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This international series provides a forum for the growing body of distinctively psychological research focused on gender issues. While work on the psychology of women, particularly that adopting a feminist perspective, will be central, the series will also reflect other emergent trends in the field of gender. It will encourage contributions which are critical of the mainstream of androcentric or 'gender-neutral' psychology and also innovative in their suggested alternatives.

The books will explore topics where gender is central, such as social and sexual relationships, employment, health and illness, and the development of gender identity. Issues of theory and methodology raised by the study of gender in psychology will also be addressed.

The objective is to present research on gender in the context of its broader implications for psychology. These implications include the need to develop theories and methods appropriate to studying the experience of women as well as men, and working towards a psychology which reflects the experiences and concerns of both sexes.

The series will appeal to students of psychology, women's studies and gender studies and to professionals concerned with gender issues in their practice, as well as to the general reader with an interest in gender and psychology.

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Women and AIDS

Psychological Perspectives

edited by
Corinne Squire



SAGE Publications
London · Newbury Park · New Delhi

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Introductory material, conclusion and editorial arrangement

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First published 1993

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SAGE Publications Ltd
6 Bonhill Street
London EC2A 4PU

SAGE Publications Inc
2455 Teller Road
Newbury Park, California 91320

SAGE Publications India Pvt Ltd
32, M-Block Market
Greater Kailash - I
New Delhi 110 048

British Library Cataloguing in Publication data

Women and AIDS. - (Gender & Psychology Series)

I. Squire, Corinne II. Series
616.97

ISBN 0-8039-8587-8

ISBN 0-8039-8588-6 (pbk)

Library of Congress catalog card number 93-083774

Typeset by The Word Shop, Bury, Lancashire.

Printed in Great Britain by Biddles Ltd, Guildford, Surrey.

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7

Knowing AIDS through the Televised Science Documentary

Alexandra Juhasz

A car is driving down a dark and lonely country road. It pulls to a halt at a security booth. A sloppy cinema-verité camera catches the back of an officer as he says, 'Driver's licence, please.' There is a cut to the face of the driver, grotesquely lit so that his white face is barely outlined. He has probably escaped from a mental hospital, and is sneaking by the officer so as to rape, molest and maim the unsuspecting woman at road's end.

A narrator enters: 'US Army, Fort Dietrich, Maryland. Once renowned for its biological warfare experiments.' The car pulls forward. In slow motion, mist wisps about mysterious tanks: 'More AIDS virus is produced here than anywhere else in the world.' Danger! They're creating biological warfare at Fort Dietrich. Those tanks are full of deadly AIDS virus!

But no, this is quickly revealed to be a set up. The narrator returns. He explains instead that here 'an intense scientific effort to unravel the complexities of this strange and deadly virus' is being waged. Only then does the camera cut to a clean and well-lit scientific lab. But why the mysterious car and driver? Why the build-up with its threat of apocalypse? Why all the codes (and fun) of the fiction film in what is – surprise! – the first sequence of a *science documentary*: a 1986 NOVA programme, *Can AIDS be Stopped?*

In this chapter, I intend to think critically about the ways in which AIDS is represented in the mainstream media as one approach to understand better the culture in which women suffer HIV infection. Somehow AIDS has become just one more systematic oppression for the already oppressed in our society, exaggerating and multiplying the compromised positions under which many women already live their lives (Sabatier, 1988). This can be explained, in part, by the ways that AIDS has been *represented*. It is my belief that the structures and ideologies under which the representations of AIDS have been organized are the same systems which have long permitted power and pleasure in our culture, most typically to the detriment of women.

I will analyse two science documentaries about AIDS – *Can AIDS be Stopped?* and the Winter 1990 segment of WGBH's *AIDS Quarterly*, *The Trial of Compound Q* – so as to understand better the ways that science is reported and the effects that such systems of representation have over the ways in which AIDS is known and lived, particularly by the real female bodies that are infected with HIV, or that are perceived to be. My close textual analysis of these two programmes could have been performed on other mainstream science/AIDS documentaries with similar results: it is the typical structure and presentation of these programmes which makes them my subject of study.

