



RHETORIC AND FICTIONS OF AIDS

MASTER OF ARTS (RESEARCH) THESIS

**RIKKI WILDE
DISCIPLINE OF ENGLISH
UNIVERSITY OF ADELAIDE
JUNE 2005**

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference had been made in the text. I give my consent to a copy of my thesis, when deposited in the University Library, being available for loan and photocopying.

Signed

(Rikki Wilde) Date 8/6/06

CONTENTS

| | |
|--|-----|
| Acknowledgements | i |
| Abstract | ii |
| Introduction | 1 |
| Chapter 1 Narratives of Transgender, Mimēsēs of HIV/AIDS | 13 |
| Chapter 2 Psychographies: ‘Written’ Narratives of the Psyche and Reading the Maladies of the (Queer) Male Body | 51 |
| Chapter 3 The Rule of Blood | 86 |
| Chapter 4 The Production and Circulation of an AIDS Bestseller | 111 |
| Chapter 5 Death Lines | 133 |
| Conclusion | 155 |
| Bibliography | 161 |
| Illustrations | |
| Figure 1 Bunny Bed-hopping (Photo by Mazz Image) | 49 |
| Figure 2 Eric Michaels (Photo by Penny Taylor) | 50 |

Acknowledgements

I have received a great deal of support in many ways during the writing of this thesis. I wish to thank my supervisors, Dr Susan Hosking, Dr Catherine Driscoll and Dr Mandy Treagus, and my family, friends and colleagues.

The thesis is dedicated to the memory of my mother, Margaret Stanton (1929-2001.)

Abstract

This thesis insists that it is rhetoric and fictions that construct perceptions of HIV and the AIDS body. It examines cultural production that followed the identification and naming of the virus and attempts a queer reading of the significations of this cultural response to AIDS, mainly in Australia, particularly in the period from 1987 to 1995 and events stemming from this time. The thesis finds useful in this critique the critical approaches of theorists including Adorno, Benjamin, Derrida, and Deleuze and Guattari. The thesis especially focuses on how this rhetoric and these fictions interacted, supplemented and sometimes challenged already existing discourses of biomedicine, bodies and sexual praxis.

Introduction

By “rhetoric” I mean the art of persuasion, the persuasion of sexuality, being persuaded by the flesh; but also the words of persuasion, the words that construct the hysteria and panic of the ‘gay disease’ of AIDS. I am looking at a certain historical moment and events stemming from that moment, chiefly in Australia, where AIDS and HIV infection were primarily perceived as a gay concern. I write ‘moment’ to suggest the ephemerality of a period that has now passed and also the ‘momentum’ and intensity of the time. By using “fictions” in the title I wish to suggest that the thesis will convey the postmodern conceit of multiplicity with regards to HIV and AIDS, multiple narratives, invented, plural, verisimilitudes.

The “AIDS” in the thesis title refers to a virus that, finally, is a lie, a deconstructive agent, a critique, not material, rather apparent or phenomenological. This thesis insists that it is rhetoric and fictions that construct perceptions of HIV and the AIDS body. The thesis examines cultural production that followed the identification and the fraught process of naming the virus. I employ a queer reading of the significations of this cultural response to the AIDS ‘crisis’, mainly in Australia, particularly in the period from 1987 to 1995, although I will use material from earlier periods to provide context to my argument and texts from a later period that are the result of the earlier period. I chose to focus on the period of cultural production from 1987 to 1995. This was the period when HIV and AIDS was most

'homosexualised' or queered. As Dennis Altman wrote in 1994: "Australia remains one of about half a dozen countries in which the transmission of HIV remains mainly due to homosexual intercourse, and in which the toll of the epidemic is overwhelmingly experienced by the gay community."¹

The rhetoric and fictions of AIDS discourses have impinged particularly on queer communities in Australia and elsewhere, and these communities demanded to be included in the formation of the cultural discourse 'about' AIDS. This thesis employs a variety of critical tools: Horkheimer, Adorno and Benjamin on cultural production, Derridean theories of indeterminability and aporia, and a consideration of how these 'anti-concepts' may be applied to notions of transsexuality, the AIDS virus, psychiatry and medicine. Also useful are post-Freudian ideas of melancholy and mourning. Overall, the thesis is formed by a post-identity queer structure. It takes account of theories that have challenged commonsense and entrenched notions of identity and sexuality: theorists such as Hocquenghem, Butler and Sedgwick have helped form my arguments.

But it is Deleuzo-Guattarian territorialisation and rhizomatics to which I have repeatedly turned. Deleuze and Guattari's writings regarding the interconnecting lines, surfaces that seem to have no depth, bodies without organs, mapping without tracing, becomings, and major and minor literatures, always were pertinent in seeking to write of 'homosexuality' and the epidemic. Deleuze and Guattari furnished an acute vocabulary and their ideas gave impetus to my argument.

¹ Altman, D. "Psycho-Cultural Responses to AIDS," in Gott, T. (ed.) *Don't Leave Me this Way: Art*

The final chapter of my thesis focuses particularly on the politics of death and grief. Indeed, those politics shadow all the chapters. For Deleuze and Guatarri, lines of death hold diverging series together and a line of death passes through an infinity of predicates.

Deleuze and Guatarri write in *Mille Plateaux (A Thousand Plateaus)* that they see death as a line, an aporia, a metamorphosis, a crossing of boundaries, a social taboo, a type of becoming and, paradoxically, an exhaustion:

even though death essentially concerns bodies, is attributed to bodies, its immediacy, its instantaneousness, leads to the authentic character of an incorporeal transformation.... In effect, death is everywhere, as that ideal, uncrossable boundary separating bodies, their forms and states, and as the conditional, even initiatory, even symbolic, through which a subject must pass, in order to change its form or state.²

The AIDS body, the body afflicted by AIDS, is in this process of transformation or flight.

In their postulates of what they term “order-words” Deleuze and Guattari recycle Canetti’s term, used in *Crowds and Power*; “enantio-morphosis”, which they gloss in the Notes to *A Thousand Plateaus* as “prohibited transformations.”³

Deleuze and Guatarri have written:

there are no causes and effects among bodies... all bodies are causes—causes in relation to each other and for each other.... Yet

in the Age of AIDS. Canberra and Melbourne: National Gallery of Australia, 1994. p.139.

² Deleuze, G. and Guatarri, F. *A Thousand Plateaus: capitalism and schizophrenia*. Trans. by Massumi, B. London: Athlone Press, 1988. p. 107.

what is more intimate or essential to bodies than events such as growing, becoming smaller, or being cut?⁴

The order-word is already a death, a type of rigor mortis, encapsulated in language, it stops one in one's tracks, literally.

Deleuze and Guatarri assert: "You are already dead when you receive the order-word... that man is dead."⁵ They apply a Leibnizian monadology when they write of the non-corporeal:

It is always by means of something incorporeal that a body separates and distinguishes itself from another. The figure, insofar as it is the extremity of the body, is the non-corporeal attribute that limits and completes that body—death is the figure.⁶

In other words, one of the significations of death is that, for a while at least, it is an acknowledgement that a subject existed in an individual manifestation or body. Also, it is through death that a body reaches completion, not only in time but in space, and it is through death that its lines form an outline or shape. In the case of AIDS, the morphing is through the virus; it is taboo to morph in such a way and the acquisition of, or infection by the virus or even ultimately disappearing or "de-ceasing" through AIDS is a transgression, a threat to a controlled, strictured

³ *A Thousand Plateaus*, n. 17, p. 525

⁴ *A Thousand Plateaus*. p. 43.

⁵ *A Thousand Plateaus*. p. 107.

⁶ *A Thousand Plateaus*. p. 107. For a lucid, introductory discussion of the significance of Leibniz's complicated theory of monads, the "simple soul-like substance endowed with perception and appetite", see "The Theory of Monads" in Jolley, N., *Leibniz*. London and New York: Routledge, 2005, pp. 66 – 92 and p. 226. Deleuze wrote a book on the aesthetics and monadology of Leibniz: See Deleuze, G. *The Fold: Leibniz and the baroque*. Minneapolis: University of Minnesota Press, 1993.

heteronormative society. It is an act of disobedience and defies the command or order-word.

Although the perceived HIV epidemic among gay men was not contagious or infectious in the sense of the bubonic plague or polio, there were nevertheless strong metaphoric parallels or lines of connection with plague.

Canetti makes some incisive points about plague. In his essay "Epidemics" in *Crowds and Power* he uses the ancient Greek historian Thucydides' description of the plague as a point of departure:

The element of contagion, which plays so large a part in an epidemic, has the effect of making people separate from each other. The safest thing is to keep away from everyone else, for anyone may have the infection on him.⁷

This is what happened in some respects in the case of HIV/AIDS hysteria, especially at cruising areas or beats.

Casual sex became much more anxiety-producing for the participants; saunas and sex on the premises venues were attacked as sources of infection, and there were cries for them to be shut down, even though they provided free condoms. The ironic opposite effect was that HIV infection and AIDS made gay men a community as never before, gave a new political impetus to gay consumer clone culture, through problematising excess, and instigated radical groups such as ACT UP, the AIDS Coalition to Unleash Power, in the conservative 1980s. Dennis Altman has written

⁷ Canetti, E. *Crowds and Power*. Translated by Stewart, C. London: Gollancz, 1962. p.275.

on this issue, in *AIDS and the New Puritanism*. He makes the point that the AIDS epidemic arrived after over a decade of gay community building and politics, so that gay communities had already established a political and social structure from which to respond to the oncoming epidemic.⁸ They worked in co-operation with government to challenge rhetoric prejudicial to the community and those infected with the virus or suffering from AIDS. Indeed, the AIDS Councils of Australia, as elsewhere, created a new rhetoric of AIDS, through their 'safe sex' educational campaigns.

Canetti writes: "But in the midst of universal disaster, when everyone attacked by the disease is given up for lost, the most astounding thing happens: a few, a very few, recover."⁹ It is the duty of those who "recover", if not from AIDS itself then from the grief and political reaction it bears, to challenge the myths and examine the writings from those 'inside' the epidemic.

I have not wished to provide a 'straight interpretation' of the texts I have selected. I have employed tools suggested by queer theory, particularly Sedgwick and Butler. I argue that AIDS panic and hysteria focused on queer bodies and practices and re-pathologised and re-demonised sexualized bodies and practices that had over the years from the initial stirrings of homophile organizations and later gay liberation begun to be accepted as part of a sexual continuum or fluidity. Evidence of this can

⁸ Altman, D. *AIDS and the New Puritanism*. London and Sydney: Pluto Press, 1986. See particularly Chapter 5, "The Gay Community's Response," pp. 82-109.

⁹ *Crowds and Power*, p. 275.

be seen in the reclamation of queer histories and genealogies and the burgeoning of 'gay' political texts.¹⁰

Any critical study or thesis will necessarily be selective. I examine texts that support and contribute to my argument and are revealing of the discourses of AIDS at the time. Some texts were chosen because of the impact they had in society and the media. In many cases they continue to be analysed and studied—for example, 'the Grim Reaper' health campaign and works by Bryce Courtenay such as *April Fool's Day*. Often, less 'obvious' texts, such as a photograph taken in an 'AIDS ward' and published in the free-of-charge gay community newspaper, *Sydney Star Observer*, reveal more popular attitudes than some art texts such as William Yang's photographs, although Yang's earlier work on the funeral trade is very pertinent for Chapter 5.

I examine 'low' culture texts, like the graffiti written over a 'safe sex' poster located in a men's toilet because of the discourses it plugged into and challenged: disrespect of the official rhetoric, larrikinism and humour, 'writing back' and vandalism, and iconoclasm and others. Although many such government sponsored posters were 'defaced' or written over in the strangely intimate, yet public space, of the men's toilet, I do not suggest that this was an organized social protest. What interests me is how one text is parasitic on another, and its seeming spontaneity, secretiveness (the writer cannot really be observed writing it) and its audacious

¹⁰ A seminal and early work in this area is Katz, J. *Gay American History: lesbians and gay men in the U.S.A.*: A documentary. New York: Crowell, c1976. Obviously the publication of Foucault's *The Birth of the Clinic: An archaeology of medical perception*, London: Tavistock, c1973, led to a re-examination of binary categories such as homosexuality and heterosexuality. Dennis Altman's globally precedent text *Homosexual: Oppression and Liberation*, New York: Outerbridge and

interruption or interlocution of the Commonwealth health department document. This is what I found impressive and worthy of inclusion.

Thus in the first chapter I attempt an interweaving of narratives looking at sociological data that is the fruit of research funded by government. I have discussed the sociological vignettes contained therein as one might discuss a literary work. I wanted to turn exemplary 'close readings' back on themselves; to invert them, in the hope of subverting their 'reasoned' approach to transsexual lives and lifestyles and quandaries of the body, particularly the HIV-infected or AIDS queer body. Chapter 1 considers transsexualism, HIV/AIDS and Indigenous 'sista-girls' and the subversions and challenges these 'conditions' and people pose to exclusionary and unitary hegemonic understandings of subjectivity, identity and the body.

The overarching telos and direction of Chapter 1 concerns indeterminacies and ambiguities of transsexualism, Aboriginality, the virus, and homosexuality, and the problems arising from the over-determined logic of the written and spoken medical and 'literary' discourses on a logic of difference. It is important for the argument and values inherent in the writing of this thesis that I locate discussion of the marginalized transgendered subjects at the very beginning, in Chapter 1, at what may be termed a type of 'centre' of this thesis, central in the sense of importance to the discussion. There is a strange parallel here with some of the Government-funded health campaigns and research funding that also place transgendered subjects at the centre, but for a very different reason. In Chapter 1 I explore how the transgendered subject, like gay men and IV drug users, were considered portals, or permeable,

Dienstfrey, 1971, charted the path to homosexual liberation. There have been many later examples of

porous borders, that needed to be policed to protect the 'mainstream' heteronormative from contamination.

In the title of Chapter 2 I coin the term "psychographies", by which I wish to infer writings, data or narratives, written about a 'gay' or queer inverted psyche, particularly those written by practitioners in the psychological, medico-psychiatric or historically earlier, sexological professions. In particular, I argue that when the particular type of medicalisation and demonisation of homosexual bodies and desire that had been politically and culturally instituted in the 1950s was challenged, and began seriously to falter, and indeed vanish, through the emergence of gay liberation, another later opportunity for a re-medicalisation and demonisation of gay men was provided by the AIDS epidemic in the politically conservative 1980s. This re-medicalisation and re-demonisation is what I mean by a doubling mimesis, or a repetition of an earlier pathologisation and criminalisation. It is true that homosexuality remained classified as a disease in the International Classifications of Disease (ICD), used by the United Nations World Health Organisation, in the ninth revision published in 1978, five years after it had been removed from the Diagnostic Statistical Manual of mental disorders (DSM) of the American Psychiatric Association and that homosexuality was not removed as a disorder until the ICD (Tenth Revision) published in 1992, but I would argue that its removal stems from the gay activism all those years before, and that the slowness of removal was probably due to the fact that the ICD was only revised once in fourteen years (it is

now revised more frequently by committee) and that the AIDS epidemic, particularly at this time affecting gay men, intervened.¹¹

In Chapter 3, “The Rule of Blood,” I suggest the dominance that blood and other ‘body fluids’ play in the discourse of AIDS. The title is also a formalisation of the demotically phrased “blood rule”, where a player is sent from the ground until his bleeding stops and is no longer visible. This is ubiquitous in football matches (and many other sports) and appeared on TV screens broadcasting AFL football post-AIDS as a caption. It was a truly ‘mass’ reminder of the cautionary prophylaxis required when male bodies gather, even in such seemingly incontestable sites of traditional masculinity. In the chapter title there is the hint of heredity and blood, however this topic will be explored more fully in a subsequent chapter. In this chapter, I consider the widely reported case of amateur footballer Matt Hall, who was suspended from playing when it was ‘discovered’ he was HIV positive. I also explore competing masculinities, Australian Rules football and AIDS in the memoir *Holding the Man* by Tim Conigrave.

Chapter 4 investigates metaphors of circulation and contagion in relation to cultural production in a late capitalist society. The example I have used is the Australian bestseller *April Fool's Day* written by Bryce Courtenay. Here my argument is informed by theories emanating from the Frankfurt School of critical theory: that is, works by Horkheimer, Adorno and Benjamin. I also examine what ‘queer’ Warhol says about business art and the tensions that have developed between what is perceived as popular culture and an elite art.

¹¹ See the informative article by George Mendelson in the *Australian and New Zealand Journal of*

Chapter 5, "Death Lines," looks at various ways gay men and their loved ones have written and memorialized their grief at losing someone to AIDS. I have taken the broadest possible definition of death and grief writings to include community newspaper listings, obituaries and memorial gardens. I have contrasted this cathartic expression with the death discourse developed through the "Grim Reaper" public health campaign (1987) and the development of gay-friendly safe sex writings.

The areas researched in the five chapters and the texts chosen for investigation were used because they are revealing and symptomatic in their diverse characteristics and genres of the phenomenon of AIDS in relation to gay men, particularly in an Australian context. This is not intended as an exhaustive study of a complex subject but by choosing to examine slivers of the cultural and political responses to AIDS I can make some useful contribution to the ongoing debate. The debate concerns the cultural symptomology of AIDS, the significations of AIDS discourses, questioning notions of material representation in cultural production, especially as regards to the establishment of a naturalized rhetoric. My contribution to the debate is interpolated into the rhetorics employed by writers, filmmakers, public servants, queer communities, AIDS Councils and Gay Men's Health organizations, graffitists and advertisers of government health policy who formulated 'safe sex' and 'safer sex' campaigns. My contribution to the debate examines the competing rhetorics to reveal how HIV/AIDS subjects are constructed and controlled.

In the conclusion, I will point to the possible future of 'AIDS-related' responses, particularly as they pertain to globalisation and politics of the epidemic in the new millennium.

Chapter 1

Narratives of Transgender, Mimēsēs of HIV/AIDS

In this new pluralism, the One can be said
only of the multiple and must be said of the multiple;
Being is said only of becoming and time; Necessity
only of chance; and the Whole only of fragments.

—Gilles Deleuze, *Desert Islands*

This chapter considers manifestations of HIV and AIDS in a selection of Australian writing in relation to ideological and political positions. The chapter will explore narratives embedded in representations of transgendered people or transsexuals in writing usually classified as non-literary, scientific or sociological. It will also explore those self-reflexively literary narratives, the memoirs or autobiographies of transgendered subjects.¹ In these texts, and the

¹ Excellent introductions to the politics and rhetoric of transsexualism and transgenderism and the significance of the differing terminologies and taxonomies can be found in Califia, P., *Sex Changes: The Politics of Transgenderism*. San Francisco: Cleis Press, 1997. Prosser, J. *Second Skins: the body narratives of transsexuality*. New York: Columbia University Press, 1998 and

photographs included in them, several factors emerge which form a pattern or structure of transsexual/transgender memoirs and indicate similarities with another sub-genre, the AIDS memoir, diary or testimony According to Meaghan Morris:

Photographs—and quotations—seem, because they are taken to be pieces of reality, more authentic than extended literary narratives. The only prose that seems credible to more and more readers is not the fine writing of someone like Agee, but the raw record—edited or subedited talk into tape recorders; fragments or the integral texts of sub-literary documents (court records, letters, diaries, psychiatric case histories, etc.); self-deprecatingly sloppy, often paranoid first person reportage.²

There is a perceived authenticity to the photograph, the diary, the memoir that is repeatedly cited to document the symptoms of disease and symptoms of the skin in the biomedical sphere, and also to track the change from one sex to another, often 'written' as a journey.

When I began to explore issues surrounding transsexualism in relation to my broader thesis about writings of HIV and AIDS in Australia, I was thinking of the parallels of enigma and paradox in memoirs written by transgendered people, which usually centred around the change from one sex to another. These were memoirs often considered worthy of publication by mainstream, straight publishers for a profit—usually with the climax of a sex change operation (i.e.

Wilchins, R., *Read My Lips: Sexual Subversion and the End of Gender*. New York: Firebrand Books, 1997.

² Morris, M. "On the 'On' of 'On Photography'", *The Pirate's Fiancee: feminism, reading, postmodernism*. London: Verso, 1988. p.153.

hospital and surgery).³ This is the way transgenderism is most often characterised in these accounts, despite the fact that many transsexuals or transgendered people do not have ‘gender reassignment’ or ‘sex change’ operations. I was thinking in a political and abstract manner, and prepared to be critical of literary texts of a recognisable genre. When I read three government-funded ‘transgender health and lifestyle’ reports, the discussion of which will comprise the first subsection of this chapter, I began to think in practical terms of how HIV and AIDS impinge on the lives of transgendered people as yet another serious threat to their self-perceived health and well-being.⁴

Although the transgendered memoirs I read, all written within the last fifty years and most in the last ten years, and mostly Australian writings, engaged with doctors, medical issues and hospital ‘cultures’, literary or fictional writings of an HIV positive transgendered person negotiating and coping with the infection or with the development of AIDS were absent. My original intention had been to compare states of being, transgendered or HIV positive or AIDS suffering, and the manner in which these states of being are inscribed. I began to search for a

³ By the term ‘straight’ publisher I mean as opposed to a publisher who is predominantly concerned with publishing gay or queer texts by gay or queer self-identified writers: in Australia for example, the now sadly defunct Black Wattle Press or in the USA Alyson Publications or in the UK Gay Men’s Press (GMP).

⁴ The transgender health government funded health reports I have used for this chapter: Alan, Diana Lynne. *Transsexuals and HIV/AIDS in NSW*. Sydney: Sex Workers Outreach Project and AIDS Council of NSW, 1991. Lee, Gary. *Anwernekenhe II: Report of the Second National Indigenous Australian Gay Men And Transgender Peoples Conference, Cedar Creek Lodge, Thunderbird Park, Tambourine Mountain, Queensland, July 7 - 10, 1998*. NSW: AFAO [Australian Federation of AIDS Organisations], 1998. Lee, Gary and Moore, Timothy. *The National Indigenous Gay and Transgender Project: consultation report and sexual health strategy*. Darlinghurst, NSW: AFAO, 1998. Particularly useful is: Perkins, Roberta, project coordinator, and research assistants and field workers, Griffin, A., and Jakobsen, J. *Transgender Lifestyles and HIV/AIDS Risk*. National Transgender HIV/AIDS Needs Assessment Project. Kensington, NSW, School of Sociology, University of New South Wales, 1994. Funded by the Commonwealth Department of Human Services and Health under the auspices of the Australian Federation of AIDS Organisations. See also the special edition of *HIV Australia* magazine, “Anwernekenhe III”, Vol. 1. No. 4. June/July, 2002, pp. 4 – 8.

narrative of someone dealing with the prejudice directed towards transgendered persons: someone who was also dealing with HIV or AIDS. Such narratives, although difficult at first to locate, I found when I began reading health reports instigated by the Commonwealth and NSW State governments for they contain almost verbatim accounts taken from the participants. Two of the reports I read also dealt specifically with the issues of Indigenous health and transgenderism as well as HIV and AIDS.

I had to consider how problems associated with HIV infection and AIDS might affect at least some transgendered subjects. I also became aware that government spending on research in the area of transgendered 'lifestyles' (to adopt the term used in the title of Perkins' report) did not so much reflect concern with the health of transgendered people, and sex workers in particular, but was primarily motivated by a wish to identify and neutralise the perceived dangers posed by groups perceived to be at 'high risk' which, it was believed, endangered the health of 'mainstream' Australia. These 'high risk' groups included gay men, IV drug users and sex workers. The groups were perceived as posing a serious threat of contamination to the body politic, including a supposedly monolithic and homogenous heterosexual hegemony.

Ironically, the belief that transgendered people and gay men pose a health threat was exploited by health care workers and gay activists to access unprecedented government funding for AIDS Councils, the AIDS Councils often functioning as gay men's health centres and meeting places. Dennis Altman, in *AIDS and the New Puritanism* and elsewhere, has argued that this is one of the unintended

'benefits' of AIDS to the gay community.⁵ The transgendered sex worker is seen as a point of entry for the virus into the 'wider community', and thus the transgendered subject (especially when engaged in prostitution) is viewed as a source, or rather portal, of infection.

I see transgenderism as exemplary of a difference that challenges Western biomedical discourse and binary logic in similar though possibly more profound ways than virus believed to be the causal agent for HIV/AIDS. Rather than a central singularity, the HIV/AIDS virus, homosexuality, transgenders, Indigeneity must be seen as multiplicities, or multiple centralities, as Derrida argues in his essay "Structure, Sign, and Play in the Discourse of the Human Sciences."

Derrida writes:

even today the notion of a structure lacking any centre represents the unthinkable itself.... Thus it has always been thought that the centre, which is by definition unique, constituted that very thing within a structure which governs the structure, while escaping structurality. This is why classical thought concerning structure could say that the centre is, paradoxically, *within* the structure and *outside* it.⁶

HIV/AIDS, 'the virus', as well as homosexuality and transgenderism are instances of the kind of rupture, "decentring event"—to taxonomies, to the centre, to singularities—that Derrida refers to in his essay.

The focussing on 'high risk' groups led to the commissioning of the reports. The effect, probably unintended from the government position (though not from the position of the people who actually did the groundbreaking research), was a

⁵ Altman, D. *AIDS and the New Puritanism*. London: Pluto Press, 1986. p.82ff.

⁶See "Structure, Sign, and Play in the Discourse of the Human Sciences," in Derrida, J., *Writing*

revelation of the appalling and dire state of health of transgendered people in Australia and the threats this situation poses to individual transsexuals. Transgendered people who were sex workers not only had to face the issues surrounding HIV infection and the possibility of developing AIDS but, like many other transgendered people, had to face loneliness, unemployment, addiction, ridicule, violence and even murder stemming from their 'transgender' status.

The subjects in the studies of Indigenous transgendered health I looked at, in addition to the health risk factors outlined here, had to endure and confront prejudice directed against Indigenous people generally in this country. Transgendered people were also quite accustomed to the prejudice shown against people of colour by and within gay communities. Perkins' report further revealed that, unlike urbanised white and urbanised Indigenous transsexuals living in Sydney, Indigenous transgendered people living in traditional communities often seemed to be accepted in these communities and some were employed in community centres. But other traditional people rejected transgendered relatives, and did not really wish them to return home to die. Gary Lee discusses 'traditional' Indigenous attitudes toward sexual difference in the Anwernekenhe II report and sees as much variation of attitudes in the Indigenous communities as in the non-Indigenous communities.

In the reports examined for this thesis there are vignettes or 'miniature' narratives (cameos), wedged among the sociological and scientific jargon of the metanarrative. These vignettes can be disentangled (or cut) from the main body of text, comprising the scientific study, by noting a shift in language: often they

are literally indented, and are in the 'subject's' own words, although edited and filtered. This dialogism or multivocality in the reports can be subjected to a literary analysis. The vignettes are in a different register to the 'scientific' writing in the reports, and they reveal an effort on the part of the report writers to represent 'real' speech, or mimic the cadences and structures of 'natural' speech. This contrasts with the formal artifice and middle-class vocabulary and positioning used by those doing the study. Those being studied do not speak, or at least are not represented as talking, in that formal language. The reports filter, yet make available, a narrative within the narrative, and the infranarrative is the one I will discuss here, remembering how plays within plays, or stories within stories, create the effect of making the 'main' or master narrative more credible or authentic. It is worth repeating that these stories have had to be wrested from 'scientific' reports, albeit often written by sympathetic and engaged researchers. The motivation of the people conducting a survey or delivering a service in a ward or hospital is not the issue—it is the systemic culture that delivers the violence, exemplifying the pathologising process that plagues the various scientific and medical discourses that have attempted to penetrate this area. One way out of the dilemma of sociological or scientific rhetorical violence could be to explore the subject of one's own difference, for example suffering from AIDS, in a literary or creative way, using an aesthetics of difference. This is what Eric Michaels has done in *Unbecoming*⁷, a book written from the point of view of an anthropologist and practitioner of Cultural Studies, but written as the memoir of a dying self-identified queer man. The question is: does one, by writing with an

⁷ Michaels, E. *Unbecoming*. Durham, N.C.: Duke University Press, 1997.

awareness and aesthetics, merely turn the penetrating ‘violence’ of the discourse toward one’s own vulnerable subjectivity or body?

Perkins is a sociologist and expert on sex work and sex workers. She is author of *The ‘Drag Queen’ Scene*,⁸ a sociological study of ‘drag queens’ in Sydney’s King’s Cross, comprising taped and edited conversations in their own words. As a transgendered activist of many years and author of the report to the Commonwealth government, Perkins seems aware of this exploitative problem of representation in scientific jargon or reports when she suggests that she has thought of ‘writing’ and publishing the memoirs of Kerrie herself, as an escape from the scientific to the human.⁹ Kerrie is one of the subjects of Perkins’ report. This would also exhibit a type of ventriloquism on the part of Perkins, adopting a ‘voice’ by which she feels haunted.

This scientific or academic discourse about transgenderism is precisely the discourse that some transgender activists reject.¹⁰ Wilchins argues that any study of transgendered people or their lives should draw questions as to what stake that researcher has in the study. Perhaps more controversially and critically, Wilchins asks whether the writer is speaking from a transgendered position him or herself. Perkins reveals her own transgendered identity in *The ‘Drag Queen’ Scene*.¹¹

I do not wish to engage extensively in a debate concerning the ‘literary’ value of various texts but I do think it is illuminating and instructive to juxtapose

⁸ Perkins, R. *The ‘Drag Queen’ Scene-Transsexuals in Kings Cross tell their own story*. Sydney: George Allen and Unwin, 1983.

⁹ Dr Perkins writes of this in the introduction to *Transgender Lifestyles and HIV/AIDS Risk*.

¹⁰ Wilchins, R. *Read My Lips: Sexual Subversion and the End of Gender*. New York: Firebrand Books, 1997. See also Prosser, J. “Transsexuals and the Transsexologists: Inversion and the Emergence of Transsexual Subjectivity.” In (eds.) Bland, L. and Doan, L. *Sexology in Culture: Labelling Bodies and Desires*. Cambridge, UK.: Cambridge University Press, 1998.

¹¹ *The ‘Drag Queen’ Scene*, p. 17.

consideration of these scientifically framed narratives with discussion of texts that are considered self-reflexively literary (by genre, writing style or context of production) or where the author employs tropes or figures associated with literary texts. Examples of this latter account of transgender narratives would include Jennifer Spry's autobiography *Orlando's Sleep*¹² with its obvious intertextual reference to Virginia Woolf's sex altering *Orlando* (with *its* literary and historical references to Shakespeare). *Orlando's Sleep* was read to a literary gathering at the inaugural Adelaide Gay and Lesbian Cultural Festival, "Feast," (1997). The point here is that *Orlando's Sleep* is presented as a literary text, as distinct from reports such as Perkins' that make no claims to literary value. The literariness or style of reports is not considered; rather the writing is assumed to be objective and of no high aesthetic value. But my claim is that the report is both an aestheticised and a political text, in the way it is written, not just in the claim it might make as a report.

Briefly, "The Transgender Lifestyles and HIV/AIDS Risk" report was coordinated by Dr Roberta Perkins of the School of Sociology of the University of NSW and funded by the Commonwealth Department of Human Services and Health, under the auspices of the Australian Federation of AIDS Organisations and published in 1994. The report was a 'detailed investigation' of 146 transgenders.¹³ The sample is overwhelmingly male-to-female transgenders in a ratio of almost nine to one female-to-male transgenders. Just over a quarter of those interviewed for the report had undergone genital reconstructive surgery, or a 'sex-change' operation. "A notable feature in transgender issues is that nearly

¹² Spry, J. *Orlando's Sleep*. Norwich, Vermont: New Victoria Publishers, 1997.

¹³ *Transgender Lifestyle and HIV Risk*, p. 71.

half of them have only casual sexual partners or have no sexual contacts at all, implying a high level of loneliness amongst them.”¹⁴ Perkins’ study showed the appalling state of transgender health generally in Australia, and concluded that transgender sex workers were at high risk of HIV infection due to their low self-esteem that resulted in less condom use and often drug use. Perkins recommends an educational program aimed at transgenders as well as an educational program targeted at ‘heterosexual’ males, the customers of transgender prostitutes. She also recommends a campaign to alleviate discrimination and ostracism against transgenders in the community. The report emphasizes the need for the creation of strong, self-sufficient transgender communities through active government policies.¹⁵

Perkins’ report can be read suspiciously as ‘mere writing’, to use a de Manian phrase.¹⁶ It can be analysed as purely a textual construction, its implicit assumptions about meanings and language may be studied, rather than naively read it for its ‘subject matter’ or ‘contents.’ There is what I call a self-delusional aspect to Perkins’ report, and all other reports that are blind to their status as written narratives, refusing to acknowledge that aesthetic decisions have gone into their production, even subliminally or unconsciously, and however poor their textual merits might be. These reports may be subjected to a theoretical or critical analysis like any text (and should be). It is this blindness to their own ‘textness’ that motivates me to study these reports, and while I might be accused of highlighting a textual politics at the expense of a sexual politics, the two are

¹⁴ *The ‘Drag Queen’ Scene*, p. 71.

¹⁵ *Transgender Lifestyle and HIV Risk*, p. 74.

¹⁶ Paul de Man discusses the classical rhetorical genre of mere writing in *The Rhetoric of Romanticism*. New York: Columbia University Press, 1984.

actually inseparable and, indeed, form a part of the same arc or continuum.¹⁷

The blindness of the Perkins' report to its own narrative materiality is only emphasised when the multivocality and dialogic character of the written text is considered and when it includes the humanising voice introduced into the text in relating the vignette which is the life story of Kerrie. The report's writer tells the reader:

Perkins did a series of interviews with Kerrie with the intention of writing her autobiography [sic], but her story is much more poignant told in the third person, and the last year of her life is provided in Appendix II *for the reader to appreciate a more human side to the difficulties facing a HIV+ transgender with every imaginable pressure* (My italics).¹⁸

Appendix II of Perkins' report was not attached to any of the numerous copies of the report I have seen. I attempted repeatedly to contact Perkins but was unable to establish communication. Perhaps the information contained in the report was finally incorporated into the main body of the text as the minimal details about Kerrie's life, or alternatively, perhaps Appendix II was never written or completed.

The written report raises several purely textual questions regarding this quotation. What does the report's narrator mean by the statement that Perkins "did a series of interviews with Kerrie with the intention of writing her autobiography."¹⁹ Is this a misprint? Surely only Kerrie can write her autobiography, but perhaps it was intended that Perkins would ghost-write

¹⁷ See Moi, T. *Sexual/textual politics: feminist literary theory*. London, Methuen, 1985.

¹⁸ *Transgender Lifestyle and HIV Risk*, p.70.

