

Dead Skin: Theorizing Representations of HIV/AIDS

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ABSTRACT

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In this study, I argue that early depictions of HIV/AIDS in the mainstream media displayed a marked emphasis on the skin. I locate these depictions within a history of Western preoccupation with skin as a symbol of social belonging, bodily integrity, and modern selfhood. I also maintain that these depictions played a crucial role in constituting both the epidemic as a whole and the bodies associated with it. I draw connections between skin studies, queer theory, and critical disability theory in order to uncover some of the ways in which the skin acts as a repository for cultural imaginings of selfhood, good health, and psychosocial wellbeing. In keeping with my interest in the intersections of sexuality and disability studies, my thesis is organized into three related chapters: 1) sexuality and the skin; 2) disability and the skin; and 3) death and the skin.

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INTRODUCTION

Dead skin

More than twenty years ago American critical health theorist, Paula Treichler (1987), wrote that “[...] AIDS is a story, or multiple stories, read to a surprising extent from a text that does not exist: the body of the male homosexual” (p. 42). Yet, HIV/AIDS has not only been etched “onto” the gay male body, or read from its surface, but has itself been constituted through a discursive repetition that sutures one to the other. Inspired by Treichler’s polemic I want to consider how the skin serves as a template for normative ideas about sexuality and sexual health such that queer bodies are “skinned” (Ahmed, 2006, p. 44) in particular ways and sexual deviancy is read from (and written on) the body’s surface. I argue that early depictions of HIV/AIDS in the mainstream media displayed a marked emphasis on the skin. I locate these depictions within a history of Western preoccupation with the skin as a symbol of social belonging, bodily integrity, and modern selfhood. I also maintain that these depictions played a crucial role in the constituting both the epidemic as a whole and the bodies associated with it. The aim of my project will be to draw connections between skin studies, queer theory, and critical disability theory in order to uncover some of the ways in which the skin acts as a repository for cultural imaginings of selfhood, good health, and psychosocial wellbeing (Ahmed & Stacey, 2001; Benthien, 2002; Connor, 2004; Emberley, 2008; Patterson & Schroeder, 2012; Pitts-Taylor, 2003; Segal, 2009). In keeping with my interest in the intersections of sexuality and disability studies, I have organized my thesis into three related chapters: 1) disability and the skin; 2) sexuality and the skin; and 3) death and the skin. While I maintain that these themes are both linked to and shaped by the others, I find it analytically useful to make distinctions among

them in order to make clearer and more nuanced arguments. I examine how it is that cultural anxieties relating to homosexuality, disability, and death coalesce in representations of HIV/AIDS such that the meaning of each becomes dependent on the meaning of the others.

Scholarly interest in the social, psychic, and political meanings and practices associated with the skin has steadily emerged over the last twenty years. A range of scholars have undertaken cultural histories of the skin (see Benthien, 2002; Connor, 2004). There is also burgeoning psychoanalytic interest in the skin (see Anzieu, 1989; Lafrance, 2009; Segal, 2009). Cultural criticism has also interjected a range of issues concerning the cultural significance of skin, including racialization, cosmetic surgery and body modification, and illness and disability (see Ahmed & Stacey, 2001; Emberley, 2012; Pitts-Taylor, 2003). What these diverse scholars demonstrate is that the surface of the body is critical in the formation of the self and its relationship to the world; not simply in terms of a biological or psychological reality, but as a scripted surface upon and from which we make sense of our relation to others (Ahmed, 2000, p. 49). Critical skin studies literature has emerged in large part out of feminist, queer, and post-colonial concerns over the body: in their “return” to the body, skin studies scholars privilege the body’s surface as a specific and multidimensional object of inquiry into social, political, and psychic life.

My research focuses on the ways in which meaning (and in this case, the meaning of HIV/AIDS) is grafted, read, and transformed on the skin. How is difference marked on and through the skin? What do our skins say, to whom, and in what context? How is the skin put in the service of constituting some subjects as normal and some as abnormal? If “the skin is always open to being read,” (Ahmed & Stacey, p. 1) then how are we reading it? And what are some of the effects of these readings? At the same time as the skin provides a superficial boundary

between bodies it also makes visible those forms of difference that may not be so readily apparent. Stigmatized skins—skins which transgress normative “rules” of embodiment and appearance—matter insofar as they stand in for what we cannot see. For instance, in current diagnostic manuals the appearance of Kaposi’s sarcoma (KS) on a patient under sixty years of age “is considered an unambiguous demonstration of the AIDS process”, even if the patient is HIV negative (Yang, 2001, p. 327). KS derives its meaning more through what it represents (HIV leading to death) than what it is (an otherwise manageable cancer, though rare). In other words, it is not the disabling aspect of skin disease that is itself the problem; it is the way in which skin disorder signifies the *suggestion* of “abnormality” and the *potential* of disability, that is often most troubling.

My interest in the skin has led me to focus on KS as, according to Yang, an “index of AIDS” (p. 326). KS is a rare form of cancer that presents as dark, purple lesions on the skin, mucous membranes, and internal organs. While virtually unknown to the general population before the AIDS epidemic, KS entered public discourse in the early 1980s following the diagnosis of several gay men in the New York area (Carter & Hughson, 2012). These men, as we now know, were eventually diagnosed with what has come to be known as Acquired Immune Deficiency Syndrome, leading to a medical distinction between “classic” Kaposi’s sarcoma—a slow progressing, and relatively benign cancer—and “AIDS-associated” Kaposi’s sarcoma—the “aggressive and frequently fatal epidemic variant” (Antman & Chang, 2000). From 1981-1985 nearly one-third of people diagnosed with AIDS had visible KS lesions (Grover, p. 12). Today, more than 90 percent of people living with HIV/AIDS (PHAs) will develop some form of opportunistic skin conditions during the course of illness (Yang, p. 325).

Focusing on depictions of HIV/AIDS from the late 1980s to the mid-1990s, I consider two highly influential AIDS texts: the 1993 Jonathan Demme film *Philadelphia*, set in the city of Philadelphia in the early 1990s, as well as the 2003 miniseries *Angels in America* (itself a film adaptation of the 1993 Tony Kushner play entitled *Angels in America: A Gay Fantasia on National Themes*), which takes place between 1988-1989. The films capture a moment in the AIDS epidemic at the very end of, and following, the Reagan administration (1981-1989); a period characterized by economic and social conservatism during which certain bodies became the focus of intense moral scrutiny and scapegoating (see Corber, 2003; Jeffords, 1994). As Susan Jeffords has argued,

The Reagan era was an era of bodies. [...] In the dialectic of reasoning that constituted the Reagan movement, bodies were deployed in two fundamental categories; the errant body containing sexually transmitted disease, immorality, illegal chemicals, ‘laziness,’ and endangered fetuses, which we can call the ‘soft body’; and the normative body that enveloped strength, labor, determination, loyalty, and courage—the ‘hard body’—the body that was to come to stand as the emblem of the Reagan philosophies, politics, and economies (p. 24-25).

Grouped together, certain bodies (often poor women and people of colour) became emblematic of national upheaval and instability (Corber, p. 109; Jeffords, p. 25). The emergence of HIV/AIDS bolstered this belief (see Christiansen & Hanson, 1996). Gay men, intravenous drug users, sex workers, and other sexual and social outsiders were perceived as a threat to national interests because of their potential as “AIDS carriers” (Christiansen & Hanson, 1996; Gamson, 1989). One of the most defining features of the Reagan era during the AIDS epidemic was Reagan’s resounding silence; astoundingly, Reagan did not publicly address AIDS until 1987,

six years into the epidemic. At the time of his address, upwards of 36,000 Americans had been diagnosed with AIDS, and more than 20,000 people had already died (Gamson, p. 359). Reagan was heavily criticized for his inaction; most famously, perhaps, by ACT UP—a militant AIDS activist group—who coined the controversial phrase “Silence=Death” (see Crimp, 1989; Gould, 2009). The films/play in my analysis emerge in the wake of this highly divisive political context, imbued with a sense of urgency and loss as a result of the massive death toll and remaining uncertainty of AIDS.

Philadelphia, released in 1993, is widely considered one of the first mainstream Hollywood films to have HIV/AIDS as its central theme (see Hart, 2000). The film follows the story of Andrew Beckett (Tom Hanks), a successful young attorney at the city’s largest corporate law firm, who is dismissed following the emergence of a small, dark lesion on his face. Although Beckett is not formally out as gay or HIV positive, he suspects that his dismissal is directly related to concerns over his sexuality and sexual health. Primarily his suspicions are due to the timeline of events in which his dismissal took place: first, Beckett is assigned the firm’s most important case and given reason to believe that following a successful outcome, he will be named partner. Second, on the day of his assignment one of his employers notices the lesion on his forehead. Third, Beckett works from home the next several days in order to avoid suspicion or concern at his workplace, where he finishes and submits the complaint for the case he is assigned. Beckett then falls ill and is taken to the hospital. Shortly after he learns that the complaint has been misplaced and is dismissed from his position the following day. It is clear that the file was intentionally misplaced so that it would appear as if Beckett’s dismissal was the result of his own incompetence. Beckett subsequently employs personal injury lawyer Joe Miller (Denzel Washington) to represent him in a wrongful dismissal case against the firm, in what is

presented as one of the first cases of its kind. *Philadelphia* received wide acclaim, including two Academy Awards, and grossing a total of \$206,678,440 worldwide.

Less known are the real events by which the film is inspired (although disputed)—the two cases of Geoffrey Bowers, an attorney who sued the law firm Baker & McKenzie for wrongful dismissal in 1987, and Clarence B. Cain, an attorney who sued and won the case against his former employer Hyatt Legal Services for wrongful dismissal upon discovery of his serostatus (see Bergman & Asimow, 2006). In 1987, Geoffrey Bowers filed a complaint with the New York State Division of Human Rights alleging discrimination on the basis of his HIV status. Like Beckett, Bowers was fired after the appearance of lesions on his face and body. Although he died before the end of the trial, Bowers won the case and was awarded one of the largest settlements to be granted at that time. Clarence B. Cain was a black lawyer at the *Philadelphia* law firm Hyatt Legal Services. He was fired in 1987 and won his court case in 1990. The case was one of the first AIDS discrimination cases in history. That same year, the Americans with Disabilities Act gave formal protection to those with HIV/AIDS, defining HIV/AIDS as a disability due to the physical *and* social limitations placed on the individual (see Gostin & Webber, 2010).

Angels in America was written initially as a play by Tony Kushner in 1993, the same year as *Philadelphia*, under the name *Angels in America: A Gay Fantasia on National Themes*. The play, set in 1988, tells the stories of several, interconnected strangers living in New York City: Prior (Justin Kirk), a gay man diagnosed with AIDS; Louis (Ben Shenkman), Prior's ex-boyfriend who leaves him following his diagnosis; Roy (Al Pacino), based on the life of conservative lawyer Roy Cohn who died of complications due to AIDS; Joe (Patrick Wilson), a closeted Mormon who works for Roy; Harper (Mary-Louise Parker), Joe's neurotic Mormon

wife; and Belize (Jeffrey Wright), a gay nurse who is Prior's best friend. The play also features a number of "Angels," who visit several of the main characters throughout the story, all played by actors with other roles. The play struggles with the challenges of gay men (and those close to them) at the height of the epidemic, including issues such as homophobia, the closet, death and loss, romantic and sexual relationships, and the conservative political climate of the time. The play garnered praise among critics and received several Tony Awards and a Pulitzer Prize. Ten years later, re-released under the shortened name *Angels in America*, the play was adapted for an HBO television miniseries featuring celebrity names such as Meryl Streep and Al Pacino. The film received widespread praise including multiple Golden Globe and Emmy awards, among many others, as well as being named "Best of the filmed AIDS portrayals" by *The Seattle Times*. The renewed exposure allowed the film/play to reach audiences who wouldn't have otherwise come into contact with it.

I have chosen these films for a number of reasons. First, in both films the skin discloses a turning point for the protagonist; that is, the appearance of KS marks the beginning of the end, as it were, for both characters. I argue that these films dramatize both the individual and the collective battle with AIDS on and through the skin: while for the characters, KS indicates the seriousness of their illness, it also acts as a repository for cultural fears relating to homosexuality and death because of its close association with AIDS. Skin diseases and disfigurements are, as a whole, closely associated with contagion. Disturbing the boundary between self and other, lesions and other ruptures to the skin's surface threaten the possibility of contamination from the outside (Shildrick, 2001). Entangled as it is with the transmission of HIV, KS is a particularly potent signifier in this regard. Second, I consider these films as key parts of an archive of HIV/AIDS representations. In foregrounding these specific texts which were written in the early

1990s (approximately 10 years into the epidemic) I intend to do more than contribute to the archive of historical HIV/AIDS representations (e.g. to add to Simon Watney and Sunil Gupta's 1986 "dossier" on the rhetoric of HIV/AIDS) although this is also important to me. Rather, I hope to elucidate some of the ways in which these earlier HIV/AIDS representations suggest that the skin functions as a significant cultural site in queer histories. Why should the skin matter to queer studies? Like race, is queerness written on the skin? Of course, HIV/AIDS representations have transformed over time; scientific developments, AIDS activism, and changing cultural anxieties about death, disability, and sexuality all contribute to the wide array of images and texts about the disease. I contend, however, that while representations of HIV/AIDS may change over time, early depictions remain critically embedded within the cultural construction of the disease itself. Put succinctly, early HIV/AIDS depictions—and their repetitive representations of KS—have had a tremendous impact on contemporary understandings of the disease. My project demonstrates how the skin has been fundamental to this history and, by extension, to modes of queer embodiment in the early twenty-first century. In this way I engage with contemporary debates relating to what has come to be known as "queer temporality" (see Freeman, 2010; Halberstam, 2005). Third, while both films have had enormous mainstream success I am also interested in how they might differ. *Philadelphia* focuses on the story of a "successful" HIV positive gay man engaged in a struggle over human rights and social justice precisely because of his personal struggle with HIV/AIDS. Personalizing Beckett's story, the film neutralizes—or at least mediates—the politicization of AIDS by both AIDS activists and anti-gay conservatives (Corber, 2003). In doing so, *Philadelphia* engages a "project to nationalize the gay body by dequeering it" (Corber, p. 111). On the other hand, *Angels in America* links the personal to the political; offering a reading of HIV/AIDS that undermines the unstated heteronormative

trajectory of the cultural politics of everyday life in Reagan's America. Although *Angels in America* achieved mainstream recognition it remains a queer text insofar as it was adapted from a play intended for a queer audience and written by a gay man. Tony Kushner, the original author, is also responsible for the screenplay adaptation. This matters less in terms of its "authenticity" as a queer perspective (a concept of which I am deeply skeptical) and more in terms of how queer texts may (or may not) be read differently from dominant discourses on homosexuality and AIDS. Lastly, I have chosen film representations because they reflect what might be called the "visual culture" of AIDS. Indeed, AIDS has been depicted and interpreted using a multitude of visible signs such as wasting syndrome and various skin conditions since the onset of the epidemic (see Grover, 1989). I employ the concept of vision as a social practice to understand how HIV/AIDS representations constitute the disease (see Jenks, 1995).

I draw connections between queer studies and disability studies. I do so in part because within the USA AIDS has been legally defined and protected as a disability (see the Americans with Disabilities Act). Both films are set in America spanning the late 1980s and early 1990s, the period during which AIDS received legal protection, and the law is critical theme each film. Because of each film's attention to the legal context in which their characters live, I find it critical to engage with the ways in which AIDS became a matter of law; specifically, as an impairment or disability worthy of legal protection. I also draw connections between queer studies and disability studies because, like AIDS, disability has itself been constituted through spectacle. Critical disability scholars continue to emphasize the ways in which disability is threatening insofar as it undermines Western ideals of autonomous selfhood; that is, disabled bodies challenge the boundary between self and world through such things as care requirements, surgical openings, economic and social dependency on others, and morphological differences

(Bost, 2009; Shildrick, 2009; Wendell, 1996). Representations of disability harness these sorts of social anxieties in order to reaffirm the integrity of the able-body: amputated limbs, conjoined twins, organs that develop outside of the body, and incontinence establish the superiority of able bodies by dramatizing the precariousness of disabled boundaries. Further, critical disability scholars have argued that the dynamic through which disabled bodies are subject to an able-bodied gaze has been constitutive of disability itself (Chinn, 2004; Durbach, 2009; Garland-Thomson, 2002). I argue that if “the history of disability is one of being on display,” as Garland-Thomson contends, then it is also in many respects a history of the skin (2002, p. 56). As Benthien observes “[o]ne of the central themes in a cultural history of the skin is that it is continually read and interpreted in all social situations [...] Human contact depends unavoidably on the skin: *it is the manifest place of the other that is accessible to sight and touch*” (2002, p. 11-12; my emphasis). Disabled bodies, like AIDS bodies, are constituted through a hypervisibility that is—by its very nature—predicated on the skin. And like various disabilities, HIV/AIDS has been characterized as a “disease of boundaries,” absorbing and reflecting cultural anxieties over the precarious relationship between self and world and disrupting fantasies of bodily integrity (Yang, p. 323). I draw connections, as scholars such as Robert McRuer have done, between disability and queer sexualities, in thinking about HIV/AIDS representations as skin metaphors. In the case of skin, disability (specifically, disease and disorder) and queer sexualities challenge the ways in which “health and ability are naturally linked to [proper] heterosexuality” (2006, p. 11). As I argue, such fears are not only expressed through preoccupations with the skin and the skin’s failure to protect and contain (i.e. Kaposi’s sarcoma), but are also revealed in a cultural obsession over unprotected anal sex among gay men (Bersani, 1987, p. 212) and other “perverse” boundary crossings, such as intravenous drug use. Boundary

transgressions, in which the diseased skin plays a crucial role, form a critical element of social anxieties over disability and HIV.

While HIV/AIDS is well suited to a disability framework, I am also interested in thinking critically about the ways in which death and dying have unique implications for the experience and cultural significance of illness that are not always befitting that of a disability analysis. Disability is not equivalent death, although it may conjure its image. Disability activists and scholars have struggled to negotiate the differences and similarities between physical impairment/disability and chronic or acute illness (see Wendell, 2001). The mystique surrounding HIV/AIDS—its transient status as either, and all at once, a disability, a chronic illness, and a potential death sentence—makes this negotiation a more difficult task. “The paradox of curability/incurability” which defines it, John Nguyet Erni observes, “is rooted in [...] the widespread, if not endemic, perception of AIDS [that] has consistently fluctuated between the rhetorics of hope/hopelessness, death/salvation, body/antibody” (1994, p. 70). In both *Philadelphia* and *Angels in America* death forms a key narrative, the force of which brings HIV/AIDS—a presumably strange illness—in closer proximity to the audience: AIDS hits close to home. As we might expect, in both films death is significant insofar as it is the pain of a love lost. But what else do these films say? How does HIV/AIDS form part of a cultural repertoire of deathly imaginings? In some ways, HIV/AIDS is terrifying because it is so associated (real and imagined) with larger cultural anxieties over death; that is, the specificities (real and imagined) of the AIDS epidemic have had a dramatic impact on the ways in which death and dying are articulated and represented, not the least of which has been the impact of such films as *Philadelphia*. Particularly in the earlier part of the epidemic, these deathly narratives were dramatized on the skin.

