings by British artist Howard Hodgkin. Sontag and Hodgkin donated the proceeds from the book to AIDS charities. Though these four publishing venues are all highly prestigious, the story was reviewed infrequently, mostly because Sontag never published it as part of a collection.

The few reviews of the story were uniformly positive. The *New York Times Book Review's* Gardner McFall compares the story to Trollope and Camus, adding that "its haunting effect belongs entirely to Ms. Sontag."

In this and several other short reviews, critics quote or paraphrase Sontag extensively in order to catch the flavor of her unusual narrative style, which they agree is uniquely suited to her subject matter. Barbara A. MacAdam of *ARTnews* praises Sontag's "fluid, stream-of-consciousness style, describing the way we come gradually to acknowledge AIDS and accommodate it in our own style of living, loving, joking, and just plain coping."



Rosemary Dinnage of the *Times Literary Supplement* characterizes the story as "a brilliant and chilling account of AIDS" and "a complete, minutely scaled dissection of attitudes toward death at its starkest." Both Dinnage and Leon S. Roudiez of *World Literature Today* point out connections between the story and Sontag's essay on the cultural myths surrounding AIDS, *AIDS and Its Metaphors*. Roudiez describes the story as "a remarkable, moving book" that also has a "eerie uncertainty . . . that draws one toward death while also refusing to accept the inescapable outcome."

In *Susan Sontag: Mind as Passion*, Liam Kennedy compares "The Way We Live Now" to *AIDS and Its Metaphors*, deeming the former "more successful in giving powerful and poignant expression to the 'universe of fear in which everyone now lives.'" He goes on to describe the story as a "daring application of the aesthetic of silence which renders the reality of AIDS more immediately personal than *AIDS and Its Metaphors*."

Criticism

- Critical Essay #1
- Critical Essay #2
- Critical Essay #3

Critical Essay #1

Madsen Hardy has a doctorate in English literature and is a freelance writer and editor. In the following essay, she addresses the question of why the story's characters are so hard to keep straight.

If you had trouble keeping track of the characters in "The Way We Live Now," consider yourself in good company. Reviewers at two prestigious publications confused the unnamed man at the story's center with one of the friends who gather around him. Barbara A. MacAdam of *ARTnews* refers to the AIDS patient as Stephen, who is, instead, one of his closer friends. Gardner McFall of the *New York Times Book Review* calls him Max, who is actually member of the circle of concerned friends who, late in the story, is himself diagnosed.

I point this out not to mar the reputations of two fine critics, but to call attention to an unusual and challenging aspect of Sontag's style. If reviewers— professional readers and writers—can't keep the characters straight, how are the rest of us expected to? The short answer is, we aren't.

Most short stories are about distinct, individual characters and how they interact with one another. Most have a protagonist, in addition to an array of other characters of varying importance. "The Way We Live Now," has no protagonist. The AIDS patient at its center is silent and nameless. The story represents the lifestyle and mentality of a large group of people who have been forced to respond to AIDS and treats them as minor and, to a certain degree, interchangeable characters.

Either Sontag has done a very bad job attempting to portray conventional characters, or she has chosen to portray them in an unconventional way for particular reasons. The fact that she includes twenty-six characters and names each of them beginning with a different letter of the alphabet is a clue that readers are not intended to consider each character as an individual person, but to step back and view them more abstractly—as the expression of an idea about life in the age of AIDS.

In her introduction to "The Way We Live Now" in *The Best American Short Stories of the Eighties*, editor Shannon Ravenel observes that "here the story's form is truly wed to its content." In this essay I will consider how Sontag's form relates to the social dynamics surrounding AIDS by looking at her techniques for representing character.

For the most part, Sontag simply withholds information about the relationships among the various small groups of characters who gather to share news and engage in the rambling, speculative talk that makes up the narrative. The story's characters are defined only in terms of what they say about the man who is ill and how they react to his illness. She doesn't mention what they do, where they live, and with whom they are closest.



Furthermore, she deliberately obfuscates who is speaking by writing in long sentences that run the speech of different characters together. For example, this mouthful:

He didn't want to be alone, according to Paolo, and lots of people came in the first week, and the Jamaican nurse said there were other patients on the floor who would be glad to have the surplus flowers, and people weren't afraid to visit, it wasn't like the old days, as Kate pointed out to Aileen, they're not even segregated in the hospital anymore, as Hilda observed, there's nothing on the door of his room warning visitors of the possibility of contagion, as there was a few years ago; in fact, he's in a double room and, as he told Orson, the old guy on the far side of the curtain (who's clearly on the way out, said Stephen) doesn't even have the disease, so, as Kate went on, you really should go and see him, he'd be happy to see you, he likes having people visit, you aren't not going because you're afraid, are you.

This passage offers a useful illustration of how the form of Sontag's writing de-emphasizes and even obscures the significance of individual characters in favor of evoking the mood and dynamics of the group. The passage describes some of the details of the sick man's first stay at the hospital and broaches the phobic fear of people with AIDS reflected in both hospital policies and the attitudes of friends. This information is communicated through the spoken words of four different speakers—Paolo, Kate, Hilda, and Stephen—in a single run-on sentence.