Kerrie's autobiography (ironic, since Kerrie is now deceased according to the same source—and therefore her ghost would *literally* haunt Perkins' text). Ghosted autobiographies are a prominent feature of many published transsexual narratives, where the autobiographical revelations are 'as told to' a writer, and the narratives usually climax, and I wish to emphasise this point, in a gender reassignment surgical procedure. Some transgendered people who have had their autobiographies ghosted are also already well known entertainers, like Carlotta.²⁰ Their stories are seen to have more commercial appeal for the publishers, and the subject is often able to successfully promote the product in the media. It is becoming more rare for a transgendered person to publish an autobiography solely because it tells the story of their transsexualism. The 'singularity' of transsexual identity is no longer sensational enough. The same pattern of ennui can be discerned in the evolution of the gay or lesbian memoir, till today virtually no one could publish a memoir solely on the grounds of a coming-out story or because they are homosexual. Another genre, or subgenre, where ghosting takes place frequently is in the biographies and memoirs of sportspeople—who are often perceived as less literate and the books are written by professionals for quick sale in an Australian marketplace where sports biographies can make a lot of money but are not considered as 'literary' in the sense of a writer's memoirs. I have never seen a 'transsexual memoir' where a gender reassignment or sex change operation did not take place. This is striking because most transgender people, that is, 'people with issues regarding gender' (to employ a self-sobriquet of transgendered people used in *Polare*, the Australian transgender newsletter)

¹⁹ *Transgender Lifestyle and HIV Risk*, p. 70.

²⁰ See *He Did It HerWay: Carlotta, Legend of Les Girls*. Carlotta, as told to James Cockington.

never have sex-change operations—mostly their story is not considered sufficiently sensational for publication. And even ‘gender reassignment’ surgery is no longer sufficient basis for a memoir because it is now perceived to be too common and accepted. Just like HIV and AIDS memoirs, transgender memoirs were sensationalised in the tabloid press—this is another ‘written’ connection between representations of the two conditions.

A recent example of an ‘as told to’ transgender autobiography is that of Carlotta. *Carlotta: He Did it Her Way* as told to James Cockington (author of *Mondo Bizarro*).²¹ In this case the ostensible author and subject of the autobiography has disappeared entirely from some library catalogue bibliographical records that I examined. Pertinent in this context is the problem of entering data on ‘transgenderism’, or ‘transsexualism’ (and the different versions of these terms) into library and computer bibliographic records and databases. This can also be compared to the difficulties in entering the acronym HIV and AIDS into bibliographic classifications. This problem is related to the problems of naming transgenderism and, similarly, HIV or AIDS, a problem of linguistic and cultural anxiety central to this discussion, and symptomatic of the two conditions’ power to rupture linguistic binaries and play with ‘logical’ gendered pronouns in English. (Should Carlotta be addressed as ‘he’ or ‘she’?) In the case of Carlotta, she (her name) survives as part of the *title* of *some* bibliographic records. Fortunately Carlotta had included her relatively famous name in the book’s title, ensuring greater sales and publicity because Carlotta is a ‘celebrity’ transgender. In the bibliography of this thesis, Carlotta’s “Lives” are

Chippendale, N.S.W.: Ironbark, 1994.

indexed by her name, that is, Carlotta.

As indicated above, Appendix II, although referred to in the main body of the report and the contents page, does not appear at the end of the report in any copy I have seen.²² The writer of the Commonwealth report of “Transgendered Lifestyles and HIV/AIDS Risk” admits that there are self-reliant transgendered people who are probably no more at risk of HIV and AIDS infection than the non-transgendered population. Indeed, I would argue that many transgendered people are at minimal risk of HIV infection because they do not have sexual encounters, as indicated in the statistical table in Perkins’ report. This suggests the loneliness and alienation often suffered by the transgendered subject even though solitude may also be a matter of choice. Sometimes penetrative sex with a partner is not considered necessary. Pleasure can be derived from the self. For some transgendered subjects merely to be identified as such is sufficient satisfaction and a sign of respecting their difference.

The following passage is included in Perkins’ concluding remarks in *Transgender Lifestyles and HIV Risk*:

However it is not the stronger transgenders that concern us here.

Our study has attempted to seek areas where HIV/AIDS is a major issue, and the findings have indicated these. The most vulnerable transgenders are those who have suffered identity crises and extreme loneliness, which has led to unsafe sex work, needle

²¹ *He did it Her Way: Carlotta, Legend of Les Girls*.

²² As mentioned earlier, I have consulted several copies of the report, including one the State Library of South Australia and also one the Gay Community Library at the AIDS Council of South Australia. I think this absent, or lost, Appendix is symptomatic of the manner in which narratives of transgendered persons disappear—sometimes their bodies also disappear, only to be recovered much later. The body of Adele Bailey was ‘lost’ (murdered). Her story is

sharing and unevenly balanced relationships, and even crime and prison. Such a person was Kerrie, who died of AIDS in 1989 at 26 years of age. Her story is a particularly tragic one as her life was a rapid downward spiral to doom. Beginning with her difficulties in coming to grips with her urge to change gender and rejection by her family, she fled from Melbourne to Sydney, in the hope of finding peace, happiness and acceptance. Instead she wound up on the streets supporting a raging drug habit. When changes in the prostitution laws²³ forced her off the streets she turned to armed robbery and was convicted to a jail term for holding up a bank.

In jail she fell in love with a male inmate, but when he was released he returned to his fiancée. After Kerrie was released she desperately tried to renew her acquaintance with him but he only visited her when he wanted drug money. Finally, he drifted out of her life completely and she never recovered from this ultimate rejection, just as she had never come to terms with her family casting her out. When she discovered she was HIV+ she assumed it was due to sharing needles in jail, but the causes could just as easily have been the unsafe sex she had with her lover or that with clients on the street.²⁴

The story of Kerrie, told by another person, is told 'apocryphally' and anecdotally. Yet it is the only written narrative I know which tells of a

documented in Bowles, R. *Blind Justice*. St Leonards, N.S.W.: Allen and Unwin, 1998.

²³ See Perkins, R. "Transsexuals In Prisons." *Journal for Social Justice Studies*. Vol. 4. 1991, pp. 97 – 100.

convergence of HIV and AIDS and a person of transgendered identity. The significance of the narrative of Kerrie is that it appears in a government funded medical report on appropriate responses to the perceived threat of HIV and AIDS. It is the kernel of the report and it supports my argument that often the only way to 'unearth' narratives of AIDS, and transgendered subjects, is to investigate the medicalised, academic and politicised texts written in a distancing tone.

Another report, that of The National Indigenous Gay and Transgender Project, published by the Australian Federation of AIDS Organisations (AFAO) in 1998, is also a narrative written in the sociological and scientific dialect of bureaucratic reports. The style and tone of the language are part of a discourse which demonstrates that the author has had access to middle-class educational institutions. But contained within these jargons are vignettes (*contes*, tales), slivers of verisimilitude, which may reveal something of the nexus between transgendered bodies and the trace or absence of HIV antibodies and AIDS 'infected' bodies. These vignettes can be successfully subjected to a textual analysis because they are representations in writing that seek to reproduce the speech of the transgendered subject. The locution of the transgendered subject, in comparison with the stodginess of the report's language, virtually leaps off the page. The report of National Indigenous Gay and Transgender Project contains the only attempt I know of to represent the voice *verbatim* of a transgendered subject and HIV and AIDS.²⁵ Gary Lee, who wrote the report, interviewed a gay Torres Strait Islander man who spoke of a close transgender friend in this way:

²⁴ Transgender Lifestyles and HIV Risk, pp. 69-70.

²⁵ For an interesting exploration of growing up sexually different and Indigenous see Wayne King's memoir: King, W. *Black Hours*. Pymble, N.S.W.: Harper Collins, 1998. See also Tovey, N. *Little Black Bastard: A Story of Survival*. Sydney: Hodder Headline Australia, 2004.

G was sick [HIV positive] for a long time in Sydney but he wanted to go back to X [sic] island. But his family said they couldn't look after him if he got sick and so he went back to Sydney. He was broken after that (depression, melancholia)...and that's what finished him up sooner I reckon. Poor thing. I went and saw him in St Vincent's hospital and he was really, really sad you know. Not even any of his own family came to see him or visit here. True! If he had been able to be back in his home, you know, he'd be here talkin' and laughin' up big like he used to.²⁶

This vignette comes from the memory of a 'close friend' remembering that in gay culture the term 'close friend' may have special resonance. The narrator seeks to be his friend's agent, to speak and write in the place of his dead friend, and in addition, to speak his friend into life, into a collective memory and into the discourse of which the report is part. To bear witness; this is an AIDS testimony. The vignette also reveals an apparent rejection by the Indigenous family of the seriously ill transgendered subject.

Several points are worth making about the friend's statement. The island was referred to as X : the island is so named, or not named indicating that in the ethics that is operating, perhaps an Indigenous ethic, not only proper names of people should be kept silent or secret, but also the name of an island, which could be as identifying as a person's name, and perhaps should not be mentioned out of an Indigenous respect for the dead.

²⁶ Lee, G. The National Indigenous Gay and Transgender Project: consultation report and sexual health strategy. Darlinghurst, N.S.W.: AFAO, 1998. p. 20.

The friend uses the phrase “poor thing” to describe the deceased. Although this may be an unintentional slight, it is important to recognize the negative power and volatility of the term “thing” when talking about a transgendered person. Note also that the friend uses the male pronoun to describe his friend in the last line of the quotation. The ellipsis used after the sentence “I went and saw him at St Vincent’s and he was really...”: does this indicate a censure of an expletive or slang word, or the speaker pausing for breath, or a glottal sign of affect?

In another vignette from the report, the verbalising subject is again quoted, the story is ‘spoken’ or written in the first person. The speaker is described as a twenty-eight year old post-operative transgendered person from a rural area, where the local Aboriginal council offices have two or three long-time transgendered employees. My interpolations are italicised:

Before I had my operation [gender reassignment] I dressed as a girl here from when I was about fourteen or fifteen. I never really had any hassles. Then I went away [to a large city] and worked and saved...cracked it for a while too for the money. Then I got fixed up and I was really happy [*does this ‘fixed up’ indicate hermaphroditism or intersex*], really, really happy. I came home two years ago and my mum [*remembering the broader meaning of ‘mum’ in Aboriginal culture*] was great from the start. There’s some [people] here who have problems with it but I don’t care about them. I don’t go out much anyway, just to work and back home again. I’ve got a man now [laughs]...mum thinks he’s nice too. [*This raises the question of ‘men’ whose partners are M-to-F transgenders. And families, particularly mothers of transgenders,*

*who now have daughters instead of sons - these are themes which are explored in the character of Johnny/Toula in Head On and Loaded.*²⁷] But we're keeping things quiet for now.

Everyone knows that [X] is going with me but nobody's said anything to him. No it's always been good for us ones [transgenders] here.²⁸

There seems to be a kind of grudging acceptance in this community. But Lee writes in another part of the report:

in three communities at opposite ends of the country with significant transgender histories and populations, youths, these between the ages of sixteen and twenty-six, faced significant problems. The important issues for them are experiences of sexual abuse, IDU [Intravenous Drug Use] issues, HIV positive sexuality, social isolation, unemployment and racism.²⁹

Statements by transgendered subjects are often italicised in the reports to distinguish their reported discourse from that of the official language of the report's writer. This italicisation indicates the use of an heteroglossic or dialogic device.

Lee's report also tells, indeed quotes, the experience of a pre-operative transgender male and part-time sex worker from north Australia, who has lived in

²⁷ The film *Head On* by Ana Kokkinas based on the novel *Loaded* by Christos Tsilokas. I have written of this in my unpublished essay "A Cock in A Frock" (2000).

²⁸ Lee, p. 21.

²⁹ Lee, p. 21.

Sydney for the past twelve years. She articulates her experiences of life in Sydney:

It was hard getting acceptance here at first. We had all heard how racist the Sydney gay scene could be but you never really find out until you live here. Still, I wouldn't really live anywhere else, not now anyway. I couldn't get a job so I worked the streets picking up captains [laughs], there was a few of us black [Aboriginal] girls there then, we'd look out for each other. Most of us got into smack but I was one of the lucky ones who went to rehab and stuck with it. Been clean near on five years now and I'm gonna stay that way. A lot of the sisters are dead now, either AIDS got 'em or smack—or both. Sydney's alright once you get settled and make friends. I guess I've been lucky but there's still a lot of prejudice around ... gays are some of the most racist cunts around ... but you know that [laughs], we all do aye?³⁰

There is prejudice and suspicion between a monolithic commercialised mainly white (and male) gay community and the transgendered community, as well as between the gay community and the gay and transgendered Indigenous communities, and between sex workers and intravenous drug users. There has often been a homophobic theme to many transgender writings because they are 'real' men or 'real' women and they are looking for 'real' gendered partners. (Sylvester's iconic gay hit song "You make me feel Mighty Real" was notably

³⁰ Lee, p. 21.

popular in 'gay' discos for many years, particularly among drag queens for whom it has a special resonance.) Much hostility within the transgender community came about because transgendered people were being inappropriately labeled as gay non-transgender men in popular belief and by the medical profession. There is also hostility and misunderstanding still between some feminists and lesbian transgendered M-T-F and 'natural born women' lesbians.³¹

The hegemonic gay community often mimicks or mirrors a stereotypical heterosexual world of bitch or butch, even if at times the mimicry is an extreme parody, as in the case of drag.. By hegemonic I mean that a perceived unitary and singular gay community has often demonstrated an uneasy alliance between the groups and individuals who make up its own diversity—differently-abled, Indigenous sista-girls and 'multicultural queers' are examples, but ironically, and perhaps hypocritically, the 'gay community' has often used transgenders or drag queens in particular as ambassadors, emissaries, emblems or icons. (See figure 1.)³²

It is important to explore and contrast at this juncture some self-reflexively literary texts, memoirs and autobiographical writings. Prominent themes include hospitalization and meetings with doctors, who may be either valorised or demonised. Often in transgendered memoirs there is an homage to a surgeon or physician and the hospital as an oasis. This is much less likely in an AIDS

³¹ The most influential proponent of this biologicistic point of view that male-to-female transgenders were not women was Raymond, J. *The Transsexual Empire*, in which she argues that male-to-female transsexuals are trying to take the place of 'real' women. See also the criticism of F-T-M transsexuals, gay men and drag kings contained in Sheila Jeffrey's *Unpacking Queer Politics: a lesbian feminist perspective*. Cambridge: Polity, Oxford: Blackwell, 2003.

³² In *Multicultural Queer: Australian Narratives* Jackson and Sullivan argue passionately for the diversity of the gay and lesbian communities in Australia. See *Multicultural Queer: Australian*

memoir, where the hospital is seen as a cold place, away from one's domestic environment and with an undue emphasis on hygiene, tidiness and the phobias and prejudice of nurses and doctors about infection with the virus. In the transgender memoir the clinic or hospital is more likely to be seen as a retreat or citadel—a place of rebirth.

The publication of the life story of Christine Jorgensen, claimed to be 'the first transsexual', established the custom of a having a Foreword written by a doctor. The doctor writing the Foreword in this case was Dr Harry Benjamin, an endocrinologist, who also wrote a book about transsexualism himself and was considered a sympathetic 'pioneer' and world authority on transsexuals. This closeness of Benjamin's with his patient Jorgensen may be contrasted with the foreignness and remoteness of the doctor and the 'patience' and submission of the 'patient' in Robert Dessaix's AIDS novel *Night Letters*³³. It is instructive to compare the suggested stoicism of Dessaix's character with the rebelliousness and humour of Eric Michaels in his memoir *Unbecoming*, with its skeptical anthropological and Cultural Studies viewpoint.

A significant connection between transgender autobiographical or confessional writing and the AIDS memoir is the use of photographs, at least in some cases. Photographs are used as evidence of transformation and transcendence. They document the processes of transformation: transgender, 'passing' (as the new gender) and hormone therapy. The photographs are used in the way that photographs are used in the documentation of symptoms and in 'anatomies' or etiologies of disease diagnosis, almost forensically, as evidence.

Narratives. Jackson, P. and Sullivan, G. (eds.) New York: Haworth Press, 1999.

³³ Dessaix, R *Night Letters: A Journey Through Switzerland and Italy*. Sydney, Macmillan, 1996.

Although not all AIDS diaries or memoirs contain photographs documenting change, a great many do. I have never read a transgender memoir lacking photographs tracking the author's progress. Transgenderism becomes visible and visual through a 'before and after' snapshot of the apparent subject. The photograph of Eric Michaels that forms the frontispiece to *Unbecoming* is an exceptional example of the use of the photograph in an AIDS memoir, attempting to catch the symptomatic appearance of the disease *and* the humanity of the subject (See figure 2, p. 48.) There are several books of photographs that have people living and dying with AIDS as subjects. The work of the Chinese Australian photographer William Yang is notable in this regard and is remarkable for its honesty and power.³⁴

The memoir of Traci Felloes (formerly the performer/drag queen Bunny) is humorously titled *A Fellow No More*.³⁵ Felloes' memoir begins:

In the Queensland country town of Cooroy, on Thursday, 1 November 1956, a joyous event took place for Kevin and Lillian Warren - the birth of their fourth child. I weighed in at nine pounds and was called Barry Arthur. With my older siblings, Michael, Marianne and Janice, I completed the Warren family unit. At this time no-one could even contemplate the events which were going to unfold.³⁶

Allowing for the hyperbolic nature of many first sentences and first paragraphs in novels and memoirs and the 'first publication' status of the author, it is certainly the case that the reader is being primed for the 'sensational' events that will follow: the climax of the narrative will be the change from a man into a

³⁴ See particularly Yang, W. *Sadness*. St Leonards, N.S.W.: 1996.

³⁵ Felloes, T. *A Fellow No More*. Smithfield, N.S.W.: Gary Allen Pty. Ltd., 1997.

woman. It is not clear how much of the memoir was ghosted for Felloes. In her acknowledgments she thanks her friends for their support and also “Michael Bolda— a writer who gave me encouragement and told me I had the ability to make a longtime dream come true even without his assistance”³⁷

In her Dedication at the beginning of the book, Felloes quotes “The Desiderata”, a popular American prayer: “God grant me the serenity to accept the things I cannot change,/ The courage to change the things I can,/ And the wisdom to know the difference.” “The Desiderata” here has emblematic status as a text for transgendered people, because of its reference to having the “courage to change things that I can” which can be read by transgenders in a special, unique way; as an injunction to have the courage to change one’s sex. “The Desiderata” also has an appropriate ‘campiness’, which appeals and the text became a best-selling record in the 1970s and appeared on everything from tea towels to T-shirts. Other popular texts that seem to be encrypted and read in this special way by transgendered m-to-f subjects are Carole King’s hit song “(You Make Me Feel Like) A Natural Woman” from her classic *Tapestry* album and Sylvester’s already mentioned classic dance hit “You Make Me Feel Mighty Real”. More recent examples are songs by Portishead on their album *Dummy*, particularly the song “Glory Box”, containing the lyrics “I just want to be a woman”, which has been mimed by many drag performers in gay nightclubs and pubs, and the haunting song by Garbage, “Queer”, from their eponymous album, often played on ABC national youth radio Triple J.³⁸ It is relevant here that Felloes was a drag

³⁶ *A Fellow No More*, p. 7.

³⁷ *A Fellow No More*, p.4.

³⁸ King, C. *Tapestry*. (1971) Sony, 1999. Portishead, *Dummy*. Polygram Records, 1994. Sylvester, *Sylvester*. Fantasy, 1997. Garbage. *Garbage*, Almo Sounds, 1995.

performer with Castaways, a Sydney social group popular in the Western suburbs until at least 1999 and an acute observer, absorber and producer of popular culture.

The aspect that most interests me in the narrative of Felloes' life is the omnipresence of hospitals, doctors: cultures and regimes of hygiene and health; and the figuration of the hospital as a site of sadness and death. Felloes' live-in companion, Robert, was diagnosed with Isle of Lanahan's tumour on his pancreas.³⁹ 'The worst thing [for Robert] was that he was looked at like an HIV sufferer and not someone with cancer'.⁴⁰ While cancer is associated with HIV/AIDS—one can be a cancer victim and HIV positive or suffering from 'AIDS'—Felloes' implies that they are mutually exclusive conditions. She also reveals the strong discrimination against the HIV or AIDS patients in the culture of the hospital. Furthermore, once an individual is labelled as 'gay,' the ubiquitous influence of the media takes over, suggesting such a strong parallel between 'the gay cancer' and the gay subject that they are actually collapsed into one. To be gay and to be in hospital is to be 'HIV positive' or AIDS infected in the popular imagination. Paradoxically, for the transgender subject, the hospital can also be viewed as a site of birth and rebirth, 'engendering' in the sense of encoding, the former Barry as present-day Traci.

Unsurprisingly, as the story moves into the 1980s, the spectre of AIDS begins to haunt Traci's narrative.

Bruce [a workmate and friend of Traci's] was also having trouble with his health and had been having time off to go to the doctor, having test

³⁹ *A Fellow No More*, p. 60

after test. Then it was revealed that Bruce had cancer. It didn't help that he was working two jobs at the time. Although the second job was basically only Friday and Saturday nights he was still pushing himself. With his having being diagnosed as having cancer I thought, here I go again, but this time there were no emotional ties. About three months later Bruce decided to leave Rowe [Fabrics] and just work the other job; he would be able to do Rowe's cleaning as well, to earn extra money but not have the stress of being warehouse manager. After he left Rowe he told me the truth about his cancer, it was in fact AIDS, but he asked me not to say anything to the Rowe staff members because he wanted them to think it was cancer. I gave him my word that his request would be honoured and I would tell no-one.⁴¹

Hospital is a site of transformation and transcendence for Felloes, but also a site of death, suffering, or exiting for her colleagues and friends—and herself, if things do not proceed according to plan in her 'sex change'. There are parallels of birth, death and rebirth, between the HIV positive and the emergent transgender subject. The transgendered subject often feels that the old self or body is dying and that a transformative birth is about to happen.

In John Foster's memoir of his Cuban friend, *Take me to Paris Johnny*, Foster documents similar problems with immigration authorities and citizenship that resemble Michaels'.⁴² These problems with immigration regulations and bureaucracies also connect the HIV positive subject and the transgendered

⁴⁰ *A Fellow No More*, p. 66.

subject. The transgendered subject, the Cuban subject, or the HIV/AIDS subject, will encounter 'rejection' from immigration authorities because these authorities are charged with policing the borders of the 'wholesome body' politic of Australia.⁴³

The first photograph I wish to discuss is one that appeared in the pages of the *Sydney Star Observer*, just after Easter, 1999. The *Sydney Star Observer* is a paper that circulates freely throughout gay venues and sex shops of Sydney and further, much further afield. In Adelaide, I found it in the 'help yourself pile' outside the Gay and Lesbian Community Library at the AIDS Council of South Australia.

On page three, after a front-page story of an exhibition of AIDS quilts, there is an apparently random photograph and caption. It is a photograph of a man in white hospital clothing, a patient's gown, a knee exposed carelessly, as if merely posing in bed although he had previously been running madly about the ward, chased by and chasing the luscious drag queens, including the reigning queen of all drag queens, Miranda Fair (named for a shopping mall). This is a news photo; it catches something topical, it records an event, it sensationalises.

The photograph is a way of fixing in monochrome, representing, capturing AIDS. This is a different way of re-presenting AIDS than in mainstream media; this is more focussed on gender and body, more familiar with AIDS. The patient smiles and doesn't seem to be suffering, unlike the confrontational image of the

⁴¹ *A Fellow No More*, p. 108.

⁴² Foster, J. *Take Me to Paris, Johnny*. Port Melbourne: Minerva Australia, 1994.

⁴³ For an extensive and fascinating discussion on the discrimination faced by gays and lesbians see de Waal, P. *Lesbians and Gays Changed Australian Immigration Policy: History and Herstory*. Darlinghurst, N.S.W.: Gay and Lesbian Immigration Task Force N.S.W., 2002. This is also very informative of the discrimination against difference, especially ethnic difference,

Michaels' frontispiece. The photograph in the widely circulated gay newspaper spreads the image and the idea, like a contagion, like propaganda, of a person living with AIDS, surviving AIDS. This is, in itself, subversive.

I have deliberately avoided a formal discussion of the aesthetics of this photo or 'photo jargon' (photograph is too formal a word for it) but I discuss it by default, almost inadvertently. The intention of the photographer in this case is not primarily Art, but recording an event. But influenced by Barthes' idea of the fallacy of authorial intention, I take the ephemeral and comic photograph seriously, like an art work.

Framed within the photograph is the art of dressing, cross dressing and dressing-up, and a reminder to the afflicted, robed in the monkish, toga-like (or spectral) white smock, of the enticing, gorgeous excesses of the gay and drag scenes, something to strive to get better for, an additional reason to escape the germ-laden sterility of the ward. The smile of the patient (who in the photo does not look patient at all, but rather ready to jump out of the hospital bed) does not fit the stereotype of 'sick'. One of the most interesting gestures documented in the image (a "Mazz Image" in the accreditation) is the touch on the shoulder of the patient by "HRH Queen Bunny II aka Miranda Fair"; this is another example of the impossibility of naming a drag queen or transgendered persona with one name.⁴⁴ In the photo, Queen Bunny is using the magic divine power invested in her by the gay, lesbian, bisexual and transgendered communities (and God

from within the gay and lesbian communities.

⁴⁴ See unpublished conference paper "A Cock (or Not) in a Frock". Wilde, R., Postgraduate Conference, Department of English, University of Adelaide, 1999. Even Carlotta had a series of names before settling on the one. See Mac Sween, P. as Told to Carlotta. *I'm Not That Kind of Girl*. Sydney: Pan Macmillan Australia, 2003. Particularly interesting in this context is "Richard" they boy and "Carol" the transsexual. p.viii.

presumably, since all queens are of divine provenance) to make ‘the patient’ (the subject) well and invigorated. But Queen Bunny’s hand is gloved. What can this mean? This is obviously a sumptuary reminder of her status, as royal and divine, but it is also a ‘safer sex’ message; the gloving of the phallus (hand), a metaphor for the ubiquitous condom of post-AIDS gay culture. More than this, it is the deconstruction or metonymic and synecdochical unmaking of the regime of the hospital, ambulatory glove—the ubiquitous latex glove used both in the policing of society and also to prevent contact (contagion) in the ward.

The caption inserted underneath the photo plays with a camp idea of royalty—a resonance of the word *queen*. It incorporates the idea of the homosexual as refined, aristocratic and decadent. It misuses deliberately and callously, a royal title: ‘HRH Queen Bunny II.’ There is also the reference in the photo to Easter, when the event captured in the photo took place, and the highly stylized and camp basket can be seen in the picture full of Easter goodies. If the virus can be seen as a kind of egg that hatches disease in the system, a dark egg that hatches death rather than life, then the chocolate eggs are a counter to this despair, a symbol of levity and reawakening, rebirth.

The outrageousness of the clothes the drag queens wear is accentuated (to shock) by the sterility (aesthetically) and often white-hued conservatism of the hospital uniforms (costumes) or décor. The effect of colour or its absence is well known in the psychology of interior design, to which “queens” are particularly susceptible. The normal sensory chaos and cacophonies of noise that the drag queen competes with for attention in a gay club, for example, is absent in the hospital environmental aesthetic. On the other hand, in the nightclub the atmosphere could be perceived as complimentary to the outrageousness of the

drag queen's attire, rather than competing with it or diffusing its power, but the hospital in its earnest sobriety and conservatism is easily upset by the presence of the queens in full drag. The hospital's power like that of most institutions relies heavily on the conventional and on not being questioned, challenged or parodied. So the queens' presence is interpreted by the gay patient as an 'attack' not only on the conventional heterosexual world, but also on the regime or sensibility expressed through the hospital, highlighting the drag of all clothes and uniforms, including the 'costumes' of doctors and nurses.

The drag queens are from a different place, not only literally, but also philosophically. Their ideas, lifestyles and appearance are familiar and comforting to the gay or queer patient. The regime of the hospital is appositely demonstrated in the naming of the place where the photograph is taken: "WARD 17 SOUTH", functional but not inspired, in contrast to the names of the drag queens. Notice also the difference of the 'big' hairstyles of the drag visitors and the patient in the photograph.

Obviously hospital management approves or encourages such Easter visits in the interests of holistic healing, and to demonstrate that the hospital too 'understands' gay culture. The doctors and nurses themselves may be gay (although not necessarily sympathetic to HIV+ gay patients or any other patients for that matter), and many gay nursing and medical staff might look on their healing as helping a kindred soul, possibly to the point of having a patronizing attitude. Eric Michaels in his text *Unbecoming* addresses many of the issues raised by hospitalization, nursing cultures and what may be described as the politics of tidiness. *Unbecoming* was first published in Sydney in 1990 by small publisher EmPress and then re-published in the United States in 1997 by Duke

University Press. Michaels travelled to Australia in 1982 to research the impact of television on the Yuendumu community and to encourage dot paintings at the dot painting centre. He gave the local Walpiri people acrylic paints and encouraged an entrepreneurial approach, to make money from the paintings for the artist and community. Although Michaels as anthropologist is author of texts like 'Bad Aboriginal Art', 'For A Cultural Future: Francis Jupurrurla Makes TV at Yuendumu' and 'The Aboriginal Invention of Television' (about the establishment of Imparja, the Indigenous television station based in Alice Springs, NT) the particular interest here is in his memoir *Unbecoming*.⁴⁵ This is the story of his diagnosis and treatment after contracting the HIV virus and his illness from AIDS. The manner in which Michaels represents the clinic or the ward and the cultures of tidiness and hygiene is worth considering carefully.

As an anthropologist and a practitioner of cultural and media studies, Michaels displays a very self-conscious theoretical position in relation to the 'unmaking' of his own body through the activity of HIV and AIDS and his role as a writing machine. The hospital may be seen as an intersection, a site for the transgendered subject wishing to transcend, and the AIDS sufferer about to transcend, or disappear, through death. The practices used in hospice or hospital ward interestingly juxtapose sex, sexuality, body, (skin, genitals) and death and transcendence; there is a disappearance or removal of a certain sexed body in both cases. Of extreme importance here in regard to *Unbecoming* is the photograph that acts as a frontispiece to the book; the photograph shows the

⁴⁵ Michaels, M. *The Aboriginal Invention of Television in Central Australia*. Canberra: Australian Institute of Aboriginal Studies, 1986. *Bad Aboriginal Art: tradition, media, and technological horizons*. St Leonards, N.S.W.: Allen and Unwin, 1994. *For a Cultural Future: Francis Jupurrurla Makes TV at Yuendumu*. Sydney: Artspace, Art and Criticism Monograph

extent of the Karposi's sarcoma lesions covering Michaels' body, the strange illusory appearance of Aboriginality, the apparent darkness of skin. The frontispiece at the beginning of *Unbecoming* (Figure 2) indicates that Michaels is knowledgeable of the cultural significance of photography. As a lecturer in media at Griffith University, Michaels would have been aware of the theoretical discourse surrounding photographs, much as he is aware of the cultural theories that attached themselves to the HIV virus and AIDS. In this sense, his inclusion of the photograph at the beginning of his memoir cannot be innocent or naive, but rather must be seen as political. The photograph provides evidence, due to the photograph's use historically in diagnostics, its role in forensics and also its forensic qualities, but the photograph also articulates a surface aesthetic of the skin (paper) on the gay male or queered body (text). The photograph's inclusion is the act of an artist in a Nietzschean sense.

The photograph, whether intentionally or not, cannot now genuinely shock the reader, in a world where the photographic image is banal, mundane, ubiquitous. Sontag has written of the universality of the photographic image in *On Photography*.⁴⁶ Michaels' frontispiece is, however, an attempt to shock, representing the unspeakable—the thing that we are not supposed to see (the veiled in the Lacanian sense), the evidence figured on the text of skin, re-presented and re-produced on the photographic paper, of the irruption of the sarcoma. It also presents the possibility of a more authentic understanding by the reader of Michaels' suffering and pain. The reader knows from observation of the photograph that this condition must be extremely painful. His mouth is open,

allowing not only the gaze of the physician but also that of the scopophiliac; it portrays a parody of the position assumed for the fellating mouth, to see the ulcers, the 'stigmata' of the virus on his tongue. There is something angry and defiant in the expression on his face but outrageously, also something faintly amused. He seems to be smiling. He wears white hospital-style pants and the chrome of a hospital bed, table or chair is barely visible in the bottom right-hand corner of the photograph.

Sontag has written:

In teaching us a new visual code, photographs alter and enlarge our notions of what is worth looking at and what we have the right to observe. They are a grammar and, even more importantly, an ethics of seeing. Finally, the most grandiose result of the photographic enterprise is to give us the sense that we can hold the world in our hands—an anthology of images.⁴⁷

The crucial phrases here are 'what is worth looking at' and 'what we have the right to observe.' These are obviously political observations: it is worth looking at an image of someone suffering with AIDS. This image is not available merely to doctors and diagnosticians, but to AIDS activists, interested readers and to others who are HIV positive or living with AIDS.

Michaels, by including the photograph of himself manifesting the symptomatic presence of the virus through the ruptures of his skin, suggests that this is worth looking at, that it must be looked at, and in this he exercises a defiant power. There is a grotesque eroticism to the photograph. The healthy body is seen like an

⁴⁶ Sontag, S. *On Photography*. London: Allen Lane/Penguin, 1978.

afterflash through the wreckage of the sick body that he could not resist or prevent, indicating Michaels' defiant sexuality and hedonism right to the end. Michaels has empowered the reader in a political act to observe and interpret, and finally to act.

Sontag writes: "Photographs furnish evidence. Something we hear about but doubt, seems proven when we're shown a photograph of it."⁴⁸ It is for this reason that it is so necessary to photograph viruses using electron microscopes, Sontag insists, quoting Delacroix's *Journal* "to control this light."⁴⁹ It may have been the crystallisation of viruses which 'proved' they were not bacteria, not living; but surely most people were only really convinced of the existence of this half living half dead thing when they saw the photograph of a virus. According to Sontag:

Through being photographed, something becomes part of a system of information, fitted in to schemes of classification and storage which range from crudely chronological order of snapshot sequences pasted in family albums to the dogged accumulations and meticulous filing needed for photography's uses in weather forecasting, astronomy, microbiology, geology, police work, medical training and diagnosis, military training, and art history.⁵⁰

That is a reason why photographing a virus was seen as a scientific breakthrough. The very small is photographed. It is similar to the 'intimacy' achieved when the camera photographs within the body. Photographs of viruses are used in textbooks to teach students about viruses. Sontag has written that:

⁴⁷ *On Photography*, p.3.

⁴⁸ *On Photography*, p.5.

⁴⁹ *On Photography*, p.157.