Before detailing my methodological approach I want to comment briefly on two methodological considerations underlying the scope of my project. First, I have chosen to focus my analysis on the relationship of gay men to HIV/AIDS and I should clarify that this is reflected in both my object choice and methodology. Of course, HIV/AIDS is no longer (or more accurately, never was) an exclusively gay male issue. As the epidemiology of HIV/AIDS in North America has changed over the last thirty years, the symbolic association of gay men with AIDS may be considered by many to be obsolete (see Higgins, Hoffman, & Dworkin, 2010 for a discussion of the changing face of HIV/AIDS). In response, scholars and activists working in the field have argued that HIV/AIDS has more to do with the social determinants of health than it does the sexual identities of those affected/infected (see Malebranche & Bowleg, 2012). Additionally, burgeoning preoccupation with the HIV/AIDS epidemic in Africa (among other poor regions) has also, to some degree, alleviated cultural associations of homosexuality to AIDS in North America. But as we might expect, the transfer of one cultural preoccupation (homo sex) to another (the black body) has had complex implications for the ways in which black and immigrant bodies are further marginalized, racialized, and excluded from various forms of social participation, even as it has “shed light on” the local specificities involved in the epidemic (see Marshall, 2005). In the late 1980s HIV prevention strategies began targeting the “general” population, the suggestion of which is to argue that HIV affects and infects us all, regardless of sexual orientation (Lupton, 1993). Despite these strategies to complicate the association of HIV/AIDS with gay men, I believe that the Treichler quote which opens my introduction continues to resonate with contemporary readers; sexual deviancy, in one form or another, and HIV/AIDS remain reciprocal in their symbolic value. Thus while gays and lesbians are involved in the “complex and uneven process of crossing borders” into citizenship, their crossing

inevitably “reconstitut[es] the terms and subjects of citizenship as well as the borders themselves” (Cossman, 2007, p. 9). For many, the decoupling of HIV/AIDS with homosexuality has constituted, in part, the ongoing normalization of certain gays and lesbians on the backs of other sexual outsiders: queers of colour, sex workers, drug users, and poor queers continue to be marked as deviant, threatening, and risky, as white, middle-class gays and lesbians are increasingly recognized for their respectability and likeness to a dominant American culture (Cossman, 2007).

A significant portion of my sources is historical. This is not accidental. I situate *Philadelphia* and *Angels in America*, as well as much of the earlier theoretical work that I deal with, as part of the historical legacy of HIV/AIDS in North America. If “AIDS does not exist apart from the practices that conceptualize it, represent it, and respond to it” (Crimp, 1987, p. 3) then these historical responses to the epidemic are indeed part of the disease itself. To this end, I engage with questions of queer temporality: how do these texts read as part of a queer past? What do they reveal about the present? How do we think queerly about time? I argue that although the “gay cancer” that first plagued queer communities has lost its metaphorical potency, the relevance of these historical texts persists; early representations of AIDS that focus on the skin reveal social anxieties related to homosexuality and health that are just as much relevant today as they were twenty years ago. This is a methodological question: in addition to *what* we remember about this historical period of the AIDS pandemic, *how* do we remember it? Indeed, what we remember is informed by how we do so (Castiglia & Reed, 2012). These questions are particularly relevant to the history of AIDS because of its potential for forgetfulness; in the most basic sense the HIV/AIDS pandemic has threatened the potential for cross-generational forms of remembering because so many of those who were alive in the beginning have died.

Lastly, I will clarify my terminology. I use the terms “AIDS” and “HIV/AIDS” interchangeably to denote the conceptual terrain associated with the chronic condition known as AIDS as well as the status of being HIV positive. I do so for two primary reasons. First, both *Philadelphia* and *Angels* are stories which are primarily about personal struggles and social consequences of the protagonists’ medical diagnosis of AIDS; their serostatus, in fact, plays little if any role in the films. I attribute this to the context in which each film was written: a time earlier in the epidemic when AIDS (the medical condition) was more of an urgent social and public health issue than it is today (in the North American context). Medically, a seropositive status is used to refer to presence of certain anti-bodies in the bloodstream that indicate HIV infection. AIDS, on the other hand, is a diagnosis for which a person tests positive for HIV and either: has one of the defining illnesses associated with AIDS (such as candidiasis of the esophagus, trachea, bronchi or lungs and Kaposi's sarcoma) or shows a CD4 T cell count of less than 200/uL (per microlitre). An AIDS diagnosis is irreversible. Though HIV and AIDS are medically distinct (although related) my use of “AIDS” throughout the text is meant specifically to refer to the cultural dimensions of HIV/AIDS. That is, in the context in which HIV/AIDS emerged as a social and medical problem, HIV and AIDS were (and continue to be) virtually unrecognizable as distinct conditions in the cultural imagination: to be HIV positive is to have AIDS, regardless of the medical definitions. This is in large part due to popular misconceptions of the virus, as well as cultural fears associating HIV with death. I believe that John Nguyet Erni’s 1994 work remains relevant, where he writes,

Even though in recent years, as a result of increased understanding of the disease, the plague model of interpretation has been shifted to the chronic disease model, [...] the discourse about the horror of AIDS remains dangerously pervasive. New understanding

has not shattered the intensive social discussion of the HIV as the impossible obstacle in the scientific crusade against the disease, the culprit of horror (p. 40).

Seeing AIDS:

I begin with the concept of vision as a social practice (in contrast to a “natural” and “reliable” sensory reception of the world) as a method of situating visual depictions of AIDS within a broader social and political context (Jenks, 1995, p. 2). Underlying this concept are a number of suppositions that are vital to my analysis. Primarily, sight is *not solely a biological function* in which the subject perceives, through neurological sensory receptors, that which is before it. Sight (or more accurately, perception) occurs through both the embodied practices and discursive context in which subjects and objects are formulated. The concept of sight as a social practice considers the relation of *vision* to *truth* within the ‘ocularcentric’ Western knowledge paradigm. In other words, it is not only that *what* and *how* we see is constituted by social as well as biological/neurological processes, but that the historical *privilege* accorded to sight has shaped the act of seeing in particular ways (see O’Loughlin, 2006). The relation between vision and truth, therefore, is itself formed through power. As Chris Jenks writes,

the idea *of* vision and the idea *as* vision have a history. ‘Idea’ derives from the Greek verb meaning ‘to see’. This lexical etymology reminds us that the way that we think about the way that we think in Western culture is guided by a visual paradigm. Looking, seeing, and knowing have become perilously intertwined (1995, p. 1; original emphasis).

This, of course, has implications for the production and validation of particular truths over others.

If, as Jan Grover argued in 1989, AIDS is “a condition that both then and now has been partially identified with appearances” this is at least in part because the capacity for knowledge of the disease demands its appearance (p. 10). As a result, HIV/AIDS representations constitute and reinforce the visuality of the disease while supporting a Western ocularcentric worldview that requires AIDS be seen. This “spectacle of AIDS,” defined as the “regime of massively overdetermined images associated with HIV/AIDS” in popular culture, science, and government policy, has come to constitute the disease itself (Watney, 1987, p. 78). Watney calls attention to the ways in which biomedical aspects of HIV/AIDS are constitutive of moralizing texts written on the bodies of those with (or presumed to have) the disease: “AIDS is thus embodied as an exemplary and admonitory drama, related between the image of the miraculous authority of clinical medicine and the faces and bodies of individuals who clearly disclose the stigmata of their guilt” (1987, p. 78). Thus, dramatic visual representations, such as the films that form the backbone of my project, form part of a chain of signifiers through which HIV/AIDS is constituted including biomedical, religious, and other forms of visual representations of the disease. Like Watney, I am interested in the ways in which HIV/AIDS texts are at once inherently visual and intrinsically linked to the skin—constituting the “spectacle” that stands for the disease itself. One of the first visual depictions of AIDS was a series of photographs appearing in 1981, in a pamphlet about KS produced by Dr. Marcus Conant, an American dermatologist (Grover, 1987, p. 10). Although not widespread, these early photos exemplify what was already becoming popular knowledge at the time: that regardless of the biomedical risk associated with the lesions (which is considerably low), they are a symbol of impending death.

Nicholas Nixon’s *People with AIDS* (Museum of Modern Art, New York, 1988) and Rosalind Solomon’s *Portraits in the Time of AIDS* (Grey Art Gallery, New York 1988) have

been substantially critiqued by a number of AIDS scholars including Jan Zita Grover, Douglas Crimp, and Roger Hallas. These early AIDS portraits allowed mainstream access into the otherwise private deaths of AIDS patients. Paradoxically, in calling public attention to the “reality” of AIDS, artistic imagery assisted in *constructing* its very materiality. As Roger Hallas remarks, “[i]n their isolation of the suffering human subject, Nixon’s and Solomon’s photographs erased the political and social context to the epidemic [and] perpetuated the assurance of visibility to the general public: the contamination of sickness and death could remain visibly contained in the vessel of the emaciated, dying body of a person with AIDS” (2009, p. 18).

Philadelphia and *Angels* rely on certain collective truths, translated visually, about AIDS and sexual others, even as they may pose a challenge to them. Each story depends on a wide array of social cues relating to (among other things) the threat of homosexuality to the dominant heteronormative culture, the relation of HIV/AIDS to homosexuality, and the collective sense of fear occasioned by the epidemic. These social cues shape the meanings (both intended and felt) of the characters and events that take place. For instance, how does the portrayal of Andrew Beckett’s “wonderfully” supportive, white, and middle class family rely on certain collective assumptions about its counterpart—the black, middle class, and homophobic family of his lawyer? How might we therefore read *Philadelphia* “as a cultural artifact that says something about certain ways in which white people ‘look’ at black people” (Mercer 435)? Or, to extend Mercer’s argument, the way in which straight people “look” and gay people are looked at? And how do these films (if indeed they do) *unsettle* these well-worn orthodoxies of race, sex, and gender? In the next section I will outline my phenomenological reading of AIDS representations. I argue that the social practice of “seeing AIDS” is embodied insofar as visual depictions of

AIDS connect some bodies (through affective recognition), while distancing others (for whom certain social cues do not resonate).

A phenomenology of AIDS

Early phenomenologist Maurice Merleau-Ponty argued that “[p]erception, as the pre-reflective contact of an embodied subject with its world, is necessarily perspectival. I see the world from where I am, both literally (from the point in space and time in which I happen to find myself) and in a more metaphorical sense (as being a person with a certain sort of body, a certain life history, and so on)” (Matthews, 2002, p. 60). Inspired by early phenomenologists’ engagement with perception, Sara Ahmed’s *Queer Phenomenology* expands and reworks these seminal texts to query their limitations, as well as to bring them into conversation with queer, feminist, and anti-racist thought. Ahmed describes her point of entry into phenomenology through the concept of perception:

The radical claim that phenomenology inherits from Franz Bretano’s psychology is that consciousness is intentional: it is directed toward something. This claim immediately links the question of the object with that of orientation. [...] We are turned toward things. Such things make an impression upon us. We perceive things insofar as they appear near to us, insofar as we share residence with them. Perception hence involves orientation; what is perceived depends on where we are located, which gives us a certain take on things. [...] Perception is way of facing something (2006, p. 27).

Queer phenomenology is predicated on this concept of orientation, which she describes as both a position and a direction (“to be orientated is also to be turned toward certain objects, those that help us to find our way” [2006, p. 1]). Orientations direct us in certain ways and, hence, towards

certain things: “spatial orientations (relations of proximity and distance) are shaped by other social orientations, such as gender and class, that affect ‘what’ comes into view, but also are not simply given, as they are effects of the repetition of actions over time” (Ahmed, 2006, p. 23). The phenomenological inquiry of perception, such as that of Merleau-Ponty and other more traditional scholars, is also oriented towards certain objects and in certain directions. Ahmed’s lengthy pursuit of Husserl’s writing table, for instance, reveals that those objects necessary for phenomenological writing (the table, the pen, the paper, the computer) come into view at the expense of others; if, as according to Husserl, “the social and familiar character of objects [must be] ‘bracketed’” (2006, p. 33) in order to perceive the world as phenomenology dictates, “so that we can attend to the flow of perception itself” (2006, p. 37), then the social and familiar character of objects is lost. And yet, Ahmed continues, “[w]e remain reliant on what we put in brackets; indeed, the activity of bracketing may sustain the fantasy that ‘what we put aside’ can be transcended in the first place. The act of ‘putting aside’ might also confirm the fantasy of a subject who is transcendent, who places himself above the world of social matter [...]” (2006, p. 33). The bracketed familiar character of the writing table, for instance, may reveal the domestic setting in which it rests; the gendered labour sustaining Husserl’s capacity to sit, to think, to write (Who makes sure he eats? Who cleans his clothes? Who takes care of the children so they do not disturb their father?); the women and children who move, eat, and sleep with and around the philosopher and his table. The repetitions of actions over time—in this case, the repeated bracketing of the familiar in Husserl’s phenomenological inquiry—materialize space and place in and on bodies. In the example of Husserl’s writing table, we might argue that the repeated bracketing of the domestic, the feminine, materializes the space and place of the philosopher as

male, masculine; the body of the philosopher establishes the boundaries of philosophical inquiry as a male enterprise.

My project is phenomenological in two ways: first, I conceive of the embodiment of AIDS as integral to the representations which surround and produce it, and second, my analysis is motivated by the idea that representations of AIDS (re)define the contours of social space by both reproducing and/or challenging normative discourses of belonging. The skin is a critical boundary in the production of social space. In her earlier text *Strange Encounters*, Ahmed asks “[t]o what extent do strange encounters involve, not just reading the stranger’s body, but defining the contours or boundaries of the body-at-home, through the very gestures that enable a withdrawal from the stranger’s co-presence in a given social space?” (2000, p. 38; my emphasis). Encounters with the other are generated through movement-in-space; these gestures (re)define both the contours of the self/other, as well as the social space inhabited by both self and other. As a “border that feels” (2000, p. 45), the skin can both define and expose the contours of the body such that some are welcome within a given social space, while others are kept out: “The containment of certain bodies in their skin (bodily space) is a mechanism for the containment of social space [...] The re-forming of bodily and social space involves a process of *making the skin crawl*; the threat posed by strange bodies to bodily and social integrity is registered on the skin” (2000, p. 46; original emphasis).

It seems that to do either *Philadelphia* or *Angels* theoretical justice we are best to consider the ways in which AIDS representations such as these are so often preoccupied with the materiality of suffering. *Philadelphia* is as much a film about human rights law as it is an intimate portrayal of one man’s death. The scene in which Beckett lies in his hospital bed, surrounded by family, captures not only the emotional and physical pain of death, but also the

emotional and physical relations between people; the cinematic conventions used in *Philadelphia* (such as close face shots) create a phenomenological experience of *intimacy* for the audience to participate in.

If intimacy is a feeling of closeness between people, then it is only so with an awareness of the separation between others. That is, the intimacy we share with certain people (and objects, values, places) is only intelligible through the relative distance we experience to others. Furthermore, the distance or closeness we share with objects is not accidental; in Ahmed's words "what is 'present' or near to us is not casual: we do not acquire our orientations just because we find things here or there" (2006, p. 21). Using the concept of inheritance to illustrate the underlying heteronormative dimensions of social belonging, she writes, "[...] we also inherit the proximity of certain objects [...] These objects are not only material: they may be values, capital, aspirations, projects, and styles. Insofar as we inherit [...] the nearness towards certain objects more than others [...] we [also] inherit ways of inhabiting and extending into space" (2006, p. 86). What would it mean to suggest that the films in my analysis direct us in certain ways? Or that the ways in which these films direct us are forms of inheritance, moving us closer to some objects and away from others? Or more precisely that these films are themselves objects towards which we are directed, themselves objects of inheritance? If we think of the AIDS patient as a type of stranger—a person away from which we are typically directed—*Philadelphia* and *Angels* read as objects of inclusion insofar as they (dis)allow opportunities for identification and closeness with the affective communities they attract. *Philadelphia*'s opening scene utilizes the audience's desire for belonging, while setting its boundaries. The camera moves through the city, into people's backyards, parks, shops, and families, all while Bruce Springsteen's aptly named "Philadelphia" plays in the background. The city of Philadelphia is represented as diverse, proud,

and historically meaningful to the development of the nation. The audience is at once drawn into the city and excluded, assuming we do not live there.

I argue that a phenomenology of AIDS is structured by intimacies. These intimacies include the sexual, emotional, and physical relationships between people, but they are also embedded in the discursive constructions of HIV/AIDS. Describing intimacy Lauren Berlant writes,

But intimacy also involves an aspiration for a narrative about something shared, a story about both oneself and others that will turn out in a particular way. [...] Yet the inwardness of the intimate is met by a corresponding publicness. People consent to trust their desire for “a life” to institutions of intimacy (2000, p. 1).

Intimacy is as much a personal as it is a public experience. HIV transmission is one such form of intimacy. The proximity required for the exchange of bodily fluids (penetration, ejaculation, tearing, injection, bleeding) encompasses a metaphorical and physical blending of self and other that troubles the Western ideal of the “clean and proper body” (Kristeva, 1982, p. 8). When “tainted” with illness, this blending defiles the spatio-temporal requirement of autonomous and enduring (i.e. healthy) selfhood. We can therefore think of HIV transmission as the “initial” transgression, marking the beginning of a whole set of intimacies which structure the phenomenology of AIDS. Personal intimacies are translated into public forms of intimacy, including a whole range of policies and practices which are intended to keep people with HIV/AIDS from getting “too close,” too intimate to the “general population.”

Conclusion

The purpose of my project is to illustrate the significance of the skin in defining and marking the boundaries of social belonging. Representations of AIDS—specifically those from the 1980s and early 1990s—demonstrate a remarkable preoccupation with the surface of the body; dark, purple lesions became emblematic of the social and sexual pathology (and in some cases, the suffering) of the AIDS patient. Focusing my analysis on two visual representations of AIDS from this time period, *Philadelphia* and *Angels in America*, I will examine the skin as surface upon and from which social difference is inscribed. In Chapter One, “Disability and the skin,” I argue that HIV/AIDS—as with other disabilities—disturbs Western notions of bodily integrity. Sitting on the skin, Kaposi’s sarcoma became a ready signifier for the failure of the AIDS body to maintain the protective boundaries needed to achieve the ideal of the “clean and proper body” (Kristeva, 1982, p. 8). While Chapter One examines the idea of the skin as the organ which envelopes the self, Chapter Two, “Sexuality and the skin,” extends that idea to consider the surfaces which constitute social belonging. Drawing on Sara Ahmed’s concept of sexual orientation I explore the ways in which each film constructs the AIDS body as a figure of national inclusion/exclusion. In my final chapter, “Death and the skin,” I argue that discourses about death are also discourses about social belonging. In their representation of death, each film harnesses this relationship; both *Philadelphia* and *Angels* are representations of the ways in which cultural repertoires of death and dying constitute the contours of belonging—as well as the contours of the body—for those with HIV/AIDS.

CHAPTER ONE

Disability and the Skin

Introduction: Constructing disability

What is disabling about HIV or AIDS? Given its lengthy history of illness, deterioration, and death this might appear to be an easy question. In this chapter I hope to demonstrate why this question matters—to highlight some of the complexities of a disability analysis and think through why and how it is that HIV/AIDS is considered, by many, to be a disability. While researching precedents for his case, Beckett comes across the Supreme Court ruling, made in 1987, to include people with HIV/AIDS within the definition of disability. Sitting across from Miller, the homophobic lawyer who initially rejects Beckett's request for council, Beckett reads from the ruling,

The Federal Vocational Rehabilitation Act of 1973 prohibits discrimination against otherwise qualified handicapped persons who are able to perform the duties required by their employment. Although the ruling did not address the specific issue of HIV and AIDS discrimination, subsequent decisions have held that *AIDS is protected as a handicap under law, not only because of the physical limitations it imposes, but because the prejudice surrounding AIDS exacts a social death which precedes the actual, physical one*. This is the essence of discrimination: formulating opinions about others not based on their individual merits, but rather on their membership in a group with assumed characteristics (my emphasis).

I highlight this scene to indicate that disability is always, already a contested concept. Not only does this ruling re-define HIV/AIDS as a disability, it also adjusts the designation of disability itself. According to the Supreme Court AIDS is protected as a disability because of the physical deterioration it causes to the patient *in addition to* the social climate surrounding the disease.

