ILLNESS AS ETHICAL PRACTICE:
Truth & Subjectivity, Governmentality & Freedom in HIV/AIDS Discourse

Thesis submitted for the degree of Doctor of Philosophy

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This thesis aims to understand the connexions between the ethical practices associated with suffering a chronic illness and possibilities of truth, subjectivity, governmentality and freedom. This is attempted via an analysis of the specific case of HIV/AIDS. In the 1980s there emerged a variety of competing ways to construct the truth of HIV/AIDS. By the early 1990s, however, one particular way of thinking about and problematizing the syndrome - an account which reflected less the repressive intentions and perspectives of recently ascendant neo-liberal governments than the efforts and world-views of grass-roots community activism - had achieved ascendancy. This approach to HIV/AIDS remains today the authoritative one, and that from which expertise on the subject is derived. The emergence to pre-eminence of this way of thinking about HIV/AIDS is mapped, and three of its principal manifestations are examined in detail, using techniques of textual analysis. It is argued that within these texts, through the use of various forms of textual management, ethical subject relations of the sort discussed by Foucault are constructed, which delimit the possibilities of being for those who are touched by the disease, and which comprise elements of an ethico-panoptic regulatory technology. The parallels and differences between the technologies of government articulated via these 'community' based discourses and those of recent neo-liberal discourses are explored, with consideration being given to their implications for the practising of resistance and of freedom by people infected or affected by HIV or AIDS. Engagement with the field in this fashion is uncommon within sociology of HIV/AIDS, and to do so raises a variety of conceptual and methodological issues. Hence, within this thesis the task of interrogating HIV/AIDS discourse is radically linked to the construction of a distinct form of sociology, derived from the Foucauldian project of the 'history of the present'.

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PREFACE

"Truth is rarely pure, and never simple."

Oscar Wilde.

0.1 Three difficulties

The germ from which this study grew was three difficulties I had with the way in which the truth about HIV/AIDS was represented. Contrary to what might well be expected however, these problems were not functions of the much vaunted ignorance and irresponsibility often supposed to surround the syndrome (and to be exemplified by the greater part of media reportage), but were instead found in aspects of those texts which might be considered 'progressive', in that they were those which often had the specific aim of clearing up the mess that media mischief makers had left in their wake; texts, that is, which set themselves up as authorities which could provide the reader with the 'real truth' about HIV/AIDS.

Chronologically the first of these difficulties was how it was that the discourse of HIV/AIDS came to be sexualised. This may seem a bizarre question, given what is commonly understood and accepted about the nature of HIV, and indeed it is, in as much as it was resultant from my rather unusual subject relation to the discourse of HIV/AIDS; my first encounter with this discourse was in the early eighties (two or three years before HIV/AIDS became hot news, and a time when there was no widespread awareness of even the existence of the syndrome) when the propensity I have for bruising more easily than most people was translated by means of two or three blood tests into a diagnosis of moderate hæmophilia. I was thereafter presented with a good deal of information about this then new condition (HIV/AIDS, that is, not hæmophilia), and this early discourse, as I remember it, centred very much around blood - on how it was more important than ever to avoid accidents which would require treatment with blood products, and on non-blood-derived therapeutic alternatives which might be used, with relatively little emphasis on the dangers of sexual transmission of whatever agent was causing the sickness. It was something of a surprise to me, then, that when the explosion of discussion of HIV/AIDS began a couple of years later, it was orientated so completely around sexuality. From my

admittedly peculiar perspective, there seemed to have been an intriguing reorganisation of HIV/AIDS knowledge.

My second problem was more straightforward; in the mid-nineteen-eighties there began a burgeoning of truth-claiming literatures about HIV/AIDS, sporting titles such as *AIDS: The Facts* (Langone 1991), *The Truth About the AIDS Panic* (Fitzpatrick & Milligan 1987) and *The Real Truth About Women and AIDS* (Singer Kaplan 1987). These various texts were, however, often markedly contradictory - a fact which could leave the interested lay reader and the professional enquirer alike somewhat bewildered, and with no way other than hunch or arbitrary preference to decide the issues raised. This was certainly my experience, so my second problem was how to make some sense out of this confusion without resorting to either of those less than satisfactory options.

My third difficulty was with safer sex, which, it seemed to me (after having made a certain amount of initial but relatively casual enquiry into the area), had over the years from 1985 onwards become ensconced in certain increasingly conspicuous and influential quarters as the preferred approach to dealing with the spread of HIV, sometimes at the expense of alternative and possibly complementary approaches, such as trying through education to encourage people to take fewer sexual partners in order to reduce the overall number of connexions by which the virus might be transmitted. My problem with the privileging of safer sex in this manner was that such thinking seemed to me to imply that the avowedly compelling assertion that expressions of human sexuality need not necessarily be concerned with reproduction (and, moreover that non-reproduction orientated sexual expressions are not morally deviant by dint of being so) could be extended to the less immediately convincing suggestion that human sexuality has nothing at all to do with reproduction. How, I wondered, was one to practice safer sex when trying for a baby? Or alternatively, at what point should one give up safer sex in order to reproduce - when one is married? when one has a 'steady partner' (whatever that might be)? if both partners have taken an HIV test and shown up as negative? I began to wonder how it was that such a discourse had come to dominate and how this dominance could be sustained, given such obvious - to me at any rate - aporia.

0.2 A tentative problematic - the problem with progressive discourse

These difficulties provided me with what Silverman calls 'puzzling data' (1985:6-8); that is they served as examples of the sort of perplexing findings one may on occasion come across when looking at a given area of interest, and from which one may then derive a more specific research problematic. The true starting point of the thesis, then, was the moment when I made the decision to attempt to make some sense of the *mélange* of representations and recommendations which are articulated on HIV/AIDS, and to do so using certain of the theories of societal regulation and personal subjectivity proffered by Michel Foucault. Having made this decision it became possible to hammer out some sort of terms of reference for myself, and in doing so the scope of what was to be targeted within the work became a little wider than this original statement of intent might seem to suggest, in that my gaze moved away from the specific problems inherent in 'progressive' HIV/AIDS discourse, and towards the difficulties of 'progressive' discourse in general, as they are manifested in HIV/AIDS discourse.

Engaging with such problems, it must be said, is not the standard fare of sociological enquiry. To do so, however, is very much in keeping with Foucault's analyses (1961; 1973; 1977; 1979) which sought to question whether one can ever be unproblematically on the side of 'progress', and to determine the costs of 'progress'. These analyses provided a useful starting point for my work. Foucault, however, was not a sociologist, and provided no ready account of exactly how to go about doing work akin to his own. It became necessary, therefore, for me to try to extract a sociology from this non-sociological perspective, a fact which informs my research overall, and which has interesting ramifications at many levels - in the way the objects of enquiry are conceived, in the methodologies employed, in the relation I as the researcher was required to take to the process of research, in the status of the conclusions drawn. These will all be discussed in full in the body of the thesis. Given the above, though, the work should be viewed as being as much about carving out a particular kind of sociology as it is about saying something on the subject of HIV/AIDS.

Nevertheless, HIV/AIDS is the subject of this thesis, and some further discussion of the particular problems it raises is necessary here. As J.S.Mill commented in *On Liberty*, "those who have been in advance of society in thought and feeling" have tended to occupy themselves

> "rather in inquiring what things society ought to like or dislike than in questioning whether its likings or dislikings should be a law to individuals. They preferred endeavouring to alter the feelings of mankind on the particular points on which they were themselves heretical rather than make common cause in defence of freedom with heretics generally."
>
> (1985(1859):66)

And so it is with much of what may be termed the 'progressive' discourses which orbit AIDS - that various campaigns with objectives which are undeniably laudable in their humanity, have, possibly through a desire to ensure their political potency and to effect concrete change, focused on a multitude of specific problems and grievances, often at the expense of philosophical clarity and consistency. This, it may well be argued, is a fair trade off; the amelioration of real suffering should take unqualified precedence over the dissatisfactions of those who, secure in their ivory towers, are divorced from the untold numbers of individual catastrophes which comprise this thing called AIDS. However, such pragmatic approaches to problems sometimes create difficulties which are no less practical, but a lot less visible.

For example, the particular gambits and manoeuvres which inform these forward looking HIV/AIDS discourses have (probably accidentally) achieved two problematic ends. Firstly, various technologies of exclusion have come to be, which regulate who can and cannot legitimately be considered to be in/affected by HIV/AIDS, or more accurately *who one has to be* in order to be admitted to the 'HIV/AIDS in/affected community' which is central to 'progressive' HIV/AIDS thinking, especially around the issues of how best to go about reformulating the self in the wake of an HIV antibody positive diagnosis, and of the prevention of HIV transmission (cf Roth & Nelson 1997; Kalichman, Sikkema & Somlai 1996; Kippax et al 1992). Secondly, whilst calling for the acceptance of a particular brand of 'heresy' (to use Mill's term), there are forces in the discourse which hinder the expression of ideas which are in turn heretical to the preferred heresy, forces which seek to make this privileged account immune to attack, not only by shoring up the arguments for particular modes of action in response to the epidemic, but also by suggesting that it is immoral or inhumane to question tasks undertaken with such good intentions.

By now, midway through the second decade of AIDS, the preferred 'heresy' has had some considerable success against its initial bugbear - right-wing reactionary moralism - in that a particular regularity in the discourse, a particular way of thinking

HIV/AIDS, has become established as an authority, which I have called the 'alternative orthodoxy' (an ideal-typical construct, discussed in full in chapter 3). This is a (moral and ontological) truth of AIDS which 'those in the know' understand, believe in and evangelise, with the end of the emancipation and empowerment of those who are HIV/AIDS in/affected in mind. This thesis will argue, however, that in common with many such putatively emancipatory discourses this new hegemony is no less a prescriptive and restrictive morality than that which it seeks to displace - that both liberals and reactionaries have found in HIV/AIDS a packhorse upon which they can load their moral baggages - and that the strategies employed ostensibly to open up spaces of freedom for particular privileged targets, at the same time close off alternative freedoms, both for those who are HIV/AIDS in/affected and those who are not. It is the problematic nature of these new spaces of freedom which is the motivation behind this analysis.

Further to this, the problems posed by 'progressive' HIV/AIDS discourse present a particular interest in that they demand engagement on what may be called an 'ethical' plane (the term ethical here being used in a peculiarly Foucauldian sense, covered in detail section 1.4.2 below), that is on a level which is concerned with the practices by which those who engage with these texts construct and maintain their sense of self; because the discourses from which the 'progressive' HIV/AIDS related freedom concepts arise aim to give both practical help with living to those in/affected by HIV/AIDS, and advice about the practices one should employ if one is not HIV infected in order to stay that way, the question 'what is the nature of the freedom advocated?' implies the questions 'how must one act upon oneself in order to gain this freedom?' and 'what moral, political and ontological commitments must one make in order to gain the help on offer?' This thesis, then, is in part seeking to reformulate Foucault's question "How can the subject tell the truth about itself as a subject of sexual gratification, and at what cost?" (1989:245-246) as 'how can the subject tell the truth about itself as a subject (potentially or actually) in/affected by HIV/AIDS, and at what cost?' and to reveal and to map the 'forms of rationality' which determine the limits of one's possibilities - and of one's freedoms - as an HIV/AIDS in/affected subject (Rajchman 1991:11).

0.3 Two disclaimers - what this thesis is not

Given the potentially highly controversial nature of the problem space which is beginning to be opened up, and the accompanying danger that I will misrepresent my intentions to my readers, I think will be useful at this point to introduce a couple of caveats in order to establish what this work is not; as was commented earlier, since the 1980s, there has been an explosion of discourse on the subject of HIV/AIDS, such that there are now articulated a plethora of often deeply conflicting versions of the truth of the syndrome, upon which many debates informing an equally wide array of late-modern problematics are played out. It cannot be too strongly emphasised, however, that this work is not at all intended to add its author's pennyworth of preferred ontology to this field of debate; indeed, the piece should be read as making no truth claims about the syndrome beyond the contention that it is possible to read and to construct HIV/AIDS in ways other than those which are currently in the ascendant, and that the truth which presently obtains can be viewed as having been afforded its position due to the accidental workings of what Foucault called the micro-physics of power. (Cf chapter 1 for a full discussion of the ontological assumptions necessary to the work.)

Nor is this work meant to be a polemic; rather it is an experimental exploration of problematic areas of the discourse undertaken for the sake of clarification, its principal aim being to map the form of the emergent dominant account of HIV/AIDS, to reflect upon both the limits and the possibilities of being which are established by it (cf Rajchman 1991), and through this process to provide a device by which the reader (and possibly more so the writer) can begin to consider him/herself as a subject in relation to the syndrome. In particular, I wish to stress that I do not put myself forward as any kind of representative or champion of some or other 'hæmophiliac community', nor is it by virtue of my legitimately being able to take the subject position 'hæmophiliac' that I claim the right to speak on the issue at hand; although it was by the accident of my peculiar hæmophilia related angle on HIV/AIDS that my curiosity was roused, such concepts as 'hæmophiliac' or 'person with hæmophilia' provide possible identities which, for personal reasons (in particular the lateness my diagnosis - I was seventeen at the time, with a fairly well developed sense of self and considerable experience in coping with my bruising without help from medicine or anyone else) I tend either to regard with curious detachment, or, more often, to resist. It is not as a hæmophiliac, but as a sociologist - of discourse, of knowledge, of the self - that I study the syndrome.

0.4 The empirical focus of the thesis

For the most part this thesis focuses neither on popular representations of HIV/AIDS found in televisual and newspaper reporting, nor on the sorts of technical/medical and/or therapeutic texts aimed at a specific professional readership (with one slightly anomalous exception - the *National AIDS Manual*). The former was left untouched partly because this area has been covered so frequently before (cf Berridge 1992; Karpf 1988; Kitzinger & Miller 1992; Sontag 1989; Watney 1987, 1994), and partly because the kinds of truth-claiming texts which spawned my problematic very often define themselves in terms of their being in an oppositional relation to such media representation (more will be said of this in later chapters); the latter was ignored because, on the one hand a cursory pilot examination of examples of such suggested that due to the specific nature of their intended readership they articulated a rather different set of ethical relations from those found in the sorts of texts within which I found my original problems, and on the other because my time, energy and expertise were insufficient to what would likely be a truly fascinating area of study. A similar analysis of such texts would serve very well to complement both this analysis, and existing analyses of media-borne HIV/AIDS representations. Thus this thesis instead focuses precisely on the kinds of texts from which my 'puzzling data' arose in the first place - texts which deal with HIV/AIDS as a social or cultural phenomenon, those which seek to bring the truth of HIV/AIDS to the interested lay person - and, because the category 'interested lay person' would of course include anyone who found themselves with an HIV antibody positive diagnosis, upon user discourses which couch themselves as emanating from some sort of 'grass-roots HIV/AIDS in/affected community'.

So, to re-cap and tie up this account of my problematic, what I am looking for are what may be termed 'regularities of thought' in the discourse, which delimit the possibilities of being for (potentially or actually) HIV/AIDS in/affected persons, as revealed in various of the texts of the sort outlined above - principally widely read authority books and user discourses - texts which will likely have an immediate impact upon such people (and especially upon actually rather than potentially HIV/AIDS in/affected persons) and then to explore various issues: how those regularities of thought are informed by political and moral concerns; how this body of discourse may comprise what may be called an ethical authority - that is an authority to which one can refer in order to make one's ethical judgements, and which provides both guidance and incentives to behave ethically, and thereby to constitute oneself in

the terms of the discourse; precisely what action one has to take upon oneself in order to constitute oneself as an 'HIV/AIDS in/affected person', and by what techniques this can be achieved; how these various truth discourses and political and ethical practices may together comprise a single regulatory mechanism; what is the relationship between this mechanism and other technologies of governance found in the late-modern West.

0.5 An outline of what follows

Having made all the above introductory comments, it behoves me to outline the areas actually covered within the work. What follows breaks down into three sections:

The first section (chapters 1 and 2) deals with the theoretical backdrop to the work, further considering the philosophical, ontological, and epistemological commitments which have been made in the writing of this thesis, which enable its problematic, and which inform the empirical work described in subsequent chapters. It also explains something of the methodology; what is meant by an 'ethical' approach and how it fits within the mode of study which has come to be known as 'the history of the present' are discussed, as are some of the methodological problems implied by such an approach. In this section it is postulated that devices of textual management such as 'the implied reader' (Iser 1978) and the 'performance of community' (Woolgar 1993) can establish an ethical relation which can in turn inform self-formation without the need to establish an actual face-to-face relation between two parties. This section also discusses the theoretical basis behind using an analytical construct such as the 'alternative orthodoxy'.

The second section comprises the empirical analyses, and deals with the distribution of truth around HIV/AIDS, seeking first (in chapter 3) to review and to provide a map of the broader popular discourse of HIV/AIDS in order to show what this so-called 'alternative orthodoxy' is, how it has come to emerge thus, and how it is located amongst other ways of thinking HIV/AIDS. A tentative model is made to embrace various conflicting truth discourses, comprising three vectors; along with the 'alternative orthodox' mode of thought there are the competing 'orthodox' and 'dissident' versions, all of which are viewed as being emergent from a complex of micro-political relations. Details are given of the truth of HIV/AIDS which emerges out of the conflict which exists between these discourses.

Having done this, a deconstructive critical analysis is made of the works of Simon Watney (chapter 4), one of the commentators whose work is highly visible within and (albeit with certain reservations) exemplary of the 'alternative' vector. In his work there is articulated an idea of an 'HIV/AIDS in/affected community', for which he considers himself an advocate, and from which he claims his authority to speak. Present in his work there is also an alternative moral vision for ways of being which, it is argued, serves as an aspect of the politico-moral backdrop giving shape to the concrete ethical practices by which someone may make themselves into an HIV/AIDS in/affected subject.

The two chapters which follow examine texts which, although like Watney's explicitly make the claim to emanate from 'grass roots' contact with the epidemic and afford themselves advocate status, are rather different kinds of publications. For unlike Watney's, they are not avowedly polemical pieces, but so called 'user-discourses', works designed specifically to make the lives of HIV/AIDS in/affected persons easier and more fruitful, through the provision of largely practical advice on how to go about achieving such ends, rather than through broader statements on how the world ideally should be. Readings of what are arguably the principal such discourses available to HIV/AIDS in/affected people in this country are made - firstly of the *Body Positive Newsletter* (chapter 5) and secondly of the *National AIDS Manual* (chapter 6). It is contended that these canons of work also construct and articulate their own notions of an 'HIV/AIDS in/affected community', in part similar to Watney's, in that admittance to them is policed along political and moral lines which reflect the concerns which were held prior to the appearance of HIV/AIDS by those who subsequently have become the prime movers in providing these texts. Within all the texts considered in chapters 4-6, membership of this community is the criterion by which it is judged whether or not someone can legitimately speak about HIV/AIDS.

Finally, in the third section, an attempt is made to draw together the various ethical, moral, political and ontological aspects of HIV/AIDS discourse identified within the empirical section. It is argued (in chapter 7) that the conflicting relations between the various truth-claiming discourses has caused to emerge and sustains a truth of AIDS, which has, premised on certain common ontological features, three significant characteristics; its nature is eschatological, it opens a new terrain for the division of normal from pathological, and it has direct relevance to every (sexual) subject.

Following on from the work of Armstrong (1983) the possibility of understanding this dominant HIV/AIDS discourse as an extended panoptic disciplinary mechanism is explored. It is argued, though, that the panopticism which is found in HIV/AIDS discourse is based upon a lateral rather than a vertical surveillance, which functions through the creation of 'sexual and threatened by AIDS' subjects. It is here that the importance of the ethical vision of the 'alternative orthodoxy' becomes clear, for it is ideally placed to regulate the spaces of subject construction opened by and necessary to the HIV/AIDS panoptic mechanism as a whole. It is further argued (in chapter 8) that this whole process has an elective affinity with a general societal shift away from disciplinary modes of regulation and towards ethical modes of regulation, and indeed with the shape of the late modern world in general. As such, 'progressive' HIV/AIDS discourse can be seen to be intimately related to late modern forms of governmentality. The implications of this relationship for the practice of resistance and of freedom as an HIV/AIDS in/affected individual are explored.

PART 1 - THEORIES AND METHODS

Chapter 1

THEORETICAL APPROACH & COMMITMENTS

Both the problem space of this thesis (as outlined in the previous section), and its subsequent central project of exploring that problem space, rest upon certain ontological and epistemological assumptions, which in turn inform the general approach and the specific methodological stratagems employed. What follows in this section, then, is a discussion of all such various factors which shaped the manner in which engagement is made with the discourses analysed in the later empirical sections.

1.1 The ontology of HIV/AIDS

The ontological position held within this thesis is derived from Foucault's, in that it assumes the world as we perceive to be a world of representations, of meanings, of concepts - the reality we apprehend is the reality of 'discourse'. This is not to say that there is no noumenal world, nor that there is no reality in the realm of meaning, but it does imply a radical rethinking of how the nature of truth is to be conceived.

Truth, for Foucault, is contingent, and in a sense arbitrary, but that does not mean that there is no truth, only that truth is not the constant unchanging thing that common-sense might tell us it should be; rather it is dependent upon strategic régimes of power, in combination with which it comprises an expression of what Foucault called knowledge/power - the central idea here being that knowledge and power are aspects of the same entity, that they imply and sustain each other. It is important, though, to clarify what is meant by power in this context; power for Foucault is not something that can be held nor wielded, but it is something which 'operates', so to speak, it has movements and effects, and it extends in all directions in an unending and immensely complicated nexus. He refers to this as the micro-physics of power (Foucault 1977:27; 1979:92-97; 1980:98).

Something emerges as knowledge - and therefore truth - then, because relations of power exist such that that particular way of thinking things is able to be dominant. This emergent truth is resultant from the accidental coalition of various aspects of discourse, and should not be thought of as some sort of conspiracy. (Indeed, it is

more likely from this perspective that powerful groups are enabled to emerge in society because of favourable chance relations of power than that such groups could influence to any great degree dominant relations of knowledge/power to their own advantage.) This emergent power informed truth is still truth however, in that it is still constraining - the realisation that a particular truth is contingent does not mean that it therefore simply vanishes; truth may not be absolute nor essential, but it is still truth (Foucault 1980:131-133; also cf Rajchman 1991).

Within this research, then, the truth of HIV/AIDS is to be regarded in such terms, as an object of discourse; all knowledge of HIV/AIDS is subject to the same limits as knowledge in general - that is, it is contingent, based upon relations of power, and could be otherwise than it is. It is a way of making sense of a particular set of human experiences, and that way of making sense is underdetermined. (In this much at least, the ontological assumptions of this thesis are not without precedent in work which may be considered more strictly sociological than Foucault's - this assumption that disease cannot be separated from the discourses and practices that constitute its nature is quite in line with the constructionist approach to medical sociology, for a clear exposition of which see Sedgwick 1982). It is herein assumed, then, that the fact that HIV/AIDS discourse has emerged as it has is not because it relates unproblematically to a pair of noumenal, 'out there' real things called 'HIV' and 'AIDS', but instead is a reflection of the formations of micro-power which currently hold sway, and which themselves are informed by dominant regularities of thought.

1.2 Ideal-types - the ontological status of analytical constructs.

It is also important to recognise the ontological status afforded to the various analytical constructs used in the thesis, and in particular that of the 'alternative orthodoxy' (although this discussion is equally applicable to various other notions which will appear as the thesis goes on - for instance the 'orthodox' and 'dissident' discourses which are also discussed in chapter 3); such constructs are to be regarded as ideal-types, that is they are merely analytical tools designed to fit with and provide a way of accessing and engaging with the specific sociological problem under consideration. As Giddens suggests when summarising Weber's position, although such constructs are rooted in the empirical world, it is unlikely that they will be found there in the exact same form

> "An ideal type is constructed by the abstraction and combination of an indefinite number of elements which, although found in reality, are rarely or never discovered in this specific form. Thus the characteristics of the 'Calvinist ethic'...are taken from the writings of various historical figures, and involve those components of Calvinist doctrines which Weber identifies as of particular importance in relation to the formation of the capitalist spirit."
>
> (Giddens 1971:141-142)

'Alternative orthodox' discourse then, similarly to the Calvinist ethic, does not exactly correspond to any particular bodies of work - any one author may in the same piece express ideas which are both in and out of accord with this hegemony. The term is intended as a short-hand for a particular way of thinking the syndrome, a regularity of thought - involving a certain rationality and various moral, political, ethical, ontological and epistemological commitments - and as such it too is a digest of those aspects of the discourse which are considered to be 'of particular importance' to the formation of that way of thinking, in relation to the concrete problems herewith being considered. Such an approach of course opens both this thesis and Weber up to the charge of being too subjective - of picking and choosing one's evidence to suit one's case.

Analysis which employs ideal-types is, however, not geared so much towards the abstracted consideration of 'how the world is' as it is to pragmatic analysis of a given difficulty, and as Weber so persuasively argues (Weber 1948, 1949:1-112; Giddens 1971:135-144), the process by which any given object becomes a difficulty requiring analysis is never value-free, but always involves the value-laden decision that that event is worth studying. Given this, the seemingly totally free range afforded the researcher by so vague a selection principle as deciding what appears to be important is checked to some degree by whichever practical problem it is which spawned the analysis in the first place, the aspects of the discourse which are to go into the ideal-type construct being those which pertain to the problem originally delineated.

What is produced, then, is not a comprehensive explanatory description of the whole of the field in question (and given the vastness of the literature which exists on HIV/AIDS, to undertake such a task would be madly courageous, and likely impossible) but an avowedly partial tool by which to apprehend the factors relevant to deciding a given issue, a device which exists only to facilitate the analysis of

empirical questions, and whose worth is to be decided not so much by its veracity as by its utility. (Although displacing veracity as the arbiter of worth is not quite so dangerous as it might seem, for any ideal-type which strayed too far from empirical reality would be practically useless.) As such, any propositions made by and in the form of ideal-types are not new and better truths of the object of study, writ in stone and unalterable, but are tentative, provisional and thoroughly mutable statements - an ideal-type, born of the need to analyse a concrete problem, may be - indeed should be - modified in the light of further empirical evidence, or readily abandoned completely if its analytical power should for some or other reason become compromised.

1.3 Analytical relativism

In keeping with the above ontological pre-commitments, an overall analytical relativism is adopted towards HIV/AIDS. It must be re-emphasised, however, that this does not reflect some naïve notion that HIV and AIDS are not real problems, nor that the problems of HIV and AIDS will wither away if the 'social construction' or the 'power informed discursive construction' of the syndrome can be exposed. Rather, it is simply that given the natures of the problem space and the object of study under consideration, coupled with the necessary limitations of the analytical tools available, the adoption of such an analytical relativism can be beneficial; when viewed as it is in this thesis, as a discursive object, HIV/AIDS offers a highly confusing and contradictory 'truth' - and if one's object is to unravel such a particular truth, then regarding truth itself as problematic is desirable for at least two reasons:

First, doing so can serve as a useful guard against being open only to those findings which are in keeping with one's own moral and political preferences. This approach is especially pertinent given that so much of the commentary on HIV/AIDS produced to date can be seen to be based on the kind of ontological boundary work identified by Woolgar et al (Woolgar & Pawluch 1985). There has been a tendency, particularly but not exclusively by writers with strongly held politico-moral stances, to establish an analytically convenient reality of the syndrome, and to proceed to consider how that reality has been (mis)used by one or other polemical target. Having served such ends, HIV/AIDS is now a key surface of emergence for manifold problematizations concerning the self, the body, sexuality and civilisation, rendering

any proclaimed truth of the syndrome troublesome, and therefore ripe for deconstruction.

This leads us, albeit somewhat obliquely, to the second advantage to be had from analytical scepticism; the first risk that Foucault says he took when writing *The Order of Things* (1970) was to assume that empirical knowledges - amongst which HIV/AIDS discourse might be counted - and the practices by which they are comprised and articulated are enabled by and subject to historically and culturally specific regularities of thinking, an assumption shared by this thesis. But in his speculation about the possibility that

> "...errors (and truths), the practice of old beliefs, including not only genuine discoveries, but also the most naïve notions, obeyed, at a given moment, the laws of a certain code of knowledge..."
>
> (Foucault 1970:ix)

lurks a problem for any inquirer whose interest is to gain clarity through understanding the regularity of thought pertinent to his/her desired object of study; how to distinguish between 'genuine discoveries' and 'naïve notions', when the only tools available for him/her by which to do so are those the workings of which s/he is hoping to expose and delineate. Faced with this difficulty, arguably the most appropriate course (for the purposes and duration of the analysis only) is to dispense with the division altogether (even despite the fact that this can have infuriating ramifications, especially for those impatient which such intellectual indulgences at a time when so many are suffering so grievously); that is, to acknowledge and describe how such a difference would be decided within the terms of the mode of thinking being considered, but to take an ethical decision to refuse to commit one's support to any party opinion, in order not to be blinded by a particular truth to the workings of the more general mechanisms which enable that truth.

It is for these reasons that the various positions considered within this thesis have been approached with a deliberate naïvety, affording epistemological privilege to none. Such an approach is quite in keeping with - indeed essential to - the central ethical concerns of the thesis, and also allows one more easily to consider the other question with which this thesis will attempt to deal - that is whether in the

articulation of this combination of disparate representations may be found a unitary and coherent mechanism through which power can operate.

1.4 An ethical approach to an ethical problematic - the 'care of the self' & the 'history of the present'

It was commented earlier that the problems posed by HIV/AIDS discourse need to be engaged with on what may be called an 'ethical' plane, a claim which needs clarification. There are, in fact, two senses in which this study is to do with ethics, but before they can be elaborated upon, the manner in which the term 'ethics' is here being used must be defined; the usage of 'ethics' in this thesis is derived from that work of Foucault's in which he examined various ancient practices which he couched under the general rubric of 'the care of the self'. A small digression into the relevant aspects of this work will helpful here.

1.4.1 'The care of the self'

Towards the end of his life, Foucault began work exploring what he described as 'techniques or technologies of the self', that is practices which;

> "..permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection or immortality."
>
> (Foucault 1988:18)

The initial analyses he made were of the development of the hermeneutics of the self within the Greco-Roman philosophy of the early Roman Empire (in the first and second centuries A.D.), and within Christian spirituality and the monastic principles of the late Roman Empire (fourth and fifth centuries A.D.). These two locations he regarded as historically contiguous, and in them he saw the roots of the modern conception of the self (ibid).

He related this work to certain practices of late antiquity, based on the precept "to be concerned with oneself" or "to take care of oneself", which was, for the Greeks, a central principle of personal conduct, a rule for the art of life. He saw a contrast between this principle, 'take care of yourself', and the Delphic maxim, 'know

yourself' suggesting that originally the latter was a piece of technical advice concerning consultation with the oracle, and that it was a subordinate principle to that of caring for oneself. However, he further suggests that in time the latter principle came to be more visible than the former, such that the imperative to know oneself became a central preoccupation of Christian asceticism, and, bolstered by a vestigial religious morality of self-renunciation, a secular morality based in respect for the law (in something outside the self, that is) and theoretical philosophy from Descartes to Husserl, it remains central to this day;

> "There has been an inversion between the hierarchy of the two principles of antiquity, "Take care of yourself" and "Know thyself." In Greco-Roman culture knowledge of oneself appeared as the consequence of taking care of yourself. In the modern world, knowledge of oneself constitutes the fundamental principle."
>
> (Foucault 1988:22)

Foucault considered that the point at which the ancient imperative to know oneself transformed into the Christian monastic obligation to confess one's thoughts to one's spiritual guide marked the starting place of what he termed the hermeneutics of the self, and has therefore considerable significance to modern conceptions of subjectivity (Foucault 1993:205). Indeed;

> "..the modern hermeneutics of the self is rooted much more in those Christian techniques [of the self] than in the Classical ones."
>
> (Foucault 1993:211)

Foucault noted a difference between practices of the care of the self in the Hellenistic and Roman imperial periods and the later period of Christian monasticism; that in the former the emphasis is on what is done not what is thought, and in the latter this priority is reversed. He pointed to Seneca's use of administrative language in his self-examination, which is to be seen as a stock taking exercise rather than a precursor to self-punishment, and in which errors are to be seen as being of strategy, not a reflection of character. This he contrasted with the later Christian project to excavate the sinful truth of the soul. The distinction between these two perspectives is crystallised in their different aims; the Greco-Roman project can be seen as being directed at achieving the fullest realisation of life in this world (howsoever that

should be calculated), whereas the Christian project is a preparation for a better life to come (Foucault 1988:32-35; 1993:206-207).

The kinds of duty imposed by Greco-Roman techniques of the self, then, were of a markedly different character from those of Christian practice. The former demanded that the ethical subject should inspect his behaviour for administrative, for *technical* purposes, that is ends which were the concern of the *techne tou biou*, the *techne* of life - the practical question of how to achieve practical ends, of what techniques to employ in order to live as well as one should (Foucault 1991:348). Christianity, on the other hand, brought with it what Foucault called 'obligations to truth';

> "The duty to accept a set of obligations, to hold certain books as permanent truth, to accept authoritarian decisions in matters of truth, not only to believe certain things but to show that one believes, are all characteristic of Christianity."
>
> (Foucault 1988:40)

Along with these obligations to believe certain things comes a duty to discover and to disclose, to God or to the church community, the (faulty, guilty, fallen) truth of oneself (Foucault 1993:211). These two aspects are linked together in such a way that purification of the soul is not possible without self knowledge, and access to truth, gaining understanding of sacred texts, cannot be achieved with an impure soul. So to be redeemed one must be pure and to be pure one must know how the truth of one's heart lies in relation to those dogma which one is obliged to regard as true, a formula unchallenged until the time of Descartes, only in the wake of whom did it become possible to have a non-ascetic subject of knowledge (Foucault 1991:372). However, Foucault contended, the incitement to know as precisely as possible who one is and thence to tell that truth in minute detail to someone else in order to 'achieve salvation' is still characteristic of Western societies (1993:201).

The relevance of all this to a late modern sociological analysis (such as this one) may not be immediately clear. It is as follows; accepting Foucault's contention that the concepts of self and the technologies by which they are achieved (which he describes in his analysis) inform their modern equivalents, it is possible to view these two contrasting technologies as models, pertinent to currently existing technologies of self, and if not as ends of a continuum, then at least as alternative, and perhaps competing, mechanisms by which people are made and make themselves subjects.

And one of the central questions of this thesis is whether or to what extent or both the progressive HIV/AIDS related discourses under consideration comprise a 'technology of self' which may be understood by using such models.

1.4.2 'Ethics' and 'morals'

'Ethics', then, in the terms of the above approach, are the codes of conduct which inform such 'technologies of the self', and when used to apply to this understanding the term should not be regarded as interchangeable with 'morals'. The differentiation between the two ideas as articulated within this way of thinking things must be made clear: although both ethics and morals can be seen to involve prescriptive codes of conduct, the direction of action which such codes imply differs between the two notions; morals are concerned with how an individual acts in relation to others, reflecting some or other hegemonic value system, whereas ethics are to do with how an individual acts in relation to him/herself, and accordingly, then, with the subject's formation of itself. Whereas morality articulates normative codes which are external to the subject, and to which the subject must submit itself, ethical norms, on the other hand, are devices which the subject can employ to make itself internally consistent. Used in this sense, 'ethical' issues do not deal with the rightness or wrongness of a given action, but their *appropriateness* to the ethically constituted subject (Osborne 1994:517, 1998).

In order for a subject to be able to act upon itself in such fashion, it requires what Osborne has called an 'ethical stylisation' - this is not an anthology of particular virtues and vices, so much as a way of thinking ethics which enables the subject to make ethical judgements and to act accordingly - a means by which to "construct the self as a subject of ethical value" (1998:2). However, one can see here a point of contact between ethics and morals; Durkheim contended that a collectivity's characteristic ideals, beliefs and values are invested with a moral authority by virtue of their being collective, and that it is thus a moral necessity which imposes upon one the categorisations and forms of logic by which one organises the world (1960:335; 1968(1915):17-18). The rationalities which inform any given ethical stylisation will therefore reflect the prevalent morality, which will in turn be sustained by those whose conduct is regulated by the ethical stylisations it articulates. Vehicles for the propagation of politico-moral prescriptions, then, can serve an important function in extended ethical technologies, because it is through them that a

given ethical stylisation acquires its moral flavour, the thing that in the first place confers upon an ethical stylisation its authority (cf 1.5 below).

Here it is, then, that the first of the senses in which HIV/AIDS is ethically problematic is revealed. Much of the work which has been done and which has contributed to the emergent 'alternative orthodoxy' has had a moral character (at some times more overt than at others), which has then translated into a way of thinking HIV/AIDS, both in relation to the issue at large, and ethically, that is in terms of one's own relation to the syndrome. That this is the case is unsurprising, given the morally overdetermined nature of various discourses to which HIV/AIDS has been attached since first it was described. Initial HIV/AIDS borne attacks on gays, drug users, black people, prostitutes and 'the promiscuous' were moralistic and demanded to be repulsed in kind, a task which was undertaken by forces whose underdetermined 'enthusiasm for revolution' was reminiscent of (and likely directly descended from) that of the 'free Left' which emerged in May 1968. Gordon argues that the 'revolution' of that time was unprecedented in that it comprised an attempt to release a revolutionary energy unfettered by any definite intent or plan (such as those proffered by Leninism or Maoism), an attitude which also characterised the various struggles in the years which followed, and which is certainly reflected in early defences of HIV/AIDS in/affected people (1993 (1986):21-24).

Given the above, it is problematic to regard the currently ascendant way of thinking HIV/AIDS which is here termed the 'alternative orthodoxy' as a dispassionately amoral *Weltanschauung,* in which the prescriptions on how to live in the face of the syndrome self-evidently follow from its ontology (a position congruent with certain of the arguments considered below - see in particular the chapter 4). Central to this thesis is the proposition that the emergent truth of any phenomenon comprises an ontological and politico-moral complex - that is, any given truth discourse will articulate a politico-moral component which necessarily informs the ontological component, and, in turn, the various techniques and practices by which someone can constitute him/herself as a subject in relation to that discourse. Such is the case with 'alternative orthodox' HIV/AIDS discourse. To give an example, the route through which one can become an 'HIV/AIDS in/affected' subject is often to aspire to membership of the 'HIV/AIDS in/affected community', an object which is politico-morally constructed and maintained in a variety of ways and forms (details of these ways and forms are to be found in chapters 4-6).

Indeed, the relationship between HIV/AIDS and the various moral and political flavours with which it is infused can be regarded as a symbiosis. HIV/AIDS is not alone in this, however; Hacking has observed how historically multiple personality disorder has been carried to prominence as a 'parasite' on various contingent societal concerns (1992). A similar picture would seem to be emerging with respect to HIV/AIDS, except that it is not always clear which aspect is taking a piggy-back from which; as Hacking has acknowledged, in cases such as this "the line between parasitism and symbiosis can be a fine one" (ibid:13). That HIV/AIDS falls more comfortably into the latter category reflects the fact that the concerns which now articulate themselves upon HIV/AIDS have from the start shaped how the syndrome is to be understood, collapsing the distinction between what is putatively fact and what opinion, between Sontag's 'disease' and its 'metaphors' (1989; cf also Alcorn 1988: 65-70); the two are inseparable. HIV/AIDS *is* a politico-moral disease, and any ethical practices formed in its wake will reflect this.

1.4.3 An appropriate analytical approach - the 'history of the present'

In the light of this the appropriate analytical response cannot be to attempt any such impossible separation. Instead of searching for a kernel of truth hidden within a mass of husk, one must instead take the object as it is found, accepting its contradictions and tensions, and attempt to map its nature, with a view to understanding what the costs and benefits of the revealed particular style of thinking the problem might be. And this is the second sense in which HIV/AIDS is an ethical issue, for this mode of enquiry demands an ethical rather than an intellectual engagement with the problem on the part of the researcher. The question is not 'what is the truth of HIV/AIDS?', but 'how has the truth of HIV/AIDS come to be, and with what ethical difficulties with being and thought does it confront one?' (cf Rajchman 1991:26-27).

This approach to analysis follows from the later work of Foucault, in which he was concerned to determine what the costs of our self constitution are. Rajchman summarises Foucault's position thus

> "In his last writings, he often declares that we know ourselves, we govern ourselves, and we make ourselves only at a cost, which we often pay without recognizing, or without realizing that it is not necessary to do so. One task for "critical thought" is thus to expose these costs, to analyze what we did not realize we had to say and to do to ourselves in

> order to be who we are."
>
> (ibid:11)

and suggests that

> "Foucault thus defined a particular difficulty in thought: the difficulty of those moments... when our self-identifications seem contingent and violent in ways we hadn't realized..."
>
> (ibid:13)

And it is at such moments that the costs of, and the possibility of refusing, such identities are revealed. This study, then, aims to expose to scrutiny the 'contingency and violence' of the ways in which HIV/AIDS related identities are made thinkable, and therefore be-able, and to explore Foucault's contention that latterly freedom is to be had not in the attempt to discover what we are, but in the ongoing refusal of what we are (that is; the constant and rigorous questioning of that which is taken as given in our thinking, principally because it is taken as given). It is a question of attempting to discern what is contingent and singular within what is presented as necessary and universal; it is an inversion of the Kantian approach of finding the limits beyond which knowledge must not venture, in which the doing of the critique becomes in itself a form of possible transgression of exactly such limits (Gordon 1993(1986):23-24). This certainly should not be taken to be an advocation of reckless norm violating *actes gratuits*; the exercise should be a sober and scholarly one, done with a view to allowing the reckoning of the costs implied by one's usually unacknowledged axia - and it may be, of course, that the limits to being which they impose are deemed acceptable. One may choose not to refuse.

In following this line the work should be seen as being located within the broader project which has been termed the 'history of the present' (Foucault 1977:31). Graham Burchell suggests that this type of intellectual work is in itself a practice of the self, an ethical exercise. He argued that the 'history of the present' involves

> "the experience of not being a citizen of the community or republic of thought and action in which one is, nevertheless, unavoidably implicated or involved. It is an experience of being in a goldfish bowl in which one is obliged to live but in which it seems impossible to live, to think and act...The experience is not at all just a matter of holding a different

opinion from everyone else, but of finding oneself not knowing what or how to think."

(Burchell 1993:276-277)

The task of the historian of the present then, is to re-problematize current truth - to reveal the possibility of alternative experiences of one's subjectivity in relation to oneself. This being the case, any work undertaken within this perspective comprises an ethical mystery tour, an enterprise central to which is the putting at risk of how one thinks and thereby also the possible ways that one can be. The historian of the present is concerned to show that what now is, both in terms of definitions of truths and the limits of experience, is not necessary, is not as fixed and pre-given as it may appear; that limits to thought and action are historically contingent, and incur certain costs. This type of analysis, through mapping such boundaries and revealing their lineage, allows the possibility of an assessment of these costs - to ascertain what other ways of being are precluded by the form in which truth happens presently to be articulated (ibid:276-280). The impetus to undertake such a work, then, is in finding oneself confronted with the impossibility of thinking oneself other than in some or other particular relation to any given discourse, a factor which has characterised the choice of targets in various of Foucault's analyses (Osborne 1994a:496).

And what is particularly interesting about Foucault's works, is that his targets were very often discourses which might not unreasonably be called 'progressive' - the hope of reforming the minds rather than violating the bodies of criminals, the throwing off of lunatics' chains, the desire to unburden human sexuality of moralistic repression - and this perhaps reflects the fact that new truths which present themselves as the antidote to the malaise of old and (putatively) dominant truths, new accounts which aim to displace the moral strictures resultant from the current order, are by virtue of this way of self-presentation more difficult to unsettle, and more successful at concealing the limitations to existence they themselves impose, than are those old truths. But old and new truths alike can act as mechanisms of normalisation, and it is this, the significance to modern society of normalising discourses of whatever political persuasion, which is one of Foucault's central concerns (Pasquino 1993:37).

Given such a state of affairs, it is quite conceivable that a historian of the present, as an ethical subject working within a politico-moral context, may find him/herself in the position of being in general moral or political agreement or both with the avowed progressive aspirations of a given new truth, but may nevertheless be confronted with

an unavoidable ethical difficulty with that discourse. It is out of a tension of this type that this thesis is born; the work is not intended as a means to bury those positions which are analysed, but as a recognition that it is they which now define the truth and falsity of HIV/AIDS - they have, within certain limits (cf section 3.2), become the authoritative standpoint, and accordingly are a legitimate, even *necessary* target of critical analysis, if only in order that one can know the ethical price one has to pay in order to maintain liberal pluralistic values. (It is for this reason that any moral difficulty which a researcher may have in undertaking deconstructive and critical analysis of a progressive political position with which s/he is in accord should not be allowed to prohibit such study. As has already been commented, this form of analysis to some extent comprises an experimental violation of limits, and such a methodology demands the temporary suspension of moral judgement in order to achieve intellectual clarity.)

The spirit of the work, then, is akin to that observed by Gordon within the genealogical analyses of Weber, which address "the endogenous hazards and necessities of a system, not the unrecognised incursions of an alien pathological mutation." (Gordon 1993(1986):26). If the guiding principle of much of the commentary which comprises the 'alternative orthodoxy' is 'know thine enemy', be that enemy a virus, or prejudicial media reporting, or inadequate governmental responses, then the guiding principle here is the Delphic maxim, 'know thyself', in the sense of aiming to acknowledge and understand the ethical implications of adopting the preferred moral vision in relation to HIV/AIDS.

1.5 'Alternative orthodox' HIV/AIDS discourse as an 'ethical authority'

Above it was stated that the process by which a subject may construct itself ethically functions through a given mode of thinking ethics, which in turn enables ethical judgements to be made, and which was termed an 'ethical stylisation' (Osborne 1998). Such ethical stylisations do not operate in a vacuum, however, but do so in relation to some form of 'ethical authority'. Such an authority is an account of 'life and how to live it', the prescriptions of which do not carry an imperative force, but are more compelling than mere suggestions or advice. It is the contention of this thesis that the 'alternative orthodoxy' comprises just such an ethical authority. Some further discussion of the nature of ethical authorities in general, of how these

properties are relevant to the field of HIV/AIDS, and of how to approach such an object of study is necessary here.

The exercise of ethical authority presupposes that those who put themselves under it putatively do so freely, on the basis of trust. A reciprocal relationship exists between the construction and maintenance of such an authority and the ethical resources of its protégés; whilst it is the ethical authority which informs the ethical stylisations which comprise the framework for consistent conduct of the selves under it, yet it is through the free ethical expression of those persons that the authority is legitimated (Osborne 1994a:492; 1998:3). A dynamic such as this will be highly effective in disguising the arbitrary nature of the order of the world as viewed from the given ethical standpoint, as it will establish a cycle wherein there is an instituted discourse about the world (the ethical authority), the self-evident truth of which is continually re-established because all the group, all those whose opinions are deemed to count, acknowledge that self-evidence and do so freely. And that they will do so is assured by the fact that it is that which they are reduplicating which has given them their framework for conduct in the first place (Bourdieu 1977:166-167).

Analysis, then, should be geared on the one hand towards plotting a genealogy of the authority - to describe how it comes to be here in its current form - in an attempt to reveal a complex historical dynamic; what were the precursors of the ethical authority as it is now? what other authorities are its direct ancestors? what forms of acceptance were fitting to these more ancient authorities, and how do they inform the types of acceptance demanded now? On the other hand, analysis must aim to gain an understanding of how it is that members of the group come to accept the authority; for example, in the field of HIV/AIDS there are, as has already been intimated and will be discussed fully below, various technologies of exclusion, by which group membership is ethically regulated but on politico-moral terms. Would be dissenters are faced with Hobson's choice; for as Bourdieu has observed

> "social categories disadvantaged by the symbolic order...cannot but recognize the legitimacy of the dominant classification in the very fact that their only chance of neutralizing those of its effects most contrary to their own interests lies in submitting to them in order to make use of them..."
>
> (1977:165)

In this light, analysis should be looking to see what *technical* means an authority discourse employs in seeking to actualise its preferences through the propagation of particular ethical stylisations; for the power of the logic of 'if you can't beat them, join them' is multiplied when that logic is coupled with ethical techniques, by virtue of there being provided in them a ready-made machine by which can readily be achieved the re-constitution of self in approved terms which is required in order to join.

It may be considered that such techniques of foreclosure run counter to the principle that the decision to engage with an ethical authority must be made freely. However, this element of compulsion only becomes apparent if one steps outside what Bourdieu has described as the 'field of opinion' as it applies to HIV/AIDS; that is if one tries to force acknowledgement of the question of the legitimacy of that which is taken as given, of doxa (Bourdieu 1977:168-169). Regarding HIV/AIDS, however, the boundary between the 'field of opinion' and doxa is somewhat unstable, reflecting the problematic identification of who is dominant and who is dominated. Bourdieu contends that it is in the interests of the dominated to penetrate doxa in order to show how that which constrains them is arbitrary, whilst it is in the interests of the dominant to preserve doxa if at all possible, or as a second best to substitute an orthodoxy (ibid). But with HIV/AIDS this situation is complicated by the fact that various interest groups can be considered to be both dominant and dominated, one's view dependant upon along which axis it is that one considers the question. For instance, the 'alternative orthodox' account of the syndrome is dominant in certain specific and relevant spheres of thought and conduct, but could not be considered as dominant in British culture as a whole. Thus a proponent of this account will seek to push back doxa in relation to a widespread understanding of HIV/AIDS which is ignorant and misinformed on that account's terms, yet will seek to defend doxa against those who are themselves oppressed by this account, and whose interests therefore demand the undermining of this doxa. Hence we have a picture of a variety of competing orthodoxies, each of which implies its own 'field of opinion', and therefore also its own area outside that field, which will be doxa for some but not for others. In accordance with this, whether or not a given ethical operation appears to involve coercion will depend upon what the subject of that operation perceives to be doxic.

It is in the light of this that Osborne's account of the work which ethical authorities must perform upon themselves in order to stabilise their status as such must be considered. He distinguishes two types of relation; first there is the 'expressionistic' relation between an ethical stylisation and the work which an ethical authority actually does. By this he means the cultivation on the part of an authority of a type of persona which constitutes an expression of that authority's claim to such title. Secondly there is the 'instrumental' relation between an authority's preferred ethical stylisation and the ethical stylisation with which it aims to imbue others, in which the ethical qualities of an authority are held as exemplars which others should straightforwardly imitate (1998:7). Within the 'field of opinion', neither of these relations is coercive, either to those who comprise the authority (for example, with respect to medical authority, doctors; with respect to HIV/AIDS user discourses, contributors and editors, perhaps particularly the latter) or to those who are invited to submit to it. There is, however, some kind of if not coercion then constraint in that available alternatives to submission to the given authority are only those possible within the 'field of opinion' - which the authority will seek to maintain - and are often markedly less attractive than wholesale capitulation, or even conversion. If the alternative to believing in a given god is damnation, then only a fool will refuse to believe. The only successful counter to such an argument is to make the opposition of 'god or damnation' illegitimate by penetrating doxa, by showing its contingency. It can thus be seen that it is in every authority's interests to resist manoeuvres which would undermine its defining oppositions, which would reveal its truths as mere orthodoxies. The freedom in the relation between the ethical authority and those whose conduct of conduct it would shape, then, is dependent upon the maintenance of a certain way of thinking the field in which the authority has its authority. It is therefore somewhat similar to the theoretical freedom the proletarian has to refuse to sell his/her labour and therefore to starve; such is only freedom within the classical- and neo-liberal *Weltanschauung* which allows the matter to be thought in that way.