⁵⁰ *On Photography*, p.158.

...the new age of unbelief strengthened the allegiance to images. The credence that could no longer be given to realities understood *in the form of* images was now being given to realities understood *to be* images, illusions. In the preface to the second edition of *The Essence of Christianity* (1843), Feuerbach observes about 'our era' that it 'prefers the image to the thing, the copy to the original, the representation to the reality, appearance to being' – while being aware of doing just that.⁵¹

There is no need to point out the metaphors here of the models we have seen of the virus, the metonym of viruses endlessly copying themselves.

Photographing a virus becomes part of the discourse. It is an effort to truly know the virus and what it is. The virus at least is believed to exist. Photographing the virus is also a demonstration of control, not just of light but of the virus itself—the hunt for the vaccine to defeat the virus seems the next step in the 'war'.

In the same way that Michaels is aware that the camera can and does lie, he incorporates the photograph of himself at the beginning of *Unbecoming*, making the reader alert and aware: 'There is suffering because of AIDS, it is human.' Garcia Duttman writes in *At Odds with AIDS*:

Is not deconstruction also a kind of virus that one day "wakes up"?
 ...Does deconstruction, then, recognise itself in the (mirror) image that the wide screen of AIDS holds up to it.... It is as if deconstruction would recognise and acknowledge AIDS because it recognises itself in it. The

⁵¹ *On Photography*, p.153.

time of AIDS, AIDS time is a caesura in time. It is the untimely moment when deconstruction continues deconstructing *and* interrupts “itself.”⁵²

The HIV/AIDS virus presents a challenge similar to that presented by transgenderism and homosexuality, a challenge to the foundational concepts or binarisms of a Western biomedical discourse—in the case of the virus an aporia appears: is a virus living or dead, or even, male or female? It challenges the episteme by being inexplicable. The virus challenges certainty, what is knowable, what can be understood; it is a manifestation of what is beyond understanding.

In this chapter I have argued that seemingly disparate gender/sexual identities, disease and cultural productions share connections of difference. The HIV/AIDS subject and transgenders such as the Indigenous sista-girls pose conundrums for an orderly, controlling biomedical discourse. I have examined how photographs, being in a sense, texts within texts, are used to provide authenticity to discourses that are challenged by a politics of difference and queered bodies. I have used Sontag’s analyses to pursue these points.

The rhetoric of academic and scientific discourse rubs against the ‘real’ voices of subjects in the government-funded reports—reports whose *raison d’etre* seems to be to protect an imagined ‘mainstream’ heteronormative community from contamination from ‘others’. The so-called real voices are themselves figural and a textual study can reveal the artifice and indeterminability that make these competing rhetorics.

⁵² Garcia Duttmann, A. *At Odds With AIDS*. Translated by Gilgen, P. and Scott-Curtis, C. Stanford: Stanford University Press, 1996. p. 100.

Photo: Mazz Images



Bunny bed hopping

Recently crowned HRH Queen Bunny II (a.k.a. Miranda Fair) and her delightful helpers spread Easter cheer and chocolate goodies throughout

Sydney's HIV/AIDS wards last weekend. Ms Fair, caught in the act at Ward 17 South, took over the crown from Kabi, who abdicated after a 10-year reign. ■ Figure 1.



Eric Michaels, Brisbane, June 26, 1988.
Photo by Penny Taylor

Figure 2.

Chapter 2

Psychographies:

‘Written’ Narratives of the Psyche and

Reading the Maladies of the (Queer) Male Body

“the important thing is not to be cured”
Gide, *Corydon*

Homosexuals themselves were degenerate forms
but with proper therapy and meditation Julien
could look forward to a cure. “A cure for AIDS?”
Julien asked.

“No,” the doctor said, “of your homosexuality.
I’ve had a startling degree of success....”
Edmund White, *The Married Man*.

Sylvere Lotringer: The point is he had assumed
the position of a sick person
Jane Goodall: Sickness then turns from a passive
to an active dynamic, it becomes an energy thing.
From Scheer, *100 Years of
Cruelty: Essays on Artaud*.

This chapter explores the nexus between the sometimes compulsory ‘visits’ by queer men to psychiatrists for the ‘behavioural problem’ of homosexuality and the later medicalisation and demonisation of the queer AIDS body. Often these ‘visits’ were not voluntary but involved referral from other professionals such as teachers, lawyers, religious—and were widely viewed as an alternative to some form of punishment under laws which made homosexual acts illegal. Homosexuality was classified by the Diagnostic Statistical Manual of the

American Psychiatric Association, the most widely used diagnostic text worldwide, as a mental illness or abnormality in the 1950s and 1960s. The history of the Diagnostic Statistical Manual and its relationship with homosexual and gay culture, women and minorities is documented in several studies.¹

This chapter examines some of the narratives and writings that surround queered male subjects in their relationship with psychology and psychiatry because they are earlier examples of the pathologising, depathologising and repathologising processes that queer men endured and challenged with the advent of HIV/AIDS in the mid-1980s. The narratives of queer men's struggles with psychology and psychiatry demonstrate that gay men's clinical experience with psychiatrists and psychologists may be interpreted as a narrative in which biomedical and other discourses invent and deploy ideas about gay or queer men and contribute to the construction and regulation of a gay male subject. I want to consider how psychiatry and HIV/AIDS can both be said to construct and fuel narratives and are indeed types of narrative-producing machines that often include a template 'coming out' story. These narratives provide a basis for transcendence, even through death.

Of equal importance here are the narratives that gay men tell themselves and each other about being or becoming gay, including the iconic 'coming out' story. These narratives attempt to explain the gay male subject to himself and explore a phenomenal aetiology: the 'query' (or curiosity-driven queerly asked question) "How did I come to be?" This is a question that has no answer, but will continue to produce more narratives. My contention is that public

¹ See for example Kutchins, H. and Kirk, S. *Making Us Crazy: DSM, the psychiatric bible and the creation of mental disorders*. New York: Free Press, 1997 and Caplan, P. *And They Say You're Crazy: how the world's most powerful psychiatrists decide who's normal*. Reading,

discourses about gay men and gay male subjects' narratives of themselves are not mutually discrete, but overlap and become blurred—indeed they fertilize and feed off each other. Some gay male writers and commentators, such as Australian academic, essayist and novelist Dennis Altman, have written extensively about AIDS *and*, more recently, about their experiences with psychology.² I wish to augment and build on the arguments presented in the previous chapter concerning the tropes of transgenderism and HIV and AIDS subjects, keeping in mind also that transgenderism or transsexualism has a long clinical and *pathographical* history that reaches back to the sexologists of the nineteenth century. Indeed the term 'invert', although often transposed in recent discourse as a synonym for a homosexual subject, is more accurately a term employed by nineteenth-century sexologists to classify or label a 'third' or intermediate sex. Inverts were psychic hermaphrodites: men (defined by apparent body) who claimed to be psychically women, or 'women' who claimed to be psychically men. This did not necessarily imply a description of 'same sex' desire.³ These pathologised identities form part of mirroring narratives (or doubled narratives) that have culminated and persist in the HIV or AIDS narratives of biomedical discourse, including psychiatry and the writings of gay men in recent testimonials, AIDS memoirs and novels.

Around these narratives, in the experiences of gay men living with and suffering from HIV/AIDS, and in the experiences of gay men with psychiatrists

Mass.: Addison-Wesley, 1995.

² See the *Meanjin* essay "I Think Therapy Is Good For Other People" reprinted in Craven, P. (ed.) *Best Australian Essays 1999* Melbourne: Bookman Press, 1999. Pp 254-261.

³ See Prosser, J. "Transsexuals and Transsexologists: Inversion and the Emergence of Transsexual Subjectivity" in Bland, L. and Doan, L., *Sexology in Culture: labelling bodies and desires*. Cambridge: U.K.: Polity Press, 1998. p.116. See also Bland, L., and Doan, L., *Sexology Uncensored: the documents of sexual science*. Cambridge, UK.: Polity Press, 1998.

and psychologists, there is often only a single common symptom, that of pain.⁴ Pain often becomes a spur to political activity, a catalyst to writing, and ultimately to life achievement and the re-assertion of a subversive camp humour.

This thesis in general attempts to focus on specifically Australian writings and narratives, although they are often more scarce or difficult to locate than the American historiographies, genealogies, and memoirs to which I shall also refer in this chapter. These narratives have proved crucial in influencing the development of 'gay' and 'lesbian' (later 'queer') cultural politics and identities, (later 'post-identities') and the narratives linked to them, in Australia.⁵ An example of an Australian narrative that deals with the 'between' of psychiatry and homosexuality (the middle points where they intersect, caress and irritate the 'other') is a short coming-out story "Keeping a Promise".⁶ This story, written by prominent 'out' political leader, Senator Bob Brown of the Australian Greens Party, reveals how much and, paradoxically, how little has changed after gay liberation. I shall also consider the writings of a leading

⁴ For an insightful discussion of pain see Scarry, E. *The Body In Pain: the making and unmaking of the World*. New York: Oxford University Press, 1985.

⁵ Particularly interesting in the United States' context is the work of Martin Duberman, a gay American historian whose memoir *Cures* deals specifically with his 'disturbed' and 'torrid' mind and his frightening experiences with psychiatrists and psychotherapy. See Duberman, M. *Cures: a gay man's odyssey*. New York: Dutton, 1991. Duberman is also the editor of a series titled 'Gay and Lesbian Life' that includes the volume *Psychiatry, Psychology and Homosexuality* by Herman, E., New York: Chelsea House, 1994. This is an example of Duberman's influence on pro-gay scholarship and in helping to construct positive counter-narratives and reading material for gay and other readers, the Herman text being more populist than academic. Also see Edmund White's short story "Shrinks."

⁶ In *Inside Out: An Australian Collection of Coming Out Stories*. Shale, E. (ed.) Melbourne: Book Press, 1999.p 101-105.

Australian researcher in the 'behaviour therapy' treatment of homosexuality: Dr Nathaniel (Neil) McConaghy, Professor of Psychiatry at the UNSW.⁷

My discussion of these texts is designed to explore issues surrounding the psychiatric labelling of homosexuality as a disease. This labelling resembles or mirrors the labelling of homosexuality as sin or abomination by traditional Christian churches. The 'Church', and a normative, hegemonic, scientific establishment, of which universities are only one example, are linked in this labelling and are reciprocal agents in constituting the framing narratives of pathology and sin. An Australian example of this type of religious proselytizer is the former Roman Catholic Archbishop of Melbourne, now Cardinal of Australia, Dr George Pell, who has stated on television and in print media that "the homosexual lifestyle is more dangerous than smoking".⁸

The behaviour modification and more recently the 'reparative' therapy models of psychological and psychiatric practice authorised by the Catholic Church are a distorted and unsound reaction to child sexual abuse charges against priests and Christian Brothers in the United States and elsewhere, including Australia.⁹ These therapies are used on young gay men unsure of their sexuality to eliminate homosexual desire and encourage heterosexual desire. HIV/AIDS and homosexuality both provide a narrative of flux and

⁷ McConaghy was possibly the pseudonymous psychiatrist Paul Pindar, author of a bizarre article about homosexual desire in *Vogue*, Australian edition, October 1970. McConaghy, N. *Sexual Behaviour: Problems and Management*. New York: Plenum Press, 1993. For extensive bibliographical details see *Neil McConaghy: a tribute to the man and his science*. Blaszczynski, A. et al. (eds.) Sydney: University of N.S.W. Press, 1997.

⁸ "Compass", ABC-TV, 27 February 2000.

⁹ In September, 2002 Pell stepped down as Archbishop of Sydney whilst he was investigated for alleged sexual abuse of a minor. He was previously heavily criticised for lack of action over continued sexual abuse at St Patrick's College, Ballarat. He was 'cleared' of any wrong-doing and was later made a Cardinal by Pope John Paul II. This is relevant here because of the link between the new reparative therapies and the Catholic Church, largely due to the 'scandal' of pedophilia in the Catholic clergy and the collapse of homosexuality into pedophilia by the

struggle and an innovative perspective on a normative heterosexual libidinal economy.

But any subject, classified as sick or ill, is not powerless, and can in fact transform him/herself through an imposed illness. Gilles Deleuze writes of the new perspectives illness provides. Deleuze critiques Nietzsche's theories of force and will to power, of active and reactive forces and ways of thinking, to consider how illness can bring a valuable new (different) perspective to important metaphysical questions. Deleuze does this in his book *Nietzsche and Philosophy*¹⁰. Deleuze himself suffered from tuberculosis, so he spoke from the experience of illness for many years:

Illness for example, separates me from what I can do...it narrows my possibilities and condemns me to a diminished milieu to which I can do no more than adapt myself. But, in another way, it reveals to me a new capacity, it endows me with a new will that I can make my own, going to the limit of a strange power. This extreme power brings many things into play...¹¹

Deleuze poses the interesting question in a discussion of the active and reactive in Nietzsche's theory of forces:

Is it, however, exactly the same force that both separates me from what I can do and endows me with a new power? Is it the same illness, is it the same invalid who is the slave of his illness

Church.

¹⁰ Deleuze, G. *Nietzsche and Philosophy*. Translation of *Nietzsche et la philosophie* (1962). Translated by Tomlinson, H. London: Athlone Press, 1983.

¹¹ *Deleuze and Philosophy*, p. 66.

and who uses it as a means of exploring, dominating and being powerful?¹²

Deleuze's words form part of a mosaic-covered edifice or façade—a different view of illness where illness is problematised as not merely negative, nor a manifestation of weakness or passivity, but rather a source of power, from which a new, different, perspective may be produced. This new perspective that Deleuze discerns in the Nietzschean position is symptomatic of an earlier German Romanticism, exemplified by a figure such as Hans Castorp, portrayed by Thomas Mann in *The Magic Mountain (De Zauber Berg)*.¹³

Novalis¹⁴ (1772-1801), the German Romantic poet, believed that health and illness were not opposed but merely two sides of the same coin, illness being “indirect health” and health being “indirect illness”.¹⁵ This regard for illness as a new perspective, as a creative force or as evidence of genius, and as a fevered side of good health, is evident in a modernist version like that of the biographical authorial figure of *A la recherche de temps perdu* named ‘Marcel’ in his cork-lined room—‘in-valid’, neurasthenic— but writing *tropisms*, barely perceptible liminal insights not available to the “well”, or in a William James sense, a healthy soul. Deleuze and Guattari privilege illness as a new perspective that would create new connections, a schizoanalysis, in *Anti-Oedipus: Capitalism and Schizophrenia*, and this is crucial.¹⁶

¹² Deleuze and Philosophy, p. 67.

¹³ For a discussion of Nietzsche, Novalis, illness and health in relation to German Romanticism see *Infectious Nietzsche*. Krell, David Farrell. Bloomington: Indiana University Press, 1996.

¹⁴ Pseudonym for Friedrich Leopold, Baron von Hardenberg.

¹⁵ *Infectious Nietzsche*, p. 199.

¹⁶ James, W. *Varieties of Religious Experience: a study in human nature: being the Gifford lectures on natural religion delivered at Edinburgh in 1901-1902*. New York: University Books, c. 1963. For Deleuze and Guattari on ‘schizoanalysis’ see *A Thousand Plateaus: Capitalism and Schizophrenia*, p. 13. See also Colebrook, C. *Gilles Deleuze*. London and New York: Routledge, 2002. p 6.

Deleuze gave a series of interviews to Claire Parnet.¹⁷ Parnet recounts that after completing *Difference and Repetition* in 1968, Deleuze was hospitalised for a very severe case of tuberculosis. Previously in the interview Deleuze had referred to Spinoza's and Nietzsche's weak state of health as revelatory: "they had seen something so enormous, so overwhelming that it was too much for them. It really means...that one cannot think if one isn't already in a domain that exceeds one's strength to some extent, that makes one fragile."¹⁸ Deleuze argues that although illness may be fatiguing and while it is definitely bad to experience pain, these nevertheless can provide a new perspective: illness sharpens a kind of vision of life or a sense of life.

Gay Liberation in the 1970s attempted and, to a large extent succeeded in depathologising gay sexuality, practice and the body and indeed provoked the American Psychiatric Association and the medical establishment by challenging their regime for 'curing' homosexuality. The gay movement also provided a counter-narrative to the historical ones of gay men as 'sick', 'patient' (Latin: suffering), victim or criminal. There came a time for the construction of a new pathology, to reassert the precedence and power of heteronormativity, a new hysteria and paranoia, and 'pathography' (writing 'disease' into existence), in the guise of HIV/AIDS in the mid-1980s that affected gay men. There is no doubt that gay liberationists did attack and challenge the psychiatric establishment, as well as a patriarchal and

¹⁷ These interviews were filmed by Pierre-Andre Boutang in 1988-1989. They were broadcast on France's Arte Chanel between November 1994 and Spring 1995. Deleuze originally requested that the interviews would not be shown during his lifetime, but he relented and they were broadcast in the year prior to his death. Charles Stivale watched the interviews and summarised them in English. The questions took the form of an ABC Primer (beginning with topic A and ending with topic Z) and it is Deleuze's thought on topic M (M for *Maladie/Illness*) that I quote from forthwith.

homophobic media, and challenged medical and psychiatric hospitals that had gay and lesbian patients whose disease was homosexuality. Gay liberation was part of a Left that attacked American military involvement in Vietnam, CIA interference in 'revolutionary' Cuba, strict gender roles, religious conservatism and bigotry, racism, male chauvinism and capitalism. The attack on psychiatry was quite widespread and included 'anti-psychiatrists' such as R.D. Laing and David Cooper, and, in France, the work of Foucault and Deleuze and Guattari.¹⁹ As an example of gay liberation attitudes, I quote from a widely circulated essay of the time by Gary Alinder entitled "Gay Liberation Meets the Shrinks":

Walking into the enemy's inner sanctum is an enlightening experience. In the summer of 1970 gay liberation invaded the National Convention of the American Psychiatric Association in San Francisco. We found out how tuned out the shrinks are.

The main convention meeting looked like a refugee camp for Nixon's silent majority. It was 99 and 44/100 per cent white, straight, male, middle aged, upper-middle class....

A week after Kent [the shooting deaths of four anti-Vietnam protesting students at Kent State University by national guardsmen] and Cambodia, [the expansion of American bombing to include Cambodia] the psychiatrists had come to

¹⁸Stivale, C. J., *Summary Of L'Abecedaire of Gilles Deleuze*, Revised version May 3, 2000 <http://langlab.wayne.edu/Romance>

¹⁹ See Laing, R. D. *The Divided Self: an existential study in sanity and madness*. London: Tavistock Publications, 1960. Cooper, D. *Psychiatry and Anti-Psychiatry*. London: Tavistock Publications, 1967. Foucault, M. *Madness and Civilization: A History of Insanity in the Age of Reason*. London: Tavistock, 1967. Deleuze, G. and Guattari, F. *Anti-Oedipus: capitalism and schizophrenia*. New York: Viking Press, 1977.

discuss business as usual. A caucus of radical psychiatrists described what business as usual would be: ‘...a panel about American Indians which concentrates on suicide by them rather than genocide by us...learning about aversion treatment for homosexuals – but not considering whether homosexuality is really a psychiatric “disease”...hearing about drugs, new drugs and old drugs – but not the way drugs are used to tranquilize people who are legitimately upset...’²⁰

This is quoted as an illustration of the strong statements circulating that challenged the authority of biomedical discourse and that were to be redeployed later by AIDS activist groups such as ACT UP who challenged the rhetoric of biomedical discourse pathologising queer men.

Both psychiatric patients and homosexuality were generally perceived and sometimes represented as ‘plagues’ in society, and symptomatic of ‘modern’ subjectivity in 1950s and 1960s America: the psychiatric patient because of the ubiquitous ‘shrink’ in culture and society, homosexuality because of its perceived connection with ‘unAmerican’ activities and the spread of Communism or the perceived threat posed by ‘reds’. Psychiatry and homosexuality became the paradigmatic models for later ‘plagues’ such as HIV or AIDS. There is no way of tracing the origins of AIDS—or of those strange bedfellows homosexuality or psychiatry for that matter—because in a real sense they have none; they always existed. Like a Deleuzian model of desire,

²⁰ From *Out of the Closets: Voices of Gay Liberation*. Karla Jay and Allen Youn (eds.) “Gay Liberation Meets the Shrinks”, Gary Alinder, pp. 141 –142. New York: Douglas Book

they always were, even though they mutate and change. Like narratives of HIV and AIDS, psychiatry and homosexuality narratives are overloaded with significations, flooded by symbols of blood, religion, body, illness and sexuality.

The psychiatric project of attempting to modify homosexual desire or to change homosexual desire to heterosexual desire should be viewed as a modernising project in several respects. First, 'behaviour therapy' and the studies of Bieber and Socarides occurred in the America of Eisenhower, with its dominant ideology of the post-war nuclear family – hence the connections drawn between homosexuality and 'beatniks', and other alien identities. The beat poets were linked to the emergence of the 'emotional' man and longer hair, as portrayed by Marlon Brando in films like *A Streetcar Named Desire* and by James Dean in *Giant*. Homosexuality was also very closely linked to Communist subversion in McCarthyist America, just as homosexuals were considered degenerate in Nazi Germany in a different way. Degeneracy and disease have consistently been features of the description of homosexuality in medical and Nazi propaganda and conservative political texts, including film. The ideology of modernity requires that science can solve social problems such as degeneracy and promote hygiene. A second point to make is that psychiatry sought to legitimise itself, indeed needed to legitimise itself, because it suffered from the same problem as homosexuality; it was seen as 'other' or unorthodox in the hierarchies of a modernising biomedical science. It is imperative to postulate here that psychiatry and homosexuality, as with sexology and inversion, have been linked by a search for scientific legitimacy; that is, they

share a certain 'queer' parallelism, in a similar way to Jewishness and European culture. Guy Hocquenghem writes, in *Homosexual Desire*:

The psychiatrisation of homosexuality has not taken the place of penal repression: rather the two things have gone hand in hand....Modern repression demands justifications, an interplay between legal guilt and the psychology of guilt....This is how homosexuality becomes a neurosis. The homosexual is kith and kin to Nietzsche's Jew: the policeman in his head is the real medium of the uniformed policeman.²¹

Psychiatry must not, however, be seen as inevitably anti-homosexual. There has also developed gay-friendly psychiatry, represented in America by the US Association of Gay and Lesbian Psychiatrists (AGLP), who have representatives on the board of the American Psychiatric Association. The Board of Trustees of the American Psychiatric Association approved on 18-19 March 2000 a position statement by its Commission on Psychotherapy by Psychiatrists opposing any psychiatric treatment such as 'reparative' or conversion therapies based on the assumption that homosexuality *per se* is a mental disorder or based upon the *a priori* assumption that a patient should change his/her (homo)sexual orientation.

In doing so the APA joined many other professional organisations that either oppose or are critical of "reparative" therapies, including the American Academy of Pediatrics, the American Medical Association,

²¹ Hocquenghem, G., *Homosexual Desire*. Translated by Dangoor, D., London: Allison & Busby, 1978. p. 59.

the American Psychological Association, the American Counselling Association, and the National Association of Social Workers.²²

In 1983 the American Psychiatric Association agreed to set up a task force on the psychiatric aspects of AIDS. In 1984 the Monograph Series of the APA published two important volumes: *Innovations in Psychotherapy With Homosexuals* and *Psychiatric Implications of Acquired Immune Deficiency Syndrome*.²³ The American Psychiatric Association members are thus more likely now to address the psychiatric needs of gay men or HIV positive gay men, rather than seeing homosexuality as in itself in need of treatment. However, relatively new groups such as the National Association for the Research and Treatment of Homosexuality (NARTH)²⁴ have taken up the homophobic position of the APA pre -1973. The APA has recently issued a statement condemning 'reparative' therapies that seek to 'cure' homosexual men, or turn them into heterosexuals.

There is an ambiguity, a ceaseless undecidability, or instability in the narratives of homosexuality, HIV or AIDS that often appears to provoke pathologisation or prejudice. But on the other hand empathetic or 'gay'-generated narratives are often reactive, revisionist of, or colluding in a hegemonic heterosexual or normative scientific discourse that some of these gay identity narratives claim to subvert through their 'difference'. Coming out narratives and other gay narratives still may be subversive, even though they are dependent on the 'master' or dominant narrative or have become part of the same sexual narrative. This idea makes homosexual desire, or indeed,

²² See the home web page of American Gay and Lesbian Psychiatrists at <http://www.aglp.org/>

²³ See AGLP web page.

²⁴ See their web page at <http://www.narth.com/>

homosociality, as Sedgwick terms relations between men including homosexual practice, a part of a central narrative to a discursive sexual economy rather than a peripheral one.

Sedgwick writes, in *Between Men: English Literature and Male Homosexual Desire*, “that in any male-dominated society there is a special relationship between the homosocial *including* homosexual desire and the structures for maintaining and transmitting patriarchal power....”²⁵ And in *Epistemology of the Closet*, Sedgwick writes even more appositely:

An understanding of virtually any aspect of modern Western culture must be, not merely incomplete, but damaged in its central substance to the degree that it does not incorporate a critical analysis of modern homo/heterosexual definition.²⁶

The point here is not to show how one set of narratives, or one discourse, like that of psychiatry, is oppressive, and one quite free or liberative, in the same manner that Foucault critiques the Freudian concept of repression, but rather how these sets of narratives nourish each other. An osmosis occurs and ostensibly marginalised narratives begin to penetrate a hegemonic paradigm; these narratives are in a constant condition of ‘becoming’, in a Deleuzian sense. One is not molar while the other is molecular. Rather, each is an example of deterritorialised, rhizomatic or nomadic ‘writings’ or storytellings. Both sexuality and disease are manifestations of a desire that Deleuze claims always existed, as fluxes and intensities on the surface of the body. Deleuze and Guatteri write in *Anti-Oedipus: Capitalism and Schizophrenia*:

²⁵ Sedgwick, E. *Between Men: English Literature and Male Homosocial Desire*. New York: Columbia University Press, 1985. p. 25.

²⁶ Sedgwick, E. *Epistemology of the Closet*. Harmondsworth: Penguin, 1994. p 1.

For it is a matter of flows, of stocks, of breaks in fluctuations of flows: desire is present wherever something flows or runs, carrying along with it interested subjects – but also drunken or slumbering subjects – towards lethal destinations.

It is a problem of desire, and desire is part of the infrastructure.

Desire is not bolstered by needs, but rather the contrary: needs are derived from desire: they are counterproducts within the real...Desire does not lack anything: it does not lack its object.

It is, rather, the *subject* that is missing in desire, or desire that lacks a fixed subject....²⁷

Two of the pioneering crusaders for the depathologisation of homosexuality in 1950s America were Evelyn Hooker, who tried to make psychiatry ‘gay-friendly,’ and Alfred Kinsey, who rather than merely meeting gays in the clinical situation, ventured out into gay bars. Hooker was introduced to the gay scene by a student friend, while Kinsey cruised the gay bars of Chicago for himself.²⁸

Meeting gays outside the clinical situation made it much harder for Hooker to *imagine* someone as pathological. This psychiatric doctor-patient tableau is disrupted by the observation of people in the bar: people drinking and dancing and generally enjoying themselves as Kinsey and Hooker were, rather than observing a depressed patient sitting in a psychiatrist’s office or after having been admitted to a psychiatric hospital. The clinical process involves the

²⁷ Quoted in P Feury, *Theories of Desire*, Melbourne: Melbourne UP, 1995, p. 97.

²⁸ Herman, E. *Psychiatry, Psychology and Homosexuality*. New York: Chelsea House Publishers, 1995. Series: Issues in Lesbian and Gay Life. General Editor, Martin Duberman. See also the biography of Kinsey *Alfred C. Kinsey: A Public/Private Life*. James H. Jones. New York: W. W. Norton, 1997. And for information on Hooker see Bayer, R. *American*

putting in place of a *mise en scene* or overdetermined tableau, setting up what the psychiatrist is conditioned to see, and it is a key, influential example of how diagnosis and psychiatry, are culturally determined and frame the patient in pre-determined ways.

According to Herman's *Psychiatry, Psychology, and Homosexuality*, some professionals became 'sympathetic' to homosexual men:

[Evelyn] Hooker taught psychology at UCLA and conducted research in the field of animal psychology. Sammy, a young gay man who was a brilliant and enthusiastic student in one of her introductory night courses, befriended Hooker and her husband in 1945. He introduced Hooker to his lover, George, and their circle of friends and then acted as her tour guide through the social networks and institutions of the gay male community in Los Angeles, including drag shows and bars. Hooker reacted with both surprise and pleasure to the "secret world" of Sammy and his peers. Previously, she knew little about homosexuality or homosexuals and was astonished at "the rather extraordinary cross section of society into which I was introduced by Sammy."

"We have let you see us as we are, and now it is your scientific duty to make a study of people like us," Sammy informed his new psychologist friend one night after an evening at the gay club Pinocchio's. Hooker later remembered that what he meant

was “We’re homosexual, but we don’t need psychiatrists. We don’t need psychologists. We’re not insane. We’re not any of those things they say we are.”

The result was the very first investigation into whether or not homosexuality was an illness that examined a population of ‘normal’ gay men—men who were not residents of mental hospitals, prisoners, or distressed patients in therapy, but ordinary people living ordinary, if still closeted, lives.²⁹

Hooker challenged the hegemonic model of homosexuality that psychology and psychiatry had helped to construct and which was current in that society and at that time.

Alfred Kinsey, himself probably a closeted gay or bisexual, participated and observed a ‘homophile’ or proto-gay culture³⁰. Homophile was the name given to American homosexual organisations such as the Mattachine Society of the 1950s; it was intended to express the view that men did not just want to have sex with other men, or women with women, but wished also to be ‘allowed’ to love. ‘Proto-gay’ is used here in the sense of being pre-Stonewall, 1969. Kinsey had enormous influence in academic circles as well as in popularising debate in public about sexual practice, including his much vaunted claim that one in ten American men were probably homosexual and had had a homosexual experience ‘to the point of orgasm’. Kinsey’s popular book and research helped to break down the silence and the many taboos about sexuality, using science as an ‘objective’ authority against prejudice, rather than as a

²⁹ *Psychiatry, Psychology and Homosexuality*, p.57.

means of re-enforcing stereotypes. His was actually a pro-gay stance couched in scientific terms, just as later Bieber and Socarides would push an anti-gay prejudice under the guise of research and scientific objectivity and the need to provide a solution to the problem of homosexuality. Science or psychiatry could actually promote a particular point of view, but that point of view has usually been a normative model of heterosexuality. In the case of Bieber and Socarides, psychiatry or 'behaviour therapy' were used to instigate a homophobic or anti-homosexual response.³¹

Generally, the Kinsey report was not interpreted as uncommitted to one side of the argument about homosexuality or another, although it was seen as *scientifically* objective which gave it much of its power to persuade in the 1950s, but it was used by sexual reform-minded people (such as the members of Mattachine Society) as a manifesto. The 'Kinsey report' attempted to both normalise and quantify such sexual practice as homosexuality and masturbation. Merely discussing sexual taboos was radical and revelatory, because silence about homosexuality had previously been considered the decent, respectable response. Silence was similarly employed three decades later by conservative discourses on HIV/AIDS, generating the "SILENCE = DEATH" motto of ACT UP and suchlike activist groups. Jones has written evocatively:

During the 1939 fall term, Kinsey plunged deeper and deeper into sex research. As it happened, he discovered an invaluable

³⁰ Kinsey, pp. 378-379.

³¹ Like Hooker, Kinsey seemed less interested in shining a light on 'human female' sexuality or lesbian sexuality. The study of sexual behaviour in the human female was only published years after its male counterpart. It should also be noted that women suffered years of invisibility and attempts at erasure in the early American homophile organizations dominated by men.

contact man right on campus. The young man was upset because he could not reconcile what his political science professor was saying about local government with his first hand knowledge of conditions in his hometown, an industrial city in northern Indiana. During the interview, he regaled Kinsey with stories about the city's underworld, replete with accounts of commercialized vice. Kinsey accepted the student's offer to visit his hometown and check out things for himself.... Thanks to his previous [contacts with gay men friends, this enabled Kinsey to get into] gay parties, [his contact] accompanied him to the theatre, walked him through the city parks and public urinals where gay men "cruised" in search of anonymous sex and ushered him through the network of gay nightclubs and coffeehouses, pausing long enough at each spot for him to establish contacts that ensured that a new group of men would start the process all over again. Indeed, anyone who did not know better would have thought Kinsey was socialising, not researching.³²

Kinsey and Hooker received an intimate view of gay life and gay people so that friendships were established. The same cannot be said for the research done by Bieber or Socarides, or present-day psychologists like Elizabeth Moberly, Joseph Nicolosi or Robert Kronemeyer, who as clinicians and writers attempt to 'cure' the homosexual subject and re-orientate 'him' to

³² Kinsey, pp.380-381.

heterosexuality (they seem to specialise in male homosexuals.)³³ The difference in interpretation of homosexuality could also be ascribed to ideological or religious belief, but surely also to temperament. Hooker and Kinsey showed remarkable courage and a genuine curiosity about human nature in their research and critiqued the prevailing hegemonic paranoia.

Kinsey also acted as a counsellor to homosexual men, many of whom, not surprisingly given their treatment in society and in the media, considered themselves sick. They asked Kinsey for advice on how to develop 'normal' sexuality. Kinsey sets forth his advice in a letter to an anxious young man which sounds surprisingly like advice from Bieber and Socarides, who like McConaghy, an Australian practitioner of 'behaviour therapy' used to 'reorientate' gay men, and claimed to be 'helping' homosexuals.³⁴

In 2000, more than two decades after McConaghy began treating gay men with aversion therapy, he wrote an article for *Quadrant* in which he defends his, and other psychiatrists like him, treatment of queer men and the research associated with his aversive treatments. (Interestingly, he never seems to have

³³ See Bieber, I. et al. *Homosexuality – A Psychoanalytic Study*. New York. : Basic Books, 1962. Socarides, C. *The Overt Homosexual*. New York: Grune and Stratton, 1968. Moberly, E. *Homosexuality: A New Christian Ethic*. New York: Robson Books, 1997. Nicolosi, J. *Healing Homosexuality: case histories of reparative therapy*. Northvale, N.J.: Aronson, 1998, and Kronmeyer, R. *Overcoming homosexuality*. New York: Macmillan, 1980.