Disability is re-conceptualized as both a physical limitation as well as a way of living with, and being treated by, others; disability, therefore, is as much a matter of the social context in which it lived, as it is an impaired or “abnormal” physical embodiment. Scholars influenced by Foucault foreground these social dimensions to illustrate the ways in which disability, as a concept, is mutable, productive, and political. I quote disability scholar Shelley Tremain at length:

For the past two centuries [...] a vast apparatus, erected to secure the well-being of the general population, has caused the contemporary disabled subject to emerge into discourse and social existence. Among the items that have comprised this expansive apparatus are asylums, income support programs, quality of life assessments, workers’ compensation benefits, special education programs, regimes of rehabilitation, parallel transit systems, prostheses, home care services, telethons, sheltered workshops, power child campaigns, and pre-natal diagnosis. These (and a host of other) practices, procedures, and policies have created, classified, managed, and controlled social anomalies through which some people have been divided from others and objectivized as (for instance) physically impaired, insane, handicapped, mentally ill, retarded, and deaf. (2005, p. 5-6).

Impairment, in this analysis, is not a biological *reality* but a constellation of discursive and institutionalized practices making it appear so. Despite criticism that Foucauldian scholars

overvalue discourse at the expense of the materiality of disabled embodiment (i.e. impairment, illness, and accessibility), scholarship such as Tremain's does not, arguably, disallow for the physical realities of a non-normative body (see Hughes, 2005). Tremain's analysis depends on, while critiquing, the material; the endless "practices, procedures, and policies" that produce and govern the disabled body can exist only in relation to the fleshy, material bodies who make use of them and for whom they are meant to "serve". Epistemological differences aside, my point is that the category of disability and the experience of non-normative embodiment are always contested and contextual. As the boundaries around who is or is not disabled and what is or is not a disability change, so will the materiality of disabled embodiment. Finally, if disability is itself a contested and contextual designation, then the question of how and why it is that HIV/AIDS is a disability is always a relevant question, despite how self-evident the answer may appear.

Philadelphia and *Angels* are largely organized around these "practices, procedures, and policies" (and I might add, places). Documenting, and indeed complicating, the productive relation of law, biomedicine, and HIV/AIDS, *Philadelphia* and *Angels* both centre the physical and material demands of HIV/AIDS on the body. If Beckett's failing health is meaningful to the extent that it is a matter of law—to the extent that the social stigma attached to his AIDS status impairs his capacity to access and engage in social life—it does so on the surface of his body. Beckett's lesions "matter" inasmuch as they are open to legal discourse, and provide a basis from which to determine the validity of Beckett's case. As each film demonstrates, the skin is a critical site from which to theorize disability. Margrit Shildrick has argued that "[i]nsofar as what we characterise as disability as opposed to disease is not in itself literally contagious, then it could be that the desire to deter the approach of those who are thus labeled [...] speaks not to the reality of an external threat so much as to a simultaneous apprehension and denial of our own

inherent vulnerability” (2001, p. 75). Yet, HIV/AIDS (and other chronic, contagious illnesses) takes on the complexities of both; HIV is both a real and an imagined threat, and, as such, is critically embedded on the skin.

Disability, boundaries, failure

Marking the boundary between self and world, and self and other, the skin forms a scripted surface upon and from which intersubjectivity is constituted. For critical disability scholar Margrit Shildrick, the skin is paramount to the critical analysis of non-normative embodiment:

Accordingly, as the most visible boundary of all, the skin is both the limit of the embodied self and the site of potentially transgressive psychic investments. In consequence, any compromise of the organic unity and self-completion of the skin may signal monstrosity [...] What is more notable, however, is that the non-normative development of the surface phenomenon can be taken to denote, both in the present day and historically, a far more significant disturbance to the structure of being (2001, p. 51).

Therefore it is not necessarily the disabling (impairment) aspect that is most threatening about non-normative skins. Many, many skin disturbances and disorders are not disabling at all.

Ultimately, then, what skin disturbances make visible is the underlying pathology, a psychic disturbance with a much greater destructive force. While each skin disorder carries its own historical reading, they are united in their interpretation as a visible sign of social or psychic deviancy. Robert Roberts has shown, for instance, the historical development of the herpes virus as a source of social crisis; beginning in the late 1960s “the herpetic” emerged as a symbolic identity characterized in news media and popular science as socially and sexually deviant,

promiscuous, and dangerous (1997, p. 265). Importantly, public outcry over the spread of the herpes virus had little, if anything, to do with its medical or physical severity; for instance, Roberts cites the panic over “herpes kids”—children with cold sores—in a news report from 1985; despite the attempt by medical experts to dispel anxieties over the risks imposed by the cold sore virus, parents and teachers began advocating for the dismissal and exclusion of children known to have the virus that causes cold sores. Roberts identifies these anxieties as coincidental and parallel to the moral panic which surrounded the emergence of HIV/AIDS; however, Roberts does not examine the pivotal significance of the skin, and of skin disturbances, to these sorts of social and moral panics. My argument is that, like herpes, the appearance of KS on the bodies of people with AIDS, represents not only the serostatus (biomedical diagnosis) of an individual but, more crucially in this case, their underlying sexual deviance.

In my introductory chapter I make the claim that the phenomenology of AIDS is structured by a set of intimacies: that AIDS is both experienced and constituted by the physical, social, and emotional relations (proximity) between people. I refer to HIV transmission as the “initial” transgression that marks the beginning of a whole set of intimacies and boundary crossings that constitute the phenomenology of AIDS. In the case of male-male anal intercourse, the male body not only enters the body of another man, but is entered itself. Jean Paul Ricco has commented on the transgressive character of male-male anal semen exchange: “It is a question of dangerous homologies, or what Jacques Derrida has referred to as a ‘dangerous [read: radical] promiscuity,’ being at once a connotatively sexual looseness and a proximity which obliterates borders” (1994, p. 58; original bracketing). I am influenced by Julia Kristeva’s “clean and proper body” (p. 8)—the body which is whole, unpolluted, and self-controlled—as well as feminist disability theorist Shildrick’s work on monstrous embodiment (a concept which is itself highly

influenced by Kristeva) as the bodily ideal upon which subjectivity rests. Both Kristeva and Shildrick maintain that subjectivity is predicated on the repudiation of that which threatens the distinct borders and boundaries necessary to maintain the ideal of the “secure, distinct, closed, stable, and autonomous self” (Shildrick, 2001, p. 51). In order to develop and maintain the appropriate boundaries of the self, the other is cast out. For Shildrick, disabled embodiment is monstrous to the degree that it exposes the vulnerability of the human body, or “the vulnerabilities in our own embodied being” (2001, p. 4). This is an important point: the vulnerability/failure of the disabled body is not wholly distinct from the normative body; in fact, it is threatening because it serves as a reminder of our own precarious functionality¹. The normal body must therefore be continually upheld in order not to risk its undoing:

Although the monstrosity of chronic disease or disability overtly undermines any notion of a securely embodied subject, that ordinary body is not given, but is always an achievement. It requires constant maintenance and/or modification to hold off the ever-present threat of disruption [...]. In short, the normal body is materialised through a set of

¹ Robert McRuer’s (2006) analysis of the intersections of heteronormativity and ableism is perhaps relevant here. According to McRuer, the governmental practices delineating normative bodily capabilities and morphologies are mutually constitutive with heteronormativity; “compulsory able-bodiedness” (a term borrowed from Adrienne Rich’s “compulsory heterosexuality”), along with compulsory heterosexuality is the institutionalization of a set of assumptions regarding the human body and its abilities, appearance, and functionality, whereby able and disabled/heterosexual and homosexual bodies are not only produced, but disciplined according to these logics. In terms of disability as failure, McRuer extends Judith Butler’s notion of heterosexuality as “performatively constituted through imitation” (qtd. p. 9)—where heterosexuality is endlessly in the process of simulating its own ideal, and failing—to suggest that both “[a]ble-bodied identity and heterosexual identity are linked in their mutual impossibility” (p. 9); each is “an impressive achievement that is always deferred and thus never really guaranteed” (p. 9). I am suggesting that the concurrent and intersecting sexual and physical pathologies embodied by HIV/AIDS harness this dual failure.

reiterative practices that speak to the instability of the singular standard (Shildrick, 2001, p. 55).

We might conceive of these reiterative practices as those rituals in and through which we act upon the body (i.e. cosmetic surgery, or self-care such as bathing, cutting hair and applying makeup) as well as the ritualized discourses which constitute knowledge of, and desire for, particular bodily forms (i.e. biomedicine, health education, and literature and film).

The concern over disabled bodies is a concern over boundaries. If the ideal self is distinct, closed, and autonomous the disabled body is unruly, porous, and affected. Kristeva makes a similar point in reference to the female body, and the maternal body more specifically. Through things such as menstruation, pregnancy, and breastfeeding, the female/maternal body represents both the initial transgression and the initial platform of bodily autonomy: “by constructing the maternal figure as an abject being, the symbolic order forces separation of mother and infant that is necessary to guarantee its power and legitimacy” (Creed qtd. Shildrick, 2001, p. 82). The maternal body is abject insofar as it interrupts the normative boundaries of the body and autonomous selfhood. Shildrick extends Kristeva’s argument to argue that disabled and monstrous bodies also fail to contain or protect themselves in some way. An obvious example of this failure is the conjoined twin, who physically shares their body with another person. The concept of disabled “failure” may be extended, however, to encompass a whole range of bodily morphologies (such as loss of a limb), social relationships (such as financial or physical dependency on others), and physical impairments (such as incontinence) that structure the experience of disability and that threaten the clean and proper body. By calling the moment of HIV transmission the initial transgression which stigmatizes the bodies of those associated with the virus, I am suggesting that HIV/AIDS is “monstrous” insofar as it represents, for normative

culture, the failure to contain and protect oneself: the ultimate failure of the skin on both literal and figurative levels². Suzanne Yang has called HIV/AIDS a “disease of boundaries” because of its ability to remind us so acutely of, not only the volume, but the seriousness, of the invisible threats to which we are constantly exposed, therefore revealing our inherent vulnerability (2001, p. 323).

Visual representations of the AIDS body are often characterized by the eruption of the inside out. The scene in which Roy Cohn removes his IV and subsequently begins spraying blood all over his hospital room is one such instance. The eruption of infected blood creates a sense of panic; his illness exceeds the limits of his own body. In *Philadelphia* Andrew Beckett is taken to the hospital after an attack of explosive diarrhea. When recounting the event to Miguel, Beckett is distressed by the fact that he “came that close to not making it to the bathroom again” and that he “almost lost it [his diarrhea] in front of everyone.”³ One of the central plotlines in *Angels* involves Louis and Prior, a couple dealing with Prior’s AIDS diagnosis. As Prior’s health begins to deteriorate, Louis abandons him. Louis’ departure is ultimately a struggle over the bodily and psychic boundaries that divide us from the world, and from those around us. Dealing

² Of course, HIV transmission is difficult, if not impossible, to know when and where it occurred. Yet, the uses of the skin to signify this otherwise invisible moment illustrate its significance. For instance, in 1986 the New York Times published an editorial by influential conservative commentator William F. Buckley suggesting that all those found HIV positive be “tattooed on the upper forearm, to warn common needle users, and on the buttocks, to prevent the victimization of other homosexuals” (qtd. in Brouwer, 2009, p. 114). Self-chosen HIV/AIDS tattoos have also been used (among seropositive, barebacking, and bug-chasing scenes) as cultural signs of belonging and desire, as well as political forms of resistance: “HIV/AIDS tattoos follow in a long line of strategies and methods by people with AIDS and AIDS activists to make AIDS and people with AIDS more visible. By signifying their infection on the surface of the skin, they publicize what would otherwise remain hidden or unknown” (Brouwer, p. 120).

³ While diarrhea is a common symptom for people living with HIV/AIDS and can be caused by gastrointestinal diseases, antibiotics, and other medications the metaphoric value of these types of eruptions reiterates the unruliness and infectiousness of the HIV-infected body.

with his guilt, Louis proclaims to his rabbi that he can't "incorporate sickness into his sense of how things are supposed to go. Maybe vomit...and sores and disease really frighten him, maybe he isn't so good with death." Of course, Louis is talking about death, but he is also talking about the failure of a body to withstand the pressures placed on it. This fear has as much to do with what comes into the body as what comes out. Faced with Prior's leaky body (its failure to keep the inside in and the outside out), Louis senses the leakiness of the self. Later on in the film, Louis and Prior discuss Louis' decision to leave. Louis tells Prior that that he had to leave (or is at least justified in leaving) in order to preserve what he sees as the necessary limits to human subjectivity:

Prior. There are limits. Boundaries. And you have to be reasonable. [...] I've been giving it a lot of thought. Yes, I fucked up, that's obvious. But maybe you fucked up too. You never trusted me, you never gave me a chance to find my footing, not really, you were so quick to attack and...I think, maybe just too much of a victim, finally. Passive.

Dependent (Kushner, p. 216).

Prior's dependence on Louis, then, threatens the boundaries between them—a risk which Louis is unwilling to take. In order to preserve his sense of self as secure, healthy, and impenetrable Louis must repudiate his lover.

As others have suggested, the health risks and anxieties associated with HIV/AIDS form only part of the discursive construction of the disease. HIV/AIDS is "risky" insofar as it is illustrative of the *cultural* risks it seems to embody: contagious sexual others, social and sexual deviants, and non-normative bodies. If AIDS is disabling to the degree that it affects a person's access to social life (see Americans with Disabilities Act 1990), the method by which someone is infected becomes justificatory of the disablement with which one experiences the virus. HIV

transmission (which primarily involves penetration, ejaculation, tearing of the skin/vaginal or anal walls, injection, and/or bleeding) encompasses a metaphorical and physical intimacy that troubles Western ideals regarding the autonomous and insular self (Ricco, 1994). Not only does HIV transmission require the proximity of those without HIV to those with it (the virus leaving one body and entering the other), the cultural meanings given to HIV transmission structure the phenomenology of AIDS such that AIDS itself, as with disablement, is a matter of boundaries.

According to Roy Cohn, if AIDS is a syndrome that usually afflicts homosexuals and drug addicts then Roy Cohn does not have AIDS; he concludes that he has liver cancer. He says, AIDS. Homosexual. Gay. Lesbian. You think these are names that tell you who someone sleeps with, but they don't tell you that. ... Like all labels they tell you one thing and one thing only: where does an individual so identified fit in the food chain, in the pecking order? Not an ideology, or sexual taste, but something much simpler: clout. Not who I fuck or who fucks me, but who will pick up the phone when I call, who owes me favors. ... Homosexuals are not men who sleep with other men.... Homosexuals are men who know nobody and who nobody knows. Who have zero clout (Kushner, p. 51).

While it may be true that Cohn is ill, he cannot have AIDS because he is not a homosexual; Roy Cohn is a very powerful man with very powerful connections, whereas homosexuals are isolated and powerless. If, as Cohn argues, AIDS afflicts homosexuals and drug addicts, and if homosexuals are isolated and powerless, then the moment in which Cohn acted as a homosexual is not necessarily the moment in which he had sex with another man, but the moment in which he contracted HIV (although they are most likely the same moment). Here Cohn suggests another way of reading HIV transmission that is less about the acts involved (men fucking other men), than it is about the proximity of those involved to those with power, and to society as a

whole. Put simply, AIDS happens to those we do not know and in places which are “uninhabitable by normative subjects.

Boundary crossings and freedom

Louis, while having anonymous sex with a man in Central Park, begs to be infected in order to pay for his “sin” of abandonment. Louis hopes that the social and physical consequences of infection will serve as retribution for his moral failings. In a later scene he submits to physical assault in order to prove to Prior that he has paid for his misdeeds. The bruises visible on his skin read as punishment for his sins. For Prior, on the other hand, HIV/AIDS is the prophetic cross he bears; Prior bears the burden of the disease as he bears the burden of humanity’s failures. There is a subtle and yet profound distinction between these examples of HIV/AIDS as retribution or burden—a discrepancy which Kushner explores throughout the film. For Louis HIV/AIDS serves as punishment for moral transgression; HIV/AIDS is read, therefore, as sort of prison sentence or death sentence, incapacitating the wrongdoer in much the same way that the justice system punishes legal transgressions. Kushner complicates this reading (which, we might argue, is the more dominant of the two) by casting HIV/AIDS as prophetic; that is, as something imbued with purpose, responsibility, and promise. Though “burdened” by HIV/AIDS, Prior as Prophet is not incapacitated by his illness, but given the responsibility and will to act on the behalf of humankind.

While *Philadelphia* may challenge the idea that those with AIDS are deserving of marginalization and poor treatment, it does not go so far as to suggest that people living with HIV/AIDS lead rich and fulfilling lives. After all, Beckett’s case hinges on the legal definition whereby HIV/AIDS falls under the definition of disability insofar as those infected experience a

social death which is akin to the physical one. Although Beckett's family is portrayed as supportive and loving, there is an underlying tragedy palpable in their interactions. In his public life Beckett is fired from his job, faces discrimination by his lawyer and the general public, and is increasingly and painfully ill. The idea of disability as punishment or penance has a long history. Disabled bodies have been associated with sin and evil for centuries—whether as punishment for an individuals' transgression or to serve as a reminder of the general corruption of humankind (Shildrick, 2001, p. 17). But what if disability were seen as beneficial, even liberating? Take this striking scene in *Angels*, in which Louis and Joe go for a walk on the beach:

LOUIS (*referring to Joe's Mormon undergarments*). So the fruity underwear you wear,
that's...

JOE. A temple garment.

LOUIS. Oh my God. What's it for?

JOE. Protection. A second skin. I can stop wearing it if you...

LOUIS. How can you stop wearing it if it's a skin? Your past, your beliefs, your...

JOE. I can give up anything. My skin. (*Joe removes his clothes and undergarments*) I'm
flayed. No past now. I could give up anything. Maybe...in what we've been doing,
maybe I'm even infected... (Kushner, p. 203-206)

Joe's second skin (his past, his beliefs, his identity) is protective insofar as it keeps those things considered threatening to the Mormon religion out (sin, evil, homosexuality). In removing his undergarments, Joe opens himself up to Louis and subsequently to those things from which he was previously protected. Where Joe finds the promise of freedom in his relationship with Louis, he also finds the possibility of infection; and yet, this makes him desire Louis all the more. What does it mean to associate HIV, AIDS, disability, or illness with freedom? In this scene, a

possibility is created in which vulnerability can be a pathway to strength; infection is imbued with power whereas previously it was only for the powerless. In this way *Angels* complicates the association of disability with imprisonment, burden, or social death, as well as it complicates the meanings associated with the boundaries of the body.

Joe's (potential) moment of HIV infection is characterized by passion, freedom, and love. In doing so, Joe opens up new spaces for thinking about "health", and for undermining the assumption that we all share a definition of what health is—in particular that health is invariably more desirable than un-health. In some sense Joe refuses to give us the answer we are looking for, in which "[a] system of compulsory able-bodiedness repeatedly demands that people with disabilities embody for others an affirmative answer to the unspoken question, 'Yes, but in the end, wouldn't you rather be more like me?'" (McRuer, 2006, p. 9). Johnathan Metzl has spoken of the moral imperative of health in contemporary society, a discourse in which "appealing to health allows for a set of moral assumptions to fly stealthily under the radar" (2010, p. 2). Appealing to health also *constructs* those moral assumptions upon which it insidiously rests; moral assumptions such as *health is socially responsible, self-care demonstrates self-respect, or a healthy body is equivalent to a health mind*. Of course, this means that those who are "unhealthy" are socially irresponsible, morally culpable, mentally unstable, and so on. Health, Metzl argues, is therefore not only "a desired state, but it is also a prescribed state and an ideological position" (p. 2).

Conclusion

In order to better understand, to better inhabit a world with the monster Shildrick concludes that "[o]nce the surface of our bodies is understood not as a protective envelope that

defines and unifies our limits but as an organ of physical and psychological interchange, then the (monstrous) other is always there, ‘like my skin’” (2001, p. 119). By deconstructing the boundaries of the body, Shildrick discovers that they were never there to begin with: in fact, the other and the self are one in the same. But more critically, the “disabled” body is a fiction, constituted through discursive repetition. Shildrick intervenes in this repetition to argue that perhaps we are all always, already disabled, just as we are all able-bodied.