The historically gendered structures used in the work and representation of science means that AIDS is usually conceptualized within already current and oppressive rubrics. Evelyn Fox Keller (1985, p. 18) writes in her book on women and science: 'one of the most common metaphors in Western history for such [scientific] mediation has been the sexual relation: knowledge is a form of consummation, just as sex is a form of knowledge.' Her metaphoric description of the work of science has a basis in the real: the acquisition of knowledge has often been obtained by the sexualized scrutiny of women's bodies (Harding, 1986; Jacobus et al., 1990).

But such metaphors also imply that even when men scrutinize nature, other men, the HIV virus or knowledge in general, this activity is already codified by tropes of gender, sexuality and power: the seer is a man, that which is seen is a woman, and the act of seeing is sexual. In her book on primatology, Donna Haraway (1989, p. 179) explains that even when the scientist is a woman, which is often the case in her field, she is constructed and understood as 'female male'. How does this always-male scientist look at science? In his book on postmodern theories of televised culture, Gregory Ulmer (1989, p. 7) writes: 'Knowing, in the modern paradigm is scopophilic. Regardless of gender, sex, class, race, or orientation of the knower, the one who knows, the subject of knowledge in the mind of science, is in the position of the voyeur.' And, I would add, the object of the gaze is in a passive position, a position codified as female.

Thus, in this paper I am less interested in how AIDS science documentaries see *women* (see Juhasz, 1990), as I am in the way that documentary and science invoke paradigms of looking at *AIDS' bodies* as if they were women. The structure for seeing the science of AIDS places the subject of representation into an already codified position – one of subjugation. The effects of this are very real for female, and male, PLWAs.

Pleasure/Power and Access to Vision in the Science Documentary

Pleasure and power do not cancel or turn back against one another. They are linked together by complex mechanisms and devices of excitation and incitement. (Foucault, 1980, p. 48)

Mainstream science documentaries gain power and pleasure through knowing the subject of AIDS. Televised science documentaries take up the same truisms that have long organized both the institutions of science and documentary:

To see is to know.
To know is to control.
To control is a pleasure.

Both institutions rely on visualization and visualization technologies – the microscope, the film camera, the computer – to gain access to knowledge about the invisible virus AIDS. Both institutions claim the authority of rationalism and therefore are authorized to control what they see. This control brings satisfaction and mastery . . . it feels good.

In *The History of Sexuality: Volume I* (1980), Michel Foucault writes of the particular kinds of pleasure which arise from visual conquest. Taking up this analytic project, feminist theorists of science think critically about the ways that looking has been used by those people who have historically had the privilege of vision: 'some have singled out reliance on vision as a key culprit in the scrutiny, surveillance, domination, control, and exertion of authority over the body, particularly the bodies of women' (Martin, 1990, p. 69). I will argue that AIDS is envisioned in science documentaries in a manner that invokes Foucault's 'complex mechanisms and devices of excitation' (1980, p. 44). The consequences are a further 'domination, control, and exertion of authority' over the body with HIV disease: bodies of people already disenfranchised, already ill, already punished. For instance, the fear that is constructed in *NOVA*'s narrative is easily displaced on to *people* with AIDS (or perceived to be) rather than focused on the HIV virus (AIDS Discrimination Unit, 1987). In a society where femininity or homosexuality are often considered diseased states in themselves, this is an especially easy displacement. The way that AIDS is looked at in the science documentary condones the further domination and control of people, often women, who are already so seen.

Most televised AIDS documentaries naturalize and therefore authorize the power and pleasure they acquire in their study of this particular infected body of knowledge. It is in their blood. The form

(documentary) and content (science), each work to confirm the validity of the other by naturalizing their underlying assumptions to the point of invisibility. The scrutinizing gaze of science is condoned by the scrutinizing gaze of the documentary camera; the technologically enhanced vision of the scientist is infinitely reflected in its technologically enhanced documentation. In the science documentary, the path from seeing to knowledge to power and pleasure – so common as to pass unnoticed in many cultural institutions – becomes twice transparent. Yet, theorists of documentary have argued that this use of the filmic apparatus has no greater claims upon the truth than does fiction film (Lazere, 1987; Minh-ha, 1990; Nichols, 1981; Rosenthal, 1988). Documentary 'truth' is discursively constituted, and is a social relation like any other form of culture (Hall, 1977). More generally, it is argued that science and documentary are subjective and political, because scientists and film-makers have their own opinions, because the institutions themselves embody dominant 'concepts, values, and ideologies', and because these institutions can be big business motivated by economics and politics (Aronowitz, 1988; Foucault, 1977; Nelkin, 1987; Rosenthal, 1988).