³⁴ Visiting Professor of Psychiatry at the University of New South Wales, Dr Nathaniel (aka Neil) McConaghy, authored articles such as "Inversion Therapy and Homosexuality" in *Handbook of Psychiatric Therapies*, ed. Masserman, J. New York: Science House, c.1972. McConaghy is a world authority on aversion therapy for the treatment of homosexuals. McConaghy began lecturing at University of New South Wales in 1964 and continued till at least the first years of the twenty-first century. He devised his own 'penile plethysmography' to record penile responses to pictures of muscley guys and handsome youths in tight underpants, by homosexual men who had been referred to him, often by law courts or clergy. He also used apormorphine which he administered intravenously to induce vomiting. He recommended increasing the dosages if the vomiting and nausea were not severe enough or did not last up to ten minutes. He describes his 'treatment' regime in an essay included in the book *Behaviour Therapy: proceedings of a symposium held by the Queensland branch of the Australian Psychological Society, 1967*. eds. Mangan, G and Bainbridge, L. St Lucia, Qld.: University of Queensland Press, 1969.

treated lesbian or queer women.)³⁵ McConaghy's article is a reply to an earlier article in *Quadrant* written by 'out' High Court judge, Justice Michael Kirby, "Remaining Sceptical—Lessons from Psychiatry's Mistreatment of Homosexual Patients."³⁶

Although McConaghy admits in his article that aversion therapy cannot change a gay man into a heterosexual one, he thinks aversive therapies were justified because they reduced bothersome symptoms of homosexual desire, especially for a man who is about to be heterosexually married. McConaghy does not appear to understand the arguments against aversive therapies and reasoning of his critics and cannot see why homosexual desire should not be treated by aversive therapy in the same ways as "anxiety states and phobias; obsessive compulsive disorders; addictions to alcohol, nicotine and other drugs; excessive eating; pathological gambling; sexual anomalies, including exhibitionism, voyeurism, fetishism, transvestism [*sic*] and paedophilia."³⁷ In principle he cannot see an ethical problem with treating a patient's homosexual desire, if the patient is bothered or upset by that desire. McConaghy's stance is disingenuous because he attempts to argue that psychiatrists of his ilk are not re-enforcing society's homophobia, merely responding to requests from patients who are unhappy with their homosexual desires. It's as if the whole struggle for sexual equality and homosexual rights completely passed him by. Yet this cannot be so because gay activists disrupted many of the conferences at which he spoke.

³⁵ "Australian Psychiatry and Homosexuality," by Nathaniel McConaghy, *Quadrant*, Sydney, N.S.W.: May 2000, pp. 46 – 50.

³⁶ "Remaining Sceptical—Lessons from Psychiatry's Mistreatment of Homosexual Patients," by Michael Kirby, *Quadrant*, January/February 2000.

³⁷ "Australian Psychiatry and Homosexuality," p. 46.

Queer men were also targeted for a cure by psychosurgery. In the 1970s, members of the Sydney gay liberation and CAMP (Campaign Against Moral Persecution) drew attention to the surgical practices of Dr Harry Bailey. Incidentally, Dr Bailey was investigated later about his 'deep sleep' therapy at the Chelmsford private hospital at Pennant Hills, a suburb of Sydney.³⁸ At this time, he basically performed lobotomies on gay men.

Returning to the American experience, Kinsey's letter to an American mother also has strong resonances of 'Freud's Letter to a Mother' [about a young homosexual man]. Freud's letter was written late in life and was sent to Kinsey by an 'anonymous correspondent' who wrote: 'Dear Dr Kinsey, Herewith I enclose a letter from a Great and Good Man which you may retain.—From a Grateful Mother.' Kinsey forwarded a 'photostatic copy' of the letter to the *American Journal of Psychiatry* where it was published c.1952.³⁹ This was Kinsey's six-part plan:

1. Associate with heterosexual men, whose daily reactions to the female will, in time, interest you in such reactions.
2. Take opportunities to make social contacts with girls in parties, movie dates, etc., etc.
3. Start the physical contacts with the simplest sort of petting, gradually build up to heavy petting to the point of actual climax. Mouth, female breast, and genitalia should be involved; they are usually added to the picture in that order.
4. Come to intercourse only after you have known definite arousal

³⁸ For more detail see Willett, G., *Living Out Loud*, pp. 105 – 107.

³⁹ *American Journal of Psychiatry*, Vol. 107. pp. 786-787.

in the petting. The physical techniques of heterosexual intercourse are, in any case, more difficult to learn than the techniques of homosexual intercourse. It will take a lot of the heterosexual to equal the hundreds of contacts you have had with the homosexual. 5. Avoid sex relations with the male as far as convenient. Do not be discouraged if you continue to make occasional contacts, for it is still possible to develop the heterosexual at the same time. 6. Do not be discouraged if you find the male still arousing you more than the female: it may take time and abundant heterosexual experience to bring you satisfaction equal to what you have known in the homosexual. Sometimes, however, I have known the homosexual pattern to change almost overnight, as the result of a fortunately satisfactory heterosexual experience.⁴⁰

One cannot help thinking that Kinsey not only spoke from the experience of subjects, but from personal experience. The tone of the advice is one of empathy and sympathy. Help offered is similar in style to that adopted by the behavioural therapists later. But the behavioural therapists' approach is a disguising or *faux* sympathy, concealing a sharply defined medical imperative, often utilizing chemicals and electric shocks to the penis whilst the subject viewed pictures of naked male bodies. Kinsey's tone is much more encouraging and the young man is advised merely to avoid relations with other males if it is convenient. It is as if Kinsey is implying a bisexual lifestyle as

⁴⁰ Kinsey, p. 835.

more appropriate than a solely homosexual one, rather than a change to heterosexual practice.

Comparing Kinsey's approach to research with the work of Irving Bieber is difficult because of a fundamental difference. Kinsey's work is directed towards discovery and reform, to shed light, whilst Bieber's work is primarily motivated by 'science' and the search for a solution. Bieber's volume presents a systematic study of 106 male homosexuals in psychoanalytic treatment with members of the Society of Medical Psychoanalysts.⁴¹ The anonymous author of the Preface to Bieber's volume is most likely Bieber himself, although he does not put his name to it, presumably because he sees the whole study as a combined effort. The study began in 1952 with the formation of a Research Committee under the chairmanship of Irving Bieber: "The subject of male homosexuality was chosen as the critical study because it was considered to be a key problem in psychoanalytic theory and a clearly defined behavioural pattern which would not present any diagnostic difficulties."⁴² The writer was incorrect in both of these assertions and in the foundational reasoning for undertaking the research and collating the information in the book.⁴³ Male homosexuality had never been regarded by Freud as a key problem area in psychoanalytic theory or of human behaviour, as evidenced in Freud's famous "Letter to a Mother" and also his acceptance of homosexuals for psychoanalytic training. It is true that Freud had somewhat ambiguous views

⁴¹ Bieber, I. et al. *Homosexuality - A Psychoanalytic Study*. New York: Basic Books, 1962. n.p

⁴² *Homosexuality - A Psychoanalytic Study*, p. vii.

⁴³ See Lewes, K. *The Psychoanalytic Theory of Male Homosexuality*. New York: Simon and Schuster, 1988 for a fairly conservative history narrative of the relationship between psychoanalytic theory and homosexuality. A more recent collection of essays edited by Dean, T. and Lane, C. is *Homosexuality and Psychoanalysis*. Chicago: University of Chicago Press, 2001, which explores theories of Foucault, Lacan and Reich.

about male homosexuality, including that it may have been a result of arrested sexual development. It is this concept that ‘therapists’ like Elizabeth Moberly, the British conservative theologian closely linked with reparative or conversion therapy to ‘cure’ homosexuality, are exploiting.⁴⁴

What Bieber’s work implies is that *he* sees male homosexuality as a key problem, not in psychoanalytic theory as he states, but for American society. He attempts to present ‘behaviour therapy’ as a tool of scientific use to solve a problem of behavior and a problem for society. If ‘psychology’ (his type) could ‘cure’ homosexuality, or turn the homosexual subject into a healthy heterosexual, then it would gain scientific legitimacy and *political* usefulness, like a parallel ideological imperative to that of being able to eliminate or neutralise suspected communists.

I shall now turn to two essays: Denis Altman’s “I Think Therapy is Good for Other People” and Bob Brown’s “Keeping a Promise”. The Altman essay is light-hearted and humorous in tone and register. But like much incisive satirical writing it is directed towards some serious topics, topics pertinent to this chapter. Issues addressed or alluded to in the essay are: gay male lifestyle in pre-AIDS (but post-Gay Liberation) New York; gay male relationships and emotional crises: and ‘mental illness’ and the ‘relationship’ between gay men and ‘their’ psychotherapists. Altman has written extensively about AIDS, and his (autobiographical) novel *The Comfort of Men* addresses issues concerning AIDS.⁴⁵ According to Altman’s essay, in the early eighties most gay men were “ebullient” and “thought anything was possible”; this may be interpreted by

⁴⁴ See Freud, S. *Three Essays on the Theory of Sexuality*. Trans. By Strachey, J. London: Imago, 1949.

⁴⁵ Altman, D. *The Comfort of Men*. Port Melbourne, Vic.: W. Heinemann, 1993.

readers as the apotheosis but also the death of the coming-out and gay liberation narratives (everyone would already be 'out'). "Before AIDS hit," to use Altman's phrase, he points out that gay men still needed therapists, benign ones that is, not for a cure, but to sort out tangled emotional lives, problems with partners and the persisting oppressive regime. Altman records that "going to the therapist" was so common, so connected to gay lifestyles (at least in New York at this time where the narrative unfolds), as to be like going to the dentist or having gym membership.⁴⁶ This point makes the reader aware of the narcissistic thread in the post-liberation narrative: 'perfect' teeth, 'perfect' gym body (that led to the camp phrase 'muscle mary') and a healthy and happy 'mind'. Indeed it is important at this temporal point in the narrative for gay men to be visibly healthy, or what superficially is apparent health, as a reaction to the old stereotypes of the sick, nervous and miserable homosexual. This was the time of the macho 'clone' culture.⁴⁷ Many gay men themselves believed in the clichéd image of the 'effeminate' homosexual and they too despised this stereotype of 'homosexual'. It was important not only to seem to be healthy, however, but to be *more* visibly healthy than straights. This clashed somewhat with the other features of the gay Dionysian narrative, of abandon and hedonism: excess and indulgence, particularly of drugs, remembering that it was gay men who made a cult of sniffing 'poppers' (amyl nitrate) on the dance floors of clubs and discos. It was not necessarily health but rather a type of sublime beauty that was important; as long as one could keep one's muscled body for now, it didn't seem to matter that the gay man was an alcoholic, chain

⁴⁶ Altman, D. "I think therapy is good for other people", in *Best Australian Essays 1999*. Craven, P. (ed.) Melbourne: Bookman Press, 1999. p. 254.

⁴⁷ For a collection of sociological writings about clones see *Gay Macho: The Life and Death of*

smoker or addict, indeed excess was celebrated. Gay men are still heavier smokers than straight men, according to a recent Australian Gay Men's Health project.⁴⁸ However the 'visible' 'healthiness': white teeth, gym body or physique, not muscles gained from laboring work but from self-conscious workouts, raises issues explored by Foucault as 'technologies of the self' in *Discipline and Punish*.⁴⁹ This macho body did indeed sit comfortably with the largely middle-class, white-influenced 'clone' narrative.

Altman went to see Larry – his therapist, with whom he was on first name terms, supposedly a symptom of the reduced power of the therapist and also a feature of 1980s professional exchange; the therapist is no longer heterosexual and no longer attempting a 'cure'. That Larry the therapist was also gay provides both a revelation and the punch line or dénouement to this essay that is more like a tale, a *conte*. Altman writes, "I first went to Larry at the end of 1984, so it must have been cold and nearly dark in the late afternoon." This is more typical of an evocative short story narrative than a precise essay form; this is an informal, atmospheric essay. Altman seems to remove himself from a more formal academic style of writing that suits the subject matter he is approaching.

Altman writes that he does not want to visit a Jungian therapist because his partner Joshua sees a Jungian therapist. Joshua is himself "studying social work

the Homosexual Clone by Martin, P. Levine. New York: New York University Press, 1998.

⁴⁸ An interesting fictional exploration of the phenomenon of excess and how this conflicts with the search for a healthy HIV body can be found in Graeme Aitkin's satirical novel *Vanity Fierce*. The novel is set a decade after Altman's story, in a 'post-AIDS' era of excess and indulgence preparing for the Sydney Gay and Lesbian Mardi Gras dance party. See Aitkin, G. *Vanity Fierce*. Milsons Point, N.S.W.: Random House Australia, 1998. Gay men continue to be heavier smokers than straight men according to The Gay Men's Health Project. Quoted in a newsletter from the AIDS Council of South Australia, 2002.

⁴⁹ Foucault, M. *Discipline and Punish: The Birth of the Prison*. London: Allen Lane, 1997.

at New York University in the hope of himself becoming a therapist....”⁵⁰ This is a humorous, ironical reference to the plague or proliferation of therapy and therapists:

I’m not sure how I found Larry. I remember that I wanted a gay man whom I didn’t know, and who was not a Jungian. I have a deep mistrust of the spiritual side of Jungian analysis, but I also felt some jealousy towards Joshua’s relationship with his (Jungian) therapist for whom he duly recorded his dreams in a dream book kept by the bed and to whom he unburdened himself twice a week.⁵¹

Altman plays with all the anxieties of psychotherapy, and its sometimes surprising or controversial theories, such as transference of love by the patient from the love object to the therapist. He writes with mock naivete: “Larry was tall, and good looking in a rather cold and lanky way; I don’t think I ever thought about him sexually and certainly he behaved with disappointing propriety.”⁵² The uncertainty reflected in a phrase like “I don’t think I ever thought about him sexually” is a wry joke on the astonishing observations that therapists can make about one’s ‘real’ motives and beliefs which may be demonstrated not by the conscious self, a reflective and knowing unified subjectivity, but rather unconsciously, outside of one’s logical ego and therefore beyond one really knowing what one is doing. This is also a feature of postmodern subjectivities; the ‘I’ is multiplicitous and may be beyond the reach of a controlling, well-intentioned ego. Thus evil or depravity, charges

⁵⁰ *Best Australian Essays 1999*, p. 255.

⁵¹ *Best Australian Essays 1999*, p. 255.

⁵² *Best Australian Essays*, p. 255.

often brought against homosexual desire and practice, especially sodomy, may be committed not knowingly but unconsciously, against one's better judgement, against one's own will, like an addiction, an uncontrollable desire.

During the course of his essay Altman drops two names of significance: that of Neal McConaghy, and that of one of his closet friends, the academic from Flinders University, Dr John Lee. Altman writes: "I remember very clearly the time when someone told a group that McConaghy's favourite music was *The Magic Flute* and the scorn with which this attempt to make him more human was received."⁵³ Altman implies that the Sydney Gay Liberationists were an unforgiving lot, without much humour, unamused by speculation that McConaghy himself was supposedly a closet gay with a boyfriend. Altman seems to suggest that a gay reader can afford to relax, show more humour towards animadversions. But then Altman seems to remind himself and the reader that this really is no laughing matter, this treatment of gay men at the hands of therapists. Altman writes, "One of my closest friends, John Lee (now dead), had long and unhappy experiences with psychiatrists, which he related with some pain."⁵⁴ John Lee's experiences were not only personally traumatic, but part of an ideology and biomedical practice that sought to intervene and 'cure' gay men.

Altman suggests that he is skeptical and cynical of a therapy that treats a patient because it seems to involve a bourgeois individualism and ignore the social construction that shapes us. What Altman does not seem to see is that the therapy itself and the therapeutic relationship between a gay man and a

⁵³ *Best Australian Essays*, p. 258.

⁵⁴ *Best Australian Essays 1999*, p. 259.

therapist is part of the 'social', which must be interrogated. Altman makes the 'individualising' mistake, that because one's therapist is gay he is probably harmless or not practising an oppressive therapy. He finishes his essay, one of the 'best of 1999', with these words:

A few years ago I was at a Gay and Lesbian Studies Conference at Yale University. I sat at dinner near a man who looked familiar. After a few minutes of conversation I admitted that I knew him but wasn't sure how. 'You should,' said Larry, 'you came to me for therapy.'⁵⁵

Larry could not resist the chance to prove that his memory was superior to that of his former patient. It is a deliberately ambiguous ending to the essay because it can also be interpreted as implying that the psychologist's life was considerably more dull than that of his patient and that explains why he could remember. He is also asserting his authority—he will always know more about 'the patient' than even the patient knows about himself. Alternatively, the ending could imply that he took more than a professional interest in his former patient.

Conversely, rather than being satirical, Bob Brown's essay, his coming out story, is sad and sombre—nevertheless it has a strongly inspiring ending. It begins: "Night after night I pleaded with Jesus to make me normal. I was nineteen. A little while later I stopped going to church."⁵⁶ "Keeping a Promise" is part of a collection of coming out stories directed at 'young adult' readers as they are classified by public libraries and the publishing industry. The book

⁵⁵ *Best Australian Essays*, p. 259.

bears endorsements in blurbs from notable and possibly influential Australians including Senator Natasha Stott Despoja, Rev. Tim Costello and the poet Dorothy Porter. Contributors to the collection include Sue-Ann Post, former Mormon and now 'out' lesbian stand-up comic, and Ian Roberts, the first 'out' professional Rugby league player.

Brown was studying medicine at university at the time this autobiographical story is set:

“One day I skipped uni and went to Macquarie Street, watching over my shoulder in case someone I knew came along.”⁵⁷

The “watching over my shoulder” phrase is an oblique reference to the paranoia of a young, confused gay man who is worried by the prospect of his friends seeing him enter a psychiatrist’s offices.

Brown continues, “As I read the brass plates of the psychiatrists, I picked a name and, shaking with nervousness, rang the number. A matter-of-fact sounding woman answered and told me I’d have to wait three weeks for the next available appointment.”⁵⁸ Although writing of a possibly depressed medical student, there is an underlying wry tone achieved by the writer’s wisdom of hindsight in this passage. To the student it was a momentous decision; to the busy secretary a banal, quotidian part of her job. The long waiting period suggests that there are many people in what the student perhaps believes is his unique position. Brown thinks he is the only homosexual in Sydney or possibly the world. The answer to his lonely dilemma, meeting his own kind,

⁵⁶ *Inside Out*, p. 101.

⁵⁷ *Inside Out*, p. 101.

⁵⁸ *Inside Out*, p. 101.

may seem obvious in retrospect, but it was often difficult for a naïve student to make those connections at that time.

The tone of the essay is that of a thriller, attempting to ‘seduce’ the young reader who is often reluctant to read. Yet many gay men have read themselves out of the closet using a gay canon. It is also worthwhile noting the number of young gay men who are ‘bookworms’ or dedicated readers, given that reading for boys is often seen as a sissy or nerdish pastime, rather than sporting, and boy readers are popularly seen as antithetical to an Australian stereotyped masculinity. I discuss this in Chapter 4 in relation to Damon in *April Fool's Day*.

Here it is important to point out the rhizomatic dispersion of gay or queer bodies through culture, whether produced by the written narrative or constructed from spoken coming out stories. The re-production of gestures occurs for example, from old queens to young ones, and ‘camping it up’ is often perfected in ‘gay’ bars and by copying old Hollywood movies. This is probably less so now with the gradual disappearance of primarily gay bars.

In public life as a Senator, Bob Brown does not have an overtly ‘camp’ image, but he occasionally reveals an acid wit and a camp sensibility in the authorial position he adopts in his storytelling or parable. The excitement for the reader mounts: “The doctor would be the first human being I would tell I was homosexual.”⁵⁹ It transpires that the psychiatrist is not a warm-hearted person. Once again hopes are raised and then deflated, a literary device of rising and falling expectations. The psychiatrist fills a syringe with testosterone “from a bottle in the fridge” and injects “the right cheek of my bum and said to

come back each week for more.”⁶⁰ At this point in the story something particularly interesting emerges—the psychiatrist, having treated the youth’s body via injection of hormone, now intends to treat his mind, evidence of the Cartesian dualism on which psychiatric practice is based. He gives him a book to read. The text is Van der Velde’s *Ideal Marriage* (1928). This was a sexological text that became something of a bestseller in Australia of the 1950s. Lesley Hall, in her introduction to “Heterosexuality, Marriage and Sex Manuals” writes:

Unlike Stopes, with her delineation of the unrecognized but powerful ‘sexual tides’ of women, Theodore Van de Velde (1873-1937) turned the spotlight back onto men with his exhortations to males to be ‘educators and initiators of their wives.’ Van de Velde, who, according to Edward Brecher, ‘taught a generation to copulate’, was a Dutch gynecologist who had (himself married) eloped with a married patient and had to leave the Netherlands.⁶¹

Despite this Van de Velde positions himself as speaking for the “delicate differentiations and modifications” within the realm of the normal, eschewing “certain abnormal and sexual practices” and keeping the “Hell-gate of the realm of Sexual Perversions firmly closed.”⁶² Hall writes that Van de Velde gave details in *Ideal Marriage* of a wide variety of sexual positions,

⁵⁹ *Inside Out*, p. 102

⁶⁰ *Inside Out*, p. 102.

⁶¹ Bland, L and Doans, L.. *Sexology Uncensored: The Documents of Sexual Science*. Cambridge: Polity Press, 1998. p. 108.

⁶² *Sexology Uncensored*, p. 108-109.

instructions as to the best mode of performing cunnilingus, although Hall informs us that he was less forthcoming in describing fellatio. The text was translated into English by British sex radical Stella Browne.

There has been a history of medical pathologisation of the queer male body and a variety of treatment régimes for homosexuality, including the behaviourist aversion (or aversive) therapies where research and praxis carried out by McConaghy was considered at the forefront of international research findings and the lesser known psychosurgery or lobotomies performed by Harry Bailey.

With the de-pathologisation of the gay male body in the 1970s a re-pathologisation was required to ensure the normality and primacy of heterosexual practice and even 'heterosexual' marriage. In addition to new psychiatric and psychological therapies based on the earlier assumptions of the pathology of homosexuality, the spread of HIV and AIDS in the gay community provided the source for this process.

In this chapter I have tried to show that medical and psychiatric attitudes and practices to queer men formulated in the United States were often adopted in Australia and that sometimes, in the case of McConaghy, these brutal practices, were expanded upon and refined. I have shown how in McCarthyist America, Kinsey and Hooker challenged the pathologisation and demonisation of queer men. I have shown how Deleuze, following concepts generated by Nietzsche and the German Romantic movement, argued that illness was not always symptomatic of passivity, but could become a source of inspiration and even life action. I have included valuable testimonial or thinly disguised

autobiographical writing and anecdotes from two very influential gay men, Dennis Altman and Bob Brown, that bring to life contemporary biomedical attitudes to queer men. These writings, in their irreverent and challenging scepticism towards medical pronouncements, were often replicated in the later AIDS memoir writing of people such as Eric Michaels.

Chapter 3

The Rule of Blood

Sometimes words trigger off cataclysms,
sometimes acts, sometimes physical conditions.

Mary Douglas, *Purity and
Danger*

It was easy to forget that there actually was a virus that existed, grew, outwitted its enemies, invested its host, had designs on new hosts, ate nerves and polluted blood. Usually the virus controlled its empire only through intermediaries, through ukases relayed along synapses or by orchestrating the slow collapse of immunities as it inched past the inner sanctum of the blood barrier so that it could reorder—simplify in some monstrous, radical way—the chemistry of the brain. But the effects of the virus could be felt everywhere, in the dimming of an eye, the whittling down of all the fingers so they couldn't fill out their old rings, which just slid off, or in the temporary gusts of deafness that reminded the invalid of the long, reverberant silence to come, the virus itself was seldom referred to and even less often did it make a 'personal' appearance. It was the silent partner, the unnamed investor, the power behind the throne.

Edmund White, *The Married
Man*

This chapter will explore the 'aporetic', enigmatic humour—blood—and the part it plays in the appreciative perception of HIV and AIDS bodies in certain Australian cultural productions.

By way of background I shall look at writing ([S]cripture) in the Bible, particularly Exodus and Leviticus of the Old Testament, to trace taboos (or rather to find a trace) of that which ‘plagues’ blood in a Judeo-Christian culture, but which also appears cross-culturally, as demonstrated in works by William Robertson Smith, Steiner and Douglas.¹ Then I shall briefly touch on the topics of homosexuality and the anus, filtered through the Deleuzian gaze of Hocquenghem.² Kristeva’s thoughts on the abject in the *Power of Horror* are considered, and Derrida’s idea of poison and cure in “The Pharmakon” necessarily, due to its importance in current scholarly discourse, also plays a part, as does Artaud’s prescient essay on the plague, in *The Theatre and its Double*.³ One of my contentions is that problems of visibility with HIV and AIDS are connected to the problems of visibility and invisibility which may also affect the perception of homosexuality: that there could be ‘a homosexual’ among ‘us’ and ‘we’ would not know (the uncanny); and also, similarly, that there could be an HIV positive person among ‘us’ and ‘we’ may not know—or may not wish to know. This possibility of invisibility is particularly the case in the army and the church and it demonstrates a paranoia, a paranoia concerning hidden homosexuality and a hidden, or invisible, virus.

The chapter then examines Australian Rules football and its role in the vanguard of protecting uncertain and vulnerable (that is, they are under attack) boundaries of a paranoid masculine body and ethics, both as a code and as a

¹ See Douglas, M. *Purity And Danger: an analysis of concepts of pollution and taboo*. London: Routledge and Kegan Paul, 1966. Smith, W. *Lectures on the Religion of the Semites*. London: A&C Black, 1927. (Third edition.) Steiner, F. *Taboo*. London: Cohen and West, 1956.

² Hocquenghem, G. *Homosexual Desire*. Translated by Dangoor, D. London: Alison and Busby, 1978.

³ Kristeva, J. *Powers of Horror*. New York: Columbia University Press, 1982. Derrida, J. “Plato’s Pharmacy” from *Disseminations*, in *A Derrida Reader: Between The Blinds*. Kamuf, P. (ed.) New

spectacle.⁴ It will do this through a study of the case of Matthew Hall, ‘amateur’ (*lover*) footballer, and the spectacle of the Blood Rule as seen on TV. The Blood Rule is the legislated pause in play as a player leaves the field when blood is visible on the body or uniform, and bears a similarity to the memorial ‘minute of silence’ seen at football matches played on, for example, Anzac Day, that opens a gap and ‘causes’ a rupturing in the game.

Health authorities and the State AIDS Councils (members of AFAO, Australian Federation of AIDS Organisations) through many safe sex pamphlets always warned that the transmission of HIV, ‘the virus that causes AIDS’ to use the clichéd expression, was by exchange of blood ‘or other bodily fluids’: semen, saliva and even a ‘pre-cum’ secretion. Pre-cum is a particularly interesting phenomenon in this argument, because of its appearance before a likely ejaculation of semen. It is a precursor or augury of semen, and it was an urban myth circulating at the time. There was a debate in gay men’s health circles whether or not pre-cum secretion could or could not contain the HIV virus. It was thought that it was merely a shadow, not potent, in the sense of not being able to transmit the virus, but also in the sense of not being able to ‘cause’ or express *jouissance* or orgasm and lacking a peculiar productivity.

In his study *Taboo*, Steiner makes reference to the Pentateuch, the Mosaic books of the Old Testament. He writes of the laying on of hands upon the head of a live goat to transmit the transgressions of the children of Israel, then of the goat being sent away with a chosen man (not a diseased or disabled one and always a

York: Columbia University Press, 1991. See pp. 122ff. Artaud, A. *The Theatre and Its Double*. New York: Grove Press, 1958.

⁴ My thoughts on the male body, AIDS and inscription have been influenced here by Schehr, L. *Parts of an andrology: on representations of men’s bodies*. Stanford, Calif.: Stanford University Press, 1997.

male). This sending away of the 'scapegoat' anticipates the calls in the mid - 1980s for sending away AIDS sufferers to a 'desert' island, the idea of expelling the poison from the cultural corpus by choosing a tribe (the HIV positive queered male body) to send into a desert (island). There are parallels here with leprosy but also with 'unclean' menstruating women. But the laying on of hands to transmit the transgressions of the populace into the goat which will then be sacrificed also interestingly recalls the laying on of hands to transfer the blessing, the touch that transfers grace, but also love, similar to the obsession with the needle to penetrate the skin, but also with the desire for penetration of the anus – to be 'touched' by love. It also recalls the perceived need for a *veil* to prevent the spread of the virus, when the ambulatory para-medics and particularly police officers wear the latex glove, a 'development' directly related to transmission of the virus.⁵

Robertson Smith, a Biblical exegetist and author of *Religion of the Semites*, is quoted in Steiner:

[T]he carrying away of people's guilt to an isolated and desert region has its nearest analogies, not in the ordinary atoning sacrifices, but in those physical methods of getting rid of an infectious taboo.... The same form of disinfection recurs in Levitical legislation, where a live bird is made to fly away with the contagion of leprosy...⁶.

⁵ Crimes or threats in prison against correctional services staff and robberies involving a 'blood-filled syringe' used the hysterical fear of contamination by authorities as a weapon against 'society'. The analysis of this style of 'crime' and what could be termed the 'criminology of AIDS' could constitute another chapter of this thesis.

⁶ Smith, p. 422.

Blessing was a way of drawing out the virus through the laying on of hands, but this it was believed also presented the risk of infection through contact. Indeed without the risk of infection there can be no cure, as Derrida postulates in “Plato’s Pharmacy”: without the trace of poison there is no medicine, metaphorically similar to the ‘trials’ of an AIDS vaccine, which contains ‘genetically engineered’ mutations or parts of the virus, now dead.⁷

This raises questions pertaining to metaphors of circulation, an obvious point to mention in relation to blood, and also parallels of infectiousness and contagion, an obvious trope in relation to cultural production and disease, especially of the AIDS bestseller. The metaphors of circulation, contagion and the AIDS bestseller are addressed in the following chapter.

Narratives of AIDS can be said to be pre-figured and post-figured—pre-figured in viruses of the past, and post-figured in viruses yet to come. A mnemonic prefiguring of AIDS, a future memory of the past, however mutated, could be said to exist in the narratives that ‘compose’ syphilis. Hocquenghem writes:

It is difficult for someone to admit that he has syphilis. Syphilis is not just a virus but an ideology too; it forms a phantasy whole, like the plague and its symptoms as Antonin Artaud analysed them. The basis of syphilis is the fantasy fear of contamination, of a secret parallel advance both by the virus and by the libido's unconscious forces; the homosexual transmits syphilis as he transmits homosexuality.⁸

⁷ See ‘From “Plato’s Pharmacy”’, itself extracted from Derrida’s *Dissemination* (1972) in Kamuf, P. (ed.). *A Derrida Reader: Between the Blinds*. New York: Columbia University Press, 1991. p.122ff. See particularly “The Pharmakon”, p. 124ff.

⁸ Hocquenghem, G. *Homosexual Desire*. p.56.

Hocquenghem could be writing here of AIDS. Syphilis for many gay-identified men in Australia 'before AIDS' entailed prohibitions on the body and its conduct. There were 'safe sex' campaigns and advice 'before AIDS', such as anti-syphilis posters —and gay social and advocacy organisations in Australia recommended their practise. I have a strong recollection that getting tested for 'VD' (primarily for syphilis, gonorrhoea and NSU [non-specific urethra]) every three months was recommended by gay organisations such as Society Five in Melbourne for its club members and clientele.

The VD clinic in Melbourne was located in the old, inner suburb of Fitzroy, opposite the twenty-storey Housing Commission flats (the highest state provided housing, built on slum clearance land). It was the suburb of Melbourne where Aboriginal people were most visible, especially on the street corners and in pubs. I remember the doctors ('venerealologists') testing for venereal diseases were often themselves dark skinned or very old and the building was antiquated. The patient was never called for by name but anonymously by number (even though real names and addresses had to be given on arrival). My impression was that this was the most humiliating or, perversely, 'least desired' position of the medical profession, as if the shame of venereal disease had not only afflicted the patient but also the doctor (perversely 'least desired' because they dealt with diseases stemming from desire). This also conveys a great deal about the Australian medical profession's attitudes to physicians of non-Anglo-Celtic background with 'overseas' qualifications and training, and aged and infirm doctors approaching retirement who often seemed to be 'over represented' in such clinics.

This is a significant fold or caesura in the narrative because with the arrival of AIDS, and later, post-AIDS, this field of treatment/research became highly regarded and indeed sought after for gay male doctors wishing to contribute something valuable to their community. The challenge of a vaccination or cure became a holy (or unholy) grail. Any breakthrough also promised for the doctor, researcher, laboratory and company unimaginable wealth and fame. This metaphoric twist or 'turn' (unwinding) indicated a shift in how gay people perceived themselves and were perceived, as a community that could find solutions to its own problems (with a bit of government funding). Safe sex was initially an idea that stemmed from the gay communities for self-protection.⁹ This period of testing for syphilis, in the early to mid 1970s, is before the rise of antibiotic resistant strains of syphilis and the return to untreatable, incurable, diseases, mimicking HIV.

Merskey has quoted a source that bears a striking written resemblance of contemporary paranoia about AIDS:

It used to be said of syphilis that he [sic] who knew that disease knew the whole of medicine. As Boyd (1947) put it: 'Of all diseases it is the most subtle. It is a master of disguise. There is no symptom which it cannot cause, no syndrome for which it may not be responsible.' With the great decline in the incidence of syphilis no other illness has come forward to take the place of such a master of simulation.¹⁰

⁹ See Crimp, D. *Melancholia and Moralism*; essays on AIDS and queer politics. Cambridge, Mass.: MIT Press, 2002.

¹⁰ Merskey, H. *The Analysis of Hysteria: understanding conversion and dissociation*. (Second edition) London: Gaskell, 1995, p. xvii.

Hocquenghem's discussion of the transmission of syphilis and homosexual desire shows how the two can be collapsed into each other, as happened with HIV/AIDS and gay identity in popular perception.¹¹ It also raises the issue of transmission of the virus, seen as an act of love or obedience by some gay men, and 'unprotected' sex between positive gay men and the 'positive' parties and dances where everyone is assumed to be HIV positive.

In the book of Exodus God turns rivers to blood, through the 'rods' of Moses and Aaron. (Aaron's rod had previously turned into a phallic serpent).

And Moses and Aaron did so, as the Lord commanded; and he lifted up the rod, and smote the waters in the river, in the sight of Pharaoh, and in the sight of his servants; and all the waters that were in the river turned into blood.

And the fish that was in the river died; and the river stank, and the Egyptians would not drink of the water of the river, and there was blood throughout all the land of Egypt. (Exodus, 7.20-21)

God was punishing the Pharaoh and the Egyptians for not allowing the Israelites to leave. Significantly, the first plague that God sent was a plague of blood that contaminates the food and water supply, the stuff of life, and causes corporeal death. This is the outrageous, punishing God of the Old Testament, like the God in Job, who rules with an iron fist—fascistically. Some fundamentalist Christians, and some not so fundamentalist, see condemnation of the 'gay lifestyle' (as if there were only one gay lifestyle—a stereotype) but exegesis of the Bible can lead to a number of different hermeneutics, including a queered or

¹¹ Hocquenghem, *Homosexual Desire*, pp. 56ff.

gay reading. A possible deconstructive reading may argue that the Chosen Ones are in fact the gays enslaved by a heterosexual dictatorship. According to this reading it is the hetero-hypocrites who will be punished, not the 'gay' slaves wishing to go to their special place (the 'desert' of gay bar and bathhouse).