1.6 The 'implied reader' and the 'textual performance of community'

Having discussed the nature of ethical technologies of the self, how these rely upon particular 'ethical stylisations', how these in turn are shaped by 'ethical authority discourses', and how the ideal-typical object of this study - 'alternative orthodox' HIV/AIDS discourse - can be interpreted as an example of such, the exact relevance of this overall theory to the texts which follow in chapters 4-6 still requires

clarification. In short, the object of this thesis is to explore the possibility that these texts are themselves ethical mechanisms by which one can come to understand one's subjectivity as an HIV/AIDS affected subject.

This is of course a problematic claim. While it will hopefully be quite readily acknowledged that any discourse which makes prescriptive remarks on how best to live (as does the 'alternative orthodoxy') could function as an element of a technology of the self, it is quite another thing to claim that it could comprise one in and of itself, lacking as it does a *concrete* didactic relation between an *actual* master and an *actual* student. The texts which comprise this hegemony, it could well be objected, constitute only one half of the relation necessary to establish a régime of the care of the self; one would need to know how its prescriptions were put into practice before an analysis on such terms were possible. However, if one abandons the narrow Anglo-Saxon definition of 'discourse' in favour of the broader continental usage of the term, in which the division between discourse and praxis is collapsed (cf Woolgar 1986), then a didactic relation can be observed in the manner in which the text is managed, in the way it constructs the relative required positions of voice and reader.

Iser has written of 'the implied reader', a function of any given text, which;

> "..embodies all those predispositions necessary for a literary work to exercise its effect - predispositions laid down, not by an empirical outside reality, but by the text itself... The concept of the implied reader is therefore a textual structure anticipating the presence of a recipient without actually defining him: this concept prestructures the role to be assumed by each recipient ...[and thus]... designates a network of response-inviting structures, which impel the reader to grasp the text."
>
> (Iser 1978:34)

Such response-inviting structures are the devices by which (actual, not implied) readers can be placed such that they see the world constructed within the text from the required perspective. This vantage point which the text brings about is such that it enables the reader to focus on things which s/he otherwise would have overlooked, and it should be able to perform this role for any number of different readers. Iser notes that literary texts tend to have a number of different perspectives in them - those he identifies are the narrator, the characters, the plot and the implied reader -

which form converging guidelines, each starting from a different position, but heading and leading the (actual) reader towards a point of intersection, which Iser calls "the meaning of the text" (ibid:35). This 'meeting place' can only be viewed properly from the vantage point described above. These two elements, then, are closely related (although neither of them is actually set out in so many words in the text, emerging instead via the reading process), and it is through this drawing together of the meeting place of textual themes, and the (actual) reader's vantage point, that the (actual) reader is brought into the world of the text (ibid:34-38).

It is in the relation between the textual voice and the implied reader that the didactic relation of a technology of the self is to be found within the texts studied. These texts are managed in such a way that the implied reader, with whom the actual reader is invited to identify, is predisposed to react in a particular way to the suggestions, imperatives and information given by the master-discourse, which is in turn informed by and an expression of the particular regularity of thought pertaining to HIV/AIDS which is here called the 'alternative orthodox' account. Thus it is possible to examine the mechanisms by which this abstract way of thinking HIV/AIDS comes to be and sustains itself, and those by which it is manifested concretely, without, for example, having to interview actual readers of the texts under discussion to see how they react to them (although this would by no means be an unworthy area of study; it would, however, be fraught with methodological difficulties - cf 2.2). To give a metaphoric parallel which might make the idea behind this kind of analysis clearer, one may gain a good understanding of the possibilities and limits for driving established by a particular car through examining its technical specifications - its top speed, its turning circle, its fuel capacity and so forth - without ever asking any actual drivers how they happen to drive it; for however they happen to drive it, it must be within the limits of the car's mechanisms.

Given the above, it is important to note that the 'actual reader' constructed within this research (who may or may not be named as such, but can be assumed to be present whenever a relation is drawn between a text under consideration and someone who engages with it), is an ideal-typical one, who is peculiarly committed to driving this particular car, to the exclusion of all others. It is acknowledged from the outset that real people use a great variety of discourses in their processes of self-construction, and that the relations described as existing between 'textual reader-subject positions' and 'actual readers' are simplified, and do not - indeed, given the methodological

limitations of the enquiry could not - take full account of possible resistances on the part of readers, nor the influences of competing subjectivity-informing discourses. Accordingly, the unit of analysis in this work is not the empirical subject, but is a textually established ideal subject, to be understood in relation to textually constituted possibilities of being.

One potential problem with using Iser's work to devise a methodology such as that elaborated herein is that his observations relate to the realities brought into play within novels, and the objection could be raised that this disqualifies texts of the sort examined herein from such an analysis. Woolgar's work on how 'scientific' texts encourage particular readings of themselves counters this suggestion, however. Starting from the premise that all facts and objects are inescapably textual in nature, he goes on to identify various devices by which a text can privilege a particular reading of itself (and thereby construct its facts and objects) one of which is that which he describes as the 'performance of community' (Woolgar 1993:73) . On the one hand, this technique externalises and gives a set reality to the objects being discussed by removing from the author any privileged epistemological viewpoint compared with the audience. On the other, by use of the royal 'we', it

> "..has the interesting effect of inviting the reader to become part of the existing state of knowledge...the reader is encouraged to orient to an existing state of affairs, a state of existing knowledge which is shared by an unmentioned number of others."
>
> (Woolgar 1993:76)

It is also through the invocation of community that 'tellers of the tale', the various voices within the text, are legitimated, are shown to be trustworthy. It is below argued that such a strategy, in combination with the articulation of an implied reader, is articulated within the studied texts, and through this is constituted an ethical framework by which it is established what it is necessary to accept as true and to be in order to assume the identity of a person with HIV/AIDS.

1.7 Summary

In this chapter it is argued that the 'truth' of HIV/AIDS may for analytical purposes be regarded as an object of discourse, emergent from contingent relations of what Foucault termed 'micro-power', and accordingly, it is deemed appropriate to the

analysis that an ontologically relativistic position should be taken. Various ideal-typical constructs are made by which to apprehend this truth of HIV/AIDS, the most important of which is the 'alternative orthodox' account, the ascendant 'progressive' regularity of thought pertaining to HIV/AIDS. This regularity of thought not only articulates a certain ontology, but is also heavily politico-morally overdetermined.

It is held that the problems posed by this way of thinking the syndrome are 'ethical' in character, in that it is this mode of thinking HIV/AIDS which determines the possibilities and limits to being for an HIV/AIDS in/affected subject. Usage of the term 'ethical' is explained as having derived from Foucault's analysis of the development of what he called the 'hermeneutics of the self'. It is contended that ethical practices by which one constructs oneself are shaped by particular 'ethical stylisations', which are related to 'ethical authority discourses', which in turn reflect dominant moral and political concerns. It is argued that the 'alternative orthodoxy' comprises just such a politico-morally informed ethical authority discourse. It is suggested that the most appropriate modes of engagement with the research material are also 'ethical'; hence it is correct to locate this thesis within the wider project called the 'history of the present'.

Finally, it is contended that examination of the forms of textual management employed by texts to be analysed will make discernible a concrete ethical didactic relation, obtaining between authority voices concomitant with certain textually constructed communities, and various implied reader subject positions.

Chapter 2

METHODOLOGY

The fact that the problematic central to this thesis is so firmly embedded in the sorts of theoretical premises outlined in the previous chapter, which are in large part derived from the work of Foucault, presents certain difficulties when trying to write a formal sociological methodology. Given that this work is conceptually 'Foucauldian', it makes sense that it should follow a 'Foucauldian' model in practice. Foucault, however, never really described a 'methodology' as such, so much as a *Weltanschauung* of the sort discussed in the previous chapter - something which should certainly inform one's methodological choices (by virtue of the implications of the various philosophical commitments which necessarily go with such an approach), but which never provides any practical step-by-step guide. In the light of this, what follows is to some extent more a detailing of various methodological issues which were found to be relevant, and of what approach was taken to them, than it is a completely neat-and-tidy, fully systematic methodology.

2.1 Discourse analysis

Having said this, there are certain theoretical and methodological parallels between this style of research and some of the variety of approaches to sociology and social psychology which are grouped together under the heading 'discourse analysis', on which subject there exist a considerable number of works which might provide exactly the sort of detailed methodology lacking from Foucault's own writings. Indeed, some commentators regard Foucault's work itself as coming within this grouping, although opinion on how centrally his approach is integrated into it is not unified - for example, whereas Burman and Parker suggest that the sorts of "post-structuralist" research of which Foucault's is exemplary comprise one of three key reference points in the field of discourse analysis (1993:6-7), others regard his work as being at a rather more extreme position on the continuum of discourse analytic approaches, due to the broad way in which he defines discourse (Potter & Wetherell 1987:6-7).

Certainly there are themes within Foucault's thought which have congruence with two of the assumptions often said to characterise discourse analysis: (a) that

discourse in the form of language comprises a set of practices through which social reality is constituted, hence analytic focus should be on the discourse itself, in its own right, rather than on that which it supposedly mirrors, or to which it putatively may lead (things such as attitudes or cognitive processes) - a discourse, then, is a way of apprehending the world which constructs its own objects, but discourse analysis is about regarding discourses themselves as objects (Burman & Parker 1993:3; Parker 1992:8-9; Potter & Wetherell 1987:6,34-35,160); (b) the assumption that selfhood and cultural identity have multiple possible forms which are enabled and shaped through discursive practices - discourses articulate particular subject positions into which those who engage with them are invited (Burman & Parker 1993:1,3; Parker 1992:9; Potter & Wetherell 1987:95,102). With such similarities then, and given the lack of any clear instructions from Foucault himself, the methodological treatises of discourse analysis proper are probably the best resource available for some helpful hints about the nuts-and-bolts of doing a history of the present.

The degree of affinity between discourse analysis and the history of the present should not be over-stated, however; there are important differences, in particular in the relation the researcher takes to his/her work (in the former it is an intellectual relation, in the latter an ethical one - cf section 2.5). So it is, then, that this research has borrowed from the former's methodologies that which has a good enough fit with the latter's theoretical stance, although none of the various available point by point guides of 'how to do discourse analysis' has been followed exactly (cf Parker 1992:6-20; Potter & Wetherell 1987:160-175).

2.2 Why not interviews?

It was decided that data would not be gathered by means of interviews, but instead documentary sources would be used. There were two principal reasons for this, one to do with achieving coherence between theory and method, the other to do with professional ethics.

2.2.1 The relationship between theory and method

The problem of the effect that researchers have on their respondents has been widely acknowledged as a significant practical difficulty in accessing 'genuine' texts upon which to perform analysis; hence, use of documents of various kinds is now well established as one methodological option for more conventional discourse analysis

(Potter & Wetherell 1987:162). Within this work, though, the problem with interviews is more profound than merely a pragmatic difficulty; as has been stated, this research comprises an attempt to gain an understanding of the research topic by applying a Foucauldian framework to it. Given this, it is necessary to take account of how highly disparaging Foucault was about sociology, and indeed about what he always referred to as the 'so-called human sciences' in general, and in so doing to acknowledge that any attempt to graft 'Foucauldian thinking' straight onto existing sociological techniques like interviews is liable either to produce an irresolvable tension between theory and practice, or require that the theoretical side of things should be absurdly bastardised.

For Foucault, ways of thinking which constructed humans as legitimate objects of study - ways of thinking which would include here sociology, psychology and indeed anatomo-clinical medicine - were central to the extension of panoptic disciplinary power and the constitution of what he called the 'carceral society'. To ask someone what they think about being an HIV/AIDS in/affected person, then, would not only make one a conduit of disciplinary power, but also establish one in an ethical relation with one's respondent, both of these effects happening by virtue of asking the respondent to confess the truth of themselves to you, the researcher. In other words, if one is looking to map ethical relations and one attempts this by means of interviewing respondents, then it is quite possible that one's findings will be artefactual, that one will have constructed as a function of the process of research the very relations one subsequently observes. This problem is considerably reduced, however, if the work is based solely on documents, as within such work one's relation with those whom one studies is less direct, is a less immediate and efficient conduit of power, at least until the moment of publication.

2.2.2 A professional-ethical difficulty

The second issue relating to the question of whether or not to do interviews was one of professional-ethics. In a nutshell, the problem with making this research into an ethnography of people with HIV or AIDS was the likelihood that human scientists from all disciplines have bothered such people quite enough. Given the amount of literature on the subject of HIV/AIDS to be found in periodicals pertaining to all the human sciences it would not be unreasonable to posit that one of the primary experiences which someone has to endure after receiving an HIV antibody positive diagnosis is that of being made a target of social scientific research. Indeed, even

more cynically, there has been talk of a new syndrome being identified, ARCO - Aids Related Career Opportunities. Ian Parker (1989a) has discussed this problem in relation to social psychology, and argues that the rapidly expanding research discourse on HIV/AIDS bears a large component of works which fail to recognise the limits and the reflexive implications of the theories and knowledges which are employed to enable them. Such work he regards as reprehensible, and even goes so far as to suggest that there should be a moratorium on certain types of HIV/AIDS related research, in particular "undergraduate projects, in which the only motivation is that AIDS is an interesting issue", which he is certain will "do more harm than good." (ibid:30). Neither are such cautions limited to undergraduate work; the view that discourse analytic work must justify itself through having progressive aims and applications is frequently expressed in the literature, and a certain disdain is directed towards engaging in work intended 'merely' to add to the existing stock of sociological knowledge or to advance careers (Burman & Parker 1993:11; Parker 1992:18-20; Potter & Wetherell 1987:174-175).

In the light of such comments, whilst acknowledging that from a Foucauldian position all 'progressive' aspirations are problematic (as discussed in the last chapter) and despite some reservations about such criticism of the practice of gathering knowledge for its own sake, recognition had to be made of the fact that, given the nature of this thesis and its problematic (a fairly commonplace piece of post-graduate research, dealing with an abstracted academic question) any practical benefit that its findings might provide for those who are currently suffering would only be felt long term, and somewhat tangentially (although to say this is not to abandon all hope that some non-academic application for this piece of commentary may be found). And with the acknowledgement that the foremost function of this research was to secure its author a PhD came a different set of moral obligations from those which would have obtained if the work had been of more immediately practical use to the alleviation of suffering. It was considered that relying exclusively on already published documentary sources would not violate such obligations, as it would involve no direct interference into the lives of people with HIV.

2.3 Sources and samples

As has been observed frequently, there has been a veritable explosion of all manner of writings on HIV/AIDS since the syndrome was first identified, such that it would

be impossible to examine anything like all of it, especially not in the kind of fine-tooth comb detail which has here been applied to those texts which have been examined. One is forced, then, to devise some criteria by which to select which texts to analyse.

The criteria for choosing texts to be analysed were less rigorously systematic and more opportunistically pragmatic than would have been preferred; initially a broad sweep was made of texts which were considered to be attempts to convey to an interested lay public information about HIV/AIDS which was 'better' or 'more accurate' than that commonly found in media reports. (The 'lay public' was here considered to comprise people who did not have a 'professional' relationship to HIV/AIDS - that is were not doctors, nurses, counsellors, care workers &c - a grouping which would of course include people who have an HIV antibody positive diagnosis. It should be noted, though, that some of the texts included - in particular the *National AIDS Manual* - are aimed at both a professional and a lay readership.)

From this overview was derived a particular sub-section of texts which shared (albeit with some limitations) certain ontological commitments and progressive politico-moral persuasions, and which had achieved a local hegemony. This sub-section was made the central focus of the thesis, and three principal texts were chosen for examination - the writings of Simon Watney, the *Body Positive Newsletter* and the *National AIDS Manual.* This selection was made on the basis of the frequency with which they were cited as being authoritative both by each other and in other arguably less significant texts (cf chapter 3), of their apparently inhabiting an influential or interesting position, and simply because access to them existed. (This last criterion, flawed as it may be, is quite commonly employed by discourse analysts - Potter & Wetherell 1987:162.) It was not, for example, readily possible to obtain any literatures from the organisation *Positively Women*, something which may be considered a rueful omission. Access was gained to two other support literatures (*Continuum*, a newsletter for HIV/AIDS in/affected people which seeks to challenge many received ideas about AIDS, and in particular is sceptical about the HIV hypothesis, and the *Birchgrove Group Newsletter*, which is produced for and by HIV/AIDS in/affected hæmophiliacs), but these were omitted as upon examination they were considered not to inhabit the same space of authority as those which were selected.

The danger inherent in this approach is, of course, that some vital text containing novel insights will be overlooked. Not only that, but none of the canons of discourse which were selected for scrutiny were entirely fixed entities; all were in ongoing publication, a state of affairs which carries the uncomfortable possibility that the analyses made of those discourses might be rendered out of date before they had even been submitted. This was a particular problem with respect to the commentary on the *Body Positive Newsletter* in chapter 5, which was written quite early on in the research period, and consequently was based on rather a limited selection of issues of this magazine, in comparison to what would be available for analysis now (a new issue is produced about once every three weeks). Given that resources do not permit a thorough examination of these later issues, and that it might be considered methodologically suspect to make a cursory reading of them in order to check that they match with the conclusions of the original reading (see the section on value freedom below for an explanation of why such a practice would be dubious), these later issues have been omitted from the analysis. A similar problem obtained with respect to the *National AIDS Manual* - this work is updated every year, and until recently was published in a ring-binder format, such that pages which had become obsolete could readily be replaced by new ones. The copy of the manual which was studied herewith was of this format, and was an amalgamation of the November 1992, Autumn 1993 and May 1994 editions, which, at the time the analysis was undertaken (early 1996) was available for current use in a West London hospital library. However, in the intervening time, the mode of publication of this document changed, such that it is now produced annually as a soft back book, with a radically revised contents, and utterly altered internal indexing and referencing. To try to incorporate these sweeping changes into the analysis would have proven practicably impossible.

2.4 A central assumption

It is acknowledged that problems such as these may put certain limits on the quality of the knowledge produced by the study, but unfortunately, the exigencies of research mean that they are unavoidable. They are, however, not so confounding to the objectives of this enquiry as they may at first seem, given an assumption which is made throughout the analysis, and which is rooted in the ontological commitments of this thesis, and in particular the Foucauldian conception of what a discourse is. For if one employs a Foucauldian definition of the term, one cannot in truth study a

discourse as such, due to its not being a concrete thing; a discourse from this perspective is a way of thinking about something, a system of representations, meanings and practices through the interaction of which are established the truth of the objects of that discourse, and the possibilities of being for the subjects of it. Hence, what must actually be studied are specific individual texts, viewed as aspects and expressions of the broader, disparate discourse, and it is only through such small scale analysis that the parameters and workings of the larger discourse may be discerned (Parker 1992:6).

Moreover, any given discourse rests upon, is enabled by, particular régimes of micro-power. The assumption upon which such research must rely, then, is that the conditions of micro-power which enable whichever texts are actually examined, and which may be revealed by excavating such texts, are the same as those which enable those discourses which are not studied. It is here taken as given, then, that the conditions of possibility which allow, for example, the particular issues and pages of the *Body Positive Newsletter* or the *National AIDS Manual* which were scrutinised to come to be are the same as those which enable the unexamined issues and pages of those publications, and as those which enable the multitude of texts which remained entirely unexamined; hence one may draw a map which although perhaps not containing every detail, will describe broadly speaking the same discursive terrain as if it were possible to consider a more complete sample.

Indeed, it is assumed that these micro-political conditions are the same as those which allow individuals to self-construct as HIV/AIDS in/affected persons. This assumption undermines the distinction made by much (but by no means all) discourse analytic work within which primacy is afforded to 'ordinary' or 'everyday' or 'natural' language - all terms more usually used to describe forms of talk than forms of written language - over more considered texts (Parker 1989:66; Potter & Wetherell 1987:164; Stubbs 1983:1), for it implies that the regularities of thought visible in the written texts from which data are gathered are the same as those which obtain within and enable, for example, the conversations of HIV/AIDS in/affected persons (a state of affairs which strengthens the case for abandoning interviews as a methodological strategy). Thus, from this point of view, not only is meaningful analysis of the overall discourse possible using quite a limited sample, but also no category of discourse is to be considered more 'authentic', and on that criterion a more proper analytic target, than any other.

Making this assumption, then, allows one to look for regularities of thought in the ways and places which may be considered the least harmful and the most methodologically consistent - in this case published documents - although there are dangers inherent in doing so; if this assumption falls, then the whole research problematic is severely compromised, (as indeed would be much of Foucault's own historical work), and its analytical power is much reduced.

2.5 Engagement with texts

Exactly how one should engage with sample texts once they have been selected is also a problematic area, and one in which even the step-by-step guides to discourse analysis are not perfectly clear. Potter and Wetherell, for example, when trying to describe how it is done, state that they are at a loss for words, and have to resort to the very general principle that "analysis involves a lot of careful reading and rereading". The process, then, is somewhat similar to that of grounded theory research, in as much as that one immerses oneself in one's data - that is, those aspects of the documents under study which are deemed significant - and lets the pattern emerge. Such analysis has, they suggest, two phases, in the first of which one looks both for variability and consistency in form and content within and between accounts, and in the second of which one makes hypotheses to explain what one has found, and searches for linguistic evidence to support those hypotheses (1987:168).

This is a reasonable model for the process by which data were analysed herein (although in truth it was more circular - the initial theoretical position informed data gathering in the early analyses, which in turn generated tentative hypotheses, which then shaped not only the editing process for that data, but also the data gathering for subsequent analyses. The hypotheses which these latter analyses generated were then incorporated back into the earlier works when final writing up took place), it comprising in part an examination of consistencies across and within texts regarding, for example, the construction of objects such as 'HIV', 'AIDS' and 'HIV/AIDS in/affected communities', and differential variabilities in relation to the textual positioning of the various sub-populations which are frequently mentioned as being connected to HIV/AIDS ('gay men', 'lesbians', 'intra-venous drug users', 'women', 'heterosexuals', 'hæmophiliacs', &c.). Given that the variabilities and consistencies exposed have in such large part to do with these sorts of identity positions, aspects of Parker's twenty stage model of how to do discourse analysis - which draws explicitly

on Foucault's work - are also particularly relevant; he suggests that one should (amongst other things) identify what types of person are articulated by a given discourse, what rights to speak such persons have within that discourse, and what rights to speak the reader who identifies with those persons would have (1992:10). As will become apparent, such concerns were central to the readings made of all three of the major target texts.

This sort of methodological thinking served as a useful springboard for the actual practices by which the analysis was forged, which may, however, be described quite simply. Firstly, a fairly cursory reading was made of the particular target text under immediate consideration, and notes made on the text itself of anything which appeared to be at all interesting - that is, not only the consistencies, variabilities, speaking subjects and possibilities for speaking articulated by the text, but any major themes or textual practices which were important to the way in which the text shaped itself. This may seem a slightly vague criterion, but that is exactly the point; the idea is that the theoretical scheme by which one subsequently imposes order upon the texts should be derived as far as possible from the text itself, rather than from the preconceptions of what is important provided by one's sociological training.

Following this, a second reading was made, but this time many quotations were extracted from the text, according to the various criteria devised after the cursory reading, and copy-typed into a computer file. Careful note was made of the exact location from which the quotations were taken, as well as any relevant contextual information. Once this was complete, the quotations were coded into various sub-categories, once again derived from the initial readings; the purpose here was not so much to begin analysis as "to squeeze an unwieldy body of discourse into manageable chunks" (Potter & Wetherell 1987:167), and very often the sub-categories employed at this stage were subsequently abandoned as the analysis progressed. A certain amount of editing took place at this stage as well, with many quotations being removed into a 'dumping ground' at the end of the file, such that they could be revisited and/or rescued at a later stage, if the insights gained from the subsequent analysis of that which remained demanded it. Quotations were pruned at this stage principally if they appeared to be representative of only minor trends or themes, or if there were a large number of quotations supporting the same point.

2.5.1 Deconstruction and irony

Having got to this stage, analyses of each sub-section were written in turn, based on in-depth reading and re-reading of the material (cf Potter and Wetherell 1987:168). The approach to the text employed in this reading was, in its procedure if not its theoretical imagination, similar to Norris's (1987) summary of Derrida's deconstructive technique, which can stand as a description of the method employed herein, in that both comprise

> "the vigilant seeking-out of those 'aporias', blindspots or moments of self-contradiction where a text involuntarily betrays the tension between rhetoric and logic, between what it manifestly *means to say* and what it is nonetheless *constrained to mean.*"
>
> (ibid:19)

Such an approach to text also has a congruence with Parker's contention that discourse analysis can be facilitated "by identifying contradictions between different ways of describing something", and by looking for those instances when one discourse is used to 'explain' another (1992:13-14).

This deconstructive method enabled the possibility of excavating from any given text aspects such as the ontology it constructed, its logical, philosophical, moral and political commitments, the subject positions it articulated along with the ethical relations which informed such, and the forms of thinking which underlay all of these. Once identified, the manner in which these various factors operated within the texts and their interrelation with each other was written up. An initial draft of the analysis having been produced in this way, it was then edited and re-drafted several times in order to come to the final version. It was principally during this last process that data in the 'dumping ground' were reconsidered and if necessary re-incorporated.

It is important to underline the difference, however, between the deconstructive approach taken to the readings made within this work, and the more general trend within HIV/AIDS commentary towards making analyses which seek to ironize one account of the syndrome in order to supplant it with some other, 'better' account, which is not to be subject to the same ironizing gaze (cf for example Watney (1987,1989,1994) and Sontag (1989)). (For a detailed discussion of exactly why such an approach is methodologically unsatisfactory, see Woolgar 1983). Although the deconstructive technique does often involve the application of irony to a text, it is

of a qualitatively different form from this more commonplace variety, in that it is based on the ongoing recognition of the contingency not only of those knowledges and values which underpin that which is being observed, but also of those upon which the observing gaze itself is premised (cf Rorty 1989:xv). It is applied, then, only as tool by which to facilitate analysis, and not as a means by which supposedly to demonstrate 'truth'. This aligns the procedure with Potter & Wetherell's view that whilst consideration of possible alternative readings of an account can be helpful when trying to understand its workings, the discourse analyst should never be trying to show what 'really happened' in any given situation (1987:5).

Such is the position of this work; whilst it is held that the truth of HIV/AIDS could be other than it is, no suggestion is intended that this emergent truth is somehow ontologically 'false', nor morally 'wrong', nor that it could or should be replaced by some other account which is to be considered 'better' in either sense. Instead, it seeks to make sense out of the confusions of HIV/AIDS discourse by attempting to stand outside the current field of debate, and to turn upon the mass of competing 'truths' a gaze made philosophically sceptical by the confusion in which it finds itself. This fact has important ramifications for the manner in which data are addressed in the research, the implied problematic demanding less an *intellectual* engagement (of the sort apposite to answering the question of how well available accounts of HIV/AIDS correspond to the syndrome's putative noumenal reality), than an *ethical* one, concerned with how it is that certain accounts of HIV/AIDS have come to be considered true, with the difficulties with being and thinking with which the discourse of HIV/AIDS confronts one, and with the matter of how to address oneself to that discourse in the light of such difficulties (cf Rajchman 1991). This is in keeping with the research being located within the overall approach to research styled the 'history of the present' (discussed previously in 1.4.3).

2.5.2 Value freedom

There comes with such an approach, however, the danger that a historian of the present who finds him/herself liberated from constraining 'truth' discourses by the methodology adopted will be unable to resist the temptation to use his/her research as a platform on which to articulate any such nonsense as s/he would care to dream up, and in particular to use his/her (personal, ethical) work as a basis and justification for certain (public) moral or political arguments. Given this, certain of Weber's methodological prescriptions on the position of personal values in research provide a

useful guide by which to check any such tendencies. These are especially pertinent given that this study is seeking to engage with a morally and politically sensitive subject area. A brief summary of the relevant work will be helpful here.

Weber is most concerned that the human sciences are guilty of collapsing, perhaps even ignoring, the absolute logical division which exists between descriptive and normative commentary; after Kant, he wishes to restate the old philosophical maxim that an 'ought' cannot be derived from an 'is'. He is certainly not, however, suggesting that the social scientist should have licence to ride roughshod over all moral concerns in the name of 'objectivity', but saying the relationship which doubtlessly exists between scientific analysis and value statements is of a kind that while such analysis can provide guidance as to what the effects of employing one means to an end as opposed to another might be, it cannot show that it is logically necessary to accept a particular end as morally valuable. For Weber, (as for this thesis) we live in a world of 'irreducibly competing ideals', between which social science cannot hope to adjudicate; it can only clarify the terms of the debate (Giddens 1971:135-136). Accordingly, the scientist must be brave enough to refuse to allow dominant moral ideas - even if held and cherished by the scientist him/herself - to distort his/her analytic vision. This point of view is reflected in Weber's great stress on the necessity that would be social scientists should learn to recognise "facts that are inconvenient for their party opinions", to distinguish such "personally uncomfortable" facts from their own evaluations, and to avoid making "an unnecessary spectacle of personal tastes or other sentiments" (ibid:144; Weber 1948:147, 1949:5).

Use of a deconstructive method of engagement with texts does not stand in contradiction with Weber's methodological prescriptions, then, so long as its application is governed by the principle that it is only to be used for the purpose of pointing out such 'inconvenient facts' within the account under consideration, and never for the propagation of any alternative ontological, epistemological, ethical or politico-moral vision. Ensuring that this principle is maintained entails the historian of the present doing work on him/herself such that s/he is able to take a detached, disinterested perspective on what is a personal difficulty - s/he must be 'objective' about his/her 'subjective' problem. It is only after s/he has disengaged with the discourse under study that s/he may allow his/her moral and political self access to the material.

In sum, then, for Weber, sociology should never - indeed logically *cannot* - be about finding good reasons to support the point of view one has already decided upon. Consequently, the researcher must maintain constant vigilance against the temptation to allow his/her moral and political difficulties with the subject at hand to govern his/her analytical vision. In practice, though, to sustain such a position requires considerable and constant effort, and failings do occur. And when they do, they are to be regarded as failings of the study as a whole, and should certainly be savaged without mercy by readers more diligent than the author. On the other hand, Weber's prescriptions also carry the implication that those discourses which are deemed by currently dominant relations of micro-power to be 'morally exemplary' are not at all exempt from throwing up 'inconvenient facts', and neither are discourses similarly marked as 'morally reprehensible' robbed of all insight by dint of their badness.

2.5.3 'Textual anthropology'

Doing this form of research, then, might well be described as the business of being an 'anthropologist of text' - in that, whilst being sure to maintain a studious detachment, one enters a textual realm (by means of careful reading of one's documents), seeks to understand that realm's ways, and then writes a monograph. Such an approach, of course, carries the implication that the problem space being opened is radically subjective, in as much as that it is a function of one's own relation to the discourse, and not a reflection of anything which necessarily inheres in the object of study. This kind of subjectivity, however, need not compromise the task at hand so long as the implications for the status of the discourse produced in the process of research is acknowledged when the final conclusions are reckoned; one must understand that the methodology employed places limits upon what can be safely said, and that though one's conclusions may be insightful, enlightening, and useful for informing subsequent action, they cannot be unproblematically equated with 'truth'.

2.6 Summary

There are difficulties in constructing a suitable methodology for a work such as this whose terms of reference are so radically embedded in Foucauldian thought, given that Foucault never provided an 'easy-to-follow' account of his own investigational methods. Notwithstanding this, the methodological thought behind discourse analysis has a sufficient alignment with the history of the present to be of some use

when trying to devise a workable method for the latter. Use of interviews for data gathering was ruled out, partly because to gather data in such a manner would be inconsistent with the view on the effect of such researches held by Foucault - a perspective inherent in the world-view which informs the problematic of this research - and partly because it was considered professionally ethically dubious. Hence a document based approach was adopted, but taking such a tack brings its own problems; how to select which texts to analyse and how to deal with the fact that certain of the texts under consideration were in continuous publication during the period of analysis. The assumption was made that both those texts which were actually studied and those which were not are dependent upon the same regularities of thought as their conditions of possibility, such that to omit a particular piece from analysis is not so important if these same conditions of possibility may be excavated from another piece. In addition, it was assumed that the ethical possibilities established within the texts under analysis rested upon the same regularities of thinking. These assumptions help to solve the two difficulties with document based research outlined above, but they are dangerous to make, in that if they fall, so does the entire research problematic. Finally, issues to do with the researcher's relation to the texts being studied, the uses of deconstruction and irony as analytical tools, and the proper position of values in research were considered, and ground-rules established.

PART 2

HIV/AIDS DISCOURSE

Put simply, the central argument of this thesis is that over the nearly two decades that HIV/AIDS has been with us, a particular way of thinking the syndrome has emerged as dominant, here characterised as the 'alternative orthodox' vector of discourse, and that that way of thinking has certain ethical and governmental properties. The following section consists of four related pieces of discourse analysis, which together form the empirical basis of this thesis. The first of these (chapter 3) is a historical account, a 'structural snapshot' of HIV/AIDS discourse circa the turn of the decade. Its purpose is to map the emergence to pre-eminence of this way of thinking HIV/AIDS, and thereby to contextualise and explicate the work in chapters 4-6, which comprises analyses of three major expressions of this 'alternative orthodox' rendering of HIV/AIDS - the commentaries of Simon Watney (chapter 4), the *Body Positive Newsletter* (chapter 5) and the *National AIDS Manual* (chapter 6). The reason for the selection for detailed study of these three texts in particular is that they are each not only exemplary of 'alternative orthodox' HIV/AIDS thinking, but stand central among the major authorities on HIV/AIDS in this country. They are the gatekeepers of HIV/AIDS knowledge, they are "obligatory passage points" (Latour 1987:150;181-182;244-245) through which one's understandings of the syndrome must be channelled and filtered. As such, it is fitting that the knowledges they articulate should be painstakingly excavated, the better to comprehend the possibilities and limits - to knowledge, to thought, to action, to being - which this dominant mode of HIV/AIDS thought establishes.

Chapter 3

SETTING THE SCENE: THE TRUTH(S) ABOUT AIDS

Through the 1980s the field of representations of HIV/AIDS steadily expanded, via a variety of media and from manifold sources, producing a complex and often contradictory knowledge of the syndrome. By the turn of the decade, however, certain aspects of this overall discourse had achieved a hegemony of sorts - a way of thinking HIV/AIDS, with its own incumbent epistemological, ontological and moral commitments - which although arguably not dominant amongst people in general, had achieved ascendancy amongst those who were deemed to be 'in the know' about HIV/AIDS. Indeed, any individual's adoption or otherwise of this perspective began to become a marker by which those whose views on the subject were to be taken seriously and those whose views were not could be distinguished.

3.1 Three 'vectors' of popular HIV/AIDS discourse

Out of the enormous array of approaches to HIV/AIDS which appeared as the discourse burgeoned from the mid 1980s onwards certain common axes of debate emerged. These axes were manifested around a variety of salient issues, such as: the ætiology of the syndrome; epidemiological predictions and the epidemic in Africa and the rest of the Third World; preventative strategies; the roles of gay men, female prostitutes, people of colour and intravenous drug users in the spread of the disease; questions of blame; the problem of media coverage. As extensive and various as these concerns were, it is possible to make a tentative model embracing these multifarious responses to the syndrome, in which three vectors of discourse emergent from the complex of micro-political relations present in the general discourse may be identified. These will be labelled 'orthodox', 'alternative orthodox' and 'dissident'. These terms are used precisely because of the connotations they evoke; 'orthodox' raising images of 'conservatism with a small c', 'alternative' suggesting a particular and self-conscious type of liberalism, and 'dissident' carrying with it the notion of political heresy. Each one of these vectors comprises its own universe of responses and modes of response to the syndrome - they are each more than just various theories about HIV/AIDS, they are competing ways of thinking the syndrome; that is they each provide not merely a set knowledges of HIV/AIDS, but also a distinct logic

by which to articulate those knowledges - logics which are often radically informed by politico-moral party opinions.

3.1.1 'Orthodox' HIV/AIDS discourse

'Orthodox' responses to AIDS premised themselves on a particular medical truth of the condition, which is as follows; AIDS is a syndrome in which the body's immune system is gradually destroyed, resultant from infection with a virus, HIV. This leaves the body vulnerable to opportunistic infection; that is infections which would under normal circumstances have been no threat become able to cause serious illness and eventual death due to the body's weakened state. There is no cure, nor even any very effective palliative therapy. There is no preventative vaccine against HIV, nor is there likely to be in the foreseeable future, because of the peculiar way in which the virus reproduces itself. HIV can lie dormant in the bloodstream for between 7 and 11 years, and perhaps as long as 20 years, during which time the host is basically well but contagious. The virus cannot be caught by everyday contact, however, but only by exchange of bodily fluids. The most common route of transmission is sexual intercourse, by which the virus can pass from men to women, from women to men and between men. It is also frequently transmitted via transfusions of blood and blood products in areas where such are not systematically tested, from needle sharing in injecting drug use, and from a mother to her baby through the placenta, or through breast milk (Panos Institute 1990:2).

Estimates of the then current and projected future extents of HIV infection, and therefore of numbers of new AIDS cases, were also an important aspect of the foundations of 'orthodox' accounts, although such estimates proved very difficult to gauge accurately. In February 1985, for example, Dr. Marion McEvoy noted that the annual increase in AIDS in the United Kingdom roughly followed an exponential rise, and thereby calculated an extrapolation to 1990, reaching an estimate of 10,000 new cases in that year. However, as she further commented, at 95% confidence limits the figure could have been anywhere between 1 and 295 million (Daniels 1985:6). In 1988 the Department of Health foretold 30,000 new cases a year by 1992 (*Times* 11/2/92). (Both of these have proved to be severe over-estimates.)

In view of the lack of a cure, 'orthodox' responses proposed that the best hope of prevention was through education, with the emphasis on personal responsibility;

> "Only by influencing individual behaviour and lifestyles can we hope to contain the spread of infection."

commented John Moore in 1988, then Secretary of State for Social Services (World Health Organisation 1988:xvi). Jonathan Mann concurred;

> "..education is the key to AIDS prevention, because HIV transmission can be prevented through informed and responsible behaviour...individual behaviour is responsible for most HIV transmission."
>
> (World Health Organisation 1988:9)

Originally constructed as a condition affecting certain minority groups (the four 'Hs`; Homosexuals, Haitians, Heroin users and Hæmophiliacs) it was initially putative gay promiscuity that was seen as the major factor involved in propagating the spread of infection. The closing of gay bathhouses was tabled as desirable in order to slow the advance of the disease, and once again individual rather than social factors were used to explain such supposed gay behaviour;

> "Whether impelled by an uncontrollable drive or by deliberate choice, some [gay men] have opted for the role of sexual athlete..."
>
> (Siegal & Siegal 1983:141)

In the mid 1980s, however, thinking on the syndrome shifted such that it became conceived as a more general threat, a change resultant from reports of endemic HIV infection in certain regions of Africa. The 'orthodox' message to the heterosexual population given in the wake of this emphasised a particular variant of safe practice; penetrative intercourse, but permissible only within a heterosexual monogamous relationship. The only alternative to this was abstention. Female prostitutes were seen as a major conduit of infection, because of the 'astonishing' numbers of clients they were said to serve (Masters, Johnson & Kolodny 1988:131-132). Young people were urged not to feel that sexual activity was a prerequisite of happiness (Gordon & Klouda 1989:155) and the point was emphasised that given the absence of "other risk factors", total monogamy could guarantee against infection (Miller, Weber & Green 1986:177).

Neither was safer sex seen as a solution. It was argued that even if it does not break, the use of a condom would not ensure protection (Singer Kaplan 1987:15), a point which Masters, Johnson and Kolodny put with some vehemence;

> "to rely on condoms for truly safe sex - or even a reasonable approximation of safe sex - is to blatantly disregard the facts."
>
> (1988:119)

HIV was assumed to have originated in Africa, and to have mutated from a different virus, STLV III, found in the African green monkey. This virus was identified by Robert Gallo, the American scientist who claimed the discovery of HIV. Notwithstanding that fact that STLV III seemed to have no debilitating effects on the monkeys which carried it, the suggestion was made that in an altered and deadly form it was transmitted into humans through the "life of close contact with infected animals" which Africans are alleged to lead (Langone 1991:63) and finally to have journeyed via Haiti to America and then Europe. The course that the epidemic appeared to have taken in Africa was seen as the shape of things to come in the West. Once again promiscuity, heterosexual this time, was seen as culpable for the spread of infection, mitigated by the putative insalubriousness of African life. It was thought that things over here, however, might never get as bad;

> "..although, biologically speaking, we may be no different from the people in Africa, from the standpoint of sexual practices, public health and all of the environmental and cultural factors that can promote disease, we are very different."
>
> (Langone 1991:110)

And it was important to maintain that difference. It was individual turpitude on a grand scale, stemming from the erosion of moral values, which had to answer for AIDS, and the arrival of this terrible syndrome was therefore to provide the spur for a return to how things should be; "civil libertarian" morals and policies were demonstrated by the reality of AIDS to be wholly inadequate, and their abandonment in favour of a return to restrictive 'traditional' values was seen as a prerequisite of the continuance of civilisation (Masters, Johnson & Kolodny 1988:142)

3.1.2 'Alternative orthodox' HIV/AIDS discourse

Standing in direct contrast to the 'orthodox' vector was the 'alternative orthodox' one, a way of thinking HIV/AIDS which in part rested upon knowledges derived from social science, and which certainly reflected the same sorts of agenda which can be seen underlying much social scientific work; 'alternative' responses and the social sciences were aligned in as much as the former shared the latter's tendency to be pro-gay, pro-feminist, pro-people-of-colour and proletarian. 'Alternative orthodox' accounts, then, held that 'orthodox' responses were the continuation of a historical tendency to understand disease in terms of the plague metaphor, that is as something from 'outside' which affects 'them', and can be used as a justification for social and moral judgements (Gamson 1989:351). 'Orthodox' responses were seen as exploiting widely held fears concerning homosexuality, prostitution, drug (ab)use and the like, and consequently as having been structured in such a way as to discourage transgression, thereby disguising the 'true facts' of the matter (Watney 1994:8-9; Williamson 1989:70). 'Alternative' responses sought to expose the hidden political agenda underlying 'orthodox' responses, by delineating certain things as 'fact' and others as 'fallacy'.

Excepting a few points to do with women and AIDS, the 'alternative' position did not question the 'medical truth' of AIDS which underlay 'orthodox' responses, but, indeed, added to it several tenets of its own (largely to do with how this truth should be presented); people infected with HIV or who had developed AIDS were not 'victims', and were 'living with' not 'dying from' it. AIDS and HIV were not problems confined to specific 'risk groups', and the idea that HIV/AIDS was a 'gay plague' was to be exploded as a myth. Indeed, talk of risk groups was largely proscribed; emphasis was to be on risky practices instead - the message was that it's what you do that's important, not with whom or how many.

Social theory was brought to bear to back up this position; for instance, Treichler contended that the identification early on in the syndrome's history of the four 'H' categories informed the manner in which data were collected for several years, enabling the view that being a certain kind of person, rather than indulging in particular practices, was the most significant factor of risk (1988:198). Having spent over a decade establishing for themselves a distinct and highly visible social identity, gay men were then the obvious 'kind of person' to be targeted (Altman 1986:21). In the same vein, formulations of possible solutions to the spread of HIV which

involved monogamy were seen as merely buttressing the dominant familial ideology. 'Safer sex' was the correct solution, for which enormous national and world-wide funding, free condoms, extensive education and advertising programmes (with a special focus on the risks to women) were to be provided. Injecting drug users were considered to have been forced into the habit by economic factors, as were female prostitutes.

Hæmophiliacs were largely invisible within this mode of discourse, except when being contrasted with gay, drug using or female prostitute people with AIDS in critiques of a supposed innocent/guilty divide in attitudes towards those infected, or when being conflated with those same categories, in critiques of the alleged tarring of all people with AIDS with the same stigmatising brush (Altman 1986:24; Patton 1988).

Like 'orthodox' discourse, 'alternative' discourse held that HIV infection was endemic in Africa, a fact to be explained in terms of heterosexual intercourse. The African example again provided a model for future transmission in the West (as, to a lesser extent, did the case of Asia, where an epidemic of unheard of proportions was expected by the year 2000 (*Guardian* 11/4/92)). Notwithstanding this, however, media representations of African AIDS were considered to reproduce and legitimise ignorant white cultural images of an unsanitary and primitive continent and culture; hence attributing the prevalence of the virus in Africa to such things as "'traditional [and implicitly lax] sexual values'", unreported homosexual activity, "'traditional tribal medicine'", ritual scarification or voodoo rites was to be considered racism, though it was acceptable to doubt African reports that rates of infection were lower than was supposed by the West (Kippax et al 1992; Watney 1994:120).

Media reporting of Western AIDS was equally poor, and was thought to be;

> "..all of a piece with the way any issue linked with lesbians and gay men is reported...[and] simply a reflection of the prejudices and outlook of most media folk and of the way news is constructed."
>
> (The Lesbian and Gay Media Group:3)

As such, it was party to a wider anti-gay discourse, which once again interrupted the conveyance of disinterested medical facts to the public at large (Watney 1987:80-82;

Mort 1987:212). Media pseudo-science was not a help, either, as oversimplified and inaccurate reporting served to give old prejudices the authority of science (Patton 1989:116). Criticism was made of the way in which medical sanction was sought to bolster 'traditional family values', through the construction of the discourse of AIDS in such a way that all but long term monogamous heterosexual relations were apparently dangerous and deviant (Alcorn 1988 69-75; Karpf 1988:147; Sontag 1989:159). This related partly to the official education campaigns of mid-to-late eighties in which much was made of the fact that when you have sex with someone you are also, in effect, sleeping with all his/her previous partners. In a heterosexual encounter, this implies that each person will be having sexual relations, albeit indirectly, with a number of people of their own sex. Watney (1987:43) held that this was in line with an ideological defence of the family which he contended had been in operation for over a century. He further suggested that AIDS

> "has been used to stabilize the figure of the heterosexual family unit which remains the central image in our society with which individuals are endlessly invited to identify their collective interests, and their very core of being."
>
> (Watney 1994:10)

The question of blame also figured strongly in 'alternative orthodox' accounts. It was often noted that from very early on in the syndrome's history people with AIDS, and particularly gay men, were blamed for causing the disease, and that this blame extended from gay men with AIDS to all gay men, affording the chance to disseminate the idea that the danger to human survival was homosexuality itself, and not AIDS (Altman 1986:25; Poirier 1988:463-464). 'Alternative orthodox' responses sought to quash the notion that there are guilty (male homosexual, injecting drug user and female prostitute) and innocent (anyone else) people with HIV/AIDS, but made the point that even those who might under another scheme be considered 'innocent' could not escape stigmatisation as the power of the supposed connexion between AIDS and gayness was such that anybody who developed the disease would become "queer by association" (Patton:1988).

'Alternative orthodox' discourse was anxious to show that in the West HIV was becoming very much a problem of people of colour. Fee pointed out how in Baltimore, health statistics were collected by race but not by income, and that in the nineteen-thirties this led to syphilis being identified as a black disease, rather than a

disease of poverty. This same process was seen to be at work throughout the 1980s, linking people of colour to AIDS by virtue of their being people of colour, rather than seeing the connexion as a result of their paucity of life-chances (Fee 1988:126-127). Another issue of concern was the difficulty convincing the Asian community in the West that AIDS was dangerous to them, as those who were looked to as leaders of that community had propagated the view that it was a white disease, born of decadence (*Guardian* 15/4/92). There was no clear consensus of opinion as to whether or not HIV/AIDS originated in and spread to the West from Africa, but there was certainly agreement that wherever it came from there could be no justification for the ascription of blame to any particular population.

A particular focus was made on the fact that women had by the mid to late 1980s emerged as the fastest growing population with HIV/AIDS. Women were to be warned of the dangers inherent in relationships with gay, bisexual and intravenous drug using men. The scapegoating of female prostitutes as a reservoir of infection was criticised on the grounds that informed estimates had eight out of ten female prostitutes regularly using condoms, and that other studies suggested that a female prostitute was unlikely to be infected with HIV unless she also injected drugs (Kaspar 1989:13). The effects that AIDS had had on lesbians, the syndrome having brought with it a resurgence of indiscriminate homophobia, and the risks of infection from lesbian sexual practices were to be highlighted (Richardson 1987:61), as were the special needs of women of colour. The mood was that women had been woefully omitted from the discourse of AIDS, due at least in part to the phallocentricity of science. Treichler suggested that;

> "...Women's invisibility in the AIDS discourse...is based, then, on scientific constructions that have glossed over the 'Other' despite growing evidence that the category includes women (and men) who have been infected by way of heterosexual intercourse of the boy-meets-girl/missionary position/no frills variety."
>
> (1988:195)

Several commentators went so far as to suggest that certain specifically female symptoms which may be the first indicators of HIV positive status in women had not been included in diagnostic criteria. Critchley contended that;

> "For many gay men, the appearance of the skin cancer Karposi [sic] Sarcoma is an early

warning of positive status but the vast majority of women have no such sign. Instead, relatively common gynaecological disorders - vaginal discharge, thrush, pre-cancerous changes to the cervix and even painful periods - may be a first symptom. Yet, despite campaigning, these female-specific illnesses have not yet been added to Britain's Communicable Diseases Surveillance Centre's (CDSC) Aids definition."

(*Guardian* 21/5/92)

And the same was said to be so of the definitions used by both the American Centers for Disease Control (CDC) (Kaspar 1989:8), and the World Health Organisation (*Independent* 26/5/92). This illustrates that which was central to the project of 'alternative orthodox' discourse; to increase the perceived personal relevance of AIDS across the whole population. The disorders to which Critchley referred are sufficiently commonplace that few women will never have suffered from any of them, but she offered women a new way to make sense of such conditions - as an indicator of possible HIV infection.

3.1.3 'Dissident' HIV/AIDS discourse

This third vector consisted of those accounts of HIV/AIDS which were contrary to both the first two vectors. As such, it comprised a number of rather disparate discourses, and a discrete and reasonably coherent mode of thinking HIV/AIDS (one, that is, which is common to a variety of sources, as is characteristic of both 'orthodox' and 'alternative orthodox' discourse), was lacking. The only truly unifying feature was that they all in one way or another challenged the idea that the emergent and dominant 'orthodox / alternative orthodox' ontological 'truth' of HIV/AIDS should be considered to have been proven beyond refutation.