Several scholars including Sara Ahmed and Robert McRuer have critiqued this sort of “other within” argument put forth by Shildrick. McRuer argues that, in fact, these sorts of arguments maintain, rather than deconstruct, the processes of exclusion constituting disablement. If, for instance, Louis comes to the conclusion that, indeed, the boundary separating himself from Prior is a fiction—that Louis has AIDS as much as Prior by his mere proximity to him, or his identification as a gay man in the 1980s, or simply because he has a body that is intersubjective rather than distinct—what does this conclusion *do* for Prior, or for those others living and dying with the disease? And how might we then account for the ways in which Louis is implicated in Prior’s social and physical disablement, such as his romantic entanglement with (and by extension ambivalence towards) the ultra-Conservative Right? If Louis is basically Prior but for (allowing for) the physical separation of their two bodies, to what does he owe Prior as the more privileged of the two? Not only does the “other within” limit the political engagement of people with disabilities, it may also further “contain” disabled people as marginal figures. Ahmed contends, therefore, that “[t]he journey towards the stranger becomes a form of self-discovery, in which the stranger functions yet again to establish and define the ‘I’” (2000, p. 6). The problem here is that this journey of self-discovery (“I am a stranger, we are all strangers” [2000, p. 6]) conceals “the political processes whereby some others are designated as *stranger than other*

others” (2000, p. 6; original emphasis). Although Ahmed maintains that identity is constituted through repudiation, “to conclude simply that we are all strangers to ourselves” (2000, p. 6) misses the point: not all others are others equally.

To conclude, disability is threatening insofar as it signifies an unraveling of the self: disabled bodies, ill bodies, disrupt cultural fantasies of the “clean and proper body,” a self which is contained, autonomous, and capable. While on the one hand these fantasies speak to the unattainable nature of such a self (we are all vulnerable in some way, we will all fall ill, we will all die), they also serve to privilege some bodily forms over others. The white, masculine, heterosexual body is a body which, however vulnerable, represents the most desirable, most normal self. If disability embodies the inability to keep others out, or to contain the self, the skin provides an exceptional platform for the performance of these anxieties. The skin is, ultimately, the surface upon which identity is carved out, the boundaries of the body are secured, and the self is protected. Failure to achieve the proper bodily form, whether through illness, congenital defect, or amputation is always a matter bound up with skin; and HIV/AIDS is no exception. As the initial transgression (viral penetration of the body’s surface) HIV transmission is a potent cultural signifier for what is ultimately “wrong” (terrifying) about HIV/AIDS. And yet, in some ways, *Philadelphia* and *Angels* each tell a similar story: for both Andrew Beckett and Roy Cohn social capital (as white, wealthy men) acts as protective barrier against what would otherwise certainly end in social death. With the law on his side, Beckett overcomes his relative “guilt” associated with infection. Similarly Cohn is able to escape (or delay) the social consequences of infection because of his social and political membership and his mastery of the law. In either case, the meanings associated with the act of seroconversion (vulnerability, femininity, penetration) are overcome by each character’s relation to the normative bodily ideal.

CHAPTER TWO

Sexuality and the Skin

Introduction

Nothing has made gay men more visible than AIDS. [...] While apprehensiveness about HIV led thousands of gay men to become habitués of health clubs, the ‘gym body of gay male culture’ can no longer be merely admired in the club’s floor-to-ceiling mirrors; now every blemish is scrutinized for fearsome resemblance to molluscum contagiosum or, worse, KS [...] Thanks largely to television and movies, the entire country has been able to take in (while of course distance itself from) the images of our wasted bodies. The normal fear of homosexuality has been promoted to a compelling terror as a secret fantasy becomes public spectacle: the spectacle of men dying from [...] the suicidal ecstasy of taking their sex like a woman (Bersani, *Homos* 19; original emphasis).

AIDS, perhaps more so than any other illness, has been constituted through spectacle. Early depictions of AIDS rely heavily on the skin, and particularly on KS, to communicate—biomedically, rhetorically, metaphorically—the veracity of the disease for the individuals suffering as well the social impact. As Simon Watney declared, “AIDS is thus embodied as an exemplary and admonitory drama, related between the image of the miraculous authority of clinical medicine and *the faces and bodies of individuals who clearly disclose the stigmata of their guilt*” (1987, p. 78; my emphasis). The intersubjectivity of the skin (containing the self, requiring a “not self”) inherent in AIDS representations has remarkable consequences for the social meanings of the disease. And yet, as I argued in my introduction, KS and AIDS are not merely written on, or taken from, the surface of the AIDS body (also, the gay body); each is sutured to the other such that queer bodies are “skinned” in particular ways, symbolically chained to the historical impact of AIDS.

In the previous chapter I argued that the skin serves as a both a metaphor and a platform for cultural anxieties relating to bodily and subjective failure. That is, the skin is a protective and

yet porous boundary between the self and world. Subjectivity is formed through this very paradox; the skin both materializes the subject as a distinct entity and constitutes its intersubjectivity, opening the subject up to a world with others. Revealing the precariousness of the body's boundaries, disability, non-normative morphologies, and illness trouble the individual's and collective sense of self. In this chapter I extend this conception of the skin from the organ which envelopes the self, to the surfaces which constitute social belonging. Several skin studies scholars have elaborated the relation between body surfaces, mapping, and national/social belonging. For instance Emily Grabham's observation of the media coverage of war veterans in the UK and US shows that "just as the nation is imagined and produced through everyday rhetoric and maps and flags, it is also constructed on the skin, and through bodies, by different types of corporeal 'flagging'" (2009, p. 64). I argue that this is also true for other forms of belonging. Thus, while (and even because) KS is a potent signifier of the failing AIDS body, so too is it an emblem of the limits of social belonging.

Sex brings people together; it is an intimate act. For the purposes of my analysis I consider the concept of intimacy to include not only the physical and emotional closeness of familial, sexual, and romantic relationships, but also the socio-political arrangements of public life. I do so with the intention of integrating the bodily, lived experience of AIDS with the processes of inclusion and exclusion that also constitute the disease. As I argued in my introductory chapter, in order to do either *Philadelphia* or *Angels* theoretical justice we are best to consider the ways in which AIDS representations such as these are so often preoccupied with the materiality of suffering. And yet, if the materiality of AIDS is, as I have argued, an account of the intimacies between people (including relationships of care, love, pain, and sex) then it is

also an account of the larger processes by which find certain bodies more intimate than others.

As Ahmed suggests:

[n]ot all bodies are within reach. Touch also involves an economy: a differentiation between those who can and cannot be reached. Touch then opens bodies to some bodies and not others. Queer orientations are those that put within reach bodies that have been made unreachable but the lines of conventional genealogy (2006, p. 107).

Sexual touch as well opens the subject up to “some bodies and not others,” in both spatial and socio-political terms. As scholars working in the areas of queer geography and sexual citizenship studies have shown us, sexuality shapes the contours of social belonging, constituting citizenship through a set of technologies aimed at (among other things) reproductive, sexual, and familial life.

To paraphrase Ahmed, sexual citizenship is an *orientation*, the effect of which draws some bodies nearer while distancing others; in turn, “‘proximity’ and ‘distance’ come to be lived by being associated with specific bodies as well as places” (2006, p. 112). To describe certain bodies as “strange” is at the same time to say that they are “distant”. HIV/AIDS is associated with particular bodies and places which threaten (and yet, materialize) the boundaries of sexual belonging/conventions. Here we might compare Ahmed’s concept of proximity to Shildrick’s use of the abject: each is an account of the processes by which certain bodies are made “strange” (distant/abject) through their incapacity to meet the demands required of the normative. As the disabled body is not simply constituted through its relation to the able body but the conceptual “sameness” of able bodies *to one another*, so is sexual citizenship predicated on the likeness of heterosexuality. In other words, it is not only the relative proximity of sexual others that constitutes their exclusion; sexual citizenship is also materialized through the directions, the

orientations, we are moved in and move ourselves. As my close reading of Ahmed's queer phenomenological theory will show, the concept of belonging is more than a space or location, it may also be conceived of as *the directions in which we move or the life we live* that directs us here or there. Sexual membership—dependent on the paths we follow—validates who we are as much as the way we live. This in turn draws some bodies into closer proximity than others.

Although queer, or more specifically, gay male sexuality is positioned at the centre of my critique because of its historical attachment to AIDS and its centrality within both films, I prefer to complicate the “hetero/homo axis” which has traditionally dominated the literature on sexual citizenship (Cossman, 2007, p. 9). Where scholars such as Shane Phelan argue that because “heterosexuality is a prerequisite for modern citizenship” (2010, p. 5) lesbians, gays, and bisexual people are therefore “strangers” within the United States (and presumably other nation-states as well), I problematize the notion of the gay stranger, as well as the hetero/homo divide which supposedly constitutes membership. As Cossman argues, not only have gay and lesbian subjects begun to acquire access to citizenship, the “focus on the hetero/homo axis of citizenship neglects the multiple ways in which the hetero side of the equation is subject to extensive regulation” (p. 9), not to mention the multiple axes which shape citizenship as a whole (i.e. race, class, location). Thus while gays and lesbians are involved in the “complex and uneven process of crossing borders” into citizenship, their crossing inevitably “reconstitut[es] the terms and subjects of citizenship as well as the borders themselves” (Cossman, p. 9). As I complicate the hetero/homo axis which has traditionally dominated queer sexual citizenship literature, I do so with the intention of understanding how it is that homosexuality plays a central, *and yet cooperative*, role at the intersection of HIV/AIDS and sexual belonging.

In what direction and to which places does a life in proximity to AIDS (and its associated sexual transgressions) lead us? In essence, what is it that makes a life with HIV/AIDS a life not worth living? Incorporating a phenomenological with a critical citizenship reading, *Philadelphia* and *Angels* may be read as objects of belonging. Each film carries with it a collection of material and symbolic “inheritances” that come to us by way of their consumption. In other words, I read *Philadelphia* and *Angels* as objects towards or away from which we may be directed, given our relation to the contours of sexual belonging. I also read them each as directions in themselves; that is, each film is instructive insofar as it says something about how to live with one another, each film orients the audience towards or away from certain bodies. The orientations passed on to us through each film connect race, class, disability, and sex in complex ways. I argue that while *Philadelphia* is oriented towards a more traditional understanding of the politics of sexual citizenship, *Angels* is *disorienting* insofar as it poses a challenge to heteronormative aspirations of sexual belonging.

Queer Phenomenology

Towards the latter half of the 1990s there began a proliferation of academic writing which recognized the importance of “spatial and temporal context and fluidity” (Browne, Lim, & Brown, 2009, p. 2). Though diverse, “the central theme of this explosion of work has been the exploration of the relationship between sexualities, space and place” (Browne et al, p. 2). By asking how it is that spaces and places are sexualized and exploring the ways in which sexuality is embedded in geography, this body of work has “queered” normative perceptions of space which lack a comprehensive understanding of the political processes by which space and place are produced, lived, and transformed. Clearly influenced by these writings Ahmed is interested in

a reading of space which attends to its bodily, relational, and political dimensions. In doing so, Ahmed turns to phenomenology.

Sara Ahmed's *Queer Phenomenology*, published in 2006, is in many ways, an extension of her previous work and a key component in her robust theoretical trajectory. Broadly, Ahmed's critical theory is concerned with the effects of political and social arrangements on the body, and vice-versa. More specifically Ahmed takes interest in the *relations of bodies*, produced by and constitutive of these arrangements. Her work integrates the affective, spatial, and bodily components of belonging, and the ways in which we are variously "marked" by our positionality and relation to others. In so doing, Ahmed takes great interest in the skin. Paradoxically, she discovers, while the skin serves to contain the self within the appropriate bodily boundaries, it cannot do so without simultaneously opening the body to other bodies (2000, p. 45). The forming of bodily and social space is the effect of such openings, at the same time as it shapes and impresses upon the bodies which inhabit it. For Ahmed, this paradox is not a metaphor: while the skin, quite literally, shapes the contours of the body-in-space, it does not itself go unmarked: "the containment of certain bodies in their skin (bodily space) is a mechanism for the containment of social space" with some bodies included within its contours to the exclusion of others.

Queer Phenomenology develops these sorts of phenomenological underpinnings that span her work, as well as rethinks the relation of sexuality and space. Ahmed's project in the book is twofold: 1) to "queer" traditional phenomenology by considering its limitations: Ahmed's use of the "politics of location" (2006, p. 5) reveals how phenomenology might presume and universalize a particular body, and therefore a particular (and privileged) way of being in the world; and 2) to "mov[e] queer theory toward phenomenology" to show not only "how bodies

are gendered, sexualized, and raced [but] how they extend into space [...] becom[ing] orientated by how they take up time and space” (2006, p. 5). Phenomenology is therefore both her object of inquiry and her methodological impetus. Ahmed describes her point of entry into phenomenology through the concept of perception:

The radical claim that phenomenology inherits from Franz Brentano’s psychology is that consciousness is intentional: it is directed toward something. This claim immediately links the question of the object with that of orientation. [...] We are turned toward things. Such things make an impression upon us. We perceive things insofar as they appear near to us, insofar as we share residence with them. Perception hence involves orientation; what is perceived depends on where we are located, which gives us a certain take on things. [...] Perception is way of facing something (2006, p. 27).

Queer Phenomenology is predicated on this concept of orientation, which she describes as both a position and a direction (“to be orientated is also to be turned toward certain objects, those that help us to find our way” [2006, p. 1]). Orientations direct us in certain ways and, hence, towards certain things. She argues, “spatial orientations (relations of proximity and distance) are shaped by other social orientations, such as gender and class, that affect ‘what’ comes into view, but also are not simply given, as they are effects of the repetition of actions over time” (2006, p. 23).

Through these repetitions space and place are materialized in and on bodies. In her chapter “The Orient and other others” Ahmed describes this process in racial terms:

The alignment of race and space is crucial to how they materialize as givens, as if each ‘extends’ the other. In other words, while ‘the other side of the world’ is associated with ‘racial otherness,’ racial others become associated with the ‘other side of the world.’ They come to *embody distance*. This embodiment of distance is what makes whiteness

‘proximate,’ as the ‘starting point’ for orientation. Whiteness becomes what is ‘here’ (2006, p. 121; original emphasis).

Sexual others embody distance as well; sexual otherness is produced through its alignment with particular places (both imposed and chosen) such as the Village, the bathhouse, and the prison. Although not on “the other side of the world,” these places appear nevertheless “distant” from heterosexual spaces of belonging. Heteronormative cultural practices (from relatively banal public displays of affection to more institutional forms such as marriage) materialize heterosexual space as everywhere and nowhere (see Berlant & Warner, 1998), while marking queer and sexually deviant spaces through their inability to reiterate the demands of sexual belonging. Queers and other sexual others come to embody distance through their alignment with distant places—places which appear unintelligible to heteronormative culture (see Bell & Valentine, 1995). In turn, heterosexuality marks the “‘starting point’ for orientation” in much the same way as whiteness (Ahmed 2006, p. 121).

In her introduction Ahmed contends that, “queer phenomenology might offer an approach to sexual orientation by rethinking the place of the object in sexual desire; by attending to how the bodily direction ‘toward’ such objects affects how bodies inhabit spaces and how spaces inhabit bodies” (2006, p. 23). For Ahmed, sexual orientation does not only describe who one has sex with, but also (and perhaps more importantly) *the ways in which desire moves us*. Ahmed’s queer phenomenology, therefore, considers the ways in which bodies are compelled towards (or away from) objects of desire, and the effects of these movements. Taking cues from Adrienne Rich, Ahmed conceives of heterosexuality as a “compulsory orientation” (2006, p. 71) such that “the normalization of heterosexuality as an orientation toward ‘the other sex’ can be redescribed in terms of *the requirement to follow a straight line* whereby straightness gets attached to other

values including decent, conventional, direct, and honest” (2006, p. 70; my emphasis). These “attachments” also bring bodies together; following the straight line ensures membership within dominant heterosexual culture, as it brings those who share our orientation within view. Correspondingly, queer sexualities are made distant through their inability to follow what is expected of them.

Although informed by Husserl, Heidegger, and Merleau-Ponty, Ahmed’s contemporary, critical phenomenology is also a departure from this seminal work as it is firmly rooted in queer, feminist, and critical race theory. If “phenomenology is often characterized as a ‘turn toward’ objects” (2006, p. 25), Ahmed takes interest in how phenomenology itself “faces a certain direction” (2006, p. 27), bringing certain objects into view, while obscuring others. “Attention,” she observes, “involves a political economy” (2006, p. 32); although phenomenology as a whole has allowed for the process of perception as an object of critical analysis, the discipline is not without its own limitations, blind spots, and specific orientations. My project is fundamentally shaped by Ahmed’s *Queer Phenomenology*, in this regard. Less “‘properly’ phenomenological” (Ahmed, 2006, p. 2) my interest in the phenomenology of AIDS is to think through how it is that *sexual orientations* construct the AIDS body as “strange”. To this end, I examine *Philadelphia* and *Angels* as both objects towards or away from which subjects are directed, as well as directives in themselves.

As each film harnesses deeply embedded cultural fantasies associated with the skin, they capture the importance of the body’s surface as a symbol of belonging and exclusion. And yet the directions in which each film moves us diverge quite significantly. I begin by focusing on *Philadelphia*. I argue that although *Philadelphia* illuminates the importance of the skin as a symbol of sexual belonging, it fails to elaborate the intersections of race and sexuality in a

meaningful way. As a result, the film reproduces dominant discourses which materialize white heterosexuality as a “compulsory orientation” (Ahmed, 2006, p. 71).

Race, sexuality, proximity

Philadelphia

As a film which is as much about social and national belonging as it is about AIDS, *Philadelphia* hinges on the relationship between skin and sociality as its central narrative. The impetus to keep his HIV status—made visible by KS lesions—from his colleagues, was not Beckett’s fear of death, but a homophobic work environment in which to be HIV-positive is equated with being gay, neither of which are desirable. And as we come to see, Beckett’s bosses are not only discomfited by homosexuality, they are viscerally *disgusted* by the suggestion of sex between two men. By marking the bodies of those with AIDS, KS is drawn into the symbolic relation of AIDS with homosexuality, anal sex, and sexual perversion. KS, therefore, becomes revolting in itself, as the infamous scene in which Beckett displays his lesions to the court demonstrates. The dark, purple lesions covering Beckett’s torso, contrasted with his pale and sickly skin, appear as if *they are AIDS themselves*—the deadly virus ravishing Beckett’s body—rather than a relatively innocuous symptom of a much more complex condition. Paradoxically, the revulsion caused by Beckett’s body works in his favour to suggest that had his bosses seen such lesions, they would have certainly fired him; in the context of the symbolic slippage between KS, AIDS, and homosexuality, Beckett’s removal would be a logical, and justifiable, action.

But if anyone is so repulsed by Beckett’s body it is Joe Miller, his lawyer—so much so that Miller initially rejects Beckett’s request for council. Throughout the film Miller struggles

with the internal conflict he experiences representing Beckett. In one scene, approached by a young gay man in a pharmacy who has been following the case, Miller violently erupts, threatening that he should “kick [the young man’s] faggoty little ass” for assuming he was gay, and claiming that “this is exactly the kind of bullshit that makes people hate you guys [gay men]”. In an earlier scene he responds to the goading of a man at a bar, that “those people [gays] make me sick!” The very mention of homosexuality often provokes a deep anger and repulsion in Miller throughout the film, even as he remains Beckett’s lawyer. What is interesting is that Miller’s disgust is often provoked by the suggestion that *he is the same* as Beckett, because of his very *proximity* to him—as if homosexuality is acquired through simply being *in touch* with gay men and/or people with AIDS. In conversation with his wife, Lisa, Miller asks rhetorically if she would represent someone with whom simply sharing space is frightening, “I hope this guy doesn’t touch me. I hope he doesn’t even *breathe* on me”. The symbolic slippage between KS, AIDS, and the gay body is threefold: 1) KS is *on* Beckett, as a stain which marks his AIDS status; 2) KS is *in* him, KS is HIV/AIDS by its very association; 3) Andrew Beckett is therefore a *virus himself*; the gay body is a virus insofar as it is proximate to AIDS, in a biomedical as well as social sense.