Feminist interpretations of science, while also discussing science as discursive, subjective and economic, emphasize that culture has been primarily the field of white, middle-class, heterosexual men: 'The dominant categories of cultural experience (white, male, middle/upper class, and heterosexual) will be reflected within the cultural institution of science itself: in its structure, theories, concepts, values, ideologies, and practices' (Bleir, 1986, p. 2). When I analyse these two PBS programmes on AIDS, I begin to consider how 'dominant categories of cultural experience' are reflected in the 'structure', 'values' and 'ideologies' of these specific science documentaries. I consider how the cultural experience of 'white, male, middle/upper class and heterosexual' men inflect the representation and knowledge of AIDS, and then, the lived experiences of female (and male) PLWAs.

The Three Routes to Pleasure and Power

NOVA offers the spectator three related routes to the pleasures of knowledge and power, all constructed through the privileged relationship to sight which define science and documentary: the powers and pleasures which are associated with control over the subject of study, with participating in a narrative which follows a vanquishing superhero, and with taking up a permitted gaze over the 'other'.

First, *NOVA*, like most documentaries, invites the viewer to identify with its own controlling vision over its weekly content. The viewer can take on the role of the omnipotent and omnipresent, unnameable, and unseeable force which constructs, organizes, interviews, makes music and images, and tells it like it is. Secondly, the structure of the horror film is appropriated to order the programme into a narrative about scrutiny, knowledge and conquest. *NOVA*'s episode *Can AIDS be Stopped?* allows the spectator a second site for power-and-pleasure-through-vision: the adventures of the superhero-scientist out to conquer the monster AIDS. Finally, a third system of delight is produced by assuming the gaze of the conquering scientist: the permitted and uninterrupted study of others. In *NOVA* and to a lesser degree in *The AIDS Quarterly*, the spectator can take up the scientist's gaze as he probes, examines and ultimately knows the monster AIDS, in all of its cultural manifestations: sexually exotic Africans, prostitutes, homosexual men.

All three of the structures set in place in *NOVA* rely upon gender: the metaphor of sexuality organizes scientific study and authority, gender roles underlie narratives of power and control, and women's bodies are always allowed to be looked at in compromising ways in our society. With this in mind, the printed scroll read by the narrator at *NOVA*'s beginning can be seen less as a warning than as a tease about the good stuff to come: 'The following film contains graphic illustrations of human anatomy and sexual behaviour. Viewer discretion advised.'

The Construction of Pleasure through Control

AIDS is a scientific puzzle unsolved, a frightening example where nature has yet to be contained by science. 'Nothing could be more meaningless than a virus', suggests Judith Williamson, explaining the tremendous energy expended trying to define AIDS. 'It has no point, no purpose, no plan; it is part of no scheme, carries no inherent signification' (Williamson, 1989, p. 69). Yet, *NOVA* and its booming, male, unidentified voice-over make a coherent flow out of *representations* of AIDS: interviews with scientists, trips to labs, images of beakers and test tubes, national statistics about infection, and scientific explanations of the virus. The show's basic structure becomes a first example of the trajectory from visualization to pleasure and power. The authority and success with which the programme organizes its own sound and image bites replaces the incoherence of the phenomenon upon which it reports.

An alternative to this uncontestable and tautological force can be

seen in *The AIDS Quarterly*. This science documentary takes a different approach to the construction of authorial control. Rather than relying on an unidentified and omniscient narrator, the programme is written and narrated by well-known TV personality, Peter Jennings. Jennings stands in a carpeted studio and chats with the home-audience. The feeling is familiar, friendly, informal. Unlike *NOVA*, which constitutes a single, logical narrative for the disparate events in its hour, *The AIDS Quarterly* takes up a structure that need not connect the complex issues surrounding AIDS under one over-arching, and over-simplifying plot. Instead, narrative coherence resides in Jennings' position as 'anchor'. The programme returns to him after each segment, and he is the necessary segue into the next AIDS story. If one disagrees with the show, one disagrees with Jennings. The very logic of the nightly news makes this difficult to do, according to Margaret Morse (1986, p. 58) who writes: 'Today it seems as though the anchor speaks on his own authority as an overarching presence, as a subject of the news who vouches for its truth.'