The most significant of these 'dissident' discourses was that associated with the name Peter Duesberg. In the middle of 1992 great controversy raged between all the British broadsheet newspapers following the publication in the *Sunday Times* of several articles describing almost uncritically the opinions of this self-styled world leader in virology, who noisily rejected the hypothesis that HIV led to AIDS (*Sunday Times* 26/4/92; 17/5/92). There were two main lines to his argument; firstly, that there was no evidence that HIV was ever in a state other than dormancy (no other micro-organism can kill without entering an active phase), and secondly that there was far too little of the virus in the bloodstreams of people with AIDS to cause the degree of damage to the immune system which characterises the syndrome. Also, he

suggested that the amount of virus found in people with AIDS was less than that found in people who were seropositive but had not developed the 'full-blown' condition, which was the opposite of what he would have expected, and that a positive antibody test result only indicates that the body has at some time been in contact with the virus, not that the virus is still in the bloodstream (Adams 1989:71-73). Even more controversially, he maintained that many putative AIDS deaths were iatrogenic, in reality being attributable to the high toxicity of AZT, which he saw as the true cause of immune collapse in the majority of HIV infected persons. He likened use of the drug to killing a harmless rabbit with a neutron bomb (*Times* 11/5/92).

Other gentler heretics also emerged, however. Jane Teas proposed a theory relating AIDS to African swine fever virus which was ignored by the medical establishment, receiving neither support nor funding for further investigation (Altman 1986:52). Professor Junga Banatvala posited that HIV infection might well not move beyond certain risk groups (*Times* 11/2/92), and Richard and Rosalind Chirimuuta suggested that the apparent rife seropositivity in Africa was actually an artefact of inaccurate testing and racism within the practice of Western science. They cited research which showed high levels of supposed HIV infection in rural areas of Zaire; the only Zairians with clinical AIDS, however, were from the wealthy, well educated city-dwelling elite. Further to this they referred to an ethnic group, the Turkana, who when studied displayed a 50% seropositivity, but no cases of AIDS. This was attributable, they suggested, to the tendency of the commonly used ELISA HIV antibody test to give positive results when the person being tested has been infected with malaria. They pointed to a test carried out in South Africa using the more sophisticated Specific Indirect Immunoflorescence test on blood from Kenyans, Namibians, black South Africans, white South African gays, baboons and vervets, in which positive results were found only from male homosexuals, most of whom had recently visited the United States. Also they noted that a 1986 West German study found that 10% of the African blood samples they tested were HIV positive with the ELISA test, but only 0.07% were when more sophisticated testing was used, these findings suggesting that reckonings of the incidence of central African HIV infection had been exaggerated by a factor of approximately 150. They forcefully rejected Robert Gallo's green monkey hypothesis, and suggested that the best reading of the evidence indicated that HIV/AIDS came to Africa from the United States (Chirimuuta & Chirimuuta 1989:54-66).

These and all such similar claims were vociferously denounced from all sides, but most particularly from exponents of 'alternative orthodox' discourse, and with a fervour usually reserved for the purging of heretics and dissidents. Complaints were made by (amongst others) the Terrence Higgins Trust and the Wellcome Foundation against the Channel Four 'Dispatches' programmes which first brought Duesberg to public attention in Britain, and were upheld by the Broadcasting Complaints Commission (*Times* 27/4/92). The *Guardian*'s John Illman considered Duesberg's speculations so dangerous that they should not even be given a platform (*Guardian* 1/6/92). Patrick Dixon, director of 'AIDS Care Education and Training', and Dai Rees, secretary of the Medical Research Council both suggested that to report Duesberg's view on HIV was criminally irresponsible (*Observer* 31/5/92; *Independent* 20/5/92). Rees further proposed that the media should;

> "...distinguish between the genuine scientific controversy...and the kind of argument that Duesberg is trying to conduct - an argument that ignores or distorts reliable research findings and has no evidence to support it."
>
> (*Independent* 20/5/92)

On the other hand, Andrew Neil, then editor of the *Sunday Times*, complained;

> "It's typical of the AIDS establishment to criticise us without ever confronting the facts. When we write articles about what we increasingly believe to be the true position it is very rare for us to receive considered replies - even from experts - that deal with the facts, or put forward alternative analyses or facts for us to consider, It's usually just abuse...Not scientific abuse, mind you, just plain abuse."
>
> (*Continuum* Nov. 1993)

The Chirimuutas' account of AIDS in Africa was also dismissed; while it was readily acknowledged that Western arrogance gave rise to the search for the origins of the new scourge first in Haiti and then in Africa (Watney 1989:187), yet;

> "...it is a very strange anti-racist position which moves from criticising the undoubted racism of most Western coverage of AIDS in Africa, to denying that AIDS is really a serious problem in Africa at all."
>
> (Watney 1989a:34)

Africans who expressed views such as the Chirimuutas' were to be seen as having denied the true threat of AIDS, for fear of Western attempts to blame the spread of the syndrome on 'African Promiscuity' or 'cultural practices' (Panos Institute 1990:25; cf also Seidel 1993 for a (re)construction of the HIV/AIDS situation in Africa in 'alternative orthodox' terms)

3.2 The relation between the three vectors of HIV/AIDS discourse

Some explanation is required of the relationship which obtained between these three ideal-typical vectors. Initially the 'alternative orthodox' version was informed by the 'orthodox' version, through the former's being a critique of the latter. As time went on, however, the 'orthodox' version waned, until it became really little more than a function of the 'alternative orthodox' vector's desire to criticise it; in other words, as the 'orthodox' approach became largely a spent force in the face of effective 'alternative orthodox' critique, it began to be sustained ever increasingly by the 'alternative orthodox' vector's need to attack something as part of the latter's efforts to define itself. Certainly by the early 1990s the 'alternative orthodox' view on HIV/AIDS had achieved ascendancy, in that failure to hold it was as good as an admission of ignorance of the subject.

The suggestion here, though, is not that the 'alternative orthodox' position is authoritative in the sense that it is the most widely or popularly held stance, but that it has become the mode of thinking HIV/AIDS which is considered apposite to, and which thereby legitimates, discourses made on the subject which articulate a particular form of expertise. This form of expertise is that which seeks to represent the truth of HIV/AIDS to an interested lay public. Given the materials from which this mode of thought was observed, this claim is made only of the situation in the UK, although other related but not identical modes of thinking the syndrome seem to exist in the US, Canada and elsewhere. Similarly, there appear to be one or several related but not identical ways of thinking HIV/AIDS by which expertise is articulated within professional techno-scientific discourse on the subject (for example medical, virological and epidemiological discourse, where both the producer and user of the discourse are members of a given scientific constituency). (See section 0.4 for a discussion of why the 'alternative orthodoxy', rather than such techno-scientific discourse, is the focus of this work.)

Defending the proposition that one discourse has displaced another is never straightforward, partly because social scientists cannot access discourses as such, but only individual textual expressions of them (Parker 1992:6), from which s/he must infer the existence of a broader discursive regularity, and partly because competing discourses will very often co-exist simultaneously. Some support is given to the idea that there was a shift from an 'orthodox' to an 'alternative orthodox' mode in the official bureaucratic / governmental way of imagining HIV/AIDS by changes in Department of Health and Social Security and Health Education Authority literatures in the period from 1986 to 1993.

1986 was the year of the first major governmental response to HIV/AIDS, the "AIDS: Don't Die of Ignorance" campaign, which aimed to deliver an information leaflet to every household in the UK. While this leaflet does ascribe a certain value to using condoms, its central messages are congruent with the 'orthodox' position, holding that in order to avoid infection "It is safest to stick to one faithful partner" and that "Anyone who misuses drugs should not inject" (Department of Health and Social Security 1986). Similarly, the Health Education Authority leaflets "AIDS: What Everybody Needs to Know" (Health Education Authority 1987) and "Guide to a healthy sex life" (Health Education Authority 1988) both advocate limiting the number of one's sexual partners as the primary precaution to take against infection, although the use of condoms and the need to understand that some sexual practices may be more risky than others are, again, also mentioned, but as secondary, less preferred possible strategies. The former leaflet once more articulates the idea that injecting drug users are "drug misusers".

1988 also saw, however, the publication of a leaflet entitled "Your Guide to Safer Sex and the Condom" (Family Planning Association 1988), which suggested that official discourse was beginning to move to a more 'alternative orthodox' position. This leaflet did not display the previous HEA view of safer sex as a 'second best' alternative to the policy of reducing the numbers of one's sexual partners, but constructed it as a positive thing, holding that "Safer sex is healthier sex", a message also put forward by the 1989 Health Education Authority booklet "Exposure: Sex in the 1990s", a guide for young people, in which the practising of safer sex is definitely seen as the more important aspect of risk reduction, as opposed to limiting the numbers of one's sexual partners. By 1990, and the publication of the Health Education Authority leaflet "The Facts About HIV and AIDS", this transfiguration

from 'orthodox' to 'alternative orthodox' thinking was all but complete, official advice being that risk of infection goes up not with the number of sexual partners one has, but with the number of partners with whom one has *unprotected* sex. The same leaflet also gives information about condoms, and even advice to injecting drug users about not sharing equipment - all central concerns of the 'alternative orthodoxy', but things which the 'orthodox' position would have had none of (Health Education Authority 1990). Also, in a 1993 Health Education Authority campaign, run in several magazines aimed at women in the 18-25 age range (such as *Cosmopolitan*), a man and a woman were shown meeting at a disco, and then in various stages of increasing intimacy, and the question was asked at what stage you, the reader, would discuss condoms (see Wellings & Field 1996:94). Contrast this with the campaign mentioned above in which the numbers of one's partner's previous partners was emphasised.

By the time that this change in governmental / bureaucratic thinking had more or less fully taken place (1991/1992) many of the forces which had originally established the 'orthodox' position had, in fact, ceased to inhabit it, with perhaps the exception of the lower reaches of the tabloid press. Other regions of the media, however, had by this time either acquiesced to the now dominant 'alternative orthodox' stance, or sought to move through 'dissident' discourse. This could be seen in 1992's bizarre battle between the *Guardian* and the *Sunday Times* around the issue of Peter Duesberg's views on HIV. The former paper, stereotypically viewed as a champion of radicalism and liberalism, made very illiberal criticism of the favourable reports on Duesberg in the latter journal, which one might more readily have expected to take a such a conservative position. This can be quite readily understood, however, if one recognises that 'dissident' discourse was there being used as a conduit for concerns which eight or so years previously could have been effectively articulated through the 'orthodox' vector, but could no longer; if Duesberg's hypothesis regarding the progenesis of the disease were to be accepted, it would clear the way for abandoning a generalised HIV/AIDS and reinstating an HIV/AIDS which affected specific groups, and for relating that construction of the syndrome to factors of lifestyle, with all the opportunities for prejudice that follow. In this light it is easy to see why a conservative newspaper would embrace Duesberg.

The 'alternative orthodox' hegemony developed two basic strategies for combating such very real threats from 'dissident' discourse; 'dissident' accounts could be

squashed directly - by reconstituting them as heresy (as with the *Guardian*'s condemnation of the *Times*), or more subtly, by taking the focus away from 'dissident' discourse, on to the increasingly manageable semi-puppet opponent, 'orthodoxy', which became ever more little else than the 'alternative orthodox' vector's punch-bag. This should not be understood as some sort of conspiracy, however. It should be re-emphasised that these vectors of discourse chanced to emerge out of a confusion of various motivations and interests, a multiplicity of relations of micro-power. For instance, although a generalised heterosexual AIDS is necessary to the internal coherence of many anti-homophobic and anti-moral-decline arguments, it would be untenable to claim that either perspective singly, or even a combination of the two, would be sufficient to establish such an AIDS as the truth. More realistic is to suggest that such perspectives are two of the innumerable factors which at one and the same time are facilitated by, and allow the possibility of, a generalised heterosexual AIDS. It can be seen then, that the emergence of any particular position as truth on the continua that are the axes of debate within AIDS discourse, is established and maintained by an accidental alliance of disparate elements; vested interests, earnest beliefs, material factors and the relations between truths, in an unending and reciprocal nexus.

3.3 The history of HIV/AIDS discourse and the following analysis

Having an awareness of the historical background outlined above is essential to one's understanding of the texts which follow, partly because some of the arguments had in the 1980s and early 1990s remain to this day meat for debate in those texts, but more importantly because of two related points: firstly that the battles for control of how to think HIV/AIDS which were fought and won by the 'alternative orthodox' vector throughout the 1980s and early 1990s shape the character of that vector as it is today, and also of course the character of the ethical prescriptions it makes - one cannot make sense of the 'HIV/AIDS in/affected person' subject positions articulated within the texts in the next three chapters without knowing the struggles which were gone through in order to get to the position of being able to articulate them; secondly, it is in part the past successes of the 'alternative orthodox' mode which confer upon it its current authority to call the shots - 'alternative orthodox' discourse is able to use its current dominance as evidence of its past rectitude, and then use the fact that it was right in the past to defend any claims it has to being right now.

The three analyses which follow, then, are of recent exemplary expressions of 'alternative' discourse; discourses the roots of which were radical. rebellious and revolutionary, but which have by now become established authorities - they are principal sources to which one turns when one wishes to become informed about HIV/AIDS. And both the knowledge of the syndrome which they propagate, and the ethical responses they suggest one should make in the face of that knowledge, are grounded in the history described above.

3.4 Summary

Out of the confusion of contradictory responses to HIV/AIDS which were made through the 1980s and early 1990s three distinct vectors through which the syndrome could be thought emerged. These were: the 'orthodox' vector, which provided for a particular ontological truth the syndrome, interpreted through a reactionary, right of centre politico-moral filter; the 'alternative orthodox' mode which accepted a largely similar ontology of HIV/AIDS, but interpreted this time through a discourse of liberal-pluralistic resistance; the dissident vector, which comprised any HIV/AIDS commentary which challenged the ontological premises of the first two vectors. By the mid-to-late 1990s, the second of these vectors had become the dominant mode for understanding HIV/AIDS. It is this mode of thinking the syndrome which informs the texts under consideration in chapters 4-6 of this thesis.

Chapter 4

COMMUNITY POLICING:
THE HIV/AIDS COMMENTARIES OF SIMON WATNEY

The HIV/AIDS commentary of Simon Watney is one of the most significant sources of 'alternative orthodox' authority which exists in this country. So numerous and visible are his writings that no-one trying seriously to gain an understanding of the syndrome - or at least of its cultural and political aspects - could fail to have contact with them. Certainly his 1987 book *Policing Desire* has served as the starting point and mainstay of many an undergraduate HIV/AIDS project, and provided many a social worker's or counsellor's understanding of their HIV/AIDS in/affected clients' disease and its context. His work contributed greatly to the location of discussion of HIV/AIDS within the realm of sexual politics, and in particular with regard to its relation to a number of pre-existing arguments about gay politics. This characteristic location of the discourse is now fundamental to all HIV/AIDS debate. Simon Watney is, then, as it says on the back of the his 1994 volume *Practices of Freedom; Selected Writings on HIV/AIDS*, "a leading international HIV/AIDS activist and theorist", and his commentaries comprise seminal reading for any and all who are in any way touched by HIV/AIDS. They form, like the *Body Positive Newsletter* and the *National AIDS Manual*, an "obligatory passage point" (Latour 1987:150;181-182;244-245) through which anyone who wishes to become informed about HIV/AIDS has to negotiate a path, and which provides a crystallised account of the politico-moral universe in which people who are infected or affected by HIV or AIDS have to forge their self understandings. Given this location within the discourse of HIV/AIDS, these commentaries are targets which demand interrogation. Such is the endeavour of this chapter.

The interrogation in this analysis will be organised around two central questions; how is it that authority is achieved by the discourse, and exactly what ethical and ontological ramifications does it imply? The answer to the first of these questions, however, may seem obvious; Watney holds the pre-eminent position he does because of the clarity, the consistency and the veracity of his position. However, it will be argued in the following that the positions articulated within these texts are often neither clear nor consistent (at least not when viewed from a dryly logical or philosophical perspective), a fact which, it could be argued, is problematic to those

truth claims they make. However, it needs to be understood that these texts are not detached sociological or historical analyses of HIV/AIDS, but are averredly polemical, their agonistic spirit reflecting a recognition that political activism is an obligatory aspect of intellectual enquiry - and one all too often reneged upon - and as such the texts are, quite understandably, designed more to further the causes which generated the need for the analyses they contain, than they are to describe, coldly from a distance, a horror unimaginable to those not touched by it.

It is absolutely not the intention of this thesis to take issue with these texts at this polemical level. Within the "goldfish bowl" of the configured reality in which we all must live (Burchell 1993:276-277), Watney's writings have done much to benefit the lives of gay men and lesbians, whose need, given the excluded and abjected place they are compelled to inhabit in our society, cannot be denied. Herein, therefore, engagement with these texts is intended only around the question of the relations which they set up between the truths they describe and their implied readers. To proceed with such an analysis it is, however, necessary to deconstruct the texts, in order to render visible the mechanisms by which the holder of the text's authority - the narrator, the voice of the text - and the implied reader are constructed and enabled to interact. As deconstruction is, however, often the precursor to critique, or to the ironizing of the examined account (in which the process of analysis serves to supplant the truths the text articulates with some alternative preferred truths (Woolgar, 1983; 1985)), it is easily assumed that such deconstruction is itself intended as criticism. That is not the case herein, and when the analysis renders these accounts problematic, no alternative preferred position should be inferred. Watney's work is of interest and demanding of analysis because it is in such a position of influence over the debate, not because of the specific effects it seeks to obtain through that influence (although an understanding of those desired effects is requisite to an understanding of the functioning of the texts).

In keeping with this analytical spirit, it is the contention of this thesis that within these texts, it is not any supposed nearness of the account to some ontological actuality of HIV/AIDS which is of central importance to the overall mechanism by which they establish their authority. Rather, what is more significant here is a sort of 'truth of mood' which is apparent in the work - a truth which need not be clear, consistent, rigorous nor even true in an intellectual sense, because its worth is not argued at that level; the textual voice's right to speak, and its claim to some

especially valid knowledge of HIV/AIDS, are both grounded in its presenting itself as having a grip on the syndrome which is *authentic*. This authenticity is resultant from a certain *Fronterlebnis*, from an ongoing experience of being in the front line of the fight against HIV/AIDS. In turn, this experience is granted its validity by virtue of its being located within an 'HIV/AIDS in/affected community' which is constituted and articulated within these texts. (Similar 'in-groups are also central to the accounts given by the *Body Positive Newsletter* and the *National AIDS Manual* - see chapters 5 and 6.)

Given that its authority is conferred in such fashion, the textual voice is free to make pronouncements of quite a different nature from the sorts of cautious projections proper to more sober scholarship. It is able to articulate an almost prophetic mode of discourse, on occasions foretelling the certain retribution fate will deliver to those who fail to heed its warnings, on others describing something very like a 'natural order' (in particular with respect to human sexuality) against which most people have turned, a return to which will precipitate a speedy end to the current crisis (cf Stern 1975 on the rhetoric of authority). The accounts are often impassioned and polemical, presenting themselves as radical, as self consciously beyond the borders of the 'normal' or the 'legitimate', and enjoined in battle against an ignorant and prejudiced establishment. Whilst standing outside the 'conventional', these accounts also seek to establish new boundaries, to set, as it were, the limits of acceptable radicalism. They thereby construct a sort of hinterland, between the old and corrupt on the one hand, and that which is still to be considered beyond the pale on the other. It is from this discursive space that the various polemics and commentaries are given.

In the following, then, there are three concurrent objectives at hand: to show, by drawing attention to the points at which the accounts are intellectually problematic or inconsistent, that it is not intellectual coherence which grants the voice of the text its authority; to consider in detail the rhetorical moves merely sketched above, by which this authority is established; to describe the ethical and ontological implications of affording the accounts the authority they claim. These aims will be pursued through examinations of certain overlapping and interconnected themes in the texts; the various ways in which HIV/AIDS discourse is seen as having been moralised, with a particular focus on the critique of familialism, the relationship between HIV/AIDS and gayness, and the account of the truth of human sexuality.

4.1 The moralising of HIV/AIDS discourse

The voice these texts articulate is unfailing in its criticism of the way in which HIV/AIDS has been treated as a moral rather than a purely practical issue, and tends to contrast the 'moralism' of, for example, the HIV/AIDS policies of the British Government during Mrs Thatcher's premiership, or the positions of fundamentalist religions, against its own 'matter of fact' or 'amoral' statements about the 'reality' of, say, the diversity of human sexual object choice. The following two quotations should illustrate this contrast;

> "The AIDS initiative...is a discourse whose words are sticky with blood-lust, hatred and thinly veiled contempt for the thousands of sick and dying, offering a heady brew of racism, misogyny and homophobia..."
>
> (1994:21)

as opposed to

> "...if our species has any worth or beauty it lies in our capacity to embrace and celebrate all our variously consenting states of desire."
>
> (1994:22)

This contrast also reflects a wider dichotomy which is set up in these works, whereby two camps of people are constructed; those who are part of 'communities' which are 'directly affected' by HIV/AIDS, and those who are not. The former are valorised for, amongst other things, their "astonishing courage", the latter criticised, in part at least for their complicity with the "criminal neglect and stupidity" with characterises much of the history of the syndrome (1994:xviii), and which is often revealed in the ongoing contest to "define the meanings of AIDS", wherein HIV has been employed by "all and sundry...interest groups" and "bigoted moralists" as an "ideological glove puppet", whose pronouncements on, for example, social policy, seemingly carry great weight due to their being made to appear to come directly and in an unmediated form from the source of the scourge itself (1994:10,67).

Overtly, the perspective proffered here is that the virus should not be used in this fashion at all, and at this level - in the wish to contrast HIV's 'medical' nature against 'bigoted moralising' - one can see a certain similarity between the project expressed through these accounts and Susan Sontag's desire to separate diseases from their

metaphors (1989). However, the concern, manifested throughout all the texts herein considered, to police the issue of who is and is not 'directly affected', and therefore whose opinions are legitimate, has the effect of creating an ideological battle around the question of which (politico-moral) metaphors are and are not to be allowed to remain inherent in the constructed (ontological) nature of the syndrome. While these accounts rightly recognise that HIV/AIDS has been employed to articulate reactionary fears about the security of hearth and home (1994:10), the possibility that their own project might comprise using HIV/AIDS in a very similar way, as a surface on which to articulate a response to fears that the gains made by gay men since the 1960s are under threat, remains largely unacknowledged.

Instead, the textual voice focuses on how HIV/AIDS commentary based on moral persuasions other than its own, and bolstered by institutionalised racism, familialism, nationalism and deep seated anxiety about sexuality (1994:23), has transformed the disease into "the viral personification of unorthodox deregulative desire" (1994:11), and on the effects that the propagation of this image has.

4.1.1 The government's moral position and health education strategies

These texts proffer the view that governmental responses to HIV/AIDS are directly responsible for the spread of HIV infection, and therefore the deaths of many hundreds of people. Although it is conceded that governments cannot be held at fault for failing to come up with a cure, nevertheless they can "justifiably" be blamed for "just about everything else", the ineptitude of their handling of the situation having made HIV/AIDS related suffering far worse than it needed to be (1994:264).

This governmental failure is rooted in the "ideological and...moralistic nostrums" which inform most Western government HIV/AIDS information campaigns, a moralism which may be contrasted against "effective health promotion" (1994:139), which, from the perspective of these accounts, means detailed and explicit safer sex materials and information (even to the exclusion of other approaches, such as reducing the numbers of one's sexual partners). In the United Kingdom, this situation is seen as having been exacerbated by the particular régime which was in place throughout the early days of the epidemic (the Thatcher government), whose "hysterical modesty", "prudery" and opposition to the public dissemination of explicit safer sex information is to be viewed as directly responsible for the deaths of "thousands", and in particular of "countless gay men" (1994:9,17), although a

concurrent warning is also given that homophobic, anti-safer-sex responses to HIV/AIDS, such as those typical of Thatcher's premiership, will, ironically, ultimately also result in large numbers of heterosexual deaths (1994:83).

The inference here is that there is an anti-gay and anti-sex moral stance shaping governmental HIV/AIDS policy, with an associated claim that the censoring of safer sex materials constitutes murder by default. Such a claim can only be made if certain moral assumptions about what constitutes being 'anti-sex', and about the rights of persons and the duties of governments, are made first. The position argued by the voice articulated within these texts relies upon the premises that not to be 'anti-sex' means to uphold the free expression of all forms of consensual sex as an inalienable right, which the government has a duty to defend; on the other hand, to view gay sex as an aberration, tolerable if undertaken at one's own risk - which appears to be the British government's view - is morally repugnant. The textual voice's rejection, then, is not of 'moralism' *per se*, but of moral obstacles to the propagation of the alternative morality which underlies its own stance. In the light of the above, the frequent assertions within these accounts that issues to do with HIV/AIDS should be decided on purely practical grounds may be viewed less as straightforwardly sensible demands, than as rhetorical manoeuvres by which the voice of the text can secure its position as an authority on the subject, by making the moral changes which it proposes as vital in the face of HIV/AIDS appear to be self-evident, amoral, and given by circumstances of fate, rather than derived from the contingent value structures which these accounts seek to impose upon indifferent noumena - what it is to be 'practical', then, depends upon one's ends, and they are politico-morally determined.

A similar moral policing of what comprises a practical response to HIV/AIDS is apparent in the discussion of health education strategies; it is insisted that the only effective approach to take to prevent the transmission of HIV is safer sex, and strong objections are made to any notion that the spread of HIV may be contained by promoting the taking of fewer sexual partners. This is problematic, though; if, as is contended within the texts, such objections to the latter approach are based solely on accepted scientific knowledge of HIV/AIDS, then it is untenable; assuming the same biomedical truth of HIV/AIDS which the texts themselves usually acknowledge, the adoption of safer sex but without an accompanying reduction in the numbers of one's sexual partners cannot guarantee freedom from HIV infection, but will reduce one's

risk of infection, by making exposure to the virus less likely through making it harder for it to enter one's bloodstream, if one has sexual contact with an infected person. Monogamy, or serial monogamy, on the other hand, reduces one's likelihood of exposure to HIV, by reducing the chances of one having sex with an HIV antibody positive person at all. Both strategies are effective for risk reduction, although in qualitatively different ways, and both are useless in the wrong circumstances - monogamy will be no protection if one partner is already HIV antibody positive, and if one opts for condom protected penetrative intercourse with an HIV antibody positive person and the condom fails, then one's risk becomes abnormally high. In truth, though, the worth of both strategies should rightly be judged only in terms of populations, and not individuals; looked at in this way they are both useful, for although there will be individual cases where either approach provides no protection whatsoever, to have fewer possible virus-transmitting connexions in the entire nexus - whether by having less sex overall, or by using barrier prophylactics - cannot help but reduce the incidence of new infection.

One could legitimately think, then, that the most 'practically' effective strategy against HIV infection might be a combination of both approaches. The textual voice argues against this position, however, holding instead that the (serial) monogamy approach reflects an endlessly ongoing and "overriding commitment to a politically expedient vision of 'family values'", which are couched as being directly detrimental to "effective health education strategies" (for which one may read 'safer sex') (1994:157). This view reflects an underlying *moral* assumption in these commentaries that the official promotion of the idea of sexual monogamy as a response to HIV/AIDS is in some sense "*anti-sex*", and therefore a bad thing (1994:19). Monogamy is often condemned, though, not in such terms, but instead by the assertion that it is *impractical*, that to take it up will not achieve the desired end. Given the argument above, though, this assertion is (at least partly) wrong - once again assuming the bio-medical model of HIV which the texts themselves accept, absolute monogamy between two uninfected individuals carries less risk than the perfect practice of penetrative safer sex in a population with a high incidence of HIV infection, if one takes into account the failure rate of condoms. This apparent lack of intellectual coherence is not of great importance to the maintenance of this account, though, so long as it does not jeopardise the centrally important rhetorical manoeuvre undertaken here, the attempt to make the proscription of monogamy appear to be an indisputable fact of life in the time of HIV/AIDS. Through this

manoeuvre, the textual voice can strengthen not only its preferred politico-moral position, but also its position as an authority. The voice will be all the more commanding if it is able to leave unacknowledged the possibility that it too is manipulating HIV/AIDS to moral ends, and that it is in the interests of an alternative, but nonetheless 'overriding commitment to a politically expedient vision of a sexuality based on the free expression of diversity of object choice', that the fewer sexual partners option must be dismissed.

In addition to this, there is a second manoeuvre which the text performs around the same issue. Whereas the last manoeuvre was to do with the textual voice's positioning of itself such that it might assume authority, this one is to do with placing the reader such that s/he will accede to it. The argument is proffered that the 'moralistic' approach to HIV/AIDS health education is irrelevant to everybody except that minority of people who have only ever had one sexual partner, whose "exceptional experience" is promoted as 'intrinsically good' and is to be emulated (1994:87;229). Stating this allows the articulation of the implication that anyone who has had sex with more than one partner shares the sexual mores preferred and propagated by the textual voice and therefore should conflate their interests with its own. This manoeuvre simultaneously backgrounds the difference between, say, an approach to one's sexuality where the frequent taking of new partners is an ongoing practice of self-affirmation, something central to one's self-concept (an approach for which such an emphasis on safer sex is certainly cogent), and perhaps more pedestrian approaches wherein more than one partner is taken, certainly, but radically fewer than in the former, and wherein some sort of serial monogamy is likely practised.

The value to the voice's argument in making this manoeuvre is that it enables it to present what is arguably a minority view - the desire positively and proactively to celebrate sexuality, and to "resist and overcome sexual guilt" (1994:93) - as being in the true, practical interests of any (actual) reader who, through belonging to the 'more than one sexual partners ever' category, happens to recognise him/herself in the (implied) reader-subject position herein constructed.

The authority of the textual voice here is heavily dependent upon this rhetorical technique. If the reader, whilst acknowledging that those elements which call for a 'reproduction only' sexuality of shame and restraint represent only an energetic

minority, should realise the possibility that the presented vision of a radically pluralistic sexuality of pleasure is equally a minority view, then this piece of commentary ceases to have relevance to any reader who does not already agree with it. This danger may be countered, however, by forging in this way an implied reader subject position in which any deviation from strict monogamous-heterosexual-reproduction-orientated-sex-within-marriage on the part of the reader makes him/her complicitous with the discourse's arguably far more extreme perspective. Such an approach is understandable, though, given the view presented by the texts that the moral baggage which goes with the (serial) monogamy approach comprises a move by which HIV/AIDS may be appropriated for the purpose of sustaining a general scheme of sexual classification which is discerned, quite rightly, as being harmful to the interests of gay men - who are, after all, the principal constituency at which these texts are aimed.

A word needs to be said about what is being claimed in this analysis about the morality articulated by these commentaries. The averred argument of these accounts is that historically and sociologically sexuality has never been in the monogamous form. The implied reader is constructed, then, as someone who finds this truth discourse compelling (or at least plausible). However, it is no part of the project of this thesis to decide the question of the veracity of the discourses on the historical, sociological or psychical truth of sexuality presented in the texts - for if one wishes to interrogate the nature of the reader-subject position which a given text articulates one cannot inhabit that position when one engages with the text. It is necessary to the analysis to align oneself to the text in a manner which is sceptical of any truth discourses which are articulated within it, and to which the implied reader would be expected to submit. Therefore, what is of interest here is not the issue of whether or not the account of human sexuality given in these texts is an accurate one (a question which is, anyway, beyond the scope of this form of analysis), but is the ethical effects which that account has on the implied reader-subject. The manner of construction of this historico-sociological-psychical account of sexuality affords it a privileged epistemological and ontological standing - it presents it as 'true', in a realist sense. This truth, however, if one observes it from outside the implied reader-subject position it articulates, displays certain politico-moral aspects. From the articulated subject position the politico-moral and the ontological qualities of that truth appear co-extensive, and necessarily rather than contingently connected. In other words, the writing of a history or sociology or psychodynamics of sexuality

cannot help but articulate, as an effect of the production of the discourse, a morality which will inform the ethical practices by which any reader-subject can constitute him/herself as an HIV/AIDS in/affected person.

4.1.2 The moralising of HIV/AIDS and science

In the above it was argued that the textual voice's polemical position contradicted its averred stance on the bio-medical and epidemiological nature of HIV and AIDS. This contradiction only holds, however, if one is engaging with these texts at an intellectual level, and, as has already been stated, it is not at such a level that this body of work coheres. To get a better idea of how this work does hold itself together, though, it will be helpful to consider the attitude it articulates towards this scientific knowledge of HIV/AIDS.

As mentioned previously, there is a *prima facie* similarity between certain aspects of these writings, and the argument put forward by Susan Sontag (1989), that it is imperative to distinguish the metaphoric baggages that diseases carry from their underlying and dispassionate truth, as described by medical science. To this end, the voice of the text is unstintingly critical of the misleading and "politically motivated" cultural agenda through which most people are encouraged to engage with HIV/AIDS, but which is 'premodern' in its outlook, and ensures that basic, sound, medical knowledges of HIV/AIDS do not translate into a similarly dispassionate popular understanding of the syndrome, and that confusion is therefore rife; for instance, it suggests that media reportage consistently implies the contradictory idea that their audiences (which one may assume to be ideal-typically heterosexual) are simultaneously at risk and not at risk. This same cultural agenda tends to portray people with AIDS as dangerous, as "*threatening* rather than *threatened*", their sickness being an external sign of a supposed inner "depravity of will", reflecting a "moralised etiology of disease" which has displaced good scientific epidemiology, and is once again propagated by the media. Science is moralised in this way, it is argued, to give the appearance of medical backing to the constrictions on being concomitant with the ideological 'Family', so beloved of the British government of the 1980s (1994:3,17,49-50,57,61,210,213).

However, despite this inclination to rail against the lack of public understanding of the medical facts of HIV/AIDS in this fashion, the textual voice is also quite prepared to attack medicine - or at least the professionalised practice of it - when the

latter's position threatens the former's own claims to authority (cf 1994:37 with respect to patient centred medicine). This suggests that in addition to the 'moralised preventative strategy' discussed above, the texts are also seeking to establish an equally 'moralised ætiology' (and 'moralised epidemiology') of HIV/AIDS. Medicine is to be criticised if - but only if - it gets in the way of this. For instance, while it is permissible to suggest that reports of HIV incidence in the UK are flawed, giving too low a figure, due to the prejudice induced diagnostic failure of many doctors, to suggest African diagnostic practices may have led to similarly unreliable statistics is outlawed (1994:120).

The voice of the text, then, claims authority over medical science, a claim based upon its *Fronterlebnis*, which is made manifest through its articulation of a language of community, by which it can separate out and dismiss those people who are not 'directly affected' by HIV/AIDS (see also the privileging of 'community based experience' 1994:xix);

> "For those of us living and working in the various constituencies most devastated by HIV it seems...as if the rest of the population were tourists, casually wandering through at the very height of a blitz of which they are totally unaware."
>
> (1994:49)

This is a highly effective rhetorical gambit; the voice can claim authority for what it says through being 'of the community', and can simultaneously, through claiming the right to define what is to be considered as legitimate 'community based experience', establish a situation in which only those who are admitted to the community have a voice, but only those who say the right thing will be admitted. The ability to construct reader subject positions within the work from which this stance is to be seen as apolitical and amoral relies upon moves such as this.

A similar technique is employed when the voice couches HIV/AIDS related social scientific research of which it disapproves as being an "academic 'scenic tour' of the worst-hit areas of the epidemic" (1994:235). Academics are not in the front line, so their views can be dismissed, if deemed unsuitable. And suitability is to be decided according to whether or not such views are based upon research which is in the mould given by those with what the text would consider as hands on experience, who will have "the best and most pragmatic sense of what is required" (1994:236).

Similarly, it is held that while the epidemic is ongoing, social scientific HIV/AIDS research is only justified if it has "concrete implications for the development of effective health education strategies" (1994:180).

Once more it should be borne in mind that what is to be considered as 'pragmatic' or 'practical' will depend upon the world view of whoever is making the judgement. And if, as the textual voice is seeking to, one can achieve a monopoly of entitlement to define what are or are not practical necessities in any given area, then one is in a remarkably good position to impose one's own moral perspective upon that area, in the semblance of disinterested fact. Further to this, if one has sole say in what constitutes 'concrete implications' and 'effective health education strategies' then on this basis one can preclude any research which is ideologically inconvenient - for instance into the effectiveness of monogamy as a means of preventing the spread of HIV infection. The voice of text is here using the fact of being in the 'midst of an epidemic' as a justification for arguing for the silencing of voices which are not in accord with it, using a similar logic and rhetoric to that which elsewhere it observes and criticises in its own targets, the moves to utilise the ætiological nature of the virus as an authority to defend heterosexual middle class familial sexual values and norms.

4.2 'The Family' and sexuality

One central concern of these texts is the prevalence of HIV/AIDS commentary and representations which display what is seen as a wholesale appropriation of the syndrome to the purpose of the maintenance of what is called the 'ideological fortress' of 'the Family' (1994:62-63). It is suggested that such familialism is a force which, although central to the current social formation of Britain and the United States, is a fragile anachronism, desperate to shore up its mildewed palisades, necessarily having to deny the true diversity of sexuality and ways of living in the modern world in order to maintain any semblance of coherence, and quite ready to exploit the suffering of people with AIDS to its own ends (1994:10). Indeed, the resilience of 'the Family' as a cultural object in the face of its own contradictions is regarded as an index of its usefulness to presently dominant forms of repressive governmentality, through which sexual subjectivities are forged, an end which is pursued in part by two complementary "rhetorics of defence", which are articulated upon HIV/AIDS, and which

> "promise to protect the national family unit from both the powerful projective fantasy of imminent foreign invasion and the equally powerful introspective fantasy of sexual desire erupting in the bosom of the home with literally fatal consequences."
>
> (1994:63)

The picture painted is of something constrictive and damaging, stagnant yet volatile. This state of affairs is resultant from its being grounded in a 'siege mentality' which reflects popular (heterosexual) anxieties born of "deep levels of sexual repression and guilt", and the New Victorian spectacle of "a heterosexual population threatened from all around by the sinister spectre of perversion". These sorts of fears also bolster this familialism in its resistance to change, because they serve to support and stabilise the figure of 'the parent', which is central to such thinking (1994:63-64). In addition, familialism is labelled as irresponsible by connecting it to the averred view that safer sex is the only effective strategy available for the reduction of incidence of new HIV infection, the voice of the text chiding the "emotional dishonesty of Reaganite rhetoric concerning 'the family'" for its proponents' willingness "to see their own children die of AIDS rather than allow them to receive information about the modes of transmission of HIV..."(1994:45).

The implied moral contrast, then, is between supposedly traditional, familial, heterosexual monogamy, which is *by definition* psychically unhealthy, and the preferred alternative vision of the pluralistic free expression of all forms of consensual desire, with modes of sexual expression radically deregulated - although not, it would seem, to the point where contentment with a familial sexual situation would be unproblematically acceptable. The position presented within these accounts appears to be that most of the population needs to be forced to be sexually free, constrained as they are by the limited and stereotypical ethical representations given them by the multinational mass media industry; the contention is made that this industry has a tendency to regard its audience as being comprised of idealised family units, an assumption which allows it

> "to picture itself actively 'serving' and 'satisfying' an audience which it has constructed through modes of address which systematically (mis)represent the entire panorama of the social in the likeness of consumer-spectators who recognise themselves with pleasure in the fantasy space of the national family unit."
>
> (1994:28)

What remains unacknowledged, however, is how strikingly similar the rhetorical strategy exposed as being at work in the media is to that which the texts themselves employ. They too are able to present themselves as serving the true interests of an audience of their own construction - the 'HIV/AIDS in/affected community' (or the rather the population as a whole, but defined and thereby regulated along a division between those who are within and those who are without that community) - who are enjoined to recognise themselves within an alternative (and possibly equally fantastic) space of a pluralistic sexual utopia to be had if the current commonplace psychical denial of true human sexuality can be overcome. The claim to higher authority made by these accounts is, in this case, grounded in a simple assumption of a privileged epistemology, the bold assertion that what they say is closer to the 'truth-out-there' than that which they criticise.

4.2.1 'The Family', sexuality and HIV/AIDS

The view is articulated within these accounts that the "grotesquely oversimplified" "fantasy" of "'real families'" is one of the foundations of contemporary British culture, that it hides from people the truth of human sexual diversity, and that it invalidates the relationships of lesbians and gay men, through implying that they are not really members of families (1994:42-43). The discourse's resistance to this dominant cultural agenda is manifested in part through a desire to resist the homophobic Clause 28 of the Local Government Bill 1988, and to do so by attacking the rhetorical objects of 'real' and 'pretended' families articulated therein. This informs the understanding of familial ideology in relation to HIV/AIDS presented by these texts. Although the textual voice is quite right to observe that the concept of family mobilised within this Bill is a rueful affront to the hard won rights of lesbians and gay men, it seems quite unproblematically to equate their interests with those of people with HIV/AIDS. The logic goes like this; most people with HIV/AIDS are gay men. 'The Family' is therefore antithetical to 'people with HIV/AIDS' (that is *all* of them, who are to be regarded as a distinct community, with *group* interests), because it is antithetical to lesbians and gay men; hence it is morally quite acceptable to use HIV/AIDS discourse as a wrecking ball to demolish 'the Family', while use of HIV/AIDS discourse to any other end remains in and of itself damnable. So it is that within these texts, the rules about appropriating disease discourses for political purposes are altered to the advantage of their own practices, by constructing HIV/AIDS as if it were inherently (rather than contingently) connected to lesbian and gay politics.

What can here be seen emerging once again, then, is a collapsing of what may be considered separate issues into one central agenda; the psycho-sexual re-orientation of those who inhabit the targets of the polemics the texts articulate. It is this motif which determines the content and approach of their problematic; 'the Family' is to be deplored because it keeps its charges in psycho-sexual denial and HIV/AIDS is to be regarded as an issue of importance because of its supposedly intrinsically sexual-political nature - rather than, for example, viewing sexual politics as an important, but not all important, aspect of what is principally a health problem. In the light of this continuing conflation of sexual-political and HIV/AIDS issues, the textual voice's declaration that its analyses are directed "towards the corrective transformation of the dominant cultural agenda concerning AIDS"(1994:24) is afforded an additional significance; this is a transformation which is to be achieved through the winning over of the sexual hearts and minds of the populace - the delinquency of the 'dominant cultural agenda concerning AIDS' is only a reflection of the irresponsibility of its parent, the dominant cultural agenda concerning sexuality, and it is this latter agenda which must be therefore the principal quarry.

The pattern of the relationship between a number of problematic objects - 'the Family'; gay men; human sexuality; HIV/AIDS - is beginning to emerge: these commentaries are engaged in a constant struggle against the sexual false consciousness of those they construct as oppressors, a false consciousness which is propagated within homes governed in the image of 'the Family', and which, through its simultaneous refusal of the multiformity of desire and its depiction of the 'homosexual man' as canker incarnate, ensures that homosexuality must always be aligned with ideas of corruption, seduction and inexplicable, non-reproduction orientated and therefore inhuman desire (1994:53). Familialism seeks to deny both that society is in actuality sexually pluralistic, and that it might legitimately be so. Those notions which enable it ("'decency', respectability', 'manliness', innocence', and so on"), serve to shield people from "the partially acknowledged fact of diversity". The simple existence of lesbians and gay men, then, comprises a constant reminder of the untenability of such a position; so in order to preserve its myopia, the theory of 'the Family' names them as alien, as rightly disenfranchised, as "calculating perverts" who, having abjured "'family values'" through their choosing to be sexually deviant, are to be named as public enemies, as the principal threat to familialism itself and thereby to the broader social fabric (1994:11,41).

The account given in these texts, then, has the discourse of HIV/AIDS connected into this relationship not only by the fact that in the West most people with AIDS are gay men, but also, separately and more fundamentally, by virtue of the fact that the construction of homosexuality and the construction of HIV/AIDS are radically intertwined; each informs the other, with the emphasis being on HIV/AIDS discourse following lines laid down by the discourse of homosexuality, but with both discourses ultimately at the disposal of 'the Family', which aims to defend itself, and the repressive sexuality it articulates and preserves, by constructing itself as something precious, fragile and endangered by freaks who are with the coming of HIV/AIDS inevitably disease ridden. The argument proffered by these texts readily acknowledges that this perceived vulnerability of 'the Family' is real, but this is not be explained in terms of a threat of ruination from without, but instead by virtue of the fact that the identities which one is incited to adopt by the discourse of 'the Family' are inherently unstable due to their discordance with the reality of human sexuality. Indeed, it is at the level of the family (rather than at governmental level) that sexuality is made problematic, through the ethical effects of the relation between this dominant image of what a family is supposed to be and each and every individual's experience of family life, which like as not will not match that image very closely. HIV/AIDS, then, is to be seen as having been fitted into a longer-standing ideological war to sustain 'the Family' against its own unsoundness, as a resource complementary to the more established dread, homosexuality (1994:52-53).

4.3 HIV/AIDS as a gay issue.

The relationship between 'homosexuality'/'gayness' and HIV/AIDS, though, is complex. Fully to appreciate the overall position regarding this relationship, as articulated within the canon of work herein analysed, one must recognise that according to its understanding, the term 'homosexual' is not interchangeable with the term 'gay'. Each term carries its own set of connotations; the former was born of a medical discourse of unnatural proclivities, of sickness, of deviance in need of correction, and use of the term in relation to oneself would imply a conservative and anachronistic acceptance of lowly self-worth. On the other hand, to define oneself as 'gay' is to refuse such a pejorative account of one's sexuality, to refuse to be 'homosexual' and instead to "recognise the reality of sexual diversity". Also, in contrast to the former term, gayness affords a collective as well as an individual identity, based on the shared experience of discrimination resultant from homosexual

object choice (1994:247). Understanding this difference, the conflation made within the text of the interests of 'people with HIV/AIDS' with those of gay men (cf 4.2.1) can be viewed as attempt to smash this identification of HIV/AIDS with 'homosexuality', and in its stead to impose an alternative and preferable reading of the situation which describes a discourse of connexion between HIV/AIDS and gayness.

This project is born of the *bête noire* which informs at the root the HIV/AIDS *Weltanschauung* in which these texts operate; the axiom that gay men are widely regarded as utterly expendable. This assumption comprises the central motivation behind the discourse in its entirety (1994:250), is reiterated tirelessly within the individual texts which comprise it (1994: 9,21,28,35,60-61,67), and is seen as reflecting deeply felt heterosexual anxieties about homosexuality, manifested in the unconscious desire to kill gay men. In its construction as a 'gay plague', AIDS is made the "viral projection" of this repressed wish (1994:161). Indeed, at times it is held that it is principally heterosexual persecution of gay men which connects the latter group to HIV at all (1994:194). This supposedly denial-born rancour infests governmental and media responses to HIV/AIDS, a state of affairs which is all the more infamous given the peculiar degree to which gay men are suffering in the face of the syndrome; gay men are described as being "much more affected by the epidemic than any other social constituency in most countries in the developed world", and as "the social group most devastated" by AIDS, yet their "legitimate needs" have been all but completely ignored (1994:xix,18).

4.3.1 Gay men as the group most affected by HIV/AIDS

It is through this notion that the ordeal of HIV/AIDS is to gay men both qualitatively and in a sense *quantitatively* worse than anyone else's that the discourse begins to forge the connexion of HIV/AIDS to gayness, employing a rhetoric of gay men being the group most directly and terribly affected by the syndrome and the most vulnerable in the face of it (1994:5,83,138; see also 1994:xx,91,138,201, 216,243). The point is made that gay men comprise "the vast majority of people with HIV and/or AIDS" (1994:49; see also 1994:6,30). This contention is supported with statistics showing comparative HIV infection rates amongst heterosexual women (1 in 436), heterosexual men (1 in 91) and gay men (1 in 5) attending UK STD clinics (1994:244 - information current 1991). It is in the light of such statistics, it is argued, that management of the epidemic must be considered (1994:200), and moves

to shift the focus of attention in discussions of HIV/AIDS away from the specific groups who are, according to this rhetoric, 'most affected', and towards a 'general public' which is assumed to be heterosexual are condemned; although the voice of the text decries the tawdry naming of HIV as a 'gay plague', acknowledging that anyone "who has unprotected sex or shares needles" is at risk, the contention is made that action against the spread of HIV which fails to target gay men (and injecting drug users) is misdirected, and it is asserted that failure to take such a course is often justified in terms of the fear of an "anti-gay 'backlash'" (1994:91).

However, the position articulated within these texts in relation to the fear of such an 'anti-gay backlash' is not always altogether consistent, the type of slant put on the possibility of heterosexual transmission being seemingly dependent upon the particular line being taken at any given moment. When criticising the idea of AIDS as a 'gay plague', or the related idea of 'leakage' of infection into a general public which excludes gay men, the reality of the widespread risk of heterosexual transmission is insisted upon (1994:19; see also 1987:103; 1994:xvii,43). When the interest is more to direct the application of governmental resources, however, any report which implies that transmission of HIV is as or more widespread amongst heterosexuals than amongst gay men and injecting drug users is lambasted (1994:245-246). When the aim is to promote safer sex, heterosexual transmission returns, the argument being that heterosexual rejection of safer sex education can only be explained in terms of anti-gay prejudice - and not, for example, because of the fact which has been promulgated elsewhere within this canon of work, that the risk of infection amongst Western heterosexuals is relatively low, thus making the adoption of safer sex a much less urgent matter for them (1994:158).

Assuming that the theory of most-affectedness given by these texts is not self-evident, but is underdetermined by the evidence available such that contradictory but equally plausible accounts could be made (cf Hesse 1980), it would seem that there is a 'political ontology' at work here, which serves the needs of the discourse's authority establishing mechanisms; the 'fact' that 'heterosexual AIDS' is the chimeric child of misinformation stands to make the views given in these texts pertaining to, say, the allocation of resources, appear more compelling, but the opposite 'fact' that 'heterosexual AIDS' is thoroughly real and indeed remains a major problem may nonetheless be used, for example, to make more credible the warnings given of the consequences for heterosexuals of continued anti-gay prejudice. The rhetorical work

here is of a similar fashion to these texts' some-time reliance upon and some-time rejection of medical authority, but in truth the balance in this case is very much skewed towards stating and restating the position that the most important problem pertaining to HIV/AIDS in the West is to do with the degree to which it has affected gay men. This does not really contradict with the above argument, though: although it may be useful from time to time to use the image of a heterosexualised HIV/AIDS to defend certain arguments, these accounts cannot afford to go too far down such a line because of the way it threatens the idea that gay men really are the most affected group, and therefore also the far greater authority the textual voice can claim through speaking as a gay man, and as one with direct community based front-line experience of coping with HIV/AIDS. The truth of the relation between gay men and their risk of HIV infection, then, is malleable according to the needs of political strategy and the textual voice's 'personal' authority.