Speech is usually closely identified with individuality and carefully labeled to indicate which character is speaking. Yet Sontag eschews the conventional punctuation marks that would offer readers visual cues for distinguishing between one character's words and that of another character. There are no paragraph indents or quotation marks to separate the speech of different characters.

Because sentences are often so long, readers must gloss over the clauses that describe who is speaking to whom in order to follow the gist of the conversation: He didn't want to be alone . . . so lots of people came . . . there were other patients on the floor who would be glad to have the extra flowers . . . people weren't afraid to visit anymore, etc.

These choices about how to present the speech of different characters shape the reader's whole concept of character. You cannot linger on what one particular person says, or sort it out clearly from what another says, all while trying to reach the end of an eleven-line sentence.

Instead, the sentence carries you along with its momentum. You hear a chorus of panicked, reassuring, argumentative, joking, and despairing voices that interrupt each other and continue each other's thoughts. So why does Sontag use this stylistic technique for writing about the AIDS crisis? What does Ravenel mean when she says that Sontag's form is "truly wed to her content"?

Sontag compares the AIDS crisis to London during the Blitz of World War II and refers to the disease as "an exaggeration." To a certain extent, her style can simply be



understood as a representation of the pressured kind of conversation that takes place in an emergency. Sontag's long sentences express the friends' compulsion to communicate about the situation that is on their minds all of the time.

It seemed that everyone was in touch with everyone else several times a week, checking in, I've never spent so many hours at a time on the phone, Stephen said to Kate, and when I'm exhausted after the two or three phone calls made to me, giving me the latest, instead of switching off the phone to give myself a respite I tap out the number of another friend or acquaintance, to pass on the news." The characters are in crisis and do not rest when they would normally rest. Likewise, the sentence goes on and on when it really should stop.

The style also expresses the changed sense of priorities that emerge when a person is seriously ill. The individual identities of each friend and their separate interests become less important than their relation to the patient and his condition. They are "side effects," "the well," "at risk." Compared to the patient, whose situation is so extreme, the friends begin to think of themselves as a "we."

Yet this is not to say that AIDS brings a leveling of identity, that all characters become somehow the same as soon as one of them falls gravely ill. Some characters are more closely allied with each other than others. Some relationships are intimate, others cold.

Yet, depending on the example, it's either difficult or impossible to keep track of which is which: Quentin and Ira compete; Lewis and Frank have a falling out; Kate is a mediator. Yet this is revealed only because it relates to everyone's central concern: the AIDS patient. Sontag's style suggests that the specific details of what links various people is less relevant than the fact that they *are* linked. The long sentences that merge the speech of many characters emphasize the connection between various speakers—forged by their vehement reason for talking—even as it causes confusion.

Xavier comments that the man's illness sticks the friends "all in the same glue." This image of merging and mixing has specific meaning in the context of AIDS, which is spread through only the most intimate bodily contact. In the story, it has both positive and negative connotations.

There is much past and present intimacy within the circle of friends. The bonds of loyalty, caring, and closeness that form the patient's intimates into a "utopia of friendship" are, in some cases, potentially lethal. The AIDS patient has had sex with Lewis, Quentin, Tanya, Paolo, and Nora, "among others." The timing and nature of these relationships is unknown, but these characters are presumably at some risk of having contracted the virus from the man. Quentin, Lewis, Frank, Paolo, and Max are gay men and thus, demographically speaking, at higher risk than the rest of the population.

Yet Ellen notes that "everyone is at risk, everyone who has a sexual life, because sexuality is a chain that links each of us to many others, unknown others," a point Sontag stresses by including a full range of sexual preferences and orientations among



the twenty-six characters. The characters are linked by various kinds of intimacy, which is the source of their strength and their weakness, their comfort and their fear.

A corresponding idea of intimacy may also be gleaned from Sontag's style: she makes her sentences into chains. The lack of punctuation links the individual speakers. The sentences also stick characters "all in the same glue."

The merging between characters, which creates, at its best, a communion of concern, also has a deadly flip side: in the AIDS crisis love and death get mixed up. As one character muses, "now the great chain of being has become a chain of death as well." I would therefore conclude that the confusion Sontag creates by linking so many characters in her epic sentences is both intentional and effective. Such confusion is part of the way we live now.

Source: Sarah Madsen Hardy, *Short Stories for Students*, Gale, 2000.



Critical Essay #2

Brent has a Ph.D. in American Culture, specializing in film studies, from the University of Michigan. She is a freelance writer and teaches courses in the history of American cinema. In the following essay, Brent discusses the theme of death in Sontag's story.

Sontag's short story "The Way We Live Now" is about a man who is dying of AIDS. Although AIDS and HIV are not specifically mentioned in the story, it quickly becomes clear to the reader that this is the dreadful illness the man has contracted. In fact, the disease is mentioned only in terms which assume that AIDS is such an ubiquitous and dreaded presence at this point that all one need say is: ". . . what makes you think the worst, he could be just run down, people still do get ordinary illnesses, awful ones, why are you assuming it has to be *that*."