Although this method of documentary narration seems more ideologically 'honest' than that of *NOVA* because it identifies the location of its opinions, it is not outside the powers and pleasures of authority. Jennings demands the tremendous respect that nightly news anchors are afforded in our society, and more. For he is not working for ABC News here, he is working for the public good – one of Bush's 'thousand points of light'. We trust him because his heart is in the right place *and* because we already trust the news. This system of seeing, emanating from Jennings, although different from *NOVA*'s impersonal stare, is in this case difficult to contest because of the emotional and moral pulls of loyalty and philanthropy.

It is difficult to challenge *NOVA*'s authority for another reason: the strategy of tautology. *NOVA* constructs its authority through a mastery of vision which is enforced by its creation and presentation of expensive computer generated images of science. At the show's beginning, the narrator describes a 'strange and deadly virus'. The image which accompanies his lecture is a fuzzy sphere, a bit like a tennis ball. There is a thin horizontal line descending the field of the image, making a beep, beep sound like an electrocardiograph monitoring the heart of a patient in intensive care. The image moves closer and closer, the lines move faster and faster, and the beeps get louder and quicker. Then, there is a cut in image as the voice says: 'Littering its surface, hundreds of virus particles are budding forth ready to spread disease. This is how AIDS begins.' With 'magnification' we see 'how AIDS begins': the tennis ball is covered with

countless, symmetrically placed pimples.

This is only the first example of a series of four such science-pix which repeat during the show. Simply through the repetition of these imaginary visions of invisible and hypothetical events is their status as real explanations of real events constructed. The viewer becomes familiar with these meaningless graphics, and grants them a credibility by virtue of recognition: ah yes, the T-4 cell's outer membrane

This is *NOVA*'s tautological system of science presentation: image confirms voice and voice confirms image. It is also Jean Baudrillard's vision of the postmodern world:

The real is produced from miniaturized units, from matrices, memory banks, and command models – and with these it can be reproduced an infinite number of times. It no longer has to be rational, since it is no longer measured against some ideal or negative instance. It is nothing more than operational. In fact, since it is no longer enveloped by an imaginary, it is no longer real at all. (Baudrillard, 1984, p. 254)

These less than real sequences are always followed by a statement from a doctor or scientist who confirms the information and image constructed by *NOVA*. Knowledge is confirmed by vision; vision is empowered by knowledge.

For instance, Dr William Haseltine says: 'What we're finding is truly astounding. It's as if this virus comes from the depths of the seas encrusted with new biological organisms that we've never seen before in all of biology.' Midway through his interview, a visual insert of the rotating image of the blue orb, symmetrically dotted with pulsing white pimples, is shown. *NOVA* lets the home viewer see what 'we've never seen before', what even Dr Haseltine cannot: the cells, membranes, and viruses of AIDS. The first truism of science and documentary – to see is to know – is thus in *NOVA*, artificially, but forcefully, assured by technology which manufactures images of the things that *NOVA* says it knows. 'The territory no longer precedes the map, nor survives it. Henceforth, it is the map which precedes the territory' (Baudrillard, 1984, p. 253).

The Pleasures and Powers of Narrative

Dr Haseltine's words serve another function. His rhetoric is part of the second system of pleasure through vision and knowledge which is put into place by *NOVA*: the AIDS-as-monster-that-ate-Manhattan narrative structure of the programme. This second strategy make sense of the incoherent or unknowable (unseeable) phenomenon of AIDS by fabricating, and in the case of

documentary, making visible, a story. '*NOVA* dramatizes scientific endeavor, with the scientist engaged in a race against various threatening forces to gain mastery over some aspect of a malevolent universe', writes Hornig in her analysis of the show (1990, p. 21). Narrative gives coherence, structure and pleasure to the random and frightening phenomenon of AIDS because it permits closure and it allows conquest. According to Nelkin (1987, p. 71), this coupling of closure and conquest is often the form that the media takes in its coverage of science: 'the message is our ability to win over the forces that besiege us. Order is restored.'