4.3.2 Re-invention of the connexion between homosexuality and HIV/AIDS

Despite an occasional usage of number based rhetoric, the foundation of the connexion between gay men and HIV/AIDS within these texts is less the statistical affectedness of that group than it is an epidemic but unconscious anti-gay logic which "align[s] AIDS with homosexuality as if by essence" (1994:14), and through which "HIV is dismissed as a deadly by-product of homosexuality *per se*" (1994:274), a problem easily solved by allowing gay men to become extinct. That is; the pronouncements on HIV/AIDS emanating from (amongst other places) the 'pro-heterosexual', 'pro-family' media and government - representations which are made available to the population at large, and with which they must 'make sense' of the syndrome - are in truth aimed against the 'fact' of sexual diversity, not against HIV, which is merely a contemporary conduit of an older vitriol. Such bile assumes an intrinsic relation between gay men and HIV/AIDS, based on the superstition that it is not a virus but gay sex that is the cause of AIDS, a credulity so ingrained that it can stand alongside, and even inform readings of, putatively dispassionate epidemiological and virological HIV/AIDS research (1994:26).

HIV/AIDS is thus recruited to the cause of a long standing project to constrain and define sexual desire, to disavow its (putative) natural mutability. This programme has concocted its own nemesis incarnate, the 'impossible' object of "'the homosexual body'", a distilled and crystallised burlesque of desire, and a sitting duck for vilification made with the aim of bolstering "fragile" heterosexual subjectivity. To

facilitate this process, HIV/AIDS has similarly been simplified into a signifying system through which the 'impossible homosexual body' can be rationalised through images of self-destruction resultant from deviant desire. There is a direct affinity, then, between the construction of the two objects, 'the homosexual body' and the 'AIDS victim', the discourse which forges the latter being not much more than a relatively recent incarnation of this older ongoing violence against (homo)sexuality. This violence is so unremitting that even after death the "'homosexual body'", which is coextensive with that of the "'AIDS victim'", is still to be subjected to public humiliation, to show that the life it no longer has was valueless anyway (1994:55-56).

However, and notwithstanding the insight of this account, an inversion of this same sort of textual manoeuvre can be found in these writings, a move which is in keeping with their general attempt to wrest control of HIV/AIDS from the discourse of 'homosexuality' and place it instead under the auspices of gay sexual-politics. Moves are made within these texts which seek to replace the illegitimate objects of the 'homosexual body' and the 'AIDS victim' with the alternative objects of 'gayness' and the 'Person with AIDS'. Just as 'being gay' is to 'homosexuality', so is a 'Person with AIDS' to an 'AIDS victim' - to be a 'Person with AIDS' is to abjure the baggage which is so ably described throughout these works, to refuse this negative reading of one's illness.

But it is more than this; it is also to take up an alternative set of baggage, to submit to an alternative ethical authority discourse, to a particular vision of what it is to be positive in the face of adversity, a vision whose parent is the sexual political struggle which has been fought by lesbians and gay men since the 1960s, when it was that 'homosexuals' first became 'gay'. This fact goes some way to explaining the frequent concern (not only in these works, but also in the *Body Positive Newsletter* - see next chapter) with HIV/AIDS as a lesbian issue. This brings us back to the issue of being 'affected by HIV' again; if one judges affectedness either by levels of infection or by risk of infection, lesbians are liable to disappear, most forms of lesbian sexual practice carrying a lower risk of infection than any form of penetrative intercourse where there is a penis involved. If on the other hand affectedness is purely a political concern, lesbians can be conjoined with the 'dead and dying', while other groups who might claim to be affected (hæmophiliacs, for instance) can end up being overlooked

due to their political inexpediency. For example, it is commented that the government's 'AIDS: Don't Die of Ignorance' campaign

> "...cynically looks entirely over the heads of everyone most immediately affected by the epidemic. Apart from lesbians and gay men, what other social group with almost 600 dead and dying could so casually be erased from all public consideration?"
>
> (1994:20)

(originally written in 1987) and of more recent (1991) NHS policy proposals that the health needs of "lesbians and gay men" remained unacknowledged, resultant from a lack of consultation with those groups (1994:200). Hæmophiliacs, however, are seldom mentioned except, for example, when being portrayed as supposedly getting a better lot because they are the 'innocent' victims of HIV/AIDS (1987:3), or where their affectedness can be employed to secure some political advantage not of their own, such as where the fact of hæmophiliac infection is used as a means to destroy Duesberg's contention that AIDS is the result of some putative gay 'lifestyle' (1994:258-259).

Indeed, these texts openly conflate the struggle against homophobia and the battle against HIV, arguing that they are always co-extensive (1994:255), a position which subsumes the specific needs of HIV positive people whose connexion to the syndrome is non-sexual and/or non-'deviant' to the need of the 'most affected constituency' to wage the fight against anti-gay prejudice. The utilitarian hubris of this rationale is perhaps a little inconsistent with its avowedly being articulated in the name of pluralism, but it reflects a reading of HIV/AIDS informed by an ongoing discussion of issues concerning "sexual identity, representation and cultural politics" in which many lesbians and gay men have been engaged since the 1970s (1994:134), and which provided a ready-made basis for a robust collective response to the epidemic (1994:244-245). It is suggested that such debate was almost a "limbering up" exercise for the greater challenge which HIV was to bring, and that it "substantially improved our [that is lesbians' and gay men's] understanding of much of the political and cultural hysteria that surrounds us...". Accordingly, it was invaluable training for devising "effective strategic interventions on behalf of people living with HIV disease, and their various communities" (1994:134), interventions which, while it would be unconscionably remiss to dismiss their efficacy,

unsurprisingly mirror both the style and the concerns of the sexual-political consciousness which spawned them.

In the light of this combination of heightened awareness of the sexual-political dimension of HIV/AIDS and practical experience dealing with the epidemic at grass roots level, gay culture is to be seen as exemplary in a number of ways: it provides the most reliable information HIV/AIDS; gay men's "frankness and articulateness about sexual behaviour" is a laudable lead which others could profitably follow, displaying a psychical health absent in fragile heterosexual identities; gay men world-wide have often selflessly defied "a climate of widely legitimated bigotry and discrimination" in their constant struggle improve the lot of "everyone" who is affected by HIV; gay culture spawned and adopted safer sex, with the effect of radically reducing rates of new infection amongst themselves, and has thus dutifully provided an example to follow by which heterosexuals may save themselves (1994:xv-xvi,32,131-132,136,247,278).

Gay culture (as constructed and articulated within these writings), then, provides an entire curriculum of object-lessons in how one should address oneself to HIV/AIDS, and this may be read as an ethical authority discourse - a didactic dissertation on the conduct of conduct in relation to the epidemic which ties in with the project to reconfigure HIV/AIDS in terms of 'gayness' rather than 'homosexuality', and indeed with the parent project to replace 'homosexuality' with 'gayness' as the dominant way of understanding certain configurations of human sexuality. It may be argued that, despite - or perhaps in keeping with - its progressive aspirations, this latter project is a reflection of a more general historical shift in society in which the importance of what Foucault termed disciplinary modes of regulation has declined in favour of forms of self-regulation (Gordon 1993(1986):31).

From this perspective the discourse of 'heterosexuality / homosexuality', born as it is of the medical gaze, is a conduit of panoptic power, and serves to construct people as sexual objects. The discourse of 'gayness' is a reinvention along ethical lines of the half of this discourse which dealt with those people who were to be constructed as homosexual objects. That is; the term 'the homosexual' was coined as an epithet to be used by someone who inhabits a position of authority - a psychiatrist, for example - to name someone else, who thence becomes an object in terms of the discourse of deviance which lies behind that name. To describe oneself as 'a homosexual',

however, is to make an ethical response to a disciplinary discourse, to constitute one's subjectivity in terms of what is more an objectifying than a subjectifying mechanism - the representations of self open to 'the homosexual' being both very limited and very limiting, often parodic, and almost always morally pejorative.

To 'come out' as gay, therefore, is to refuse disciplinary regulation, and to do so by adopting a particular ethical relation to an alternative discourse of self which names itself as a discourse of liberation and liberalism, of radical pluralism, of 'freedom'. However, this discourse carries with it certain prescriptions about conduct to which one must submit in order to take the preferred epithet 'gay' - one's freedom must be of a certain shape. To become 'gay', then, is to accept a particular emergent form of ethical regulation as a preferable alternative to the previous particular emergent form of disciplinary regulation. And that this new form of regulation does not imply the same difficulties as the old one does not mean that it is not problematic at all; any given discourse of subjectivity will delimit both possibilities and restrictions, in terms both of one's being as an ethical subject and of the exercise of one's thought in relation to the specific terms of that discourse (cf Rajchman 1991).

Seeing things in this way, then, both the adoption of a gay identity and the adoption of its more nebulous offspring-identity 'someone who has addressed themselves to the issue of HIV/AIDS in the manner preferred by this way of looking at things' are equivalent to acquiescing to ethical regulation of and through one's sexuality, in a move which is congruent with the times. However, this may not be such a bad thing; some or other form of regulation is inevitable, and one which affords its subjects the strength and dignity which is to be found in much of the gay-inspired response to HIV/AIDS may certainly be considered more seemly than most of the currently available alternatives.

4.4 An alternative morality

Put simply, then, the project these texts articulate comprises an ideological struggle over people's understanding of their own sexuality - and the moral and political ramifications which accompany that understanding - reflecting a view that there exists in the American and British societies a widespread and deep-seated cultural censorship which prevents general acknowledgement of the "intrinsically unremarkable" truth that sexual behaviours and identities are widely diverse

(1994:45,123). The contradiction between this truth of human sexuality and the politico-moral purdah which denies it has led to the waging of a "fundamental conflict" between the widespread demand for a radical broadening of sanctioned expressions of sexuality, and the dominant, institutionalised, secularised Christian cultural tradition (1994:136).

This altercation has come to be articulated upon the surface of emergence which is HIV/AIDS, and not only by such 'secular Christian' forces, but also by those texts analysed within this chapter; the assumption of this ongoing and epidemic denial of the diversity of "people's actual sexual wishes, pleasures and identities", together with the need to counter it, underwrite almost all of this commentary (1994:230): the views given on right and wrong approaches to combating the spread of HIV, and to HIV/AIDS education (1994:20,86,111,157); the judgements made about which doctors are good and which bad (1994:36-37,120); the criticisms of photographic, filmic and televisual images pertaining to HIV/AIDS (1994: 76,157,226,230); the analyses of familialism, and of heterosexual attempts to construct HIV/AIDS as the direct result of homosexuality (1994:53,274) - in each case it is the putative commonplace disavowal of the true diverse nature of human sexuality upon which the presented arguments rest.

4.4.1 The truth of human sexuality and HIV/AIDS

These writings connect HIV/AIDS into this truth of human sexuality by holding that in a world afflicted by the syndrome, to ignore the fact that actual sexual practice and desire are far more heterogeneous than the mainstream hegemony would have it is not merely anachronistically moralistic - it is downright dangerous, especially when such an attitude informs AIDS education (1994:88). With this in mind, then, society at large could do much worse in its attempt to reconcile itself to the disease than to look to the famous example of 'people with AIDS' themselves, and in particular to their recognition and welcome acceptance of the 'fact' of human sexual diversity (1994:32). In these accounts 'people with AIDS' hold a very similar position to that of gay men - indeed they are largely collapsed into each other, both being presented as exemplary, as harbingers of humankind's otherwise disclaimed psycho-sexual destiny, as keepers of truth. By constructing 'people with AIDS' in this way, HIV/AIDS can be made to speak on behalf of a particular view of 'how people should be' (albeit presented as a description of 'how people really are'), in a rhetorical manoeuvre - the use of a putative fact (biological, psychical or whatever) to imply

that a preferred *moral* position is undeniable, is 'true' - of a kind which would be outlawed if it were made on behalf of, say, familialism or the promotion of monogamy.

The discourse achieves an apparent intellectual coherence for its position by means of what Woolgar and Pawluch have called 'ontological gerrymandering' (1985) - while HIV/AIDS is averredly a function of its representations, which contain no absolute or fundamental 'truth' to be discovered, sexuality, which has the role of "the *sine qua non* of modern social organisation and control, operating all other levels of gender, class, race and nationality", is described in terms of its having a definite empirical reality, albeit one which is "invariably articulated through practices that are intimately connected to contingent cultural forms and institutions". This (distinctly Freudian) sexuality is rooted in the erotic, in the body's potential for pleasure, "in desire and desiring fantasy", and is to be contrasted with "the narrow compass of heterosexual identities which defensively equate sexuality with sexual reproduction" and with the "mechanical and simplistic notion of 'sex', taken as an *a priori* reality" which informs so much of the research currently made into HIV/AIDS issues. Instead we must have a (conceivably equally *a priori*) reality of "multiple, uneven, shifting relations of desire to sexual behaviour and identities, both in the lives of individuals and desiring collectivities" and of "the finely nuanced variations of sexuality, understood as an extremely complex site of overlapping and frequently conflicting sexual desires, behaviour and identities". Indeed, within these accounts it is foolish even to attempt to demarcate sexuality's proper territory - anything may be desired, therefore anything may be experienced as sexual pleasure. Hence the dismissal of casual ideas of "behaviour change" in attempts to halt the spread of HIV. If it is to work, HIV related health education must be about the libidinisation, at the level of "individual and collective sexual fantasies", of those "substitutions and displacements" which comprise safer sex (1987:9;1994:14,28, 135-136).

As they are currently found, heterosexual identities cannot cope with the threat of pleasure which this 'true' sexuality implies; they cannot hope adequately to contain those desires and fantasies which are incongruent with their limited scope, and there is the ever-present and ominous possibility that such wishes will return to consciousness. This provides the explanation for anti-homosexual sentiments (articulated on the surface of HIV/AIDS or elsewhere), in terms of a displaced

heterosexual anxiety that their conscious identities will become destabilised as a result of their own internal contradictions (1994:14). Thus

> "...we may arrive at the unconscious of AIDS commentary, operating in systematic reversals, in disavowal, and in the most aggressive modes of self-defence...AIDS evidently threatens the fragile stability of the most fundamental organising categories for both individual and collective identities, insofar as it raises the reality of sexual diversity."
>
> (1994:28)

Within such a scheme - if one ignores the possible dubiousness of its assertion that modern Western heterosexual identities really equate sexuality with reproduction so very closely - lesbians and gay men, having faced up to the truth of their desire, and through their advocacy of a liberal sexual ethics based on the principle of mutual consent, can "provide a more mature, and flexible, and above all honest model for social and sexual relationships than is currently sanctioned anywhere else in British culture" (1994:71); they are the only ones who have realised their latent sexual potentialities, and therefore the only ones who are psychically and sexually healthy. Attacks on homosexuality, then, may be read as attacks on sexuality *per se*, as may propagating the idea that reduction of one's sexual partners is a valuable strategy in combating the spread of HIV.

The argument is, then, that with the peculiar threat which HIV/AIDS has brought, it has become more important than ever that "for *everybody's* sake" we should "constantly affirm and celebrate" "the diversity and richness of our various ways of living and loving". In the face of HIV/AIDS it has become "imperative that we accept and celebrate the social, racial and sexual diversity of our species", because only by doing so can safer sex be made into a new and exciting erotic possibility, rather than a restriction (1994:46,70). There is some sense in this. However, the account remains problematic, because the parallel between this preferred logic that says 'the reality of HIV/AIDS means we should celebrate our diversity', and the outlawed logic which suggests that 'the reality of HIV/AIDS means we should all be married monogamous and heterosexual' remains unacknowledged. Given this, and bearing in mind the doubts which may be cast over the reasoning within these accounts with respect to the reduction of the number of one's partners as an effective strategy to reduce the risk of being exposed to HIV, it becomes even clearer that a 'progressive' aspiration such as the propagation of safer sex is as much infused with a

moral agenda as are calls for compulsory testing of members of 'risk groups', quarantining, or the tattooing of the buttocks of HIV positive gay men. Proponents of each side of the debate seem to be using a similar logic, which is that the *practical* problem of HIV/AIDS would be much reduced by the acceptance of a particular *moral* stance.

Authority may be claimed for such an approach by the rhetorical device of presenting one's moral bones of contention as if they have been brought into the limelight by HIV/AIDS itself, rather than by one's own partial, specific reading of HIV/AIDS. For instance, in a polemic on "Gay Teenagers and Gay Politics" it is suggested - without overtly developing the specific reasoning to any great degree - that "...HIV is the single most important reason why we should continue to campaign energetically for reform of the age of consent laws". Similarly elsewhere, it is as if it is not the voice of the text, but some given nature of HIV/AIDS which, having putatively apolitically and amorally determined what is and is not "effective HIV/AIDS education", declares the *moral* 'truth' that all varieties of consensual human sexual expression are "much of a muchness"; as if it is HIV/AIDS, and not the voice's presentation of it, which seeks to problematize theories of sexual identity grounded in gender specificity; as if the syndrome itself, rather than the politico-morally laden responses to it made by particular interested groups, encourages collective action and generates new political identities (1994:146,162,267).

These accounts, then, have an intentional AIDS, which, having "the power to condense almost all the other issues into itself" raises the politico-moral issues which the voice of the text wishes to see discussed, and manages to do so in spite of the assertion made elsewhere in the discourse that HIV/AIDS has no truth beyond the sum of its representations (indicating the operation of a similar gerrymandering to that employed around the issue of human sexuality) (1994:187). When it is needed, HIV/AIDS has a truth, a truth which gives shape to these debates, and which favours the textual voice's camp. The alternative possibility that HIV/AIDS has the shape it has due to its appearance at a time when there already existed an overdetermined problem-space around the issues which it allegedly condensed, and for which the syndrome makes a convenient platform - for *both* sides of the debate - is afforded no place in these texts' new moral vision of a desired future.

4.4.2 Community

However, exactly such a problem space did exist, as can be seen from the treatment of the issue of community within these writings. It is rightly observed that community based responses to the epidemic differed in various countries largely according to "the degree of self-confidence and organisation within the communities affected by AIDS in the period before the epidemic began" (1994:220). The implication of this fact is that for certain subsets of the people who subsequently came to be involved in the issue of an 'HIV/AIDS in/affected community', the idea of 'community' was already a pertinent one prior to the arrival of HIV/AIDS, which then was fitted into and made sense of in terms of a pre-existing discourse. Hence the emergent 'HIV/AIDS in/affected community' has a distinct political flavour, and includes certain subsets of people which from an alternative perspective might appear not very connected to HIV/AIDS, and excludes (or includes upon acceptance of certain ethical propositions) other subsets which, again it could be argued, perhaps have a very good case not only for being allowed in without such preconditions, but also for having a central role in its construction.

The pre-HIV/AIDS shaping of the 'HIV/AIDS in/affected community' is also reflected in the tone and content of the 'Statement of Purpose of the National Association of People with AIDS', published in September 1986 in San Francisco, within which the (properly irreproachable) claiming of certain rights - not to be victimised, and to be "treated with respect, dignity, compassion and understanding" (quoted in Watney 1994:35) - is connected directly and as if necessarily to a particular reading of political history, with the implication that to be a 'person with AIDS' one must speak with the same voice as those privileged by that reading.

> "We are born of and inextricably bound to the historical struggle for rights - civil, feminist, disability, lesbian, gay and human."
>
> (ibid)

The intellectual problem here is that at certain points within this canon of discourse, the textual voice is deeply critical of a large scale and efficient cultural censorship which "faithfully duplicates the positions the social groups most vulnerable to HIV found themselves in even before the epidemic began" (1994:49), whilst allowing to remain unrecognised the possibility that its own commentary (and such statements as the example above towards which it is sympathetic) reflects just as closely the

positions those same groups held prior to the epidemic in the alternative moral scheme to which it subscribes, and that it is itself operating a quite similar moral, cultural and political agenda on the surface of emergence which is HIV/AIDS discourse. Such would explain the relative invisibility in these works of HIV/AIDS affected social groups which fit badly within this preferred vision - the obvious example again being hæmophiliacs who have been infected with HIV through treatment necessary for their condition.

So it is, then, that the epidemic can be read according to a script familiar before the advent of HIV/AIDS, in which a stylised 'good versus evil' dualism is established. In this particular case, the 'community', and its organisations are romanticised into a heroic position (such organisations were "set up in the first place by groups of friends, often stretching across national boundaries and generations" and were the source from which "the most efficient and effective responses to the epidemic have almost invariably arisen" (1994:xxi-xxii)) from which they may be contrasted with (no less romantically) evil governments, media and the like (cf 1994:245).

And, perhaps unexpectedly given the frequent and ongoing interest in proselytising the gospel of diversity, the voice of the text is averredly comfortable with the idea of thinking about the responses to HIV/AIDS in the United Kingdom in terms of such a simplistically reductive dualism. However, this apparent contradiction is perhaps explicable if the aim is less to disparage the media and the government than it is to establish a 'community' which has been fashioned according to the discourse's own moral predilections as the final authority in all HIV/AIDS matters, propagation of which is essential to 'effective' HIV/AIDS education, due to the "sense of individual and collective worth and responsibility" it fosters. In other words, the 'community' as the best basis for HIV/AIDS education is a primary conduit through which ethical incitements informed by a given political morality can be dispensed (1994:159,245).

On similar lines, it is to be insisted "as a non-negotiable condition" that "people with HIV and their advocates are consulted at all stages of health promotion, treatment and research". Acceptance of this would, of course, be distinctly advantageous to whosoever controls the appellation 'advocate of people with HIV/AIDS'; consider again, for example, the comments made on the role of social scientific research with respect to HIV/AIDS. The voice of the text is generally critical of the liberalism which lies behind the like of cultural studies, psychoanalytic criticism, textual

analysis, ideological theory &c., arguing that despite the reasonable expectation that such debates should afford the world "a better understanding of what is being done - and what is not being done in the name of AIDS", this liberalism has not "addressed itself to the question of AIDS with anything like the concern which it has shown for other examples of gross social injustice" (1994:23,133).

In other words liberalism has failed in its moral duty, as it is articulated by these texts. Consequently, its researches must be policed. Thus, any work not sanctioned by the involvement of lesbians or gay men (for which one presumably may also read 'advocates for the HIV/AIDS in/affected community') or any undertaken on a purely academic basis, and not designed specifically to deal with issues raised by those "working in the field", is to be regarded with contempt because it lacks the sanction of those with the authority of *Fronterlebnis* (1994:177). Such disdain is justified and bolstered through use of a rhetoric of danger; non-community sanctioned social scientific research is "bad", "lazy and dangerously homophobic", has led directly to "unacceptable levels of new cases of HIV infection", and causes "real harm" by "squandering precious resources". Once title to this sort of policing has been thus established, it becomes possible to make calls to action, or rather to activism, to the confident targeting of those institutions which control HIV/AIDS related social research, in order to ensure that HIV/AIDS research funding is "spent intelligently and to the maximum practical purpose" and to demolish the barriers such institutions may raise to the development of better care through new treatments (1994:208,239-240).

This sort of activism is often discussed using a rhetoric of pragmatism (cf 1994:240 where ACT UP's acronym is re-styled to suggest that what is needed is an "AIDS Coalition to Unleash Pragmatism") which is significant, for while phrases like "maximum practical purpose" muster considerable rhetorical clout by virtue of their connotations of 'self-evident, amoral, non-judgmental life-in-the-real-world', what it is to be practical or pragmatic are of course dependent upon what one desires to achieve, upon one's politics and one's morals. In this context, then, such terms articulate a particular knowledge of HIV/AIDS which is to be taken as given, and which is to inform one's activities in relation to the syndrome. Such activities will in turn reconfirm the account of HIV/AIDS which at the first gave them shape; that is, 'pragmatic' practices of the kind advocated within these writings are technologies for

the production of exactly the kind of 'truth' which Foucault would have suggested is contingent, and dependent relations or micro-power (1980:131-133).

This language of community, then, is placed by these texts at the service of their new morality. That the relationship is this way around, that the case is not of a given community demanding a morality to which these accounts merely give voice, is evidenced in the ambivalent attitude within these works towards the legitimacy of community as an object. At times, other people's usages of notions of community are lambasted; for example the French social scientist Michel Pollak's use of the phrase "the French gay community" is attacked, because it homogenised a disparate population of lesbians and gay men. At other times, though, the voice of the text itself employs the phrase 'PWA community' unproblematically (for example, in certain calls to action 1994:239), through which usage we are invited to accept that the concept 'the PWA community' suffers from no cognate limitations. Similarly, elsewhere the text constructs "British heterosexuals" as a population group which display sufficient homogeneity for the very personal characteristics of being "hysterically modest" and "pathologically inhibited in their ability to discuss sex" to be attributed to them (1994:142,237). For these writings, then, the worth of such all-embracing concepts is to be assessed according to their immediate rhetorical utility in the particular circumstances of the given argument being constructed.

For instance, one ongoing aim within these texts is to establish that the best possible preventative strategy in relation to HIV is to make the practice of safer sex the norm "regardless of known or perceived HIV status" (1994:137,204). It is argued that safer sex education has had its greatest success when "rooted in the recognition that HIV is a community issue, requiring a community-based response" (1994:137) a fact which provides both supporting evidence for the discourse's preferred position, and the possibility of citing this 'community' as an exemplar for others to follow. Consequently, at the times when this aim is being pursued, the idea of a 'gay community' of exactly the sort which is disallowed to Pollak (one, that is, sufficiently unified to be referred to as "us" and have discrete "gay practices" (1994:139-140)) , is readily articulated, or even promoted.

The principal reason for this refusal Pollak's 'gay community', then, would seem to be a discontentment - in large part a moral discontentment, although tied up with methodological issues - with his explanation of the lower than ideal take up of safer

sex amongst French gay men (1994:238). This would suggest that a sort of 'moralised ontology' is at work here, such that a morally unsatisfactory 'gay community' like Pollak's may be disregarded as untenable because it collapses the differences between the individuals who comprise it, whereas a morally suitable 'gay community' such as the discourse's own, may be sustained in spite of its doing the same thing.

4.4.3 Safer sex

It is in the light of the form of this moralised ontology that the issue of safer sex as discussed within these accounts must be considered; safer sex is presented as the obvious solution in relation to a realist conception of HIV/AIDS, in which issues around ætiology and transmission are fixed, and which stands in stark contrast to prevalent distorted and distorting lay perceptions of health and disease. All discussion of AIDS should take as its starting point the relation between these "known facts" and such popular misconceptions, and, knowing the facts, the only plausible reaction to posited solutions other than safer sex is exasperation (1994:26,51).

Having established safer sex as the only strategy to combat the spread of HIV which is congruent with both the reality of human sexuality, and the reality of the virus and its modes of transmission, it becomes possible to use it more overtly as a politico-moral platform. Safer sex education should seek "to counteract unjustified fears and anxieties" deriving from moves within "politics and religious fundamentalism" to justify their own forms of prejudice (1994:142), and may possibly provide a way to "make some good from the tragedy of AIDS" by using it "to enlarge rather than still further decrease the possibilities of human relationships" (1994:92-93).

This second point is to be achieved through making safer sex education revolve around the development "of individual and collective self-esteem in relation to erotic practice" 1994:146). One of the consequences of this approach, however, is that safer sex education (which, it is observed, is most effective when actualised "in small face-to-face group sessions" (1994:92)) will thus provide the means for an extended ethical technology by which individuals will be encouraged to constitute their subjectivity in terms of a particular vision of the erotic, born of the politico-moral discourse of the truths of sexuality and HIV/AIDS found within these texts, both of which truths are immanently intertwined with the texts' account of the

morality which they view as ultimately responsible for the tragedy and which they seek to displace, all three of which together become the foundations of an ethical authority discourse. The message is that in order to survive and thrive in the age of HIV/AIDS, one must radically eroticize one's subjectivity, and safer sex education provides the mechanism by which to do so.

> "The erotics of safer sex remain the only effective means by which we can challenge and resist the literally deadly consequences of a stunting moralism that refuses to accept that all our consensual sexual needs are equally valid."
>
> (1994:148)

Thus HIV/AIDS is made the surface upon which regulation around sexuality can shift from being based on the clinical sexuality of the *Scienta Sexualis* (Foucault 1979) - which although rooted in the techniques of the confessional, remained, through its 'vertical' alignment of the confessional relation (that is between the doctor who is the minister and the embodiment of the authority discourse and the patient who is subject to it), an objectifying sexuality, and retained a concomitance with disciplinary technologies - to being founded upon the erotic, upon an ethically subjectifying sexuality (possessing a more lateral confessional relation, in which the subject accesses the authority discourse him/herself, without any such mediator, through, for example, self-help user discourses or writings like Watney's which invite subjects to examine and describe the truth of themselves either internally or to each other, rather than to some human incarnation of authority) in a move aligned with the general drift away from disciplinary regulation and towards self-regulation.

4.5 Conclusion - a moral problem

It is interesting to note that in the article from which most of the comments upon eroticizing safer sex here quoted are taken ("Safer Sex as Community Practice", 1994:134-150) the text, somewhat unusually, couches its own project expressly in terms of articulating and promoting a preferred morality. The textual voice comments;

> "...we need to sustain the development of the erotics of safer sex in the context of a morality that is founded on respect for diversity and choice, and which accords with Foucault's

> rejection of any form of morality that seeks to be acceptable to everyone: 'in the sense that everyone would have to submit to it'..."
>
> (1994:148)

(Cf Foucault 1989.) The problem is that this is exactly the kind of morality which this canon of work seeks to establish; the message repeatedly coded within in these works is that the anachronistic pseudo-Christian morality which is dominant at the moment is absolutely unacceptable, and should be replaced with another - for example, diversity of sexual expression is to be encouraged, but this discourse will brook no diversity on the issue of whether diversity of sexual expression is a good thing. This same difficulty bedevils the political vision presented in these texts of citizenship as preferable to subjecthood. Whereas subjecthood demands of us a "subjection to political, juridical and regal authority in our sense of who we are", citizenship is in concord with the fluid, multiform and inconsistent nature of identity and offers the chance for ethical rather than legal or political forms of identification between people. Once more quoting Foucault, the textual voice contends that "citizenship also offers a concrete alternative to the type of humanism: 'that presents a certain form of ethics as a universal model for any kind of freedom'" (Watney 1994:166; Foucault 1988:15).

On the following two pages, however, the case for citizenship is argued in exactly those terms; an ethics based in citizenship will work in the interests of "the entire population", and is an indispensable condition for universal liberty. Yet throughout this discussion the text maintains the theme it has derived from Foucault that it would be catastrophic to try to search for a form of morality which would be universally acceptable and before which all would have to bow. It is never recognised that the moral pluralism in citizenship the text describes is also just such a morality; in this preferred plan the population may not any longer be obliged to picture itself as being "fixed rigidly in mechanical dualistic polarities", in the way the text asserts is currently true, but it is instead obliged to think of itself as "a complex unity of many overlapping and interrelated groups and identities". The principal argument to support the contention that this alternative plan is better, is, in essence, a crude correspondence theory of truth; citizenship, we are told, is the best way forward because it proceeds from the "recognition" - not the contention - "that our identities are multiply formed and positioned" - that is because it has the best fit with what we are really like. And any discourse which describes what people are really

like necessarily in so doing also demarcates their possibilities of being, and thus at some time or another confronts at least some people with an ethical difficulty in the exercise of their thought and being, and thus (de)limits their freedom (1994:167-168).

The vision in these texts has come up against liberalism's age old paradox: the principle of tolerance articulates a logic which demands that one suffers that which will destroy that principle; and if one tries to counter this by setting limits to tolerance, then the principle is undermined anyway, as any such limits must be an expression of someone or other's morals, which are, as the arbiters of acceptability, something to which failure to submit can then not be tolerated. Perhaps the problem is that it is inherent in morality as a concept that it demands that all should yield to it eventually - if one believes one's morality is right, then there must come a point where one will wish to compel dissenters to submit to it, regardless of whether or not they actually agree.

The voice of the text complains bitterly, and understandably, about cultural images of AIDS which sediment the syndrome into a particular and 'unsuitable' form, and then "forbid further enquiry" (1994:30), forbid the possibility of alternative readings and constructions, and about those putative "advisers and 'experts'" who wish to promote their and not its moral beliefs on the back of safer sex education (1994:143). But this line of argument cannot logically escape the fact that it is guilty of exactly what it condemns in others; to show what AIDS really looks like, to use this expert knowledge to promote a particular moral conception (irrespective of any of the texts' readers' consensual needs and pleasures if they happen to conflict with this morality), and to render itself immune from the kinds of unsettling 'further enquiries' which may result from Mark Harrington's directive, quoted within the discourse as exemplary (1994:133), to accept nothing which is written or said on the subject of AIDS uncritically.

But, in the last analysis, these accounts still work. This is partly a question of history; the texts' approach to the question of moral pluralism is entirely conventional within debates on the subject, and the failure of this or any text to deal with the logical extension of the paradox observed above is seldom a major problem in practical terms. But more than this, these texts have no need to extract themselves from this or any other logical difficulty, for it is not at the level of logic that these

commentaries function. These commentaries successfully exempt themselves from reflexive criticism of the sort which this examination of them would suggest is apposite, by being managed such that theirs appears to be the authentic voice of the HIV/AIDS in/affected community, and as such is the rightful wielder of experientially based authority in the face of which mere logic is meaningless. As will be seen in the following chapters, this timbre of authentic experience over cold logic permeates the entire terrain upon which HIV/AIDS related technologies of self operate.

4.6 Summary

Watney's commentaries define the politico-moral universe in which HIV/AIDS related ethical operations can take place, and do so as part of an overall project, operated on the surface of HIV/AIDS, to re-define people's understandings of themselves as sexual beings. The world presented in this account is one which is heavily morally overdetermined, at the governmental level, at the scientific level, and in relation to familialist ideology. This moralising is antithetical to a textually constituted and carefully policed 'in-group', the community of those directly affected by HIV and AIDS, which are seen as having authority in debates about HIV/AIDS due to their authentic experience of the syndrome. It is on this same basis that the textual voice articulated within these writings establishes its own authority to speak, not on the basis of the intellectual coherence of the arguments presented. This authority affords those who have it the right to define truth - of HIV/AIDS, of human sexuality - and therefore to determine what is and is not a practical response to the epidemic. The construction of this community also has the effect of collapsing two groups of people, 'gay men' and 'people with AIDS' into the same space, thereby conflating their interests and properties, and connecting HIV/AIDS to sexual political debates as if necessarily rather than contingently. This authoritative community discourse does not comprise an amoral reading of the situation, but provides an alternative moral vision which, through the opportunity afforded it by HIV/AIDS, is able to operate as an ethical authority discourse, presenting members of the community as exemplary, thereby encouraging the reader to submit to this particular form of ethical regulation, and in turn to the alternative morality which informs it.

Chapter 5

FORWARD TOGETHER:
THE BODY POSITIVE NEWSLETTER

Body Positive (London) is an organisation set up to support people infected with and affected by HIV. It is based at a drop-in centre in Earls Court, but it also publishes the *Body Positive Newsletter* (BPN), which with a circulation of 3,700 (amounting to some 11,000 readers in total), is the organisation's primary mode of contact with its users (BPN 158:7). The nature of this newsletter's aims, and the sorts of HIV/AIDS related truths upon which its commentary rests, locate it firmly within the 'alternative' HIV/AIDS discourse space, as outlined in chapter 3.

In its 'Vision Statement', *Body Positive* (London) describes itself as "a living network of people affected by HIV...[which]...seeks to transform the diagnosis of a positive test for HIV antibodies into positive views and actions about keeping healthy and living well". Other avowed intentions are to increase the life choices of people living with HIV, and thereby to empower them, to propagate unity amongst people with HIV, regardless of their backgrounds. Such aims are to be achieved via the encouragement of "self-determination, autonomy, and personal responsibility among people with HIV and AIDS" (*Body Positive Annual Report* 1993:3). The principal means through which this project is actualised is the three-weekly *Newsletter*, which is self-reportedly "written, edited, proof-read and despatched by volunteers" who are themselves directly affected by HIV. The magazine sees itself as a rare conduit through which "people affected by HIV and AIDS have a chance to put over their point of view and tell the world what it's really like", and as a possible mechanism of catharsis for those who choose to contribute (BPN 154:8 *You Can Do This*). In other words, it sets itself up as a 'passage point' through which HIV/AIDS in/affected people may come to know both the truth of their sickness and themselves, and how to be in the face of HIV/AIDS (cf Latour 1987). That this 'passage point' is 'obligatory' will be demonstrated in the following analysis.

5.1 Overview of the contents of the *Body Positive Newsletter*

Much of the text of the *Body Positive Newsletter* takes the form of confessional or testimonial discourse, where people affected by HIV share their experiences, ostensibly for catharsis and for the benefit of others who may be in similar situations

(cf *Travelling Light*, BPN 159:6; *Seven Years On*, BPN 161:1; *Anne's Story*, BPN 163:1; *Jan's Story*, BPN 165:7). Such representations tend to construct a phenomenology of life with HIV/AIDS, with which the HIV affected reader is invited to identify. This phenomenology is "what it's really like", contrasted with false media articulations (BPN 154:8), and privileges the perspectives of infected and/or affected persons regarding HIV/AIDS related issues.

There is also a lot of material seeking to give technical information. This is mostly to do with medical matters - what kinds of therapies are available and their relative advantages and disadvantages (cf *Catheters: an overview*, BPN 154:2; *Thalidomide and HIV*, BPN 157:1; *Passive Immunotherapy*, BPN 158:4), or practical ways to cope with conditions which are common to people with HIV infection, such as diarrhoea, thrush and weight loss (cf *Scatologically Speaking*, BPN 159:5; *Thrush*, BPN 161:1; *Weight Loss: A role for Growth Hormone and Anabolic Steroids?* BPN 163:1) - but some also give 'helpful hints' on non (or at least not strictly) medical issues, such as precautions to take before going on holiday (*Travels & Holidays*, BPN 163:8), how to complain when dissatisfied (*On Making a Complaint*, BPN 165:8) or the practical problems of going into hospital (*Admission to Hospital*, BPN 167:4). Such material is sometimes presented in an impersonal way, as reported fact, and sometimes takes the same confessional/testimonial form described above.

In addition, there are items of news concerning broader and policy related issues (cf *Unkind Cuts*, BPN 159:1; *Employers Promise Fair Treatment*, BPN 154:5) and others which deal with what the *Body Positive Organisation* itself has achieved or aims to achieve (cf *Faith!* BPN 154:1; *A Word From the Chair*, BPN 164:1). The first two strands of discourse, however, will provide the focus for this study.

5.2 Introduction to the analysis

To understand the approach taken to the analysis of the *Body Positive Newsletter* in this chapter (and indeed of the *National AIDS Manual* in chapter 6) it is necessary to recall the different forms of relation obtaining between the disciple and the master articulated within the two models of the care of the self which Foucault described (in keeping with the contention put forward in the introduction that these could be used as models by which to understand modern technologies of self). On the one hand, the Greco-Roman model employed first a pedagogical and later a medical relation

between the subject and the master (Foucault 1988; 1993). Speaking of this relation in Seneca, Foucault states;

> "..it was instrumental and professional. It was founded on the capacity of the master to lead the disciple to a happy and autonomous life through good advice."
>
> (Foucault 1988:44)

In contrast, the relation within Christian monasticism was one of total and unending obedience to the master, and moreover to a set of obligatory truths - for even when a monk became the master, this spirit of obedience was to be maintained.

The aim to lead people 'to a happy and autonomous life through good advice' very closely reflects the sentiments of the *Body Positive* manifesto with respect to people who are in/affected by HIV/AIDS. *Body Positive* seems to have reproduced the Hellenistic perspective on the care of the self, in which "one must become the doctor of oneself" (Foucault 1988:31). *Prima facie*, with its target of 'keeping healthy and living well', there appears within the magazine to be a technology of self which promotes a 'technical-ethical' subjectivity; 'technical' in the sense of articulating certain wisdoms pertaining to the achievement of practical ends (in particular auto-therapeutic knowledges and skills), and ethical in that guidance is offered on how one should as an HIV/AIDS in/affected person address oneself to these knowledges, and indeed one's situation in general. An ethos is constructed whereby a certain positive, forward looking and self-reliant attitude is encouraged, presenting defiance of the disease as worthy and resignation to it as rueful. The object of this chapter, then, is to explore this ethos more fully, with particular attention to how it is technically-ethically achieved.

Both the components of this preferred subjectivity are manifested in such ways that they reflect and reproduce the conception of the nature of health which *Body Positive* has - in which 'health' is something beyond the kinds of negative definitions commonly reckoned to be dominant in anatomo-clinical medicine (which would have health as merely the lack of sickness), but instead is something closer to the WHO's 1955 definition of health as being the achievement for each person of "complete physical, mental and social well-being" (Hart 1985:2). Health for *Body Positive* is to be couched as something almost spiritual (or at least attitudinal), and as something radically individual, the possession or want of which is to be judged

according to each HIV/AIDS in/affected person's own sensibilities. However, as there are certain common problems relating to HIV infection, it is deemed to be desirable to have a pooling of experience, from which guidance or insight can be drawn. The didactic relation envisaged in the publication, then, is between a 'master' in the form of the collected wisdom and experience of those who are in/affected by HIV/AIDS, and any and every individual HIV/AIDS in/affected reader as the student, who is voluntarily subject, whose relation to that master-discourse is 'instrumental and professional', and who seeks to utilise the discourse as a resource to achieve self-fulfilment.

5.2.1 Method of analysis

In order to fulfil the objective of this chapter - to explore the possibility of reading a project such as the *Body Positive Newsletter* as an attempt to establish an ethical régime of 'the care of the self' (Foucault 1984; 1988; 1991; 1993) - close readings were made of various issues of the magazine, using the kinds of principles outlined in the section 2.5. Selection of which particular editions were to be examined (issues 154 to 167) was based largely on the pragmatic criterion of availability. Once obtained, each issue was then read thoroughly, and from this reading a purposive sample of individual articles or sections of the text was made, favouring those which upon considered reflection appeared to contain significant amounts of ethical material. These selected texts were then subjected to very close reading, from which the final analysis was derived. In order to counter potential bias arising out of such a sampling procedure, close readings were also made of a smaller purposive sample of texts which appeared at first sight to have no relevance to the study, any surprising findings being then incorporated into the analysis. For further discussion of problems associated with analysing this sort of material, see sections 2.3 and 2.4.

5.3 Axes of community within the *Body Positive Newsletter*

The *Body Positive Newsletter* 'performs community' along a number of axes - that is it employs a number of textual devices by which it encourages a particular reading of itself, principally through the construction of a specifically located implied reader with which it is intended actual readers should identify, and it does so in relation to several distinct textual themes (Iser 1978; Woolgar 1993).

Political Community (5.3.1). The publication is properly to be seen as inhabiting the "alternative" ideal-typical discursive vector described above, a fact most clearly visible in the degree of attention the journal affords to the underprivileged groups central to "alternative" concerns. Whilst the magazine's averred target readership is *all* people affected by HIV, the discourse is often flavoured with what may be considered to be gay cultural mores (or rather a particular construction thereof, specific to the *Newsletter*), and the ethos of community expressed therein, to such an extent that certain sections of this target readership tend to disappear - hæmophiliacs, for example, were largely invisible within the sample of the publication used for this study.

Community of Positivity (5.3.2). There is an unrelenting emphasis on positivity, on *living with* not *dying from* HIV infection, as a principal strategy for coping with the condition. This is reflected by the fact that there is very little discourse devoted specifically to the issue of death in relation to HIV/AIDS; whilst not seeking actually to deny death, it is not discussed very often, and when it is, it is presented as something to be managed rather than feared (cf *Rites of Passage*, BPN 158:1; *Whose Life is it Anyway*, BPN 161:3). This principle of positivity also connects to the political axis, in that those things against which the readership is incited to rail, those things in the face of which they need to be positive, are as often the prejudices and misunderstandings that one has to endure when one is HIV positive, as they are the ravages of the disease.

Anti-Medical Community (5.3.3). In some of the testimonial accounts, and often in the manner in which the technical information is given, is to be found criticism of the medical profession, who are described as insensitive and/or incompetent. Alternatively, modern medicine is often couched as a service upon which the person with HIV/AIDS can draw as, when and *if* required. Whichever line is taken, anatomo-clinical medicine is *not* to be allowed to be the discourse which defines the experience of having HIV infection.

5.3.1 Political community

The particular political orientation of the *Body Positive Newsletter* is well illustrated in an article *Lesbians Coming Out* (BPN 154:2), in which it is assumed that the reader unproblematically accepts the by no means self-evident contention that HIV infection is a matter of particular relevance to lesbians. The management of the text

operates to a large extent through its style; the tone of the piece is intimate and confessional, the voice vulnerable, demanding a sympathetic reading. The article begins;

> "It has taken me a long time to sit and put this article together, as I have never been quite sure where to start or what I wanted to say. But with all the press that has been around about lesbians and HIV, I thought it was time to put pen to paper."
>
> (ibid)

Such presentation facilitates the text's ability to present its message as a shared concern, constructing both reader and author as 'those in the know', fighting together against external ignorance. (That HIV *is* to be seen as relevant to lesbians is further expressed in an article *Lesbians and HIV* in BPN 167:1.) Similar devices, whereby the assumption of a shared understanding of HIV serves to conjoin the voice and the reader, are employed quite frequently in the *Newsletter* (cf *Travelling Light* BPN 159:7 for another example).

In *Lesbians Coming Out* such community work is then followed by work to deconstitute the possibility of community within various other groups with which the reader might identify - members of an alternative support organisation called *Positively Women* are said to be "totally stunned and confused" at encountering an HIV positive lesbian, and other lesbians are couched as foolishly believing newspaper reports which suggest that they are immune from infection. This movement is geared towards leaving voice and reader alike in the same very specific location; within a community which claims access to the truth of HIV/AIDS by virtue of its members being in/affected by the virus.

Through rhetorical operations such as these, however, the textually articulated community is effectively also afforded the right to establish the correct ideological response for HIV/AIDS in/affected persons to make. This aspect of the ethos of community within the magazine is clearly illustrated in *Coming Of Age*, (BPN 158:6), a report on a seminar given for seropositive hæmophiliacs, in which similar attempts are made to de-constitute one community in favour of another. If there is such a thing, then the community of hæmophiliacs is based upon a particular property of their blood, its inability to clot efficiently. The special relevance of HIV and AIDS to that population stems from this fact, through the risk they endure

resultant from the high number of transfusions of blood products many of them require in order to treat their condition. If someone with hæmophilia were to be infected with HIV via some other route, their identity as a hæmophiliac would be of little relevance to their identity as an HIV infected person. In other words, the identity of the 'hæmophiliac with HIV/AIDS' revolves around a discourse of deviant *physiology* rather than a discourse of deviant *behaviour.* The voice in this text, however, works to undermine this factor;

> "It is clear that haemophiliacs have been misconstrued as people who don't have sex, cannot be gay, bisexual or promiscuous, couldn't possibly be non-white, IV drug users or sex workers. Many people still believe that haemophiliac infection could only have occurred through blood transfusion."
>
> (ibid)

Indeed, any connexion between this 'non-deviant' discourse of hæmophilia and the discourse of being HIV/AIDS in/affected is to be backgrounded, criticism being made of any attempt to afford the status of being a hæmophiliac priority over the status of being HIV antibody positive (ibid). These textual operations have the effect of defining and regulating what one must be if one is HIV antibody positive, such that it takes more than simply having been infected with the virus to join the HIV/AIDS in/affected community which the *Body Positive Newsletter* articulates. This is evidenced very clearly at the close of the piece;

> "What I heard on this Seminar was a loud and clear message being sent by this HIV affected community. It is apparent that HIV+ haemophiliacs are more than ready to take their place in the HIV community and that, in this regard, they are coming of age."
>
> (ibid)

The former of these two articles, then, in using a confessional lesbian voice, and in criticising lesbians who believe what the papers tell them, seems to be telling lesbian readers that they should ignore HIV/AIDS at their peril, that they should enter the community, that there is a place ready for them if only they will realise their need. This advice flies in the face of the perhaps more conventional wisdom which suggests that if a lesbian came to be infected with HIV it would very likely *not* be through her practising lesbian sex (which, within that wisdom, is thought to be about

as safe as sex can get), but through some other conduit, not specifically related to her sexual orientation.

On the other hand, the latter article seems to suggest that there is no such place for HIV in/affected hæmophiliacs until and unless they reconfigure their connexion with the disease as being somehow largely separate from their hæmophilia. That is, rather than it being impossible for a hæmophiliac to be 'gay, bisexual or promiscuous, non-white, an IV drug user or a sex worker', it is problematic on the terms established here for a hæmophiliac to have an HIV related identity which is not radically informed by the needs and natures of exactly those states of being. Some commentators have suggested that there are 'guilty' (male homosexual, IV drug user and sex-worker) and 'innocent' (anybody else) people with HIV/AIDS (cf Patton 1988). The *Body Positive Newsletter* seems to address this issue by inverting this relation, rather than undermining it or making it irrelevant, effectively privileging forms of being which would be on the 'guilty' side of this supposed divide. Thus, to take their place in Body Positive's HIV community, hæmophiliacs must refuse their putatively 'non-deviant' status, and construct their HIV/AIDS in/affected selfhoods in a way which is informed by a number of politico-moral truth obligations which are not necessary to an 'HIV in/affected hæmophiliac' identity, and which have their roots in a politics which has nothing to do with the condition of hæmophilia.

Such a celebration (or at least valorisation) of 'deviance' is characteristic of "alternative" AIDS discourse, but within the *Body Positive Newsletter* it is more specifically related to sexual 'deviance'. Accordingly, the group which can be seen as the greatest influence over the general tone of the publication is gay men, the special interests and approaches of whom are apparent throughout the text. Consider, for example, the style of the humour employed in *Scatologically Speaking* (BPN 159:5, an account of how to deal with diarrhoea) when advising on the use of incontinence pads; one would be highly unlikely to find any similar form of humour in non-HIV/AIDS related health care publications. The voice here is male.

> "INCONTINENCE PADS are not the fashion accessory for the year. They are effective but some of them are fairly bulky, add inches to the hips and buttocks and make those tight jeans unwearable. When I tried them I felt like a cross between Marilyn Munroe, Little Abe and Donald Duck."
>
> (ibid)

Likewise, it comments later on that

> "I have become an expert on public toilets in the London area (no heckling from the back row please)..."
>
> (ibid)

(See also *Deeply Probing* BPN 154:3 for further examples displaying a very similar kind of rhetoric.) While it is certain that presenting information about the life changes which come in the wake of HIV infection in a humorous way such as this can make the prospect of those often unpleasant realities more bearable, for such a technique to work the recipient of the information must find the particular mode of expression used pertinent and funny. Accordingly, the implied reader who is constructed by this text is someone who not only appreciates and understands the importance and relevance of the issues being raised, but also is familiar with and accepting of the form of the rhetoric and the targets of the humour. This is a humour, then, which in its campness reflects the conception within the publication of its ideal-typical reader/user as being a gay man, or at least as someone who is 'in tune' with the publication's ongoing inclination to reconstruct that which might more usually be couched as 'deviant' as something to be celebrated (and conversely to expose the putative fallacy of supposedly normal behaviour and attitudes), reflecting an inclination which, although not nearly so pronounced as in Watney's work, nevertheless makes "leather, chains and piercings" and the "enjoyment of things "perverse and risqué"" the order of the day (cf *Positive Lives: Responses To HIV* BPN 159:3). Hence, the use of camp expression here serves to connect the implied reader into a particular form of cultural critique, which is manifested through camp praxis, and which is exclusively "queer" in its possibilities and ownership (cf Meyer 1994:1-22).