The Jehovah of Exodus sent all manner of punishments including 'plagues' of frogs, lice and flies, as well as murrain, a disease affecting cattle, horses, oxen and sheep. He also sent a plague of boils (like an early aetiology or mutation of Karposi's Sarcoma?) "breaking forth with blains upon man, and upon beast, throughout all the land of Egypt." This was followed by hail and fire and a plague of locusts, but it was only when Jehovah said that the first-born son of every father shall die that Pharaoh finally "let my people go" (in the words of Jehovah) that is, threatened the patrilineal inheritance.

I want to turn now from the blood of taboo and the Old Testament, which infuses global cultures, to look at a pre-AIDS time—at least 'AIDS' as an official disease or a Deleuzian event—to a post-structuralist view of blood, through the concept of the abject, at things that belong inside, horrifically escaping to the outside: that is, what happens when the visceral becomes apparent. Kristeva has written in the *Powers of Horror* that "The abject has only one quality of the object—that of being opposed to I."¹² When blood escapes from inside 'the self', or body, and similarly disease, when it manifests symptomatically on the skin, or in other ways corporeally fulfils what it means to be abject, it becomes 'a piece of filth' or 'a piece of shit', which, not coincidentally, is a phrase that could be also spoken or verbal homophobic abuse. Kristeva writes that the abject is not "an otherness ceaselessly fleeing in a systematic quest of desire", though

homosexuality, like blood (or shit or bodily fluids/humours), is abject—simply because it may be perceived to be queer, opposed to a patriarchal, singular ‘I’, that is, that homosexuality is always a doubling.¹³ Thus Kristeva can write, “It is thus not lack of cleanliness or health that causes abjection but what disturbs identity, system, order.”¹⁴ The abject “simultaneously beseeches and pulverises the subject” and blood is an example of this ambiguity or undecideability—blood: life-giver, signifier of death, interior and exterior—metaphors for desire. Blood is visible beneath the skin, as are the canals, veins, arteries. Blood is at the same time surface and depth, like the skin.

Sin—transgressions of the law (including homosexuality and exchanging bodily fluids) is the abject in the Judeo-Christian matrix, and religious ritual is a way of purifying the abject. Impurity, according to Douglas and Kristeva, is rooted “in the cathexis of maternal function – mother, woman, reproduction”.¹⁵ Therefore a pure (holy) space is where there has been no blood, and no women. Chapters 13 and 14 of Leviticus locate impurity in leprosy: skin tumour, impairment of the cover that guarantees corporeal integrity, sore on the visible, presentable surface. Taboo bodies, in the sense discussed here, are bodies disabled or injured. AIDS bodies, like those of IV drug users, are forms of the punctured body or body with “anything superfluous” (Leviticus 21 18-21). Kristeva writes:

The body must bear no trace of its debt to nature: it must be clean and proper in order to be fully symbolic. In order to confirm that,

¹² Kristeva, J. *Powers of Horror*, New York: Columbia University Press, 1982. p. 1.

¹³ *Powers of Horror*, p. 4.

¹⁴ *Powers of Horror*, p. 4.

¹⁵ *Powers of Horror*, p. 91.

it should endure no gash other than that of circumcision, equivalent to sexual separation and/or separation from the mother.

Any other mark would be the sign of belonging to the impure, the non-separate, the non-symbolic, the non-holy.¹⁶

This 'gash' would include the vagina, even more so during menstruation but also skin eruptions symptomatic of AIDS like Karposi's sarcoma. Chapter 15 of Leviticus confirms "it is flow that is impure. Any secretion or discharge, anything that leaks out of the feminine or masculine body defiles".¹⁷ The defining of differences, of making things one thing or another, not a hybrid, forbids homosexuality, in its perceived admixture of the masculine and feminine, but also endorses homosexuality in its exploration of the same, feminine to feminine, masculine to masculine.

If for Artaud the plague is a spiritual thing, not connected to reality so much as to delirium, then that spectre or spectacle may be observed on the pixilated surface of the screen, its presence sensed rather than thought, a type of hyperreality, a fevered, attenuated reality, "...plague is a delirium and is communicative."¹⁸ Although Artaud cannot name the exact disease, if it is a disease, he nevertheless uses Egyptian, Oriental plagues and the Black Death as examples.¹⁹ Artaud also writes that the plague does not seem to attack the interior organs, except the lungs and brain, sites of breathing and consciousness. In this sense the plague is miasmatic or phantasmal; it is not really a disease of the body, but a disease of breath (*anima*), of inspiration (and expiration), of life. Evidence

¹⁶ *Powers of Horror*, p. 102.

¹⁷ *Powers of Horror*, p. 102.

¹⁸ "The Theatre and the Plague," in Artaud, A. *The Theatre and its Double*, p.27.

¹⁹ There is controversy about the identification of diseases of early epidemics. Some believe early plagues such as The Black Death were influenza, rather than bubonic.

of plague may not be visible in the viscera, however it is visible on the surface of the body, on the flat plane or plateau of the dermis, like a sarcoma—that is, written on the skin, as is forbidden in the Bible.

Although it is impossible finally to decide, all beginnings being multiple ‘becomings’ in a Deleuzo-Guattarian sense, Artaud suggests that the origin of plague is a dream and he mentions the dream of the Vice-roy of Sardinia, Saint-Remys, as an example of a dream that foretold plague. The prophetic dream of Saint-Remys is recorded in “the archives of the little town of Cagliari.”²⁰ The boat’s name, which is turned away from the port of Cagliari, is *Grand Saint-Antoine*.²¹ The boat and its crew carrying the virus, like the football team of which I am about to speak, is necessarily a homosocial or homosexual space.²²

Now I turn to the subject of Australian Rules football and the so-called ‘blood rule’. Like rules of the sea, there are rules and etiquettes to be obeyed in the football clubrooms, change rooms and on the field of play. Some of these regimes or taboos—observed because of closeness of quarters, or proximity of naked male bodies as in change rooms and showers—must proscribe the exchange of bodily fluids or the permeability of boundaries. Soft touching (or caressing), except when legitimised as medical examination or physiotherapy, is not approved. On the other hand, ‘horseplay’ in the change rooms is expected, and fierce ‘tackling’ on the ground is part of the game.

²⁰ *The Theatre and its Double*, p. 15.

²¹ There are references to St Antoine [Antonio] in Robert Dessaix’s novel of AIDS and death located in Venice, *Night Letters*. Saint Anthony, it would appear, has become a patron saint of sufferers of any plague. My unpublished Honours thesis “Gay and Queer Perspectives on *Night Letters* and *Loaded*.” explores this intersection more fully. Department of English, Flinders University. 1997.

²² Two of the finest canonical examples of boats as homosocial spaces are Melville’s *Moby Dick* and *Billy Budd*. Sedgwick explores these homosocial spaces in *Epistemology of the Closet*. Queer space will be explored further in the next section of this chapter.

The 'Blood Rule' as it is popularly known²³ applies when a player is sent off the ground during the match because of the visibility of blood. In the top left hand corner of the TV screen on which the match is broadcast appear the words "BLOOD RULE".²⁴ This may be the most visible reference and reminder of the 'danger' of AIDS to many Australians. It also allows time for players to pause and think, along with the spectator.

A question to postulate at this juncture with respect to the 'Blood Rule' is: is the blood that of the player being sent off? What are the implications if he is 'wearing' the blood of another player? The umpires have to identify the body that is bleeding. This can take quite a bit of time, and sometimes a wrongly identified player is sent off. The game must pause while the player is sent off and another player takes his place. As mentioned earlier, 30 second 'silence' can ensue under the Rules and Regulations, reminiscent of the one minute's silence on Armistice Day, to commemorate the 'young' that have fallen—a mourning caesura and yet another manifestation of a 'silence' that surrounds AIDS in so many spheres, the unspokenness of AIDS and the difficulty in tracing or tracking it— except through symptoms. Of course there are differences between the one minute silence on Armistice Day and the pause while the player leaves the ground, but both do involve a 'warrior', young and fit, and the shedding of blood.

Monetary penalties appear in the Australian Football League (AFL) Rules and Regulations:

²³ Rule 9b, "Bleeding and Blood Borne Infections", AFL Rules and Regulations, 1999, p.20a-c.

²⁴ Since the Seven Network lost exclusive rights to broadcasting AFL Football matches after the 2001 season this convention seems to have been discontinued, or continued haphazardly. Different networks seem to have different policies on the matter.

Rule 9B (a) Any Player who is aware or becomes aware or where there are reasonable grounds to suspect that he has Hepatitis B or HIV shall immediately report the fact of the infection or that he suspects that he may be infected, to the Medical Commissioner.

Penalty: \$2,000.00

(d) A Player shall immediately upon request by the Medical Commissioner be vaccinated for Hepatitis B and/or provide evidence of Hepatitis B vaccination.

Penalty: First refusal: \$1,000.00

Second and each subsequent refusal: \$2,000.00

(e) No Club shall allow any Player to participate in any AFL match or continue to participate in any AFL match for so long as such Player:-

- (i) is bleeding; or
- (ii) has blood on any part of his person or uniform.

Penalty: \$2,000.00

(page 20, AFL Rules and Regulations.)

At this juncture I wish to explore the intriguing narrative of Matthew Hall, an 'amateur' football player (or football 'lover', significant in this context) who was 'banned' from playing football: that is, refused a playing permit by the Victorian Amateur Football Association (VAFA) after he revealed he was HIV positive.

The 1998 Annual Report of the Australian Federation of AIDS Organisations 'Reports/Milestones' states:

An HIV positive footballer who was refused a playing permit by the Victorian Amateur Football Association (VAFA) alleged discrimination under Victoria's Equal Opportunity Act. The hearing of Matthew Hall versus the VAFL in the Victorian Civil and Administrative Tribunal began on August 31 [1998].

<www.afao.org.au/annual>

The Victorian AIDS Council and Gay Men's Health Council (Victoria) was given leave by the VCAT to intervene in this case and assisted Hall through the provision of information and arranging expert evidence to be given on his behalf. Dr Darren Russell, Hall's treating physician, said that the probability of transmission was "so infinitesimally small" that it did not expose other players to an unreasonable risk:

The Victorian and Civil Administrative Tribunal found that there is no established case of HIV transmission from one football player to another in any code of football in the world. Based on the prevalence of HIV among Australian males aged 15 – 35, the tribunal found that there could be up to 20 members of the Victorian Amateur Football Association [who were positive]. Therefore the Tribunal found that there was no justification for banning one HIV positive player. (AFAO Report 1998 – 99.)²⁵

²⁵ The text of the decision of the Victorian Civil and Administrative Tribunal (VCAT 627 – 23 April 1999) can be accessed at www.austlii.edu.au/au/cases/vic/VCAT/1999/627.html

In an article in *Positive Living*²⁶ in August 1998, Dean Murphy plays with the football jargon “Testing the Bloodrule – HIV positive player to face ‘The Tribunal’ for the right to play footy”. The play is on ‘Blood Rule’ and ‘the Tribunal’. It is not the ‘real’ blood rule that is at issue in the news story, the ‘real’ blood rule is already in effect. The article refers to the VAFA decision to withhold the player’s license to play. The “Tribunal” is the AFL’s ‘law court’ where a player may be suspended. In Matthew Hall’s case the position is reversed; he is appearing before the tribunal not to be suspended from playing but to appeal an *a priori* suspension.

In defending the effective ban, Phil Stevens, VAFA Chief Executive Officer, said, ‘The VAFA’s cautious attitude is that such an application to play needs to be rejected to protect the health and safety of other registered players already in the VAFA competition.’²⁷

Significantly, there was a fear (an AIDS phobia) reported widely in the media at the time that the controversy could lead to mandatory testing for all AFL and VAFA players.

What Stevens, as an instrument or actor in society, is actually protecting is a vulnerable and permeable boundary of an idealised masculinity, which no longer is assumed to exist, even if it once existed without challenge, even among football players, traditional bearers of Australian boyhood and manhood. But, perhaps more importantly, he is attempting to protect a morality and ethics

²⁶ *Positive Living* a newsletter dealing with the issues surrounding HIV/AIDS has been published for many years and was eventually inserted in many popular free gay community newspapers in cities around Australia, making it the most widespread periodical informing the gay and HIV/AIDS communities.

²⁷ *Positive Living*, August 1998, p. 8.

associated with this style of masculinity: an honour, no matter how contradictory or perverse. (One example, 'never dob in a mate'—does this apply in the case of rape?) The VAFA 'banning' actually poses the question, "Would a real amateur footballer (and man) even be HIV positive?" Their answer is no. How would he acquire the infection—be exposed to the contagion that is attacking—through sodomitical practice or IV drug use?—or an unorthodox exchange of bodily fluids, an unorthodox sexuality and masculinity?

Stevens inhabits a narrative of masculinity that needs to be protected from a competing narrative of masculinity, one that he believes manifests signs of degeneracy, drugs and homosexuality. Similar competing masculinities existed, for example, in Victorian England, between the likes of Pater and Wilde versus Carlyle.²⁸ In footy season 1998, Matthew Hall appeared on the popular *The Footy Show* (Nine Network, Australia) and perhaps surprisingly enjoyed the support of the macho all-male panel of *The Footy Show*. (Perhaps it was not surprising; Hall denied any homosexual origin for his HIV status.) The provisional end of the narrative (by now saga): the marriage of Matthew Hall to a young woman and the denial of perceived homosexuality—a denial of the spectacle of the 'accidental' penetration of his anus.

At this point, the 'reader' of the saga was left in doubt as to how Matthew Hall became a subject of the virus. This is not unusual; it is a commonplace of AIDS narratives to speculate on who infected whom and how one came to be infected. In Tim Conigrave's *Holding the Man*, an AIDS memoir, for example, Tim speculates on whether John infected him, or he John. At first he believes John

²⁸ For an interesting analysis of competing Victorian masculinities see: Dellamora, R. (ed.) *Victorian Sexual Dissidence*. Chicago: Chicago University Press, 1999.

infected him. But then Tim realises that he must have infected John and he finds this overwhelmingly more difficult to deal with, especially dealing with John's family and watching John succumb to the illness before his eyes.²⁹ Identifying the origin of the virus, the source of infection, is part of the ontological impossibility of the virus and most subjects soon make this realisation.

In *Blue*, an expensive glossy magazine featuring 'artistic' photographs of male nudes, a dénouement of sorts in the Hall saga is reached. In a special sports edition of the magazine published to coincide with the staging of the 2002 Gay Games in Sydney, Hall talks about his becoming HIV positive. We are informed in Ettinger's article, "Breaking the Rules", that Hall attended Melbourne's Ivanhoe Grammar, an "expensive, private boys' school."³⁰ After an horrific car accident in Australia, caused by falling asleep at the wheel, Hall headed for Canada on a working holiday. Ettinger writes that on one evening

having spent the evening out with a group of friends, Hall accepted the offer to share a taxi home with a man he'd just met. 'This person asked me to come in for a drink at his place,' Hall remembers, 'and being an extroverted young traveller, I let my guard down. I only had one drink but he must have spiked it with something because I woke up many hours later and realised I'd been sexually assaulted. Not long after that I had a blood test through the Red Cross and found I was HIV positive.'³¹

Hall relates that when his positive status became known through gossip, he was taunted by Old Ivanhoe Grammarians; his family was devastated and he didn't see much hope of effective treatment. "[B]asically in '95 they didn't have the

²⁹ Conigrave, T. *Holding the Man*. Ringwood, Vic.: McPhee Gribble/Penguin, 1995.

³⁰ "Breaking the Rules", Ettinger, S. *Blue*, No. 41. October 2002. Australia, pp. 52-55.

treatment for HIV that they have now, all people knew was the Grim Reaper [this was eight years after the public health campaign had gone to air for three months in Australia], I was told I had about five enjoyable years left.”³² Hall’s wedding to Amanda became an exclusive feature article in *Woman’s Day* in 1999. Hall is now studying a Master of Business degree in Sports Management, and his ‘case’ is in a text book used in teaching the course. Hall’s professor asked him, “Do you know how famous you are?”

Ettinger relates that Matthew Hall has now come out, helped by Ian Roberts the out gay rugby league player, and now has a boyfriend called Tim. His wife is not mentioned again in the article. We are informed that he doesn’t ‘go’ for the rugged football types and that he is competing in the Gay Games in Sydney. The magazine features nude photographs of Hall, including one with him covered in mud, as on the football field, and he coyly obscures his genitals in the photographs. The saga of Matthew Hall, his HIV positive status and his ‘masculine’ body typifies much of AIDS discourse in Australia, especially the phobia of blood and homophobia. I have traced the saga from its media explosion on the top-rating *Footy Show* in 1998, to its periodic reappearances, culminating four years later in the trendy *Blue* magazine. Although the narrative seems to have ended, it cannot be definitely said that it has now finished. There is always the possibility of further instalments.

Conigrave’s *Holding the Man* is a popular Australian autobiographical text, which combines the ‘subjects’ of Australian Rules Football, AIDS and queer sexuality. *Holding the Man* is of interest here because of the many intersections

³¹ “Breaking the Rules”, p. 53.

³² “Breaking the Rules”, p. 53.

of identity, Catholicism, masculinities, sexual practice and football or football sites (the oval, the change room, represented here as a queer space) and, in a broader context, the blood rule used in football. An example of these tensions and intersections is as follows.

In the white wonderland of the shower-room the warm water was welcome on my tired muscles. My calf smarted from the grazing it had copped as an opponent went for the ball at soccer.

I turned off the water and limped through naked bodies into the change-room, its cold concrete heavy with the smell of crushed grass and mud. I grabbed my towel from the rack.

Out of the corner of my eye I saw a football boot thrown against the wall. "Fucken one-eyed dickhead," said John, dragging his other boot off. I got dressed trying not to stare. John's voice cracked. "How can he call himself an umpire. I'd let go of the ball but the jerk threw me to the ground. And do I get a free kick?"

Father Wallbridge stood over him. "That's no excuse for shoving him."...

"Let out your frustration in here, not on the field. John, you're up for the best and fairest medal. You're lucky you didn't get a suspension." ...

Putting on my shoes and socks I watched him undress. He pulled his football jumper over his head, revealing a muscular chest. He caught my eye and I tried to be supportive. "Sounds like it was pretty tough out there?" He gave a half hearted smile and slipped off his red jocks. His genitals peeked out from their black nest of pubic hair. He ambled

towards the shower room, hooking his towel on the rack as his muscular bottom disappeared into the fog.³³

There is an ambiguity in the priest's statement: "let out your frustration in here." The implication is that the roughness of the game is displaced sexual contact between the boys and that the voyeuristic priest would like to see the displaced "frustration" in the change room. The change-room is a voyeuristic pleasure for Tim the narrator as well. Of concern to Tim is the awareness that he may become something like the priest, unless he reacts forcefully against the institution.

Conigrave's autobiographical narrative has the intensity of a novel. I would argue that its sources lie deep in the genres of Romance, fairytale and Shakespearean drama. It is particularly modelled on the fairytale, but is nevertheless an attempt at superrealist documentation of what it was like to be a middleclass, white 'gay guy' who is diagnosed HIV positive in mid 1980s Australia. The use of realism is an intentional political strategy, a belief that a documentation of the 'facts' surrounding him and his boyfriend John's treatment for the virus and the culture of hospitals and the hospice will show the glaring inhumanity of the institutional biomedical system and pharmaceutical regime. Sometimes Conigrave is successful in this, as when he describes his and John's joy when they are finally able to escape the confines of the hospital for the promise of a home away from home in the hospice. The interesting thing about this is that although they are openly gay men, it is intimacy between their bodies which seems to be the problem.

³³ *Holding the Man*, pp. 53-54.

At the hospice John was pushed up the hill in a wheelchair by the nursing unit manager, with bags stacked on top of him. He looked like a bad Mardi Gras float. We entered the foyer of the hospice and it struck me how much like a hotel it was—spacious, with a large flower arrangement on the desk.

We were shown into a largish room painted a relaxing blue, with vinyl floors and our bathroom. Everything had the sweet smell of disinfectant. There were two beds. “We can push them together.”

“Sorry,” a nurse said. “We need to be able to get around the bed.” She smiled apologetically. I guess I need to tell you that we don’t do any medical interventions. You have to go across the road to have those. And we don’t resuscitate. Enjoy your stay.³⁴

When they return home the first thing they do in the privacy of their own home is engage in a remarkable sexual encounter.

During his illness Tim receives complimentary help from his ‘Ankali’, and this is contrasted in the memoir with the more formal medical regime. The Ankali (Ankali is often cited as “the Aboriginal word for friend”) is a volunteer carer from the Ankali project who offers emotional and therapeutic support. The Ankali project was established in the mid-1980s as a Unit of the Albion Street Centre. It offered Grief workshops and established an Outreach Program and a working relationship with the HIV/AIDS Prison Unit at Long Bay Gaol, NSW.

³⁴ *Holding the Man*, p. 244.

Peter Blazey³⁵ wrote a review of *Holding The Man* in his “Out and Out” column in *Outrage* , a lesbian and gay community magazine based in Melbourne (strangely there is no review of *Holding The Man* in any issue of *Campaign* , the national gay magazine at the time). Blazey accuses Conigrave of writing a Romance, a “gay Mills and Boon not literature.”³⁶ There is a strange element of Romance combined with graphic accounts of medical procedures in *Holding The Man* . For me this makes the autobiography highly readable and amusing. Blazey seems to have a preconceived notion of a literary novel and is engaged in a search for the great Australian gay novel. Points for taking *Holding The Man* seriously must, it seems, be deducted because of its bestseller status.

Holding The Man was also reviewed in the *Australian Book Review* , a ‘straight’, Australian literary periodical produced in Melbourne. This review was extremely patronising and insulting, not taking the text seriously or with the *gravitas* it deserves. Hanrahan writes:

The lifestyle that Conigrave writes about is an extension of the inward-looking lifestyle of Melbourne’s most elite Catholic boys’ school. Conigrave proclaims the life of eternal orgasm and presents more erections than the Grollo building empire. ‘Love’ gets confused with cuddling soft toys, with picnics and parties and holidays, and with glorifying lovers with cute pet names.³⁷

³⁵ Author of an Australian AIDS memoir. See Blazey, P. *Screw Loose: uncalled-for memoirs* . Sydney: Picador, 1997.

³⁶ “Survivors, not martyrs, please,” *Outrage* magazine, No. 147. August 1995. Carlton South, Vic. pp. 38-39.

³⁷ *Australian Book Review* , July 1995, p. 30.

Hanrahan uses the words “tedious” and “banal” to describe moments in the book, and refers to its adolescent and schoolboy qualities. Here I think he mistakes the contents for the writing methodology and technique. The narrator is intended to be *naïf*.

Hanrahan refers casually to the fact that Conigrave was a NIDA graduate and he “wrote a couple of theatrical pieces.”³⁸ Conigrave was author of two plays, *Thieving Boy* and *Like Stars in My Hand*. The latter, due to his death, was not developed to a point that satisfied his high standards. It was eventually workshopped and produced posthumously. Both plays enjoyed successful performances and were published. Tony Ayers writes in the Introduction to *Thieving Boy*: “*Thieving Boy* is about a young working-class man confronted with his father’s imminent death whilst trying to establish a relationship with a former lover. *Like Stars in my Hands* tells the story of a middle-class gay man coming to terms with his own mortality whilst trying to spare his love the pain of grieving.”³⁹ Tony Ayers intended to write a screenplay of *Holding the Man*—but instead much later directed the film *Walking on Water* that had AIDS mourning as one of its prominent themes.⁴⁰ Sophie Cunningham, Allen and Unwin’s editor who worked on *Holding the Man*, played a pivotal role in its publication, encouraging Conigrave as he struggled with illness to complete the manuscript and bring the manuscript to publication standard. *Holding The Man* was an influential and widely discussed literary work with wide circulation that brought forward unstable intersections around masculinity, homosexuality and AIDS

³⁸ “A Quality of Innocence”, Hanrahan, J. *Australian Book Review*, July 1995, p.30.

³⁹ Conigrave, T. *Thieving Boy and Like Stars In My Hands*. Sydney: Currency Press in association with Playbox Theatre Centre, Monash University, 1997. p. 1.

discourses in Australia. It is particularly pertinent as a coming-out story, at the historical juncture that is the focus of this thesis, and the novel deals convincingly with the politics, power and culture of the hospital, the culture of curing, treatment, tidiness and finally, death. *Holding The Man* is also a record of the gender-trouble that haunts AFL football and male-to-male relations in general, challenging a hypermasculinity that seems unreal.

In this chapter I have investigated some historical narratives that have formed cultural taboos of the abject and fears that were invoked in social perceptions and cultural productions. These narratives flowed into already existing 'backgrounds' framing masculinity, homosexuality, media and sport in Australia. I have demonstrated that these cultural inheritances were awaiting the shock of the 'gay plague' transmitted by the exchange of body fluids through sexual contact.

⁴⁰ *Walking on Water*. Directed by Tony Ayers. Written by Roger Monk. Produced by Liz Watts. SBS Independent and Adelaide Festival of the Arts. 2002. NSW Film and Television Office. Starring Vince Colosimo, Maria Theodorakis and Nathaniel Dean.

Chapter 4

The Production and Circulation of an AIDS bestseller

Get a clue man. They want their little AIDS babies to be pure and innocent. Transfusion cases and IV mothers, shit like that. It makes 'em nervous when you get it the way I did. They gotta make sure you weren't having a good time. Put you in the right fuckin' room.

Pete in Maupin, *The Night Listener*

...the bestseller was a distasteful, even lurid animal, one to which, when on the rare occasions they did produce a specimen (always by accident) they referred with wistful regret, as if success were an unfortunate and rare mutation in the literary gene.

Leavitt, *Martin Bauman*

The American expression 'fad', used for fashions which appear like epidemics....

Horkheimer and Adorno, *The Dialectic of Enlightenment*

This chapter seeks to map or track the circulation of an 'Australian' AIDS bestseller, *April Fool's Day* (1993) written by Bryce Courtenay. It will examine the aesthetics of the text but also examine it as an art object, as a modern material consumer item or commodity. The overarching argument of the chapter is that *April Fool's Day* is inferior as a cultural product or artwork because it lacks authenticity—in a Heideggerian sense of *Dasein* or 'Being'—because in deliberately attempting to reach

a mass readership, it simplifies a complex question and debases its subjects by hypostatization.¹

That *April Fool's Day* is a bestseller does not necessarily preclude it from having literary merit, for example, merit of originality, technique, style or form. But because of the extent of its dissemination as a text, its ubiquity, it has had an important impact as an influential text in the construction of myths about AIDS sufferers in Australia. *April Fool's Day* fails its aesthetic burden to impress the reader while never challenging a stereotypical normative masculinity. Ironically, given the text's tendency to simplify or smooth a jagged topography, by engaging with two different diseases in the narrative of Damon, *April Fool's Day* accidentally complicates the questions and issues it does raise: issues concerning the medicalisation of illness and 'invalidism' in general. In Australia, particularly in the 1980s and early 1990s, AIDS was primarily constructed and perceived as a 'gay disease', even though it was possible for anyone, whatever their sexuality, to contract HIV if they came into contact with it through exchange of body fluids. This identification of HIV/AIDS as a 'gay cancer' had the 'prismatic' effect of making AIDS seem 'gay', re-enforcing the idea that gays are a threat to heterosexuals. What followed was the mobilisation of means to prevent the greatly feared penetration of AIDS or HIV semiotically into the body politic and somatically into the social body, through such mythology-making campaigns as the 'Grim Reaper' public health advertising campaign funded by the federal government.² However *April Fool's Day* silences any overt references to homosexuality. It effectively ignores the gay sufferers of AIDS and it 'de-gays' the AIDS patient in an attempt to make 'him' (never her) acceptable to a heterosexual

¹ For a discussion of *Dasein* and Heidegger's poetics see Froment-Meurice, M., *That is to Say: Heidegger's Poetics*. Translated by Plug, J., Stanford, Calif.: Stanford University Press, 1998.

² The Grim Reaper image and propaganda campaign will be discussed in the next chapter, 'Death Lines'.

mainstream readership, by erasing the homosexual and 'hetero-normalising' the disease.

This censure of the nexus between what is regarded as risky or immoral behaviour has been played out right throughout the discourses on AIDS and has led to the establishment of 'no fault' AIDS charities, such as specific AIDS children's charities, where the 'victims' are entirely 'innocent' and attract no opprobrium.

The intention of producing a highly marketable commodity, as all Courtenay's books have been and continue to be, worked against artistic value. This has resulted in mediocrity compared with memoirs such as *Take Me to Paris, Johnny* by John Foster, *Unbecoming: An AIDS Diary* by Eric Michaels and fictional semi-autobiographical works like *Holding the Man* by Tim Conigrave and the novels *JF was here* by Nigel Krauth and Graeme Aitkin's *Vanity Fierce*.³ Eric Michaels' book explores the cultural politics of AIDS from the point of view of a cultural theoretician, and is concerned with the technologies and regimes of treatment, hygiene or tidiness, and dying.

Where *April Fool's Day* succeeds, or actually exceeds, is in terms of circulation, points or nodes of multiplicities and flows, copies engineered to design and construct myth. The bestseller is rhizomatic, not arboreal. It is a surface intensity or flow. It proliferates like stem cells or mitochondrial DNA. Its power is not in its depth or penetration, but rather in its multiplicitous copies—in the supermarket, department store and shopping mall. Its potential is to take hold of the mass, to spread through the

³ Foster, J. *Take Me to Paris, Johnny*. Port Melbourne, Vic.: Minerva, 1993. Conigrave, T. *Holding the Man*. Melbourne: McPhee Gribble, 1995. Michaels, E. *Unbecoming: an AIDS diary*. Rose Bay, N.S.W.: EmPress Publishing, 1990. See also new Duke University Press edition, with new introduction. Krauth, N. *JF was Here*. Sydney: Allen and Unwin, 1990. Aitken, G. *Vanity Fierce*. Milsons Point, N.S.W.: Random House Australia, 1998. Incidentally or perhaps not, three of the authors mentioned above died from AIDS.

marketplace and in this way it may be perceived as an allegory for the virus or plague.

Although memoirs or novels like *Take Me to Paris*, *Johnny*, *Unbecoming* and *Holding the Man* cannot claim the myth-making potential of *April Fool's Day*, nevertheless they are influential in another way: that is by their authenticity and canonicity. They will be studied in universities and accessed by a cultural elite. This is not proof of artistic value, merely how the work enters the discourse associated with a canon or an artistic loop.

Courtenay's memoir of his son has sold well internationally, although exact figures on sales of bestsellers are deliberately difficult to obtain. At the time of the release of *April Fool's Day*, books by Pip Adams, Paul Jennings, Sara Henderson and John Laws were also big sellers. In an article in the *Sydney Morning Herald* literary editor Ian Hicks writes:

The writer Bryce Courtenay has scored an easy victory in the latest annual survey of best-selling books—but not with a work of fiction. His *April Fool's Day*, the story of his son's death, sold more than 190,000 paperback copies in Australia in the year to the end of March. It easily topped the 1994-95 best-seller lists, both for Australian books and for all-comers. This is an exceptional performance. *April Fool's Day* sold well as a \$34.95 hardback book but really took off when published in paperback last year.⁴

The bestseller lists were released by the Australian Book Publishers Association. They are drawn from the sales figures of most of the publishers in Australia.

⁴ "April Fool's Day tops book list", by Ian Hicks. *Sydney Morning Herald*, 1 July, 1995, p. 3.

April Fool's Day was also recommended reading in some university medical courses, a text used to represent the concern of patients and their families. This obviously boosted sales of the book and showed the text's influence in the medical sphere.

Courtenay's first novel, *The Power of One*, which has an apartheid theme, was also an international bestseller, and sold even more copies when it was made into a 'hit' film shortly before the final disintegration of the apartheid system. *April Fool's Day* is the text with AIDS as a core theme that has circulated most widely in Australia, and has an Australian locus. The intentional ubiquitous presence in popular culture of the 'Bryce Courtenay' name or label, like a 'successful' advertisement, is a particular reason why the *April Fool's Day* text will be discussed in this chapter. Partly this chapter is concerned with the poetics and textuality of *April Fool's Day*—whilst being aware of its lack of technical excellence. However this chapter is not an interpretation or 'close reading' of the text. Rather it is a written supplement within 'quotations' taken from the narrative. This chapter is concerned also with the status of the chosen text as 'low' rather than 'high' culture, and how that status may lead to a wider circulation of the text in society. Courtenay was the first 'serious' Australian author to accept being marketed in supermarkets and actively promoted and suggested the idea.⁵

The AIDS bestseller, due to its proliferation and its ability to reach and be 'recognised' by large numbers of readers, must not only necessarily be informed and constructed by that society's overriding myths and ideology of AIDS, but it may

⁵ In Christmas 2000 the first book a customer sees on entering the Target department store is a Courtenay trilogy, a novelistic history of Australia. The book displays Courtenay's private icon on the title page just above the publisher's name: a quill pen and the motto, like on a coat-of-arms, "WRITER'S BLOC - The reader is always right." The motto recalls the sales clerk's instructions, 'The customer is always right.' Courtenay see the reader primarily as customer, as consumer. The signature of the author is absent, but his 'mark' is present, a demonstration of the author's struggle for authenticity. The quill recalls an earlier time, when authors were inspired, and has a more 'authentic' or metaphysical relationship with the reader, rather than a merely commercial one.

reciprocally construct, transform, enhance or repair that society's AIDS myths. In the advertising blurb for *The Potato Factory*, at the end of the paperback edition of *April Fool's Day*, a voice that could be Courtenay the advertising professional tells the reader that "Bryce Courtenay digs beneath the myths in a cutting and powerful narrative that gets closer to bone and sinew of truth than perhaps any other fictional account of our history. *He tells us who we are and where we came from* [my italics] in a richly peopled and compelling story that touches the heart." Courtenay's promoters thus claim him as a mythmaker. I shall examine the bestselling 'non-fictional' memoir in terms of cultural osmosis, accepting the multiplicities of its points of circulation, its legion of readers, its reification by readers and promoters into cultural object, then commodity and finally into transcendent 'truth'.