Undoubtedly, Miller’s feeling of contagion is shaped by the heteronormative and homophobic context of which he is a part; throughout the twentieth century homosexuality has been perceived as a threat to national security, and by extension the heterosexual (see Richardson, 1998). And yet at the heart of Miller’s panic is also an awareness that, in a very basic sense, we are always touched by the people who touch us. As Ahmed contends,

Bodies as well as objects take shape through being orientated toward each other, as an orientation that may be experienced as the co-habitation or sharing of space. Bodies are

hence shaped by contact with objects and with others, with ‘what’ is near enough to be reached. Bodies may even take shape through such contact, or take the shape of that contact. What gets near is both by shaped by what bodies do, which in turn affects what bodies can do (2006, p. 54).

In the above quote Ahmed is distinguishing two dimensions of intersubjectivity: the proximity and space shared between bodies, and the directions or orientations in which bodies move.

Miller’s relationship to Beckett not only brings him in closer proximity to Beckett’s body, but reorients him in Beckett’s direction: towards a queer life, and a life with AIDS. By advocating on his behalf, the law provides the means by which Miller shapes the direction of Beckett’s life (and presumably the lives of those like him), touching him both symbolically and materially. The disgust felt by heteronormative culture towards homosexuality is not only a feeling about sex, but a fear of the direction in which homosexuality takes us. Take Miller’s statement to his wife, while discussing why he dislikes gay men, “And the way they work out, pumping up, so they can be macho and faggot at the same time... I can't *stand* that shit. Now I'm being totally honest with you.” In this case, according to Miller, a homosexual life leads one to the gym, in the scene of which one becomes part of a culture (even a celebration) of non-normative and subversive gender expressions. Homosexuality is threatening to Miller insofar as it challenges “the requirement to follow a straight line, whereby straightness gets attached to other values including decent, conventional, direct, and honest” (Ahmed, 2006, p. 70). Blurring the boundaries between male and female, femininity and masculinity, and hetero/homosexual, being “macho and faggot at the same time” is a rejection of such values.

In another instance, Beckett is accused of lying because he chose to keep his sexual orientation and his AIDS status to himself. Rather than critique the homophobic context in which

Beckett lives, it is the closet itself which is the problem; homosexuality is attached to a lifestyle which values dishonesty, deception, and secrecy. The further attachment of gay men to such things as AIDS, sexual depravity, and pathological pleasure-seeking constitutes the notion that a queer life is not a viable life at all; as Kane Race argues, gay men are quite literally, in the heteronormative imagination, “partying themselves to death” (2009, p. 138). These suggestions in the film can be interpreted, therefore, to represent cultural fears about the ways in which contact with queer bodies throws one out of alignment with the heteronormative (read: valuable) life.

If *Philadelphia* intends to challenge these sorts of misconceptions about gay men and the AIDS body as revolting, unwelcome, or undesirable, on what grounds does the film invite us, the audience, to “come together”? How is *Philadelphia* a directive in itself? Let us review the story: Andrew Beckett is fired from a prominent law firm. Believing that his dismissal had to do with his HIV-status (made apparent by KS lesions on his face), Beckett hires Joe Miller, a personal injury and small claims lawyer, to represent him in his case against his former employers. The controversial case is the first of its kind, and garners immense public attention which is both negative and positive. In the end, Beckett and Miller win the case, setting a legal precedent for workplace protection from homophobia and AIDSphobia. The heart of the story hinges on the relationship between Beckett and Miller; Beckett is white, gay, and HIV-positive while Miller is black, straight, and virulently homophobic. Together, the two lawyers fight and win Beckett’s case, and develop an unlikely bond in the process. Although Beckett dies at the end of the film (losing his other major battle—the fight against AIDS), Miller is permanently transformed by the experience of coming to know his client. As one of the first mainstream films about HIV/AIDS, the wider implication of Miller’s transformation cannot be understated: along with Miller, it is

the audience—including the city, the nation, and the global community—which is also meant to be transformed.

Curiously, while Miller is deeply affected by his relationship with Beckett, the inverse is not so; though Beckett is inspired by his professional relationship with Miller and finds satisfaction witnessing Miller's transformation, he is not similarly touched by their encounter. In fact, the film suggests that whereas Miller's relationship with Beckett changes him in ways that are surprising to him, Beckett is only reaffirmed in his conviction that, were it not for homophobia and AIDSphobia, the two could be friends. After attending a costume party at Andrew Beckett's loft, we witness Miller frantically run home to clutch his sleeping baby in his arms, desperately clinging onto the heteronormative life he risks losing by coming into contact with Beckett. And yet, while Miller unravels as he is confronted by his own fears and misconceptions, Beckett remains strong and supportive⁴. In fact, it is Beckett's desire for justice and equality which are the catalyst for the lawsuit, and subsequently for Miller's own transformation. In heroic (although humble) determination, Beckett leads the nation (and Miller) in the fight against homophobia and AIDSphobia. So where does *Philadelphia* lead us?

The metaphoric value of Miller's transformation—particularly in contrast to Beckett's stoicism and commitment to justice—has as much to do with challenging collective fears about homosexuality, as it does *supporting* white fantasies about black masculinity; that is, the trope of the “backwards” black male, a stereotype which is necessarily classed as well. Miller's masculine and coarse character is often contrasted to Beckett's soft and thoughtful demeanor; he is loud, abrasive, and swears frequently while Beckett is a well-read, well-spoken opera

⁴ To be sure, Beckett's character is not without its own misgivings: the strong and stoic sufferer is an archetype in mainstream representations of oppressed and marginalized people, particularly where death is a real threat (see King, 2003, p. 33).

enthusiast. Their similarities are also differentiated: although both are lawyers, Miller's character comes across as a sort of "hack" who undermines the law by exploiting his clients' physical and economic vulnerabilities; Beckett, on the other hand, is a skillful and eloquent corporate lawyer whose deep appreciation for the law underlies his practice. Miller's blackness is an amalgamation of both racial and class signifiers which make up his inferiority. Likewise, Beckett's whiteness is constituted through white, upper-middle class respectability.

Although *Philadelphia* invites the audience to "come together", it does so by reproducing—through Beckett—the moral superiority of whiteness. In doing so, both queer *and* black sexualities remain curiously out of view; sustaining, in their absence, the idea of each as a threat to white heteronormativity. Black feminist scholar Patricia Hill-Collins has argued that,

[t]he purpose of stigmatizing the sexual practices of Black people and those of LGBT people may be similar, but the content of the sexual deviance assigned to each differs. Black people carry the stigma of *promiscuity* or excessive or unrestrained heterosexual desire. [...] In contrast, LGBT people carry the stigma of *rejecting* heterosexuality by engaging in unrestrained homosexual desire (2005, p. 120; original emphasis).

Though much of the story is predicated on the sexual differences between Beckett and Miller, the sexualities of each character are contained within the film in ways that white heterosexuality rarely is. Even when describing his experience in a porn theatre—the supposed moment in which he contracted HIV—Beckett is depicted fully clothed, without even so much as handshake shared between the men. Furthermore, his primary sexual relationship with Miguel would appear as more of a friendship than a romance. In Miller's case, his own virulent homophobia supports to notion that black heterosexuality is predicated on violence (see Hill-Collins, 2005); Miller asserts his own heterosexuality through the violent repudiation of queer sex, rather than respect

or appreciation for his wife, or for women in general. Although depicted as a loving father, Miller's sexuality is contained within a worldview that defines black masculinity in terms of violence, threat, and animalism (Hill-Collins, 2005, p. 122). Considering that the normative, white, heterosexual viewer is barred from fully identifying with either Beckett or Miller, the film would seem to suggest that black and gay men (and presumably, black, gay men) are invited to participate in the struggle to end AIDS-based discrimination, so long as their sexualities remain peripheral, contained within the outdated signifiers with which they continue to be read.

Where KS may mark the body of the sexually deviant (in many cases, homosexual) HIV/AIDS patient, the black body is also already marked by a series of sexual and racializing discourses, all of which orient bodies in particular ways. And yet, *Philadelphia* does very little to demonstrate the ways in which this is so. For instance, if Miller is already marked by his black skin, how might he see further discrimination based on his association with Beckett differently? In other words, what is at stake for the black body when seen in close proximity to other deviant bodies? How is black masculinity read as a form of deviation in itself? If white heteronormativity involves the social and sexual reproduction of white bodies and white spaces, blackness is always already "out of line" because of its inability to participate in such a genealogy. Like queerness, blackness takes shape through this lack: "the black body could be described in terms of the bodily and social experience of restriction, uncertainty, and blockage [...] To be black or not white in 'the white world' is [...] to become an object, which means not only not being extended by the contours of the world, but being diminished as an effect of the bodily contours of others" (Ahmed, 2006, p. 139). As opposed to (or in addition to) an expression of homophobic unease, Miller's unraveling might therefore be read in terms of his inability to cope with the double-failure of the black body in line/touch with the queer body. In

its failure to explore the ways in which blackness is itself a “stain” *Philadelphia* stops short of its ability to make a meaningful connection between race and sexuality as cooperative elements to sexual belonging.

Angels in America

As we might expect, given the historical context of the play, *Angels in America* offers a more complex reading on the stakes of sexual belonging. In part, this is due to the ways in which AIDS is constructed *as a problem* in each film. Where *Philadelphia* constructs AIDS as, primarily, a humanitarian issue, typical of mainstream representations at the time (see Corber, 2003), *Angels* takes a more critical stance towards the issues at stake for those with the disease. Contextualizing AIDS within the conservative political climate of the time, *Angels* “explores the possibilities of a radical queer consciousness and community to point the way to a redemptive future for an America that has become lost in a haze of radical individualism and conservative ennui” (Glaser, 2009, p. 2). Kushner explores the ways in which AIDS is produced through the multiple dimensions of human life; including the philosophical and psychoanalytic meanings of illness and death, the macro and micro politics of everyday life, and the historicity of human suffering. For Kushner, as with many of his contemporaries, AIDS is not a biomedical given, but a collection of meanings produced by the social context in which it has emerged. With a more critical eye, *Angels* invites the audience to question the dominant paradigm of “acceptance” which was (and arguably continues to be) so prevalent in representations of AIDS. In so doing, Kushner develops a story that transcends AIDS specifically, and demands attention to the political, social, and historical context in which *gay lives are lived*. Set predominantly in 1988, the play wrestles with the problematics of the Reagan administration’s response to the AIDS

epidemic, as well as the effects of neoliberalism and social conservatism on gay men and PHAs' everyday lives. Several questions form the backbone of the play, shaping the lives of each character: In the context of so much death, why choose life? How can gay men survive in a culture which seems to demand their annihilation? What are the political responsibilities of the individual to the future of gay life? In working with these questions, *Angels* illustrates the productive capacity of HIV/AIDS to draw people closer, to create sexual communities in which gay life (and life in general) is embraced, celebrated, protected. By harnessing the capacity of AIDS to *give life*—rather than take it—to those with whom it comes into contact, *Angels* contests the boundaries of sexual belonging prescribed by a compulsory heterosexual orientation.

It could be argued that Joe Miller (*Philadelphia*), Louis (*Angels*), and Roy Cohn (*Angels*) find AIDS terrifying for the same reasons. For Cohn, as with Miller in *Philadelphia*, homosexuality is repugnant to the extent that it is an orientation which refuses to “follow the straight line”. A gay life, so in conflict with the demands of compulsory heterosexuality, propels one into a life of powerlessness and misery. As Cohn declares, “Homosexuals are men who know nobody and who nobody knows.” When Joe Pitt, Cohn’s cherished protégé, discloses his relationship with Louis, Cohn is horrified. And yet, his reaction has less to do with Pitt’s *sexuality*, than it does with 1) the intimacy *he* shares with Pitt, as if somehow their proximity to one another *acts as a stain on* Cohn, and 2) the *life* Pitt leads, telling Joe “I want you home. With your wife. Whatever else you got going, cut it dead.” For Cohn, then, it is not necessarily the act of homosexual sex that matters so much as what it represents, or, more specifically, *where it takes us*. A homosexual life (not homosexual sex) is incompatible with a successful life; once again, as with Joe Miller’s perception of homosexuality, a homosexual life is not worth living.

Moreover, a homosexual life is infectious such that to come into contact with it is to succumb to its potentially destructive force.

Although an out, gay man, Louis shares in Miller and Cohn's unease regarding his proximity to HIV/AIDS—the virus, as well as the social myths which surround it. Louis' fears, as I argued in Chapter 1, have as much to do with the precariousness of *bodily* boundaries as they do with the *social* boundaries which also divide us. After all, Louis justifies his departure in terms of his need for self-preservation, and the limits of human interdependency. On a larger scale, as with Miller and Cohn, Louis' anxieties harness wider concerns about the affective power of HIV/AIDS to touch those around it. Consider again Louis' conversation with the rabbi at the beginning of the film. Responding to the rabbi's inquiry as to why a person would abandon an ill loved one, Louis replies:

[...] Maybe because this person's sense of the world, that it will change for the better with struggle, maybe a person who has this neo-Hegelian positivist sense of constant historical progress towards happiness or perfection or something, who feels very powerful because he feels connected to these forces, moving uphill all the time... maybe that person can't, um, incorporate sickness into his sense of how things are supposed to go [...] (Kushner, 2004, p. 31).

Implicitly, Louis is drawing a distinction between a life with (or in proximity to) AIDS and a life of value. Queer theorists have long engaged with the relation between normative sexuality and shared fantasies of a proper or “good” life. As Berlant and Warner have argued,

Ideologies and institutions of intimacy are increasingly offered as a vision of the good life
[...] A complex cluster of sexual practices gets confused, in heterosexual culture, with the love plot of intimacy and familialism that signifies belonging to society in a deep and

normal way. Community is imagined through scenes of intimacy, coupling, and kinship: a historical relation to futurity is restricted to generational narrative and reproduction (1998, p. 553-554).

Thus if Louis is fearful of where AIDS may take him, his fears are grounded in the failure of being misaligned with what Ahmed conceives of as the “straight line”, “whereby straightness gets attached to other values including decent, conventional, direct, and honest” (2006, p. 70)—the compulsory alignment with certain objects and orientations (beyond and in addition to sexual object choice) indicative of a “good life”. The good life is of course therefore untouched by AIDS’ disruptive and destructive force. As Ahmed describes it, “[a] happy life, a good life, [...] hence involves the regulation of desire. [...] Happiness is what directs you toward the good, while creating the impression that the good is what gives you direction” (2010, p. 37-38). For Louis, as with Miller and Cohn, AIDS is disorienting such that it impedes the subject’s progression towards happiness, where “happiness” is defined by the approximation of white, able-bodied heteronormativity. Louis’ rejection of Prior is a simultaneous rejection of being misaligned with, or oriented away from, a good life.

Upon disclosing his first lesion to Louis—a medical indicator that his HIV status has progressed to full-blown AIDS—Louis wonders why Prior did not tell him sooner. Prior replies, “I was scared, Lou...That you’ll leave me.” This is a curious, and yet, in some sense, familiar reaction. We might expect Prior to respond that his fear of death was solidified by this new symptom, and that this fear drove him to secrecy. And yet, what most terrifies him is *abandonment*—his body becoming undesirable in the eyes of his lover and partner. As we come to find out, Prior’s anticipation of his boyfriend’s departure is validated; Louis leaves him shortly after he enters the hospital. In some sense, the storyline between Louis and Prior is confirmation

that, “that’s how the story goes”: HIV/AIDS is an infectious and terrifying disease, the consequence of which is a “social death” akin to the physical. In this story Prior is not only justified in fearing abandonment, he is *deserving* of it. And yet, in the end Prior triumphs; Prior is ultimately thrust back into a life of love and togetherness. By telling another version of the story, *Angels* problematizes the binary between a life with AIDS and a life of value. In the end, *Angels* challenges the inevitability of AIDS to destroy us.

In *Philadelphia* the story is this: people with AIDS are “disabled” to the extent that the stigma surrounding AIDS severs their ability to participate in society. Addressing a mainstream audience, the film invites us to “come together” (by abandoning misconceptions about AIDS) while nevertheless reinforcing the boundaries upon which compulsory heterosexuality rests—ultimately, sexual others remain contained within a value system which requires their peripheral existence. While *Angels* recognizes the importance of the political barriers facing people with AIDS (PWAs), it does so at the same time as it recognizes the cultures of resistance that are embedded within the epidemic as well. Challenging the “isolated outcast” (Dean, 2009, p. 78) trope, *Angels* focuses instead on the ways in which PWAs and their loved ones forge close bonds based on their mutual care, love, and responsibility to the communities of which they are a part—however painful and complicated it may be. In this case it is those characters which *turn their back on community* who pay the price of solitude, rather than the diagnosis itself.

In a larger sense, then, Louis’ departure from Prior is not only a rejection of a loved one, but a refusal to bear the responsibilities of belonging to a culture sustained in relation to AIDS. By refusing to care for Prior, Louis turns his back on the community ties which sustain him. Ironically, his desire for self-preservation—which compels him to leave Prior in the first place—is most threatened when he leaves. Without Prior, Louis unravels. If, as I argued, queer and black

bodies are largely characterized through lack, *Angels* counters this narrative by demonstrating the ways in which marginalized bodies such as these bear their own genealogies. In other words, although black and queer bodies are, in some sense, constituted through the “bodily and social experience of restriction” (Ahmed 2006, p. 139) because of their incapacity to replicate (and thus participate in) white heterosexuality, this is not to say that they are altogether incapable of action: in their marginality, queer bodies create their own genealogical attachments. As Ahmed argues,

It is the very social and existential experience of loneliness that compels the lesbian body to extend into other kinds of space, where there are others who return one’s desire. What is compelling, then, is how this story of the loneliness of lesbian desire searches for a different form of sociality, a space in which the lesbian body can extend itself, as a body that gets near other bodies, which tends towards others who are alike insofar as they also deviate and pervert the lines of desire (2006, p. 105).

For Kushner, AIDS plays a central role in forming and strengthening a sense of queer belonging. Louis’ “redemption” for turning his back on Prior requires him to turn back around, to face AIDS once again. In doing so Louis accepts his proximity to the disease, almost as if it is a familial attachment itself, as we witness in the final scene. It is now 1990—four years following Prior’s ascent to Heaven and decision to choose life. Louis, Prior, Belize and Hannah (Joe’s mother) sit on the rim of the Bethesda Fountain in Central Park. Typical of a family-like sense of togetherness, the group laugh, quarrel, and make fun of one another. It is clear that there is a strong bond shared among them. Gathering together, occupying urban space, Prior and his chosen family and friends demonstrate the capacity and desire of PWAs and their communities to create something out of and through an AIDS diagnosis. I parallel these generative practices to Tim Dean’s notion of “breeding culture” (2009, p. 48). Although Dean’s analysis refers to a

highly specific sexual subculture—in which participants seek out unprotected sexual encounters for the purposes of either semen transfer and/or seroconversion—his work is an example of the reproductive possibilities for HIV/AIDS communities. Dean argues,

Gay men have discovered that one of the things they can do with HIV I use it to create solidarity and form communities. [...] HIV transmission has the potential to create social bonds that are both symbolic and material; membership is etched onto the body like a tattoo. [...] Countering the image of the person with AIDS as an isolated outcast, voluntary seroconversion has come to be understood as a new basis for community formation (2009, p. 77-78).

Although Dean refers specifically to voluntary seroconversion, it is clear from the incredible outpour of AIDS activism throughout the 1980s that creating solidarity and forming communities around HIV/AIDS has been built into the epidemic long before barebacking and bug-chasing emerged as relatively organized subcultural practices. From early on, HIV/AIDS has had the capacity to unite those infected *and* affected (see Gill-Peterson, 2013; Gould, 2009).