Such leanings are, of course, understandable reflections of the fact that gay men constitute a very high proportion of the magazine's readership. Again, however, there is a tension between such an emphasis and the organisation's expressed intention to serve the needs of *all* persons with HIV. Such editorial emphases can create exclusionary dynamics, of exactly the sort described above as operating in texts such as *Coming of Age*. *Body Positive* is avowedly a health related organisation, and yet in order to access its benefits, there is a pressure to submit to certain politico-moral obligations of truth, which are derived from the gay forms of

thought and action which gave rise to the organisation in the first place, and which are not strictly health related. Any HIV/AIDS in/affected individual who would like to join the Body Positive community, but for whatever reason feels compelled to resist such pressures, will therefore likely obtain only limited and problematic access to the support mechanisms which the organisation provides.

5.3.2 Community of positivity

Texts expressing this form of community often (but not always) follow a script in which the voice first describes the adversities of enduring HIV infection, and often of HIV infection in connexion with some other stigmatising life state (being gay, for example), but then returns to resolute positivity in the face of such adversities.

One such text is *Jan's Story* (BPN 165:7), in which the voice is once again intimate and vulnerable, constituting any humane reader as one who will commune with it, who will be sympathetic; the voice is offering her "experience of life", and asking for the reader's "support and encouragement" in return. That such a response on the part of the reader is appropriate is confirmed in the narrative which follows; the virgin voice is raped by her landlord, wanders homeless for three weeks and is left HIV positive. She decides not to tell her family, compounding her sense of isolation, and the reader's incitement to commune with her. Towards the end of the piece, however, she speaks of her hope that a cure for HIV/AIDS will be discovered, and suggests that "we [voice and implied reader in communion] just have to keep the faith." Then the voice boldly recites a poem, to declare that she can move on from where the man who did this to her has left her, and concludes with the words "Onwards and upwards".

Notwithstanding the considerable pathos of this account, nor indeed the creditable resolve expressed in the face of what is for many almost unimaginable misfortune, the effect of the voice's construction of the relationship between itself and the reader is interesting when viewed more dispassionately; the reader is made the voice's confidant, perhaps even the voice's kin, in that they are unified by blood, although not in the usual way - this blood union stems from infection with HIV. More than this, though, the voice constructs itself as an exemplary figure of the 'ever resilient abused'; that is, the incitement in the relationship between the voice and the reader is not merely that the reader should give the voice its sympathy and admiration, but that the reader should follow the voice's example of eventually unerring positivity in the face of adversity.

Such construction, in which the union between voice and reader is emphasised, is only one side of the way in which community is established in text, however; in other articles the difference between voice and reader on the one hand, and everybody else on the other is the central theme. For example in *Lesbians Coming Out* (BPN 154:2), the exemplary voice expresses her anger both at those around her who rejected her when her HIV antibody positive status became known, and at those who claimed to understand how she felt, who she considered to be patronising her. The voice, however, goes on to describe how she was eventually able to cope with the stress that such attacks created, not least through establishing for herself community with the *Body Positive* women's group, which accepted her with neither conditions nor reservations, provided strength and succour, and thereby enabled her to face the future positively. Once again, this narrative stands almost as a parable, from which the reader can discern what to do if suffering similar miseries - s/he must be positive in the face of them and can best achieve this by entering the preferred community which the *Body Positive Organisation* and *Newsletter* provide. This can be done either by joining an actual *Body Positive* meeting group, or, more immediately, by choosing to occupy the implied reader position that texts such as these construct.

Not all the texts have such an optimistic finish, however. Indeed *A Painful, Lonely Reality* (BPN 159:2) directly addresses the question of doubting the preferred vision of positivity, through a voice which has only quite recently (within the last two years) received an HIV positive diagnosis, and who has not reacted to this with unbridled positive resolve. Indeed, the focus throughout this piece is the severe physical pain and psychological injury which HIV infection brings - it is despair, pain, loneliness, a sense of being controlled by the virus, and "a longing for it all to end" which characterise the account. And, in contrast to most other similarly confessional articles in the *Body Positive Newsletter*, this pessimism is left unresolved by any comforting up-beat commentary which might re-establish hope.

Textually, however, this article does not stand alone, and must be considered in its relation to another piece with which it shares the page, the article cited previously *Positive Lives: Responses To HIV*. This second article is a review of an exhibition of photographs, presenting images of people who "do not seek our approval but are worthy of our respect" - that is are exemplars of what a good HIV/AIDS in/affected person should be, their presence in the text creating the possibility of an

'instrumental' ethical relation (Osborne 1998) - and whose responses to their suffering are described using such adjectives as "defiant" and "uncompromising" (terms which deliberately contradict dominant negative images of people with AIDS - cf Gilman, 1988; Mort 1987). In this account, then, the suffering caused by HIV/AIDS, although not denied, is nevertheless utterly squashed by positivity.

The relation between these two articles established by their position on the page has an interesting effect on the implied reader subject position, in that it allows the two pieces to work in tandem; the former, despite it's message of isolation, constructs a position in which the implied reader is in communion with the textual voice, within a 'community of pain and loneliness'. This positioning of the implied reader also serves as an invitation to any (presumed) HIV positive actual reader to achieve community with the text in similar fashion, by identifying the description of the despair into which HIV infection pushed the voice with their own situation. The fact that the account does not resolve itself on a positive note has the effect of making the account credible, as to do so might give the impression that the textual voice's description of its initial misery was exaggerated or false. However, whereas the implied reader of the first article is someone who feels the hopelessness which can come with HIV in/affectedness, the implied reader of the page as a whole recognises the need for and worth of positivity, and, indeed, is equally a member of the 'community of the positive' created in the adjoining article, as s/he is a member of the 'community of pain and loneliness' articulated by the former. In this way, the text is managed such that positivity can be maintained as the central ethical necessity of HIV/AIDS in/affected subjecthood, but without denying the often deeply unpleasant aspects of life with HIV.

When taken at a personal level, all of the above accounts (with the possible exception of *A Painful Lonely Reality*) doubtlessly display an admirably affirmative approach to HIV infection, and the sort of analysis herewith undertaken may seem churlishly critical. Such criticism is certainly not the intent of the analysis, however; all that is intended is to make the point that all forms of positivity need to be constructed, need some sort of technology of thought by which they can be articulated, and which will give that positivity its shape, will establish the possibilities of what it is to be positive. It is at this level that the analysis is aimed. Within the *Body Positive Newsletter* this technology is a function of the editorial process, of the selection of articles, or, as in the above example, of their

juxtapositioning, a process which connects the axis of community which centres on positivity with the previously discussed political axis.

Going back, for example, to the two articles just described, in order to escape the 'painful lonely reality' of life alone with HIV, the reader must join the 'community of positivity', but in order to do that the reader must submit to those political obligations of truth which define what being positive means in *Body Positive*'s terms. In other words, the reader has to make him/herself of one voice with the textual subjects constructed in the second article as exemplary members of that community, who, as well as being "worthy of our respect" and displaying "love and strength", are also those who chose to celebrate the "perverse and risqué" in section 5.3.1. Such people, then, are the preferred role models by following whose example those newly diagnosed as having HIV can come to terms with their own irreversibly altered state of being. Patton (1988) has noted how anyone who has AIDS is likely to become 'queer by association', such is the link between the syndrome and gayness. The *Body Positive Newsletter*, rather than seeking to abnegate such an assertion, has employed the fact of it as a device by which to construct a particular vision of an ethical positivity.

That positivity is the desired end, but the specific positivity apposite within the (implicitly politicised) community established by the discourse is further demonstrated in *Rising Above It* (BPN 165:1), which seeks to exclude concerned HIV un-in/affected persons, by establishing two categories, 'they' (all HIV un-in/affected persons, regardless of qualification or intent, no matter how well meaning), and by implication 'we' (that is voice, reader and the rest of the HIV in/affected community). There are those who *are* HIV/AIDS in/affected, and there are those who are not, and only the former are given any credence. It is assumed that both voice and reader are on the 'we' side of the divide, again establishing community between these two parties, and allowing the largely unchecked lambasting of 'they' which follows in the text: however politely 'they' may ask, they do not really want to know the truth about the state of one's health as an HIV/AIDS in/affected person; further to that, 'they' can be expected to take out their frustrations at their own ineffectuality upon those who they proved unable to help or understand. Well meaning suggestions from the 'they' that to cope with HIV/AIDS one needs to "think positively/rise above it/not dwell on it etc, etc" can only leave HIV/AIDS in/affected people themselves with "feelings of inadequacy and worthlessness" (ibid).

The intended implication is certainly not, however, that 'rising above it and/or thinking positively' is a damaging occupation, a suggestion which would violate the code of positivity central to the magazine. On the contrary, it is just that 'they' cannot understand what it means to 'we' to be positive, and that "we do rise above it simply by getting through each day." The free floating good intentions of non-community members are to be contrasted with (an almost romantic discourse of) the mundane exigencies of life with HIV (cf also *Scatologically Speaking* BPN 159:5);

> "['They' are suggesting that] "if you think more positively you can change anything." When all you're thinking is "where's the nearest loo?" because on top of everything else you happen to have diarrhoea that day."
>
> (ibid)

Throughout *Rising Above It* the incitement to positive thinking from persons excluded from the community is couched in such terms, as an insensitive and damaging assault on community members. However, once 'they' have ceased their bombardment, once one has successfully worked through "all the self doubt they have just dumped on you", it is possible to regroup, to re-establish a positivity, but one localised to the 'we' community, based on the realisation that the business of coping with HIV infection day to day in itself displays an astonishing positivity, assumed to be wholly beyond the comprehension of those not touched by the syndrome. This assumption is indicative of the general trend which exists in the *Newsletter* to construct a community where some kind of existential experience of HIV is seen as the factor which determines who is and is not to be considered a legitimate member of the HIV/AIDS in/affected community. Of course, however, existential experiences do not spring pre-formed into the minds of those who have them; like all other experiences they have to be managed and shaped according to some or other criteria, in order to make them meaningful, and it is just such a project - that is one which seeks to organise the experiences of people who are in/affected by HIV/AIDS - which can be seen operating in the textual community work done here.

The *Newsletter*'s various invitations to community, including (but not exclusively) that to community of positivity, provide a prefabricated and user-friendly mechanism by which form can be given to the unshaped experience of illness, such that it will come to be *understood* rather than just *felt*. At its most effective, this project would

establish a self-confirming cycle, wherein once the experience of illness has been made sense of in the *Newsletter*'s terms - a sense which will reflect closely the politico-morally informed obligations to truth which exist within the publication - the fact that it is now comprehensible in such fashion will stand as evidence that that way of looking at the experience of being HIV antibody positive is the true way. This will in turn increase the likelihoods both that other newly sick individuals will accept that interpretation as the correct one (because of the ever increasing number of testimonial accounts of those who have gone that way before and benefited), and that individuals who have already comprehended their situation in such terms will continue to do so, becoming with each self-confirming interpretation of their experiences ever more certain of the truth of their approach.

That a mechanism which operates in this way could be considered to be logically flawed in no way undermines the progressive aspirations of the overall project, though. Any attempt to make those people who are in/affected by HIV/AIDS more able to cope with their situation - in this case by establishing in them a positive outlook - should be judged according to its efficaciousness, not its theoretical coherence; and the evidence, in the form of such testimonial accounts given in the magazine of life with HIV/AIDS before and after joining the *Body Positive Newsletter*'s HIV/AIDS in/affected community, suggests that within that community certain of the negative effects which life with HIV/AIDS brings can be successfully ameliorated by the adoption of just such a positivity.

However, the invitation to enter this therapeutic ethical space of being is neither universal nor cost free; those who lack any kind of direct, lived experience of HIV are excluded, however sympathetic they may be, however well they may recognise their own ignorance. Neither is entry guaranteed, though, even if one has had such experience; one must first interpret it via the scheme of meanings provided by this project - as has been previously noted, those who fail to understand their own condition, their own experiences of HIV/AIDS in the terms required of them by the *Newsletter*, remain excluded, and regarded as rather immature, or perhaps even falsely conscious. Such negative attitudes towards those whose construction of life with HIV/AIDS differs from the *Newsletter*'s own suggest that an affirmative response to this limited invitation to be positive within the community is to be regarded as mandatory - the implication being that the ethical space constructed by the *Newsletter* is the *only* appropriate location for anyone and everyone who finds

him/herself to be HIV/AIDS in/affected. That is, the *Newsletter* is saying that if one is HIV/AIDS in/affected then one must be positive and must be so within the sanctioned community.

And just to reiterate, that positivity, and that community - the ethical space within which positivity operates - are both informed by a particular set of politico-moral values, to which one must ascribe in order both to join the community and to be positive. This, it may be contended, is unsurprising; any community based on allegiance, and indeed any politics based on identity, necessarily establishes forms of exclusion for those for whom giving such allegiance is problematic. What is significant here, however, is the way in which the text combines such exclusionary dynamics with devices which make the political and moral space which the text constructs the only proper location for an HIV/AIDS in/affected person to inhabit. This is, though, no great issue for HIV/AIDS in/affected persons whose political and moral leanings are anyway broadly in tune with those of the community as articulated by the *Newsletter*, as is doubtless the case with many (perhaps a majority) of the actual readership. The cost to those whose views differ from the norms which *Body Positive* seeks to impose, however, may be greater, in that they will either have to subject themselves to the political and moral truth obligations established within the political axis of community, or remain excluded from the succour and support which the organisation provides.

5.3.3 Anti-medical community

One recurrent theme within the magazine is the failure of conventional medical practice adequately to cope with HIV in/affected persons, a concern which has the effect of ensuring that medicine does not become the principal discourse by which the truth of life with HIV is informed. One expression of this is that accounts of HIV related treatments made by those who have experienced them at first hand tend to be privileged over accounts from medically qualified personnel, a trend which is in tune with both the *Newsletter*'s ongoing project to construct a relatively self-sufficient community of sufferers, which is as independent from medicine as possible, and its more general construction of the truth of HIV as something which is only accessible experientially. An example of such is *Deeply Probing* (BPN 154:3) an account of those investigative procedures which the voice of the text has himself undergone, intended to convey to the reader those things of which s/he should be aware, but is unlikely to be told by his/her doctor.

The ignorance displayed by medical professionals of the phenomenological reality of enduring the various procedures is seen as problematic, the voice suggesting that none of the procedures he has had to endure were as bad as they sounded when described to him in the bald technical terms favoured by doctors; he contrasts, for example, the terror-inspiring leaflet designed to explain what a bronchoscopy is against the experienced reality - which is couched in terms of its being the actuality of the event;

> "What actually happens, however, is you don a surgical gown, lie down on the trolley, have an injection in the back of your hand and then wake up. Simple as that. No pain, no gagging, nothing."
>
> (ibid)

Sometimes, however, the doctors get it wrong in the other direction, and the procedure as experienced is worse than the description. An example of such is described in the voice's account of a motility test, which involves a balloon filled with saline solution being inserted rectally into the bowel.

> "What goes in, must come out and it was rather distressing to realise that I was leaking. I didn't know about the saline, so drew my own conclusions before being reassured by the doctor. They told me to bring a book to read, as you have to do this for half an hour. However, I found it hard to concentrate while someone was inflating a balloon up my backside..."
>
> (ibid)

This experienced truth of being on the receiving end of such medical procedures is privileged over the detached accounts of them with which doctors would be familiar such that the voice even suggests that in training all doctors should have to do these things to each other, in order that they should gain the understanding they currently lack. Such questioning of medical competence, with the attendant problematization of the possibility of community with medicine, is a recurrent theme within the *Body Positive Newsletter*, although it is not often expressed with such good humour (cf *Seven Years On and we're still here* BPN 161:1; *Tuberculosis and HIV* BPN 165:1; *Now Is Not The Time* BPN 165:5).

In the light of this the ethos of self-help (that is help within and of the preferred community) is privileged over medical expertise. As mentioned above, the place to be given to medicine is as a service to be drawn on as, when and if required, not as the guiding discourse by which the person with HIV/AIDS is to shape his/her existence. That place is reserved for the community, as ministered through *Body Positive* and other such organisations (the *Terrence Higgins Trust* for example), through the advice of friends who are of that community, and through publications like *AIDS Treatment Update* and the *National AIDS Manual*. The patient him/herself is considered to be the person who unquestionably has the best understanding of his/her own body and condition, and one's treatment programme is to be regarded as something to be negotiated between one's doctor and oneself. And if one's doctor is reluctant to approach treatment in such fashion then one should "shop around" to find one who will, using "approximately the same criteria you might use for choosing a plumber" (BPN 161:5).

Further to this, medical knowledge as articulated within the *Body Positive Newsletter*'s textual community is subject to a politico-moral regulation, similar to that which applies to the concept of positivity, such that the technical-ethical and the politico-moral aspects of its truth cannot be separated; for example, in *Weight Loss: A role for Growth Hormone and Anabolic Steroids?* (BPN 163:1) the promotion of the notion that proscribed anabolic steroids are good for preventing weight loss in HIV infected persons is made directly to imply that therefore HIV infected persons should be of a mind to oppose the general prohibition of the use of such drugs. The reader is placed into the politico-moral subject position of someone who regards the prohibition of anabolic steroid use as an infringement of personal freedom, by way of the incitement to adopt the technical-ethical subject position of someone whose interest in these drugs is solely to do with the preservation of his/her health.

5.4 Summary and conclusion

The three axes of community within the *Body Positive Newsletter* work together to engender in its readership a progressive positivity in the face of HIV, in keeping with the expressed aims of its parent organisation's vision statement. This is achieved by the construction of an ethical space of being, a location into which HIV/AIDS in/affected persons could and should position themselves which, once adopted, allows one to address oneself to the issue of HIV/AIDS in a forthright and forward

looking manner; it is a format for responding to HIV/AIDS, a guide for what work one needs to do upon oneself in order to gain a degree of protection from some of the many negative aspects which come with the syndrome.

This project is actualised via the ongoing construction throughout the text of a certain ethical relation between the collected wisdom of the HIV/AIDS in/affected community and the implied reader(s) articulated within the text, the former acting as the master, the latter as student. At this level this relationship most closely resembles the Hellenistic model described earlier. Within this relationship the student is always on the borders of the community; s/he will be initiated into the body of the community when and if s/he reaches a certain understanding which is mature in the sight of the master community, but s/he is not sufficiently integrated with the community to be able to effect change in it through challenging its dictates. Any such resistance would lead only to exclusion. Although the specifics of this relation between community wisdom and implied reader vary from article to article, there are certain constants, or at least recurrent themes:

The community/master's authority is in part grounded in its phenomenological/ existential experience of HIV/AIDS - it is this which gives it the right to say it knows better than professional medicine about certain aspects of both the reality of having HIV disease and what is therapeutically appropriate for those who have it. It is the implied reader's assumed similar experience which affords him/her the chance to become a member of the community, so long as s/he ensures that that experience is shaped in certain ways. In other words, included in the technical-ethical responses s/he must make in order to enter the community are certain politico-moral truth obligations (ones which are in line with the general 'alternative' politico-moral stance). The frequent statement and restatement in the text of these preferred responses in a multitude of specific contexts serves as a ready-made mechanism by which to inform the understanding any actual reader has of his/her experience of being HIV/AIDS in/affected.

So it is, then, that despite a certain rhetorical similarity to the Hellenistic model of ethical instruction, upon closer examination the ethical relation constructed within the *Body Positive Newsletter* seems more akin to those relations described by Foucault (1988; 1993) as existing in Christian monastic environments, which demanded of the student and the master alike ongoing obedience to a certain (moral

as well as ontological) truth discourse. Within this relationship, individual mastery was only to be obtained by complete submission to the discourse involved - the abbot's authority over the ordinary monks resided in the former's more complete subsumption of himself to the relevant truth obligations. A similar situation can be seen with regard to the 'HIV/AIDS in/affected community', which, like the church, exists very largely as an institutionalised reflection of the truth discourse to which those individuals seeking entry must accede. This discourse on the truth of life with HIV/AIDS is to be subjected to control. Foucault discussed procedures by which the conditions of application of a discourse could be determined, by which rules could be imposed upon the individuals who exist in relation to such discourses. He described;

> "..a rarefaction..of the speaking subjects; none shall enter the order of discourse if he does not satisfy certain requirements.."
>
> (Foucault 1984a:120)

While it must be acknowledged that Foucault was discussing very different types of discourse from those considered herein (his argument was to do with the ways in which doctors - who are officially recognised in a way that the textual voices examined here are not - gain the right to make medical statements), it is not implausible to contend that the *Body Positive Newsletter*, in its role as the medium of the community, operates a highly similar technology of rarefaction, ensuring that membership of the 'HIV/AIDS in/affected community', and the acquisition of the attendant right to speak, involves the surrender of those possibilities of being which contradict that truth discourse.

These politico-moral truth obligations can be seen in the ethical responses demanded of the reader. The principal such response is to be positive in the face of HIV/AIDS. Responses such as despair, fatalistic apathy or spiteful anger (rather than anger which is focused and directed towards progressive and probably collective action to deal with the practical and policy issues raised by the syndrome) are understandable, but are not to be viewed as realistic options - one must triumph over the challenge of HIV/AIDS, at least in attitude if not in body, and an ongoing failure to be appropriately positive would also be likely to result in exclusion from the community. It might well be argued, though, that such prescriptions are justified on purely technical-ethical grounds, and give no evidence of any mandatory politico-moral truth. However, not everything which might conceivably be considered a

positive response is deemed to count; the very idea of positivity is policed such that it becomes an expression of the obligatory politico-moral truth discourse. The ethical work involved in becoming and being positive is, then, tied up with the adoption on the part of the reader of the correct views - for it is only the community which really understands what it is to be positive, and that understanding reflects its politico-moral commitments.

Further to this, the HIV/AIDS in/affected community as constructed by the *Body Positive Newsletter* is presented as the only appropriate place for an HIV/AIDS in/affected person to be. The possibility of finding an alternative but equally satisfactory ethical space from within which to deal with being HIV/AIDS in/affected is severely discouraged. It is, for instance, presented as impossible to thrive as an HIV/AIDS in/affected person amongst those who are not so in/affected, because of their lack of the special knowledges and experiences which come with the disease, and which set one apart. But the most significant example of such a closure of an alternative space of being is found in the *Newsletter*'s constant attacks on medicine, which criticism serves to problematize severely the possibility of coping with HIV/AIDS through becoming a model patient, that is through subjecting oneself to professional medical knowledge alone and directly, without first having done ethical work on oneself such that one always understands that knowledge through the filter of the community's preferred (politico-moral) gloss.

Medical knowledge is admitted to the community because its ability to prolong the lives of those who are infected with HIV means that to exclude it completely would not only be absurd at a practical level, but would also undermine the *Newsletter*'s claim to authority. As it is, the *Newsletter* is able to reinforce its position as an ethical authority discourse by aligning itself to those bits of medical knowledge which have some demonstrable efficacy, whilst simultaneously distancing itself from those aspects which are clinically, theoretically and politico-morally doubtful. (This process sometimes works in reverse, where the authority which the *Newsletter* has successfully afforded itself is used to give credence to a politico-morally appropriate but therapeutically questionable medicine, such as in the last instance given in section 5.3.3.)

In sum, then, to inhabit the ethical space of being constructed for HIV/AIDS in/affected persons by the *Body Positive Newsletter*, one must be or become of an

'alternative' politico-moral bent; one must be or become positive, as that concept is interpreted through those politico-moral truth obligations; one must have or acquire a certain technical-medical competence, again regulated by the same politico-moral elements. And one must do all this in a spirit of communal activity, in which one realises one's own potential as an HIV/AIDS in/affected person by deferring to, by becoming one with, the communal will, as embodied in the word of the *Newsletter*.

Acceding to such demands can reap for one a very good return - history gives clear testament to the improvement in actual material quality of life which successful communal action can bring, not to mention the psychological advantages to be had simply by recognising and being in contact with others who are suffering a similar fate to one's own. In order to achieve such gains in the concrete political world, though, any such movement would need develop something akin to the kinds of politico-morally informed ethical technologies it has been the task of this chapter to try to bring out, technologies by which affected individuals can both order their conduct and come to understand the truth of their own experience - for if one is trying to change the world by means of identity politics, then one must have some mechanism by which to construct a politically potent identity, which is, ideally, at one and the same time both able to be shared by the group and relevant and adaptable to each individual actual or potential member of that group. Such universality is, however, always an ideal and could never be perfectly achieved in practice.

So it is then, that whilst those individuals whose lives prior to becoming HIV/AIDS in/affected were such that the adoption of that new identity is a relatively small and comfortable transformation will doubtless benefit greatly from making the jump, others, those who find that to make the shift involves their doing a far greater violence to themselves, and yet others who find the change demanded of them to be simply too great, will benefit rather less. Indeed, they may even find themselves worse off than before, because of the double exclusion which has come to bear on them - from non-HIV/AIDS in/affected society by dint of being HIV/AIDS in/affected and from the 'HIV/AIDS in/affected community' as a result of being unwilling or unable to adopt and adapt to the prescribed ways of being and thinking.

Chapter 6

LIFE AND HOW TO LIVE IT:
THE NATIONAL AIDS MANUAL

The *National AIDS Manual* (NAM), as its name implies, is designed to be a bench-mark reference text, providing accurate and regularly up-dated information, principally on treatment related aspects of HIV/AIDS, and is avowedly intended to serve the needs of anyone who wishes to become informed about HIV/AIDS, regardless of their "experience, expectations, education and resources" (Q1-2). Indeed, a list is given of those who it is hoped will benefit from the manual, which runs the gamut of those who may be considered to be 'HIV/AIDS in/affected'; it includes anyone diagnosed with HIV infection of AIDS, their carers, friends, lovers and families, voluntary helpers, and all manner of health professionals, researchers and counsellors (ibid). The NAM sets itself up as a major authority in this country on HIV/AIDS, to which any and every interested party should turn, irrespective of the reason for and nature of that interest, and indeed, anyone who wishes to inform themselves about the syndrome will very likely soon find themselves directed towards the *Manual*. Hence, the NAM is another gatekeeper or 'obligatory passage point' of HIV/AIDS knowledge (cf Latour 1987), similar to those considered in chapters 4 and 5, and close scrutiny of it is imperative for any study such as this, seeking as it does to describe and understand the dominant ('alternative orthodox') field of representations by which HIV/AIDS is constructed, and the forms of thought which underlie those constructions and their articulation.

6.1 The NAM as an aspect of the 'alternative orthodoxy'

It is not terribly contentious to argue that the NAM sets itself up as an authority (ethical or otherwise) on HIV/AIDS. However, to argue (as this thesis does) that, similarly to the work of Simon Watney and the *Body Positive Newsletter*, this authority both fits within and is an expression of the 'alternative orthodoxy' is rather less immediately compelling. There are, however, a number of indicators which suggest that such a claim is legitimate and that there exists a certain congruence between the NAM and those other two previously considered authorities, perhaps the most obvious of which being the simple facts that the NAM quite frequently refers to

the *Body Positive* organisation as a sound source of information, support and advice, and that Simon Watney is one of the trustees of the NAM charitable trust.

In addition to such concrete indicators there also appear to be within the NAM a number of implicit politico-moral concerns which are familiar to the 'alternative orthodox' vector in general, although they are not so flagrantly displayed as in other expressions of that vector - for example, the shapes of the bio-medical and epidemiological truths of HIV/AIDS are akin to the 'alternative orthodox' account (cf chapter 3), and the characteristic privileging of certain HIV/AIDS in/affected sub-groups is also apparent. This is not, however, to imply that the NAM is covertly political, in the sense of having an intentional hidden agenda. Rather, the (ontological, moral, logical) precommitments which the NAM has, and which enable it to talk about HIV/AIDS at all, reflect political opinions which are sufficiently ingrained in the 'alternative orthodox' way of thinking HIV/AIDS that to its own point of view they appear not as political stances but as truths. These (political) truths then form the basis of the technical-ethical relationships which the NAM sets up with its (implied) reader, and which will be the focus of the greater part of this chapter.

6.1.1 The NAM as an ethical technology - a manual about HIV/AIDS

As befits a manual, the NAM's avowed principal objective, then, is neither to inspire agitation based on an uncompromising polemic, nor to provide emotional-cum-psychological-cum-spiritual support for HIV/AIDS in/affected persons, but is dispassionately to provide good, solid, accurate, practical, technical information, to enable its readers to negotiate the business of surviving and thriving as HIV/AIDS in/affected persons on a day to day basis.

To such an end, the *Manual*'s material is broken down into alphabetically labelled sections (beginning with the letter 'Q'), and numbered sub-sections, dealing with a multitude of pertinent issues, and cross-referencing is common. The information given is sometimes purely factual in character (cf sections T1-4,T2,T3), but often of a sort which can be considered more specifically ethical, in that it provides frameworks by which the reader can give shape to what may previously have been a vague sense of need, and turn it into something discrete and discernible upon which specific action may be taken: it provides the reader with convenient sets of life-style choices, appropriate for the HIV/AIDS in/affected subject, complete with practical

advice on how to go about actualising them once made (cf Q1-4). All in all this approach makes for a highly 'user friendly' and compelling HIV/AIDS information technology; for people who are in/affected by HIV/AIDS, the *National AIDS Manual* is a veritable ethical cornucopia.

6.1.2 Introduction to the analysis

The aim of this analysis, then, is to explore the contention that the NAM's textual management of itself has two coextensive effects: on the one hand it establishes an authority discourse (which is at least in part ethical in character) which having certain politico-moral precommitments is 'alternative orthodox' in nature; on the other it creates sets of ethical relations between that authority voice and the (implied) reader by which the latter can come to know how HIV/AIDS in/affected persons should conduct their conduct.

Given that these two aspects of the NAM occur concurrently and continuously throughout the work, it is also necessary to consider them simultaneously within the analysis. To explore the NAM's politico-moral orientation as if somehow separate from its ethical aspect would fail to give a satisfactory idea of the technology the NAM effects. For when one describes the NAM's political, moral and ontological positions on the wide variety issues on which it touches, one is also describing the limits of thought afforded to the ideal ethical subject - the implied HIV/AIDS in/affected reader.

The dual politico-moral and technical-ethical operations of the *Manual* do, though, follow certain themes (as indicated by the sub-headings in the following analysis), some more pertinent to the former such operations, some to the latter, and focusing on each in turn affords a way of getting to grips with the extremely large and often unwieldy amount of discourse on HIV/AIDS to be found within its pages. However, the fact that the material is organised in this way is purely a methodological convenience, and should not be taken to indicate any order of priority; these various themes are all played out throughout the *Manual*, and operate simultaneously together to produce the ethical technology as a whole.

The methods used in this analysis were very similar to those employed in the analyses in chapters 4 and 5, in that the entire text was subjected to a close reading from which a purposive sample of individual sections of the text was made, again

focusing upon those which were either considered to be ethically significant, or where they appeared to display moments when the text involuntarily betrayed its politico-moral underscoring in those slippages and marginalisations which are necessary to its self-logic, but where the politico-moral nature of which is inadvertent or in contradiction with the expressed stance being taken. For a more detailed account of the methodology which was brought to bear on this chapter and indeed which was employed throughout the thesis, please refer to section 2.5.

6.2 The truth of HIV/AIDS

The account of the nature of HIV/AIDS given in the NAM is highly similar to that accepted by those other texts examined above which are constitutive of 'alternative orthodox' discourse (cf chapter 3). This is most significantly manifested in the attitude the NAM expresses towards the HIV hypothesis.

6.2.1. Negotiating closure - the truth of the HIV hypothesis

For although it is readily recognised by the NAM that understanding of the exact pathogenic relationship between HIV and AIDS is incomplete (R1-2,R3-7), nevertheless doubts about the HIV hypothesis are proscribed. What is interesting here, though, is not the simple fact that the NAM is concerned to steer its readers away from dangerous speculations that HIV may in fact be harmless (given the current state of knowledge any responsible publication would do the same), but the way in which it does so; the NAM's approach serves to prevent its reader from regarding the HIV hypothesis as a hypothesis - that is, as the best theory currently available, and one which subsequent evidence may well upturn - and instead encourages him/her to regard it as an immutable article of faith.

While such an approach doubtless reflects the fact that the NAM has to operate in relation to a regime of biomedical truth which was established largely independently of the efforts of the Manual, and in which such an attitude is requisite, it is nonetheless significant that the Manual itself 'buys into' and reproduces that truth rather than resisting it. The Manual aligns itself with the dominant account through careful and effective management of the area which is established within which legitimate debate can occur - by the management of the boundaries of doxa. For instance, the Manual admits to a number of uncertainties pertaining to HIV disease. However, while those uncertainties which imply no questions about HIV's position

as causal agent - such as that variable delay between infection and the production of antibodies, and the long and unpredictable latency period which the virus apparently displays - are discussed freely in the spirit of self-education (R1-3,R1-4,R3-6), those uncertainties which it is possible to interpret as throwing doubt on the HIV hypothesis (two such mentioned in the text are the debates around the issues of why one HIV infected person should develop AIDS while another remains perfectly healthy, and around the possible role of 'co-factors') carry stern implicit warnings that such questions are not to be asked; HIV is necessary and sufficient to cause AIDS, and this is what one must believe (R1-2,R3-6,R3-7).

Scientific opinion is cited to reinforce this closure around the space of debate. The reader is told of the evidence from "literally thousands" of studies which "overwhelmingly confirms" the necessary role which HIV has in the development of AIDS, and also of the acceptance of such a view by "the vast majority of researchers" (R1-8,R2-4). Notwithstanding the question of the truth or otherwise of such a point of view, it can nevertheless be observed that the limits of thought which the NAM is seeking to set up here are premised on rhetorical manoeuvres fully as much as upon arguments: the claims made are not exact empirical ones - details of precisely which researchers and researches are being included here, and exactly how many of them say what, are lacking. What the reference to scientific opinion does, then, is confer authority on the textual voice of the NAM such that it may legitimately and compellingly advise its reader to take the preferred view on the HIV debate, without providing the reader with any easy way to take issue with the required perspective, should s/he wish to. This is the normal mode of deploying scientific evidence in the NAM (cf R4-2,R4-3) - as a rhetorical assistant to the successful negotiation of authority to speak. Another similar usage is worth taking as an example and looking at in detail. The claim is made that

> "Improving technology now makes it possible to isolate HIV from nearly 100% of people with AIDS."
>
> (R4-2)

Notwithstanding the fact that the NAM's language here is inaccurate on its own terms - people with AIDS are routinely only tested for the presence of antibodies to HIV, not the virus itself - the evidence afforded by these "nearly 100% of people with AIDS" is problematic on two counts, investigation of which will illustrate one

of the ways in which the negotiation of closure in the NAM is achieved. The first issue is that this claim is in contradiction with the information sympathetically given elsewhere in the NAM on WHO recommendations for AIDS diagnosis in Africa (wherein due to lack of laboratory resources a positive HIV test result is not a prerequisite of an AIDS diagnosis (R1-13)) which suggests that it is the rhetorical clout of the term "100%" rather its literal truth content which being called upon defend the HIV hypothesis.

The second issue is that the argument is tautological. If one defines AIDS as a syndrome resulting from infection with HIV, then the fact that one can isolate (antibodies to) HIV in 100% of cases becomes a necessary effect of how one has chosen to define the syndrome, and cannot, therefore, be used to defend the contention that the HIV hypothesis is correct, because, given the terms of the definitions used, no other outcome is possible. This, in turn, problematizes the 'scientific' status of the knowledge of AIDS and HIV as presented herein, because to disable in this way the possibility of the existence of a non-HIV infected person with AIDS, renders the conjecture that 'HIV causes AIDS' irrefutable, and therefore, in Popper's (1969:33-65) terms, merely 'pseudo-scientific'.

Again, the significant factor here is not what the implied reader is being asked to believe, but the way s/he is being asked to believe it; that HIV causes AIDS is an obligatory starting point of one's thinking, making it impossible to make any even gently speculative interrogation of that position without stepping outside doxa, and taking on all the risks which come with such a move - ridicule, exclusion, contempt &c. This sort of closure is found throughout the *Manual*, in the difference between the presentation of those treatment issues which are deemed legitimate, in which information is given in a style and quantity such that the reader can effectively make up his/her own mind about the matter in hand, and those which are not, in which information is presented in a form designed to predispose the reader to the preferred interpretation (cf *AIDS without HIV?* (R1-5-R1-6)).

Indeed, such closure is a necessary condition of existence for such a thing as a manual - if practical advice is to be given it cannot be boundless without being next to useless. Neither, though, can it be completely restrictive without jeopardising its readers' acceptance of its claim to authority. Consequently the technique which the NAM employs uses the complementary devices of constructing spaces within which

the reader can make up his/her own mind, but which are bounded by fundamental tenets which must not be violated, the latter making the giving of specific advice possible, the former establishing and securing the text's authority to do so.

6.2.2. Textual communities

The kind of textual work we have been considering can be understood as an expression of what Woolgar calls the textual performance of community (1993). Similarly to the *Body Positive Newsletter*, the NAM articulates an HIV/AIDS in/affected community, although at first sight the boundaries of the latter's community seem to be slightly different from that of the former; whereas *Body Positive*'s HIV/AIDS in/affected community retains a certain distance from medicine and medical science, the NAM's HIV/AIDS in/affected community inhabits much the same space as the particular and regulated medico-scientific one which is also established within its text. It is this encompassing of science within its HIV/AIDS in/affected community which allows the NAM to utilise science in the way that it does - it assumes the right to share possession of scientific knowledge, complete with the authority such knowledge affords, and thereby is able to delineate the legitimate field of debate.

6.3 The policing of legitimate treatment issues

The kind and degree of the NAM's policing of treatment issues - and thereby of the parameters of doxa - is perhaps best revealed by juxtaposing two of the themes dealt with at length within the text. One of the things which will be demonstrated by doing so is that the authority which the NAM establishes for itself, despite the processes described in the previous section, is neither fully dependent upon medico-scientific authority nor does it merely exist as a reflection or copy of that authority. Medico-scientific authority is one of the resources the NAM turns to at times in order to confer authority upon itself, but it does not do so consistently to the point that areas of thought which are politico-morally appropriate to the NAM's 'alternative orthodox' vantage point but are inappropriate to a medico-scientific one are excluded. It is the NAM which decides what of medicine and science is authoritative, not the other way around. The two themes in question, then, are the HIV and AIDS related commentaries of Peter Duesberg, and the role(s) which 'alternative' or 'complementary' medicines may have in coping with HIV infection.

6.3.1. Duesberg

In the late eighties and early nineties, much publicity was given to the views of Peter Duesberg, a virologist who held that HIV could not be the cause of AIDS, and that instead various 'lifestyle factors' were responsible. Such a position is anathema to the viewpoint of the NAM, and is unsurprisingly given very short shrift indeed. No area of debate or individual choice for the patient-reader is opened - Duesberg is simply wrong, and this is what one is to believe; what is provided for the reader is not an account of the strengths and weaknesses of his position, but "a discussion of the fallacies behind these arguments". This is significant not because one would necessarily expect it to be otherwise - it is, after all, entirely in line with the current régime of biomedical knowledge - but because this refusal to entertain or to allow the reader to entertain the possibility that Duesberg and others with similar views could have identified a genuine difficulty with the hegemonic truth of HIV/AIDS which is deserving of measured consideration, is at odds with the way in which the reader is encouraged to address him/herself to the majority of HIV/AIDS related issues dealt with in the manual, including others which go against the current of mainstream science (in particular 'alternative' and 'complementary' therapies, discussed in full below in 6.3.2). Whereas in most cases the reader is to be self-determining and make up his/her own mind within certain parameters, Duesberg's position is to be regarded as simply beyond the field of legitimate debate (cf Q3-4).

Such gaps and problems as there are with the dominant account of HIV, in particular the lack of any thoroughgoing account of how HIV actually causes AIDS at a cellular level, are acknowledged but always downplayed, with the implication that although it is possible to take all the various unresolved issues as evidence that HIV may not be the cause of AIDS, to do so would be to make a specious error; under no circumstances is the reader to consider that any or all of the seeming problems with the dominant conceptualisation of HIV/AIDS (such as the different rates of disease progression amongst different individuals, the fact that it is possible to get most opportunistic infections without having HIV, or that definitions of AIDS seem to change with considerable frequency) indicate that AIDS is not a new, discrete syndrome, or that anyone can get it without being HIV antibody positive - no matter how things may appear, such assumptions are most definitely "mistaken". The reader must therefore be vigilant against the "alluring attraction" of anti-HIV theories (R4-3-R4-4).

Once again, the above position is negotiated by recourse to medico-scientific authority (R4-4), the successful deployment of which allows the NAM the opportunity to move from disposing of anti-HIV theories merely because of their incorrectness to making more overtly moralistic contentions; it holds that Duesberg and his supporters have argued that there exists an "'AIDS establishment'" which is deliberately suppressing unorthodox views, because of vested interests. This notion is presented as a scurrilous attack on noble, selfless "health educators and researchers" whose only aim has been to try to "prevent the harm caused by HIV to individuals and communities", and is doubly damnable because to say that Duesberg has not had a fair hearing is - it contends - patently untrue. The NAM's position is neatly encapsulated in the following piece of editorial, in which once again a rhetorical community of "AIDS researchers and scientists" lend their authority not only to the NAM's ontological claims, but also to its moral ones - science says Duesberg is wicked (R4-8);

> "It is, to say the least, unreasonable to impugn the motives of those working in the AIDS field in the manner in which Duesberg's supporters have. The truth is that his views are familiar to virtually all AIDS researchers and scientists, who have considered his arguments and concluded that they are at best ill-founded and at worst reckless and irresponsible."
>
> (ibid)

What is fascinating about the whole of the NAM's account of Duesberg is the question of why it is there at all, if his ideas are really as tired and anachronistic as the NAM portrays them. In truth the importance of Duesberg's commentary is not that he is the moment's principal anti-HIV hypothesis thinker at all - indeed, it would be hard to take issue with the NAM's own characterisation of his ideas as old hat - but that he continues to be an ogre against which up-to-date 'alternative orthodox' texts can rail. What is of interest here, then, is that the NAM devotes such a considerable amount of space and effort to debunking his views. It would seem that it does so because dissident voices like Duesberg's provide a frame of falsehood which can focus one's attention on their opposite, the truthfulness of 'alternative orthodox' accounts. Duesberg, then, comprises a useful 'other' in contrast to which the NAM can establish its own parameters, and as such the views herein presented as belonging to him are more a function of the NAM's own 'alternative orthodox'

construction of HIV/AIDS information than they are any real threat to that construction.

6.3.2. Alternative medicine

The mobilisation of medical authority against Duesberg should certainly not, however, be taken as evidence that the NAM articulates a strictly 'medicalist' discourse. The error of such an interpretation is to be seen in the marked contrast between the very uncompromising refusal to allow any consideration of the possibility that HIV may not be the cause of AIDS and the much more open attitude towards 'alternative' or 'complementary' medicine. Homeopathy, herbal medicine and acupuncture, for instance, are all afforded a degree of both respect and respectability, and the processes by which they are said to work are discussed without cynicism. Sometimes, though, their effects are explained (and so their use justified) in terms of modern bio-chemical theory and the reader is encouraged that s/he should educate him/herself "about the medical basis of any alternative treatment" (Glossary p8,T1-25,T4-4,U2-3). Such understanding is a secondary matter however - the reader is to accept the worth of holistic and complementary therapies first (cf Q3-4), and then find out how they work in bio-medical terms as a pleasing addendum - if one favoured a particular complementary therapy but no satisfactory bio-medical explanation for how it worked was forthcoming, this would not be sufficient cause to abandon that treatment.

The NAM does not advocate complementary medicines to the exclusion of orthodox allopathic bio-mechanical therapies, but sees the two approaches as truly complementary. The reader is expected to do the same

> "Only by being sympathetic and critical to both [orthodox and complementary therapies] can any individual find the right balance of therapy for his/her needs."
>
> (Q3-4)

One may infer from the above not only that the reader should not dismiss alternative therapies, but indeed that s/he cannot do without them. Although the NAM overtly disavows such an idea, stating at the start of its list of widely used complementary therapies that inclusion of a given treatment in its pages should not be taken to comprise a recommendation of that therapy (T4-3), nevertheless, its editorial decision that the use of such therapies comprises a legitimate treatment issue, that

they are within the field of doxa (in the way that theories suggesting that the HIV hypothesis is problematic are not), coupled with the amount of information given and the generally sympathetic tone of the commentary, seems to go against this averred position.

Arguable as that claim may be, the order of the day is certainly to afford credence to ideas more normally dismissed within mainstream thinking. Work is done to rebut the idea that the users of complementary therapies are "cranks", and however odd the choices of people who use alternative therapies may seem to those who do not, such choices are to be respected. An acknowledgement of the fact that some practitioners of alternative medicine would be rightly called "quacks" is tempered by a reminder that there are also some conventional doctors are who are "dishonest and incompetent" (T4-2). A highly sympathetic reading is given to various 'psycho-immunological' therapies, which involve being trained to "engage in special fantasy images" of how your body is fighting disease, on the basis of the anecdotal recommendation of the many who have tried them (T4-5). Even things such as "Crystal therapy", which is very far detached from orthodox therapeutic thinking, are allowed a hearing on an equal status (T4-4).

In order to understand the significance of the juxtaposition between the presentation of the cases for anti-HIV theories and for alternative therapies, one must first recall the premises upon which this thesis rests. It is not part of this work's remit to decide the truth or falsity of either perspective; indeed, if this analysis is to be successful on its own terms then it is essential not to make any such assumptions about the truth of claims being made.

What is of interest here, then, is the way in which when faced with two areas of debate both of which are on the borders of the field of opinion, the NAM manages its text so as to place one of them quite firmly within it and the other equally firmly outside. The possibility of doing this resides in the underdetermination of HIV/AIDS therapies (cf Hesse 1980) - the lack of any compellingly effective approach to treating the condition means that either one of these two areas could readily be constructed as rightly being on the other side of the pale from that which it is in the NAM; for a while (in the early nineteen-nineties) the anomalies and difficulties with the HIV hypothesis were such that even some of the staunchest 'alternative orthodox' voices were forced to acknowledge them, and at that time it

would have very easy for Duesberg's line of thinking to have been afforded a more respectable platform. Similarly, the considerable drawbacks associated with some of the agents given sympathetic readings by the NAM (the potentially fatal side-effects of compound 'Q', for example (T1-25,T1-31,U2-3).) could well have led to a greater cynicism about alternative therapies in general.

But the fact is that it is Duesberg's arguments which are constructed by the NAM as ignominious idiocy, whereas alternative medicine is constructed as something to be regarded cautiously but positively, a fact which reflects and reveals the underlying 'alternative orthodox' politico-moral commitments of the text. Similarly, it is this underdetermination of the matter of how to deal with HIV/AIDS infection which allows the NAM to articulate medical authority when it is in line with the journal's politico-moral commitments, while still being able to dispense with that authority yet maintain its own authority through other textual means when medical perspectives are at odds with that politico-moral bent - if medicine could deal with HIV/AIDS as effectively as it can deal with measles then the space for negotiating such a non-medical authority would be virtually non-existent.

6.4 Be positive! It might not be you!

Similarly to the implied reader of the *Body Positive Newsletter*, one of the NAM's implied reader's principal tasks is to be positive in the face of his/her HIV/AIDS related adversity. This is not some call to collective bad faith, however, and it is emphasised that one should never "deny the reality of illness, and of terminal illness", given that it is with such a reality that so many HIV/AIDS in/affected people have had to come to terms. Nor should one allow oneself to be tempted to give "unrealistic reassurements" [sic] or overstate what possibilities currently exist for treating HIV infection, for these carry the danger of both undermining people's understanding of the necessity for treatment, and of raising unfounded hopes (Q3-6,U1-9).

6.4.1 Uncompromisingly positive.

The project overall is neatly summed up in the NAM's proposal that both it and its readers need "to honestly confront the worst and nevertheless show what genuine grounds there are for optimism" (R3-20). However, the balance very definitely swings towards the latter aspect of this task; this is evidenced by frequent statements

which (in a manner which once again is reliant upon the underdetermination of HIV/AIDS knowledge) posit that in the uncertainties that obtain in current knowledge of the prognosis of HIV infection there is cause for personal hope (R3-20,U1-9). The variability of the effects of HIV infection which can be observed between different individual cases is the space in which such hope can be forged, and so is foregrounded; the reader should remember that AIDS is only one end of a continuum of possible eventual results of being HIV infected, with "staying well" at the other, and understand that the conception that there is a "one-way inevitable progression from asymptomatic HIV infection to illness with AIDS then to death" is false and unhelpful (Q3-6,R1-4,R1-8). (See also R3-20 & U1-9 for similar commentary.) So one may legitimately hope to find oneself at the "staying well" end of the continuum, or if one has already become sick, hope to get better again to some degree.

It is not merely the possibility of hope that the reader is presented with here, though; it is also the expectation that s/he will take a hopeful attitude to heart. That HIV is not a "one-way traffic system" leading inevitably to death, and that a diagnosis of having AIDS is not equivalent to having crossed "some sort of fatal barrier where there's no going back" (R3-21) is such an important ethical principle that rejection of it is to be deemed not merely "inaccurate" but "inappropriate", even in the face of a general ethos of pluralistic tolerance and self-determination (U1-9). For instance, the point is made that a poor CD4 cell count (a marker which may lead one from having a diagnosis of 'asymptomatic HIV infection' to one of 'AIDS') is not a reason to fail to be positive in one's response to HIV infection - one must instead understand that someone with a low CD4 count may nonetheless be healthier "in both subjective and clinical terms" than someone with a higher count, and be aware that paying too much attention to monitoring such surrogate markers can lead to "considerable anxiety", if one believes that illness will imminently follow a poor result. Positivity always governs scientific knowledge, and a good HIV/AIDS in/affected person is a positive HIV/AIDS in/affected person (R3-14,S1-6). Pessimistic prognostic statistics suggesting that over 90% of HIV infected people will eventually develop AIDS are also explained (away) in terms of "inappropriate" usage (U1-25. See also Q3-6,R1-3,R3-20).

Similarly, studies which suggest that currently available therapies are not doing such a wonderful job are not allowed to tarnish the required positive outlook, but are to be

interpreted in its terms - data which seemed to show that HIV infected people have since the late 1980s survived the onset of AIDS for a shorter time than previously are to explained in terms of the success of prophylactic treatment - people with HIV may not be living any longer all told, but those who use prophylaxis develop AIDS later, so they have a longer period of good health (R1-5). In other words, prophylaxis may not have improved their quantity of life, but has improved their quality of life, so is a good reason to be positive. This positivity is likewise unrelenting in the face of certain of the most frightening of the conditions to which HIV infection may lead - neither blindness nor encephalitis can cause hope to fail to spring eternal (U4-9,U4-12).

