

AIDSTimes

Representing AIDS in an age of anxiety

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ABSTRACT. A key aspect of the medical definition of AIDS was its temporal element. In dominant accounts of the condition the structures of understanding are predicated upon the development over time of symptoms, knowledge and discovery. Time plays a central part in the cultural representations of health and disease. This has an impact on questions of agency, self-activity and potential futures. At a particularly anxious moment for British state health education, different temporal structures were employed in HIV/AIDS health education to attempt to maintain the hegemonic views on sexual behaviour in the light of the condition. **KEY WORDS** • AIDS • health advertising • representation • time

As a medical condition AIDS was from the beginning of its discursive 'naming' defined in temporal terms. Further, it is possible to see that at a particular highly charged moment of government intervention into the public discourse of AIDS the contradictions, limitations and problems of such an intervention manifested themselves in the array of temporal manoeuvres employed within the material produced by the health education programme. At this moment within the history of the epidemic, around the mid-1980s to the early 1990s, a number of temporalizations were employed within media representations to increase public awareness of the condition as the focus of the campaign shifted to an intention to 'inform' and away from merely generating a sense of 'panic'. In this article I want to consider certain representations of HIV/AIDS and to argue that the sense that was made of this relatively new and developing condition, through various discourses and representational orders, relied heavily upon particular temporal categories of understanding that also worked to contain the potential disruption posed to dominant views on health and sexuality.

Structures of temporality are intrinsically related to political formulations of

experience, expectation and possibility within the social realm (Osborne, 1995: 200). Centrally, questions of agency are predicated upon possibilities of action, effect and outcomes or potential futures; therefore anything which in one way or another seeks to limit this potential is implicated in a political struggle over meaning and history. Within the discourse of health and medicine it has long been recognized that there are many instances of subjects being shifted to different temporal registers in an attempt to reimpose a balance and an order onto that which is disruptive, that is, the ill (Frankenberg, 1992: 25). What I will consider in this article are examples of representations of HIV/AIDS that illustrate how this process has manifested itself within the discourse of AIDS. At a certain point in the history of the epidemic there becomes evident a struggle to make sense of the condition that relies on the foregrounding of particular temporal strategies to effect the desired response from the public.

Representation in the realm of mediated communication is structured by a process of temporal displacement of symbolic forms which are relocated into a context different from that in which they were produced (Thompson, 1995: 30). What concerns me most in this article is photographic representation. As a process, photography is the capturing over time of an image onto film from which prints are then made. The indexical nature of the photograph has given it a profoundly authoritative role in cultural understandings of truth and for this reason genres such as documentary are underpinned by claims to realism. At any given time the image itself is activated within a discourse described by the framing sign system or, to use Roland Barthes' term, its anchorage (1977: 39), that gives it an illusory sense of closure and stable meaning. The relationship between the plastic image and the framing text is an area of potential disjuncture where the ideological mobilization of the image can be made visible and therefore subject to scrutiny.

For the social understanding of AIDS, photography was a primary source of meaning. The visualization of this new and threatening condition was an urgent task for all aspects of the AIDS discourse from science to the mass media. Such representations allow for the strategic fixing of the threat of disease from which boundaries can be established (Gilman, 1988: 2). The codification of the disease so that it can be 'seen' is predicated on conceptual categories of morality and pollution (Douglas, 1966/1984: 37). Once the 'agent' can be seen it can be identified and once identified it can be policed.