However, the story focuses less on the experience of the man with AIDS than it does on the group response of his wide circle of friends to the progression of his illness. The story is also more broadly about "the way we live" as a culture "now" that the AIDS epidemic—and the potential of any given individual to contract the HIV virus—has become a fact of modern life since the early 1980s.

Critics universally recognize the social milieu of the dying man's friends as a group of young, professional, New York intellectuals—and so the story charts the response of this particular subculture to the presence of death in their lives. The style in which the story is written captures the dense texture of "discourse" generated by the infected man's friends in response to the fact that he is dying of AIDS. In other words, the story is written as a composite of the excess of *talk* and discussion by which this group of intellectuals attempts to deal with death.

Although death is an existential reality that all human beings throughout history have had to face, the advent of the AIDS epidemic has made death a more immediate and widespread presence in the lives of many young adults in the United States, forcing them to grapple early in life with a wide spectrum of possible responses to death. Furthermore, by focusing on the survivors, rather than the victim, of the disease (although, as the atmosphere of the story indicates, every survivor is a possible next victim of AIDS), Sontag highlights the effect of the dying man's disease on the social structure of his circle of friends and acquaintances.

Although Sontag has been accused by critics of focusing her writing only on a relatively small, privileged, educated, elite segment of society, "The Way We Live Now" consciously highlights an excessively intellectualized group response to death which interrogates the nuances of human pettiness, competition, and self-interest which invariably accompany such nobler (though no less valid) reactions as commitment, compassion, and self-sacrifice to the dying of a cherished soul.

Sontag's narrative technique in this story captures a dense matrix of conversation carried out among the members of the dying man's social milieu: Max, Ellen, Tanya,



Orson, Frank, Jan, Quentin, Kate, Aileen, Greg, Donny, Ursula, Ira, Paolo, Hilda, Nora, Wesley, Victor, Xavier, Lewis, Robert, Betsy, Zack, Clarice, and Yvonne. Sontag intentionally confuses the reader with this complex and extensive web of voices precisely because she is not interested in the reaction of any one individual to the AIDS epidemic. Instead she explores the way "we," as a group, a society, a culture, attempt to make sense of something which is essentially incomprehensible—the end of a human life. Sontag thus weaves long, run-on sentences which reproduce the feverish pitch at which Stephen's friends attempt to talk their way through, or around, the presence of death at their doorstep. Note the opening sentence of the story:

At first he was just losing weight, he felt only a little ill, Max said to Ellen, and he didn't call for an appointment with his doctor, according to Greg, because he was managing to keep on working at more or less the same rhythm, but he did stop smoking, Tanya pointed out, which suggests he was frightened, but also that he wanted, even more than he knew, to be healthy, or healthier, or maybe just to gain back a few pounds, said Orson, for he told her, Tanya went on, that he expected to be climbing the walls (isn't that what people say?) and found, to his surprise, that he didn't miss cigarettes at all and reveled in the sensation of his lungs being ache-free for the first time in years.

In addition to exploring their own responses to their friend's illness, his friends maintain an incessant dialogue regarding both his physical health and his psychological state. Sontag's concern primarily with the *talk* generated by the man's friends is indicated by the frequent references throughout the story to the *process* by which his condition is evaluated, discussed, speculated upon, argued, and debated. The story is thus riddled with phrases such as: "Max said to Ellen," "according to Greg," "Tanya pointed out," "said Orson," "Tanya went on," "as Max pointed out to Quentin," and so on.

The dying man's friends also continually report to one another what he has said to them, as they all compare notes in order to produce a composite picture of how he is doing:

And when he was in the hospital, his spirits seemed to lighten, according to Donny. He seemed more cheerful than he had been in the last months, Ursula said, and the bad news seemed to come almost as a relief, according to Ira, as a truly unexpected blow, according to Quentin. . . .

The narrative is also riddled with references to whom he said what to, and who told whom what he had said to whom; this is captured in the third sentence of the story (emphases mine):

And *he said to Frank*, that he would go, even though he was indeed frightened, *as he admitted to Jan*, but who wouldn't be frightened now, though, odd as that may seem, he hadn't been worrying until recently, *he avowed to Quentin*, it was only in the last six months that he had the metallic taste of panic in his mouth, because becoming seriously ill was something that happened to other people, a normal delusion, *he observed to Paolo*, if one was thirty-eight and had never had a serious illness; he wasn't *as Jan confirmed*, a hypochondriac.



A further layering of discourse is indicated through reference, not only who said what about the dying man, but also who said what about a third party, or even about what the AIDS patient has said to a third party; for example (emphasis mine):

. . . or maybe just to gain back a few pounds, *said Orson, for he told her, Tanya went on*, that he expected to be climbing the walls . . .

In another example:

But is there anything one can do, *he said to Tanya (according to Greg)*, I mean what do I gain if I to the doctor; if I'm really ill, *he's reported to have said*, I'll find out soon enough.