While one could never blame any population facing a scourge as terrible as AIDS for trying to find what little good there may be in their situation, it would certainly be possible to imagine an alternative HIV/AIDS related ethical discourse which was not wedded to positivity in this way. Once again, it is the underdetermination of knowledge of HIV/AIDS which is central here, in that it has opened a space for an implicit psychosomatics - that if one is sufficiently positive, then such force of will alone may be able to prevent you, the individual reader, from succumbing to the ravages which statistics suggest is likely to be the lot of someone who is HIV infected.

Indeed, the NAM's apparently contradictory attitude towards statistics is illustrative of the primacy of the ethical necessity of positivity. The NAM constructs a (set of) reader subject position(s) in which the kind of logic the good reader brings to bear upon the informations with which s/he is confronted is dependent on the (politico-morally informed) ethical demands of the authority discourse, such that whereas pessimistic prognostic statistics are to be disregarded in accordance with the positivity principle - on the grounds that they can only give information about populations, not about any given individual's chances (cf Q3-6,R1-5,R3-20,U1-25) - other similarly population orientated statistics are to be taken personally - notably those which are employed to establish the principle that safer sex is a good idea for each and every individual. In each of these cases, then, it is the desired ethical response which is to govern the logic the reader employs by which s/he comes to grips with the matter in question - data suggesting that 90% of people with HIV will develop AIDS and die within eleven years contradicts the principle of positivity, so it is expunged; data which suggests that populations where safer sex is widely practised

show lower incidences of new infections is in line with the need to be positive, so it is acceptable, not only in the form of knowledge of populations, but also as something which can be translated into individual ethical responses to HIV/AIDS.

6.5 Education and empowerment

Notwithstanding the importance of calls to positivity within the NAM, probably the principal ethical directive imposed on the implied reader within the text is that s/he should educate him/herself about HIV/AIDS related 'treatment issues'. The emphasis placed on this directive is such that for the NAM self-education is more than just an aspect of dealing with the disease; rather it is held to be integral to treatment itself. The implication of this is that treatment is conceived fully as much in an ethical as in a "scientific" (or any other) form, a state of affairs which fits well with the primary positivity ethic - self-education is one way of turning a positive attitude into action.

6.5.1 The educational imperative

The aim of enabling the self-empowerment of HIV/AIDS in/affected people through self-education is so central to the NAM that it shapes the manual's design, in terms of the way the material is ordered, the kinds of language that are used and the unusual amount of technical detail which is supplied for the reader's consumption. Indeed, one might well argue that the text's self-construction as a technology through which this self-educational ethical imperative can be actualised is what makes it a manual, rather than simply an encyclopædia. The NAM is not just a source of information, it is a machine by which HIV/AIDS in/affected persons can deal with being HIV/AIDS in/affected through partaking in a variety of ethical activities for which the NAM provides a framework.

Self-education is logically one of the first such activities, in that it provides the mechanism by which one can achieve the ultimate ethical end of becoming a well-rounded, informed, articulate, self-determining HIV/AIDS in/affected individual. Information gained through self-education is seen as the precursor to access to treatment, and is essential if the principle of giving one's informed consent to therapy is not to be meaningless (U2-2). It is argued that self-education, although perhaps demanding in terms of effort and self-confidence, will give one a sense of being actively involved in one's own therapeutic régime, which would be entirely lacking if one chose to remain in ignorance (ibid). Overall, self-education is to be viewed as

the most practical pathway to the best life possible for each individual HIV/AIDS in/affected reader, and is something which the communal authority voice of the text strongly recommends (Q2-5).

Although it is acknowledged that some people will not want to be this proactive about their health care, and that such an attitude should be respected (Q3-3), nevertheless the preferred course for the reader to take is that of self-determination, but under NAM guidance. This principle of self-determination therefore can be seen to be a surface upon which may be articulated particular ethical ideals - the vision of self-realisation through education, coupled with a ready-made mechanism for supplying that education (the NAM) providing a powerful technology by which HIV/AIDS in/affected persons can have their understandings of themselves and their conditions informed. So it is, then, that passivity, although not formally proscribed, is definitely couched as the lesser option: respect may be due to those who choose such an approach, but the measure of that respect is to be reckoned against the greater good of self-education (Q3-3).

The NAM's central aim, then, is the empowerment of those who are HIV/AIDS in/affected. Acquiring the relevant knowledge is the means by which to achieve this end. Such a task, of course, may seem daunting; note is made of the "motivation, time and energy" it requires, and of the fact that the relative newness of HIV/AIDS related research and therapy means there is a lack of easy "black or white" answers to the problems HIV/AIDS poses (Q2-2,Q2-4,U1-20). It is suggested, then, that in order to ease the burden of such obstacles to acquiring knowledge, and thereby power, what is needed is a guide, something born of previous experience - or indeed someone with that previous experience - which can show the safest pathways, and warn of any otherwise hidden and perilous pitfalls (Q2-2).

In answer to this need the NAM sets itself up as a "step-by-step guide" to self education about HIV/AIDS (Q1-5). It aims to supply both a map of the alien terrain of HIV/AIDS treatment issues, and instruction in how to "map-read". It thereby can be seen to operate in both senses of the term guide - as an impersonal chart of the area concerned and as a personal (ethical) authority on it, the combination of these two elements enabling the reader to find the answers to his/her questions (Q2-2,Q2-5). An extended textual mechanism for the furtherance of this process exists, in a section entitled *Learning about HIV/AIDS medicine* (section Q2) in which the

manual outlines a recommended practical procedure for doing just that, and to which the reader is frequently referred throughout the rest of the text (cf T1-3, U1-24 & U2-4).

The NAM, then, is setting up a situation in which it first establishes a need on the part of the implied reader (to take an active approach to the business of dealing with being HIV/AIDS in/affected) and having done this, it then provides a ready means by which that need can be met (by subjecting oneself to its authority), and at the same time closes alternative routes one might take (by problematizing the taking of a more passive approach to one's sickness, in which doctors rather than NAM community voices would hold the authority over the HIV/AIDS in/affected subject's self understanding and experience of the disease). This is a technique familiar to street preachers everywhere - who first tell their audience that they need God, and then offer to provide a leaflet explaining how to find Him - and is a highly effective way of establishing and maintaining the ethical authority of the truth discourse involved; for once the reader has accepted the need to take an active role in his/her therapy, then s/he will need constant guidance as to how to go about it, and such an ongoing requirement will confer authority on whoever or whatever the reader turns to in order to have it filled.

6.5.2 Education in the community

As in the *Body Positive Newsletter*, various forms of community are performed by the text (Woolgar 1993), which achieve, amongst other things, the making of the implied reader into someone who is open to educating him/herself about HIV/AIDS treatment issues. One of the ways in which this is achieved is by locating the voice of the text and the implied reader in the same space, often through use of the pronoun "we" (as in "we" need to do or understand such a thing) (cf Q3-3,U1-20) or through constructing the voice of the text as that of someone whose claim to speak is simply that s/he has travelled a bit further down the same road that the reader him/herself is on (Q2-4). This establishes a didactic relation between the textual voice and the implied reader which is not so much that of a pedagogue to a student, as that of an old hand showing the ropes to a raw recruit - both voice and reader are 'in the same boat', so to speak. And this space into which the voice and the reader are being placed, as in other discourses examined within this thesis, comprises an HIV/AIDS in/affected community, from which the voice of the NAM springs (and to the authority of which it is subject), and into which the implied reader is being invited.

Right from the dedication on the opening page, where the reader is told that the "unfolding tragedy" of HIV/AIDS will only be halted if HIV/AIDS in/affected people "educate one another", the self-education process is to be located firmly within the HIV/AIDS in/affected community (textually represented-cum-constructed through discussion of, for instance, the exemplary figures of the "large number of people with HIV" whose aim has been to become experts in the field, having found in the questions which being HIV/AIDS in/affected poses the motivation to embark on the auto-educational road), from whose experience the reader can learn, and whose previous personal and collective successes at all this can be the implied reader's inspiration (Q1-6,Q2-2,Q2-4,U1-2).

Given such an emphasis, the object whose well-being it is that underlies the policy of empowerment through self-education is not so much the individual actual reader who may or may not slot him/herself into the implied reader position, but is this textually constituted HIV/AIDS in/affected community, personified in part by the textual voice and in part by the implied reader, both of which may be viewed as nothing other than two of the means by which this community is articulated.

6.6 Celebrated deviance and uncelebrated nondeviance

In a manner familiar to other exponents of 'alternative orthodox' discourse, the NAM privileges certain discursively constructed classificatory sub-groups of HIV/AIDS in/affected persons. Exactly which groups are deemed as deserving of special attention are on occasion expressly delimited; for instance, attention must be paid to "the needs of special populations such as women, working people, parents, gay men, drug users, ethnic minorities, etc." (S3-21). Elsewhere when it is suggested that "all people with HIV" need to have a good relationship with their doctors, the list which qualifies how the NAM conceives the idea of "all people with HIV" ("women, gay, prostitutes, black, drug users or anyone else") shows again this leaning towards the privileging of groups which are normally socially marginalised (Q2-3).

Out of these various named subgroups, some characteristically merit more of the text's attention and sympathy than the others. Intravenous drug users, for example, fair well - their habit is couched in terms of being 'use' rather than 'abuse' of the substances involved (which are "recreational" rather than 'proscribed' (R3-18)), and as a group they are described as "criminalised" rather than 'criminal' - that is their

marginalised status is a function of pernicious social labelling rather than a result of their personal behaviour (Q3-3). These sorts of rhetorical moves serve to construct as 'normal' behaviour which is more frequently constructed as highly deviant.

Much attention is also devoted to the special concerns of HIV antibody positive women. The questions of the effects of pregnancy on the progression of HIV disease, the importance of having regular cervical smears to test for the human papilloma virus (which may act as a co-factor, increasing the likelihood of someone with asymptomatic HIV infection becoming ill), the low research priority given to infections in women which are now considered to be HIV related, and the difficulties women have had getting access to clinical trials are all considered in some detail (R3-18-R3-19,S3-14). There is, though, one notable difference between the discussion in the NAM of the plight of women in relation to HIV/AIDS and those found in the other publications considered in this thesis, in that whereas the latter are very much concerned with the HIV related needs of lesbians, this group are hardly mentioned at all by the *Manual*.

6.6.1 Gay men

Without a doubt, however, it is gay men which are the most privileged of the "special populations", and as such comprise the journal's ideal readership. This emphasis is to be found both overtly and more implicitly, in the choice of language and advice, some of which is such that in the context of most health education texts it would be somewhat bizarre, and is only not so because this text's ideal constituency is gay men. For instance while discussing early theories about the causes of AIDS, one putative factor cited was "a preference for 'receptive anal intercourse' (getting fucked)" (R1-7). This is worth unpacking a little; the use here of inverted commas around the formal, perhaps putatively official language, coupled with the bracketed translation, ironises the former, implying that it is an absurdly staid way of expressing what is to be considered a commonplace happening. Notwithstanding that the linguistic style of the expression "getting fucked" is not the one usually employed within health education documents, it is also significant that that phrase is made to equate to receptive anal intercourse rather than vaginal intercourse.

The NAM contains many similar such textual events which although not explicit enough unequivocally to define its ideal constituency as gay men, nevertheless display a certain congruence with such a state of affairs, and a related incongruence

with the white, middle-class and heterosexual ideal constituency which would be more usually found in health education materials. Use of the term "lovers", for example, rather than 'partners' is somewhat suggestive of a gay readership (U3-9,U4-13). Similarly, the inclusion of "having sex" as an option for coping with sleeplessness (along with warm baths, hot milky drinks and listening to relaxing music) (U4-12) is something which would be very unlikely to appear in a run-of-the-mill heterosexually orientated health education document, but is quite in keeping with the laudably proud frankness with which matters of sexuality are often discussed by gay men (cf Watney 1994:136).

Other more concrete examples of how the NAM's ideal readership is constructed as a gay one can also be found; for instance in a discussion of what help is available if one should go blind the reader is told that a "range of newspapers" is available on cassette, the principal example of which given is *Capital Gay* (U4-13), and it is proposed, within the section on staying healthy, that if one wishes to travel to another country, in addition to researching the local medical facilities, one should also investigate attitudes and laws towards homosexuality as if this were a more or less universal need (U3-4).

At one level this emphasis is unsurprising to the point of being almost unworthy of commentary. Doubtless the majority of the NAM's actual readership is comprised of gay men, and those elements of the NAM's text highlighted above are no more than reflections of this fact, they are simply examples of the journal responding to the perceived needs of that majority. Given that this is the case, then the situation is slightly problematic in that such a textual emphasis will necessarily (but inadvertently) establish exclusionary dynamics of the sort discussed in previous chapters, which come to bear on those groups and HIV/AIDS in/affected persons who cannot easily relate to the ideal constituency which the NAM constructs for itself. However, this is not the whole of the picture; such a response on the NAM's part could not alone explain why while the needs of some subsections of the journal's readership are highlighted in the manners discussed above, one particular group - hæmophiliacs - are consistently marginalised by the text. This fact is in need of some examination and explanation beyond the idea that it is a mere oversight on the part of the NAM.

6.6.2 Hæmophiliacs

The construction of people with hæmophilia, and of hæmophilia as an HIV/AIDS related issue, is qualitatively quite different from that of privileged HIV/AIDS in/affected population sub-groups such as gay men, intravenous drug users and women. Despite the fact that it is quite possible to construct hæmophiliacs and their friends and relations as a very severely HIV/AIDS in/affected group (with 1,220 hæmophiliacs HIV antibody positive, out a total population of about 6,000 (circa 1991, data from the Hæmophilia Society) and hæmophiliacs comprising some 44% of all reported AIDS cases amongst adolescents (Forsberg et al 1996)), hæmophilia gets very few positive mentions in the NAM, beyond a definition in the glossary, and occasional specific consideration in the frequently given lists of 'questions to ask yourself' (Glossary p7,U4-9,U5-9).

More often than not, then, hæmophilia, and those who suffer from it, are mentioned only incidentally, for instance when discussing how HIV used to be transmitted through blood to blood contact in the form of transfusions of blood products, although this is certainly a secondary concern to the sharing of equipment by injecting drug users (R1-2). More usually though, hæmophilia and hæmophiliacs only feature in relation to discussion of the plight of some or other of the preferred groups. In the following, for example, hæmophiliacs attain visibility only by virtue of their being a useful control group to set alongside cyto-megalo virus infected gay men. Notice in particular the way in which the construction of hæmophiliacs slips quickly from "people with haemophilia" to "stored blood samples".

> "So far, the only factor that has been shown to be associated with an increased risk of someone with HIV becoming ill is indeed infection with a herpes virus - namely CMV. Most gay men are infected with CMV, so studies aimed at finding out if CMV was a co-factor were carried out in groups where CMV infection is less common. The best group for this purpose is people with haemophilia. An added advantage of doing this is that, quite often, stored blood samples can give accurate information as to just when someone became infected with HIV. Without a defined date of seroconversion it is much harder to track the rate of disease progression."
>
> (R3-17)

There are several other similar examples, wherein hæmophiliacs do not appear in their own right, but only as useful pieces of evidence to support some other

contention: the appearance of immune deficiency in hæmophiliacs in 1982, related as it was to their receiving regular injections of blood products, supported the case for supposing that AIDS was resultant from an infectious agent (R4-2); the cases of hæmophiliacs and of drug users are both cited as controls to the conclusions of a study of 6000 gay men in San Francisco about the likelihood of progression from HIV infection to AIDS (R3-21); the sickness patterns of hæmophiliacs and their wives together with those of infected children of HIV antibody positive mothers compared to their uninfected siblings serve to prove that it is only when one is infected with HIV that one may develop AIDS (R4-2); the failure to recruit of a trial of AZT versus a placebo in people with hæmophilia is given as an instance supporting the editorial contention that placebo controlled trials are not the best way forward in HIV related research (S3-3).

While it could be argued that none of these mentions is particularly significant in themselves, they become significant when one realises that these are the only sorts of mentions which hæmophiliacs get - the sort of politico-moral concern for the privileged population groups detailed above is entirely missing.

6.6.3 Explaining this disparity

To explain the disparity between the commentaries the NAM makes pertaining to gay men at one end of the scale and hæmophiliacs at the other merely in terms of some arbitrary anti-hæmophiliac prejudice or oversight on the part of the *Manual* would be somewhat simplistic, and would fail to do justice to unquestionably progressive aspirations of the text. Nevertheless, there is an unavoidable tension, which remains in need of explanation, between the publication's averred intent to serve the interests of all HIV/AIDS in/affected people and this differential coverage. The answer to this lies, perhaps, in the different types of communities which the various groups here discussed articulate.

All of the groups which the NAM privileges were to some extent politicised prior to the event of AIDS and their being connected with the syndrome. Consequently, the kind of subject they articulate is much more amenable to adaptation into an active HIV/AIDS in/affected subject than the relatively unpoliticised and passive hæmophiliac subject is. Of those politicised sub-populations available, gay men came to the fore largely because of historical circumstances: it is readily arguable that as a group they have been most affected by HIV/AIDS; the syndrome appeared

at a time when the vanguard of popular opinion (as opposed to a far-sighted liberal minority) was beginning to view homosexuality as an acceptable alternative to the heterosexual norm; gay men had a history of activism which was ripe for adaptation to the new challenge of HIV/AIDS (cf Watney 1994:134,244-245)

In contrast, hæmophiliacs lacked any such coherent, active and politically minded cohesion - and this is what explains their invisibility in the text. In its role as a manual, what the NAM is attempting to do is to construct an ethical subject position by which HIV/AIDS in/affected persons can best live with their in/affectedness. What hæmophiliac identity there was prior to the advent of HIV/AIDS was not such that it lent itself readily to the kind of active person with HIV/AIDS becoming which the NAM sees as the best hope for those touched by the disease. Consequently, according to the NAM's vision of things, it would be better for any actual person with hæmophilia who engages with its text to abandon any already present self-conception as a hæmophiliac, and reconfigure himself as an HIV/AIDS in/affected person along lines more in keeping with the ideal constituency the NAM articulates. Accordingly, those few representations of hæmophiliacs which the NAM makes are depersonalised such that they are not easily responded to in an ethical fashion, thereby marginalising the possibility of an 'HIV/AIDS in/affected hæmophiliac'.

In this context, then, the various privileged sub-groups and the ethical subject positions which emanate from them comprise a selection of resources each of which can, under the right circumstances, assist any actual reader with the ethical work necessary in order to come to terms with being HIV/AIDS in/affected. The principal of these resources is the 'gay man' subject position, because that identity has the closest fit with the demands made of the 'active, positive, self-determining person' with HIV/AIDS subject position which the NAM constructs. This is not to say that the two positions are entirely co-extensive, but that the affinity which exists between the 'gay man' subject position and the ideal 'HIV/AIDS in/affected person' subject position means that the former can be made a highly useful device for promoting and articulating the latter, in a way for which the hæmophiliac identity is quite unsuitable - being as it is quite passive, unconnected with radical politics, and generally in tune with more traditional patient roles.

6.7 Community activism

The kind of construction of the good HIV/AIDS in/affected person as being one who employs one of the preferred models described above as the basis for the ethical work they need to do upon themselves in order to become a competent HIV/AIDS in/affected individual allows the NAM to articulate the idea that there exists a relatively homogenous HIV/AIDS in/affected community. This idea is itself premised on the notion that all HIV/AIDS in/affected people are more or less in same boat - that is to say, because all of the preferred ethical resource subject positions are aligned by certain shared politico-moral and ethical qualities (for example, positivity, activity, resilience and resistance to historical, social and political injustice, abuse and oppression), so a similar alignment can be afforded to any HIV/AIDS related identities which are constructed using them as a model.

Hence, despite the fact that the experiences of HIV disease which any two HIV antibody positive individuals may have may be quite dissimilar, it is possible to claim that the interests of all such people, wherever they happen to be on the continuum from asymptomatic infection to severe immunosuppression with manifold opportunistic infections, are common, in as much as they are all engaged in a historic fight against an unprecedented health problem. The "perceived differences" between HIV/AIDS in/affected people are therefore to be downplayed, this providing, in the form of a rhetorical community which is solid and which displays solidarity, a sound basis for activism (R1-5). This kind of approach serves to construct the good HIV/AIDS in/affected subject not merely as active, but as an activist. The account below of the NAM's conception of what an activist is and does can be seen to be an authority discourse of the 'instrumental' type - that is in which the ethical qualities displayed by the textually constructed 'community activists' should quite simply be imitated by the (implied) reader (Osborne 1998).

6.7.1 The ethos of activism

One of the ways the exemplary nature of activists is achieved is through celebration of the achievements of AIDS activism, to which the NAM devotes a considerable amount of space. A history of such activism is drawn which has it rooted in the traditions of American gay community activists, who it was, along with a number of gay doctors, first developed the idea of safer sex. Similarly, "community based organisations" had a central role in establishing what the needs of those who were ill with HIV/AIDS were. What emerged out of this was a tendency for 'unofficial'

organisations, which were providing both health education and services for the sick, to become discrete from 'official' medical and health care institutions. This history allows gay community / HIV/AIDS activists (who are more or less undifferentiated in the NAM's account) to be constructed in a heroic light, as those to whom you as an HIV/AIDS in/affected reader are beholden (S3-2).

AIDS activists, then, are made the champions of the people, the heroic vanguard of the community to which the implied reader belongs, and whose example s/he is incited to follow in his/her own conduct of conduct in relation to HIV/AIDS. For example, campaigning or lobbying for hospitals to provide regular sessions giving up-dates on treatment options is the correct response to their absence, rather than resigned acceptance (Q2-6,U2-2). And although it is acknowledged that the sorts of problems which have dogged American research and spawned US style activism are not nearly so pronounced in the United Kingdom, because science over here is not so competitive as in America, and there exists here a "strong tradition of socialised medicine" (S3-15), nevertheless activism is still the order of the day, albeit in an almost latent, and certainly far less confrontational, form. Activism over here is more a question of being aware of the relevant issues so that if and when the time comes for more proactive measures one is well prepared; it is at present more a war of position than of manoeuvre (cf S3-18).

Notwithstanding this, the model is definitely one in which the American form of activism is seen as the progenitor of the European version, the former displaying the more extreme character it has because of the more difficult circumstances it faced, and the possibility that the advent of a similar level of difficulty for the latter may be only a matter of time is to be recognised. Simon Watney's idea of a "natural history of treatment activism" is cited, in which it is proposed (in language that makes Watney's idea sound like a technical theory) that

> "The American experience suggests that a critical mass of discontent with the existing system of research and medical care needs to be reached before activism around treatment issues becomes militant and widespread."
>
> (S3-19)

a process slowed in Europe by traditions of socialised medicine which hinder attempts to challenge medical power. There is one important difference between this

account and how the NAM sees things though, and it is in the all important relation between HIV/AIDS in/affected persons and doctors; the above is followed by comments to the effect that it has also been argued that the relative readiness of British doctors to accept criticisms emanating from the community and to learn from "the American experience" make such a militant approach unnecessary. Indeed, pains are taken to emphasise that in the UK doctors involved in treating people with AIDS have been amongst the most energetic of campaigners and that the notion that doctors and HIV/AIDS in/affected community members are fundamentally at odds "does not represent the world as it really is". Thus in this respect a distinction is drawn between American activism and its British counterpart which the NAM is here trying to construct, although the former still remains the inspiration for the latter (S3-19-S3-20).

6.7.2 The ethics of activism

The combination of celebratory accounts of American activism and the cautions about how British activism differs from it can be read as ethical directives to the NAM's implied reader, who should be moved him/herself to action by the heroic deeds of American activists, but the action taken needs to be appropriate to the British situation; the point is made, for instance, that to campaign against bureaucratic institutional slowness as if this problem were as pertinent here as it was in the US would be "foolish" - instead, it is suggested, in a move which if you the reader happen to be an asymptomatic person with HIV is your ethical cue to activism, that

> "There is likely to be much greater pressure from a-symptomatic people with HIV for early testing of drugs, and once again the danger exists that in these different European circumstances, research into opportunistic infections will be seen as the lowest priority."
>
> (S3-20)

This model - follow the American example in as much as that they are active, but do not simply ape what they have done - is dominant throughout the NAM's account of activism, and some interesting work is done to preserve it, for instance through justifying the past illegal acts of American activists - so as not to allow any tarnishing of their heroic image - without inciting current British readers to follow their example too closely (S3-20). Instead, British AIDS activism now needs to

reflect a recognition of the degree of influence which "people with HIV disease" already have on research and treatment processes. As such, it can afford to take a gentler form than the celebrated antics of the ACT UP of the eighties. Notwithstanding this, however, the good British activist should be prepared in the last instance to take a more strident approach - by targeting institutions directly, and by becoming competent both in his/her knowledge of the issues involved, and also in exploiting relevant media - if the situation calls for it (S3-20).

The ethical principle that the good HIV/AIDS in/affected reader-subject should be the active(ist) HIV/AIDS in/affected reader-subject is connected, however, to one of the dominant ethical principles proposed by the NAM, that being the principle of self-education - for much of the commentary given in the name of activism is highly detailed and displays a notable technical/medical competence (see for example the discussion of the problem of research focusing on reverse transcriptase, and hence on the drug AZT (S3-12)). Activism, as the exemplary form of being HIV/AIDS in/affected, requires in order to be effective the sort of detailed knowledge about HIV/AIDS that only ongoing personal ethical-educational projects of the kind to which the NAM aims to inspire its readers can provide (cf S3-19).

6.8 The 'AIDS in/affected community' and science & medicine

In many ways the most interesting relationship which is established within the NAM is that which exists between the HIV/AIDS in/affected community it articulates and science and medicine. This relationship comprises a complex negotiation by which is established a crucial space in which the HIV/AIDS in/affected reader-subject is able to construct him/herself as one who is inexorably connected to but nevertheless autonomous from medical authority. Accordingly the language the NAM uses in its discussions of medical practice and institutions is not nearly so antagonistic as in, say, the *Body Positive Newsletter*, articulating instead a rhetoric of co-operation (cf Q3-4).

Neither, though, is it advocating a 'traditional' doctor to patient relationship of the sort which Strong suggests is still commonplace, in the British National Health Service at least, wherein the patient is mostly passive and the balance of power in the relationship falls very much in the doctor's favour (principally by virtue of the latter's institutional position) and which he called the 'bureaucratic format' for doctor patient

interactions. That this is the dominant form of doctor to patient relationship is recognised by the NAM (Q2-3), which seeks to promote an alternative one, which is far closer to the less frequent 'private format', in which the balance of power is far more evenly distributed (Strong 1988:228-249).

It is not exactly this relationship, however. Silverman, building on Strong's work, suggests that even in private consultations the doctor's professional knowledge still grants him/her dominance over the patient, who remains likely to accept the doctor's orders fairly unquestioningly (1987:104-133). What is encouraged in the NAM, though, is a respectful interrogation of the prescriptions and practices of doctors, with the assumption being made that usually doctors act in good faith, and that any difficulties in communication which arise are in no way malicious, but are merely practical problems to be overcome (Q2-2). That their years of training do afford doctors a "remarkably complex insight into illness" is not to be denied, but instead the demand is made that through the establishment of ongoing and generally non-confrontational dialogue between the health professionals and representatives of the HIV/AIDS in/affected community, "this insight must be shared and its limitations known".

The model is definitely of a sober dialogue rather than of engendering controversy and argument, although the right to do so is reserved, in case doctors should refuse to co-operate in this process, this 'grass roots community' thus assuming the ultimate authority to determine what is and is not acceptable in treatment and research with respect to HIV/AIDS. This authority should seldom need to be brandished, however, as the NAM suggests that the unusual degree of uncertainty regarding how best to treat the syndrome has led those doctors involved in HIV/AIDS related medicine characteristically to be quite welcoming of a more than usually candid and reciprocal relationship with their patients.

6.8.1 The historical uniqueness of the event of HIV

In brief, then, the NAM's vision of this new relationship is that those whose relationship to HIV/AIDS is a lay one - by which is meant members of the journal's own textually articulated HIV/AIDS in/affected community - do and should have an unprecedentedly central and proactive role in dealing with the disease, and in their dealings with those whose relationship to it is professional - doctors and researchers and the like. This is presented as being the direct result of the nature of the human

immunodeficiency virus and of the syndrome it engenders, which are characterised as being unique events in medical history, requiring equally unique responses from the medical, scientific and HIV/AIDS in/affected populations (Q1-8,Q2-3,Q2-8.U2-3).

Notwithstanding the idea that it was necessitated by the noumenal nature of HIV/AIDS, this distinctive new professional-laity relation is founded in the political awareness and activity which "those communities first affected by AIDS" displayed, something which is also quite new (Q3-2). The NAM is in itself an expression of this new relationship, springing from community grass roots and providing information accessible to the affected laity in a form found "virtually never before in the history of medicine". This unique and progressive approach of the bringing together of medical and scientific knowledges with those from other non-professional sources is given ongoing expression through the NAM's use of a "two-track approach", giving parallel presentations of its various topics in both technical and everyday language. This new professional-lay relation is seen as the way forward, making professional practice in the HIV field the vanguard of medical practice with respect to their patients, any resentment on the part of doctors to such an encroachment on what they may perceive as their territory being sadly anachronistic. This has the effect of articulating dual subject positions, one of the (would be) HIV/AIDS in/affected community member, the other of the 'progressive' medic or researcher, both of which exist in an ethical subject relation to the HIV/AIDS in/affected community controlled authority text (Q1-2,T1-2,U1-3).

6.8.2 The NAM and the performance of community

It is not for this thesis to consider whether or not such claims to the uniqueness of HIV/AIDS as an event in medical history are true, for to be able to ask such a question, one would first have to adopt some or other ontologically realist position, which would be contrary to the methodological assumptions made at the start of this research, as outlined in chapters 1 and 2. It would be to step back inside Burchell's goldfish bowl (1993:276-277), a move which would defeat the whole object of the exercise. Notwithstanding this, those points are, however, certainly arguable.

According to some forms of reckoning, HIV/AIDS in the West has not become the unprecedented health disaster which was foreseen in the mid-eighties, and it could certainly be contended that the challenges it presents are in some ways quite akin to

other more familiar medical issues - the manners in which the problems provided by infectious diseases such as herpes, hepatitis, syphilis and tuberculosis have been addressed by modern medicine provide plentiful parallels for the approaches taken to HIV/AIDS, and the fact that HIV tends to lead to a long period of degenerative illness, which medicine can only to some degree alleviate and cannot cure, is entirely typical of the majority of the sickness with which late modern Western societies have to cope. Whether or not HIV/AIDS is inherently a unique event is underdetermined, and it may readily be constructed either as such or as something with a greater or lesser degree of commonality with more familiar diseases.

So it is, then, that while HIV/AIDS certainly provides for a close and reciprocal relationship between patients and members of the medical profession, whether this is really as unique and unprecedented as the above rhetoric appears to claim is open to debate - it is quite imaginable that sufferers of other chronic incurable diseases may recognise something of their own situation in what is described by the NAM as being specific to the lot of the HIV patient (a speculation which would need more data than is available either to the NAM or to this thesis in order to be decided).

What is important to the questions being asked by this research, though, is the fact that the NAM presents this putative uniqueness as true, and that the implied reader is expected to accept it as truth. Rhetorically speaking, this can be seen as a community performing manoeuvre. The practice of groups establishing and maintaining their sense of identity and their solidarity by describing themselves as somehow set aside from the norm by virtue of some unprecedented set of circumstances is itself certainly not unprecedented, and, indeed, it is very difficult to imagine a set of circumstances which cannot be read as unique, through the privileging of one or other way of looking at them. However, the successful construction of a compelling account of whatever is one's interest, in which the radically unusual nature of that thing is stressed, will have a threefold ethical effect on those who become subject to that account: firstly, it will motivate them, through the sense of purpose, or perhaps even destiny, which such an account affords; secondly, it will unify them, by giving them a common sense of identity in relation to that purpose/destiny; finally it will ensure faithfulness to the cause in hand, because once an individual has invested him/herself in such a project, once s/he has come to understand the truth of him/herself in its terms, then to reconfigure his/her self-

understanding along other lines would require a leap of thought sufficiently large and disturbing to make such a reconfiguration very unlikely.

6.8.3 Doctors as part of the HIV/AIDS in/affected community

Community within the NAM is not limited to members of the HIV/AIDS in/affected laity, however, in contrast to both of the other main 'alternative orthodox' texts considered in this thesis; with certain provisos, doctors can also find a space therein. That doctors and HIV/AIDS in/affected people are assumed by the NAM to be on the same side is evidenced by the form of activism envisaged within the publication, a history being drawn in which these two groups have stood side by side from the start, and in which "The idea that there is a division between doctors and activists does not represent the world as it is" (S3-20). The use of techniques of this kind, by which medics are embraced within the textual community, is not infrequent in the *Manual* (cf U4-15).

Such community work surely reflects the nature of the NAM - that is it is an ostensibly technical therapy related document, to be found in the libraries of hospitals and clinics. Its primary concern is the immediate and everyday negotiation of treatment. Unlike Simon Watney's work and the *Body Positive Newsletter*, the NAM cannot therefore be so forthright in its criticism and/or rejection of medicine. Whereas the two former sets of commentaries achieve their ethical functions to some extent by being isolationist, and by turning in on empowering notions of community which antedated the appearance of HIV/AIDS, the NAM by its very nature has to be a bridge builder; while it is easy and often useful to be dismissive of alternative authority discourses such as medical practice when one's principal concern is the subject's political self-construction (as with the work of Simon Watney) or the subject's spiritual self-construction (as in the *Body Positive Newsletter*), the NAM's central aim - to create a subject who conducts his/her therapeutic conduct in a particular manner - is such that the reality of medical authority, manifested in the duel facts that doctors control access to most medical information and also to drugs, means that a respectful co-operative approach based on a notion of the equal complementarity of the patient and the doctor is the only viable one.

There is, however, another significant aspect to this new professional-lay relation. Notwithstanding the emphasis on a complementary and non-confrontational approach, the doctor is nevertheless to be seen as very much at the service of the

HIV/AIDS in/affected patient. This new relationship rests on the acceptance by both sides that the final authority on HIV/AIDS related policy - if not on HIV/AIDS related technical knowledge - is the HIV/AIDS in/affected community. So it is that the community born voice of the NAM can reserve the right to say what constitutes good or bad doctoring, the putative right of professionals to police their own remaining unrecognised by the *Manual* (cf S1-10). Ultimately, the textually constructed HIV/AIDS in/affected community must be in charge if this new professional-laity relation is not to collapse.

6.9 Summary and conclusion

The manner in which the NAM effects its role as a manual is such that it operates as a complex technology of subjectivity, a machine for becoming an HIV/AIDS in/affected person. This technology works principally on an ethical rather than a moral plane - that is to say it works through the reader's perceptions of him/herself and through his/her will to freedom (in the form of a will to triumph over the blight that has (either directly or indirectly) befallen him/her) rather than through any overtly moralistic prescriptive discourse of conduct.

Having said this, this ethical technology is grounded in the 'alternative orthodox' way of thinking HIV/AIDS, and as such in all the same politico-moral precommitments which that approach employs in order to make HIV/AIDS thinkable, and in order to enable practices which are enacted as a response to the syndrome. The politico-moral dimension of the NAM-as-ethical-machine, then, is neither the object of some open evangelism, nor is it any 'hidden agenda', a conspiratorial covert strategy. Rather, it is the bedrock of the form of HIV/AIDS related truth upon which the ethical technology sits and operates - the NAM does, in its own terms, provide dispassionate and objective accounts of the truth of HIV/AIDS, and draws in the light of that truth appropriate conclusions with respect to conduct. That such ethical directives have a politico-moral flavour is simply a reflection of the fact any truth will in itself necessarily be a political and moral construction.

So it is that the ethical relations which the NAM establishes and through which it functions as an ethical machine operate within a particular politico-moral space for thinking about HIV/AIDS, negotiation of the boundaries of which is one of the

Manual's constant tasks. This negotiation is visible in the kinds of authority relation the text sets up with its implied reader. Generally, the ethical relations used by the NAM are expressionistic - that is they are intended to cultivate a particular kind of person, and allow the reader a considerable amount of self-determination, within the parameters of the politico-moral doxa (cf U1-21,U1-25,U3-5 with respect to when to begin AZT therapy).

The bounds of that doxa are largely a function of the editorial decisions the NAM makes - decisions which are both made in line with the will of the textually articulated HIV/AIDS in/affected community, and at the same time comprise that will; it is the inclusion in the NAM of any given option which sanctions it as a legitimate 'treatment issue', and it is only between such that the implied reader is free to decide (cf U1-26). Nevertheless, the fact that such bounded choice is apparent is indicative that the kind of regulation which exists here is ethical in character, rather than disciplinary. Regulation is achieved not by obliging the implied reader to come to any given conclusion, but by ensuring that s/he uses the technology provided as the frame by which s/he makes the matter meaningful to him/herself. In other words, the reader's need to cope with HIV/AIDS on an everyday basis is used as an opportunity for constructing a mechanism by which s/he can take responsibility for him/herself, so long as this responsibility is understood only within the parameters of the established field of discourse of the manual.

In such expressionistic relations the politico-moral underpinnings of the truth discourses which are at the foundation of the variety ethical practices from which the reader-subject can choose are relatively invisible. However, where a given issue brings the debate closer to the boundaries between doxa and non-doxa, and therefore the politico-moral nature of the debate becomes more apparent (for instance in the parts of the text by which treatment issues are policed, and where political activism is given as an appropriate ethical response to being HIV/AIDS in/affected), then the style of ethical relation changes; it becomes more instrumental, by presenting a particular kind of person or sort of action as being exemplary and to be imitated by the reader-subject. Space for self-determination within such a relation is much less well developed - one either follows or one does not (Osborne 1998).

So then, in the NAM, instrumental authority provides a sort of boundary around expressionistic authority - the latter provides more secure but less immediately

restricting and complete ethical control (this security being granted by the fact that as an effect of allowing more space for personal action by those who are under the ethical authority, the individuals concerned will invest of themselves into the form of personhood proffered), the former allows very closed ethical instructions to be given, but is more fragile, more vulnerable to open rebellion - hence where tight control is needed - such as when establishing the boundaries of thought - an instrumental relation is used, but once these parameters have been demarcated, the relation is almost exclusively expressionistic.

That the NAM operates in this fashion demonstrates that disease is as much a form of practice as it is an objective 'condition' - just as Sontag (1989) argued that to every illness there was necessarily a metaphorical dimension, so the suggestion here is that an essential part of the construction of HIV/AIDS - and indeed of any disease - is its ethical aspect, the principles its discourse establishes for the conduct of conduct which is required of those who are HIV/AIDS in/affected. To say this is not intended as a critique of this boundary-making practice, but just to show that it exists, is necessary for something to operate as a manual (advice must be bounded if it is to be practicable), and that it implies limits to thought and to being.

In order to maintain these ethical relations, the NAM must establish its own authority in an ongoing way. It achieves this via recourse to a number of authority-granting resources: medico-scientific knowledge and activity; an idea of the collective will and wisdom of the HIV/AIDS in/affected community; a history of responses to HIV/AIDS, within which a number of precedents for conduct have been established; the (politico-morally informed, textually constructed) natures of HIV and AIDS themselves. Ultimately, however, the required ethical responses govern what is allowed to confer authority on the NAM's voice - where medico-scientific views are in contradiction with such ethical needs (for example where prognostic statistics are in danger of undermining the principle of positivity) their usefulness as authority conferring resources is gone, so they are abandoned, and some other source used in their stead.

The NAM gains consent from its reader-subjects for its authority partly by the dual ethical stylisations it employs - the detailed management of the text producing expressionistic relations wherever possible, by which the reader-subject's own will to freedom becomes the motivating factor which places the reader under the NAM's

authority; this is due to the fact that that will is both enabled to act by virtue of being provided with the clear cut choices of doxa, and yet constrained to act only within a given space, and therefore under the authority of the NAM which establishes that doxa's parameters - and partly, as with the *Body Positive Newsletter*, by establishing an HIV/AIDS in/affected community, membership of which is assumed for the implied reader, but is dependent upon the reader's accession to the voice of the NAM's right to delimit what is and is not appropriate for a member of that community's conduct and sense of self.

These various techniques come together to produce an ideal HIV/AIDS in/affected subject who displays various qualities:

S/he is accepting not only of the content of the dominant 'alternative orthodox' HIV/AIDS truth discourse, but also of the manner in which that content is to be regarded. This has various knock on effects for other related but competing truth discourses - some of which (in particular any theory which questions the role of HIV in AIDS) are constructed as 'dissident' and as such are to be dismissed, whereas others (those of alternative and complementary medicine) are to be given a cautious but generally positive hearing. This truth discourse has certain moral as well as ontological aspects, which are to be accepted on equal terms with each other - hence those celebrations found in the NAM of things which might in other circumstances be constructed as deviant become a part of the truth of HIV/AIDS, and thereby an enthusiastic acceptance of the rightness and necessity for such celebration becomes a requirement on the part of any person infected or affected by the syndrome, in their ethical self-construction of a form of personhood appropriate to living with it. Thus the NAM's HIV/AIDS truth discourse makes for a situation in which the ethical component of the disease demands a particular politico-moral response.

This politico-moral component then informs the other ethical directives which are given to the HIV/AIDS in/affected reader-subject; the need to be positive is very often manifested in the shape of its political corollary, the will to activism. Similarly, with regard to the reader-subject's need to empower him/herself through education, it is the dominant 'alternative orthodox' truth discourse with which the reader-subject needs to become familiar, it is with 'alternative orthodox' ways of thinking the syndrome that the reader-subject must become competent. Given this, it can be seen that in the unprecedented form of doctor-patient relations which the

reader-subject is expected to construct as an ethical expression of his/her survival of being HIV/AIDS in/affected, and which is dependent upon that self-educational programme, the 'alternative orthodox' approach to HIV/AIDS meets with and dominates any competing approach which the medical and scientific professions may choose to use.

In truth, the truth of HIV/AIDS which is generally employed in research and medicine is ontologically similar to the 'alternative orthodox' account, but perhaps lacks the appropriate politico-moral dimension. Thus the new inherently reciprocal doctor-patient relation which the NAM creates, where doctors are expected to learn as much from their patients as the other way around, contains at its centre a mechanism by which to add this missing dimension to the truth discourses of HIV/AIDS which are employed in the fields of medicine and research (or indeed to displace any other politico-moral aspect which may be found already within those discourses) .

In sum, then, the day to day management of being HIV/AIDS in/affected, is to be achieved by becoming a particular sort of person, and all one's actions are then to be those which are apposite to that sort of person. That person is the 'alternative orthodox' truth of HIV/AIDS made flesh. Anyone who wishes to use the NAM as a resource by which to cope with being HIV/AIDS in/affected will have to relate to the text ethically, and once they do so, will themselves start to become an expression of the 'alternative orthodox' truth. Every action they take as an HIV/AIDS in/affected person will have an 'alternative orthodox' shape, and will serve to confirm the rightness of that particular construction of the syndrome's truth.

Again, although such observations may create a foundation upon which a critique of this state of affairs may be made, no such critique is intended here. No truth discourse is without a politico-moral dimension of some shape or another, and one could do far worse than the manifest progressiveness which informs so much of the 'alternative orthodox' vision. The NAM and other similar texts doubtlessly provide through this kind of ethical work invaluable assistance to many, many people. The question which this thesis is intended to address, then, is *how* the 'alternative orthodox' vector sustains itself as the dominant HIV/AIDS truth discourse, and this study of the NAM shows that one of the ways this occurs is through ethical relations whereby people who are in some way connected to HIV and AIDS become in

themselves aspects of the 'alternative orthodox' account, through ethical work which is enabled by publications such as the *Manual*. The question here is *never* whether or not the 'alternative orthodox' discourse *should* be dominant.

PART 3 - MAKING SENSE OF HIV/AIDS

Chapter 7

HIV/AIDS AS AN ETHICO-PANOPTIC REGULATORY MECHANISM

One of the most remarkable things about HIV/AIDS is its conspicuousness in the non-HIV/AIDS in/affected world, especially when it is juxtaposed against the arguably lesser visibility of other pressing health problems like heart disease, cancer and road traffic accidents in the West (cf Smith & Jacobson 1988:29,44,68) and malnutrition, tuberculosis and civil war in the Third World. This fact is in need of explanation.

7.1 Three visibility-conferring discursive aspects

There are three aspects of the discourse which contribute to this successful self-promotion; i) the combination of 'known facts' and uncertainty contained within it serve to produce an eschatological HIV/AIDS, a looming doom, but one which is always imminent, never fully here. ii) it opens a new terrain for the division of what is normal from what is pathological, changing that process from one which establishes an actuality to one which establishes a potentiality, thereby problematizing existing techniques for policing and assimilating the 'other'. iii) it is constructed such that HIV/AIDS is made something of direct and immediate relevance to each and every individual. The discourse centres on sexuality, which has over the last two hundred years increasingly been seen as the seat of the truth of the self (Foucault 1979), enabling it to be couched in such a way that the truth about HIV/AIDS is inseparable from the truth about oneself and HIV/AIDS.

7.1.1 Apocalypse soon

Although the heavy-handed AIDS Cassandras of the mid-nineteen-eighties had fallen out of fashion by the turn of the decade, and, despite a few hopeful reports of falls in the number of AIDS deaths in the USA and UK (in 1995 and 1996), of AIDS wards closing for lack of patients, of a dramatic improvement in the state-of-the-art of anti HIV and AIDS drugs, and of 'promising' new vaccine research, the picture given through the nineties has still been predominantly a gloomy one. HIV/AIDS remains a disaster, the worst of which we have not yet seen (*Guardian*: 20/4/96; 10/6/96; 1/11/96; 15/2/97; 28/2/97; 1/3/97; *Observer*: 23/6/96).

The eighth world conference on AIDS (1992) carried the message that the spread of HIV had not been curbed, and there were suggestions of the emergence of a new and undetectable strain of HIV. More recently, other sorts of new strains of the virus have been reported to be emerging, which develop resistance alarmingly quickly to the drugs which have caused the current downturn in deaths in the West, and which are more 'aggressive' and easily transmitted by heterosexual intercourse than the older strains, with the implication that a "new wave of infection" will befall the West shortly. Despite the improvement in palliative therapies, to hope for a cure would still be premature. Indeed, there is much concern that "false hopes" generated by hyperbolical talk of wonder drugs might and do lead people to abandon safer sex. Despite the decrease in AIDS deaths in the West, world-wide 1.5 million people are said (by Peter Piot, the director of UNAIDS) to die from the disease in a year, with 8,500 being infected anew with HIV every day. The world's poor are particularly vulnerable, and it has been posited in some quarters that AIDS might reverse the rise of the population in the Third World. Certainly Asia is now acutely affected, with more than 3.5 million people infected with HIV, 90% of them through heterosexual intercourse. This Asian epidemic is said to be expanding rapidly and largely unchecked, with projections suggesting that by the year 2000 the area will have some 2 million AIDS cases annually. The former Communist Bloc is another area where HIV is said to be spreading without any great hindrance. In short, the message is that we still must, in the words of a *Guardian* headline from 1996, "Ignore Hype of Aids Success" (Brown 1995:71,1997:43; *Guardian*: 20/7/92; 21/7/92; 22/2/96; 1/3/96; 25/5/96; 9/7/96; 1/8/96; 29/11/96; 22/12/96; *Independent*: 12/5/92; *Times*: 20/7/92; also cf Williams 1995).

This bleak depiction reflects and is premised on a trinity of related 'truths' which have emerged out of the complex of discourse discussed in chapter 3; (a) HIV is the causal factor, which (b) can be (ever more) easily transmitted through heterosexual intercourse, which has led to (c) an epidemic of HIV infection in the third world, first in Africa, and ever increasingly in Asia, which is (probably) a model for how things are going to be in the West. (That HIV infection is now reportedly of epidemic proportions in the former Soviet Union - a territory which stands as a half-way house or symbolic gateway between the West and the developing world - is highly significant in this regard.) These three stand as the most durable truths of HIV/AIDS, challenged as they are by neither the 'orthodox' nor the 'alternative orthodox' vectors of discourse. Such truths are taken as given, and the proper space

for debate is then made to be around the question of what should be done about it. Take away HIV and the whole edifice collapses. Take away heterosexual transmission and the 'end of the world as we know it' scenario is replaced with a picture of disease relevant only to a hapless minority. The same applies if the African and Asian epidemics are revealed to be artefacts of reclassification of already existing sickness, or simply a mistake of inaccurate testing.

But the most important factor about these core truths of HIV/AIDS is the relationship between the present and the future which they establish; the worst of HIV/AIDS is always yet to come, particularly when viewed from a Western perspective. The affliction which binds Africa now (and which is expected to become much, much worse, before too long) is presented as a premonition. HIV/AIDS, as the latest means we in the West have found to make sense of all too familiar representations of Third World suffering, is more than usually threatening to the Western gaze because it is invulnerable to the discourses of comfort normally employed to establish the difference between the First and Third worlds. Whereas malnutrition, poor sanitation, other infectious diseases and civil war can be explained away as facets of 'less developed' civilisations, HIV/AIDS cannot.

In a sense HIV/AIDS is a Western phenomenon, in that the central truths of the sickness are fabricated within, are functions of, broader Western discourses of disease, of death, of medicine, of morality, of the body. For something to gain importance in the discourse of HIV/AIDS, then, it must be highly visible to the Western gaze. But it seems unlikely that the conspicuousness of the long established African epidemic, and the burgeoning Asian epidemic, derives from concern for the suffering which those peoples will have to endure - there are many other causes of similar suffering which are too easily ignored, or at least are not seen to merit the same degree of attention. Nor is it quite convincing to suggest that African HIV/AIDS is given as high a profile as it is simply because it is the biggest problem facing Africa today; that would still beg the question as to why the West is so uncharacteristically interested in a Third World problem. The answer perhaps is this; that the construction of HIV/AIDS is such that these epidemics can serve as a vision of hell more pertinent to the twentieth century Western imagination than is Danté's. The message to the ideal-typical white middle-class heterosexual non-drug-using first world normative individual is clear; HIV/AIDS is going to precipitate the

decline of the First (and only true) World to the position of the Third (false, distant, 'other') World.

This is, however, only one prong of an eschatological fork; the discourse of HIV/AIDS not only presents a possible, impending global disaster, but also a multiplicity of individual, potential, personal apocalypses (a claim which will be further developed below, after the following discussion of the other two aspects of HIV/AIDS discourse). As such, the construction of HIV/AIDS can be seen to be consonant with the tendency identified by Beck as present within the new reflexive modernity which characterises the West of late, for risks to be of global proportions and threatening to all humanity, and yet to be reckoned at the individual rather than the national or governmental level (Beck 1992:12-13;130-131).

7.1.2 HIV/AIDS and 'otherness'

There is a historical precedent for controlling epidemics through the establishment of certain individuals or groups as the 'other', followed by their expulsion from 'non-other' society (Frankenberg 1992:74). In addition to this, as Sontag suggests (1989:125-131), the most infamous of diseases have not been necessarily those which have caused the highest rates of mortality, but those which change the sufferer into something un-human, into something bodily, visibly, physically 'other'. In nineteenth century France smallpox was feared far less than cholera, although it killed many more. Cholera, however, has a far more dramatic effect on the body, reducing it very rapidly to a bluish-black burlesque of the person that once was (Sontag 1989:125). Similarly, leprosy has been universally reviled since time immemorial, but rarely causes death.