As a new condition officially 'named' in 1982 AIDS was explained by reference to pre-existing structures of understanding in both medical and wider social terms; sense could only be made of it in relation to already established representations. The cultural coordinates of its emergence – disproportionately affecting gay men and in part sexually transmitted – immediately saw it become part of an agenda of political reaction epitomized by the Reagan and Thatcher regimes in the USA and UK respectively (Neale, 1991). The emergence of

AIDS as a potential epidemic at this moment became a focal point for an attempt to reassert a conservative moral order in the face of social instability and to question the contemporary tenets of everyday life. As Lupton (1994) argues, the symbolic nature of illness is mobilized to make sense of perceived threats to the established social order. In the case of AIDS and its initial association with sexual transmission could be seen the drawing upon a repertoire of images of the stigmatized deriving from the moral paradigm established by previous sexually transmitted diseases. As Gilman (1988: 7) details, the text of AIDS was read through the earlier readings constructed around sexually transmitted disease and specifically syphilis. We can see that both of the primary representations of the syphilitic – woman as seductress, male victim as isolated and melancholic – are associations that were heavily relied upon by dominant discourses of AIDS and the examples considered in this article are far from atypical. AIDS, therefore, became a site of struggle over issues of legitimacy, sexual difference and disease; further, it became a locus for the questioning of the very terms of understanding and representing the body (Watney, 1989: 9).

With regard to the condition itself, by 1991 Jeffrey Weeks was arguing that there had been three distinct phases in the social response to AIDS: 1981–2, a period he refers to as ‘the dawning crisis’, in which a growing sense of anxiety was matched by systematic indifference on the part of governments to the lives of those most affected; 1982–5, a period of moral panic that saw the escalation of the media’s vitriolic treatment of gay men and the perpetuation of the attitude that the condition was self-inflicted, while gay organizations worked to develop safer-sex education strategies; and 1985–91, a period defined by ‘crisis management’ as governments at last made efforts to address what was now recognized to be a potential general risk (1991: 116–22).

I want to argue that the anxiety generated by the discourse of AIDS in the public domain manifested itself in a range of representational temporalizations and strategies, both dominant and resistant. As a fundamentally politicized disease AIDS is engaged in a struggle over the social meanings of time and the possibilities offered by them. Taking Volosinov’s point about the contested nature of discourse as a useful context in which to consider the matrix of representations around this issue, we can see that over time the meanings that circulate are being continuously negotiated and renegotiated within the existing relations of power in society (Volosinov, 1986: 21).

Narratives of AIDS

Narrative is the ordering within a space–time configuration of significant events. It is worth starting with a consideration of this in relation to AIDS to establish some of the defining patterns of understanding. Within dominant

accounts of the progressive stages of AIDS, the first was the body's reaction to the initial HIV infection; followed by a latent period before the development of symptoms of the 'full-blown' condition; and finally inevitable death. This narrative was offered as the defining script of those living ('dying') with AIDS. When through the 1980s the epidemic accelerated and scientists and writers began to cast a longer view back over its emergence and subsequent patterns of distribution two key points of origin needed to be established: first, where and among whom was the disease transmitted? Second, how had it entered society?

The canonical text in this regard is Randy Shilts's book *And The Band Played On* (1988). The authority that Shilts claims for this account is his status as a journalist and someone, therefore, who doesn't engage in any 'fictionalization', as he puts it (p. 623). This reliance on the merits of documentary as a genre of truth telling is evident in the structuring narrative techniques he employs to draw the reader through the account. He relies primarily on prefacing each episode in his account of the developing discovery of illnesses and the virus by foregrounding the authenticating coordinates around which the events are viewed to reassure the reader of the mimetic function of the text. On the first page of the narrative proper there are two separate sequences:

July 4, 1976

New York Harbor

Christmas Eve, 1976

Kinshasa, Zaire

Later as the intertwining narrative threads become more complex, by p. 38:

October 1

Davies Medical Center, San Francisco

This foregrounds four defining axes for the construction of the narrative: (1) calendar time, chronological and objective; (2) the site of activity, usually institutional; (3) the geographical coordinates of the event; (4) an account in the first person. Such a temporal sequence of events is of defining importance in any narrative of AIDS.