The dying man's friends even comment on the excess of conversation among them:

It seemed that everyone was in touch with everyone else several times a week, checking in, I've never spent so many hours at a time on the phone, Stephen said to Kate, and when I'm exhausted after the two or three calls made to me, giving me the latest, instead of switching off the phone to give myself a respite I tap out the number of another friend or acquaintance, to pass on the news.

Sontag is further interested in the ways in which the friends of the dying man find that the habit of concerned discussion generated by such a crisis takes on a life of its own. Aileen suspects her motives in focusing so extensively on the friend's illness, suggesting that there is a measure of "excitement" in the process of responding to crisis: "I suspect my own motives, there's something morbid I'm getting used to, getting excited by, this must be like what people felt in London during the Blitz."

As Sontag is concerned with the effects of illness on the social structure of the loved one's circle of friends, she focuses attention on the ways in which the crisis elicits petty feelings of competition and jealousy among the dying man's friends and acquaintances; the crisis seems to elicit in them a desire to "jockey for position" in relationship to the dying man:

. . . but you could hardly expect him to have said the same thing to all his friends, because his relation to Ira was so different from his relation to Quentin (this according to Quentin, who was proud of their friendship), and perhaps he thought Quentin wouldn't be undone by seeing him weep, but Ira insisted that couldn't be the reason he behaved so differently with each, and that maybe he was feeling less shocked, mobilizing his strength to fight for his life, at the moment he saw Ira but overcome by feelings of hopelessness when Quentin arrived with flowers. . . .

As the illness progresses, this "jockeying for position" among the dying man's friends becomes more intense; it is worth quoting the long passage which captures the complex dynamics of competition which arise from their sincere concern for his well-being:

According to Lewis, he talked more often about those who visited more often, which is natural, said Betsy, I think he's even keeping a tally. And among those who came or



checked in by phone every day, the inner circle as it were, those who were getting more points, there was still a further competition, which was what was getting on Betsy's nerves, she confessed to Jan; there's always that vulgar jockeying for position around the bedside of the gravely ill, and though we all feel suffused with virtue at our loyalty to him (speak for yourself, said Jan), to the extent that we're carving out time every day, or almost every day, though some of us are dropping out, as Xavier pointed out, aren't we getting at least as much out of this as he is. Are we, said Jan. We're rivals for a sign from him of special pleasure over a visit, each stretching for the brass ring of his favor, wanting to feel the most wanted, the true nearest and dearest, which is inevitable with someone who doesn't have a spouse or children or an official in-house lover, hierarchies that no one would dare contest, Betsey went on, so we are the family he's founded, without meaning to, without official titles and ranks (we, we, snarled Quentin); and is it so clear, though some of us, Lewis and Quentin and Tanya and Paolo, among others, are ex-lovers and all of us more or less than friends, which one of us he prefers, Victor said (now it's us, raged Quentin), because sometimes I think he looks forward to seeing Aileen, who has visited only three times, twice at the hospital and once since he's been home, than he does you or me; but, according to Tanya, after being very disappointed that Aileen hadn't come, now he was angry, while, according to Xavier, he was not really hurt but touchingly passive, accepting Aileen's absence as something he somehow deserved.

Although one could interpret Sontag's story as in part a depiction of the pettiness and self-absorption of a group of over-privileged intellectuals when faced with the reality of suffering and death, Sontag's tone seems to be ultimately compassionate toward the friends of the dying man—and, indeed, toward all of us in the late twentieth century. All of the talk generated by the friends of the dying man is ultimately a symptom of the incomprehensible horror and tragedy of the death of a loved one—with its attendant reminder of one's own inevitable death—which has been made all the more present by the seemingly ubiquitous nature of AIDS.

As one friend of the dying man puts it: "Well, everybody is worried about everybody now, said Betsy, that seems to be the way we live, the way we live now." The ultimate horror and tragedy of the presence of the epidemic is poignantly expressed by the character Ellen: ". . . everyone is at risk, everyone who has a sexual life, because sexuality is a chain that links each of us to many others, unknown others, and now the great chain of being has become a chain of death as well."

Source: Liz Brent, for *Short Stories for Students*, Gale, 2000.



Critical Essay #3

Riser has a master's degree in English literature and teaches high school English. In the following essay, she discusses the theme and form in "The Way We Live Now."

It is not surprising that Susan Sontag's short story "The Way We Live Now" was published in 1987, the same year as Randy Shilts's journalistic work *And the Band Played On*, as well as the same year ACT UP, an AIDS activist organization, was formed. Shilts's groundbreaking book chronicles the AIDS epidemic in America, covering its political, scientific, and personal impact from the early 1980s, when AIDS was a little-known disease associated with the relatively small gay male community, to 1987, when practically all Americans perceived the threat of the disease looming over them or those they loved. ACT UP (AIDS Coalition to Unleash Power) was organized in response to the growing epidemic to increase awareness and force policy makers and researchers to give it their attention; the group did so through demonstrations and acts of civil disobedience. In contrast with Shilts's journalistic angle and ACT UP's activist approach, Sontag's response to the AIDS epidemic was through fiction. In her story "The Way We Live Now," Sontag develops the theme that, as a result of AIDS, "the way we live now" is in fear and isolation; to propel her message, she employs an unusual form as well as character voices and dialogue.