The generative capacity of AIDS is not only indicated in this final scene. As a definitively gay text⁵ *Angels* is itself a form of genealogical work. Where *Philadelphia* is based on the assumption that the AIDS patient is a sort of national “stranger” who must be welcomed inward, *Angels* is directive insofar as it extends the queer/AIDS body outward, performing the very productive capacity of AIDS which is so central to the film. After all, it is *Hannah*—the straight, Mormon mother of the profoundly closeted Joe—who is welcomed into *Prior’s* family,

⁵ Again, I mean this less in terms of its “authenticity” as a queer perspective, than Kushner’s own positionality as a gay man, as well as its intended gay/queer audience. Given my analysis of *Angels* differences from *Philadelphia*, I am also referring to the play’s/film’s anti-heteronormative subtext and how it may (or may not) be read differently from dominant discourses on homosexuality and AIDS.

accepted for who *she* is despite her initial generational, political, or spiritual differences. The mainstream success of the film—featured as it was on HBO, and including such famous actors as Al Pacino and Meryl Streep—extends outward as well, reaching audiences who may have never otherwise come into contact with either the original play or its subversive content.

Conclusion

In this chapter I have made the claim that social belonging is inscribed on and through the skin. In doing so, I have extended the concept of the skin as a boundary separating (and yet mediating the relationship between) self from the world, to include the surfaces which constitute social belonging. Not only may we draw *parallels* between the surface of the body and the contours of social space but, as Ahmed contends, each is involved in a mutually productive relationship; social space impresses upon and shapes the body as it is itself transformed by the bodies which inhabit it. Sexual citizenship is constituted, therefore, through the relationship between bodies and space. While some bodies coalesce, others (such as queer bodies and AIDS bodies) are distanced—i.e., marked by their incapacity to meet the demands required of a heteronormative life. Sexuality and sexual belonging can therefore be considered orientations: it is *the ways in which desire moves us* which constitutes the boundaries of sexual membership. Specifically, “the normalization of heterosexuality as an orientation toward ‘the other sex’ can be redescribed in terms of the requirement to follow a straight line” (Ahmed, 2006, p. 70).

The films in my analysis are directive; each film is moving insofar as it impels the audience towards or away from certain bodies based on their affective recognition and shared orientations. While *Philadelphia* invites the audience to come together by inviting the AIDS body inward, it does so ironically by confirming the superiority of white heteronormativity and

replicating many of the assumptions that constitute the exclusion of queer and non-normative bodies to begin with. KS functions as a stain on Beckett's body, much like the blackness of Joe's skin. Although the film makes interventions into the logic whereby Beckett is stigmatized, it does not do so for Joe's blackness, ultimately limiting its transformative capacity. Challenging the assumption that AIDS is invariably fatal—in the physical as well as social sense—*Angels in America* focuses instead on the generative capacity of the disease. Through Prior's devotion to life, to living, as well as the close social and familial bonds formed and tended within the film, *Angels* undermines the terms of sexual belonging. The AIDS body is figured as a productive (and loved) member within a community, extending outward and *towards* other bodies. In my next chapter I will examine more closely the relationship between discourses about death (and life) and the AIDS body.

CHAPTER THREE

Death and the skin

Introduction

Recent scholarship in queer temporality has made a number of critical interventions into conventional time: the authors draw on the past, present, and future together in order to engage with the affective and political uses of time, memory, haunting, and becoming (see Halberstam, 2005; Love, 2007; Munoz, 2009). Contesting the prevailing view of time as linear, this body of work emphasizes the ways in which the past and the future are always embedded in the present. As such, writing in queer temporality has provided a conceptual backdrop for my own project: my engagement with these early texts has given insight into the legacy of the past; early representations of AIDS reveal cultural anxieties related to queer sexualities and health that are as much relevant today as they were twenty years ago. Several theorists working in this area have commented on the effect of HIV/AIDS on our individual and collective sense of time (see Bruhm 2011; Dean 2011). In fact, Bruhm argues that HIV/AIDS has been critical to the temporal turn in queer theory as a whole:

The work of Sedgwick and others has shown us how the age of queer theory and the age of AIDS have aligned to produce ‘a plethora of phenomenologies organized around two axes: On the one hand, sexual, gendered, and racial deroutinizations, and, on the other, deroutinizations of a disorienting and unpredictable temporal kind’ (Barber & Clark qtd. p. 316-317).

While HIV/AIDS may be a crucial underpinning to scholarly interest in time, queer temporality is relevant in a broad sense. John Erni has argued that “[e]very epidemic has a temporal language, a set of narratives about the disease’s origin or cause, its development in time (and space), and a network of material practices by which it can be controlled according to past and future technologies” (1994, p. 69). The discourses and material practices which constitute the temporal language of illness—its cause, its method of transmission, fatality, and curability—also construct the bodies with whom the disease comes into contact. In Erni’s words, “[t]he body in illness exists as an image and narrative of time” (1994, p. 75). I argue that the AIDS body—its image and narrative in time—is fundamentally shaped by cultural attitudes towards death. Particularly in the beginning of the epidemic, AIDS was characterized by finitude; that is, people diagnosed with AIDS faced a virtually inevitable death. Not surprisingly, then, much of the work written about temporality and AIDS takes death as its main object. Despite a waning North American death toll the overwhelming majority of HIV/AIDS literature as a whole continues to be preoccupied with the dead or future-dead. Both *Philadelphia* and *Angels* are emblematic of a set of collective (and yet, conflicting) feelings about AIDS at an earlier moment in the epidemic; each film demonstrates how and why collective feelings about death impress upon, and shape, the AIDS body.

Expanding on an argument made in the previous chapter, I suggest that where the queer body is constituted through its failure to meet the demands of reproductive heterosexuality, it is at the same time constituted through finitude, through death. As Heather Love tragically reminds us, “[t]he history of Western representation is littered with the corpses of gender and sexual deviants. Those who are directly identified with same-sex desire most often end up dead; if they manage to survive it is on such compromised terms that it makes death seem attractive” (2007, p.

1). The emergence of AIDS has only reaffirmed this attachment (see Bersani, 1987). As the number of gay deaths mounted in the early part of the epidemic, it became more and more difficult to think otherwise; and in the epidemic's wake, queerness and death remain fixed in a metaphoric bond⁶. As Tim Dean points out, even as HIV/AIDS has transformed from an invariable death sentence into a chronic condition, public health campaigns and popular knowledge about AIDS continue to emphasize its fatality:

It is as important to underscore that not everyone who is infected with HIV gets sick as it is to emphasize that antiretroviral drugs come with no guarantee and do not work for everyone. The fact that the latter point tends to get repeated more frequently than the former, especially in mainstream accounts of barebacking, betrays a disguised though no less punitive wish that those who indulge in risky sex should succumb to the original AIDS narrative of sickness and death, preferably sooner rather than later. In other words, the perfectly true statement of fact—that drugs don't work for everyone—carries a supplementary rhetorical charge motivated by the desire to ensure barebackers pay for what typically is regarded as their excessive pleasure [...] When it comes to bareback sex [perhaps gay sex in general], *most people prefer to hear about gay men who are dying rather than living their lives.* (2011, p. 78; my emphasis)

As I suggested in my introductory chapter, ill bodies—and especially those with HIV/AIDS—are perceived, in some sense, to be already dead. And yet, there is an interesting paradox underlying

⁶ To be sure, HIV/AIDS has always been more closely associated with the gay male body than with lesbians and others on the spectrum of “queer” sexuality. I maintain, however, that queerness (as opposed to male homosexuality) is an appropriate category for my discussion. The conceptual category “queer” can be used to denote a whole range of intersectional, non-normative cultures, politics, and sexual identities that may be lost under the more common LGBT, but which are nevertheless closely associated (conceptually, historically, metaphorically) with HIV/AIDS and, consequently, with death (i.e. sex work, drug-use and party culture, transsexuality/transfemininity, sexual promiscuity, and so on).

such interpretations of the disease. The “scientific crusade against [HIV/AIDS]” constitutes an ambivalent relation to the virus. “The paradox of curability/incurability,” as Erni goes onto argue “...is rooted in the much broader linguistic, political, and fantasy terrain surrounding the epidemic, where the widespread, if not endemic, perception of AIDS has consistently fluctuated between the rhetorics of hope/hopelessness, death/salvation, body/antibody” (1994, p. 70). Thus, the paradox of the living corpse is built into the very existence of the disease. Eric Savoy has also commented on the AIDS body as a sort of living corpse, an absent presence: “Because the seropositive patient is culturally constructed as already ill, in some sense already dead, and as a profoundly toxic agent, his or her body becomes readable only as the (HIV) anti-body, the presence that signals the absence” (qtd. Bruhm 2011, p. 318). It is important, however, not to overstate AIDS’ ambivalent relation to death: fluctuating rhetorics of hope/hopelessness and death/salvation do not undo the myth that AIDS is invariably fatal; rather, they suggest that death is only a matter of time. In other words, whether lengthened or shortened—given the biomedical and social context in which one lives—the life of a person with HIV/AIDS remains shadowed by death. Despite changes in the social perception of HIV/AIDS from a death-sentence to a chronic illness, AIDS-related stigma continues to be motivated by fears about death (see Mawar et al, 2005; for a discussion of changes in the perception of AIDS see Scandlyn, 2000). It appears that Erni’s 1994 work remains a concern, where he writes,

Even though in recent years, as a result of increased understanding of the disease, the plague model of interpretation has been shifted to the chronic disease model, [...] the discourse about the horror of AIDS remains dangerously pervasive. New understanding has not shattered the intensive social discussion of the HIV as the impossible obstacle in the scientific crusade against the disease, the culprit of horror (p. 40).

Given the lengthy historical attachment of queerness to death or near-death, it is perhaps not surprising that an HIV/AIDS diagnosis is still conceived of as a death sentence.

This symbolic attachment underlies early AIDS representations that were preoccupied with the skin, and particularly the lesions which seemed to mark the body of every AIDS patient near death. A cultural and medical history of the skin reveals its persistent association with human mortality (see Connor, 2004). Whether the skin is perceived to contain, protect, make vulnerable, or stand in for the body itself (all of which have been its preferred metaphoric role at one time or another), the skin is always both the requirement/condition for life *and* the body's vulnerability to death. In Latin, this dual purpose is signified with two separate words:

cutis [...] signified the living skin, the skin that protects, that expresses and arouses and that is the subject of care and beautifying attention. [...] *Pellis*, by contrast, is the dead, the flayed skin. Once scoured away from the body, the human or animal skin becomes simply a hide, deader than a corpse, a corpse's remnant, the corpse of a corpse (Connor, 2004, p. 11; original emphasis).

If skin is the prerequisite to life, any rupture or disfigurement to the skin signals the potential for death. Contemporary popular representations of the skin are also frequently linked to human vitality or mortality. Advertisements for beauty products often link the appearance of youthful, “fresh”, or “radiant” skin with youth itself (see LaWare & Moustatos, 2013; Sandikci, 1996). Conversely, burgeoning public interest and anxiety over such skin disturbances as HPV—the virus associated with genital warts—appeal to the association of non-normative skins with mortality (see Polzer & Knabe, 2012). In their obsessive documentation of dark, purple lesions, early representations of AIDS harness the dual metaphors of queerness as death, and skin disturbance as death.

It may also be argued that non-normative and/or disfigured skins are “queer” to the extent that their pathology is often described/constituted in much the same way as sexual others’. Frequently associated with sexual perversion, contagion, and death, skin disturbances of all sorts have been a source of medical, moral, and social panic throughout history (see Prosser, 2001). As documented in my chapter on disability, Robert Roberts has documented the emergence of “the herpetic” in the mid-1970s, “a new pariah ostensibly produced by and reproducing a society that has lost its moral compass” (1997, p. 265). Likewise, Raymond Donovan has documented the development, in biomedical and popular knowledge, of a conceptual link between KS and homosexuality. In each case skin disturbances have been constituted and reconstituted intersectionally with social and sexual deviancy. While this is particularly true for sexually transmitted infections such as genital warts, many other non-contagious/non-sexual skin diseases have also been subjected to intense scrutiny (see Anderson, 1998; Bashford, 2000; Bashford & Hooker, 2001; Prosser, 2001). Disfigured skin, like sexual outsiders, are marked by contagion. Consequently, queer/AIDS bodies are “skinned” as the “absent present that signals the absence” the body which is subject to decay.

Regardless of their sense of the AIDS body as dead or alive, each film demonstrates the ways in which death nevertheless makes an impression on the queer/AIDS body; that is, both *Philadelphia* and *Angels* are representations of the ways in which cultural repertoires of death and dying constitute the contours of belonging for those with HIV/AIDS. In the section that follows, I discuss each film’s narrative of death and the AIDS body. I argue that while *Philadelphia* confirms, for the audience, that AIDS is invariably fatal and that queer bodies are closely linked to death, *Angels* transforms the dominant narrative in creative and unusual ways.

Queer deaths, queer lives

The management of human life, termed “biopolitics” by Foucault, is widely accepted as a key facet of modern government; the capacity to regulate both life and death is therefore vital to the exercise of power (see Foucault, 2003; Mbembe, 2003; Posel & Gupta, 2009). “Likewise,” argue Posel and Gupta,

it is impossible to understand the dynamics of nationalism and nation building [...] without identifying the place of death and the corpse in particular, as a pre-eminent site for the identification of symbolic boundaries between a nation and its other, revealed in the redemption of glory and purpose in the lives of those who define and die for the imagined community of the nation (2009, p. 300-301).

Set at a time following the long and public silence of the Reagan era which began the epidemic, each film carries with it an historical attachment to the dead; a public enemy from its very emergence, the HIV/AIDS body has taken shape in the context of a biopolitics preoccupied with its disappearance. The virtual inaction and silence on the part of the US government to address HIV/AIDS as a public health concern helped to construct the AIDS patient as both non-existent and contained within a small subset of the population. Associated with homosexuality, a “lifestyle” which was already perceived to be disposable as far as the general population was concerned, the AIDS body was at once vilified and invisibilized. The failure at the federal level to address AIDS further shaped the AIDS corpse as tangential to the nation. J.E. Troyer’s (2010) research has shown, for instance, in an article responding to a growing sense of uncertainty regarding what to do with AIDS victims’ bodies, the National Funeral Directors Association initially condoned funeral directors and embalmers refusal of bodies deceased by AIDS-related illnesses. This was done at the same time as the organization officially disapproved of such

discrimination, maintaining that the funeral service had a “deep obligation to the public” (Strub & Frederick qtd. Troyer, 2010, p. 135). As Troyer argues, these discursive and institutionalized practices secured “the American HIV/AIDS corpse [as] doubly problematic by its exotic ‘otherness,’” (2010, p. 135). Simon Watney has also addressed the HIV/AIDS corpse,

Thus, even and especially in the clair-obscur of death itself, the ‘homosexual body,’ which is also that of the ‘AIDS victim,’ must be publicly seen to be humiliated, thrown around in zip-up plastic bags, fumigated, denied burial, lest there be any acknowledgment of the slightest sense of loss. Thus the ‘homosexual body’ continues to speak after death, not as a memento mori, but as its exact reverse, for a life that must at all costs be seen to have been devoid of value, unregretted, unlamented, and-final indignity--effaced into a mere anonymous statistic. The "homosexual body" is "disposed of," like so much rubbish, like the trash it was in life. (Watney, 1987, p. 80)

As narratives about death (“who lives, who dies, how and in whose name” [Posel and Gupta p. 300]) shape the contours of belonging, they not only inform how we interpret or feel about dying bodies, but how or why certain bodies appear more dead than others. As Troyer has elsewhere argued, the “formulation of the postmortem condition stipulates a field of relations between the human corpse and the living human body where neither concretely defines the other, despite the rules and regulations that make sharp legal contrasts between the two bodies (2007, p. 24). I argue that as discourses about death serve to constitute the borders between the living and the dead (however fragile they may be), they also constitute boundaries between living bodies; while some bodies are more closely associated with life (and therefore membership and participation within a given community), other bodies perceived as closer to death through their engagement in “high-risk” and/or pathological behaviour. As such, the characters in *Philadelphia* and *Angels*

live and die in dramatically different ways, given each film's position relative to hegemonic and counterhegemonic discourses about the dead.

In her article on the criminal corpse, Ruth Penfold-Mounce examines the “social consumption whereby the corpse is consumed as an object of fascinated interest which can be consumed” through media, and other forms of archival documentation (2010, p. 251). I argue that *Philadelphia* reads as a sort of “pornography of death,” (Tait, 2006, p. 50); or more accurately, of the living corpse—the absent-presence—of the dying queer. Although Beckett is still alive (until his death at the end of the film), and therefore not a corpse *per se*, the consumption of *dying* bodies as well forms part of the matrix in which certain bodies are perceived of as 1) more dead than others and therefore less a part of the social fabric; 2) deserving of death because of their criminality and/or deviance; 3) more meaningful in death than in life; the gay body, largely in the earlier part of the epidemic, served as both a reminder of the risks inherent to queer life, as well as a source of inspiration and social change through bearing witness to its suffering (see Gilman, 1987). The juxtapositions of Beckett's dying body with the liveliness of those around him exaggerates the sense in which he is already dead. The image of Beckett's large, extended family draws attention to his own shortcomings: Miguel and he appear naked, insignificant, sterile in contrast to the fertile heteronormative family of which he is apart. As Beckett's family brings new life into the world, Beckett himself is surrounded by and exemplary of death. While on the one hand Beckett's family exemplifies whiteness as progressive and forward-thinking (particularly, as I have mentioned, in contrast to the blue collar, black, and violently homophobic family of Joe Miller), it also serves as a template for the discrepancies between heterosexuality and homosexuality; specifically that heterosexuality fosters life, while homosexuality occasions death. Narratives about death—about who is “more

dead” than others, and whose life is worth saving—shape Beckett’s physicality as well. In contrast to Beckett’s pale, KS-ridden, and gaunt body, Miss Benedict, a heterosexual woman living with AIDS who is called as a witness for the defense is notably not ill; while Beckett struggles to stay alive, his body growing sicker every day, Miss Benedict appears healthy and present. Miss Benedict’s character challenges the prevailing idea at the time that people with AIDS were “already sick, in some sense already dead,” and yet, her body reiterates the association of queerness with death through her relative health. It is noteworthy that Miss Benedict acquired HIV from a blood transfusion while giving birth—the apex of heterosexuality, giving life itself. In fact, the only other person known to have AIDS in the film—an unnamed gay man with whom Beckett is friends—is also pale, gaunt, and sickly, giving the impression that “gay AIDS” is somehow more deadly than its “straight” counterpart. In culmination, these images strengthen the metaphorical between queerness and death; and between the AIDS body and death.

Angels in America is also a lengthy depiction of the death and near-death of two of its main characters: Roy Cohn and Prior Walters. And yet, as I argued in my previous chapter, the familial attachments between queers (both with and without AIDS) alter the ways in which death impresses upon the bodies who are threatened by it; the life-giving and life-affirming relationships in the film transform queerness/AIDS from finitude to possibility. Over the course of the film, Cohn mutates from a powerful and well-dressed lawyer, to a depleted body overwhelmed by KS lesions. And yet, “more sores than skin,” Cohn nevertheless remains as outspoken and wicked as ever, until the moment of his death. Cohn is a depiction of tremendous strength—he clings to life, to his values, to his integrity, however controversial he may be. There is a marked contrast between Cohn’s KS-ridden body and Beckett’s. Whereas Beckett appears

weak, incapacitated by his body, Cohn remains foul, angry, and outspoken despite his body's failings. Prior's body also undergoes a transformation; donned in a cape and hood, walking with a limp and cane, Prior begins to take on the appearance of a Prophet. Prior's quick wit and charm, persist, despite how sick he becomes; ultimately, the comedy of his death is integral to his survival.

Capturing the humility, vulnerability, and the strength of each character, *Angels* reads less as a pornographic fascination for the living corpse of an AIDS patient, than a complex portrayal of the stakes of queer survival. In part, I attribute its complexity to its sense of self-reflexivity as a queer text. Neither vilifying nor glamourizing the AIDS patient, *Angels* portrays the multiple dimensions of living and dying with AIDS. Without a reproductive heterosexuality to compare them to, the characters in *Angels* forge their own genealogical attachments⁷.