HIV/AIDS has certainly come to be a disease of the 'other'; not merely through its connexion with various discourses of 'deviance' - of homosexuality, of drug use, of not being white - but also through images of the person with AIDS when close to death, ravaged by opportunistic infections. In the early days of the syndrome, Mort points out, the media were very fond of displaying 'before and after' photographs of people with AIDS, emphasising the transforming nature of the disease (Mort 1987:213; cf also Alcorn 1988:73-75 and Gilman 1988:245-272, in which he compares the imaging of people with AIDS with the iconography of syphilis). Later came reports that HIV infection can lead to dementia, that most frightful of conditions of 'otherness', in which not only the body, but the very self is corrupted

(*Times*: 15/5/92). Crawford has argued that in modern society the idea of healthiness is central to the way in which identity is imagined. Hence, HIV/AIDS, in having become so much a signifier of all that is unhealthy - both physically and morally - is an entity which is profoundly problematic to modern selfhood (1994:1348).

Foucault has considered mechanisms by which 'otherness' in the guise of leprosy, of madness (1961), of criminality (1977) and of sickness in general (1973) have been policed, holding that since the tail end of the eighteenth century this has been attempted through technologies of division, the separation of the normal from the pathological. The 'other' is assimilated via a controlled expulsion; having been named, those tainted with the stain of 'otherness' can be confined, surveyed, disciplined, managed. In more recent years, however, some forms of 'otherness' have precluded the possibility of making such a straightforward bifurcation, notably those of being gay and of being a person of colour. Successful, or rather partially successful collective actions of resistance, although failing fully to undermine the discourses of deviance imposed upon those states of being, have at least managed to establish them as 'normal', in a legal or official sense - the prohibition of racial discrimination is enshrined on the statute books, homosexuality has been decriminalised and is no longer considered by medicine to be a pathological state. Thus, the full force of exclusionary tactics cannot be used (overtly) against gay people or people of colour. Despite the best attempts of certain reactionary elements of government to make it so once more, it is no longer politically acceptable loudly to denounce such people as deviant, whatever may be said behind closed doors. The same is true to a degree for people with HIV or AIDS, who officially are not to be stigmatised, while unofficially the condition remains laden with pejorative connotations.

There are two factors which have bearing here. First, there is an inverse logic of association, the process of denying that people with HIV or AIDS are alien serving to re-emphasise the fact that they might be; the idea that 'normal' people do not have to protest their normality. Frankenberg has suggested that in relation to epidemics, some powerful class or group often successfully gains control of defining who is the 'other', in terms of that epidemic. Such an 'other' is;

> "...never a totally external other, which could have no social or cultural relevance. Nor

has it usually if ever been a new other but an old one put to new uses."

(Frankenberg 1992:74)

The assumption that this 'old other' is gay men, and that there is some discrete 'powerful group' against which one can rail (the assumption behind much 'alternative orthodox' discourse) has led to a burgeoning of polemics and denials from gay quarters, which have served to conjoin HIV/AIDS with gayness (and therefore people with AIDS with an ancient 'otherness') possibly more efficiently than any external attempt to make that connexion. Guilt is often (rightly or wrongly) inferred from voluble protestation of innocence. Secondly there is the matter that in order for the 'other' to be assimilated, s/he first must be excluded, and in order to be excluded, it is necessary to name him/her as the 'other'. In this context it can be seen that the categories 'same' and 'other' are both parts of the same mechanism, and that any given individual can be ascribed to either category, without going beyond the pale. The question of the application of 'otherness' to people with AIDS, however, is left confused and ambiguous, undermining this usual policing process. Thus the person with AIDS is made doubly deviant, into something outside the scope even of 'otherness'.

This situation is further complicated by the indeterminate latency period of HIV, which opens the possibility that anyone might already have travelled into this space beyond 'otherness', but not yet be aware of it. Much health education has exploited this. In the winter of 1988-89, for example, one press campaign showed a full page portrait of an attractive woman, supposedly with HIV. The reader was then invited to turn the page to see what she might look like in five years time, and was confronted with the same photograph (see Wellings & Field 1996:22). The power of this campaign lies in that it plays upon both the expectation of dehumanising disfigurement, and on the impossibility of accurately ascribing 'otherness' (or 'super-otherness') to any given individual. There are no outward signs of infection and the antibody tests are often inconclusive. (As they test for antibodies and not the virus itself, a negative result cannot guarantee freedom from infection. Also there have been instances of tests producing falsely positive results.)

All this does something significant to the question of the division of the normal from the pathological. Armstrong (1983) argued that the tuberculosis dispensary, by rendering everyone potentially sick (and thereby effectively abolishing the process of

the division of the normal from the pathological), successfully extended the area in which a medical regulatory gaze could operate. HIV/AIDS, however, is constructed such that it creates the related but different possibility that anyone may be *unknowingly* sick *now*, affording the possibility of an extended regulatory gaze not premised on the abandonment of the division of the normal from the pathological, but on its re-location and re-invention as something which is the property of the laity more than of medicine. For the nature of HIV/AIDS discourse is such that it allows the ascription of normality and deviance to be an ongoing and imprecise process, subject to constant review of a sort most apposite for individual, personal, non-professional reflection, rather than a once and for all decision to be made by a medical professional within an institutional framework.

The unresolvability of this issue ensures its continued relevance, as those procedures for the management of epidemics which centre on the naming of the 'same' and the 'other' cannot satisfactorily be accomplished. 'Otherness' is thus made unpoliceable, and in doing so its salience is magnified, in that there is no comfortable, familiar, tried and trusted action to be taken to contain it, so it remains a problem, it remains in view. And so a cycle is established; this hyper-visibility of '(super) otherness' forcing the question "who is the 'other'?", the lack of an answer to that question focusing attention back onto the unmanageable '(super) otherness'.

7.1.3 HIV/AIDS and the individual

"This issue is about AIDS, it is also about you", proclaimed the *Sunday Times Magazine* in 1987 (21/6/1987). In many ways, however, this banner still encapsulates quite neatly the central message of the ascendant hegemony, at least in those aspects of it designed to educate and attract those who are outside the sanctioned HIV/AIDS in/affected community. However, given the failure of the oft foretold explosion of HIV/AIDS cases in the 'general population', it may be wondered how such a message is made to stick. Strong's model in which the psycho-social reaction to any epidemic disease produces three further epidemics may provide the answer. These three subsequent epidemics comprise one of fear, one of explanation and moralisation, and one of action or proposed action, which together;

> "...have the potential capacity to infect almost everyone in the society. Just as almost everyone can potentially catch certain epidemic diseases, so almost everyone has the capacity to be frightened of such diseases - and, likewise, has the capacity to decide that

something must be done and done urgently."

(Strong 1990:251)

This he terms 'epidemic psychology'. He argues that these three epidemics are at their most marked when they are inspired by a new disease, and that a process of normalisation occurs once a disease has become familiar, once responses to it have become set, routine, institutionalised. Such, he contends, is what happened with the plague after its initial visitations on Europe (Strong 1990:249-259). HIV/AIDS may not follow exactly in these footsteps, however, as normalisation of a disease cannot occur until the third of these epidemics is dominant over the first. The most constant features of the discourse of HIV/AIDS appear to be changeability and uncertainty, particularly with regard to its exact ætiology and prognosis, which together serve to problematize the formulation of clear cut practical responses. In terms of Strong's model HIV/AIDS is constantly a new disease, being as it is a clinically designated syndrome in which a wide array of actual infections and pathologies in individuals and groups of individuals may be taken as indicators of the presence of 'AIDS' (whose existence is, as a result, always in some sense arbitrary). This allows epidemic psychology to flourish after normalisation might have been expected to begin.

If this contention, that the truth of HIV/AIDS is characterised by its changeability, seems to contradict the apparent stability of HIV/AIDS knowledge within 'alternative orthodox' discourse, then consider the following, taken from the section of the *National AIDS Manual* dealing with how AIDS is defined, which shows the syndrome to be a very variable beast indeed, over time, geographically, and in relation to specific sub-populations; the definition of AIDS (as formulated by the CDCP in the United States) has, "...evolved over time as the shape of the epidemic changes" due to pressure from all variety of health care workers (NAM:R1-9). For example, in 1993, three new opportunistic infections - pulmonary tuberculosis, invasive cervical cancer and recurrent bacterial pneumonia - were recognised as being AIDS defining, because they "...were becoming more common as the epidemic grew to affect an increasingly diverse range of people" (ibid). (In addition to this, in the United States an HIV infected person with a CD4 cell count of below 200 is now defined as having AIDS, regardless of whether s/he is actually experiencing illness. It should be noted, however, that although Europe has followed the American lead

with respect to the three opportunistic infections, the less-than-200 CD4 cell count definition has not been adopted on this side of the Atlantic.)

Such changes have had a rather interesting consequence, though, for

> "Although each definition may represent a refinement, they tend to include more individuals rather than less, and so people suddenly find that overnight they are being categorised as having AIDS, with no real change in their physical status."
>
> (ibid).

And a similar expansion of who may be included as AIDS affected can be seen in the development by, amongst others, the World Health Organisation of AIDS definitions designed to be "better suited" to developing countries (NAM:R1-8) than Western definitions which

> "...are certainly almost useless in Africa and other less developed areas, where the marked differences in environment result in a completely different clinical picture and the absence of high technology laboratories means that some infections (e.g. CMV, MAI) would be very difficult to diagnose. To try to redress these issues, the World Health Organisation has developed special definitions for adults and children in Africa."
>
> (NAM:R1-13)

Interestingly, a positive HIV antibody test is not a prerequisite for an AIDS diagnosis according to these criteria (ibid). Once again, on the same tack, the CDC in the United States has developed children-specific AIDS definitions (NAM:R1-8), due to the "different spectrum of problems" HIV infected children suffer, and the fact that it is hard to find HIV in children younger than 15 months (NAM:R1-9). What these ever changing definitions do have in common, though, is that they all increase the numbers of people who may legitimately be touched by the regulatory mechanisms inherent in HIV/AIDS discourse.

Another factor ensuring the ongoing pertinence of HIV/AIDS is that the discourse of the disease centres on sex (cf Alcorn 1988:70-730). It can be assumed that a society's reaction to (and construction of) an epidemic disease will reflect its cultural, moral, social and political concerns. In twentieth century Western society, sexuality features as a fundamental axis of discourse. Foucault (1979) contests the position

that throughout the last century sexuality was repressed, citing as evidence the proliferation of discourses on sex within the disciplines of medicine, psychiatry, pedagogy, criminal justice, social work and the like. From the end of the seventeenth century incitements emerged to discuss sex and to do so endlessly, but as an object of analysis, of classification, to create a *Scienta Sexualis*. Stemming from this fascination, the truth of the self has come to be equated with the sexual truth of the self. He writes;

> "What is peculiar to modern societies, in fact, is not that they consigned sex to a shadowy existence, but that they dedicated themselves to speaking of it *ad infinitum*, while exploiting it as *the* secret."
>
> (Foucault 1979:35)

HIV/AIDS sits right in the middle of this preoccupation, feeding off and furthering the conspicuousness of sexual issues, which are meat to the debate of the second of Strong's epidemics. In its wake, the most intimate details of manifold and various forms of pleasure and precaution have become the standard fare of popular magazines and television (Mort 1987:217).

How all this relates to the claim made above that HIV/AIDS establishes a multitude of personal apocalypses needs to be explained. It has to do with the calculation of risk, born of a combination of the fear of the disease (resultant from the fact that one of the 'given individuals' for whom one cannot accurately ascribe '(super) otherness', or indeed 'normality', is oneself), and the fact that such a calculation is central to what action it is possible to take to combat the disease (the third of Strong's psycho-social epidemics). HIV/AIDS provides a situation in which the very search for the truth of oneself in sex can lead to the radical alteration of that truth, into something beyond 'otherness' (cf Miller 1993: chapter 1, on Foucault's 'limit-experiences').

This sexual search for self operates not only through actual sexual practices and activities, but also, perhaps more importantly, through the individual's ex-post-facto or hypothetical analysis of such. In the age of HIV/AIDS, any such analysis will pose (unanswerable) questions about the likelihood of infection from both past and future contacts. Thus the transformation of the truth of the self can be one of a shift from a belief that "it is not likely that I have HIV" to one of "actually, thinking about it, it is quite possible that I might have HIV" (and vice versa), each new report of a

novel strain of the virus, each new estimate of its latency period, each revelation about the putative extent of infection, each remembrance of past sexual contact, each hope or expectation of future sexual contact, precipitating a fresh examination of the truth of one's heart and history, a reassessment of one's situation in relation to infection and all that goes with it. The truths of sex, of the self and of HIV/AIDS, then, are conjoined in a Gordian knot, which can be seen to rest on the same three truths identified earlier; if HIV does not cause AIDS, or if heterosexual intercourse is not the primary conduit of infection, then HIV/AIDS has no grip on the sexual self. And the strongest evidence for the first two points is the current plight of Africa and the rest of the Third World.

7.2 HIV/AIDS as a panoptic technology of power

It has been argued that HIV/AIDS has contributed to an undermining of medical credence, which is seen as part of a growing general disaffection with science, characteristic of the late-modern West (Altman 1986:45; Beck 1992:167; Brandt 1988:426). As Beck puts it,

> "Until the sixties, science could count on an uncontroversial public that believed in science, but today its efforts and progress are followed with mistrust. People suspect the unsaid, add in the side effects and expect the worst."
>
> (Beck 1992:169)

Perhaps in the light of this, social science has laid claim to HIV/AIDS, its disciplines seeing themselves as better placed than medicine to control the spread of infection (Coxon A.P.M. 1988:84; Coxon T. 1988:127-128; Holland, Ramazonaglu & Scott 1990:49; Silverman et al 1992:69). Silverman, for example, contends that it is generally agreed that AIDS is first and foremost a social issue, to which medical matters (albeit highly pressing ones) are attached, that due to the lack of an effective medical treatment for HIV or AIDS cultural and behavioural change is likely to be the most effective mode of combating the syndrome, and that such changes will rely upon forms of communication, the complexities of which are as yet not well understood (Silverman et al 1992a:174). In other words, social enquiry is required to gain the necessary understanding of HIV/AIDS related social processes to construct a social solution to this social problem.

In such fashion, then, social science has afforded itself a mandate to probe and to investigate the most intimate details of people's lives, legitimated by the threat of the extermination of the species. The emphasis on safer sex, (a strategy dependent for its coherence on the familiar truths of HIV/AIDS already identified) concentrating as it does on particular practices, requires the gathering of knowledge of the minutiae of people's sexual habits, to find where the danger lies. Vagueness is unacceptable. Social work perspectives on HIV/AIDS have considered the problem of 'the worried well', those who fear for their health as a result of past sexual contacts. In trying to help such people the social worker is instructed to;

> "...explore the exact meaning of for example a general answer like 'sex' [from the client when being interviewed]. Some people may consider masturbation or kissing as sex, others may mean penetrative anal sex or vaginal intercourse."
>
> (Bamford, Gately & Miller 1988:68)

Armstrong (1983:115) has suggested that medicine and the social sciences together comprise an extended panoptic disciplinary mechanism (cf Foucault 1977: part 3), and such an interpretation could be made of the medico/social-science discourse of HIV/AIDS. However, it is questionable to what degree the concrete forces of either arm of such a medico/social-science fork actually touch their targets of regulation. Most people have not consulted their doctor, requested counselling or been interviewed in depth by sociologists on the subject of HIV/AIDS. Therefore, although it is true that medico/social scientific power informs HIV/AIDS, if the discourse has any panoptic effect, then some other mechanism must serve to extend that regulatory influence throughout the populace.

As commented earlier, the cultural space inhabited by HIV/AIDS is roughly equivalent to that once occupied by leprosy, and later by madness, in that it exists as a surface for the articulation of societal concerns about the danger in that which is alien, and that historically such matters were regulated via technologies of exclusion, of confinement and surveillance, madness taking the place of leprosy when the latter vanished from Europe at the end of the Middle Ages (Foucault 1961). Castel has suggested, in relation to mental illness, that such strategies are inappropriate to 'advanced industrial' societies, and that the focus of government has shifted from the 'dangerousness' of a given deviant subject to factors of 'risk' for a collectivity. This new form of surveillance, premised on preventative approaches to social

administration such as would be apposite for dealing with the likes of HIV/AIDS, effectively dissolves the notion of the subject, and the need for a face to face inter-relation between the watcher and the watched that exists in classic panopticism. Within Castel's conception all are surveyed, and if enough risk factors are apparent at any particular locus, moves are then made to establish the presence or absence of real danger. The model is of a broadly scanning social administration, zooming in on possible trouble spots (Castel 1991:281-299).

Within the discourse of HIV/AIDS, however, there are a great many loci where sufficient risk factors are present to warrant investigation (that is, a lot of people have slightly suspect sexual histories), and the establishment or otherwise of the presence of danger is not straightforward (as discussed above). In practical terms, no administration could cope with it, and the limitations of panopticism from which Castel wishes to escape reappear. Having said this, policing via HIV/AIDS does focus on risk, but at an individual rather than a collective level, precipitating a change from a 'top-down' model of regulatory surveillance, dependent on the professional ministering of power-inhabited discourses, to a more lateral model, suggesting the possibility of auto-surveillance and auto-regulation. Such a model could function via the technology of 'the confession', a mechanism with its roots in mediæval Catholicism, but which through the nineteenth century and beyond spread into secular relationships, with the doctor, the psychiatrist, the parent, the pedagogue replacing the priest as confessor. Foucault used the term 'confession' to apply to;

> "...all those procedures by which the subject is incited to produce a discourse of truth about his sexuality which is capable of having effects on the subject himself."
>
> (Foucault 1980:215-216)

In other words, it is through confession that the individual comes to understand and to fabricate his/her own subjectivity in terms of the discourse which entices that confession. The *Scienta Sexualis* of old, then, was an incitement to confession, to the fabrication of self as sexual-self, and was administered by those professionals who were qualified subjects of vision of the various related defining discourses.

The discourse of HIV/AIDS, however, is such that it provides a (potentially, panoptically) regulating gaze for which anyone can become a competent viewer, but which has its own regulatory longevity ensured in that even the competent subject of

vision can see only further questions, seldom any definite answers. HIV/AIDS is a discourse tailored perfectly for a proto-professionalised public (cf De Swaan 1990), conversant with the medical, sociological and psychological truths on which the disease is based, and for which it has such marked implications. HIV/AIDS discourse has followed the language of psychotherapy out of the realm of the confessional consultation and into the much more visible arena of mass communications - in the form of magazine or television borne advices - in which the imperative to therapy becomes at least as much to do with healing oneself as it is with being cured (Rose 1989:214). Silverman's empirical data, which show a tendency for HIV/AIDS counsellors (the most likely candidates to take the professional side of any HIV/AIDS related classic professional-lay confessional relation) to use 'information delivery' rather than 'advice giving' modes of talk when counselling (with the result that the counselling encounter does not encourage the person being counselled to expand upon their sexual histories and practices in a confessional fashion), support this contention that any disciplinary function articulated within HIV/AIDS discourse could not operate through any professional-lay confessional relation (Silverman et al 1992a:185). Thus the new HIV/AIDS sponsored great search for the truth of sex and of the self in sex is being carried out less by specialists - medics, psychologists, sociologists and so on - than it is within the laity, each individual compelled to explore his/her own history to the end of risk assessment (as discussed above), and to confess the truth s/he finds, in the pub, in front of and on the television, in the conjugal bed, and to do so to his/her peers, the others of the laity, and also to his/her own self, in a process that is never ending, as neither the truth of HIV/AIDS, nor any individual's personal history is static.

In shifting the site of the confession from the professional/laity divide, HIV/AIDS alters the mode of regulation; it works neither by the constitution of all subjects as medical subjects via an extended medical surveillance, nor by substituting factors of risk for subjects as the target of the gaze, but by moving the relationship of surveillance to the connexions between, and to within the individual members of the laity, each of whom becomes at one and the same time both penitent and confessor. This surveillance comprises a combination of a lateral gaze-nexus (each individual watching and watched by every other) with an inward auto-surveillance (each individual monitoring him/herself). Both branches of this surveillance are informed by the demands of the triumvirate of truths fabricated within the popular discourse of the syndrome. Such a surveillance could potentially have a far greater efficiency

than any 'top down' model, in which regulation will break down at the inevitable points where the gaze fails to fall; the penetration of a gaze which emanates from a problematization of something which is already accepted as fundamental to every individual (sex, that is) carries the possibility of being much more thorough, and once established of remaining firmly ingrained so long as the problematization on which it rests still stands. The discourse of HIV/AIDS severely and chronically problematizes sexuality, and opens a space in which power may operate, through the promotion of a subject who is all at once prisoner and warder, surveying and surveyed by everyone - most importantly, perhaps, including him/herself - reciprocally regulating, mutually constituting the truth of each self as a 'sexual and threatened by HIV/AIDS' self, and thereby perpetuating the efficaciousness of the mechanism.

7.3 'Alternative orthodoxy' as an ethical technology of power

Such panoptic regulatory effects as may operate through HIV/AIDS discourse, then, rely upon forms of surveillance and interrogation which are ethical in character; that is there are certain concrete practices through which regulation may be accomplished by the discourse, which obtain at a micro level and which establish particular possibilities of and limits to being, by determining who one has to be in order to address oneself to HIV/AIDS. And although it is the dynamic which exists between all three vectors of the broader discourse which creates the possibility of it acting as a lateral-ethical-panoptic mechanism (the relationship between 'orthodox', 'alternative orthodox' and 'dissident' discourse serving to solidify both the truths on which the universal relevance of HIV/AIDS is premised, and the uncertainties which continue to ensure that relevance) it is in the dominant vector, the 'alternative orthodoxy', that the specifics of the ethical aspect of this technology are to be found.

The parameters of being established by this mechanism, then, can be viewed in detail in the ethical relations - in the technologies of self - found in the expressions of 'alternative orthodoxy' comprised by the texts examined in chapters 4-6. These texts, pertaining as they do to those most immediately touched by HIV/AIDS, provide the clearest, the most marked and developed examples of 'alternative orthodox' discourse in its ethical forms, and one may regard them as templates for the forms of ethical instruction which 'alternative orthodoxy' will provide in those situations where the underlying conditions of micro-power allow for its prescriptions to be made in a full-

bodied and relatively unchallenged manner. Given that it is a central aspect of 'alternative orthodox' discourse in general that HIV/AIDS is constructed as something of direct relevance to every individual, if it were possible to remove all forms of resistance to the propagation of 'alternative orthodox' ethical discourse, then one would expect the rapid emergence of similarly constructed discourses whose ideal reader's connexion to HIV/AIDS was less proximal. Hence, despite the fact that the data from chapters 4-6 apply to only a relatively limited part of the entire individualised and proto-professionalised public which is the target of the regulatory technology described above, it is still safe to consider the ethical prescriptions found within the earlier chapters as indicative of the mode of ethical thought which operates around HIV/AIDS, and by which a lateral-ethical-panoptic mechanism might function at a micro-cosmic level.

7.3.1 Differing emphases of 'alternative orthodox' discourse

Each of those texts, however, has its own emphasis: Watney's work centres on the political-ethical dimension of being HIV/AIDS in/affected, on the political attitudes, approaches and actions which are apposite for an HIV/AIDS in/affected person; the focus of the *Body Positive Newsletter*, with its unerring emphasis on positivity, is more on the spiritual-ethical aspects of living with HIV/AIDS than the political; the guiding principle behind the commentaries of the *National AIDS Manual* is to provide advice on a technical-ethical plane, about the nuts and bolts of how one goes about life as an HIV/AIDS in/affected individual. These distinctions are, however, not at all discrete and exclusive, they are simply ideal-typical observations by which one can gain an understanding of the differential emphases within the various exemplary 'alternative orthodox' texts under consideration. All of the texts contain elements of each of these aspects, and each aspect is complementary to the other two; the spiritual aspect provides motivation, is that which makes further action worthwhile, the political aspect informs such action (including, indeed perhaps principally, action upon oneself, action pertaining to the business of shaping who one is), and the technical aspect provides the ethical mechanisms by which to actualise the ethical visions of the political and spiritual versions of 'alternative orthodoxy'.

'Alternative orthodox' discourse achieves regulation at the ethical level, of a form which would be apposite to the disciplinary potentialities found in HIV/AIDS discourse overall, through its constructing, via the sorts of techniques of self

described in detail in chapters 4-6, a form of ideal subject with a particular characteristic shape:

(i) The political-ethical level of the discourse situates this subject left of centre in the normal political spectrum, opposed to such reactionary neo-liberal nostrums as monogamy and abstinence, and to the espousal of any such view in health educational, scientific and other official discourses. Personal responsibility, however, remains central to the 'alternative orthodox' vision, in the form of the ethical necessity to practice safer sex. Underlying this is the subject's implicit commitment to the celebration of pluralism, and the forms of politics and activism, which, having as their precursors gay politics and activism, spawned the 'alternative orthodox' response to HIV/AIDS. With this comes an express commitment to oppose any theory of AIDS other than the HIV hypothesis, which may deliberately or otherwise threaten the ontological bedrock upon which the 'alternative orthodox' political construction sits. 'Alternative orthodoxy' also contains certain potentialities for more radical political-ethical prescriptions, not yet fully incorporated into the technology, but which may come to the fore should the prevailing conditions of micro-power in the world at large allow it. Principal among these are questions about the role of the family as the central organising feature of late-modern Western society, and ideas about re-configuring hegemonic understandings of sexuality.

(ii) The spiritual-ethical level of the discourse provides an imperative so straightforward and simple that it almost belies is central importance; the subject must be unfailingly and indefatigably positive in his/her approach to HIV/AIDS in/affectedness. Despair must be reconstructed as the precursor to a subject's personal transfiguration to a life of affirmation-in-adversity, anger must be focused, and directed against those external forces which hinder the mission of the HIV/AIDS in/affected community through which this and the other ethical directives are articulated. This positivity is, though, radically informed by political level of the discourse.

(iii) The technical-ethical level of the discourse provides for a subject who can realise practically the political and spiritual dimensions of the ethics of 'alternative orthodoxy'. This level articulates a subject with a distinct will to knowledge (the ontology of which is bounded in the way that all 'alternative orthodox' knowledge is), through which the visions of activism found in the first level can be made manifest -

this level of the discourse aligns the political and the practical. It also provides the means by which a positive outlook can be turned into positive action, with respect to the subject's own personal in/affectedness. This is particularly true of the new form of relationship which the subject is enjoined to construct between him/herself and the medics and other scientists with which s/he has to deal as an HIV/AIDS in/affected individual.

7.3.2 The absence of death in the analysed texts

The fact that 'alternative orthodoxy' articulates a regulatory technology which operates through the ethical production of an ideal subject with a given shape goes some way towards explaining one deeply puzzling aspect of the texts analysed herein, which is the relative absence within them of death as a motif. A straightforward explanation of this absence, that it is simply a reaction against the very negative public constructions of the relationship between AIDS and death (cf Small 1993), although attractive, is inadequate, as it still begs the question of why the issue is not dealt with more proactively; why is the issue of death as raised by HIV more or less ignored, rather than re-constructed in some preferred way, as so many other issues have been, and as death itself has been in other texts not included in this analysis, but which could certainly be considered as expressions of the 'alternative orthodoxy'?

Satisfactorily to explore this question, it will be necessary to examine the place death inhabits in late-modern society. Mellor (1993) argues that the amount of literature on death which has appeared in recent years means that it can no longer be considered the taboo subject which it is often assumed to be, although it is, he argues, prevented from inhabiting public space. This sequestration is radically bound up in the distinctive tendency within what Giddens calls 'late' or 'high' modernity to shift problems of meaning out of the public domain and into private and subjective space, a trend which creates the previously unknown possibility of personal rather than social meaninglessness, for it leaves "the creation of a viable and stable sense of self" as the principal course open for people by which to make their lives meaningful. Following Giddens further, Mellor argues that death when individualised in such fashion comprises a serious threat to people's "ontological security" - that is the sense of order, meaning and continuity which they have in everyday life - and one which can confront people with either 'Kierkegaardian' anxieties about the reality and meaning of that everyday existence, or with

Durkheimian 'anomie', which may also have negative implications for their maintenance of self (Mellor, 1993:11-19). Thinking in a similar vein, Düttman contends that the existential threat to the person with AIDS in particular is all the greater, the constant anxiety the syndrome brings that one will 'die before one's time' serving to destabilise radically the possibility of sustaining a unified, coherent subjectivity (1996:1-26).

The high modern approach to the construction of death, then, renders one existentially isolated, and unsure how to make the experience of the death of a loved one meaningful, or even how to act in the face of it, with the consequence that

> "...modern persons are increasingly reluctant to come into close contact with those who are dying...Death finds no easy, or generally accepted, place in the conceptions of reality generated by high modernity, and which individuals appropriate in their reflexive constructions of self-identity. Consequently, when death becomes startlingly real in the people around them, their desires for self-preservation encourage them to shut themselves off from those people who are dying."
>
> (Mellor 1993:21)

Following this line of thought would lead to an explanation of the invisibility of death in the texts herein analysed in terms of silence simply being the best option available, given that HIV/AIDS discourse finds itself sandwiched between the unacceptability of ghoulish and spectacular media representations of AIDS death on one side and high modernity's lack of any readily adaptable space in which to construct a more acceptable form of death on the other. Such an argument, however, does not take full account of the way in which the communities which so far have been those predominantly affected by HIV in the West actually reacted when death did become "startlingly real in the people around them"; far from shunning the afflicted of their fellows in an attempt to escape angst through isolation, these communities cohered and unified as never before, and through collective activism have by now successfully made it an admission of terrible ignorance for a non-HIV in/affected person to exhibit any practical expressions of separating him/herself from the spectre of death such as to shy away from holding the hand of or using the same cutlery as a person with HIV.

This contradiction between what Mellor would predict and what actually occurred exists because the identity which was most threatened by death-in-AIDS (the ideal-typical 'gay' identity), having been forged as the unifying tool through which the struggle for collective liberation for people whose sexual object choice is homosexual might be won, is, in this regard, not an isolated individual one. To come out as gay is not merely to affirm one's sexual preferences, but is to join a politico-moral community which affords one one's identity, and which must remain intact if one is to keep that identity and not have to surrender to the perniciously isolated alternative identity, the 'homosexual'. This is not to imply, however, that such an identity creates and belongs to some lumpen mass, and is therefore not articulated individually - it is simply that the individuality which is produced is located very firmly within a discourse of community, providing for a collectivity of like-minded but discrete individuals. So it is, then, that had HIV/AIDS caused the disintegration of the gay community by means of those who were uninfected denying those who were, this would have had far more damaging effects on the identities of all the individuals concerned than the alternative of rallying round and facing death-in-AIDS straight on (although this is by no means to suggest that such an instrumentalism was the only driving force behind the solidarity displayed by Gay communities world-wide in the face of HIV/AIDS - it is certain that a straightforward sense of commitment and duty to others who were suffering was a central factor).

This is where the weaknesses in Mellor's account begin to show, for he assumes that the only plausible reaction to the sort of existential anxiety which death engenders is flight in 'bad faith'. In contrast to this there is, of course, the alternative possibility of embracing death as that which gives life meaning; proximity to death can heighten one's perception of being alive. If early death does have some sort of 'absent presence' within the forms of identity which are afforded by those expressions of 'alternative orthodoxy' (itself in so many ways the progeny and inheritor of the community ethos of the gay movement) considered in this research, then it is in this latter spirit, serving as the root of a communal existential project of which unbridled positivity is the fruit; the proximity of death can inspire an increase in the intensity of being-towards-death, can motivate one to action, and focus one's efforts. (And this is by no means confined to those who are actually HIV positive - one does not need to be infected with HIV in order to have one's awareness of one's mortality heightened by the virus).

However, if this argument that 'alternative orthodoxy' has grasped death as an existential catalyst is sound, then one is still left with the problem of why death should be an 'absent-presence' within the analysed texts, rather than a 'present-presence', as it is elsewhere. Armstrong's analysis of the history of thought surrounding death may cast some light here. He describes a history of death related discourse in which from the middle of the nineteenth century death was supposedly hidden, was made secret, was to be regarded as somehow 'indecent'. Patients were not to be told of terminal prognoses. This process went along with an increasing medicalisation and putative privatisation of death, and with the decline of such things as death related rituals and ceremonies, and of public mourning. This régime of supposed silence reached its peak in the 1950s (Armstrong 1987:562-651).

Armstrong, however, challenges this history on two grounds. Firstly, he contends that, similarly to sexuality (Foucault 1979), there was far from a silence regarding death, and instead there was a palpable increase in discourse on the subject, unprecedented in its degree, but of a form which was medical and governmental rather than personal or experiential - indeed, the record taking which accompanied this new mode of discourse meant that it was a far more public and less concealed form of death than that which had preceded it. Secondly, he rightly suggests that this history assumes, in keeping with its liberal account of power as a negative and repressive thing, that silence is equivalent to non-discourse - Armstrong, again following Foucault, holds rather that silence can be an active part of discourse, what is left unsaid functioning alongside and in a complementary relation to what is spoken, the limits of the possibilities of both utterance and silence being produced by the same régime of micro-power.

He argues that this was indeed the case with respect to the supposed repression of death in the mid-to-late nineteenth and early twentieth centuries. These changes, then, comprised not the displacement of the possibility of speaking about death by a new code of silence, but a new configuration of what it was possible and impossible to say, and also of who was able to speak. The role of speaking about death shifted from those close to the deceased - relatives, friends, neighbours - to the medical and administrative authorities, implying a change in the site of death rituals, away from the private domestic field and into the public medico-administrative one. In this light, the silence on the subject of death (and in particular the silence with regard to medical prognoses of imminent death) which obtained between doctors and patients

up until about 35 years ago, is properly seen less as a lie enacted by the former against the latter, than as a 'conspiracy' between the two parties. The presence of death in disease was a secret, acknowledged by both doctor and patient, but allowed to remain unspoken (Armstrong 1987:651-653). This mode of death discourse has itself been all but displaced now, by the liberal 'confess all' approach. However, it would seem that the HIV/AIDS in/affected communities constructed within those expressions of 'alternative orthodox' discourse considered in this work articulate exactly this anachronistic mode of apprehending death, rather than the more modern version, despite the fact that the latter seems more in keeping with the general liberal, individualistic, personal rights and personal fulfilment orientated 'alternative orthodox' undertow. There is a possible explanation for this, which has two aspects.

On the one hand, the sense of this approach lies in the hope which the older model provides but which the more recent version abjures. Armstrong holds that silence about death was kept by both patient and doctor because it allowed the patient the palliative benefits of hope and optimism in the face of approaching personal oblivion, benefits which would have been destroyed had the secret been uttered. It would seem that the hope which resides in uncertainty is, within the particular 'alternative orthodox' texts analysed in this thesis, deemed to be more important than the relief of having a certain knowledge of one's medical circumstances, if that knowledge is of imminent or immanent death. This is an instance where the central principle of positivity is in conflict with the individual right to know about one's life expectancy, and it is the former principle which (perfectly reasonably) is allowed to come out on top. Death in these texts remains therefore unspoken, although it is by no means thereby denied; it is the shared secret of the HIV/AIDS in/affected community, known by all parties in the discussion, but seldom if ever uttered. Armstrong further contends that this form shared silence formed a bond between the patient and the physician which relied upon death remaining unmentionable (ibid). A similar process can be seen at work here, the unmentionability but undeniability of the close presence of death being one of the (spiritual-ethical) glues which hold together the community 'alternative orthodox' HIV/AIDS subjects as articulated by, especially, the NAM and the Body Positive Newsletter.

On the other hand, the invisibility of death in certain aspects of 'alternative orthodox' discourse *is* to a degree a function of the existentially threatening nature of late-modern death, and in particular death-in-AIDS. It was contended above that at one

level the identity most threatened by death-in-AIDS was communal. This is so, and it is at this level that death-in-AIDS may be confronted head on, in the way that history shows it has been. At another level, however, at the level at which this identity is made manifest in those who comprise the HIV/AIDS in/affected community, at the necessarily individual technical-ethical level (cf 8.2.3), death becomes again exactly as problematic as Mellor (1993) and Düttman (1996) suggest. Hence, by allowing individual death-in-AIDS to remain an acknowledged but unspoken secret - in keeping with which aim very little technical-ethical information about how the individual should address him/herself to the issue of his/her own death is provided - these examples of 'alternative orthodoxy' effectively remove from jeopardy that upon which the mechanisms of 'alternative orthodoxy' overall rest, the possibility of the production and maintenance of a coherent HIV/AIDS in/affected subject. This also provides a possible explanation for why death is afforded a 'present-presence' in other forms of 'alternative orthodox' expression - death is perhaps mentionable where the form of discourse involved has no immediate individually ethical effects on those towards whom it is aimed, where it deals with a communal political response, but remains unmentionable where individualised technologies of self such as those identified in this work are articulated. This is, however, only a speculation, and properly to address this question would require extensive further research.

7.4 Conclusion

In all its contradictions and complexities, then, the discourse of HIV/AIDS opens a space in which a particular form of panoptic regulatory activity may be articulated, such activity operating principally through the ethical technologies of the dominant 'alternative orthodox' aspect of the discourse. *Prima facie*, the most significant distinguishing quality which this technology displays is the definite political agenda at work within it; HIV/AIDS has been constructed as a surface upon which a vision of political subjectivity which is more usually confined to obscure journals and late night minority television can - potentially - be articulated to a wider audience (the conditions of possibility for the political-ethical vision given in the specialist texts studied herewith being the same as those which enable the 'alternative orthodox' hegemony in its more widespread form), and be so presented in a very favourable light. However, to conclude the analysis there would be to give an incomplete picture; for this regulatory mechanism does not operate in isolation, but needs to be

understood in its late modern context, that is, in terms of its relationship to latter day 'governmentality'.

Chapter 8

HIV/AIDS, GOVERNMENTALITY AND FREEDOM

The term 'governmentality' is central to Foucault's later work and can be expanded (after Lucien Febvre) as 'the mentality of government', or the 'way of doing things' implicit in actions taken by individuals or populations which are designed to inform their conduct. Indeed, Foucault defined government as 'the conduct of conduct', an enterprise which it is characteristic of modern societies and the modern state to attempt to manage through the fusion of two distinct modes of power relation; government, then, is manifested through the interaction (although not quite integration) of coercive mechanisms of power, with those practices by which an individual acts ethically upon him/herself (Burchell 1993:267-268; Gordon 1987:296-297).

That government functions in such a way has an interesting effect; it means that regulation is achieved via the marrying of practices of domination to practices of freedom; indeed as Burchell suggests "as techniques of power, the disciplines presuppose the activity, agency or the freedom of those on whom they are exercised", and such techniques of domination co-exist with technologies of the self in a complex relation in which neither can be subsumed to the other. It may be that a particular technique of power forms a condition of possibility for a given technique of the self, but this is not necessarily so, and the interaction between these two levels of regulation may involve as much conflict as continuity. Nevertheless, it is within such interaction that the possibilities of how freedom can be practised are established (Burchell 1993:268-269).

Much commentary has been made to this effect with respect to the exercise of freedom under various governments which have lately held office and which have been afforded the epithet 'neo-liberal'. The particular relation which exists between such 'neo-liberal governmentality' and HIV/AIDS was, of course, one of the central planks in Simon Watney's work, and, given that this thesis proposes that the discourse of HIV/AIDS as a whole acts as a disciplinary and ethical regulatory technology, the relation between that discourse and whatever form of governmentality currently obtains ('neo-liberal' or otherwise) is obviously of interest. The approach to this issue taken herewith is rather different from Watney's, however;

Watney asks in what ways it is that 'neo-liberal governmentality' makes life difficult for HIV/AIDS in/affected persons. Although this is certainly a worthy question in itself, it is also an incomplete one, for reasons which are best illustrated by taking an example from Foucault's own work; when discussing *Discipline and Punish*, Pasquino describes how Foucault frames his question about the emergence of the prison, and suggests that he is contending that we need to ask ourselves

> "what are the elements of modernity which might help us to understand the emergence and consolidation of the system of punishment by imprisonment? We... should attempt...to see in what ways the prison is consistent with modern society..."
>
> (Pasquino 1993:36)

Similarly, rather than viewing HIV/AIDS (or rather the 'alternative orthodox' account of it) as an entity which has a given shape prior to and beyond the late modern context in which it emerged and which only subsequently affects it, we must seek to describe any elective affinity which may exist between current dominant governmental forms (whether 'neo-liberal' or whatever) and the appearance (in both senses of the word) of HIV/AIDS.

8.1 Ways in which HIV/AIDS is consistent with late-modern governmentality

The task at hand, then, is not merely to see whether HIV/AIDS has been exploited to political ends (which it doubtlessly has), and if so in what ways, but to gain an understanding of the intrinsic position HIV/AIDS holds within the governmental mechanism in which we find ourselves in the late twentieth century; to recognise that HIV/AIDS is less the victim of late modern occidental governmentality, than it is an aspect of it. Such a line is quite in keeping with Foucault's contention that in any given period the shapes of diseases which are typical of their age (as HIV/AIDS is of ours) will tend to reflect that period's forms of social and political organisation (1973:33). 'Alternative orthodox' HIV/AIDS discourse is consonant with the late-modern world from which it emerged in five areas: in the relation it establishes between the individual and government; in the discourse's role as a 'new vocabulary of government'; in the mode of the discourse's construction of subjects; in its approach to ideas about science; in its approach to ideas about freedom. These will be dealt with each in turn.

8.1.1 Individualism & self-realisation

A number of commentators have of late noted how government in the late modern West operates not at the level of class or gender, race or professional relations, but at the level of the individual. Rose, for example, holds that the management of contemporary life is distinctive in that the government of the large institutional bodies - the nation, businesses, hospitals and the like - is predicated on the regulation of the subjective and personal capacities of individuals. Government on the large scale is inextricably bound up with government at a microcosmic, ethical, level. This has in turn led to the emergence of whole new areas of expertise, those which articulate knowledges of subjectivity. He considers that such individualising knowledges were foundational in the birth of the contemporaneous new forms of political authority, and are still central to contemporary governmental forms today. These new forms of government seek to regulate persons not by denying their individual subjectivity, but instead by encouraging the production of certain forms of subjectivity which are in line with the preferred ends of the hegemony of the day - things such as economic advancement, being a good parent, being a happy family and so on (Rose 1989:1-3; 1989a:119-122,130).

In essence Rose's argument is that all knowledges of subjectivity are in effect aspects of programmes of societal regulation; truth discourses about subjectivity are sired and fostered by the need to know subjects in order to govern them. And once such truths have achieved currency they will have the effect that their objects, in coming to recognise themselves and understand their own needs, wants and potentials in terms of that truth, will in effect regulate themselves, meeting the political demands which governmentality (by which he means the complex of institutions, practices, ways of thinking and enactments of such ways of thinking through which power is brought to bear on a given population) puts upon them through their efforts to realise their own private aspirations and fulfil their personal desires (Rose 1989:208-209). Indeed, Rose sums up the functioning of modern governmental technologies in this way

> "The self is a vital element in the networks of power that traverse modern societies. The regulatory apparatus of the modern state is not something imposed from the outside upon individuals who have remained essentially untouched by it. Incorporating, shaping, channelling, and enhancing subjectivity have been intrinsic to the operations of government. ... government of subjectivity has taken shape through the proliferation of

> a complex and heterogeneous assemblage of technologies. These have acted as relays, bringing the varied ambitions of political, scientific, philanthropic, and professional authorities into alignment with the ideals and aspirations of individuals, with the selves each of us want to be."
>
> (Rose 1989:213)

Rose is not, however, trying to draw an image of some sort of conspiracy. He notes how the objectives of these new technologies of government through individuality were - and, it is the contention of this thesis, still are - often philanthropic in their intent, as much as or more than they were motivated by the desire for profit or some other self-interest (Rose 1989a: 122).

While the principal targets of Rose's analysis are the psychological sciences (Rose 1989:5), a similar claim can be made regarding governmental effects with respect to those discourses of subjectivity articulated around the issue of HIV/AIDS, and in particular those born of 'alternative orthodoxy', which can be seen as one of the heterogeneous technologies which comprise the latter-day extended governmental mechanism which inheres in modern forms of work, parenthood, and family life, and which is characterised by the way in which it makes regulation and self-realisation into co-extensive projects. Rose holds that in recent years there has been a burgeoning of techniques whereby people may resolve their inner turmoils, and thereby regulate themselves (things such as: analytic psychotherapy, gestalt therapy, behaviour therapy, rational-emotive therapy, person-centred therapy, personal conduct therapy), and although he does not name them specifically, self-help discourses such as 'alternative orthodoxy' certainly fit within this remit, sharing as they do the vocabulary of the therapeutic in their approach to dealing with the everyday reality of life as an HIV/AIDS in/affected (sexual) subject (1989:213-214). Consider, for example, the aims expressed in the WHO definition of HIV counselling to enable clients to address the issue of HIV infection (both in terms of dealing with it if the client is actually infected, and in terms of preventing further infection) through seeking "to encourage and enhance self-determination, to boost self-confidence [and] improve...quality of life." (quoted in Silverman et al 1992:70). Such activities of self-fulfilment would all be undertaken within an 'alternative orthodox' universe which establishes the truth of the normal and pathological HIV/AIDS in/affected subject, and thus through its ethical technological aspects

encourages subjects to construct themselves as normal individuals according to this vision.

Beck, too, has noted how one of the things which is distinctive about the late modern (post)industrial West is that, due to a fundamental change in the form of relation to be had between individuals and society, such societal units as the status group, the family, the social class, are no longer the atoms from which society is constructed, it is instead the market orientated individual which is the basic unit of the reproduction of the social. Social order in this radically individualised society stems from the multiple individual assessment of risks, rather than through any form of class structure. Beck argues, indeed, that the logical consequence of the way of thinking underlying this modernity, in which every individual must be unfettered by relationships such that they can respond obediently to the demands of the market if they are to survive, is the coming of a society individualised to the point where it possesses neither families nor children, so central is the figure of the single person (Beck 1992:3,116,122,127,130).

One can see elements of this form of thinking in 'alternative orthodox' discourse, for instance around the idea of safer sex. The matter of the production of children has been removed from sexual activity within the discourse of safer sex - sex in safer sex becomes a catalogue of allowable practices, of sexual commodities, from which one can choose. Notwithstanding the imperative nature of calls for its uptake, safer sex is a health-conferring lifestyle choice which can be bought into, as can exercise through the purchase of sports equipment or membership of a gymnasium, or a sensible diet through choosing fresh fruit and vegetables instead of crisps and chocolate at the supermarket. As such, it is something suitable for the radically individualised, non-reproductive, self-actualising consumer-subject which this late modern formation has as its ideal. 'Alternative orthodoxy' provides through its propagation of safer sex a technology by which individual sexual actors can reconstitute to some degree their individual risk in relation to HIV. So pervasive is this individualised mode of existence, then, that even something as fundamentally social as sex - after all, it takes two - is reducible to the assessment of individual risk.

Beck certainly does not consider that such individuation is in any way interpretable as simply the zenith of personal self-determining freedom, however. Instead he holds that personal situations, notwithstanding their individuated character, are

nonetheless informed by, controlled by, and dependent upon institutions. This has the effect of making all private situations also institutional ones, of infusing the private sphere with the public one, and thereby making individuation the most advanced form of societalization. This situation is made possible because the risks which are of greatest significance to this new modernity are qualitatively different from those which suited the old; whereas previously risks were localised - the occupational hazards of factory work, for example, are located within the factory - recent risks show a tendency towards globalization. The consequences of modernisation are understood in terms of the threats they pose to all the life of planet Earth. The risks our world faces, then, through being in such fashion global, are also both "*supra*-national" and "*non*-class-specific". In other words, this latest form of modernity is organised around the individual apprehension of global risks, rather than the national-bureaucratic apprehension of quasi-individual risks, as was previously the case; that is, instead of having a situation in which it is the government which expresses the most concern, and takes most action, regarding national problems such as industrial safety, or the spread of syphilis or tuberculosis, in the 'risk society' it is the individual, and collectivities of individuals, who worry about, and seek to take action over, world-wide issues, such as the hole in the ozone layer, the destruction of the rain-forests, and, of course, the scourge of AIDS. Increasingly, then, the private realm is becoming the arena of the political, in terms of the fact that it is increasingly within the private sphere that the risks inherent in modern living must be calculated (Beck 1992:12-13,109,130-131). With respect to HIV/AIDS, what can be seen in 'alternative orthodoxy' is a discursive ethical technology by which such private individual reckoning of relevant risks can be made. Again, this displays more of a coherence with dominant forms of governmentality than it does a resistance to it.

8.1.2 New vocabularies and 'making up people'

Such programmes of government as those described above require the production of a vocabulary by which to represent the domain to be governed, and through that representation to enable the possibility of management; that is, it is through the production of a particular way of representing the social realm that that realm is constructed as a thing amenable to a given form of regulation. Rose goes into some detail about what is needed with respect to vocabularies of government, arguing that government requires a general order of knowledge in order to make its domain "thinkable, calculable, and practicable", and also a more specific one by which the

"raw material of calculation" can be gathered - demographic knowledges such as those of births, deaths, marriages, sicknesses and so on. With respect to this latter requirement, for instance, he notes how the mundane operations of bureaucracy as found in medicine and psychiatry, education and the penal system, serve to construct people as individuals through the routine gathering and inscription of personal histories (1989:6; 1989a:120,125-126). This model of how government works fits to some extent with the analysis of 'alternative orthodoxy' which has been central to this thesis - for 'alternative orthodoxy' is just such a representational system; it is the new vocabulary of the sexual self, and one which increasingly applies not merely to those who have been directly affected by HIV/AIDS, but to an expanding number of less directly connected (sexual) subject positions in the post-HIV/AIDS world. As such, it can be regarded as the more general type of governmental knowledge - that which enables one to think the field in question.

Beyond this point, though, the comparison must stop, for the mechanisms by which the new vocabularies which Rose describes are said to operate differ from those at work within 'alternative orthodoxy'. 'Alternative orthodoxy' lacks a mechanism to produce the second order of governmental discourse, by which information about the arena of government can be gathered, in order to assess its current state in an ongoing manner. This information needs to be of a type where it represents in a form readily amenable to calculation those elements of the domain in question which are deemed to be significant. The location in which such information is to be presented, digested and acted upon is some or other official place of decisions - the manager's office, the committee room, the ministry, and the like (Rose 1989a:121). Governmentality as it is present in 'alternative orthodoxy', however, does not employ the forms of inscription characteristic of this order of discourse as Rose describes it. Its knowledges are not so readily amenable to calculation. Neither is there any central bureaucratic decision making office wherein the intelligence which has been gathered is translated into the actions of government. All this implies that if 'alternative orthodoxy' is a governmental discourse, then some other form of governmentality is at work within it.