The initial impression of the story is of a cacophony of voices. The labyrinthine sentences (the first sentence is 133 words long), with names thrown around like confetti and no quotation marks despite the fact that many people are speaking, create a sense of confusion and chaos. This form reflects one of the aspects of "The Way We Live Now": life has become frantic and impersonal. The characters live in a fast-paced world where technology permeates every facet of life, and, despite surface appearances, technology ironically precludes them from actually connecting with each other. The character Stephen says, "I've never spent so many hours at a time on the phone." Later in the story, Yvonne flies in from London for a weekend to see her ailing friend. Tanya says to Lewis that "the thing I can't bear to think about . . . is someone dying with the TV on." Stephen and Yvonne may feel that they are using technology to enhance their friendships, but it really disconnects; it is too easy, too quick—Stephen has many brief conversations, and Yvonne comes in for only a weekend—while real human connections take time. The television, as Tanya observes, is a substitute for human interaction, and she mourns the idea of someone dying while watching it. Despite the fact that all of the characters who speak in the story seem to interact with each other, they do not really relate to each other in truly meaningful ways. Since none of the characters is developed fully, it can be assumed that they know each other only superficially. Furthermore, they do not know well the one person with whom they really need to connect—"him," the one suffering from the disease and obviously (at least to the reader) dying from it.

By the end of the first paragraph, which goes on for more than a page, it becomes clear that there is one person in the story who is *not* speaking, and ironically this person is the subject of everyone's conversations. "He," who in fact is *never* named in the story, is the one around whom the story revolves. Not only is "he" never named in the story, but also



the name of the disease from which he suffers is never mentioned-though it becomes clear that the disease is AIDS. Interestingly, his friends say that he himself uses the name of the disease, and say that this is a good sign:

From the start . . . he was willing to say the name of the disease As Stephen continued, to utter the name is a sign of health, a sign that one has accepted being who one is, mortal, vulnerable, not exempt, not an exception after all, it's a sign that one is willing, truly willing, to fight for one's life. And we must say the name, too, and often, Tanya added, we mustn't lag behind him in honesty.

The fact that the friends never name either him or the disease indicates that the friends have not accepted that he is mortal and, by extension, that they are mortal as well. At the same time that his friends are congratulating him for living honestly, they themselves are in denial.

The friends continue to exhibit this reluctance to confront the truth throughout the story. To Ellen's question, "how is he *really*?" Lewis responds, "But you see how he is . . . he's fine, he's perfectly healthy." It is obvious to both of them that this is not true, and yet they cannot bring themselves to talk about how he is "*really*." Quentin tells a story about Frank saying, in response to someone's comment that a man is dying, "I don't like to think about it that way." Frank, like the other friends, refuses to confront the reality of the situation. However, Quentin is not without blame in the reality-denial department: he intercepts the "bad news" about two acquaintances, and later about their friend Max, so that the unnamed "he" will not have to suffer the disheartening truths about the disease from which he suffers. All of these friends attempt to look out for their friend's best interests, but in doing so, they become guilty of dishonesty and denial. They seem really to be looking out for their own best interests.

A true postmodern story, "The Way We Live Now" has no reliable narrator. In other words, there is no single voice that the reader can trust to tell things the way they are. Instead, the story consists of many conflicting voices; this is a reflection of the many different types of friendships "he" has. The reader is told "You'd hardly expect him to have said the same thing to all his friends, because his relation to Ira was so different from his relation to Quentin (this according to Quentin, who was proud of their friendship)." In the same paragraph, Quentin says, "who wouldn't exaggerate at a time like this," throwing into question the trustworthiness of everything he, or any of the other friends, says. Even the title is an evasion: the story is really about the way we die today. Whereas once people had their family around them when dying from a terminal disease, now the reader is told that the mother in Mississippi is being kept "informed, well, mainly [kept] from flying to New York and heaping her grief on her son and confusing the household routine." When she finally does fly to New York, "he seemed to mind her daily presence less than expected." Everything is "according to" someone, or it is reported by one person who is reporting what somebody else has said. The story is made up of gossip and sound bites, and it is impossible to weed out the truth from the exaggerations from the evasions.



The story ceases to be about how the one afflicted with the disease copes with it and evolves into a tale about how the friends are affected by it. At first, the friends are frantic with concern, but, in time, the disease brings out some rather unsavory aspects of their personalities, though it is difficult to blame them for their flaws since they are so self-aware that they are able to articulate their own failings. For instance, Ellen says, "I suspect my own motives, there's something morbid I'm getting used to, getting excited by, this must be what people felt in London during the Blitz." Quentin asks whether it is possible that "being as close to him as we are . . . is a way of our trying to define ourselves more firmly and irrevocably as the well, those who aren't ill, who aren't going to fall ill, as if what's happened to him couldn't happen to us." Finally, Jan says, "I know for me his getting it has quite demystified the disease . . . I don't feel afraid, spooked, as I did before he became ill, when it was only news about remote acquaintances, whom I never saw again after they became ill." Intellectuals who stand back and observe themselves, all of the friends seem to be getting something out of his illness. This allows them to become removed from what is happening to their friend and to themselves; it is another tool for denial. As the friends discuss their own reactions to the disease, it becomes clear that the story is about them, and not about the one immediately afflicted with AIDS.