Additionally by confronting head-on the social and political context in which gay men live and die, *Angels* calls attention to the ways in which certain lives are considered valuable and others are not. Specifically, access to medical advancements and life-saving healthcare structure the field in which living with AIDS becomes a death sentence or not. Through magical realism, Kushner also transcends these limitations, creating the possibility for alternative realities, alternative destinies for those facing death. Prior's fantastical visions and role as Prophet imagine a world in which gay men are capable of self-determination. Told that in order to save ourselves, humanity must give up our need for progress, forward momentum, and migration, Prior makes an impassioned plea for life, defying the *Angels*' demand for human mortality:

⁷In fact, the only heterosexual couple in the film is, as we find out, queer all along. While Joe lives in deep denial of his sexuality, Harper struggles desperately with mental illness and addiction. Harper and Joe's relationship can be read as a depiction of the failure of the promise of heterosexuality to achieve happiness.

We can't just stop. We're not rocks—progress, migration, motion is...modernity. It's animate, it's what living things do. We desire. Even if all we desire is stillness, it's still desire for (Kushner, p. 263-264).

Choosing life—for humanity as well as for himself—Prior rejects the case that death is inherent to suffering, or to illness,

I want more life. I can't help myself. I do. I've lived through such terrible times, and there are people who live through much much worse, but... You see them living anyways. When they're more spirit than body, more sores than skin, when they're burned and in agony, when flies lay eggs in the corners of the eyes of their children, they live. Death usually has to take life away. I don't know if it's just the animal. I don't know if it's not braver to die. But I recognize the habit. The addiction to being alive. We live past hope. If I can find hope anywhere, that's it, that's the best I can do. It's so much not enough, so inadequate but ... Bless me anyways. I want more life (Kushner, p. 266-267)

Prior rejects the heteronormative desire to see the AIDS body as already dead, as a living corpse. He proclaims “Even sick. I want to be alive” (p. 265). Of course, one cannot necessarily “choose” life as Prior does; the socio-economic factors which lengthen or shorten life have had a dramatic effect on the epidemic as a whole—a point which Kushner poignantly makes through the character of Roy Cohn. And yet, Prior's choice, however otherworldly, writes another possibility for the AIDS body; in defiant opposition to the AIDS body as already dead, *Angels* emphasizes the productive capacity—the desire to live, to move, to love, and to create—of those faced with the possibility of death.

Queer futurity and the future as promise

Another way to demonstrate how narratives about death shape the social and bodily contours of belonging is to look towards the future. The regulation of life and death is also a means of managing the future; the denial or promise of social belonging shapes the possible directions our lives will take—where we will end up, and how we will get there—and even the possibility of a future at all. Consider the future as a horizon. Describing the productive capacity of the horizon, Ahmed writes,

The bodily horizon shows what bodies can reach toward by establishing a line beyond which they cannot reach; the horizon marks the edge of what can be reached by the body. The body becomes present as a body, with surfaces and boundaries, in showing the ‘limits’ of what it can do (2006, p. 55).

How we imagine the future, therefore, is prescriptive of whose body is within reach, whose body is aligned with our own, and whose body is positioned with us such that we may move forward together. If some bodies are within reach, it follows that some bodies are certainly not. Ahmed concludes, “[t]he surfaces of bodies are shaped by what is reachable. Indeed, the history of bodies can be rewritten as the history of what is reachable” (2006, p. 55). As we move toward the horizon—the future—then, certain bodies move with us or within reach. As I have argued, constituted through lack, through finitude, and through backwardness (all versions of the same concept) the future of queerness has always been in question. Whether “[p]erverse, immature, sterile, [or] melancholic” (Love, 2007, p. 6) queer bodies are misaligned with what falls in the scope of a reproductive heteronormativity, remaining out of reach/touch with hegemonic visions of the future. As Love continues, “even when [queers] provoke fears about the future they somehow also recall the past” (p. 6); queerness is continually located behind us such that it can never join us in the present. Each film makes a set of assumptions about the future: about what is

possible, what is desirable, who will populate it, and how we should strive to get there. Providing commentary on the present with the hopes of inspiring a better future, each film imagines and produces the affective community presumably needed to get there. As Ahmed contends, “...happiness involves a way of being aligned with others, of facing the right way” (Ahmed, 2010, p. 45). The ways in which each film reproduces, or imagines, affective alignments tells us something about the future it inspires. In this way, both *Philadelphia* and *Angels* are generative; drawing on and triggering emotional attachments (to objects, values, desires) they each encourage their own vision of the future, of what is and what should be possible. Political encouragement is not value-neutral, as Ahmed reminds us:

To be encouraging is often thought of as a generous [sic], as a way of energizing somebody, of enabling them to be capable. To encourage can be to give courage. But to encourage can also be forceful. Being encouraged can be a way of being directed towards somebody else’s wants (Ahmed, 2010, p. 47).

Is the future imagined in each film, a future promising to queers, to people with AIDS, and other social/sexual outsiders? For people characterized by finitude, marked by death, there is much at stake in the promise of a future and the type of future it will be.

Philadelphia concludes at Andrew Beckett’s wake, held in the loft apartment he shares with his partner, Miguel. Beckett succumbs to his illness at the same time as he experiences a victory, losing his battle to AIDS while winning the groundbreaking case against his former employer. As I argued in my chapter on disability, despite his illness and eventual death, Beckett’s intervention into the law permits him to exceed his disability, to “live on” as it were, through the legal precedent set by his case for the civil rights of people with AIDS. Celebrating with Beckett, we imagine a future for people with AIDS free from discrimination and protected

by the law to ensure their full participation and acceptance in society. Beckett's historical legacy outweighs his physical death. This is perhaps the most obvious, and "profound" message of the film. At first glance, then, it appears that *Philadelphia* challenges the dominant message at the time; that AIDS is invariably fatal and that people with AIDS have no future. But if Beckett achieves immortality through his legal achievements, what can be done for the vast majority who die making no such contribution to history? Are they forever lost in the epidemic?

The future alluded to in *Philadelphia* is predicated on a set of assumptions regarding the social good. In part, this has to do with how the film defines and constructs the problems of the present. As I have previously discussed, *Philadelphia* constructs AIDS as a matter of law; a sociolegal issue in which people with AIDS (and their communities) are not extended protection under law, thereby leaving them vulnerable to discrimination. This understanding of the problem rests on the belief that 1) PWAs are "disabled" to the extent that they do not have equal protection under the law; and 2) while not perfect in its present form, the law is ultimately concerned with the best interests of PWAs. The problem is therefore not the law itself, but its current form. If the law does not exist apart from the discursive practices by which it is constituted, and constitutive of, then to define a problem in legal terms is precisely to constitute the problem itself (see Rose & Valverde, 1998). In fact, the law remains instrumental in not only discriminating against, but criminalizing, queers and PWAs. Twenty years following the film's release the legal status of people with HIV/AIDS is perhaps more precarious than ever. In the United States (as well as many countries internationally), existing assault and public health laws are extensively used to prosecute and incarcerate people with HIV/AIDS. Many jurisdictions in the US have added HIV-specific laws to their criminal codes as a means of prosecuting alleged HIV-exposure and HIV non-disclosure cases (Lazzarini et al, 2013). In its appeal to the law,

Philadelphia obscures the ways in which certain bodies are criminalized and persecuted, at the same time as they may be afforded specific “protections” under it.

As a result of its emphasis on the law, *Philadelphia* loses site of one of the most fundamental issues affecting the everyday lives of PWAs throughout the epidemic: access to quality healthcare (see WHO, UNAIDS, and UNICEF, 2009). Despite his death, Beckett’s economic status allows him to skirt many of the issues facing people with AIDS (particularly at the time) in relation to healthcare access. Given *Philadelphia*’s arguable pornographic attention to the dying, gay male body, the absence of a political engagement with healthcare is particularly relevant. If the politics of AIDS healthcare is rooted in a desire to preserve and extend the lives of people with AIDS, its absence can only read as a statement of ambivalence. As I said, although Beckett may achieve immortality through the law, the same cannot be said for those who make no such contribution. The future *Philadelphia* aspires to, then, would seem to have little to do with whether or not people with AIDS actually get there—so long as they are protected under the law. Assuming they do survive, however, what would their future look like?

Philadelphia’s vision of the future is perhaps best exemplified through the relationship between Beckett and Joe Miller. Joe is transformed through his contact with Beckett, learning to see the humanity in Beckett. By extension, the audience (who is presumably heterosexual and/or seronegative) are similarly touched by such an encounter; through Joe, the audience bears witness to the suffering of people with AIDS, transforming misunderstanding and fear into compassion and acceptance. Despite Joe’s affective metamorphosis Beckett is not similarly transformed by this encounter; reproducing dominant narratives on race, Beckett paves the way toward a future free from discrimination, awakening him to his own ignorance. However, Beckett’s stoicism in response to Joe’s virulent homophobia also seems to suggest queers bear

the responsibility of “appropriate” conduct in order to live peacefully—even harmoniously—with the mainstream. That is, *Philadelphia* is instructive of both *heterosexual* and *homosexual* responses to homophobia and AIDSphobia; as heterosexual people are encouraged to accept gays and PWAs, gays and PWAs are depicted in terms of their desire for successful integration within society, requiring a particular type of queer to emerge. Sentimentalizing the epidemic through the personal relationship between Beckett and Miller, *Philadelphia* “nationalize[s] the gay body by dequeering it” (Corber, 2003, p. 111). In doing so, the future is imagined as a place in which heterosexuals and homosexuals alike, live in harmonious proximity to one another. Such a vision of the future suggests that angry queers, queers who do not want to “fit in”, are disruptive to the social good—for why would anyone disapprove of harmony? Like the feminist killjoy, who “refuses to convene, to assemble, [...] to meet up over happiness [or to] laugh at the right points” (Ahmed, 2010, p. 65), the angry queer is a figure of great disappointment. Queers who refuse the terms of heteronormative acceptance have little or no place in *Philadelphia*’s future.

Alternatively, by redefining the social and political problems of HIV/AIDS, *Angels* counters these sorts of hegemonic aspirations. AIDS is a problem in *Angels* insofar as it is constituted and lived through multiple axes of social and political marginalization, including race, class, sexuality, and capitalism. AIDS is fundamentally a queer issue such that the future of queer life depends upon our capacity to survive it, or to transform the social and political context in which it is lived. And yet, where *Philadelphia* permits Beckett to join “us” in the future to the extent that he impacts the law, *Angels* invites all of us—dead or alive, nameless or otherwise—to be there. In the final scene Prior declares (pointing to a statue of the Angel, Bethesda, in Central Park):

This Angel. She's my favorite Angel. I like them best when they're statuary. They commemorate death but suggest a world without dying. They are made of the heaviest things on earth, stone and iron, they weigh tons but they're winged, they are engines and instruments of flight. [...] The fountain's not flowing now, they turn it off in the winter, ice in the pipes. But in the summer it's a sight to see. I want to be around to see it. I plan to be. I hope to be. This disease will be the end of many of us, but not nearly all, and the dead will be commemorated and will struggle on with the living, and we are not going away. We won't die secret deaths anymore. The world only spins forward. We will be citizens. The time has come (Kushner, p. 280).

Prior's alternative perception of time—in which the dead, dying, and surviving struggle together—counters a worldview in which queerness is finite; although it seems as though AIDS may threaten to bring an end to queer life, Prior's declaration suggests otherwise; through an engagement with the world of which we are apart, queerness will persist. In working towards, and in service of, a future in which sexual others and PWAs are visible and productive citizens, the future will depend on the survival of hope for those who have not been served by the present. As Jose Munoz has suggested,

Queerness is not yet here. Queerness is an ideality. Put another way, we are not yet queer. We may never touch queerness, but we can feel it as the warm illumination of a horizon imbued with potentiality. We have never been queer, yet queerness exists for us as an ideality that can be distilled from the past and used to imagine the future. The future is queerness's domain. Queerness is a structuring and educated mode of allows us to see and feel beyond the quagmire of the present (2009, p. 1).

Contrary to the logic of heteronormativity queerness is futural, rather than finite; forward, rather than backward. Prior's role as Prophet is also suggestive of this concept. As Prophet, Prior not only has a future, he is *responsible* for the future; his capacity to see the future, and to shape it, ensure its very existence. Through Prior's refusal to give up, to stop moving, Kushner bestows the queer body (and the ill body) the ability to give, rather than take, life. This counterlogic is not without its own misgivings, however, as scholars such as Heather Love have pointed out. Given the lengthy historical attachment of queerness to backwardness, death, and finitude, it has been tempting—at times obligatory—to insist otherwise:

If modernism [...] aimed to move humanity forward, it did so in part by perfecting techniques for mapping and disciplining subjects considered to be lagging behind [...]
For queers, having been branded as nonmodern or as a drag on the progress of civilization, the desire to be recognized as part of the modern social order is strong (Love, 2007, p. 5-7).

And yet, Love goes on to argue, to disavow backwardness altogether not only reifies backwardness as undesirable (ultimately shifting the blame to others), it also risks losing sight of the ways in which backwardness is inherent to queer life (p. 7). I maintain, however, that as much as *Angels'* relies on the narrative of progress (albeit in queer form), it also revives alternate models of time.

Conclusion

This chapter has made a case for the idea that narratives about death, and about time, delineate the social and bodily surfaces of belonging. Moreover, “[t]he orchestration of the gaze upon the corpse has a long and broad history: how the dead, or simulations of the dead, are

depicted expresses the aesthetic, epistemological and political preoccupations of a particular cultural moment” (Tait, 2006, p. 49). In other words representations of the dead/dying are not simply artefacts; as much as they reveal about the broader social and political context in which they emerge, it is their very use at all—their purpose as objects of consumption across time—that constitutes their productivity. My intention has been to demonstrate the ways in which mainstream representations of death/the dead have shaped the AIDS body as an object of social exclusion through its figure as a living corpse—a body which is invariably marked by death. Alternatively, counterhegemonic representations of the AIDS body have harnessed the power of the dead to reconstruct queerness/AIDS as promising; that is, as capable of engagement with space and time. I contend that the phenomenology of AIDS is structured as much by intimacy as it is by temporality. In conclusion I examine more deeply the relation of the skin to representations of death/the dead, specifically for criminalized bodies.

Describing the public consumption of representations of the dead as “necrophilic” Sue Tait identifies the viewer as pleasure-seeker, “positioned to take pleasure from imagery of death, imagery which often penetrates the flesh” (p. 50). Tait designates the corpse, therefore, as an object around which bodies form affective attachments. While forms of public mourning and memorialization can unite bodies through their affective *alignment* with the dead, the consumption of the criminalized dead—by which I mean those bodies that are criminalized through their proximity to social/sexual deviance and social marginality—is often predicated on affective *misalignment*. Put another way, representations of the criminalized corpse are predicated on their social exclusion; their mainstream consumption reifies the boundaries of belonging through the “necrophilic” preoccupation with the viewing of such dead/dying. In fact, as I have argued, the AIDS body is constituted as a corpse even in life. Analysing advertisements

about AIDS spanning the early 1990s throughout the 2000s, Marco Scalvini has shown that early representations of AIDS were more likely to characterize PWAs as dead or near dead. Scalvini examines the infamous United Colours of Benetton ad, which depicts a man with AIDS surrounded by a grieving family:

At the iconic level, the Benetton advert shows a body that, although still living, looks like a corpse. The body is twisted—distorted, macabre, and unnatural—so as to make one feel its agony in dying. The face is emaciated and projects suffering; it was touched up to resemble Christ's face after crucifixion. Another sign of this sacred rendering is the bare and emaciated body clothed in white linen. [...] At the communicative level, the observer cannot avoid participating in the drama of the dying body. Despite its commercial intent, the advertisement challenges society by reminding people of a body infected with HIV and eventually dying from AIDS. Through the unabated repetitiveness of the advertisement, the dying AIDS body became such a quotidian image that its cadaver-like quality was no longer invisible. (2010, p. 221)

Scalvini's sympathetic reading suggests that representations such as these challenged the mainstream to take these deaths seriously. I am curious, however, how the quotidian image of the cadaver-like AIDS body is performative of the idea that "queer becomes read a form of 'non-life'—with the death implied by being seen as non-reproductive—queers are perhaps already dead and cannot die" (Ahmed, 2004, p. 156). Already dead, the AIDS body cannot die, and therefore cannot be lost. In this case, these images derive pleasure through their capacity to make "us" feel alive; their cadaver-like quality solidifies the boundary between the living and the dead such that those who are unaffected by HIV/AIDS can feel more alive.

The desire Tait describes, to see what lies “beneath” the skin, is also a preoccupation with the skin itself—penetration of the flesh enacts a violent rupture of the body’s surface, a violation of its very essence (closedness, boundary). This analysis takes into account a gaze preoccupied with other “damages” to the surface of the corpse/living corpse (i.e. tears, fissures, diseases and disfigurements). In a later advertisement by Benetton, body parts were “branded” or tattooed with the words “HIV Positive.” Scalvini writes of the advertisement,

At the communicative level Benetton adopted critical values in its campaign, the tattoo represents the discrimination against people who are ‘branded’ by society because of their disease. It is also evident how these tattoos parallel the stars that used to brand Jews during the Holocaust. Thus, the HIV tattoo symbolically represents the stigma and fear of carrying the physical and spiritual burden of the abnormality that is AIDS (2010, p, 221).

Drawn into the symbolic relation with Holocaust, the HIV tattoo is a symbol burdened with death. This is not accidental. Following President Reagan’s public silence on the issue of HIV/AIDS, many argued that governmental inaction amounted to a purposeful “gay Holocaust.” Drawing attention to the fact that gay men were dying as a result of homophobic and heteronormative public health policy, the HIV tattoo became a defiant declaration. Queers and PWAs refused to live in silence, as the well-known “Silence=Death” slogan of the influential AIDS activist group ACT UP suggested. The HIV tattoo was also a reference to suggestions made early on in the epidemic that seropositive people receive involuntary tattoos to ensure the safety of the general public (see Brouwer). In this case the HIV tattoo would signal both the contagion of its host, as well as their impending death. Branded with this evidence the HIV tattoo would mark the AIDS body as, paradoxically, already dead (and therefore inconsequential) and also very much alive. As films such as *Philadelphia* demonstrate, KS became a ready substitute

for AIDSphobic identification. The surface of Beckett's body is used to dramatize the boundaries between himself and the heteronormative (alive) world of which he is apart. Beckett's "stigmata" is exaggerated (as in the revealing courtroom scene), along with his pallor as if to write the boundary into existence. Skin disturbances have been constituted and reconstituted intersectionally with social and sexual deviancy. Disfigured skins, like sexual outsiders, are marked by contagion. Consequently, queer/AIDS bodies are "skinned" as the "absent present that signals the absence" the body which is subject to decay.

CONCLUSION

Sick and delirious in bed, Prior is visited by two ghosts: his ancestors Prior Walters V and Prior Walters XVII. Taking note that Prior is ill, Prior Walters V comments on the epidemic of his own time: “The pestilence in my time was much worse than now. Whole villages of empty houses. You could look outdoors and see Death walking in the morning, dew dampening the ragged hem of his black robe. Plain as I can see you.” Prior responds, “You died of the plague.” To which his relative remarks, “The spotty monster. Like you, alone.” Prior’s ghostly ancestors are sent to introduce the Angel, Prior’s liaison with heaven. Speculating on why they were chosen Prior XVII says, “They chose us, I suspect, because of the mortal affinities. In a family as long-descended as the Walters there are bound to be a few carried off by the plague.” “The spotty monster,” adds Prior V. The comparison between “the spotty monster” and HIV/AIDS, with its accompanying lesions, is obvious. “The spotty monster,” or course, refers to smallpox, a disease characterized by large, pustular lesions covering any part of the body while “Black Jack” refers to the “Black Death,” one of the most fatal pandemics in history and comprised of several strains of bacterial infections. The appearance of Prior’s ancestors in the present dramatizes the unreliability of linear time to contain itself; through them, Kushner comments on the ways in which the past continues to haunt the present. The use of colloquial expressions to refer to smallpox and the plague evidence the history of illness as a social history—a history not only made up of scientific facts, but the social and cultural experience and construction of illness and the effect of these practices on our social relationships. The aesthetic quality of smallpox, for instance, was the primary literary concern of the illness. Portrayed as “Beauty’s Enemy,” the gendered implications were, as we might expect, staggering; women who survived the disease

were often thought of as better off dead because of the gross disfigurement it caused, leaving a woman with little to no chance of finding a mate (Shuttleton, 2007, p. 4).