At the opening of the show the dramatis personae in the story about to unfold are introduced. The first image is of innocent victims – a young man and woman ice-skating hand in gloved hand at Rockefeller Center. The narrator says, as we watch them spin: 'Bruce and Bobbie – a young married couple at the beginning of their life together. There's only one problem. Bobbie has AIDS.' Can't anything be done to save Bobbie? Who will come to the rescue? 'In the face of this new and deadly epidemic', answers our narrator, 'science is engaged in a desperate fight to understand and overcome the AIDS virus.' There is a cut to Dr Haseltine, who makes his sea-monster comparison: 'What we're finding is truly astounding. It's as if this virus comes from the depths of the seas'

It is specifically, and importantly, the patterns of the horror movie which organize, visualize and make pleasurable this acquisition of knowledge about AIDS. For the horror film is not only a structure where good ultimately triumphs over evil, but one in which the distinction between good and evil, scientist and monster, self and other, is clearly and carefully delineated (Carroll, 1990; Kuhn, 1990). The function of the horror text is precisely to construct an other, a *Monster*, that embodies that which is not wanted in the self: 'the monstrous which narrative splits off from the self is a projection of unacceptable parts of the self – and indeed, of society' (Williamson, 1989, p. 77). The monster is the 'locus of the most primitive' (Newton, 1990, p. 85): sexuality, impurity, irrationality and, most importantly for this analysis, femininity. Feminist theorists of the horror film have maintained that the monster stands in for 'that area over which the narrative has lost control' (Creed, 1990, p. 214). This is the 'space' of the feminine. Noel Carroll (1990) argues that horror is defined by both fear and disgust. He writes that the envisioning of 'fantastic biology' plays a large part in the formation of these feelings: seeing bodies that are impure, that 'transgress categorical distinctions' (Carroll, 1990, pp. 43–4). Our society has long felt such feelings towards particular

bodies and biologies. Women and gay men, for instance, transgress into the 'space of the feminine' – those places unknown, uncharted, irrational.

Early AIDS media were quick to isolate risk of HIV infection into communities – 'risk groups' – of others: homosexual men, Haitians, IVUDs, prostitutes (Treichler, 1988). It seemed clear who was safe and who was sick. Yet, by this 1986 *NOVA* production it was evident that all people, depending upon their behaviour, of course, were at risk (Treichler, 1988). Boundaries were dissolving and, according to Williamson, this made people anxious: 'the virus threatens to cross over that border of Other and Self; the threat it poses is not only one of disease but one of dissolution, the contamination of categories' (Williamson, 1989, p. 78). *NOVA*'s narrative re-clarifies boundaries in a real world where things are not nearly so simple. With perhaps too much simplicity, too much finality, *NOVA* identifies the good guys and the monster.

This eerie mood, wherein sea-monsters arise to snatch young skating couples away from Rockefeller Center is continually constructed throughout the show. A sense of threat, fear and mystery is manufactured to build anticipation before the conquest of the monster by science. But this mood is also constructed so that the resolution of the narrative (and the AIDS crisis, the show suggests) can be articulated within the discourse of horror. It should be no surprise, then, that this show manufactures a *visual* image where 'answers' are stored. To see is to know. But in this mythic narrative, things can be seen – like answers – which are not so visible in the real world. Answers are said to be in what the narrator calls the 'magic box' of possible cures.

Of course, hidden behind the box's spell-encrusted top are not only the magic serums which will cure Bobbie, but the programme's more political and economic agenda, which is to present pharmaceutical cures and medical research as the magic resolutions which will solve the crisis as *NOVA* has constituted it. The show is split into two equal halves: the laying out of the problem (can AIDS be stopped?), and solutions to this problem (Yes, it can, with magic, i.e. medicine). The sequence which introduces the 'magic answers to AIDS' opens on black. A light enters the screen because a door opens: the camera is inside a refrigerator. Unidentified hands enter the space, and grab something that has been resting inside the refrigerator. It is a box. An Asian scientist picks up the box, and carries it to a table. The narrator says: 'They've tested hundreds of substances and narrowed the search to the contents of what is known as the "magic box."'

The scene which follows depicts Bobbie's experimental treatment

with AZT. After having been on AZT for several months and seeing a weight gain and stabilization of her fevers, Bobbie says to her doctor: 'You don't know how pleased we are. I mean we are so happy right now.' Dr Samuel Broder responds: 'But you have to understand that although I'm extremely gratified about your response, I can't be sure that it's the drug that we gave you that did this.' Bobbie concludes the scene with: 'I attribute it to the drug, though. I do. I don't care what anybody else says, it's the drug.'