Yet, the friends are doing their best. They are human, and the disease brings out their humanity, with all its defects and its strengths. In this age of telephones, computers, fax machines, and airplanes, the disease, in contrast, is a biological force; though the disease is horrible and devastating, it brings these characters back into close contact with one another, forcing them to examine themselves and their relationships with others. The characters fail at accepting the reality of their friend's condition, but through the constant conversation of the community of friends, they do at least construct a network among themselves. At the end of the story, though the characters are still in denial—Tanya is shocked by the decline in his handwriting, Jan wonders "where [is] his anger," and they send his mother home to Mississippi—they do at least take some joy from the fact that he is "still alive." "The way we live now" is in fear and denial, but it is also in concern for others and in an attempt to make real connections—even if we are not successful in doing so.

Source: Emily Smith Riser, for *Short Stories for Students*, Gale, 2000.



Topics for Further Study

Why do you think that Sontag chose to tell the story from the perspective of the AIDS patient's many friends? How would the story be different if it were narrated from the perspective of only one friend or of the man with AIDS himself? Write your own version from another point of view.

One of the characters, Stephen, states that "to utter the name [of the disease] is a sign of health, a sign that one has accepted being who one is, mortal, vulnerable, not an exception after all, it's a sign that one is willing, truly willing, to fight for one's life." In the story, Sontag never names the disease. Why do you think that she never writes the word *AIDS*?

Research the Stonewall uprising of 1969 and the gay liberation movement that followed it. How does this historical context enhance your understanding of the story?

Sontag is known as a theoretician as well as a fiction writer. How are the main concerns of her essay *AIDS and Its Metaphors* reflected in the story? Take one of the main ideas from *AIDS and Its Metaphors* and explain how Sontag explores it in "The Way We Live Now."



Compare and Contrast

1984: There are 4,177 reported AIDS cases in the United States, with 1,600 of these in New York City. Homosexuals, Haitians, hemophiliacs, and intravenous drug users are the populations at highest risk for contracting AIDS.

Today: AIDS is on the decline in New York City. There are more than thirty million people infected with AIDS worldwide, the majority of them in sub-Saharan Africa. Heterosexual sex is the main method of transmission in the United States and worldwide

1984: There is no effective treatment against AIDS until 1985, when the Federal Drug Administration (FDA) approves a drug called AZT.

Today: AZT is still used to fight AIDS. When combined with a class of drugs called protease inhibitors, it is effective in delaying the onset of full-blown AIDS among people infected with HIV. The treatment entails taking costly and carefully timed "cocktails" of different drugs. The treatment dramatically increases the life expectancy of those infected.

1980s: The concept of "safe sex" is introduced by public health officials, bringing a new and explicit vocabulary of sexual acts into public discourse. The gay community is initially slow to accept safe sex guidelines, but as the decade wears on and the disease exacts its toll, gay men organize their own effective and innovative public health campaigns.

Today: "Safe sex" has become a standard in the gay community. It is acknowledged that no sex is completely "safe," so public health officials adopt a vocabulary of "safer sex" and "harm reduction."

1985: In July Rock Hudson announces that he has AIDS, making him the first national public figure to admit to suffering from the disease. On October 2, 1985 Hudson dies of the disease.

Today: In 1991 NBA basketball star Earvin "Magic" Johnson announced that he was HIVpositive and retired from the game. He remains in good health, is considered a role model for young people, and remains a popular public figure.

What Do I Read Next?

I, etcetera (1978), a collection of witty and inventive short stories by Sontag, concerns human behavior in the modern world.

In Sontag's *AIDS and Its Metaphors* (1989), she considers how society regards AIDS as a metaphor for invasion and pollution and argues against such symbolic ways of thinking about the disease.

The Plague (1913), a classic novel by French existentialist Albert Camus, is an account of an Algerian town leveled by the bubonic plague. It explores the themes of death and illness from a psychological and philosophical approach.

Borrowed Time: An AIDS Memoir (1988) is Paul Monette's moving memoir of his lover's twoyear struggle with AIDS. It offers an intimate glimpse into the author's confrontations with love and loss.

Tales of the City (1976) is the first volume of a six-book series by Armistead Maupin chronicling the life and times of the residents of a San Francisco apartment building. Maupin's colorful novels reflect the spirit of the times in the 1970s and 1980s.

Written by David Leavitt, *The Lost Language of Cranes* (1986) portrays the life of a young gay man living in New York.