It is no coincidence that Kushner draws parallels between the spotted monster of the past, and the contemporary spotted monster, Kaposi's sarcoma. Throughout this project I have made the claim that social belonging is inscribed on and through the skin. In doing so, I have extended the concept of the skin as a boundary separating (and yet mediating the relationship between) self from the world, to include the surfaces which constitute social belonging. Not only may we draw *parallels* between the surface of the body and the contours of social space but, as Ahmed contends, each is involved in a mutually productive relationship; social space impresses upon and shapes the body as it is itself produced and transformed by the bodies which inhabit it. I have argued that KS functions as a "stain" on Beckett's body, much like the blackness of Joe's skin. In doing so I have hoped to elucidate the ways in which the skin acts as repository for cultural imaginings of selfhood, health, and social belonging. The stain on Beckett's skin signifies his failure to achieve and maintain bodily integrity. It is also indicative of his deeper moral pathology, homosexuality. In combination, the meanings of his skin construct his body as both pathological (a source of contagion) and already dead. Like the spotted monster of years past, Beckett's (along with Cohn and Prior) illness is not only dramatized on the skin; illness is constructed through the skin, read from its surface as well as produced through its very existence as skin, as boundary.

If Prior's ancestors have something to offer his condition in the present, then Prior must also have something to bring forth into our present. Several scholars, including Tim Dean and Steven Bruhm, have suggested that the HIV/AIDS epidemic has altered our collective sense of time, particularly for queer people and others most affected by its outbreak: "[t]he altered tempo

of HIV disease has generated new uncertainties, new anxieties, new contingencies. In view of these changes, we might say that when one is exposed to HIV today, one is also newly exposed to time” (Dean, 2011, p. 76). Dean is referring to instability whereby the advancements in healthcare technology that have allowed many infected with HIV to live longer and more productive lives, have not yet produced a cure. People still die from AIDS complications, while many continue to live. For Bruhm “HIV’s own stubborn refusal to die” (that is, be cured) has meant that “the so-called ‘AIDS era’ has eluded any clearly demarcated temporal pain, a time in which we might have done our mourning and got it over with” (2011, p. 317). Haunted by a past, unsure about the future, the HIV/AIDS pandemic has undermined linear conceptions of time through the paradox of its deadly immortality: its staggering death toll, in combination with its viral persistence. As I have argued, *Angels* draws on this temporal confusion, inviting us all—dead or alive, nameless or otherwise—to come together in service of the past, present, and future.

The films in my analysis are historically specific; they are each set at a time earlier in the epidemic, a time in which scientific knowledge about the disease was far from where it is today, a time when massive numbers of those infected in North America continued to die, and when social and fiscal conservatism was dominating (or at least increasingly dividing) the nation. It is interesting, for instance, that whereas in the 1980s and early 1990s visibility was an increasingly important issue for the AIDS movement, particularly given President Reagan’s complete lack of attention to the issue, there is now a burgeoning investment in the politics of disclosure/privacy as a result of new legal precedents. And yet, the increasing criminalization—including the use of HIV-specific laws and general assault laws to prosecute and incarcerate cases of non-disclosure or exposure between sexual partners (even where transmission does not occur)—have brought to

the fore the ways in which HIV/AIDS continues to be a matter of boundaries: penetration, transmission, exposure, and T-cell count are increasingly subject to public and legal scrutiny while the boundaries constituting social belonging are becoming increasingly rigid with the threat of imprisonment. Although KS may have lost some of its cultural currency as an emblem of HIV/AIDS, the matter of skin—the surfaces of the body, as well as the contours of social space—remains integral to the reformulation, reproduction and experience of the disease.

REFERENCES

- Ahmed, S. (2000). *Strange encounters: Embodied others in post-coloniality*. New York: Routledge.
- Ahmed, S. (2004). *The cultural politics of emotion*. New York: Routledge.
- Ahmed, S. (2006). *Queer phenomenology: Orientations, objects, others*. Duke University Press.
- Ahmed, S. (2010). *The promise of happiness*. Duke University Press.
- Ahmed, S. & Stacey, J. (Eds). (2001). *Thinking through the skin*. New York: Routledge.
- Anderson, W. (1998). Leprosy and citizenship. *Positions* 6(3), 707-730.
- Anzieu, D. (1989). *The skin ego*. Yale University Press.
- Antman, K. & Chang, Y. (2000). Kaposi's sarcoma. *New England journal of medicine* 342(14), 1027-1038.
- Bashford, A. (2000). 'Is white Australia possible?' Race, colonialism, and tropical medicine. *Ethnic and racial studies* 23(2), 248-271.
- Bashford, A. & Hooker, C. (Eds.) (2001). *Contagion: Historical and cultural studies*. New York: Routledge.
- Bell, D. & Valentine, G. (1995). *Mapping desire: Geographies of sexualities*. New York: Routledge.
- Benthien, C. (2002). *Skin: On the cultural border between self and world*. New York: Columbia University Press.
- Berman, P. & Asimow, M. (2006). *Reel justice: The courtroom goes to the movies*. Kansas City: Andrews McMeel Publishing.

- Berlant, L. (1997). *The queen of America goes to Washington: Essay on sex and citizenship*.
Duke University Press.
- Berlant, L. (2000). Intimacy: A special issue. In L. Berlant (Ed.) *Intimacy* (1-8). University of
Chicago Press Journals.
- Berlant, L. & Warner, M. (1998). Sex in public. *Critical inquiry* 24, 547-566.
- Bersani, L. (1987). Is the rectum a grave? *October* 43(Winter), 197-222.
- Bersani, L. (2009). *Homos*. Harvard University Press.
- Bhabha, H. (1983). The other question. *Screen* 24(6), 18-36.
- Brouwer, D. (2009). "The precarious visibility politics of self-stigmatization: The case of
HIV/AIDS tattoos." *Text and performance quarterly*, 18(2), 114-136.
- Browne, K, Lim, J., & Brown, G. (2009). Introduction, or why have a book on geographies of
sexualities? In K. Browne, J. Lim, & G. Brown (Eds.), *Geographies of sexualities: Theory,
practice, and politics* (1-20). Burlington: Ashgate Publishing.
- Bruhm, S. (2011). Still here: Choreography, temporality, AIDS. In E. McCallum & M. Tuhkanen
(Eds.), *Queer times, queer becomings* (315-332). SUNY Press.
- Bost, S. (2009). *Encarnacion: Illness and body politics in Chicana feminist literature*. Fordham
University Press.
- Carter, M. & Hughson, G. (2012, May 28). *Kaposi's sarcoma*. Retrieved from
<http://www.aidsmap.com/Kaposi-sarcoma/page/1044692/>
- Castiglia, C. & Reed, C. (2012). *If memory serves: Gay men, AIDS, and the promise of the queer
past*. University of Minnesota Press.
- Chinn, S.E. (2004). Feeling her way: Audre Lorde and the power of touch. In B. Smith and B.
Hutchison (Eds.) *Gendering disability* (192-215). New Brunswick: Rutgers University Press.

- Christiansen, A.E. & Hanson, J.J. (1996). Comes as cure for tragedy: ACT UP and the rhetoric of AIDS. *Quarterly journal of speech* 82(2), 157-170.
- Connor, S. (2004). *The book of skin*. Ithaca: Cornell University Press.
- Corber, R.J. (2003). Nationalizing the gay body: AIDS and sentimental pedagogy in Philadelphia. *American literary history* 15(1), 107-133.
- Cosman, B. (2007). *Sexual citizens: The legal and cultural regulation of sex and belonging*. Stanford: Stanford University Press.
- Costas, C.D. (Producer). Nichols, M. (Director). (2003). *Angels in America* [Motion picture]. United States: HBO Films.
- Crawford, R. (1994). The boundaries of the self and the unhealthy other: Reflections on health, culture and AIDS. *Social science & medicine* 38(10), 1347-1365.
- Crimp, D. (1987). AIDS: Cultural analysis/cultural activism. *October* 43(Winter), 3-16.
- Crimp, D. (1989). Mourning and militancy. *October* 51(Winter), 3-18.
- Dean, T. (2009). *Unlimited intimacy: Reflections on the subculture of barebacking*. University of Chicago Press.
- Dean, T. (2011). Bareback time. In E. McCallum & M. Tuhkanen (Eds). *Queer times, queer becomings*. (75-99) SUNY Press.
- Demme, J. & Saxon, E. (Producers). Demme, J. (Director). (1993). *Philadelphia* [Motion picture]. United States: Clinica Estetico.
- Durbach, N. (2009). *Spectacle of deformity: Freak shows and modern British culture*. Berkeley: University of California Press.
- Donovan, R. (2009). The plaguing of a faggot, the leperising of a whore: Criminal cultures AIDS bodies, and 'Carrier' laws." *Journal of Australian studies* 19(43), 110-124.

- Emberley, J. (2008). Skin: An assemblage on the wounds of knowledge, the scars of truth, and the limits of power." *English studies in Canada* 34(1), 1-9.
- Erni, J.N. (1994). *Unstable frontiers: Technomedicine and the cultural politics of "curing" AIDS*. University of Minnesota Press.
- Fanon, F. (1967). *Black skin, white masks*. Grove Press.
- Foucault, M. (2003). *Society must be defended*. (D. Macey, Trans.) New York: Picador.
- Freeman, E. (2010). *Time binds: Queer temporalities, queer histories*. Durham: Duke University Press.
- Gamson, J. (1989). Silence, death, and the invisible enemy: AIDS activism and social movement 'newness'. *Social problems* 36(4), 351-367.
- Garland-Thomson, R. (2002). The politics of staring: Visual rhetorics of disability in popular photography. In S. Snyder, B. Breuggemann, & R. Garland-Thompson (Eds.) *Disability studies: Enabling the humanities* (56-75). Modern Language Association of America.
- Garland-Thomson, R. (2005). Feminist disability studies. *Signs* 30(2), 1557-1587.
- Gill-Peterson, J. (2013). Haunting the queer spaces of AIDS remembering ACT UP/New York and an ethics for an endemic. *GLQ: A journal of lesbian and gay studies* 19(3), 279-300.
- Gilman, S.L. (1987). AIDS and syphilis: The iconography of disease. *October* 43(Winter), 87-107.
- Glaser, J. (2009). Queer politics and the politics of the queer in Tony Kushner's *Angels in America*. In H. Bloom & B. Hobby (Eds.) *Blooms literary themes: Human sexuality* (1-8). New York: Chelsea House.
- Gould, D. (2009). *Moving politics: Emotion and ACT UP's fight against AIDS*. University of Chicago Press.

- Gostin, L.O. & Webber, D.W. (2010). Discrimination based on HIV/AIDS and other conditions: 'Disability' as defined under federal and state law. *Journal of health care law and policy* 2000, 266-329.
- Grabham, E. (2009). 'Flagging the skin': Corporeal nationalism and the properties of belonging. *Body & society* 15(1), 63-82.
- Grover, J.Z. (1989). Visible lesions: Images of people with AIDS. *Afterimage* 17(1), 10-16.
- Halberstam, J. (2005). *In a queer time and place: Transgender bodies, subcultural lives*. New York University Press.
- Hall, S (Ed.). (1997). *Representation: Cultural representations and signifying practices*. London: Sage Publications.
- Hallas, R. (2009). *Reframing bodies: AIDS, bearing witness, and the queer moving image*. Durham: Duke University Press.
- Hart, K.P.R. (2000). *The AIDS movie: Representing a pandemic in film and television*. New York: Routledge.
- Higgins, J.A., Hoffman, S. & Dworkin, S.L. (2010). Rethinking gender, heterosexual men, and women's vulnerability to HIV/AIDS. *American journal of public health* 100(3), 435-445.
- Hill-Collins, P. (2005). Prisons for our bodies, closets for our minds: Racism, heterosexism, and black sexuality. In A. Ferber, K. Holcomb, & T. Wentling (Eds.), *Sex, gender, and sexuality: The new basics* (115-137). Oxford University Press.
- Jeffords, S. (1994). *Hard bodies: Hollywood masculinity in the Reagan era*. New Brunswick: Rutgers University Press.
- Jenks, C. (1995). The centrality of the eye in Western culture: An introduction. In C. Jenks (Ed.), *Visual culture* (1-25). New York: Routledge.

- Juhasz, A. (1995). *AIDS TV: Identity, community and alternative video*. Durham: Duke University Press.
- King, T. (2003). *The truth about stories: A Native narrative*. Toronto: House of Anansi Press.
- Kristeva, J. (1982). *Powers of horror: An essay on abjection*. (L.S. Roudiez, Trans.). New York: Columbia University Press. (Originally published 1980).
- Kushner, T. (1995). *Angels in America: A gay fantasia on national themes*. New York: Theatre Communications Group.
- LaFrance, M. (2009). Skin and the self: Cultural theory and Anglo-American psychoanalysis. *Body & Society* 15(3), 3-24.
- LaWare, M.R. & Moutsatsos, C. (2013). 'For skin that's us, authentically us': Celebrity, empowerment, and the allure of anti-aging. *Women's studies in communication* 36(2), 189-208.
- Lazzarini, Z., Galletly, C.L., Mykhalovskiy, E., Harsono, D., O'Keefe, E., Singer, M., & Levine R. (2013). Criminalization of HIV transmission and exposure: Research and policy agenda. *American journal of public health* 103(8), 1350-1353.
- Love, H. (2007). *Feeling backward: Loss and the politics of queer history*. Cambridge: Harvard University Press.
- Lupton, D. (1993). AIDS risk and heterosexuality in the Australian press. *Discourse & society* 4(3), 307-328.
- Malebranche, D.J. & Bowleg, L. (2012). Beyond gay, bisexual, or DL: Structural determinants of HIV sexual risk among black men in the United States. In H.M. Treadwell & C. Xanthos (Eds.), *Social determinants of health among African-American men* (161-182). San Francisco: Jossey-Bass.

- Manning, E. (2009). What if it didn't all begin and end with containment? Toward a leaky sense of self. *Body & society* 15(3), 33-45.
- Mansfield, N. (2000). *Subjectivity: Theories of the self from Freud to Haraway*. St. Leonards: Allen & Unwin.
- Marshall, W.E. (2005). AIDS, race and the limits of science. *Social science & medicine* 60(11), 2515-2525.
- Matthews, E. (2002). *The philosophy of Merleau-Ponty*. McGill-Queens University Press.
- Mbembe, A. (2003). Necropolitics. *Public culture* 15(1), 11-40.
- McCallum, E. & Tuhkanen, M. (2011). Becoming unbecoming: Untimely meditations. In E. McCallum & M. Tuhkanen (Eds.), *Queer times, queer becomings* (1-24). SUNY Press.
- McRuer, R. (2006). *Crip theory: Cultural signs of queerness and disability*. New York University Press.
- McRuer, R., & Mollow, A. (Eds.). (2012). *Sex and disability*. Duke University Press.
- Metzl, J. (2010). Introduction: Why 'against health'?. In J. Metzl & A. Kirkland (Eds.), *Against health: How health became the new morality* (1-14). New York University Press.
- Mulvey, L. (1975). Visual pleasure and narrative cinema. *Screen* 16(3), 6-18.
- Muñoz, J.E. (2009). *Cruising utopia: The then and there of queer futurity*. New York University Press.
- O'Loughlin, M. (2006). *Embodiment and education: Exploring creatural existence*. Dordrecht: Springer.
- Patterson, M. & Schroeder, J. (2010). Borderlines: Skin, tattoos and consumer culture theory. *Marketing theory* 10(3), 253-267.

- Phelan, S. (2010). *Sexual strangers: Gays, lesbians, and dilemmas of citizenship*. Philadelphia: Temple University Press.
- Penfold-Mounce, R. (2010). Consuming criminal corpses: Fascination with the dead criminal body. *Mortality* 15(3), 250-265.
- Pitts-Taylor, V. (2003). *In the flesh: The cultural politics of body modification*. Palgrave Macmillan, 2003. Print.
- Posel, D. & Gupta, P. (2009). The life of the corpse: Framing reflections and questions. *African studies* 68(3), 299-309.
- Polzer, J.C. & Knabe, S.M. (2012). From desire to disease: Human papillomavirus (HPV) and the medicalization of nascent female sexuality. *The journal of sex research* 49(4), 344-352.
- Prosser, J. (2001). Skin memories. In S. Ahmed & J. Stacey (52-68), *Thinking through the skin*. New York: Routledge.
- Race, K. (2009). *Pleasure consuming medicine: The queer politics of drugs*. Durham: Duke University Press.
- Ricco, J.P. (1994). Queering boundaries: Semen and visual representations from the Middle Ages and in the era of the AIDS crisis. *Journal of homosexuality* 27(1/2), 57-80.
- Richardson, D. (1998). Sexuality and citizenship. *Sociology*, 32(1), 83-100.
- Roberts, R. (1997). Power/knowledge and discredited identities. *The sociological quarterly* 38(2), 265-284.
- Rose, N. & Valverde, M. (1998). Governed by law? *Social legal studies* 7(4), 541-551.
- Rudge, T. & Holmes, D. (2010). Abjectly boundless: Boundaries, bodies, and health work. In T. Rudge & D. Holmes (1-14), *Abjectly boundless: Boundaries, bodies and health work*. Surrey: Ashgate Publishing.

- Sandikci, O. (1996). The technomyth of youth in anti-aging skin care products advertising. *Review of education, pedagogy, and cultural studies* 18(4), 411-420.
- Scalvini, M. (2010). Glamorizing sick bodies: How commercial advertising has changed the representation of HIV/AIDS. *Social semiotics* 20(3), 219-231.
- Sedgwick, E.K. (1990). *Epistemology of the closet*. Berkeley: University of California Press.
- Segal, N. (2009). *Consensuality: Didier Anzieu, gender and the sense of touch*. Amsterdam: Rodopi.
- Shildrick, M. (2001). *Embodying the monster: Encounters with the vulnerable self*. Thousand Oaks: SAGE Publications.
- Shildrick, M. (2009). *Dangerous discourses of disability, subjectivity and sexuality*. Palgrave Macmillan.
- Shuttleton, D.E. (2007). *Smallpox and the literary imagination, 1660-1820*. Cambridge University Press.
- Silverman, K. (1983). *The subject of semiotics*. Oxford University Press.
- Sontag, S. (2001). *Illness as metaphor and AIDS and its metaphors*. New York: Picador.
- Tait, S. (2006). Autoptic vision and the necrophilic imaginary in CSI. *International journal of cultural studies* 9(1), 45-62.
- Treichler, P.A. (1987). AIDS, homophobia and biomedical discourse: An epidemic of signification. *Cultural studies* 1(3), 263-305.
- Tremain, S. (2005). Foucault, governmentality, and critical disability theory: An introduction. In S. Tremain (Ed.), *Foucault and the government of disability* (1-26). Ann Arbor: University of Michigan Press.

- Troyer, J. (2007). Embalmed vision. *Mortality: Promoting the interdisciplinary study of death and dying*. 12(1), 22-47.
- Troyer, J. (2010). Technologies of the HIV/AIDS corpse. *Medical anthropology* 29(2), 129-149.
- Watney, S. (1987). The spectacle of AIDS. *October* 43(Winter), 71-86.
- Watney, S. & Gupta, S. (1986). The rhetoric of AIDS. *Screen* 27(1), 72-85.
- Wendell, S. (1996). *The rejected body: Feminist philosophical reflections on disability*. New York: Routledge.
- Wendell, S. (2001). Unhealthy disabled: Treating chronic illnesses as disabilities. *Hypatia* 16(4), 17-33.
- World Health Organization, UNAIDS, & UNICEF. (2009). *Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector, progress report 2009*. Geneva: World Health Organization.
- Yang, S. (2001). Speaking of the surface: The texts of Kaposi's sarcoma. In T. Dean & C. Lane (Eds.), *Homosexuality and psychoanalysis* (322-350). University of Chicago Press.