Shilts foregrounds the seeming objectiveness of calendar time in each subheading but what is then detailed is an individual action given significance by being assigned meaning purely because of its position within the narrative structure, a structure that adheres to the formal coherence of beginning, middle and end. What is denied or disguised, therefore, is the process of selection of particular moments over others to establish a hierarchy of significance that is presented as neutral. Narratives may appear to be merely the ordering of events present in the real world and reflected in a text, but this disguises not just the selection and ordering process of these events from real life or memory but also that the events themselves only assert relevance and a meaning in the light of the

overall narrative. The events need to be *constituted* in relation to the narrative as a whole (Propp, 1968: 21). Shilts's 'zero-point' from which the narrative is generated is the bicentennial celebrations of the founding of the American state. At this deeply symbolic moment, celebrating the mythology of nationhood, the virus is brought in and begins its unnoticed infiltration. Shilts writes: 'This was the part the epidemiologists would later note, when they stayed up late at night and the conversation drifted toward where it had all started and when' (1988: 3).

This aspect of time is of course always intrinsically linked to its relational category of space. Shilts always presents these two together as a realistic device that is stylistically familiar to the reader. Throughout the account he switches between two opposing symbolic spatial zones, one of disease and one of science, or, put another way, one of disorder and one of order. The institutional spaces of medical science act as the primary sites for establishing meaning in the face of chaos. Within this space Shilts designates various individuals to serve as figures of dedicated scientific endeavour who seek out and establish the links between instances of disease and inexplicable events. As Jacques Leibowitch states in his account of the discovery of HIV:

To disentangle, to decipher, to classify, to give meaning to all this chaos, the first requirement is to understand what is happening. Medicine hastily must know, and reveal what it knows. Where, how, who, why, since when, and, as fast as possible, through whom does the evil come? (1985: 3)

Central to this process is the development of what Gilman calls a 'geography' of AIDS: the establishing of the origin of the virus as distant from the social body and its later introduction into it (1989: 321). This is why the geographic co-ordinates of each section of the narrative are foregrounded. Borders and origins appear and reappear throughout dominant narratives of HIV/AIDS and have been the primary concern of governments in their desire to impose systems of exclusion.¹

Rock Hudson

AIDS was described in temporal terms from the beginning of its scientific definition. Susan Sontag wrote of the difference between AIDS and that other highly metaphorized disease, cancer:

Cancer is first of all a disease of the body's geography, in contrast to syphilis and AIDS, whose definition depends on constructing a temporal sequence of stages. (1988/1991: 108)

An illustration of this can be seen in an example of the news coverage of the death of Rock Hudson in 1985, a significant moment that signalled a profound

honesty' in keeping his sexuality a secret is his development of symptoms of AIDS. The emphasis on the transformation of Hudson's body was taken up with such vigour by the media because it conformed to the dominant view that AIDS needed to be seen as the result of degenerate and deviant behaviour (Watney, 1987: 20–1). It needed to be seen as the final physical and highly visible stage of the descent into moral turpitude. The opposition of beautiful/ugly slips into healthy/diseased, where the loss of his good looks signals his loss of health.

The caption states 'from screen idol to a wasted shadow in 18 months' when, in fact, the effect is from 'idol to shadow' in an *instant* by the very construction of the visual frame. Hudson has gone from healthy to ill, from beautiful to ugly and from heterosexual to homosexual in the flick of an eye at this moment of revelation. A tension exists, therefore, between the textual account and the visual representation where the former emphasizes the temporal and the latter the instantaneous.

Representations such as these point to an increasing anxiety in the relationship between desire and the idealized body. If appearances can be so deceptive with regard to categories of healthy/diseased and heterosexual/homosexual for the masculine body, then what effective strategies can be adopted to provide a secure grounding once more for sex and desire?