Further Study

Andriote, John-Manuel, *Victory Deferred*, Chicago: University of Chicago Press, 1999.

Andriote offers a thorough and impassioned examination of the impact of AIDS on the image, culture, and politics of the gay community over the past two decades.

Lerner, Eric K., and Mary Ellen Hombs, *AIDS Crisis in America*, 2nd ed., Santa Barbara, CA: ABC-CLIO, Inc., 1998.

A clear and comprehensive overview of the rise of AIDS and its effects. Includes demographics, basic medical information, public policy, as well as reference materials and glossary.

Poague, Leland, *Conversations with Susan Sontag*, Jackson, MS: University Press of Mississippi, 1995.

This collection of twenty interviews with Sontag given between 1967 and 1993 offers insight into her views on arts and ideas, as well as some personal background.

Shilts, Randy, *And the Band Played On: People, Politics, and the AIDS Epidemic*, New York: St. Martin's Press, 1987.

Chronicles the AIDS crisis from its very beginning. The book focuses on the difficulties of forming an effective public health response and criticizes the government for its silence on the issue.



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Introduction

Purpose of the Book

The purpose of Short Stories for Students (SSfS) is to provide readers with a guide to understanding, enjoying, and studying novels by giving them easy access to information about the work. Part of Gale's □For Students□ Literature line, SSfS is specifically designed to meet the curricular needs of high school and undergraduate college students and their teachers, as well as the interests of general readers and researchers considering specific novels. While each volume contains entries on □classic□ novels



frequently studied in classrooms, there are also entries containing hard-to-find information on contemporary novels, including works by multicultural, international, and women novelists.

The information covered in each entry includes an introduction to the novel and the novel's author; a plot summary, to help readers unravel and understand the events in a novel; descriptions of important characters, including explanation of a given character's role in the novel as well as discussion about that character's relationship to other characters in the novel; analysis of important themes in the novel; and an explanation of important literary techniques and movements as they are demonstrated in the novel.

In addition to this material, which helps the readers analyze the novel itself, students are also provided with important information on the literary and historical background informing each work. This includes a historical context essay, a box comparing the time or place the novel was written to modern Western culture, a critical overview essay, and excerpts from critical essays on the novel. A unique feature of SSfS is a specially commissioned critical essay on each novel, targeted toward the student reader.

To further aid the student in studying and enjoying each novel, information on media adaptations is provided, as well as reading suggestions for works of fiction and nonfiction on similar themes and topics. Classroom aids include ideas for research papers and lists of critical sources that provide additional material on the novel.

Selection Criteria

The titles for each volume of SSfS were selected by surveying numerous sources on teaching literature and analyzing course curricula for various school districts. Some of the sources surveyed included: literature anthologies; Reading Lists for College-Bound Students: The Books Most Recommended by America's Top Colleges; textbooks on teaching the novel; a College Board survey of novels commonly studied in high schools; a National Council of Teachers of English (NCTE) survey of novels commonly studied in high schools; the NCTE's Teaching Literature in High School: The Novel; and the Young Adult Library Services Association (YALSA) list of best books for young adults of the past twenty-five years. Input was also solicited from our advisory board, as well as educators from various areas. From these discussions, it was determined that each volume should have a mix of □classic□ novels (those works commonly taught in literature classes) and contemporary novels for which information is often hard to find. Because of the interest in expanding the canon of literature, an emphasis was also placed on including works by international, multicultural, and women authors. Our advisory board members□educational professionals□ helped pare down the list for each volume. If a work was not selected for the present volume, it was often noted as a possibility for a future volume. As always, the editor welcomes suggestions for titles to be included in future volumes.

How Each Entry Is Organized



Each entry, or chapter, in SSfS focuses on one novel. Each entry heading lists the full name of the novel, the author's name, and the date of the novel's publication. The following elements are contained in each entry:

- **Introduction:** a brief overview of the novel which provides information about its first appearance, its literary standing, any controversies surrounding the work, and major conflicts or themes within the work.
- **Author Biography:** this section includes basic facts about the author's life, and focuses on events and times in the author's life that inspired the novel in question.
- **Plot Summary:** a factual description of the major events in the novel. Lengthy summaries are broken down with subheads.
- **Characters:** an alphabetical listing of major characters in the novel. Each character name is followed by a brief to an extensive description of the character's role in the novel, as well as discussion of the character's actions, relationships, and possible motivation. Characters are listed alphabetically by last name. If a character is unnamed—for instance, the narrator in *Invisible Man*—the character is listed as "The Narrator" and alphabetized as "Narrator." If a character's first name is the only one given, the name will appear alphabetically by that name. Variant names are also included for each character. Thus, the full name "Jean Louise Finch" would head the listing for the narrator of *To Kill a Mockingbird*, but listed in a separate cross-reference would be the nickname "Scout Finch."
- **Themes:** a thorough overview of how the major topics, themes, and issues are addressed within the novel. Each theme discussed appears in a separate subhead, and is easily accessed through the boldface entries in the Subject/Theme Index.
- **Style:** this section addresses important style elements of the novel, such as setting, point of view, and narration; important literary devices used, such as imagery, foreshadowing, symbolism; and, if applicable, genres to which the work might have belonged, such as Gothicism or Romanticism. Literary terms are explained within the entry, but can also be found in the Glossary.
- **Historical Context:** This section outlines the social, political, and cultural climate in which the author lived and the novel was created. This section may include descriptions of related historical events, pertinent aspects of daily life in the culture, and the artistic and literary sensibilities of the time in which the work was written. If the novel is a historical work, information regarding the time in which the novel is set is also included. Each section is broken down with helpful subheads.
- **Critical Overview:** this section provides background on the critical reputation of the novel, including bannings or any other public controversies surrounding the work. For older works, this section includes a history of how the novel was first received and how perceptions of it may have changed over the years; for more recent novels, direct quotes from early reviews may also be included.
- **Criticism:** an essay commissioned by SSfS which specifically deals with the novel and is written specifically for the student audience, as well as excerpts from previously published criticism on the work (if available).