This is indeed the case, for the two orders of discourse and their associated mechanisms which Rose describes are only necessary if the regulationary technique being employed involves a traditional professional-lay disciplinary relation. 'Alternative orthodoxy' works instead primarily at an ethical level - the calculations

which under a disciplinary régime would be made bureaucratically are instead made by each and every individual who has become subject to the discourse. and who therefore comes to regulate him/herself in its terms. In such a system the equivalent to second order information is gathered, assessed and acted upon by multiple individual processes of self-reflection.

'Alternative orthodoxy', then, provides a different form of governmentality from that described by Rose. In order to understand this difference, and the relationship between his model and this alternative form, it will be helpful to consider Rose's account of the governmental effects of the psychological discourses. He suggests that the government of human subjects is dependent on those scientific discourses which made the normal and the pathological functioning of people thinkable and knowable, principal amongst which are the psychologies, the construction of which has served to connect at a fundamental level technologies for the production of subjectivities with networks of power by which they may be regulated. The psyche, according to Rose, makes a peculiarly good domain for such government because its discourses stress the necessity for the subject not to be dominated, but to be free to make his/her own decisions within a nexus of relations with others. The psychologies produce subjects who are readily amenable to developing and controlling their own subjectivities through processes of self-inspection and self-correction (1989:ix-x,7).

The importance of such psychological discourses is manifested in the fact that our age is now characterised by what Rose terms 'the therapeutic culture of the self'; that is, the particular form of selfhood which is found in the late twentieth century West is that of "the desiring, relating, actualising self", the self whose main objective is the continuous (re)production and development of itself (1989:xii). However, whereas Rose explores how such a self was constructed by the psychological discourses, the contention here is not that 'alternative orthodoxy' produces a similar form of selfhood, but instead that it relies upon such a construction, although not one of its own making. If the bureaucratic dossier-taking technologies of medicine, psychology, education and the like have constructed these self-actualising selves, then 'alternative orthodoxy' takes them as its raw material upon which it can bring its ethical technologies to bear. In other words, whereas the concern of the psychological sciences is to produce individuals through processes of inscription of certain aspects of them, 'alternative orthodoxy' is an ethical regulatory cuckoo,

concerned to inform subjectivities which have already been created, to give shape to the actual existential being of individuals whose basic capacity to existentiality was given by the variety of bureaucratic disciplinary technologies of inscription which were brought to bear upon such individuals prior to their coming into contact with 'alternative orthodox' discourse. The regulatory potential of 'alternative orthodoxy', then, relies on the fact that technologies of individuation are by now so ingrained in Western societal forms that by the time someone encounters its ethical technologies, that person will already have become individuated through the operations of the variety of bio-political technologies which are characteristic of our age.

Given the above, the new vocabulary which 'alternative orthodoxy' establishes is perhaps better considered less as a governmental technology which works by producing subjectivities, than as a technology of subjectivity which happens to produce governmental effects. Arguably the more important aspect of 'alternative orthodox' discourse is, then, its function as a technology for what Hacking refers to as 'making up people' (1986). Hacking's position is highly similar to Rose's, in that he too holds that with the emergence of new ways of counting people, that is, with the creation of new categories of people, so there appears a corresponding set of new possibilities of being for people, but the emphasis of his analysis is more to do with the nature of the subjectivities produced than the bigger, societal picture which Rose paints. (Having said this, Hacking certainly does not ignore the connexions between the business of making up people and that of social control, suggesting that the expansion of labels devised in the nineteenth century by which to describe people as objects of a variety of professional gazes may have created the possibility of hugely more sorts of people than had ever been before, and have done so as part of a "medico-forensic-political language of individual and social control" (Hacking 1986:226).)

Hacking argues that when new categories by which to define people are created, people will come, quite spontaneously, to fit themselves into the "new ways for people to be" which are attendant with those new categorisations, making themselves into new kinds of people. Moreover, he holds that prior to the description of a category of person it is impossible to be that person. This is due to the peculiar nature of human action and being (as opposed to, say, the action and being of a non-self-conscious bacterium) in that it is intentional and must be comprehensible, and is therefore bounded and determined according to how it can be described.

Consequently, if no mode of description for an action or state of being exists, it is not possible deliberately to do that action, nor to understand oneself in terms of that state of being. Conversely, of course, if new ways of describing actions or ways to be emerge, then there is a corresponding and consequential increase in the possibilities which are open to people (1986:230-231). Hence, prior to the invention of multiple personality disorder, and the homosexual as a type of person, it was possible to be neither a multiple nor a homosexual. This is not to say that there were not features of behaviour apparent in people which are now interpretable as signs of someone being either of those sorts of person, but that to adopt that sort of self concept as a response to behaving in such fashion was not an option (1986:223-225). Hacking's argument, then, is that homosexuals and multiples were not discovered - there were not, he holds, discrete kinds of persons already in existence who languished in invisibility prior to their suddenly becoming visible to human scientists and bureaucrats towards the end of the nineteenth century - but that with the invention of that kind of person by such bureaucratic and human scientific enquiry came the simultaneous creation of that kind of person. "In some cases, that is, our classifications and our classes conspire to emerge hand in hand, each egging the other on" (1986:228).

A similar movement can be seen in the workings of 'alternative orthodoxy', in that it creates the possibility of an HIV/AIDS in/affected subjectivity. This may seem at first sight to be nonsense. It would, surely, be far more compelling to suggest that 'alternative orthodoxy' merely shapes a state of being - in/affectedness - which is given by forces beyond that discourse's scope. This is not so, however, as can be seen by following one of the arguments which Hacking himself puts forward, pertaining to the differential ontological statuses of different classes of discursive object.

Hacking describes four separate categories of objects: horses, planets, gloves, and multiple personalities. He argues that horses have similarities in nature beyond our decision to classify them together. Similarly, he suggests that when the conceptual shift was made which removed the Earth from the centre of the universe, and made the Moon and the Sun into different classes of celestial body from the other planets a real difference had been observed. Gloves, on the other hand, he considers to be true constructions, because they are the results of human manufacture - the concept "gloves" fits gloves like a glove because we make it so to do. Hacking's claim is that multiple personalities are more like gloves than like horses, in that the category and

the thing emerged simultaneously, each as a function of the other. He would hold that the same applies to homosexuals and to gay men, and the argument here is that HIV/AIDS in/affected persons fit this model as well (1986:228-229).

Assuming for the moment that it is safe to accept Hacking's realist ideas about his first two categories of objects (a moot point), there is a variety of reasons why HIV/AIDS in/affected persons are themselves more like gloves than horses; that is, even if one accepts that being infected with HIV is a state which exists beyond the discursive construction of it (another moot point) there are reasons to think that the HIV/AIDS in/affected personhood which 'alternative orthodoxy' provides is not a necessary function of the ontology of being infected. The first and most obvious reason is because affectedness is more significant than infectedness within the discourse - although it is certainly problematic, infectedness is (putatively) relatively easily determined by means of a blood test, whereas affectedness can mean whatever it has to in order for the discourse to be in contact with the given individual who is to be regulated by it. One can be said to be affected if one: is infected; knows or loves someone who is infected; is part of a population subgroup with a high level or risk or infection; has friends or relatives who are members of such a population subgroup although one is not a member oneself; is sexually active; knows or loves someone who is sexually active; is a living human on planet earth in the late twentieth century.

The vagueness of the category of affectedness is central to the efficiency of the discourse as an ethical technology - whereas top-down disciplinary regulatory technologies rely upon the professional identification of a minority of citizens as something, HIV/AIDS provides the opportunity for the majority of citizens to identify themselves or those around them as something, almost no matter what their individual circumstances are. It is almost harder not to be HIV/AIDS in/affected than to be so. This strategy not only vastly enlarges the contact patch of the discourse, but also serves to give it a stronger grip on those it subjectifies, because each of them will have decided for themselves that they should be constructed as HIV/AIDS in/affected, rather than finding themselves constrained to be defined by some or other professional gaze. People are quite likely to revolt against their doctor's judgement, but will defend their own assessments most vociferously.

Secondly, having said that infectedness is more easily defined than affectedness, it is not without its problems - to recapitulate, HIV antibody tests are still held in some

quarters to be unreliable, the virus has an extraordinarily long and unpredictable latency period, and even if one is not presently infected, there is always the possibility of future infection lurking in the shadows. Thirdly, even if infectedness were sufficiently stable to be deemed a more suitable basis for an HIV/AIDS related discourse than affectedness is, the idea is none the less loaded with political-ethical-moral notions pertaining to how to be as an HIV infected individual, which could be other than they are - that is with things which are not necessarily derivable from the ontology of the object of HIV infection.

The HIV/AIDS in/affected subject which is established by 'alternative orthodoxy' differs from both the multiple personality and the homosexual, however, in one central way; it is not a function of the bureaucratic professional creation of classes - its condition of possibility does not reside in the trained 'recognition' of certain types of people - but instead depends upon a non-professional or more accurately proto-professional, but always lay, gaze which operates more or less laterally. Admittedly, one could argue that the authority voices described in chapters 4-6 gaze down upon their readers, but they are nevertheless of a far more equal standing with their subjects than the faceless machinery of calculating bureaucracy is with those who it counts. The authority voices of 'alternative orthodoxy' are always themselves members of the classificatory group (HIV/AIDS in/affected persons) the possibility of which their discourse serves to create, and as such 'alternative orthodoxy's' construction of the HIV/AIDS in/affected individual shares a great deal with the way the possibility of being a gay man was created by people who previously were only able to make themselves up as homosexuals. However, its grass roots credentials should not be taken to imply that it is therefore immune to the charge of being an aspect of a regulatory technology; to recapitulate, Hacking argues that the establishment of the possibility of being a particular kind of person involves the creation of a new vocabulary for discussing that kind of personhood, while Rose holds that the establishment of the possibility of a new realm of government requires precisely the same. Ergo, if a new mode of representing a given domain emerges, with it necessarily comes both the possibility of making up people in a new way, and that of governing them in a new way, with the new mode of personhood and the new mode of government being connected to each other at root, sharing as they do the same conditions of possibility. Every new way of making up people implies a new way of governing them, and vice versa.

There are considerable advantages for the purposes of regulation, though, if the particular form of personhood technology established by a discourse relies on a lay-to-lay mode of construction (as is the case with gay men and with HIV/AIDS in/affected persons) rather than a professional-to-lay one (as was the case with homosexuals and still is with multiples). The palpable historical resistance to the classification 'homosexual', and the contradictory enthusiasm amongst people who practice same-sex activity for the alternative 'gay' identity, is evidence enough that a form of being created by an external professional classification is not going to be as stable as one that is created by those who wish themselves to take the label.

This is not to say, though, that professional-to-lay classifications of personhood possibility are wholly anachronistic, and now supplanted by the more efficient lay-to-lay variety; for arguably, one needed first to have the homosexual in order to invent the gay man, because without the homosexual, there would have been no possibility of being a person whose essential self was defined by sexual object choice, a central aspect of the gay identity. Similarly, it should perhaps be contended that there could be no HIV/AIDS in/affected person - at least not in a form recognisably similar to the one which 'alternative orthodoxy' articulates - without the prior existence of the gay identity. We can, perhaps, see a natural history of power infused regulatory identities emerging here: first one has subjectivities created by the professionally regulated inscription of certain qualities of persons (of the sort the importance of which is emphasised by both Rose and Hacking) into a form of identity which is amenable to a disciplinary style of regulation; then that identity will come to be reclaimed and re-invented by those who have adopted it, thereby removing the professional aspect (and the need for detailed note-taking), stabilising the whole creation, and altering the mode of regulation from the disciplinary to the ethical; next comes the stage whereby that identity is used as a former to construct new related 'spin-off' identities, with more diverse possibilities, and therefore the potential to appeal to a wider audience - again regulation here will operate at an ethical level, but the possibility of 'lateral panopticism' (cf 7.2) also opens up with the creation of such new forms.

One can certainly see such a movement in the history of HIV/AIDS related identities, but whether or not the model would bear out in other areas is beyond the bounds of this thesis. Hacking, certainly, holds that it is not possible to give a generalised account of the making up of people, arguing that each category is unique and has a unique history. He does, however, offer a partial framework, in which he describes

two 'vectors' which are quite similar to the first two stages outlined above, describing the first vector being to do with the realities which are created by expert labelling "from above", which some non-expert people then choose to adopt, and the second as being to do with "the autonomous behavior of the person so labeled, which presses from below" and creates an alternative, competing reality (1986:234). The properties of 'alternative orthodoxy' are such that in some ways it appears to be located on the boundary between these two vectors - it is both expert and autonomous from expertise, its roots are in resistance from below, yet its pronouncements comprise an authority from above - but in other, perhaps more compelling ways (in particular because of its peculiar abilities to be both inviting to everyone and yet exclusive, and to have both a clear central authoritative voice, while still seeming to offer the possibility of the radically de-regulated sort of authority which comes with self-assessment) it seems to be an example of a third kind of vector, one stage further on.

8.1.3 'Biographical construction kits'

Government of the late twentieth century West, then, is characterised by its creating and shaping possibilities of being for those who are to be governed, by the way it revolves around the production and regulation of individual subjectivity. If one traces this mode of government back to its inception, one can observe, as Rose does, the importance of professionally organised discursive technologies such as the psychological assessment, through which people are made calculable, and thereby become amenable, "in the name of their subjective capacities", both to having certain things done to them, and to doing certain things to themselves (1989:7-8). As a more recent expression of governmentality, however, the way in which 'alternative orthodoxy' renders subjectivity is such it makes people amenable to doing things to themselves far more than to having things done to them, and does so in ways that are more existential than psychological - the discourse is less about uncovering the truth of the inner self, of 'finding oneself' through therapy, than of fulfilling the self, through effecting personal change, via appropriate ethical action.

Such a situation is not at odds with Rose's model, however. He suggests that the limits which liberal democratic governmental forms place upon direct coercion of individuals to the purposes of the state necessitates a state of affairs in which it is the choices, aspirations and value of free individuals which need to governed. Hence the foundational position of expertise regarding subjectivity in late twentieth century Western governmentality, because if it cannot directly repress, then to be effective

government must be indirect. Expertise provides the bridge by which the pertinent targets of government (the conduct of individuals) can be reached by the apparatuses of the state, its efficaciousness guaranteed by the compelling nature of the truths, norms and images which it offers. Within such a mechanism the citizens control themselves, each one being an active agent, effectively colluding with the state (Rose 1989:10)

> "Such a citizen subject is not to be dominated in the interests of power, but to be educated and solicited into a kind of alliance between personal objectives and ambitions and institutionally or socially prized goals or activities. Citizens shape their lives through the choices they make about family life, work, leisure, lifestyle, and personality and its expression. Government works by 'acting at a distance' upon these choices, forging a symmetry between attempts of individuals to make life worthwhile for themselves, and the political values of consumption, profitability, efficiency, and social order. Contemporary government, that is to say, operates through the delicate and minute infiltration of the ambitions of regulation into the very interior of our existence and experience as subjects."
>
> (ibid)

Although the dominant values of 'alternative orthodoxy' may not be "consumption, profitability, efficiency, and social order", the mechanism which the discourse articulates is identical with that which Rose suggests is characteristic of our age. Through providing a catalogue of possibilities for HIV/AIDS in/affected subject - possibilities regarding therapy, personal attitudes, politics and so on - 'alternative orthodoxy' achieves government at the level of the soul (Rose 1989:11). It provides a territory in which the individual who encounters it can reckon his/her own qualities against those of a normative image of what s/he could be, according to expert authorities in possibilities of being for an HIV/AIDS in/affected person, such as those considered by this thesis.

The regulatory processes found in 'alternative orthodoxy' are in line with the times in a further aspect, however. Rose suggests that the principal form of self-understanding which people now have is at an economic level, and is that of the (individual) consumer rather than the (class conscious) producer. The principal way in which people are able to give meaning to their lives is by constructing an individual lifestyle, made up of a selection of elements proffered in the

representations of the possibilities of life given in a variety of media. The ongoing business of purchasing products and services is co-extensive with the project of one's own self. Individuality is generally a function of buying (either literally or metaphorically in the sense of 'buying into') an off the peg, mix and match lifestyle. This has the effect that political citizenship is no longer a matter of being afforded certain privileges and responsibilities as a result of being a member of the body politic, but it is a function of the individual free exercise of choice within the market place (1989:102,226).

Beck, too, holds that peoples' self-understandings, their identities, their 'biographies', are increasingly becoming a function of such mandatory lifestyle choice, and given this, that the individualisation which characterises late modern societies implies necessary market dependency; to him, the modern day collectivity of individuals comprise an "isolated *mass market*" - that is, the level at which institutional control can be made of the social is no longer the class, nor the family, but is the individual, through the institutionally shaped individual (but standardised) biography. What he is arguing is that in individualisation is the mechanism for a kind of standardisation and institutional control of unprecedented penetration; he holds that this form of individualisation has led to a marked decrease in the number of areas of life wherein persons have no opportunity to make identity-informing personal decisions, and to a corresponding increase in the amount of biography-shaping decision-making which each individual must make. The limits to the possible choices which one can make, however, are given according to the requirements of dominant social institutions in the form of what Beck terms "*construction kits of biographical combination possibilities*". This isolated mass market, then, consumes *en masse* not only the generic physical goods on the market, but also generic "opinions, habits, attitudes and lifestyles" (Beck 1992:131-132,135).

'Alternative orthodoxy' constructs in miniature this marketplace of subjectivity, providing as it does exactly such biographical construction kits, in a form directed towards the 'sexual and threatened by HIV/AIDS subject'. The straightforward information-giving aspects of it advertise what is available to buy into, the confessional accounts provide the dramaturgical human element, by which one may compare the projected subjectivity of the protagonists with one's own, to see if the products they employ would fit well into one's own life-play. Just as the modern worker must seek fulfilment within rather than emancipation from work (Rose

1989:103), so the HIV/AIDS in/affected individual cannot hope to be freed from infection and/or affectedness, but must instead realise his/her potentialities through the ethical possibilities inscribed in 'alternative orthodox' discourse. Just as things such as the Quality of Working Life movement served to bolster managerial authority by aligning the individual's personal objectives with those of the company (Rose 1989:108-110), so 'alternative orthodoxy' aligns the most basic desires of those whom it touches - to stay alive and healthy - with a particular, preferred politico-moral vision. And the ideal subject which this 'alternative orthodox' ethical mechanism seeks to construct is strikingly similar to that which Beck argues is the usual product of the current form of modernity, in that s/he must be motivated by self-interest (in the sense of seeking self-fulfilment) and vigorously active (that is self-constructing) (Beck 1992:136).

Rose holds that the current form of governmental rationality is as effective as it is precisely because it forms a space within which the exact desires, aims and values of individuals and families can vary. Conduct is only tightly controlled by legislation at the boundaries of this space. The government of conduct is then achieved through the manifold personal efforts of individuals, in their attempts to construct for themselves a lifestyle from the alternatives on offer within this governmental space (Rose 1989:224). 'Alternative orthodoxy' stands both as a microcosmic version of this system, pertaining to a specific (but expandable) section of the population, and as an expression of that mode of government overall. Such a mode of government is, of course, far more efficient than a more direct form of control, partly because it is less likely readily to provide opportunities for resistance, and partly because late modern Western subjectivity is at such a profound level about making individual choices of consumption. Therefore a system of regulation within which one is given a field of ethical choices from which one can get an 'off the peg' lifestyle fits very well with the forms of self-concept which are characteristic of our era. Although it is not often overtly consumerist, the notion of choosing and working towards a lifestyle in this fashion is present in 'alternative orthodoxy', making for a good fit with such a form of government.

8.1.4 Science and expertise

It is not only at the level of the political-economic hegemony of the consumption orientated subject that 'alternative orthodoxy' is consonant with the times, however; it also follows precisely late modern approaches to scientific knowledge and authority

familiar from other arenas. Science's failure to provide a ready solution to the problem of HIV/AIDS, and its consequential apparent loss of authority, is something often noted within 'alternative orthodox' discourse (cf Weeks 1988:10,13-14). This is, of course, very much in keeping with the general distrust and antipathy towards science and technology which is oft noted by social commentators as a significant aspect of late twentieth century Western culture, and as being indicative of the decline of the classical modernist social formation. Beck, however, considers that this "counter-modernistic scenario [which is] currently upsetting the world" represents not the collapse of modernity, but rather a new reflexive form of modernisation, one which is not confined within the limits of industrial society (Beck 1992:11). Such a thesis provides a more illuminating insight into the position of science within 'alternative orthodoxy' than any specious account of some noble populace rising up in the face of the failure of 'big science'.

Beck argues that increasingly the acquisition of wealth is reckoned in terms secondary to the management of risks, in a reversal of the position which characterised classical modernism. This process goes hand in hand with the loss on the part of the populous of their previously held naïve and unreflexive faith in technologism. Such a reflexive loss of faith is, to Beck, not at all indicative of the failure of the modernist project, but is part of it. For as a result of this general decreasing faith in science, scientific knowledge has become massively demonopolized. While scientific knowledge overall is becoming increasingly vital to society's continued successful running, it is simultaneously becoming decreasingly able to define truth satisfactorily and solidly, as its past mistakes come home to roost, and as it becomes more and more differentiated - a process bringing with it an ever increasing amount of conditional and uncertain results which become impossible to comprehend in totality (1992:12-13,156,167).

Nevertheless, society remains subject to a general process of scientization. This process can be seen in the observation Beck makes about the nature of the threats which our society nowadays considers itself to be facing. He notes how such threats are more and more couched as things which are as yet somewhat abstract and intangible, and which will likely affect our children, and our children's children more than they will our own generation. He also notes the seeming contradiction that although such threats are often seen as the results of the failure of scientific modernism - global warming, pollution and the problem of nuclear waste, for

example, are all couched as being the results of irresponsible employment of scientific techniques in industry - they nevertheless require a scientific gaze in order to be perceptible as threats in the first place. It is scientific prediction which alerts the world to the probable damage past and present science has done to the future world (1992:156-157,162). The construction of HIV/AIDS fits this model precisely - with rumours that HIV was the result of an experiment gone wrong and with the failure of medicine to combat the disease as effectively as we have been led to believe it should be able, science is (at least partially) to blame for the problem of HIV/AIDS. Yet the full significance of that problem - the ever increasing predictions of how much worse a scourge the disease will be, soon - rely entirely on virological and epidemiological science.

The tension between this societal reliance on scientific knowledge and the increasing difficulty in making clear, definite, trustworthy sense out of scientific data, serves to afford those non-scientists who seek to apply scientific understandings (or indeed those who are the targets of scientific thought) an active role in the co-production of such knowledges, and indeed of knowledge itself, because of the need to "actively manipulate the heterogeneous supply of scientific interpretations". Lay people are increasingly becoming the "assessors of science", freed from slavish adherence to the dictates of experts, and instead coming to work in a co-operative relation with professional scientists, the latter providing their expertise as a service to be bought or rejected, rather than dispensing truth to be unquestioningly consumed by ordinary folk. In other words, because lay people and experts are generally becoming decreasingly discrete from each other, the straightforward process of internalisation of ideological norms on the part of the public, which characterised science to lay relations up until the 1960s, has been displaced by the reflection upon and decision between competing knowledges and expertises (Beck 1992:156-157,168-169).

This is precisely the situation which the idealised member of the 'alternative orthodox' HIV/AIDS in/affected community finds him/herself, compelled to use medico-scientific accounts of HIV/AIDS (or else end up excluded, and part of the 'dissident' camp), yet at the same time not to submit his/her HIV in/affected personhood to the direct control of medics and scientists. The good HIV/AIDS in/affected person must take control of his/her own therapy, and must acquire sufficient expertise to do so. And in doing so s/he is once more aligning him/herself with the dominant governmental mode of societal regulation through mandatory

choice-making within a bounded space of freedom; for within such a model medical options and scientific accounts become so many competing products within the ethical lifestyle catalogue. You must choose the truth and therapeutic strategy which is right for you, but you must do so within the bounds of ontology and practicability which 'alternative orthodoxy' sets up. Hence the form of the authority voice in 'alternative orthodoxy', with its tendency to make its pronouncements as those of an 'old hand' who nonetheless remains a member of the laity. In an age which has become sceptical of professional experts, the pronouncements of an amateur expert will be more commanding than those of a psychologist, a doctor, a teacher or similar. The textual community voice of 'alternative orthodoxy' provides an image of an informed, intelligent member of the lay public, who has already engaged with medicine and science, has found them wanting, and has assessed their strengths and weaknesses by virtue of his/her existential experience of being HIV/AIDS in/affected.

8.1.5 Freedom

It can be seen, then, that it is not only elected governments which can exhibit governmentality. This fact was observed by Foucault in his later works, with his contention that in contemporary society there is a movement away from a disciplinary mode of regulation of people's lives, and towards regulation along ethical lines, in which each individual constructs his/her own 'æsthetic of existence', in a manner exactly similar to that found within the textual dynamics of 'alternative orthodoxy' (Gordon 1993(1986):31). As has already been suggested, the form of ethical relation necessary for individuals to auto-construct and auto-regulate in this way requires ethical authority discourses, and it is in this light that the emergent 'alternative orthodoxy' can been seen as a governmental discourse, as a mechanism of individualisation and totalization, concerned as it is to regulate both individuals and an entire population, and to do so through informing their 'free' lifestyle choices, rather than through disciplinary coercion (although a certain amount of disciplinary quasi-coercion, in the form of the lateral surveillance nexus described earlier, will be involved too). It can be seen as a device for the exercise of 'bio-politics' (a term coined by Foucault which Gordon describes as "the phenomenon whereby the individual and collective life of human populations, or even of the human species, becomes an explicit object of practices of government"(1987:299)), but one which emanates less from the ascendant neo-liberal phoenix, than from the old 'free Left', and does so as a function of the latter movement's resistance to the former.

This may appear to contradict the idea that HIV/AIDS exists as it does as an element of late modern governmentality (a thing not often said to have any great sympathy with the 'spirit of '68') but this is not so; notwithstanding their explicitly differing political flavours, the parallels between the role of the rationality of the recent liberal hegemony which has informed such governmentality, and that of the rationality of the 'alternative orthodoxy' are marked; Burchell describes a "distinctive liberal art of government" which involves "governed individuals adopting particular practical relations to themselves in the exercise of their freedom in appropriate ways". This is to be achieved via the propagation of appropriate techniques of self around a variety of discourses made problematic by their relation to liberal thinking - some examples are the questions of saving; of how being a parent should be enacted; of self-improvement; of personal responsibility (1993:273). This process leads eventually to a situation in which acceptance of the rationality of liberalism - being that which informs the available practices of the self through which freedom is manifested - becomes a condition of the active exercise of freedom (ibid:276).

The 'alternative orthodoxy', through its seeking to establish what it is to be in/affected by HIV/AIDS, what are the burning issues for someone so in/affected, how someone should respond practically, politically and above all personally to HIV/AIDS, realises an almost identical strategy. The fact that it articulates quasi-existential notions of self-realisation, coupled with pseudo-Kantian rhetorics of pluralistic respect for persons (cf Benn 1988; Cooper 1990), may seem to imply that radically deregulated, multiform and individually authentic freedoms are central designs of the 'alternative orthodoxy', but this is not the case. Such rhetorics belie the fact that, within the 'alternative orthodox' mode of thought, in order to be deemed worthy of respect, and thereby to be afforded the possibility of freedom, one must already have done ethical work upon oneself such that one inhabits, functions within, and would make any expressions of freedom in terms of, 'alternative orthodoxy's' tightly policed and politico-morally regulated space. The desert and attainment of freedom, then, are inextricably tied up with an ethical regulatory project; the numbers may be different from the neo-liberal example, but the formula is the same, reflecting a near identical underlying way of thinking government - a way of thinking which runs deeper than expressed political opinion.

In an attempt to address this problem - that the practice of freedom can be in itself a part of a technology of regulation - Nikolas Rose proposes that it is possible to

differentiate between freedom as a means of resistance and freedom as device of power (1992:3). He describes some ways in which freedom may be understood in this second sense;

> "freedom as it has been articulated into norms and principles for organising our experience of our world and of ourselves; freedom as it is realised in certain ways of exercising power over others; freedom as it has been articulated into certain rationales for practising in relation to ourselves."
>
> (ibid)

In short, freedom becomes a device of power when it is made *technological*, when freedom is found as a function of particular forms of practices. He further postulates the possibility of a critical sociology of freedom which would explore

> "rationalities and techniques of government that have sought to justify themselves in terms of freedom and certain practices of the self in which selves have been encouraged to understand and act towards themselves and others in terms of a norm of freedom."
>
> (ibid)

Indeed, the centrality of freedom (or rather of a certain way of thinking freedom) as an organising principle for everyday life is, he suggests, characteristic of our age. However, with respect to HIV/AIDS, the interesting thing is that the concern for freedom is less articulated in those forms of discourse which one might expect *prima facie* to be conduits of 'freedom as a formula of power' than it is in discourses which are openly advocates of resistance - that by dint of resistance being organised and collective, a normative authority discourse of resistance emerges, and Rose's distinction is, in this case, threatened with collapse; 'freedom as a formula of resistance' becomes 'freedom as a formula of power', with a different political emphasis from those of dominant neo-liberal discourses, but with a highly similar technique. Rose describes advanced liberal strategies of government as operating not via the controlled articulation of expertises concerned with 'society', but rather through the regulation of the personal choices, obligations and investments one feels towards those in one's immediate world, those "in relation to whom one's destiny [is] linked"; that is, these strategies create a new relation between the mechanisms of the government of others and technologies of the government of the self, with the effect that individuals thereby take an active role in their own government. The territory

within which this new alliance operates is that of the set of mutual obligations which comprise the community (1993:285;1996:330-331). Such, however, is an equally good description of the strategy for *resistance* exhibited within 'alternative orthodoxy'; in its making of ethical prescriptions about how to respond morally, politically and personally to HIV/AIDS, in its describing the form that freedom seeking resistance should take, rather than simply making an underdetermined call to resistance, the 'alternative orthodoxy' fulfils all of Rose's criteria for being a discourse of freedom as a device of power, and therefore a legitimate object of inquiry for his proposed critical sociology of freedom.

This problem is not unprecedented, though - HIV/AIDS is not the only seeming territory of resistance which operates towards the ends of modern governmental thinking; Kitzinger, for example, has argued that dominant lesbian identities, in following the liberal humanistic norms of 'romantic love' and 'personal fulfilment', merely reproduce the repressive patriarchal ideology which first inscribed the possibility of that kind of self-conception. Lesbians who adopt that manner of self-understanding in doing so serve to reproduce, strengthen and legitimate boundaries of thought which are functions of the very social order which oppresses them, and against which lesbian identities are commonly imagined to be a radical alternative (Kitzinger 1989:82-83,88-89). A very similar dynamic appears to operate through 'alternative orthodoxy' in that the possibilities of being which it establishes rely on the same technologies of thought, and therefore must be seen as supporting, and as aspects of, late modern governmentality.

There is one highly significant difference, however, between what Kitzinger observes to be true for lesbian identities and what can be said of the subjectivities created by 'alternative orthodoxy'; for the latter, although they reproduce exactly the *mechanisms* of late modern governmentality, have successfully changed the manifest *content* of the political message which the subject must hear, into something which, although it has certain parallels with the bourgeois ideals which are commonly understood to sit at the heart of modern Western governmentality (individualism, self-realisation through purchasing power, and so on - cf 8.1.1), nevertheless has its roots in and still reflects a far more radical approach to the world. In doing so they sow the seed for possibly more fundamental change at some point in the future - a change which would perhaps mirror the more extreme elements within 'alternative orthodoxy', those which are aware of the workings of governmentality and seek a

response to HIV/AIDS which is more profoundly communal than the collectivity-of-like-minded-individuals style of response which obtains currently. This is a highly efficient strategy; given that all people in the West are inevitably made-up as typical late modern individuals by the plethora of discursive technologies which bear upon them from birth, it must be at the level of such an individual - accessible through the technologies of self which characterise late modern governmentality - which one gives the message that this form of individuality is ripe for challenging. Otherwise one will remain unheard.

Hence, there is within 'alternative orthodoxy' (and indeed - just to pre-empt the charge that the following argument relies on a methodological artefact - within individual 'alternative orthodox' texts) a tension between those elements of it which bolster the dominant mode of thinking and those which could upset it. 'Alternative orthodoxy', of course, like all discourses, is a fluid, changeable thing, and although the radical aspect of the discourse is very much an undertow beneath the more powerful quasi-conformist-individual-governmental aspect, which of these will eventually dominate is hard to say. However, given the fact that the more radical the message, the less immediate and powerful the ethical effect that it has, the odds have to be on the latter, unless there is some major shift in the form of micro-power in society generally. For someone who has always understood themselves as an individual, it is a relatively small step to convert one's ethical project of self from the sort which is most obvious within late modern liberal governmentality - to forge an aspirant, acquisitive self - to one which involves the development of the sort of humanistic tolerant pluralism often found in 'alternative orthodoxy'; it is merely a matter of putting a different raw material into the same machine, like switching to unleaded petrol, or making packages out of re-cycled paper waste instead of virgin wood pulp. It would require a quantum leap of thought, however - like giving up the car completely for some new and unimaginable form of transport - for many of the subjects of 'alternative orthodoxy' to respond ethically to the more radical side of the discourse.

What all this has to do with the issue of freedom may not be immediately clear. The connexion is to be found in the fact that what it is to be free depends upon what technologies are available by which to realise that freedom. Liberal forms of government, in forming a society which depends upon individuals regulating themselves, and in turn upon the existence of technologies of self by which forms of

self-regulatory subjectivity are constituted and shaped, serve to construct what Rose terms "space(s) of regulated freedom", which operate through widespread ethical self-regulatory practices. In such a situation, citizens, in choosing how to conduct themselves freely, regulate themselves according to the dominant account of how things should be, through their own strivings to live a good life (Rose 1989:223-224). 'Alternative orthodoxy' opens one such space of freedom in the technologies it provides for existential self-realisation and fulfilment through the moulded experience of being HIV/AIDS in/affected. As such, it is very similar to other contemporary but not HIV/AIDS related notions of freedom, in that it depends upon people having been made-up such that they are amenable to transformation through slow, individual, painstaking ethical work, undertaken within a bounded knowledge of the possibilities of autonomous action, as established by the expert knowledges provided within authority discourses. Rose holds that the psychological is the most important such authority in society at large (1989:253), but in 'alternative orthodoxy' what one can see is a related set of commanding expertises, currently more localised, but with great potential for expansion of their domain of influence and authority.

While it is possible that a future discursive configuration may enable a presently almost inconceivably different, *communal* form of freedom (the progenitors of such a mode of thought and being are certainly present in 'alternative orthodoxy') for the moment this dominant form of HIV/AIDS discourse reproduces a notion of freedom as being enacted through individual lifestyle choices which have as their overt aim personal happiness and fulfilment, but which are aligned with the forms of rationality which underpin our society's political, social and institutional aspirations. Thus, expressions of personal freedom as an HIV/AIDS in/affected person can and should be viewed as elements in the achievement of government; for whether expressions of personal freedom are affirmations of our culture's overall hegemonic messages, or are acts of resistance to them of the form most often found within 'alternative orthodoxy', both forms of expression are predicated on the same technical conditions of possibility.

8.2 A bad thing?

Weber (1948,1949) is quite right to suggest that one cannot expect (social) science to decide the sorts of questions of moral and political values raised by this work. However, sociologists live in a moral and political world and cannot by fiat absolve

themselves from their responsibilities in this regard, whether or not they would like to. Consequently, is becomes necessary to consider the implications of the fact that 'alternative orthodoxy' articulates a mechanism of governance, around the issue of whether such governmental technologies are in and of themselves bad, or whether it is the (largely neo-liberal) uses to which they have been put in recent years that has afforded them the sociological bad press they have generally received.

Before setting out to address this question, there is a point of order which needs to be made, given the Weberian methodological pre-commitments of this work (cf 2.5.2); if 'neo-liberal' rationality is to be criticised simply by virtue of its governmental nature (that is because it has disciplinary and ethical ramifications, whatever they may be), then, along with a wide variety of other 'progressive' discourses, the 'alternative orthodoxy' must be tarred with the same brush. If, on the other hand, the problem is not the very fact of the existence of *any* governmental mechanism, but instead lies with certain of the specific values articulated by whichever system happens to be dominant, then the dangers inherent in governmentality *per se* must become incidental to the debate. Otherwise, what should be a rigorous and (as far as possible) objective study will be in danger of being reduced to nothing but specious sophistry. It would, for example, be methodologically highly dubious to decide that the mechanisms articulated in the 'alternative orthodoxy' were indeed Rose's 'freedom as resistance' (1992:3), and therefore to be excused from critical gaze, or to gaze upon them but with too sympathetic an eye (whilst still attacking their detractors for faults which both sides exhibit) simply because such a course were in keeping with one's own moral instinct and political leanings.

8.2.1 Governmentality as a problem in itself

Bearing this in mind, it is interesting to consider Kinsman's discussion of the 'problem' of the operation of technologies of governance through community based HIV/AIDS organisations. In his work, which is based on data from Ontario, he constructs a history in which such organisations have been to the greater extent transformed from their original purpose - advocacy of those affected by the syndrome - into service provision organisations, which exist and work in partnership with State agencies. He considers that such a transformation has more or less subverted the mission of these community HIV/AIDS organisations, in that this strategy of partnership is in effect a means to subsume community action within the overall governmental response, which in turn has the effect of creating community based

HIV/AIDS organisations as new sites of governmental regulation of people with AIDS. This regulation is manifested through the idea of personal responsibility, in particular with respect to the issue of the further transmission of HIV (1996:394-398).

He argues that the mandate which community based AIDS service organisations have to empower their charges through educating them in the "skills and languages" necessary for responsible self-management of their condition, serves in fact to individualise the problem and the responsibility for its management, and to make those who adapt well to this form of personal responsibility amenable to governance through self-regulation in terms of the professional expertises of public health, forensic and medical discourse. Although he acknowledges that this shift has afforded some people more control over their health care, he is more concerned with the problematic possibility that community based AIDS organisations are ever increasingly being "pulled into" the regulatory practices which such discourses articulate (Kinsman 1996: 394-395,399-400).

Kinsman argues that the "self-managing, self-regulating individuals with AIDS/HIV" which such practices produce will be less troublesome to social and medical agencies than people with AIDS who have not been reconstructed as responsible individuals. Worse than this, though, is the fact that these newly produced individuals are given responsibility for the management of their condition, but are not given the resources necessary to be responsible - things like social support, access to therapies, access to knowledge, access to good food, access to condoms. In this view, then, the notion of individual responsibility for one's condition as a person with AIDS is largely a sham; it makes the principal duty of those people with AIDS with greater resources to cause as few problems as possible for those professional agencies of regulation with which they should come into contact, and it enables the more repressive regulation of those who, for lack of resources, fail to be responsible. Such people can be reconstituted as "'bad', 'mad', 'sick', or not properly educated", each potential reconstruction affording the possibility of heavy-handed regulation of those concerned along criminal, psychiatric or public health lines. In short, the major effect of this trend towards 'responsibilizing' people with AIDS in this fashion is to divert attention away from the need to make changes at the level of governmental, medical and pharmaceutical responses to HIV/AIDS (1996:398-401).

Certainly Kinsman's analysis of the situation in Canada is insightful. However, a number of important difficulties arise if one attempts to understand by means of his model the data employed in this thesis, which were derived largely from sources within the UK. Kinsman's model has governance being articulated through the rueful propagation, at the level of grass roots community organisations (a level which might *prima facie* be equated with the major exponents of 'alternative orthodoxy' discussed in this thesis), of the notion that people with AIDS must be individually responsible for the management of their condition. This self-regulation through responsible behaviour operates, he argues, over a variety of areas, but principally with respect to the transmission of HIV, having the effect that it makes people with AIDS into the problem; he holds that this responsibility is something which is constructed as peculiar to people who have already been infected, and that the "mythical 'general population'" is not be given the same responsibility - despite the fact that HIV is most often transmitted by people who are unaware of their infected status (1996:394-395).

The picture derived from the data in this analysis is somewhat different from what might be predicted from Kinsman's experience, however. For one thing, there is the very straightforward problem that the 'alternative orthodox' mode of thinking HIV/AIDS very clearly articulates the message that safer sex (as the principal form of HIV related behaviour for which individuals must be responsible) is something which is to be taken on board by every sexually active person. It does not construct HIV antibody positive people as somehow especially responsible in this way. Less straightforwardly, though, there is the problem that the axis upon which 'alternative orthodoxy' divides those who are central to its concern (members of the HIV/AIDS in/affected community) from its own mythical general population is 'affectedness' more than it is 'infectedness'. This fact serves to construct individuals as objects of government which are far more heterogeneous in their possibilities than those which are to be found in the (putatively self-evident and given-in-nature) category 'people with AIDS' which inhabits a similar space in Kinsman's account; for the subjects of 'alternative orthodox' regulation are not defined by some supposedly extra-textual, embodied state, such as having been diagnosed HIV antibody positive, in the way that Kinsman assumes the subjects of regulation of Canadian community based HIV/AIDS related activity are. As has been discussed previously, not all people who are members of the 'alternative orthodox' HIV/AIDS in/affected community are HIV antibody positive, and not all HIV antibody positive people are to be admitted to this

community, this policing process having the effect of ensuring that those who seek to enter this space, far from having their political and activist ambitions undermined by the process of regulation through individual responsibility (as Kinsman suggests is true in Canada), must, in order to enter, make exactly such political and activist ambitions central to their ethical projects of self - 'alternative orthodoxy' certainly constructs the ideal HIV/AIDS in/affected individual as responsible for him/herself, but makes it the height of irresponsibility for any such individual to fail to be appropriately politically aware and active.

8.2.2 Levels of analysis

It is possible that this contradiction is explicable simply in terms of differences of local conditions between Ontario and the UK. There is, however, another possibly more compelling explanation to consider, which revolves around the difference in the levels at which analysis was engaged by Kinsman and within this thesis. For although Kinsman talks about practices - governmental, medical, AIDS service organisation related - he does not go into them in any great detail, he does not describe the process by which is constituted the self-with-AIDS which is amenable to the forms of auto-regulation he outlines. He does not engage with the problem at a technical level of the sort which is apposite for this kind of enquiry (cf Rose 1989:218).

Kinsman draws a picture of an idealised radically communal grass-roots response which has been corrupted and debased by the inclusion of ideas of individual responsibility. So it was, he argues, that ideas of social and mutual responsibility for, for example, safer sex, came to be converted by the influence of non-community professionals into the languages of the individual calculation of risk, displacing the need for the development of social sexualities, responsibilities which are held at a communal level, and regulatory technologies which reflect such conceptions - all exactly the sorts of things which comprise the 'radical undertow' in 'alternative orthodoxy' (Kinsman 1996:396-397). This picture, though, begs an order of question which Kinsman leaves largely unanswered: how could such communal ethics be articulated technically? How would they be enabled and manifested?

And should one attempt to address such issues oneself, what one finds is that, as was noted before, in a world where people are ineluctably made up as individuals of a sort which are amenable to forms of individualistic government, it must be at the

individual ethical level that notions of responsibility and consequent action are manifested. A community itself can behave responsibly, can have its own sexual practices and its own responsibilities, only at a *rhetorical* level. In order for that rhetoric to be turned into action, it must be articulated through ethical technologies which are applied to individuals, through which those individuals who comprise the community can be ethically regulated such that they conduct themselves appropriately to the (rhetorically) communal ethos. These are exactly the sorts of technologies which have been observed in this analysis - technologies which allow individuals to submit themselves, individually, to just such an ethos of community, within the terms of which they then proceed to regulate themselves, ethically and, still, as individuals.

The picture given when the data are looked at at this level, then, is less of a transformation from a social/communal understanding of how to apprehend HIV/AIDS to an individual one, than of a struggle between two different visions of how to respond to HIV/AIDS individually, one born of discourses of community (and the individual's relationship to it) which have their roots in the politics of gay liberation, the other the inheritor of classical economic liberalism. Individual ethical regulation of members of the HIV/AIDS in/affected community, then, was not imposed upon community responses to HIV/AIDS in the way that Kinsman's model would suggest, but was always implicit in the forms of technologies of self which were available to both sides of the debate, the parameters and possibilities of which are a function of the epistemological and conceptual limits which characterise our age, of the episteme in which we live. Communal responsibility and action is imaginable only at the rhetorical level - to make it technical would require the constitution of a new form of subjectivity which is arguably beyond the bounds of what it is possible to think in the late twentieth century West, and certainly beyond the limits of thought established by 'alternative orthodoxy', notwithstanding its radical inclinations.

Put simply, Kinsman's argument is that people with AIDS are regulated as individuals at a grass-roots level and this is a bad thing. Better terrain for HIV/AIDS related regulation, he argues, would be the discourses of social policy, of pharmaceutical research, and, in particular, of the latter's relationship to medical practice and treatment. He is not hopeful, though, of the possibility of effecting such a change in the site of regulation, because it would involve such a fundamental

challenge to those sedimented institutions (1996:401). However, the making of exactly such challenges is precisely what the individually regulated HIV/AIDS in/affected subject of 'alternative orthodoxy' is created to be able to do. Kinsman is quite correct to warn of the dangers enabled by and often associated with individual governmentality, arguing that it directs attention away from structural questions such as access to social supports, access to treatment, access to nutrition, and so on, but he is wrong to assume that these dangers are the necessary results of the operation of such a technology. The problem is not in the fact of an individualised, governmental technology, but in its content and usage.

8.3 Conclusions

This study has endeavoured to look at HIV/AIDS in a way which is not common within the field of commentary on the syndrome, in that it has disavowed the idea that the object of study has an inherent given nature which can be revealed by sociological enquiry. HIV/AIDS is herein regarded as an uncertain phenomenon, one which is not exotic in and of itself, but one which must be made exotic in order to analyse it; the intention was not to observe and understand the 'real' strangeness of HIV/AIDS, but deliberately to construct the syndrome as strange, as part of a thought experiment whose aim was to address the difficulties with thought and being which viewing the disease in such fashion brings (cf Rajchman 1991; Woolgar 1988:28). As such, the research created and has worked within an ethical heuristic of its own making.

This approach has produced a number of findings, the status of which must be understood in terms of the methodology employed. If one looks at the syndrome in this way, then one can see: that there is a particular hegemonic way of thinking HIV/AIDS - the 'alternative orthodoxy' - which is not the reactionary, repressive discourse which is most often noted and criticised within HIV/AIDS commentary; that this discourse relies for its authority at least as much on the articulation of 'authentic' experiential voices as it does on intellectual coherence; that this discourse articulates a number of political, moral and ontological truth obligations to which anyone who wishes to assume authority on the subject must submit; that this discourse, especially as manifested in HIV/AIDS related user texts, operates a variety of technologies of self which provide for an ideal HIV/AIDS in/affected subject who

also submits to these truth obligations; that such technologies of self comprise part of a wider ranging governmental mechanism, operating at the level of the individual.

These findings can in turn be translated into a number of problems. For example: that the politico-morally laden nature of 'alternative orthodox' HIV/AIDS discourse has led to the rejection of some very likely effective approaches to reducing the spread of infection; that this same politico-moral nature operates a number of technologies of exclusion which disenfranchise certain of those who are infected with HIV or in some other way touched by AIDS; that 'alternative orthodox' discourse's dogmatisation of a particular scientific account of the problem of HIV/AIDS precludes certain forms of investigation into solutions to it. If thought on these issues were to be reconstructed around the insights which this research's peculiar viewpoint affords, then new benefits could surely be reaped. Precisely how this might be done is beyond the terms of reference of this work, however; to make such decisions would be to step back inside Burchell's goldfish bowl (1993:276-277) (a right and proper thing to do, certainly, but not in pages such as these (cf Weber 1948,1949)), a move which might, anyway, make these problems disappear - without the ethical frame of reference within which this research was undertaken, and which necessitates a certain detachment, these issues may simply cease to be difficulties.

Notwithstanding this, however, one issue in particular does demand further consideration, and that is the fact that 'alternative orthodoxy' can be read through this form of analysis as operating an individualised governmental technology. This special attention is warranted due to the fact that such an observation is so much at odds with the averred nature and approaches of the 'alternative orthodox' way of thinking the syndrome, the notion that the 'best' modes of response to HIV/AIDS are communal ones being fundamental to it. Concern that such responses have become themselves infected with the virus of individualism is widespread. However, from the analytical vantage point taken herein, this worry would appear to be misplaced: for it seems that the great strength of 'alternative orthodoxy' is precisely in its successful reconfiguration of a territory which pre-existed it - the territory of individuality - into something which serves its own politico-moral aspirations. To repeat an important point, in a world where everyone is necessarily constituted as an individual anyway, what better way to get things done than by the reconstitution of that subjectivity such that the personal aims and ambitions of each reconstructed individual are in line with the political ends of the source of authority? 'Alternative

orthodoxy' has achieved precisely that - in using HIV/AIDS as a surface upon which to elaborate a new ethics of life-style for individuals (cf Foucault 1991:343) it has ensured that a central part of the self-constitution and self-regulation of every good HIV/AIDS in/affected community member that s/he must work towards a resolution, favourable to the HIV/AIDS in/affected community, of exactly those sorts of structural questions which Kinsman argues such forms of governmentality marginalise.

This brings us back the to the possibility which Rose posits for spaces of freedom to operate either as technologies of power or as technologies of resistance (Rose 1992:3). It was suggested above that with respect to HIV/AIDS this distinction was problematic, yet the claim that 'alternative orthodox' ethical mechanisms are an efficient way to achieve the political ends articulated by that mode of thought seems to raise the division again. Again, the resolution to this apparent contradiction is to be found in the matter of the levels at which the discourse operates. At the level of the epistemological configuration of our age, 'alternative orthodoxy' provides no resistance at all, and is in fact a function of, a reflection of, exactly the same mechanisms which enable our society, and which also comprise the conditions of possibility for neo-liberal governmental forms. At the concrete political level, however, such technologies of self provide an excellent means by which to articulate resistance, their efficiency guaranteed precisely because they are not problematic at the epistemological level. The politics of 'alternative orthodoxy' and of neo-liberalism are like two competing pieces of software, each creating and closing off certain possibilities, but both of which, nonetheless, rely on, and through using reinforce the necessity of, the same operating system.

The ethical technologies of self found within 'alternative orthodoxy', then, can be seen as acts of magnificent pragmatism. They take the diverse multiplicity of responses to HIV/AIDS which are articulated by an already individualised population, and through providing a new focus for that individuality, by aligning people into an identity which is community-based and bounded, but is nonetheless still individual, by giving them a certain field of freedom, regulated by the discourses of expert authority 'alternative orthodoxy' provides, they unify those responses, and thereby create the solidarity necessary to engage in the struggle for resources, for support and so on. So when Kinsman asks "what alternatives can be developed to these strategies of regulation that can challenge and shift them in the direction of

meeting the needs of people living with AIDS/HIV...?" (1996:405) he is asking the wrong question. The question which needs to be asked is how it is that the potentials for advancing the interests of HIV/AIDS in/affected people which already exist within these technologies can best be realised.

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