Health Advertising

If narratives offer the possibility of a coherent and reassuring sense of identity through the construction of order and closure, this is not necessarily the limit of their function. A historical overview of a particular discourse or social process can also allow for the consideration of those moments, or junctures, when action taken in one direction as opposed to another can have far-reaching consequences (Callinicos, 1995: 210). Within the history of HIV/AIDS education in Britain it is possible to identify just such a significant moment. The medical historian Virginia Berridge points to 1988 as the moment when the British government, acting through the Health Education Authority (HEA), attempted to shift the message from one supported by ominous imagery of doom to one intended to inform and subsequently alter individual behaviour (Berridge, 1991: 180). It was also a moment when AIDS had become a highly visible political issue, building up over the course of the previous two years, a period typified by Berridge as marked by a growing sense of panic within government health circles. The period from the early 1980s to 1986 was one of general indifference to the growing epidemic, which reflected the dominant attitude to the constituencies most affected by it but which, to an extent, allowed those directly involved to define the limited response. I want to argue that this moment in 1988 is important because it is characterized by a shift to the 'normalization' of

the disease and is therefore revealing of many of the tensions inherent in such a project.

The use of the term 'normalization' points to the thinking that underpinned dominant attitudes towards gay men and others who had been most affected by the epidemic. Any notion of 'normal' implies its binary opposite, 'abnormal': the realm of otherness and difference that is multiply-determined by the range of transgressive bodies and practices that are continuously posed as threatening to the social order. Attempts to maintain boundaries around categories of risk were subject to the pressure generated by the need to recognize the potential dangers posed by the hidden spread of the disease. This normalization of difference (Brown, 2000) entailed the extension of social governance into areas largely unregulated at that point. As Foucault (1979) has detailed, the discourse of medicine set itself up in the late 18th century as the agent of surveillance and control in relation to matters of public hygiene. Such discourses work not to simply identify and manage but to produce the very categories and identities of 'deviant' and 'marginal'.

The rhetoric of public health is structured not as explicitly disciplinary but is coded in terms of universals and essential truths (Lupton, 1994). The political and economic imperative for the state to control bodies en masse requires strategies of containment of infectious diseases at the same time as instilling the fundamental need for self-regulation. AIDS was therefore always understood and defined, at every level from the cellular to the nation state, as invasive, unseeable and destabilizing.

This latter stage of normalization signaled a shift away from what was seen as a reliance on stereotypical representations of AIDS 'victims'. It was now seen as counterproductive to place the emphasis on the 'AIDS look', given that the message that needed to be promulgated was that someone with HIV does not look any different from anyone else (Kitzinger, 1995: 58). This shift entailed a change in strategies of representation of those with HIV/AIDS. To begin to address the potentially destabilizing effects of the spread of HIV/AIDS through heterosexual society the emphasis was put on the 'silent' spread of the virus – the period when there was an absence of any visible signs of the condition. This was effected by the introduction of a temporal element into many of the adverts produced in an attempt to get home the message that someone could be infected by the virus for years and be unknowingly passing it on to others before developing identifiable symptoms of AIDS. This aspect, while not necessarily emphasized in earlier public health mass media campaigns, was established on the basis of the scientific definition. I want to consider three specific adverts produced under the aegis of the HEA as part of its programme of raising awareness among a public which, up to this moment, had been informed by media scare stories and a morally conservative agenda, producing a substantial campaign of disinformation (Watney, 1989).

dialogue, questioning or intervention. Actually looking like a tombstone, the advert employs the ultimate guillotine on discussion – the spectre of death. As John Berger points out, within the dominant western understanding of time there is not a plurality of times but a single, universal temporal law which remorselessly advances towards finality. Rather than there being a realm of possibility and potential, there is a continuous sense of loss and lack – where what is offered is time as ‘both a sentence and a punishment’ (Berger, 1984: 38).