Firstly, I shall look at textual and narrative intervention. This will not present an interpretation of the text but rather a writing within the text, an interpolation rather than an extrapolation, a study of the complex topographies of the surface, a mapping of the climatic, following the contours, rather than penetrating any imaginary depth. The second part of this chapter is an examination of the circulation and aesthetics of the text, utilizing theories of 'business' and 'business-art' promulgated by Andy Warhol, and the auratic nature of the art object as espoused by Walter Benjamin in the formative essay "The Work of Art in the Age of Mechanical Reproduction" (1936). I shall also use theories of cultural production and hierarchies of popular (or low) and high culture as argued by Adorno and Horkheimer in their essay "The Culture Industry: Enlightenment as Mass Deception."⁶

The circulation of the bestseller and the provenance of the text mimetically resemble the transmission of the virus. The regulations imposed on sexual exchanges

⁶ Benjamin, W. *Illuminations*. Translated by Zohn, H. New York: Harcourt, Brace and World, Inc., 1968. Horkheimer, M. and Adorno, T.W. Translated by Cumming, J. *Dialectic of Enlightenment* (1944) London: Allen Lane, 1973.

of HIV/AIDS subjects are similar as disciplining mechanisms to the regulations imposed on markets. These are metaphorical likenesses. I have deliberately chosen a text the literariness of which is questionable, but which nevertheless has literary pretensions, because I wish to examine here the popular, or the vulgar, in the conviction that it will be revealing in a different way to a high cultural production such as a canonical opera.⁷

I am concerned here with the multiplicity of copies, the proliferation of text, because of the mimesis with contagion, infection and the virus. 'Bryce Courtenay' (not the human author but rather a spectral simulacrum, or brand name, who has been 'invited' into this text as the subject of my argument in a Barthesian or Foucauldian 'Death of the Author' scenario) facilitates my argument extremely well as an 'advertising man' and arguably Penguin's ('the largest publisher in the world') 'leading' and most popular author in Australia. Courtenay's books have been published under other publishers' imprints, however he is now published by Viking/Penguin. *April Fool's Day* was published in hardback by William Heinemann and was reprinted three times, then published in paperback by Mandarin in 1994 and reprinted five times. Bestsellers sales figures are difficult to confirm as they are often compiled from bookseller's impressions or the sales figures of one bookshop or a select few which might not be representative. Obviously publishers and booksellers attempt to bolster the presentation sales figures for commercial reasons: that is, it is important to construct as much hype or hysteria around a book as possible. This is not

⁷ The relationship between 'high culture', particularly opera and classical music, and death and AIDS has been of interest to many cultural theorists. See particularly the work of Kaufman, L, and *Death and Representation* edited by Bronfen, Johns Hopkins University Press, 1994; also for a broader picture of art and cultural production and AIDS see Crimp, D., and *Don't Leave me this Way* by Gotts, T., and Dollimore, J., *Death in Western Culture*. The nexus between classical music and AIDS was visible to Australians most clearly in the 'case' or body of Stuart Challender, the Australian conductor, who died from 'an AIDS-related illness'. [See ABC documentary and several newspaper reports, also Internet entries]. Also see the Koestenbaum, W., *The Queen's Throat: Opera, homosexuality and the mystery of desire*. London: Gay Men's Press, 1993, for the connections between opera, homosexuality and AIDS.

something new. Courtenay's first novel, *The Power of One*, is often cited as the largest selling book by a living Australian author within Australia. It has sold over three million copies internationally and half a million copies have been sold locally. According to Penguin's 'Author Spotlight' page on Courtenay, "All his books have achieved extraordinary sales figures."⁸ It is an important consideration for my argument that Courtenay's roots are in an exceptionally male-dominated advertising world. Courtenay's traditional style of masculinity is of vital importance here and I question and challenge it, including his advertising of political parties and by extension an ideology—the male-dominated Australian Labor Party, which he discusses in *April Fool's Day*, and the vexed issues surrounding the cult of mateship. The advertising industry played a large part in the construction of a societal hysteria through the 'Grim Reaper' advertising campaign. I will return to the 'Grim Reaper' campaign as a text later in Chapter 5. Courtenay is connected with the George Patterson Advertising agency and with the creation of the Yowie stories, which include book products as well as confectionery lines and comics targeted at children—so his marketing skills are highly developed, unlike those of many Australian writers.⁹

Another important reason for focusing on *April Fool's Day* in this chapter is that it marries AIDS to another 'disease': that of haemophilia, the blood difference of 'uncontrolled' bleeding and bruising, often beneath the skin. In the text Damon, Courtenay's son, is a diagnosed haemophiliac, and later he is diagnosed as HIV positive and dies of AIDS. Indeed, the presence of haemophilia, that is, the absence of Factor VIII in blood (Factor VIII is a blood commodity made from the blood of

⁸ www.penguin.com.au/spotlight/bryce/Author.ctm

⁹ Peter Carey is the other Australian writer of immense international sales and winner of the Booker prize who is a former advertising executive.

many donors, a crucial issue in the arguments about an unsafe blood supply for hemophiliacs and others) compels me to explore the significations of this condition, which like all illnesses or differences is culturally determined or marked in a particular way that has its own signs and taboos. Haemophilia is marked rather more innocuously than HIV/AIDS, and there is even a Romance to haemophilia including a complex historical association with European royal families, incest and interbreeding; it is especially associated with Queen Victoria and the Romanovs.¹⁰ Haemophilia shares many disturbingly oppressive symbolic parallels with AIDS and homosexuality, passivity and effeminacy, or a deficient type of masculinity, invalidism and constitutional 'delicacy' and neurasthenia. Indeed part of Damon's 'problem' is that he is not masculine enough for his father's already under-siege 'traditional' or outdated masculinity. Certainly Courtenay does not appear in the text as a type of father whom a boy would 'come out' to, although Courtenay does admit (reveal?) in a liberal Sixties manner that 'Uncle Robert', a friend of the family is gay and Uncle Robert had no HIV positive friends.¹¹ This statement begs the questions: how does Courtenay necessarily know this, and how does Uncle Robert know this? There are also echoes here of 'Some of my best friends are Jewish or black or gay', probably to forestall criticism that *April Fool's Day* is anti-gay. Uncle Robert is the token gay in the text.

Courtenay's memoir reads like fiction. It reads like a novel, it goes down easily. This is important because it raises aesthetic problems associated with the novel, one of which is that a novel's chief purpose is to entertain. Another aesthetic consideration is that like all texts, the origin or beginning of the memoir is multiple.

¹⁰ For the European and Australian historical background see Crockett, C. *X Factors: A History of Haemophilia in Australia*. Kew, Vic.: Scholarly Publishing, 2003. Crockett also refers to the establishment in 1993 of the Damon Courtenay Memorial Endowment Fund, partly financed from the proceeds of *April Fool's Day*.

¹¹ Courtenay, B. *April Fool's Day*. p. 78.

One of the book's beginnings is an epigram from the *Aeneid*—not, as is so often the case with epigrams, the Bible. This reflects Courtenay's conservative approach. He must quote from a traditional and ancient canonical source, but his rejection of the Bible as a source fits his democratic spirit; he is a conservative who sees himself as a radical. Like another 'best-selling' Australian author, Tom Keneally, he is an Australian republican and Labor supporter, and Courtenay is presumably an atheist although Keneally is not. Courtenay is on the side of Art rather than God/Religion, and he is definitely on the side of the ancient, established, foundational wisdom.

This tension between a conservative ideology and a kind of larrikinism may have been adopted on his Australian arrival from South Africa, or perhaps already existed and matched with the Australian sense of larrikinism. The problem resurfaces and is evidenced in Courtenay's conservative approach to his performance of masculinity, which gets him into trouble when he physically assaults Sir Splutter Grunt, the nickname Courtenay gives to the specialist who is treating his son. He shows disrespect to the eminent specialist and feels contempt for Grunt's haughty manner and, as he perceives it, lack of appreciation of Bryce and Benita's concern for their son. Courtenay, the common man as he sees himself, displays a pre-feminist chivalry, when he holds open the door to allow his wife Benita to pass through, and when he puts a protective arm around her when they are told the bad news of Damon's haemophiliac diagnosis. Courtenay's is a paternalistic masculinity.

Chapter 9 of *April Fool's Day* returns to the voice of Courtenay as narrator after having invoked and written in Damon's now lost voice. It is significant that Damon's voice has in a sense returned to its origin, as Courtenay would see it, and is now 'within' Bryce Courtenay and thus can be written as a kind of inspirational or automatic writing. 'Courtenay' takes on several voices, including those of Benita, the

wife and mother, and Celeste, Damon's girlfriend. This locution of the voice of the dead, and the feminine, is part of the phallogocentric power project of Courtenay's all-encompassing masculine voice. In Chapter 9 the Bryce Courtenay narrator writes:

The world of little boys is largely physical and being unable to be a part of it is a mental trauma which must have significant effects on a small child....

Though I told myself I understand how Damon must feel about his inability to play with other kids, to wield a cricket bat, kick a soccer or rugby ball, run a race or simply join in the rough and tumble of growing up. I clearly didn't.¹²

Earlier in the text Courtenay relates how Damon was a reader, and liked nothing better than to go to his room and read books. (There is also the spectre of the masturbatory in that private, intimate solitude.) Implicitly, Courtenay is concerned about the type of boy he sees his son becoming; that is, he is concerned for his son's masculinity, that it is different perhaps to Courtenay's own boyhood in South Africa (Courtenay is still a rugby fan), and that Damon's illness may be emasculating or even 'effeminising' the boy. In other words, 'sickness' of body can lead to a 'sickness' of masculinity, an unbalancing or dispersal of gender identity, and this 'sickness' or crisis of masculinity leads to the father's disappointment in his son, and feelings of sadness and failure—failure by the father to reproduce his own masculinity or a similar masculinity. To use the 'matey', idiomatic jargon appropriate in this context, he is worried his son may be turning into a 'wuss', with its suggestion of effeminacy, but also a suggestion of feeble-mindedness, spinelessness or queerness. It has been speculated that the word wuss derives from a conjunction and

¹² *April Fool's Day*, p. 78.

corruption of 'wimp' and 'pussy'. Wimp is a girl or woman in some definitions and an ineffectual person, while pussy adds a feminizing component.

Damon would like to write like his father and be a success in a reciprocal mirroring: like father like son. Indeed he starts a memoir on the word processor, but he never gets very far with the project. He is not really a writer, the narrator suggests. The narrator implies that a writer is 'natural', inspired, a special kind of man, a genius, rather than someone who has learnt a craft. If Damon could have written a book he would have wanted to write a bestseller, Courtenay says, one that would have told Damon's story to the whole world and would have made lots of money. This latter ambition was one of Damon's earliest aspirations, along with owning an imported fast car. He eventually buys an old Jaguar, but we are told he has had a car accident in his mother's borrowed Alfa Romeo previous to this. The reader is informed that Damon wished to be 'supernormal' to compensate for his haemophilia and later HIV/AIDS; Damon wanted to prove to himself and others that he was not an invalid. Courtenay makes a deathbed promise to Damon, "I will write your story." Damon will be 'covered' by Courtenay, in the way a journalist covers an event, but also in the sense of blanketing and smothering.

In the "Celeste" chapter of Book Two, Courtenay writes in the first person again, but this time, from clues very early on and from the type of statement made, it is clear that it is an intended representation of Celeste who now speaks. The reader knows from the first sentence that this is not the narrative voice of 'Bryce Courtenay' because what it relates would not make sense if spoken by Courtenay and from what the reader already has been informed earlier in the text. So the narrator changes gender position, or rather there is a new narrator of a different sex, but also the Courtenay author/character/narrator attempts to speak in the voice of Celeste, a

'heavenly' or angelic voice. It is not a successful 'transubstantiation', or haunting, because the presence in traces or echoes of Courtenay's dominant masculine voice may still be heard.¹³ Wiltshire writes of the attempt at heteroglossia in *April Fool's Day*: "...one has the persistent feeling that other voices have been subsumed by the dominant personality of the main narrator."¹⁴

Part of the masculinity of Courtney is connected to chivalry, or the practice of chivalrous etiquette and behaviours as he sees it (although he would never claim to be a 'good' husband or a 'good' father due to his drinking and long hours at work). There is a connection here between a chivalrous Bryce and his consort Benita, like a king and queen of their household, and a princely son, Damon, who is afflicted with the haematological disease that has been linked to royal families, since the nineteenth century. To reiterate, haemophilia has a strong royal signification in European and colonized historiographies and cultures. There is an intersection of HIV/AIDS and haemophilia in a body and in a family of greater complexity but let me here just signal a kind of rhetorical connection or signification that exists between the word 'queen' (in royal jargon) and 'queen' (in gay jargon) and the double or doppelganger conditions of HIV/AIDS and haemophilia.

The narrator of *April Fool's Day* in his mimicking of Celeste's voice, in his ventriloquising, and also in his use of Damon's epistolary writings, interposes himself in a space of intimacy between Damon and Celeste. He attempts to inhabit one personal space and then the other. There is another figural triangle in this text, and it

¹³ A more authentic voice of Celeste can be heard (on audio tape) or read in typescript in the collection of the National Library of Australia. "Australian Responses to AIDS Oral History Project. Celeste Coucke interview." Interviewer: Diana Ritch. 24 August 1993. There are conditions for using this interview for any purpose, quotation from it is strictly denied without written permission from the author. This is a relatively mild restriction - some of the interviews have an embargo on them till the year 2050 such as that with the Commonwealth Minister for Health during the years of the AIDS public health campaigns, the Hon. Neal Blewitt.

¹⁴ Wiltshire, J. "A Narrative Quilt: Australian Pathographies of AIDS", *Meridian*, Vol. 13, No. 1, May 1994. p.56.

involves the trading of a woman. Celeste changes from being Toby's girlfriend to becoming Damon's girlfriend, although at first the relationship with Damon is chaste, almost like that of brother and sister, or pre-pubescent boy and girl. The narrator does not recognise the relationship of friendship between Toby and Damon, however Celeste does, and she says that she would not break up the love/friendship of Toby and Damon because their love is so strong. A queer reading of the name 'Damon' is worth practising here, going as it does against the narratory grain. This queer reading harks back to the Greek legend of Damon (for whom perhaps Damon Courtenay was named) and Pythias and their divine (*daemonic*) friendship.

In Greek mythology, Damon and Pythias were male lovers and Pythagorean philosophers. When Pythias attempted to kill Dionysius, a Sicilian tyrant, he was condemned to death. Damon begged to take the place of Pythias. Some sources say Pythias was attempting to take punishment for Damon, who really attempted to kill Dionysius: "Dionysius was so impressed by the men's love for each other that he pardoned Pythias and let the lovers continue with their lives."¹⁵ In *April Fool's Day* Toby was hurt, but the Celeste narrator, the ventriloquised voice of the 'author', never considers that Toby may have been more hurt because he lost Damon to Celeste, rather than that he had lost his girlfriend to his best mate. Reading 'against the grain' again, resisting a heteronormative reading, a perverse or a queer reading of the event would see this exchange as an example of homosocial desire, in Sedgwick's sense in *Between Men: English Literature and Homosocial Desire*.¹⁶ The relations between the

¹⁵ Conner, R.P. et al. *Cassell's Encyclopedia of Queer Myth, Symbol and Spirit: Gay, Lesbian, Bisexual and Transgender Lore*. Bath, U.K.: Cassell, 1997. p. 119. In an arch comment concerning Damon and Pythias, a contributor to *Cassell's Queer Companion* writes: 'Speculation exists how close they really were.'

See Stewart, W., *Cassell's Queer Companion: A Dictionary of Lesbian and Gay Life and Culture*. London: Cassell, 1995. p. 65.

¹⁶ Sedgwick, E. *Between Men: English Literature and Homosocial Desire*. New York: Columbia University Press, 1985.

men are 'covered' by the presence of a woman.¹⁷ Again homosocial desire is disguised, relationships are 'interpreted' (or construed) through a heterosexual worldview, although the homosocial figuration leaves a residue so that it can be traced.

The reader is told by the Courtenay narrator that Toby looks at *Playboy* centrefolds. This may be a ploy to confirm to the reader that Toby is heterosexual but it really merely indicates that Toby has desires and is in fact a desiring machine or assemblage. Male desire is alluded to or is implicit in this memoir, but female desire is always deeply repressed or disguised by the narrator; it cannot be described in the author's voice. Damon knows that he is HIV positive, yet Celeste is surprised when Damon tells her he is positive, even though the only contact they have had is holding hands. There is a peculiar innocence or brother/sister element to their relationship, a spectre of incest. For Celeste, we are told, holding hands is enough; she has seen sex 'second-hand' in King's Cross, among the prostitutes and their clients, where she grew up. None of the narrators ever consider that Damon may have become positive through sexual contact or IV drug use; it is assumed by the doctors and Damon's parents that he became 'positive' through a 'contaminated' blood transfusion. Probably Damon would do nothing to disabuse the doctors and his parents of this 'innocent' assumption. Would Damon, from what we know of him *and* his father, feel comfortable or indeed morally bound to tell them he became infected through homosexual or IV contact? More to the point, would Damon necessarily know how he became infected, considering it may have been in a number of ways. The socially constructed 'origin' or source of infection is always salient in the cultural

¹⁷ In McCarthyite America, 'beards' was the term used to describe women who escorted, dated or even married gay men to preserve the man's macho or heterosexual image for public consumption, for example, Rock Hudson.

significations of HIV, like the provenance of an art object, even though it is mostly speculative or fictional.

A book with many striking parallels to the story told in Courtenay's *April Fool's Day* is Greg Jones' story of his son's struggle with cerebral palsy, *Walk a Crooked Mile*.¹⁸ In this book there is the same tension between father and son, about what it is to be a 'nearly normal' boy and about incongruent versions of masculinity: what it is to be an embodied man. There is also tension here, as in *April Fool's Day*, with the perceived need to rely on one expert medical opinion, which later turns out to be 'wrong'.

Benjamin's ideas of modernity and of mechanical reproduction, as he terms it are relevant here: firstly, that the book, like the virus, is designed for reproducibility; this affects its shaped and material presence. Following this idea, the copy is equivalent to the 'original', although always changing slightly, mutating, so that there is no value, or aura, in the 'original', virus or book. Attempts to trace the source of the virus reveal nothing about the virus, but much of the cultural prejudices of researchers and scientists. A recent example of this burgeoning genre of the 'discovery of the origins' narrative is *The River*.¹⁹ Some recent theories about the geographical origins of viruses include Guandong Province of southern China (widely attributed in the media in the case of Severe Respiratory Syndrome or SARS) and more generally asteroids from space. Both the significations and appearance of HIV and AIDS, and the aesthetics of mass reproduction, indeed the aesthetics of AIDS, are problems of

¹⁸ Jones, G. *Walk A Crooked Mile: A Father's Journey in the Footsteps of His Son*. Sydney: New Holland Publishers, 2000.

¹⁹ Hooper, E. *The River: A Journey Back to the Source of HIV and AIDS*. London: Allen Lane, The Penguin Press, 1999. "Having examined virtually every theory ever proposed to explain AIDS, Hooper became convinced that medical interventions made in Africa in the 1950s were themselves unwittingly responsible", from the dust jacket of this large volume. See also Farmer, P. *AIDS and Accusation: Haiti and the Geography of Blame*. Berkeley, Calif.: University of California Press, 1992. This book looks at how Haitians were identified by US scientists as a 'high risk' group and the racist assumptions they made, especially concerning the practice of voodoo.

modernity. Both are technical 'problems' (in the sense of an equation to be solved) and both are figments (*figuria*) of mass reproducibility.

In their influential essay "The Culture Industry: Enlightenment as Mass Deception", Horkheimer and Adorno maintain that chaos has not resulted from loss of support for established religion: "the dissolution of the last remnants of precapitalism, together with technological and social differentiation or specialisation but rather that under monopoly capitalism all mass culture is identical..."²⁰ In other words the mass cultural artefacts, or commodities, act as a salve, or stabilising agent in a society which no longer has the certainties of the old metanarratives. The collapse of the old narratives of religion and class has not led to the disintegration of capitalist society as Marx had predicted. Horkheimer and Adorno also refer to the "widely dispersed consumption points" as an important factor in understanding the circulation of the commodity: there must be easy access to the commodity and it must be ubiquitous, "appear everywhere", hence the importance to a bestselling author such as Courtenay of books appearing on supermarket shelves and in Target department stores, Target being part of the second largest retailer in Australia, Coles Myer. *April Fool's Day* along with Courtenay's other books, are also widely available at Australia's largest retailer and supermarket chain, Woolworths.

Horkheimer and Adorno argue that because mass-produced commodities were supposedly based on consumer needs, mass products were accepted "with little resistance." It is particularly significant that Horkheimer and Adorno in the *Dialectic of Enlightenment* mention "consumer resistance", indicating already their skepticism toward "need" as the rationale of the mass produced product. I am arguing here that rather than need, what is required is an object for the consumer to desire, and with

²⁰ Horkheimer, M. and Adorno, T. *Dialectic of Enlightenment*. New York: Continuum, 2000. p. 120.

this is associated development of a discourse that accompanies the object, the construction of assemblages of desire, and finally a desire and discourse that constructs consumers. These myriad discourses, such as advertising, can equally well construct a mythology of disease. AIDS is not a commodity but it is an economy, and the structural spread of commodities through the city bears striking resemblance to contagion.

Technology is dominating and controlling, and itself is controlled by the most “retroactive” and wealthy forces, for example, publishers such as Murdoch (Harper Collins) and Penguin: “The need which might resist central control has already been suppressed by the control of the individual consciousness.”²¹ As an example, Horkheimer and Adorno write of the “bastardization” and bowdlerization of classical music in a film soundtrack, where it is spliced and edited, or what they call “imitation” jazz is passed off as “authentic” jazz. Horkheimer and Adorno also criticise the “classifying, organising and labeling” of consumers. This process is part of the expertise in which Courtenay is trained and experienced as an advertising executive. Courtenay informs the reader of *April Fool's Day* that he almost decided to go to the United States to become a “big time ad man” but decided not to, because of the prohibitive private health costs in the United States and what that would mean for his haemophiliac son Damon. Although he did like the idea that the Americans had adopted of giving blood transfusions of Factor VIII at home, something Australian medical authorities and experts had told him was unethical and impossible, and a risk to the health of the patient. In *April Fool's Day* one of Courtenay's struggles had been getting Damon to the hospital when he had bleeds at any time of the day or night.

²¹ *Dialectic*, p. 125.

Horkheimer and Adorno refer to a process of ‘dumbing down’, and this process of commercialisation now applies to all arts, including opera and literature, once considered ‘high’ art. High art now is merely a pocket of popular culture. Horkheimer and Adorno also see mass production or commodification as removing the authenticity of an art work: “The development of the culture industry has led to the predominance of the effect, the obvious touch, and the technical detail over the work itself—which once expressed an idea, but was liquidated together with the idea.”²² Benjamin disagrees with this view. He sees popular culture, for example the film, as providing new opportunities. Warhol also disagrees. For Warhol, popular culture makes aesthetic ideas universal and non-elitist. Furthermore, Warhol sees the commercial market as the best means to reach an urban audience, or mass. I tend to think Benjamin and Warhol are right here, but that Horkheimer and Adorno’s admonition is a cautionary warning on the rise of blandness.

Horkheimer and Adorno complain of what they see as the banality and vulgarity of the quotidian or ephemeral. They also complain of the conditioned response, where they see no space left for inventive or imaginative reaction. *April Fool’s Day* is an example of this literary blandness. It is extremely difficult to read against the grain of a book like *April Fool’s Day*. Intentionally it tries to prevent ambiguity. “The culture industry as a whole molded men as a type unfailingly reproduced in every product.”²³ This is a reification, where the consumer becomes the product and the product becomes the consumer.²⁴ Horkheimer and Adorno contend that “only in this confrontation with tradition of which style is the record can art express suffering.”²⁵ This is a major flaw in *April Fool’s Day*. Its lack of audacity, its attempts to appeal to

²² *Dialectic*, p. 125.

²³ *Dialectic*, p. 127.

²⁴ Reification in the sense used by Jameson. See Jameson, F. *Signatures of the Visible*. New York: Routledge, 1990.

²⁵ *Dialectic*, pp. 130-131.

a mass, finally trivialises a poignant and *axiomatic* subject. Only a new stylistic, or genuine stylistic, even if it is simple, can convey suffering, if it is not to be construed as banal.²⁶

As Adorno writes in *Aesthetic Theory*: “What recommends itself, then, is the idea that art may be the only remaining medium of truth in an age of incomprehensible terror and suffering.”²⁷ Benjamin has argued, in “The Work of Art in the Age of Mechanical Reproduction”, about the loss of ‘aura’ in the mechanically reproduced text, whilst arguing that film has the possibility of reaching in catharsis a mass audience.²⁸

The problem with *April Fool's Day* as a bestseller is that it lacks an auratic presence, not because of its lack of fetish value or intrinsic ‘beauty’ value as an object, but because, in the drive to communicate to a mass market, Courtenay has produced an inferior artefact. *April Fool's Day* does not bear comparison with the other AIDS memoirs mentioned earlier: *Take Me to Paris*, *Johnny*, *Holding the Man* and *Unbecoming*. Benjamin talks of the object’s provenance, its journey to where it was into the present. Even a paperback has this provenance, though some may not think it important. There is nothing *necessarily* inferior about the mass work of art. In *From A to B and Back Again: The Philosophy of Andy Warhol*,²⁹ what Warhol says, that art is business and business art, holds true—but only because the objects produced at the ‘Factory’ (with the aid of his ‘assistants’) satirised, challenged and changed mass/public taste. Warhol achieved this by employing the subversive quality of camp.

²⁶ David Wojnarowicz’s books are an excellent example of audacious writing. He is also a fine contemporary artist. See, for example: *Close to the Knives: A Memoir of Disintegration*. New York: Vintage, 1991 and *Waterfront Journals*. Edited by Scholder, A. New York: Grove Press, 1991.

²⁷ Adorno, T.W. *Aesthetic Theory*. Translated by Lenhardt, C. London, Boston: Routledge and Kegan Paul, 1984. p 26.

²⁸ Benjamin, W. *Illuminations*. Translated by Zohn, H. New York: Harcourt, Brace and World, Inc., 1968.

²⁹ Warhol, A. *From A to B and Back Again: The Philosophy of Andy Warhol*. London, Picador, 1976.

By so doing he diluted the subversive power of camp—he reduced its shock-value by defamiliarising the Campbell’s soup can (by calling it Art) and at the same time using a familiar, banal image and calling it fine art. Thus he is complicit in ‘universalising’ a camp sensibility and making it mainstream.

Courtenay’s literary output is part of the ‘dumbing down’ which Adorno feared with the democratisation of culture. By de-gaying the AIDS crisis in this text for consumption by a homophobic society, by clumsily employing techniques acquired during his advertising career, which continue for the marketing of his books, and by transferring the “modern tragedy” referred to in the subtitle of the hardback edition to the “modern love story” of the paperback edition (it is the same text however), and most of all by sentimentalising illness, Courtenay exceeds Adorno’s objections to popular culture as unable to be witness to true suffering. Courtenay sees illness as a threat to his masculinity, his ‘abled-bodiness’, and he also sees the threat posed to his son’s masculinity (and life) by illness. For in a patriarchal matrix illness requires the father to inhabit or perform a traditionally feminine role, that of nurse and carer.

The work of art can be ‘contagious’ but it must transform its host, not reinforce the status quo or mediocrity, otherwise it will induce conformity and not offer a dialectic to challenge current metaphysical assumptions, especially of the body as a Cartesian inside and out, rather than as a socio-cultural artifact and inscriptive surface.³⁰

Lastly I wish to raise the issue of what has been called the ‘prosopopoetic’ element of the commodity. In Marx’s analysis, “the commodity form offers the solution to the problem posed by the incommensurability between use value and exchange value. Seen as use value, the produced object is something that is produced by people to

³⁰ Grosz, E. *Volatile Bodies: Toward a Corporeal Feminism*. St Leonards, NSW: Allen and Unwin, 1994.

Grosz provides a lucid discussion of ‘refigured’ bodies which has obvious importance for AIDS analysis, especially in the next chapter where I discuss the calligraphies of disease, death and mourning.

satisfy human needs.”³¹ “Prosopopoeia” has been described as “the fiction of a voice beyond the grave.” It is the trope that ascribes face, name or voice to the absent, inanimate, or dead; it means literally to give or create (*poeia*) a face or person, (*prosopon*) to personify”³² The commodity speaks to “us” as individuals, as a marginalised self. In his essay “Autobiography as Defacement” Paul de Man described prosopopoeia as the trope through which “one’s name is made as memorable and intelligible as a face”.³³ This writing into *existenz* is what occurs in many AIDS memoirs, but not in *April Fool’s Day*.

In the next chapter, “Death Lines”, I expand on the intersections between the commodity, writing and death and explore further ‘writing death and mourning’ in the context of AIDS.

³¹ Flatley, J. “Warhol Gives Good Face”, in Doyle, J. and Flatley, J., et al., *Pop Out: Queer Warhol*. Durham and London: Duke University Press, 1996. p. 116.

³² Flatley, p. 116.

³³ Flatley, p. 106. See also de Man, P. *The Rhetoric of Romanticism*. New York: Columbia University Press, 1984.

Chapter 5

Death Lines

It is a curious illness, a kind of special dispensation, quite different from anything else I have ever had in this line. I feel like a lover when he says: 'Everything before this was an illusion, I am in love for the first time.'

Kafka, *Letter to Felix Weltsch*

...this book strikes home like blasphemy, like a disease of the skin, marking all we hold most sacred and most dear...

Bataille, G. *Literature and Evil*.

This chapter focuses on death, but death as a self-actualisation process for the dying and for those who are still alive. It seeks to explore the ways in which artists, writers, loved ones, and the deceased themselves, used their skills to 'write' death, but also to 'queer' death. How did they make their death as queer as their life had been? How did they queer death so that they would remain queer in death extending their queerness, which for many had been a lifelong struggle? It would be too cruel to lose one's queerness, even after death: in memoriam.

Often the need to queer death was considered improper or disrespectful, just as a queer life had been considered by some to be improper or disgraceful. In queering death 'gay' men discovered they were not the first generation that had expressed their grief in their own way. There was a tradition of several

centuries, albeit intermittent, of writing death for a 'gay' loved one, reaching a peculiar acme in the eighteenth-century literary canon with Thomas Gray's sonnets. One example is the "Sonnet on the Death of Richard West", written on the untimely death of his dear friend, but Gray produced much elegiac writing.¹

The stories of families who excluded gay friends and even a lifelong partner, legally, practically and effectively, from the funerary rites, began to make gay men who were dying from AIDS seize control of their own destinies and plan their own camp funeral. An example of this was Australian theatre director, Richard Wherret, who died of AIDS in December 2001. According to a report in *The Weekend Australian*:

Wherret had planned his funeral in inner-Sydney's Darlinghurst down to the letter, from insisting his former lover and long-term confidante Jacki Weaver spoke at the service, to the farewell song, Thelma Houston's "Don't Leave Me This Way."...Wherret's final credit was written on the back of the Order of Service: Conceived and directed by Richard Wherret.²

In the Australian media, 'Death' had already been queered, manifested in the persona or virtual image of the Grim Reaper, as used in the public 'health' advertising campaign. This advertising campaign will be more fully explored later in this chapter.

Often 'gay' friends began to celebrate the life and mourn the death of the deceased through obituaries and memorial notices in gay newspapers such as

¹ See Haggerty, G., *Men in Love: masculinity and sexuality in the eighteenth century*. New York: Columbia University Press, 1999.

² "Wherret directs his final production," *The Weekend Australian*, 15-16/12/01. p.5. Another high profile AIDS death in media in Australia was that of Stuart Challender, who was not publicly 'out' until just before his death but who made a documentary for the ABC when he had very little time left to live. He was memorialised with a special concert at the Sydney Opera House and was included in the Australian quilt project that will be discussed further on.

the *Sydney Star Observer*, where they could express an overtly camp sensibility though the use of outrageous pet names of the feminine gender, or the attribution of a role such as ‘Queen of the Sauna’.³ Bad things, or ‘human, all too human’ characteristics are rarely mentioned in the obituaries. This is deemed inappropriate, so every obituary becomes a hagiography, but it is also a way of distancing the dead from the living by refusing to concede the humanity of the ‘departed’. Privileging the living over the dead, and denying the dead human failings, is certainly symptomatic of a fear of the power of the dead to affect the living. The queer AIDS funeral tended to subvert this privileging with a carnivalesque approach to the funerary; a cultural rhizomatic shoot from this can be seen in the gay funeral scene (although not specifically an AIDS funeral) of the film *Four Weddings and a Funeral* where the ‘affecting’ poem by W. H. Auden “Stop all the clocks” is read. This poem later became a popular choice at funerals for gay men who had died from AIDS.

This chapter focuses on these seemingly novel ways of writing the death of the person suffering AIDS, whilst acknowledging that many gay AIDS funerals were anonymous events, especially for the poor and lonely.⁴ Often, from the mid 1980s on, the dying process was taken from the gay partners, friends or loved ones of the ‘patient’ in a ‘straight’ hospital or clinic, though some AIDS wards became ‘camp’ sites. Such a site is St Vincent’s hospital in Oxford Street, Sydney, the heart of the gay nightclub scene, where drag queens dressed as bunnies visited the patients at Easter (Figure 1, Easter Visit, photo from the

³ See issues of *Sydney Star Observer* for April and May 1999 for examples of fairly large memorial notices, many with camp references or photographs.

⁴ This point is clearly made in Bayer and Oppenheimer’s *AIDS Doctors: Voices from the Epidemic*.

Sydney Star Observer). Nevertheless, the technologies of healing and of the clinic, and the culture of wards, were not seen as *simpatico* for the gay AIDS patient. Eric Michaels' informed chronicle documents this alienation brilliantly in *Unbecoming*, and a fictionalised Fairfield Infectious Diseases Hospital (a hospital that had played a major role in earlier epidemics, like the polio epidemic of the 1930s and 1940s) is explored by Tim Conigrave in *Holding the Man*.

The human skin or epidermis, the ectoderm or outer layer of the skin, can be considered as a writing surface. In this chapter I shall compare the epidermis with woven fabric, a textile in the Barthesian sense, and also with the thread used to make fabric. Stitches are used, like sutures in the skin, in the making of memorial quilts for those who have died from AIDS. There is also evidence of repetitions in writing, body and fabric, and the de-scription or inscription of death and the body in obituaries, eulogies and the like. Indeed, memory plays a large part in this discussion: the nature of memory—especially as it pertains to the funereal.