- Sources: an alphabetical list of critical material quoted in the entry, with full bibliographical information.
- Further Reading: an alphabetical list of other critical sources which may prove useful for the student. Includes full bibliographical information and a brief annotation.

In addition, each entry contains the following highlighted sections, set apart from the main text as sidebars:

- Media Adaptations: a list of important film and television adaptations of the novel, including source information. The list also includes stage adaptations, audio recordings, musical adaptations, etc.
- Topics for Further Study: a list of potential study questions or research topics dealing with the novel. This section includes questions related to other disciplines the student may be studying, such as American history, world history, science, math, government, business, geography, economics, psychology, etc.
- Compare and Contrast Box: an "at-a-glance" comparison of the cultural and historical differences between the author's time and culture and late twentieth century/early twenty-first century Western culture. This box includes pertinent parallels between the major scientific, political, and cultural movements of the time or place the novel was written, the time or place the novel was set (if a historical work), and modern Western culture. Works written after 1990 may not have this box.
- What Do I Read Next?: a list of works that might complement the featured novel or serve as a contrast to it. This includes works by the same author and others, works of fiction and nonfiction, and works from various genres, cultures, and eras.

Other Features

SSfS includes "The Informed Dialogue: Interacting with Literature," a foreword by Anne Devereaux Jordan, Senior Editor for Teaching and Learning Literature (TALL), and a founder of the Children's Literature Association. This essay provides an enlightening look at how readers interact with literature and how Short Stories for Students can help teachers show students how to enrich their own reading experiences.

A Cumulative Author/Title Index lists the authors and titles covered in each volume of the SSfS series.

A Cumulative Nationality/Ethnicity Index breaks down the authors and titles covered in each volume of the SSfS series by nationality and ethnicity.

A Subject/Theme Index, specific to each volume, provides easy reference for users who may be studying a particular subject or theme rather than a single work. Significant subjects from events to broad themes are included, and the entries pointing to the specific theme discussions in each entry are indicated in boldface.



Each entry has several illustrations, including photos of the author, stills from film adaptations (if available), maps, and/or photos of key historical events.

Citing Short Stories for Students

When writing papers, students who quote directly from any volume of Short Stories for Students may use the following general forms. These examples are based on MLA style; teachers may request that students adhere to a different style, so the following examples may be adapted as needed. When citing text from SSfS that is not attributed to a particular author (i.e., the Themes, Style, Historical Context sections, etc.), the following format should be used in the bibliography section:

□Night.□ Short Stories for Students. Ed. Marie Rose Napierkowski. Vol. 4. Detroit: Gale, 1998. 234-35.

When quoting the specially commissioned essay from SSfS (usually the first piece under the □Criticism□ subhead), the following format should be used:

Miller, Tyrus. Critical Essay on □Winesburg, Ohio.□ Short Stories for Students. Ed. Marie Rose Napierkowski. Vol. 4. Detroit: Gale, 1998. 335-39.

When quoting a journal or newspaper essay that is reprinted in a volume of SSfS, the following form may be used:

Malak, Amin. □Margaret Atwood's □The Handmaid's Tale and the Dystopian Tradition,□ Canadian Literature No. 112 (Spring, 1987), 9-16; excerpted and reprinted in Short Stories for Students, Vol. 4, ed. Marie Rose Napierkowski (Detroit: Gale, 1998), pp. 133-36.

When quoting material reprinted from a book that appears in a volume of SSfS, the following form may be used:

Adams, Timothy Dow. □Richard Wright: □Wearing the Mask,□ in Telling Lies in Modern American Autobiography (University of North Carolina Press, 1990), 69-83; excerpted and reprinted in Novels for Students, Vol. 1, ed. Diane Telgen (Detroit: Gale, 1997), pp. 59-61.

We Welcome Your Suggestions

The editor of Short Stories for Students welcomes your comments and ideas. Readers who wish to suggest novels to appear in future volumes, or who have other suggestions, are cordially invited to contact the editor. You may contact the editor via email at: ForStudentsEditors@gale.com. Or write to the editor at:

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