Time is employed as an agent of social control within this realm of public health. Offering a caricature of a dialogue by asking a question, it is in fact monologic, given that it provides a single answer; its rhetoric is one that operates to close down and deny any other potential response given that both question and answer issue from the same authoritative voice. Its rhetorical structure is significant in that it operates not on an obviously ideological level of the grand scale but on a ‘little’ scale; its power is in its seeming everydayness, its unarguable straightforwardness, its common-sense (Shotter and Billig, 1998: 20). This is not to deny the experience of many of those with HIV who go on to develop AIDS, nor to deny the very real and tragic deaths of many people from AIDS-related illnesses, but rather to emphasize that an identification with HIV/AIDS makes one subject to the forces inherent in the medical discourse of health and illness whose currency is time. Like possession of every other currency it allows for the exchange of a commodity, whether it be on a material or a symbolic level, and is therefore expressive of the unequal distribution of power within society (Adam, 1992). To extend the economic metaphor further, this concept of time can be seen in relation to the concept of commodification, that is, the abstraction and externalization of what is actually produced by individuals but viewed as transcendent (Marx, 1890/1954: 76–87). The social relations inherent in the actual situation become reified to an abstracted realm of supra-human fate. What the advert illustrates is that once individuals become subjects of the medical discourse it exerts a pressure on them to conform to its values. This pressure is almost impossible to resist and has a deeply disciplinary function.

Such a construction was needed at this moment as the government was compelled by public pressure to be seen to be responding to this new and dangerous condition, a condition associated with a defining aspect of modern society, sexual behaviour. What this particular advert offers is a highly visible intervention within the public discourse but one whose narrative is fundamentally closed. It works to present a narrative sequence that is predetermined by positing a closed future that is predicated upon an unalterable present. Its deeply ideological function is a denial of the existing potential of an open future viewed in terms of a present which is subject to change. The three dimensions of phenomenological time – past, present and future – are not merely aspects of a universal category that exists over and above the social against which our

experiences can be plotted; rather, there are various temporalizations that offer alternative and contending structures of experience. Any particular conception of the present is itself a reference to the past or future. With respect to dominant narratives of People With AIDS, this is presented along the lines of past-transgression, present-agent of infection, future-death (the absence of future). A regime of fear is maintained by such an operation, premised on the symbolic social death associated with seropositivity that is presented as a deterrent for those who are not positive; the maintenance of control of the present is predicated on the lack of a future or threat of it.

As Lynda Nead clearly identifies, such a narrative was the dominant myth established around the deviant category of the prostitute in Victorian Britain. The narrative of fall, decline and death had the air of being as 'immutable as the laws of nature' (Nead, 1988: 140). An essential component of the representation of prostitutes in this period is the subject as both victim and agent of chaos where the mark of venereal disease served as the visible sign of immorality and deviance. As Nead points out, the reality of women involved in prostitution was far from such a simple narrative. William Acton's report in 1857 came to the conclusion that prostitution was actually a transitory state rather than one of inevitable decline (Nead, 1988: 148). The function of prostitution as a metaphor for chaos and disorder is paralleled by that of AIDS. In both, deviance was defined in the individual as both source of contagion and as passive victim, subject to control by health and medical regimes. Those who have experienced the disempowering processes of medicine through diagnosis and treatment for serious illnesses such as cancer point to the denial of individuality and free will as a function of the fear and lack of hope that define the cultural understanding of illness.²

This can be clearly identified in the advert in Figure 2, where there is no dialogue, only the anonymous voice of authority, an authority that appeals to a transcendental order such as that of fate or natural law that by definition does not allow agency to exist. An example of closure on the condition, such an authoritative statement is an imposition of a particular temporal structure that collapses the distance between the two points (or potential points) and works to silence the questions of self-determination.

According to the medical sociologists Wellings and McVey, the 'Time' advert was one of two that had the biggest impact on the public perception of the disease out of all those produced during the campaign. As they wrote in an evaluative essay on the campaign and its reception:

Interestingly, the two advertisements with apparently higher impact, that is, 'What is the difference between HIV and AIDS: Time' and 'Two faces of a woman', were also those which attracted the most attention in terms of media coverage, a fact which may not be coincidental but may reflect the power of the media in guiding selective attention of the public to advertisements, since these

were the advertisements which received the most editorial coverage. (Wellings and McVey, 1990: 111)