I wish now to turn to a discussion of another 'death line', Kaposi's sarcoma, because of the pivotal part it plays in diagnostic manuals and AIDS medico-writing (such as the *ABC of AIDS*) but also in writings by gay men about AIDS, such as Michaels' *Unbecoming*. Kaposi's is also crucial for the salient way it figures in the pre-history of AIDS as some of the first 'evidence' that

there was a new ‘gay cancer’, a ‘new’ illness that affected only gay men. This was much to the amusement of Foucault who anecdotally is reported to have exclaimed that it was extraordinary, in the light of what he had written of the construction of disease, that there was a cancer that struck only gay men.⁵

While Kaposi’s sarcoma has thus been extensively written about, it can itself be deciphered as a kind of mortal writing on the body: ‘writing’ in a broad Derridean sense.

Adler writes, in “Development of the epidemic”: “The first recognised cases of the acquired immune deficiency syndrome (AIDS) occurred in the summer of 1981 in America. Reports began to appear of *Pneumocystis carinii* pneumonia in young men, who it was subsequently realised were both homosexual and immunocompromised.” On page one of the *ABC of AIDS* (now in its fifth edition), this opening sentence has all the characteristics of a ripping good yarn, or at least a thrilling medico-narrative. How was it ‘realised’ that these men were homosexual? And I like the coyness of the following sentence: “Even though the condition became known early on as AIDS (actually there was a serious scientific, cultural and linguistic rupture between the French and Americans over ‘naming’ the virus) its cause and modes of transmission were not immediately obvious.”⁶

⁵ James Miller writes in the Notes to *The Passion of Michel Foucault* “[Herve] Guibert ‘remembers talking to Foucault and raising the possibility of a new “gay cancer” as early as 1981: As soon as he raised the subject, Foucault burst into laughter: “A cancer that would hit only homosexuals, no, that’s too good to be true, I could just die laughing!”’” (See Guibert, *A l’ami* p.21; p. 13. Appearing on the television program *Apostrophes* on 16 March 1990, Guibert told exactly the same story, this time citing Foucault by name. Edmund White recalls having a similar conversation with Foucault in Paris, also in 1981. See Miller, J. *The Passion of Michel Foucault*. New York: Simon and Schuster, 1993. n. 38, p. 396. See also the biographies of Foucault for his reactions to AIDS: Eribon, D. *Michel Foucault*. Cambridge, Mass., Harvard University Press, 1991. Macey, D. *The Lives of Michel Foucault*. London: Vintage, 1993.

⁶ Adler, M. “Development of the epidemic.” In Adler, M. (ed.) *ABC Of AIDS*. Fifth edition. London: BMJ Books, 2001. p. 1.

According to *The AIDS Manual*⁷ Kaposi's sarcoma is an opportunistic cancer that is evident in approximately 35% to 50% of all AIDS cases. 'Classical' Kaposi's sarcoma occurs in elderly men over fifty years of age of 'Ashkenazi, Jewish or Mediterranean descent.'⁸ Kaposi's sarcoma was initially identified in 1872 by the Austrian dermatologist Dr Moritz Kohn Kaposi. It was the sudden appearance of the sarcoma in younger men in San Francisco that began to signal the dramatic emergence of the 'gay cancer'.

But in what sense is Kaposi's sarcoma a type of writing, a calligraphic symptom and signifier? In the sense that it is a clue. The sarcoma are often 'within' the body, another type of surface in a Deleuzian sense—in bronchial passages, inside the mouth – also, they may spread to the intestines, but they are also on the parchment of the skin. It is a case of proliferation; it is a rhizomatic spread which is "responsive to both radio-therapy and chemotherapy."⁹ The pustules are exemplary of an abjection and as such must be 'treated'—made to disappear. In a sense the pustules are harmless, but of course complications can arise with any extensive ectodermic disorder – and they are the example of opportunistic infection equated with a deficient 'immune system'.

What is the connection between 'gay' men of the 1980s, in Sydney perhaps, and the elderly men of the eastern Mediterranean? The relation is the marker of the 'ageing' body, the sarcoma. An imperative of HIV/AIDS is its 'bending' or 'bedding' of temporality, a distortion and focus of memory, and making the

⁷ MacLennan and Petty, *The AIDS Manual*. Third edition. Sydney: Albion Street Centre, 1994.

⁸ Daniels, V. *The Acquired Immune Deficiency Syndrome*. Lancaster, U.K.: MTP Press, 1986. p. 82. For an 'oral' history of Kaposi's sarcoma in San Francisco see *AIDS Doctors: Voices from the epidemic*.

⁹ *The AIDS Manual*, p. 247.

subject return. AIDS has the capability of ‘telescoping’ a life, concentrating an essence or stretching the fabric, because Kaposi’s is a marker, an anticipation of death. But in the medical jargon, ‘it is treatable.’ The most distressing manifestation of Kaposi’s sarcoma is when it is written on the face.

“The cause of Kaposi’s sarcoma is still unknown,” writes Daniels in a book consulted widely by medical students and doctors.¹⁰ The focus is on Kaposi’s here because it became the most widely recognised and discussed diagnostic sign, the symptom, the trace and the evidence for AIDS in the biomedical discourse. Kaposi’s sarcoma or KS was a part of the special viral language constructed around AIDS and is always featured in AIDS glossaria. (Many books about AIDS contain a Glossary to explain a newly generated jargon or language.) The idea behind the glossaries was to empower the HIV/AIDS patient or ‘non-specialist’, to teach him/her the new language: T-cells, lymphocytes, AZT, drug cocktails, drug holidays, etc. Some was scientific jargon, some camp slang: a strange hybrid. The Glossary in some issues of *National AIDS Bulletin* magazine and in issues of *Positive Living*, a newsletter for people living with HIV/AIDS, inserted in gay community newspapers around the country, are examples.

The term ‘Kaposi’s sarcoma’ had been taken ready-made from cancer discourse and contains a proper name, a convention of naming in biomedical discourse, to acknowledge the owner or explorer/discoverer of the disease. Kaposi’s sarcoma was an ‘opportunistic’ disease that accompanied AIDS, and thus AIDS required other diseases to become visible; the test was only for the anti-body positive immune response, meaning not for the HIV virus itself but

¹⁰ *AIDS: the acquired immune deficiency syndrome*, p. 84.

for the trace it had left, whereas Kaposi's sarcoma made extremely visible the presence of AIDS to the doctor, and in a distressing way for the sufferer. AIDS itself was not a disease; it was a syndrome: a host of symptoms, an acquired deficiency.

The narrator of *Just Like That*,¹¹ a satiric novel written by Lily Brett, is a professional obituary writer; she writes death, but also lives and 'works' death, much to the irritation of her father, an Auschwitz survivor, who thinks it wrong or weird for his daughter to be obsessed by death, to make a living from it. As in all Brett's novels and poems, this book is haunted by the Shoah and death in general. However the focus relevant to this thesis is the beginning of Chapter 2, when the narrator attends a funeral in her role as obituary writer and observes the rituals of a gay funeral. Unlike the funeral in the popular film *Four Weddings and a Funeral*, this is not only a gay funeral but also a gay AIDS funeral. This is an important distinction because a gay AIDS funeral would have been too confrontational for what is essentially a comic film. The narrator/reporter in *Just Like That* has no such qualms in making 'wisecracks' about the AIDS funeral of a gay nightclub owner in New York City. Brett herself lived in New York City at the time of the death from AIDS and funeral of Steve Rubell, a celebrity entrepreneur and nightclub owner, and her novel shows parallels with that.¹²

¹¹ Brett, Lily. *Just Like That*. Chippendale, N.S.W.: Macmillan Australia, 1994.

¹² See Haden-Guest, Anthony. *The Last Party: Studio 54, Disco and the Culture of the Night*. New York: William Morrow, 1998. See also Kummer, Niels, (ed.), *Studio 54: The Legend*. New York: Te Neues Publishing, 1997. Steve Rubell died at 45 in Manhattan's Beth Israel Hospital. Ten years earlier Rubell had been sentenced to prison, along with partner Schragar, for tax avoidance. Krummer describes Studio 54 as an exemplum of "pre-AIDS debauchery."

In her book, *Obituaries in American Culture*, Janice Hume writes that obituaries emphasise “particular salient aspects of [a man’s] life and thus reflect his society’s cultural values.”¹³ Whilst this is correct, it is also true to say that those who are ‘memorialised’ in the obituary or eulogy can be persons who have been marginalised and who stand outside a hegemonic heteronormativity, hence the need for the gay AIDS obituary in the gay press. The writer Allan Gurganus explained the significance of the gay AIDS funeral in an interview for the collection *Gay Fiction Speaks*. What he said is worthy of substantial quotation for my argument:

There was something very mechanical about this whole “Studio 54” period. ... Disco culture was hardly about the milk of human kindness. It was all glitter, mirror balls, and appearance; heightening shoes, big hair, velvet and lace. It was very Regency dandified; very impenitently self-interested. But when that laughter begins to be tested by this terrible crisis and can hold, it becomes heroic and magnificent. Those high-drag mask [sic] funerals, in which all the drag queens put on their splendor and remember the dead, trying to look as gorgeous as possible for what little’s left—I think they’re as brave, operatic, dignified and powerful as anything I’ve attended. ...

It’s this camp bravery—*genuine* bravery—and courageous laughter. I remember writing eulogies.¹⁴

¹³ Hume, J. *Obituaries in American Culture*. Jackson: Mississippi University Press, c. 2000.

¹⁴ Canning, R. (ed.) *Gay Fiction Speaks: Conversations with Gay Novelists*. New York: Columbia University Press, 2000. pp. 249-250.

The interesting point that Garganus makes here is not only the Janus-faced life and death, night versus day, struggle at Studio 54, but also how ‘writing death’ in the form of eulogies became a source of creativity and assisted the production of his novel. Gurganus also makes explicit reference to the necessary camp humour required in a queer eulogy or obituary.

A well-known gay activist (well-known to a certain sector of a gay community) such as David Widdup had his obituary appear in a mainstream newspaper, the nationally circulated *The Australian*.¹⁵ Although Widdup’s obituary could not be as overtly camp or queer as in a gay community newspaper, nevertheless Willett succeeds in making the obituary surprisingly candid and includes reference to Widdup’s pseudonym used to write a column, Minnie Drear. Willett refers to Widdup’s notorious candidature for the federal seat of Lowe just prior to the 1972 Federal Election, then held by the Prime Minister, William McMahon. Widdup drew attention to his homosexuality and gay activism by his outrageous campaign slogan, “I’ve got my eyes on Billy’s seat”. McMahon’s status as Prime Minister, fighting a Presidential style election instigated by Whitlam and the Labor Party with its “It’s Time” campaign, drew media attention to Widdup’s candidacy, especially as McMahon was widely rumoured to be a closet homosexual.

The photograph accompanying the obituary is also very camp but sufficiently coded not to be too challenging; Widdup, dressed like a business man in a suit, looks seductively through the boughs of a tree, as if at a ‘cruising’ location or gay beat.

¹⁵ ‘Crusader led the way for gay rights’, Obituary, *The Australian* 17 November 1999. Graham Willett has written of David Widdup in the work of cultural history *Living Out Loud*. See Willett, G. *Living out Loud*. St Leonards, N.S.W.: Allen and Unwin, 2000.

One of the most widely practised and widely publicised ways of ‘writing death’ and a manifestation of ‘death lines’ was the quilt. The AIDS Memorial quilt, or NAMES project, consisted of individual panels bearing the name and a *memento mori* decoration for the deceased.¹⁶ The quilt’s origins were in the USA and referred back to a simpler, bucolic time. It was widely adopted in Australia as a memorial practice, even though Australia does not have a ‘quilt’ tradition in the same way as the United States. The quilt was also seen as a way of subverting the need to use explicitly Christian iconography, which many gay or queer men found reminded them of the bigotry of some Christian churches to their orientation. Like much of ‘gay culture’ the idea of the quilt was imported, along with the memorial red ribbon and the candlelight vigils.¹⁷

In 1994 a text called *Unfolding: The Story of the Australian and New Zealand AIDS Quilt Project* was published.¹⁸ Yardley writes:

The Quilt is a reaction to this intolerable situation [the marginalisation of homosexual men and IV drug users]. It emerged from a powerful need for recognition of personal identity within a climate of identity assassination and the systematic dehumanising of people affected by the virus. It was created because people could no longer look into the face of death within a framework of prejudice and bigotry. They needed to publicly personalise the experience of HIV/AIDS, they mark

¹⁶ See Ruskin, C. and Herron, M. *The Quilt: Stories from the Names Project*. New York: Pocket Books, 1988.

¹⁷ For an interesting critique of the candlelight vigil see “And things are not the same: HIV 2000,” by Machon, K., in *Queer City: gay and lesbian politics in Sydney*. Johnston, C. and van Reyk, P. (eds.) Sydney: Pluto Press, 2001. p.131ff.

¹⁸ Yardley, A. with Langley, K. Photographs by Hawkes, P. *Unfolding: The Story of the Australian and New Zealand Quilts Projects*. Ringwood, Vic.: McPhee Gribble/Penguin Books, 1994.

the path of the individual in the context of the community they lived in and the people who loved them.¹⁹

Yardley doesn't see a particularly American connection for the Quilt, but rather a feminist, Australian and even a British connection:

...the Changi Prison quilts were made by women interned in Changi Prison in Singapore from 1942 to 1945, and the Red Cross Quilts were made by rural Australian and New Zealand women during the Great War....Trade Union banners fulfill a similar function in recording some of the major struggles of the working class. Embroidered cloth banners were also made and hung in church sanctuaries during the Middle Ages in Britain, naming those who died in epidemics.²⁰

Yardley also writes of the sensual nature of the fabric used in the Quilt, drawing closer here to a hedonistic gay lifestyle: "Sexy silks and satins, raunchy leather, flamboyant nets and tulle, warm and cosy felts and flannels."²¹

In an essay in the book *The Rise and Fall of Gay Culture*, Daniel Harris is extremely critical of the philosophy behind the quilt.

Despite the hushed tones of reverence with which we are supposed to discuss this unassailable artifact, the Quilt represents the very pinnacle of AIDS kitsch. It evokes the archaic innocence of nostalgic folk traditions straight out of a pastoral world of buggies and butter churns...the Quilt exudes a

¹⁹ *Unfolding*, p. 3.

²⁰ *Unfolding*, p. 4.

²¹ *Unfolding* p. 4.

spurious aura of artsy-craftyness, of kindly old grannies in bifocals and bonnets.²²

I think Harris, although harsh, is probably correct in his observation. But I think that he underestimates the transformative power of the community who have changed this traditional thing into something funky and queer. In addition, it cannot be denied that the various quilts around the world served as focal points for political solidarity, pride and even celebration for communities devastated by AIDS in a time of loss and grief.

Yet another way of 'writing death and mourning' for people who had died of AIDS and their loved ones, and which provided an alternative to the Quilt and candlelight vigils, was the memorial grove or garden. An Australian example of this is The Sydney Park AIDS Tree Planting Project (SPAIDS), which by the end of 2000 had "completed its twentieth tree planting day."²³ SPAIDS estimates that they have planted 7000 trees. The memorial grove eventually received co-operation and support, including signage, from the South Sydney City Council. I think it is important to note that SPAIDS is a memorial grove and not a cemetery.

In "Never at a loss" Kenton Miller tells of the importance of 'queering' the funerary rituals and the grieving process.²⁴ To quote from the subheading of the article: "The only thing a queen loves more than a grand entrance...is an even grander exit. Kenton Miller remembers some fabulous funerals."²⁵

²² Harris, D. "The Kitschification of AIDS" in *The Rise and Fall of Gay Culture*. New York: Hyperion, c. 1997. pp. 226-227.

²³ For a brief history of SPAIDS and information about other similar memorial gardens and groves around the world see <http://www.zip.com.au/~josken/spaids.htm>

²⁴ Miller, K. "Never at a loss," in "Loving Our Way" a publication of the Western Australian AIDS Council. Perth c. 1996. pp. 37-38.

²⁵ "Never at a loss", p. 37.

This publication was obviously intended as 'safe sex' information but it really is far above a pamphlet. Its quality magazine format and 'artistic' photographs invite the reader to reflect on the writing rather than skim it as one is likely to do in a pamphlet. "Never at a loss" is a blackly humorous essay, and in it Miller highlights the serious problem of a loved one's death and mourning being 'stolen' from the gay partner/s and friends of the deceased.

Miller writes:

For far too long we've seen some families step in and take this ritual over. It becomes their opportunity to rewrite the prodigal son's life in the image they desired all along. Funerals get to be yet another occasion where we can't upset dear old Auntie Ivy who-can't-be-told-it-would-kill-her-poor-dear. Not only does the a word not get a mention, but the story of the departed gay son seems to focus almost utterly on his childhood and time at home and in the family. Anything after puberty is too embarrassing to mention. And I won't even begin to mention the imposition of religious beliefs that would have most dead queens rolling in their caskets like rotisserie chickens.²⁶

It's almost as if the different groups of people at the funeral are mourning a different person, and perhaps in a sense, they are. It is easy to feel Miller's anger, representing the anger of many a gay person who has felt the friend they knew and loved being taken from them yet again. In the article Miller goes on to describe gays seizing back the grieving process, taking an idiosyncratic approach that more truly represents the deceased's life, 'stage-managing the

²⁶ "Never at a loss", p. 37.

last event', as Richard Wherret did with spectacular results. Later in the article, Miller decries the lack of a mass and public grieving process for the dead of our communities and wishes there were something similar to the Anzac day or Armistice Day commemorations for the fallen.

The ritual of loss truly missing from our lives (apart from The Quilt) is a public grieving for the mass loss to our community. Whenever I see row upon row of white crosses on the lawns of cemeteries dedicated to the fallen soldiers, or the Anzac "we shall remember them" ceremonies, I feel a profound sadness that the general community's desire to see AIDS as a self-inflicted disease of the guilty denies us the right to fully publicly grieve.²⁷

Other significant texts that make the connection between AIDS and death are Robert Dessaix's novel *Night Letters* and photographer and writer William Yang's *Sadness*. These texts have been widely critiqued and are very self-reflexively 'artistic' and because of this they are not discussed here.²⁸ My discussion of the Mazz Image photograph (Figure 1) was a deliberate choice of a supposedly 'low culture' and ephemeral text, the photograph having been published in the gay community newspaper *Sydney Star Observer*.

Here I shall turn to a media event that really created an hysteria and fear towards AIDS and death in the Australian population. It starred The Grim Reaper and was part of the Commonwealth Government's National AIDS Campaign and the National Education Strategy (NES). The campaign featuring

²⁷ "Never at a loss", p. 38.

²⁸ See, for instance, Bartoloni, P., "Travelling with Mortality: Robert Dessaix's *Night Letters*." *Antipodes*. Vol. 15. No. 2. December 2001. pp. 107-109 and Smaill, B. "Disorientations: Sadness, Mourning and the Unhomely." *Journal of Australian Studies*. No 73. 2002. pp. 161-169.

the Grim Reaper, devised by advertising 'guru' Simon Reynolds, was part of the National AIDS Campaign of 1987. Although praised at the time for the effectiveness of its approach in countering the 'epidemic' and used as a model of public health and governmental liberal attitudes elsewhere in the world, it was instrumental in demonising people diagnosed positive and people living and dying with AIDS. It particularly demonised people already estranged by Australian discourse and culture: queer men, IV drug users and transgender people. The climate of fear was only challenged when AIDS organisations and especially gay men's health groups wrested control or at least influenced the rhetoric and images used to represent people living with HIV or AIDS, coming from Commonwealth government and State health authorities. Then many governments felt compelled to launch new campaigns to combat discrimination against the 'at risk' groups including gay men. The campaigns had tended not to make people necessarily more concerned about 'safe sex' but had led to worse discrimination and even violence against gay men.²⁹ There were many difficulties faced by the campaign in Australia but if anything they seemed worse in countries with conservative governments, such as the UK. In the US most of the early safe sex campaigns were privately funded, later state or county funded and only finally, after the loss of many lives, federally funded.

In Britain Simon Garfield has written about the dilemmas facing the Department of Health and Social Services, in particular by the Minister responsible, Norman Fowler, dubbed the Minister for AIDS. It is worth quoting from Garfield's *The End of Innocence* at length because of the striking parallels, or 'cross-infection', between the British and Australian campaigns.

²⁹ This pattern was repeated in other countries, including Switzerland. See the documentation and illustration of the changing impetus of the health campaign in *The Stop AIDS Story*. Bern: Swiss AIDS Foundation and The Federal Office of Public Health, c. 1993.

I have been attempting to identify which campaign influenced which, but they happened almost simultaneously in early 1987 and they had both been subject to lengthy bureaucratic consultation before they became a part of public discourse. The dilemma that the British bureaucrats saw was that the language that needed to be employed could be considered quite offensive to groups not targeted while targeted groups might not respond to the advertisements (later surveys, according to Garfield, revealed this to be the case). Instead of reacting with the intended shock and fear, students and gays found the advertisements to be humorous, while at the same time gay men and IV drug users were demonised and subjected to increased discrimination and violence. In Australia, HIV positive children were ostracized at school and kindergarten.³⁰ Underlying the campaigns both in Britain and in Australia was a heteronormative, monogamous censoriousness against any action or lifestyle that did not conform to a fairly conservative middle-class model. Garfield writes:

The government's new campaign would have two simple messages, Fowler said: "Stick to one partner, but if you don't, use a condom" and "Do not inject drugs; if you cannot stop do not share equipment..." The newspaper and magazine advertisements resembled more a snappy hard-sell campaign, less an operator's manual. The pay-off line "DON'T AID AIDS" was joined by "DON'T DIE OF IGNORANCE" and the ad people came up with a concept or two: in one, the word

³⁰ The most widely reported case in the media was that of Eve van Grafhorst. In 1985, "Eve van Grafhorst, a young child infected with HIV, battles to return to school in NSW after protests from other parents. After a long battle with school authorities Eve and her family leave for New Zealand." See www.accessinfo.org.au/fs/hivchronology.htm

“AIDS” was gift wrapped in festive paper, and beneath it ran the words
 “How many people will get it for Christmas?”³¹

One striking similarity with the gothic Grim Reaper figure used in the
 Australian campaign was the British ‘Tombstone’ campaign. Garfield writes:

The leaflets were accompanied by the first two portentous
 advertising campaigns on television. The first featured an
 exploding mountain, a tombstone on which was chiselled the
 word AIDS, and a bunch of flowers. They didn’t tell you much,
 other than something terrible was going to happen and that
 something was going to come through your letterbox [the
 nationally distributed leaflet].³²

The hysteria generated by AIDS was not a solely Australian phenomenon.

Raymond Donovan, in the journal article “Queered Bodies & Straightened
 Borders: Natur[at]ed-AIDS in a Present and Anticipated Plague,” quotes a
 “grave, authoritative male voice-over”, almost the voice of the Grim Reaper
 himself, a “hissing, wizened, black-cloaked skeletal figure in a misty bowling
 alley” which was used as part of a National Education Strategy costing several
 millions of dollars and which was aired as TV commercials in April 1987, on
 radio for six weeks, three months in cinemas, and five months in the print
 media.³³ The voice-over/narrator in the ‘safe sex’ commercial said:

³¹ *The End of Innocence: Britain in the Time of AIDS*. London: Faber and Faber, 1995. p. 118.

³² *The End of Innocence*, p. 118.

³³ Donovan, R. “Queered Bodies and Straightened Borders: Natur[at]ed-AIDS In A Present and Anticipated Plague,” *Journal of Interdisciplinary Gender Studies*, Vol. 2 (1), March 1997, pp. 31-49.

For a contextualising discussion of the growth of the public health campaign against AIDS in the UK see Garfield, S., *The End of Innocence. Britain in the Time of AIDS*. London: Faber and Faber, 1994. pp.116 ff.

At first only gays and IV drug users were being killed by AIDS. But now we know every one of us could be devastated by it. The fact is that over 50,000 [sic] men, women and children carry the AIDS virus [sic]. That in three years nearly 2,000 will be dead. That if not stopped it could kill more Australians than World War Two. But it can be stopped and you can help stop it. If you have sex have just one safe partner. Or always use condoms. Always.³⁴

This histrionic statement wants to push up the fatality count to “nearly 2,000”. Although intended to warn people of the dangers of ‘unsafe sex’ it actually engages in the construction, along with sensational media reports, of hysteria, panic and fear. By saying “only gays and IV drug users” at first were affected it diminishes the human toll and the pain suffered by these people and their loved ones. It also preaches against any sexual contact that is outside a monogamous or married relationship, thus alienating the large number of gays and straights who do not live in such relationships or practise that sexual lifestyle.

As part of the National AIDS campaign in the late 1980s, public toilets—a hitherto non-government, non-bureaucratic space as far as propaganda or proselytising was concerned—became a site for dissemination of government policies.³⁵ The perception of bureaucrats was that they had to get to where the transmission of the virus was likely to occur, and it was widely believed that public toilets were a site where infection could happen, through the forbidden ‘exchange of bodily fluids’, homosexual sex and IV drug use. It was at this

³⁴ National AIDS Campaign and National Education Strategy. Devised by Simon Reynolds. Broadcast 1987.

³⁵ There were “Do Not Spit” notices in or near public toilets after World War II due to the fear of the transmission of tuberculosis and polio. Such notices were still in existence at Flinders Street railway station in Melbourne in the 1970s.

time that disposal units for ‘sharps’ (hypodermic needles) were introduced to the interior of the closet. In this sense the closet became for the first time, a space for government sponsored writing, rather than mere graffiti. Of course, the public toilet was under surveillance by police and often security personnel, and had been a site of violence against ‘men who have sex with men’ for a long time, but what concerns me here are the government-issued posters promoting ‘safe sex’ and ‘safer’ IV drug use. The small posters (approx 20cm x 40cm) are written as small vignettes, or parables because they seek to teach by an example. An example follows. This is a cautionary tale about IV drug use:

NATIONAL AIDS CAMPAIGN POSTER

Mick was worried he’d become addicted...

His mate, Dave, told him it took more than one hit to do that.

Mick wasn’t entirely convinced but he didn’t want to be left out.

Debbie said she would pass.

So Dave and Mick shared the needle and Debbie watched.

As it turned out the real harm wasn’t done by the hit. It was what Dave added to it that made it lethal—a drop of his blood.

You see, Dave is HIV positive, but like many people, didn’t know it. So how could Mick? That’s why you should never share a needle with anyone. Shooting up is dangerous enough—HIV makes it deadly.

I do not wish to perform a ‘close reading’ of this text or a deconstructive critique, although they could be productive. My interest is in how the graffitiists who read the vignettes in the closet space transformed the text and deconstructed it, found its instability as a text, and used the written surface as a

palimpsest. The posters were intended to be ‘vandalproof’, covered in a hard plastic and fixed to the door or wall of the cubicle with a powerful glue, but the graffiti writer insisted on another version of the narrative, which I now quote:

Simon was worried he’d become addicted... to Dave’s meaty goodness. His mate, Dave, told him it wouldn’t hurt. Simon wasn’t entirely convinced, but he didn’t want to miss out. Debbie said she would pass. So Dave and Simon shared the cock and Debbie watched. As it turned out the real harm wasn’t done by the cock. It was what Dave added to it that made it lethal - a drop of his cum.

You see, Dave is HIV positive, but like many other people, liked it in the arse. So how could Simon? That’s why you should never share a cock with anyone. Screwing is dangerous enough—HIV makes it deadly.

This is a ‘parasitic’ text; it is in a sense a minor writing and an example of repetition and multiplicity. It is deterritorialised and nomadic, in Deleuzian terms, not of the canon. It makes a powerful political point, but it remains ambiguous, sometimes seeming homophobic, sometimes seeming to be an eroticisation and ‘queering’ or ‘gaying’ of version one. It also ‘writes back’ to the government issued poster, in a ‘public’ place where the stakes are higher. It is irreverent, even destructive, to the ‘original’ text. It has no qualms about using an obscene language; it doesn’t need to pretend earthiness.

The government administered health campaign did provide a more sexualised, erotic text itself, inadvertently eroticising and fetishising the virus, perhaps, as well as overestimating the rate of sexual exchange in the population.

In this chapter I have looked at the various ways in which the loved ones of those who have succumbed to AIDS and a wide self-identifying gay community have 'written death' in ways that seem to better express the lives of the deceased and the mourners. This was never an innocent writing. It was and is a political issue, in the way that the dead are always political and in the legendary power that the dead have over the living. This power of the dead is, in turn, contested by the living.

Conclusion

This thesis has questioned, challenged and mounted a counter-argument against an official rhetoric of AIDS that has been employed in text books used in the teaching of biomedical practice, bureaucratic and government funded academic reports and even massive media 'health' and 'safe sex' campaigns designed to 'speak' to the queer communities. It has also examined a rhetoric and its promulgation employed in a seemingly *simpatico* memoir such as *April Fool's Day* and the queer-friendly and authentic rhetoric of such works as *Holding the Man* and *Unbecoming*. I hope I have made clear that it is a political struggle over the competing vocabularies that construct the queer body in society and that whoever wrests control of these discourses and rhetorics that proliferate around AIDS will ultimately affect the way queer people are able to live their lives.

My work in the preceding chapters should be seen as an attempt at an interruption and supplementary interpolation to that official speech, or discourse, that was used so dramatically to re-medicalise, re-pathologise and even re-criminalise, the AIDS body and queer sexuality.

The question of vocabulary in AIDS discourse is a crucial one. Many journals, newsletters and books provide a glossary for non-experts who wish to 'understand' the writings about AIDS.¹ This is a genre of books and pamphlets that attempts to provide a

¹ See, for example, Adler, M, *The ABC of AIDS* (Fifth edition), London: BMJ Publishing Group, 2001 or the inserted AIDS bulletins in *Sydney Star Observer*, *Blaze* (Adelaide) and other Australian gay community newspapers.

key to the medical and pharmacological or pharmaceutical jargon. It is a precise but elite language that is ultimately alienating, particularly for many HIV-infected persons.

But there is a vaster AIDS language, a rhetoric of AIDS, persuading us of the very existence of the virus and syndrome and by which is delivered the widely recognised plague of significations. As has been demonstrated, the cultural language of AIDS extends from advertising, especially public health campaigns (but not always, think of the Benneton garment manufacturer's campaign of billboards and glossy magazine advertisements depicting the last moments of a man dying from AIDS). Health campaigns generate 'safe sex' ephemera, which include postcards, stickers, T-shirts and decorated condom packaging. The cultural language of AIDS includes memoirs, testimonials, novels (literary and bestsellers), diaries, biographies, operas, television, symphonies, musicals and so on. In other words AIDS is present in all aspects of culture, but AIDS has also become a disruption: an absent entity.

AIDS may be construed as a manifest example of globalisation or as an 'event' of the perilous global society. My thesis has concentrated on what retrospectively may be seen as a specific AIDS moment. AIDS, since the growing awareness of its presence in the early 1980s, has been a global disease, as evidenced by the confusion over French and English nomenclature for the virus when HIV was first identified and the legend spread that AIDS came from green monkeys in Africa. AIDS was also perceived as affecting specific 'high risk' groups, most notably, gay men. My thesis has concentrated on the Australian context and this will explain the specifics of its focus and the texts I have chosen to explore.

In Chapter 1, I found parallels and intersectional points between AIDS writings and the voice of the transgendered subject in sociological vignettes in specially commissioned governmental health strategy reports aimed at keeping HIV infection away from a perceived mainstream, white, heteronormative societal body. I compared and contrasted various writing styles, such as academic and memoir, and demonstrated that there was an authenticity in writings from the marginalized or demonized groups that are the subject of the chapter, including Indigenous sista-girls.

In Chapter 2, I looked back at earlier instances of pathologisation to show that the AIDS crisis of the middle 1980s in Australia was not the first time the queer body and lifestyle had faced a pathologising régime. I used examples from the United States and the United Kingdom, often the source of Australian attitudes. There were exceptions, for example, sometimes Australian researchers 'led the way' in an international context, particularly in 'aversive' therapies. I also saw a proto-gay or proto-queer challenge in the texts by Kinsey and Hooker that would become established as gay liberation's challenge to certain forms of psychiatry and psychological praxis. This 'punishing' psychiatry and psychology re-emerged as 'reparative therapy' around the time of media attention to the emerging 'gay' AIDS epidemic in the United States. This was part of an ideological global contest to re-pathologise queers, particularly gay men.

The intention of Chapter 2 was to demonstrate the 'parasitic' or co-dependence of narratives; one was not molar or minortarian in Deleuzian terms. Rather, these texts and stories fed off each other, and in some ways, even began to produce and nourish new narratives. I also wished to show in this chapter how the perceived sick body can actually be in a dynamic condition, able to intervene and write, the illness spurring on the subject

and generating new concepts. I considered how sickness as a dynamism emerged from the Romantic tradition and was seized upon by Nietzsche and Artaud, in ways that could be applied to queer AIDS bodies.

In Chapter 3, I pointed out how phobias about blood and taboos dating back to Biblical times were resuscitated and revived for the 'Age of AIDS'. AIDS was another 'sexual' disease or venereal condition, like syphilis, onto which already established prejudices and attitudes could be grafted or transposed.

I found that the 'blood rule', as it was popularly known in AFL football, was at the time one of the most visible reminders of a threat in the public mind to masculinities and sport in general. This fear and perceived threat was argued about in the media over the body, and life, of footballer Matthew Hall. I also looked at football and AIDS in the different context of Tim Conigrave's popular autobiography, *Holding The Man* . In this case the 'characters' were living an openly gay lifestyle.

In Chapter 4, I explored abstract connections between mass circulation, contagion and ideas of authenticity utilizing ideas from Adorno and Horkheimer and especially Walter Benjamin. I showed how Courtenay's *April Fool's Day* failed the test of authenticity on aesthetic grounds, seemingly compromised by the 'forgetting' of mass markets.

My last chapter, Chapter 5, explored bonds between AIDS and death and the queer body, challenging negative assumptions about death and dying. I showed how, for some individuals, death was a final chance to queer life and ritual. At the same time, for queer communities this queering of death allowed for the collective and empowering expressions of grief and mourning.

I viewed the symptomatology of AIDS as a kind of writing on the body, demonstrated graphically in the photograph of Eric Michaels exhibiting the Kaposi's sarcomas on his skin, in Figure 2. I also considered the 'death line' of the Grim Reaper as portrayed in the Government-funded 'safe sex' national advertising campaign of 1987: another powerful example of a demonisation process that was eventually challenged from within queer communities.

At the time of writing, according to the World Health Organization, there are 42 million people in the world suffering from AIDS. One of the worst affected areas of the world is sub-Saharan Africa with a whole generation affected.

The global search for medicines, vaccines and the politics of rich and poor countries will inform the discourse of AIDS in the present and future. In the future, the AIDS crisis investigated in this thesis will be seen as unique in time and place and the people who recorded it through their writings and art will be regarded as heroic. The hysteria and demonisation of gay men and HIV and AIDS should serve as a warning as to how any marginalized group of people can, through modern communication networks, easily be quickly and effectively identified as 'other' and as a threat. The obvious example of this in Australia and elsewhere today has been detained refugees.