This second advert mentioned by Wellings and McVey was part of the same campaign. 'Two faces of a woman' (Figure 3a and b) warrants examination here because of the way in which the advert was constructed to be read. The reader saw the full-page image on the right-hand side of the newspaper with the words 'If this woman had the virus which leads to AIDS, in a few years she could look like the person over the page', and turned the page to be confronted with exactly the same image of the woman and the words: 'Worrying isn't it'. The advert is gendered in that it is a male (uninfected) viewer who is positioned to be seduced by the deadly female, a familiar trope of the discourse around sexually transmitted diseases (McGrath, 1990: 147). It also points to the positioning of those infected as women with a corresponding social status (Wilton, 1997: 133-4). The temporal aspect of the advert once more works on a fundamentally ideological level. By presenting a body unmarked by any visible signs of disease the advert seems to be trying to undermine the stereotype of someone seropositive who later develops symptoms of AIDS. There are several markers present in the image that signal that the woman is to be desired by the viewer who then pauses to contemplate the fear of contagion not from an ugly body but from a beautiful body. This generates a growing sense of anxiety around the presence of desire in the viewer, as culturally dominant representations are themselves questioned and subverted. Because AIDS had until then been associated with the moral agenda of the homosexual body as visibly punished for transgression with the marks of disease, an anxiety is activated by the temporal aspect of the advert. This time the temporal structuring of the advert creates a space for a lurid sense of horror to be imagined, only to be denied, giving the viewer a (negative) moment of shock. There is more than one reading of this double image as it is possible to take the counter-message that even if you are seropositive and practising safer sex there is no reason why you should not be attractive, sexually active and live a long life. However, the preferred reading is clearly shaped by the framing text that carries a morally loaded message:

Obviously the more people you sleep with the more chance you have of becoming infected.

However, the second image is not in fact of someone who has aged by years, as suggested by the wording, but is the same person at *exactly* the same moment in time; these are not two distinct points on a temporal scale but the same instance. There is a literal denial of the potential created by the passing of time with any attendant possibilities of active engagement in the process of contesting the future. Instead, there is a fixed moment of idealized representation that has frozen time in a fetishized image of deadly desire that is a doubling of the



IF THIS WOMAN HAD THE VIRUS WHICH LEADS TO AIDS,
IN A FEW YEARS SHE COULD LOOK LIKE THE PERSON OVER THE PAGE.

FIGURE 3(a)

'Two faces of a woman'

Source: Health Education Authority, 1988-1999

photographic process itself which works to fix a fragment of the spatio-temporal continuum. The advert reduces the temporal element to a caricature by the reader's compulsion to turn the page. What is more, the feeling of strangeness that the viewer experiences because of the mirror image reinforces the representation of the AIDS subject as uncannily different. To have not visibly aged at all in the space of years imputes a vampire-like existence or a 'Dorian Grey' pact with the unnatural.

The intention of both adverts was essentially to scare people into changing their behaviour. This fear becomes part of a wider perception of those who are HIV positive as somehow purposefully infecting others, and this is evident in the struggle between health educators and the advertising agencies, with the latter constantly attempting to frame the messages within this scenario (Miller and Williams, 1998: 38). This can be explained by the differing perspectives on the health messages to be proposed taken by the two realms of communication. Advertising works on the basis of an individualistic message directed at the viewer who, it is hoped, will subsequently act on this by buying the product (even if they are buying a lifestyle, a message or a sense of identity). Public health communication works on a broader basis, one that seeks to address the structures of social and even economic forces that impact on health status. Within the field of health education in which both orders seek to combine their efforts, there is an inherent tension (Wellings and Field, 1996: 6).

What can be seen in the two adverts is an increasing anxiety about the relationship between desire and the idealized body. If appearances can be so deceptive with regard to categories of healthy/diseased, then what effective strategies can be adopted to provide a secure grounding once more for sex and desire? Such anxieties and the attempt, once again, to fix some stable identities is evident in another HEA advert, this time from 1994 (Figure 4). Designed specifically for an audience of bisexual men and published in male interest magazines, it once again poses a question:

Which do you find more attractive? If you're not certain, read on.

Confronted with the torsos – no heads, no genitalia – of a man and a woman each occupying a single page of a double-page spread, we are asked to make a choice. Readers who experience anxiety as they flit from one to the other, not over time but in an instant, unable or not wanting to make a choice, are asked to engage with the medical discourse in a doctor/patient dialogue, itself a boundary between the expert and the subject of the expertise. The authority of the opinions of medical professionals was actually the entire basis of one advertising campaign, the so-called 'experts' campaign transmitted on television and in the national press between December 1989 and March 1990. In the example from 1994, this mediating presence assumes the authority of truth-speaker, or oracle, that assumes the complicit silence of the addressee:



WORRYING ISN'T IT.

The virus that leads to AIDS is known as the Human Immunodeficiency Virus. Or HIV.

A person can be infected with HIV for several years before it shows any signs or symptoms.

During this time, however, it can be passed on

through sexual intercourse, to more and more people.

There are already many thousands of people in this country who are unaware that they have the virus.

Obviously the more people you sleep with the more chance you have of becoming infected.

But having fewer partners is only part of the answer.

Safer sex also means using a condom, or even having sex that avoids penetration.

HIV infection may be impossible to recognize, but it is possible to avoid.



AIDS. YOU'RE AS SAFE AS YOU WANT TO BE.

FOR MORE INFORMATION, OR A PAMPHLET, VISIT US AT: AIDS, BEHAVIOR, AND YOUR NATIONAL AIDS HOTLINE OR FROM SAFELY.

FIGURE 3(b)

'Two faces of a woman'

Source: Health Education Authority, 1988-1999

For some people it's not always clear cut which sex they are attracted to.

If that sounds like you, you may have felt unsure for as long as you can remember. Or maybe your uncertain feelings are a relatively new thing. You might even be in a heterosexual relationship when such feelings begin.

Whatever the case, it can seem very confusing, and discovering your sexuality may take time.

By foregrounding the uncertainty of choice an ambiguity is effected in the relationship between the male body and the female body as objects of desire. The 'normal' viewer is one who *can* make a choice and confines his desire to one or other compartment, and it is the deviant who either can't or won't make a choice in this construction. The threats to the social order in this scenario are those who cross from one body to the other and back again with no concern for confining their sexual desire within the categories offered. The dangerous is the permeable that does not maintain effective boundaries, whether at the level of the body or of society. Because of their potential permeability the bodies of gay and bisexual men and women are a prime concern for public health as they are seen as the conduits for the virus between bodies and between the marginal and the mainstream of society (Waldby, 1996: 110).

The advert recognizes the issue of homosexual desire, as it has to in relation to any effective public health strategy around HIV/AIDS, but it does so in a way that once again maintains a binary opposition between fixed and immutable categories. The spatial categories of desire for the male or female body are divided by a line of demarcation down the middle of the double-page spread. The uncertainty of the viewer's desire is posed as dangerous here, where the 'other' category of homosexuality can be accommodated as the opposite, if lesser, term in the binary opposition in an attempt to reduce the heterogeneous and indefinite to the singular and definitive.

Reading the advert from this perspective, if the viewer is positioned between the two images, in line with the centre of the page, the implication is that it is the 'confused' bisexual man who can transmit the virus from one side to the other. The figure of the bisexual is seen as subversive and threatening, even after the attempt to pin him down to making a final choice, because he does not respect 'normal' boundaries. As the advert states, within this narrative it is expected that at some point in the future the reader will make a choice and decide his fate one way or another. Until then he is perceived as a 'weak point' of potential infection and so, in cultural terms, is threatening to the social order. That which is deemed desirable in this scenario is the classically proportioned, seemingly healthy body, and it is the viewer who can potentially effect a catastrophic destruction of the social order by transgressing the boundaries and, in this case, transmitting the virus. This potential for chaos must be addressed by fixing one's sexual desire now and in the future and respecting the borders determined by the dominant culture, because it is the symbolic orderings of space and time

that structure our experiences of the world through which we develop our sense of who and what we are.