Ironically, the potential for a challenge to these media and political discourses exists in the media themselves. This raises the politically charged questions of who controls and who has input into these forms of local and global communications.

Some queer men were extremely well prepared and well placed, after a decade of politicisation through struggle for gay rights, to seize control of the debate and provide

alternative discourses and challenge oppressive legal and political measures particularly through the formation of AIDS Councils. In Australia, they also had a sympathetic Commonwealth Health Minister, Dr Neal Blewitt.

An interesting question that could be posed at this juncture is: why has AIDS generated so much of cultural production, unlike many other diseases, such as measles, malaria or Hepatitis C? An inadequate and partial answer to this enigma lies in the individual cultural meaning attributed to specific illnesses or conditions. This begs the question of why specific illnesses generate specific meanings. HIV and AIDS were perceived to have connections with the 'gay' male body, illicit or promiscuous sex, and of course, to the ever-present fear of contagion, plague and death. AIDS continues to present enormous challenges, but it can now be spoken of with some epistemological understanding, which was not always the case.

Bibliography

- Aaron, M. (ed.) *The Body's perilous pleasures: dangerous desires and contemporary culture*. Edinburgh: Edinburgh University Press, 1999.
- Adler, M. (ed.) *ABC of AIDS*. Fifth edition. London: BMJ Books, 2001.
- Adorno, T. *Aesthetic Theory*. Translated by Lenhardt, C. London: Routledge and Kegan Paul, 1984.
- AIDS Ephemera collection. 10 boxes. c.1989-2001. London: The Wellcome Library archive.
- Aitken, G. *Vanity Fierce*. Milsons Point, N.S.W.: Random House Australia, 1998.
- Alan, D. *Transsexuals and HIV/AIDS in N.S.W.* Sydney: Sex Workers Outreach Project and AIDS Council of N.S.W., 1991.
- Aldrich, R. *The Seduction of the Mediterranean: writing, art and homosexual fantasy*. London: Routledge, 1993.
- Altman, D. *AIDS and the New Puritanism*. London and Sydney: Pluto Press, 1986.
- The Comfort of Men*. Port Melbourne: Heinemann Australia, 1993.
- "The Cringe Reflex." *Australian Author*. Vol. 26. No.2. Winter 1994.
- Global Sex*. Crows Nest, N.S.W.: Allen and Unwin, 2001.
- Homosexual: Oppression and Liberation*. New York: Outerbridge and Dienstfrey, 1971.
- "I think therapy is good for other people," in *Best Australian Essays 1999*. Craven, P. (ed.) Melbourne: Bookman Press, 1999.
- Power and Community: Organisational and Cultural Responses to AIDS*. London: Falmer Press, 1994.
- "Psycho-cultural responses to AIDS" in *Don't Leave Me This Way: Art in the Age of AIDS*. Compiled by Gott, T. Canberra, National Gallery of Australia, 1994.
- American Journal of Psychiatry*. Vol. 107. (1952).
- Anderson, W. *Fever Hospital: A History of Fairfield Infectious Diseases Hospital*. Melbourne: Melbourne University Press, 2002.
- Antonio, G. *The AIDS Cover-up*. San Francisco: St Ignatius Press, 1986.

- Anzieu, D. *The Skin Ego*. Translated by Turner, C. New Haven, Conn.: Yale University Press, 1989.
- Ariss, R. with Dowsett, G. *Against Death: the practice of living with AIDS*. Amsterdam: Gordon and Breach, 1997.
- Artaud, A. "The Theatre and the Plague" in *The Theatre and its Double*. Translated by Richards, M. New York: Grove Press, 1958.
- Australian Football League. *Rules and Regulations*. Melbourne, Vic.
- Australian Gay and Lesbian Archive. AIDS Council of Victoria, South Yarra, Melbourne.
- Australian Responses to AIDS*. Oral History Project. National Library of Australia.
- Ayres, T. (Director) *China Dolls*. Video. Film Australia. 1997.
- *Walking on Water*. SBS Independent and the Adelaide Festival of the Arts 2002. N.S.W. Film and Television Office. 2002.
- Baker, R. *The Art of AIDS*. New York: Continuum, 1994.
- Barnett, T. *AIDS in the Twenty-first Century*. London: Palgrave Macmillan, 2002.
- Barthes, R. *Image, Music, Text*. New York: Hill and Wang, 1977.
- Bartoloni, P. "Travelling with Mortality: Robert Dessaix's *Night Letters*." *Antipodes*. Vol. 15. No. 2. December, 2001.
- Bataille, G. *Literature and Evil*. Translated by Hamilton, A. New York: M. Boyars, 1985.
- Bauer, J. *Kafka and Prague*. Translated by Falla, P. London: Pall Mall Press, 1971.
- Baudrillard, J. *The Transparency of Evil: Essays on Extreme Phenomena*. Translated by Benedict, J. London and New York: Verso, 1993.
- Bayer, R. *Homosexuality and American Psychiatry: The Politics of Diagnosis*. New York: Basic Book, 1981.
- *Private Acts, Social Consequences. AIDS and the Politics of Public Health*. New York: The Free Press, 1989.
- Bayer, R. and Oppenheimer, G. *AIDS Doctors: Voices from the Epidemic*. New York: Oxford University Press, 2000.
- Benjamin, W. *Illuminations*. Edited by Arendt, H. Translated by Zohn, H. New York: Harcourt, Brace and World, 1968.
- Bersani, L. "Is the Rectum a Grave?" in Crimp, D. (ed.) *AIDS Cultural Analysis, Cultural Activism*. Cambridge, Mass.: MIT Press, 1988.
- *Homos*. Cambridge, Mass. : Harvard University Press, 1995.

- Bieber, I. et al. *Homosexuality - A Psychoanalytic Study*. New York: Basic Books, 1962.
- Bland, L. and Doan, L. *Sexology in Culture: labelling bodies and desires*. Cambridge, U.K.: Polity Press, 1998.
- Sexology Uncensored: the documents of sexual science*. Cambridge, U.K.: Polity Press, 1998.
- Blaszczynski, A. (ed.) *Neil McConaghy: a tribute to the man and his science*. Sydney: School of Psychiatry, UNSW Press, 1997.
- Blazey, P. *Screw Loose: uncalled-for memoirs*. Sydney: Picador, 1997.
- Blue* magazine. Australia. October 2002.
- Bornstein, K. *Gender Outlaw: On Men, Women and the Rest of Us*. New York: Routledge, 1994.
- Bourdieu, P. *Language and Symbolic Power*. Thompson, J. (ed.) Trans. Raymond, G. and Adamson, M. Cambridge: Polity Press/Basil Blackwell, 1991.
- Bowles, R. *Blind Justice*. St Leonards, N.S.W.: Allen and Unwin, 1998.
- Brett, L. *Just Like That*. Chippendale, N.S.W.: Macmillan, 1994.
- Burger, G. and Kruger, S. (eds.), *Queering the Middle Ages*. Minneapolis, Min.: University of Minnesota Press, 2001.
- Butler, J. *Bodies that Matter: on the discursive limits of "sex"*. New York: Routledge, 1993.
- Gender Trouble: feminism, and the subversion of identity*. New York: Routledge, 1990.
- Califia, P. *Sex Changes: the politics of transgenderism*. San Francisco: Cleis Press, 1997.
- Canning, R. *Gay Fiction Speaks. Conversations with Gay Novelists*. New York: Columbia University Press, 2000.
- Canetti, E. *Crowds and Power*. Translated by Stewart, C. London: Gollancz, 1962.
- Caplan, P. *And they say you're crazy: how the world's most powerful psychiatrists decide who's normal*. Reading, Mass.: Addison-Wesley, 1995.
- Carlotta with James Cockington. *He did it her Way: Carlotta, Legend of Les Girls*. Chippendale, N.S.W.: Ironbark, 1994.
- Carlotta as told to McSween, P. *I'm Not That Kind of Girl*. Sydney: Pan Macmillan Australia, 2003.
- Caron, D. *AIDS in French culture: social ills, literary cures*. Madison: University of Wisconsin Press, 2001.

- Chambers, R. *Facing it: AIDS Diaries and the Death of the Author*. Michigan: University of Michigan Press, 2000.
- Cleto, F. (ed.) *Camp: Queer Aesthetics and the Performing Subject. A Reader*. Edinburgh: Edinburgh University Press, 1999.
- Colebrook, C. *Gilles Deleuze*. London and New York: Routledge, 2002.
- Colwell, C. "Deleuze, Sense and the Event of AIDS," in *Postmodern Culture: An Electronic Journal of Interdisciplinary Criticism*. Cary, NC: January, 1996.
- Compass*. ABC-TV. 27 February 2000.
- Conner, R. et al. *Cassell's Encyclopedia of Queer Myth, Symbol and Spirit: gay, lesbian bisexual and transgender lore*. London: Cassell, 1997.
- Cooper, D. *The Grammar of Living*. Harmondsworth: Penguin, 1976.
- Conigrave, T. *Holding the Man*. Melbourne: McPhee Gribble, 1995.
- *Thieving Boy and Like Stars in My Hands*. Sydney: Currency Press in association with Playbox Theatre Centre and Monash University, 1997.
- Corber, R. *Homosexuality in Cold War America: Resistance and the Crisis of Masculinity*. Durham: Duke University Press, 1997.
- A Country Practice*. 'Sophie episodes'. Seven Network. 1998.
- Courtenay, B. *April Fool's Day: a modern love story*. Port Melbourne: Mandarin, 1994.
- *April Fool's Day: a modern tragedy*. Port Melbourne: Heinemann Australia, 1993.
- Crimp, D. (ed.) *Cultural Analysis, Cultural Activism*. Cambridge, Mass.: MIT Press, 1988.
- *Melancholia and Moralism: essays on AIDS and queer politics*. Cambridge, MIT Press, 2002.
- Crockett, C. *X Factors: A History of Haemophilia in Australia*. Kew, Vic.: Scholarly Publishing, 2003.
- Cummins, K. *Katherine's Diary: the story of a transsexual*. Port Melbourne: Heinemann, 1992.
- Daniels, V. *AIDS: The Acquired Immune Deficiency Syndrome*. Lancaster, U.K. and Boston: MTP Press, 1986.
- De Man, P. *The Rhetoric of Romanticism*. New York: Columbia University Press, 1984.
- De Saxe, M. and Josken, K. (Founders.) Sydney Park AIDS Memorial Groves. St Peters, N.S.W.

- De Waal, P. *Lesbians and Gays Changed Australian Immigration Policy: History and Herstory*. Darlinghurst, N.S.W.: Gay and Lesbian Immigration Task Force N.S.W., 2002.
- Dean, T. "The Psychoanalysis of AIDS." *October*. No. 63. Winter, 1993. Published by MIT Press.
- Dean, T. and Lane, C. (eds.) *Homosexuality and Psychoanalysis*. Chicago: University of Chicago Press, 2001.
- Deleuze, G. *Desert Islands and Other Texts 1953 – 1974*. Ed. By Lapoujade, D. Translated by Taormina, M. Los Angeles: Semiotext(e), 2004.
- The Fold: Leibniz and the baroque*. Minneapolis: University of Minnesota Press, 1993.
- Negotiations. 1972-1990*. Translated by Joughin, M. New York: Columbia University Press, 1995.
- Nietzsche and Philosophy*. Translated by Tomlinson, H. London: Athlone Press, 1983.
- Deleuze, G. and Guattari, F. *Anti-Oedipus: Capitalism and Schizophrenia*. Translated by Hurley, R. et al. New York: Viking, 1977.
- *Thousand Plateaus: capitalism and schizophrenia*. Translated with a foreword by Massumi, B. London: Athlone Press, 1988.
- Deleuze, G and Parnet, C. *Dialogues*. Translated by Tomlinson, H. and Habberjam, B. London: Athlone, 1987.
- Dellamora, R. *Postmodern Apocalypse: theory and cultural practice at the end*. Philadelphia: University of Pennsylvania, 1995.
- (ed.) *Victorian Sexual Dissidence*. Chicago: Chicago University Press, 1999.
- Derrida, J. *A Derrida Reader: Between the Blinds*. Edited with and introduction by Kamuf, P. New York: Columbia University Press, 1991.
- "The Rhetoric of Drugs", in *differences: a journal of feminist cultural studies*. Vol. 5. No. 1. Spring 1993.
- "Structure, Sign, and Play in the Discourse of the Human Sciences," in *Writing and Difference*, Translated by Bass, A. London: Routledge, 1978.
- Dessaix, R. "Death to Art: Reflections on AIDS, Art and Susan Sontag." *Gang (RePublica 4)*. Papaellinas, G. (ed.). Pymble, N.S.W.: Angus and Robertson, 1996.
- *Night Letters: a journey through Switzerland and Italy*. Sydney: Macmillan, 1996.
- Dollimore, J. *Death, Desire and Loss in Western Culture*. New York: Routledge, 1998.
- Douglas, M. *Purity and Danger: an analysis of concepts of pollution and taboo*. Harmondsworth: Penguin, 1970.

- Dowsett, G. *Practicing Desire: Homosexual Sex in the Era of AIDS*. Stanford, Calif.: Stanford University Press, 1996.
- Doyle, J. and Flatley, J. et al. *Pop Out: Queer Warhol*. Durham, N.C.: Duke University Press, 1996.
- Duberman, M. *Cures: a gay man's odyssey*. New York: Dutton, 1991.
- Dumas, A. *The Lady of the Camellias*. Translated by Gosse, E. Gloucester: Sutton, 1986.
- Duttman, A. *At Odds with AIDS: thinking and talking about a virus*. Stanford, Calif.: Stanford University Press, 1996.
- Eribon, D. *Michel Foucault*. Translated by Wing, B. Cambridge, Mass.: Harvard University Press, 1991.
- Farmer, P. *AIDS and Accusation: Haiti and the Geography of Blame (Comparative Studies of Health Systems and Medical Care No. 33)* Berkeley: University of California, 1993.
- Fee, E. and Fox, D. (eds.) *AIDS: The Burdens of History*. Berkeley: University of California Press, 1988.
- Felloes, T. *A Fellow No More*. Smithfield, N.S.W.: Gary Allen Pty Ltd., 1997.
- Feury, P. *Theories of Desire*. Melbourne: Melbourne University Press, 1995.
- Fitzsimons, D. *AIDS Newsletter*. (UK) Press Cuttings 173 volumes 1985-96 London: Wellcome Library archive, 2002.
- The Footy Show*. Nine Network Australia. 1998/1999.
- Foster, J. *Take Me to Paris, Johnny*. Port Melbourne: Minerva Australia, 1994.
- Foucault, M. *Birth of the Clinic: an archeology of medical perception*. London: Routledge, 1989.
- Discipline and Punish: The Birth of the Prison*. Translated by Sheridan, A. Harmondsworth: Penguin, 1979.
- The Foucault Reader*. Rabinow, P. (ed.) New York: Pantheon, 1984.
- Madness and Civilisation: a history of Insanity in the Age of Reason*. Translated by Howard, R. New York: Vintage, 1973.
- French, R. *Mozzies Could Spread AIDS: Australian media references on AIDS, 1981-1985*. Introduction by Duffin, R. Darlinghurst, N.S.W.: Gay History Project, Sydney, 1986.
- Freud, S. "Mourning and Melancholia", in *The Freud Reader*. Gay, P. (ed.) New York: W.W. Norton, 1989.

- Three Essays on the Theory of Sexuality*. Translated by Strachey, J. London: Imago, 1949.
- Froment-Meurice, M. *That is to Say: Heidegger's poetics*. Translated by Plug, J. Stanford, Calif.: Stanford University Press, 1998.
- Garbage. *Garbage*. (Audio CD.) Almo Sounds, 1995.
- Garfield, S. *The End of Innocence. Britain in the Time of AIDS*. London: Faber and Faber, 1995.
- Gatens, M. *Imaginary Bodies: ethics, power, and corporeality*. London and New York: Routledge, 1996.
- Gide, A. *Corydon: four Socratic dialogues*. London: Secker and Warburg, 1956.
- Gott, T. *Don't Leave Me This Way: Art in the Age of AIDS*. Canberra: National Gallery of Australia, 1994.
- Griffin, G. *Representations of HIV and AIDS: Visibility blue/s*. Manchester: Manchester University Press, 1990.
- Grmerk, M. *History of AIDS: emergence and origin of a modern pandemic*. Translated by Maulitz, R. and Duffin, J. Princeton, N.J.: Princeton University Press, 1990.
- Groz, E. *Volatile Bodies*. St Leonards, N.S.W.: Allen and Unwin, 1994.
- Guibert, H. *To the Friend Who Did Not Save My Life*. Trans. of *A l'ami qui ne m'a pas sauve la vie*. Trans, by Coverdale, L. New York: High Risk Books, 1994.
- Haden-Guest, A. *The Last Party: Studio 54, disco, and the culture of the night*. New York: William Morrow, 1997.
- Haggerty, G. *Men in Love: masculinity and sexuality in the eighteenth century*. New York: Columbia University Press, 1999.
- Hanrahan, J. "A Quality of Innocence," in *Australian Book Review*. Melbourne, Australia.
- Haring, K. *Keith Haring Journals*. New York: Viking, 1996.
- Harris, D. "The Kitschification of AIDS" in *The Rise and Fall of Gay Liberation*. New York: Hyperion, 1997.
- Haver, W. *The body of this death: historicity and sociality in the time of AIDS*. Stanford, Calif.: Stanford University Press, 1996.
- Herman, E. *Psychiatry, Psychology and Homosexuality*. New York: Chelsea House Publishers, 1994.
- HIV Australia Bulletin*, "Anwernekenhe III", Vol. 1, No. 4.

- Hocquenghem, G. *Homosexual Desire*. Translated by Dangoor, D. London: Allison and Busby, 1978
- *Homosexual Desire*. Introduction by Moon, M. Durham, N.C.: Duke University Press, 1993.
- Hooper, E. *The River: A Journey Back to the Source of HIV and AIDS*. London: Allen Lane The Penguin Press, 1999.
- Horkheimer, M. and Adorno, T. *Dialectic of Enlightenment*. New York, Continuum, 2000.
- HQ* magazine. McMahon's Point, N.S.W. Australia.
- Hutton-Williams, L. "Deconstructing a syndrome," *Gay Information. A Quarterly Journal*. No. 13, Autumn, 1983.
- Jackson, P. and Sullivan, G. (eds.) *Multicultural Queer: Australian Narratives*. New York: Haworth Press, 1999.
- Jagose, A. *Queer Theory*. Carlton, Vic.: Melbourne University Press, 1996.
- James, W. *Varieties of Religious Experience: a study in human nature*. New York: The Modern Library, 1936.
- Jameson, F. *Signatures of the Visible*. New York: Routledge, 1990.
- Jay, K. and Young, A. (eds.) *Out of the Closets - Voices of Gay Liberation*. New York: Douglas Book Corporation, 1972.
- Jeffrey, S. *Unpacking Queer Politics: a lesbian feminist perspective*. Cambridge: Polity. Oxford: Blackwell, 2003.
- Jolley, N. *Leibniz*. London and New York: Routledge, 2005.
- Jones, J. *Alfred C. Kinsey: A Public/Private Life*. New York: W.W.Norton, 1997.
- Jones, J. *Walk A Crooked Mile: a father's journey in the footsteps of his son*. Frenchs Forest, N.S.W.: New Holland, 2000.
- Jorgensen, C. *A Personal Autobiography*. San Francisco: Cleis Books, (1967). 2000.
- Journal of Interdisciplinary Gender Studies*. Vol. 2 (1). 1997.
- Kafka, F. *Letters to Family, Friends and Editors*. Translated by Winston, R. and C. London: J. Calder, 1978.
- Kauffman, L. *Bad girls and sick boys: fantasies in contemporary art and culture*. Berkeley, Calif.: University of California Press, 1998.
- King, C. *Tapestry*. (Audio CD.) (1971.) Sony, 1999.
- King, W. *Black Hours*. Pymble, N.S.W.: Angus and Robertson, 1996.

- Klusacek, A. and Morrison, K. *A Leap in the Dark: AIDS, Art and Contemporary Cultures*. Montreal: Vehicule Press, 1998.
- Koestenbaum, W. *The Queen's Throat: opera, homosexuality and the mystery of desire*. New York: Vintage Books, 1994.
- Kokkinos, A. (Director.) *Head On*. 1998.
- Krauth, N. J.F. *Was Here*. North Sydney: N.S.W., Allen and Unwin, 1990.
- Krell, D. *Infectious Nietzsche*. Bloomington, Ind.: Indiana University Press, 1996.
- Kristeva, J. *The Powers of Horror*. New York: Columbia University Press, 1982.
- Kronmeyer, R. *Overcoming Homosexuality*. New York: Macmillan, 1980.
- Kumner, N. et al. (ed.) *Studio 54: The Legend*. New York: te Neues Publishing, 1997.
- Kuthchins, H., and Kirk, S. *Making Us Crazy: DSM, the psychiatric bible and the creation of mental disorders*. New York: Free Press, 1997.
- Laing, R. *The Divided self: a study of sanity and madness*. London: Tavistock, 1960.
- Leavitt, D. *The Marble Quilt: stories*. Boston: Houghton Mifflin, 2001.
- Martin Bauman, or, A Sure Thing*. Boston: Houghton Mifflin, 2000.
- Lee, G. *Anwernekehe II: Report of the Second National Indigenous Australian Gay Men and Transgender Peoples Conference, Cedar Creek Lodge, Thunderbird Park, Tambourine Mountain, Queensland, July 7 10, 1998*. NSW.: AFAO [Australian Federation of AIDS Organisations], 1998.
- *The National Indigenous Gay and Transgender Project: consultation report and sexual health strategy*. Darlinghurst, N.S.W.: AFAO, 1998.
- Levine, M. *Gay Macho: the life and death of the homosexual clone*. New York: New York University Press, 1998.
- Lewes, K. *The Psychoanalytic Theory of Homosexuality*. New York: Simon and Schuster, 1988.
- Lupton, D. *Medicine as Culture. Illness, Disease and the Body in Western Societies*. London: Sage Publications, 2000.
- Macey, D. *The Lives of Michel Foucault*. London: Hutchinson, 1993.
- Machon, K. "And things are not the same: HIV 2000", in Johnston, C. and van Reyk, P. (eds.) *Queer City - Gay and Lesbian Politics in Sydney*. Annandale, N.S.W.: Pluto Press, 2000.
- MacLennan and Petty. *The AIDS Manual: a comprehensive reference on the human immunodeficiency virus*. Third edition. Compiled by the Albion St AIDS Centre. Sydney: M&P, 1994.

- Managan, G. and Bainbridge, L. *Behaviour Therapy: Proceedings of a symposium held by the Queensland branch of the Australian Psychological Society, 1967*. St Lucia, Qld.: University of Queensland Press, 1969.
- Mann, T. *Death in Venice and other stories*. Translated by Luke, D. London: Secker and Warburg, 1990.
- *The Magic Mountain*. London: Secker and Warburg, 1945.
- Marshall, B. *Guy Hocquenghem: beyond gay identity*. Durham, N.C.: Duke University Press, 1997.
- Masserman, J. (ed.). *Handbook of Psychiatric Therapies*. New York: Science House, 1972.
- Maupin, A. *The Night Listener*. London; Sydney: Bantam; Random, 2000.
- Mazz Image Photograph. Sydney, Australia.
- McConaghy, N. "Australian Psychiatry and Homosexuality", *Quadrant*, May 2000. Sydney, N.S.W.
- Sexual Behaviour: Problems and Management*. New York: Plenum Press, 1993.
- Menadue, D. *Positive*. St Leonards, N.S.W.: Allen and Unwin, 2003.
- Mendelson, G. "Homosexuality and Psychiatric Nosology", *Australian and New Zealand Journal of Psychiatry*. Vol. 37 (6). December 2003.
- Merskey, H. *The Analysis of Hysteria: understanding conversion and dissociation*. Second edition. London: Gaskell, 1995.
- Michaels, E. *The Aboriginal Invention of Television in Central Australia*. Canberra: Australian Institute of Aboriginal Studies, 1986.
- *Bad Aboriginal Art: tradition, media and technological horizons*. St Leonards, N.S.W.: Allen and Unwin, 1994.
- *For A Cultural Future: Francis Jupurrurla makes TV at Yuendumu*. Sydney: Artspace, Art and Criticism Monograph Series, vol. 3, 1998.
- *Unbecoming*. Foss, P. (ed.) New Preface by Moon, M. Introduction by Watney, S. Durham, N.C.: Duke University Press, 1997.
- *Unbecoming*. Introduction by Watney, S. Sydney: Empress Publishing, 1990.
- Miller, J. *The Passion of Michel Foucault*. New York: Simon and Schuster, 1993.
- Miller, K. "Never at a Loss." Perth: AIDS Council of Western Australia.
- Moberly, E. *Homosexuality: A Christian Ethic*. Cambridge, U.K.: James Clarke, 1983.
- Moi, T. *Textual/Sexual Politics: feminist literary theory*. London: Methuen, 1980.

- Morris, M. *The Pirate's Fiancee: feminism, reading and postmodernism*. London and New York: Verso, 1988.
- Murphy, T. and Poirier, S. *Writing AIDS: Gay Literature, Language and Analysis*. New York: Columbia University Press, 1993.
- Murray, A. *Pink Fits: sex, subcultures and discourses in the Asia-Pacific*. Clayton, Vic.: Monash Asia Institute, 2001.
- National AIDS Bulletin*. Vol.13. No. 1. 1999.
- Nicolosi, J. *Reparative Therapy of Male Homosexuality: A New Clinical Approach*. Northvale, N.J.: Jason Aronson, Inc., 1991.
- Outrage*. National Monthly Magazine. Melbourne. Australia.
- Pallota-Chiarolli, M. *Someone You Know: A Friend's Farewell*. Kent Town, S.A.: Wakefield Press, 1991.
- Pastore, J. *Confronting AIDS Through Literature: the responsibilities of representation*. Urbana: University of Illinois Press, 1993.
- Patton, C. *Globalizing AIDS*. Minneapolis: University of Minnesota Press, 2002.
- *Inventing AIDS*. New York: Routledge, 1990.
- Perkins, R. *The 'Drag Queen' Scene-Transsexuals in Kings Cross tell their own story*. Sydney: George Allen and Unwin, 1983.
- "Transsexuals in Prisons", *Journal of Social Justice Studies*. Vol. 4. 1991.
- Perkins, R. with Griffin, A. and Jakobsen, J. *Transgender Lifestyles and HIV/AIDS Risk: National HIV/AIDS Needs Assessment Project*. Kensington, N.S.W.: School of Sociology, University of New South Wales, 1994. Funded by the Commonwealth Department of Human Services and Health, under the auspices of the Australian Federation of AIDS Organisations.
- Polare: a magazine for people with gender issues*. Petersham, N.S.W.: The Gender Centre. 1999-current.
- Portishead. *Dummy*. (Audio CD.) Polygram Records, 1994.
- Positive Living*. Newsletter. Australia. August 1998.
- Prosser, J. *Second Skins: the body narratives of transsexuality*. New York: Columbia University Press, 1998.
- Proust, M. *In Search of Lost Time. (A la Recherche de Temps Perdu.)* Prendergast, C. (ed.) London: Allen Lane, 2002.
- Raymond, J. *The Transsexual Empire: the making of the she-male*. Boston: Beacon Press, 1979.

- Reynolds, S. 'Grim Reaper' AIDS Australian Government Public Health Campaign. 1987.
- Robertson, G. "Hypothetical" series. *Does Dracula Have AIDS?* ABC-TV video.
- Sade, Marquis de. *The 120 Days of Sodom and Other Writings*. New York: Grove Press, 1987.
- Sankaran, G. et al. (ed.) *HIV/AIDS in Sport: impact, issues and challenges*. Champaign, Ill.: Human Kinetics Publishers, 1999.
- Scarry, E. *The Body in Pain: the making and unmaking of the world*. New York: Oxford University Press, 1985.
- Scheer, E. (ed.) *100 Years of Cruelty: essays on Artaud*. Sydney: Power Publications and Artspace, 2000.
- Schehr, L. *Parts of an andrology: on representations of men's bodies*. Stanford, Calif.: Stanford University Press, 1997.
- Sedgwick, E. *Between Men: English Literature and Male Homosocial Desire*. New York: Columbia University Press, 1985.
- *Epistemology of the Closet* Harmondsworth: Penguin, 1994.
- Shale, E. (ed.) *Inside Out: Coming Out Stories: an Australian Collection*. Melbourne: Book Press, 1999.
- Shilts, R. *And the Band Played On: Politics, People and the AIDS Epidemic*. New York: St Martins, 1987.
- Smaill, B. "Disorientations: Sadness, Mourning and the Unhomely." *Journal of Australian Studies*. No. 73, 2002.
- Smith, W. *Religion of the Semites: the fundamental institutions*. New York: Schocken Books, 1972.
- Socarides, C. *The Overt Homosexual*. New York: Grune & Stratton, 1968.
- Sontag, S. *Against Interpretation*. New York: Noonday Press, 1966.
- *AIDS and its Metaphors*. New York: Farrar, Straus and Giroux, 1989.
- *Illness as Metaphor*. New York: Farrar, Straus and Giroux, 1978.
- *On Photography*. London, Allen Lane Penguin, 1978.
- Spry, J. *Orlando's Sleep*. Norwich, Vermont: New Victoria Publishers, 1997.
- Stein, G. *The Autobiography of Alice B. Toklas*. Harmondsworth: Penguin Books, 1966.
- Steiner, F. *Taboo*. London: Cohen & West, 1956.

- Stewart, W. *Cassell's Queer Companion: a dictionary of lesbian and gay life and culture*. London: Cassell, 1995.
- Stirling, P. *So different: an extraordinary autobiography*. Sydney: Simon and Schuster, 1989.
- Stivale, C. "Gilles Deleuze's ABC Primer, with Claire Parnet." Directed by Pierre-Andre Boutang (1996.) Overview of eight-hour series of interviews recorded 1988-1989. <http://www.langlab.wayne/Romance>
- Swiss AIDS Foundation. *Stop AIDS: The Stop AIDS Story. 1987-1992*. Bern: Federal Office of Public Health, 1993.
- Sydney Morning Herald*. Australia.
- Sydney Star Observer*. Australia.
- Sylvester. *Sylvester*. (Audio recording.) Fantasy Records, 1997.
- Tatz, C. *Black Gold: The Aboriginal and Islander Hall of Fame*. Canberra: Aboriginal Studies Press, 2000.
- Obstacle Race: Aborigines in Sport*. Kensington, N.S.W.: University of N.S.W. Press, 1995.
- Tavanyar, J. *The Terrence Higgins Trust HIV/AIDS Book*. London: Thorsons, 1992.
- Tovey, N. *Little Black Bastard: A Story of Survival*. Sydney: Hodder Headline, 2004.
- Treichler, P. *How to have Theory in an Epidemic: cultural chronicles of AIDS*. Durham, N.C.: Duke University Press, 1999.
- Tsiolkas, C. *Loaded*. Milsons Point, N.S.W.: Vintage, 1995.
- Tulloch, J. and Lupton, D. *Television, AIDS and Risk: A Cultural Studies approach to health communication*. St Leonards, N.S.W.: Allen and Unwin, 1997.
- Victorian Civil and Administrative Tribunal. Cases and reports. VCAT 627. 23 April 1999.
- Vogue* (Australia.) October.1970.
- Walby, C. *AIDS and the body politic: biomedicine and sexual difference*. London: Routledge, 1996.
- Warhol, A. *From A to B and Back Again: The Philosophy of Andy Warhol*. London: Picador, 1986.
- Weekend Australian*.
- Watney, S. *Policing Desire: pornography, AIDS and the media*. London: Cassell, 1997.
- Imagine Hope: AIDS and gay identity*. London: Routledge, 2000.

- West, J. *The AIDS Time Bomb*. Bundaberg, Q.L.D.: Veritas Press, 1988.
- Wherret, P. and Wherret, R. *Desirelines: an unusual family memoir*. Sydney: Hodder Headline, 1998.
- Wherret, R. *The Floor of Heaven: My Life in the Theatre*. Sydney: Hodder Headline, 2000.
- White, E. (ed.) *Loss Within Loss: Artist in the Age of AIDS*. Madison, Wis.: University of Wisconsin Press, 2001.
- The Married Man*. London: Corgi and Windus, 2000.
- "Shrinks", in *Granta* 71. Autumn 2000.
- Wilchins, R. *Read My Lips: sexual subversion and the end of gender*. New York: Firebrand Books, 1997.
- Wilde, O. *The Picture of Dorian Gray*. Oxford: Oxford University Press, 1981.
- Wilde, R. "Gay and Queer Perspectives: Contrasting *Night Letters* and *Loaded*." Honours thesis. Department of English, Flinders University, Australia. 1997.
- "Love and Pain in a Plague Year". Review of Leith Semmens exhibition "St Sebastian + Gay + HIV/AIDS = ?" *On Dit (Sexual Dit.)* University of Adelaide. Vol. 67. No. 8. May, 1999.
- Willett, G. *Living Out Loud: a history of gay and lesbian activism in Australia*. St Leonards, N.S.W.: Allen and Unwin, 2000.
- Wiltshire, J. "A Narrative Quilt: Australian Pathographies of AIDS." *Meridian*. Vol. 13. No. 1. May, 1994.
- Wojnarowicz, D. *Close to the Knives: a memoir of disintegration*. New York: Vintage Books, 1991.
- Fever: the Art of David Wojnarowicz*. Cameron, D. et al. Edited by Scholder, A. New York: Rizzoli, 1998.
- In the Shadow of the American Dream: the Diaries of David Wojnarowicz*. Scholder, A. (ed.) New York: Grove, 1999.
- The Waterfront Journals*. Scholder, A. (ed.) New York: Grove Press, 1996.
- Woolf, V. *On Being Ill*. Ashfield, MA.: Paris Press, 2002.
- Yang, W. *Sadness*. St Leonards, N.S.W.: Allen and Unwin, 1996.
- *Friends of Dorothy*. Sydney: Pan Macmillan, 1997.
- Yang, W. and Pip, C. *Body Work: Confessions from the Funeral Trade*. Sydney: Hale and Ironmonger, 1990.

Yardley, A. with Langley, K. *Unfolding: the story of the Australian and New Zealand Quilt Project*. Photographs by Hawkes, P. Ringwood, Vic.: McPhee Gribble/Penguin, 1994.

Yingling, T. "Wittgenstein's Tumor: AIDS and the National Body." *Textual Practice*. Vol. 8. No. 1. Spring 1994.