A Positive Dialogue

What form might a practice take to resist such dominant representations of AIDS, given the sheer cultural force of the advertising and media industries? Attempts to merely rework a naturalistic documentary format fail to challenge the processes of commodification of contemporary society where the constant presentation of the 'new' works to strip the image of any historical depth (Debord, 1967/1977).³ Similarly, any attempt to position the image so that an unmediated essential truth can emerge ignores the fundamentally structuring nature of the discourse within which it is positioned. However, a self-conscious practice of narrative reconstruction, although not offering a singular meaning, would reflect, at least partially, the actual diversity of the condition positioned *within* its cultural and historical context. *Positive Lives* (1993) was an exhibition of avowedly documentary photographs that was organized with many of these considerations in mind. Inscribed into the exhibition and accompanying book was an attempt to intervene in the public discourse of AIDS and to frame the presentation of the condition as a 'coherent piece of social history' (Mayes and Stein, 1993: 15). Thirteen different photographers each submitted a thematically organized portfolio of images, interviews and supporting material to attempt to present something other than the objectified spectatorship of conventional documentary photography and to reflect a concern for what John Roberts identifies as the 'ideological reorientation of the categories of the "everyday" for photography' (1998: 180). Like any narrative it is only an ordering and selecting of many possible events but by seeking to foreground the reconstruction of the historical moment it offers the reader not an imagined unity or coherence, but a range of practices that open up a critical space for reflection.

In contrast, what was denied in the dominant cultural representations of those living with the epidemic in this period was the lived experience of self-control, self-activity and self-directed future over an undefined sense of time. Instead there is a presentation of the past and future as a fatalistic transition that works to disempower those who become its subjects. Such an ordering is reflective of the political struggle around the experience of the temporality of everyday life, the denial of the potential dialectical recovery of the past for the present, and the belief in a liberating sense of possible futures. Recent research into representations of people with HIV/AIDS has illustrated the changes that can be seen to follow from the development of treatments for HIV and AIDS where there is now an element of optimism about their future prospects (Lupton, 1999); the 'AIDS victim' is being countered to a degree by the 'AIDS survivor' (p. 50).

Nevertheless, the emphasis continues to be upon the individual to maintain a regime of bodily care that is responsible and worthy of approval, with the censure and policing of those who do not.

In opposition to the temporal structure offered by dominant accounts of AIDS, Timothy Murphy writes of an alternative way of seeing the social and medical experience of AIDS that offers a very different understanding of AIDSTimes:

In this epidemic imagined another way, time does not have to be viewed as either the engine of willful conspiracy or the horizon of inevitable tragedy. In an epidemic thus understood as something other than an antagonism between the past and the future, hope may proceed in the name of a people undivided by time. (Murphy, 1994: 27)

Notes

1. 'Russian Aids law seals borders to "dirty" foreign bodies', 'Tapping a rich seam of political xenophobia, and against the advice of its medical experts, the Russian State Duma passed a bill yesterday requiring all foreigners to undergo compulsory Aids tests or face deportation' (*Guardian*, 5 April 1997: 14).
2. This is reflected in the experience of anyone who has endured a stay in hospital where there is the ritual of changing from one's own clothing into a hospital gown and the confessional recounting of a personal history that signals a shift from one temporal register to another. From that moment on, the individual is subject to a new regime of temporal existence in which their own sense of time is clearly marked out as distinct from, and secondary to, that of the medical practitioners. Kathy Acker talks of such ideological machinations in relation to her own diagnosis with cancer: 'conventional medicine was reducing me, quickly, to a body that was only material, to a body without hope and so, without will, to a puppet who, separated by fear from her imagination and vision, would do whatever she was told' (*Guardian*, 18 November 1997, II: 16).
3. A process exemplified most visibly by the photograph of David Kirby taken by the photographer Therese Frare and subsequently appropriated by the multinational corporation Benetton as part of a declared 'disaster' series of advertisements.

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