The scene carefully ends with Bobbie's unfounded faith in her drug, not her doctor's more cautious advice. But this is necessary in the terms of a mythical narrative that presents magical answers to difficult problems. Unlike horror films, where the monster will be vanquished in two hours, the crisis of AIDS can not be reduced to the search for a cure, nor will the problem be solved when and if a cure is found. The ills of AIDS are not just physical, but economic, social, cultural and political (Sabatier, 1988).

The oversimplification of the search for medical cures forecloses accurate reportage on the complexities of medical research, the politics and economics of the pharmaceutical industry, and the negative (as well as positive) effects of particular medications. Furthermore, a focus on magical medical cures means little attention to the politics of *who* is predominantly affected by AIDS and why, means little attention to holistic and other non-Western responses to illness, and means little attention to those who *do not* have access to experimental studies or expensive medication. For example, as this show pictures the science of AZT, there is no suggestion of, or analysis about, why women have been continually discriminated against in access to experimental drugs and clinical trials.

The AIDS Quarterly's, *The Trial of Compound Q*, on the other hand, is about the scientific, economic, political and moral complexity of medical and pharmaceutical research. The sequence monitors two drug protocols – one legal, the other illegal – for a Chinese 'abortion and cancer drug', Tricasanthin, known as Compound Q. At the segment's beginning, Martin Delaney 'one of the most important AIDS activists', approaches Dr Alan Levin to see if he will run a speeded up drug trial to analyse the effects of Compound Q. Dr Levin agrees, but cautions, 'the odds are good that someone is going to die. This is not a magical panacea.' Then the show weighs the verbal testimony of people on the other 'side' of this case. Dr Volberding, who is conducting the 18-month official study of Compound Q, explains why things need to progress slowly.

The segment follows three gay men. Unlike *NOVA*, this show names the subjects and interviews them about their feelings and

motivations throughout the study. It chronicles the death of two of them perhaps as a result of the study, and shows Dr Levin and Delaney making the difficult moral and medical decisions about whether they should continue the study, and at what dose level. The conclusions of the segment are presented with ambivalence. Tandy Belloo, the only survivor of the original study, is much improved after a bout of AIDS dementia, caused most probably by the Compound Q. He is taking Compound Q for a second time: 'I was disappointed when it wasn't a miracle cure . . . But I think its working.' Delaney is now leading an official protocol with the FDA.

The speakers in the programme, and the programme itself, conclude that there are no easy answers. It is unclear who was right and who was wrong, and if the two studies got anyone anywhere. Yet, if there is anything that is celebrated here, it is the search for knowledge itself, by the male scientists and PLWAs, and by *The AIDS Quarterly*. There is a narrative structuring this programme, but it is not that of horror. Rather, the structure of the trial system of liberal democracy is engaged – there are two sides to be heard, listen to them, weigh them, draw your own conclusion, vote. 'In this way television does not favour one point of view,' explains Stuart Hall. 'But it does favour – and reproduce – one definition of politics and excludes, represses, or neutralizes other definitions. By operating balance *within a given structure*, television tacitly maintains the prevailing definitions of political order' (Hall, 1988, p. 359).

Permitted Looking

In both of these science documentaries, one final system allowing the acquisition of pleasure is set in place: the delightful activity of watching those whom scientists study. Throughout the programmes, the audience is allowed permission, like the scientist, to watch the strange and curious lives of all kinds of social 'perverts'. In *The AIDS Quarterly*, this is handled with some grace by allowing the objects of the study to speak for themselves, yet the camera pries into several private moments. For instance, when Tandy Belloo, who is suffering from side-effects of AIDS dementia from his use of Compound Q, is confused, cannot form sentences and is ultimately brought to tears, the camera rolls and rolls, and this footage is included in the final programme.

This is only one example of a probing into the lives and bodies of others that often occurs in the science documentary. The particular power and pleasure of this form is that the viewer of scientific

activity is a *permitted* voyeur – the voyeur who gave himself permission to look. Unlike the conventional Freudian voyeur, whose pleasure is in seeing without being seen, knowing without being known (even if he may ultimately 'accidentally' reveal himself), the scientist, the documentary camera and the home-viewer who is offered identification with both of these sites, authorize their act in the names of Science, Knowledge and Truth. They proudly announce their presence and flash their licences to be there.

For example, the *NOVA* programme ends with a sequence presenting a gay male PLWA. The man, identified not by name but by sexual preference, is participating in an unspecified study. But, the narrator does say some things with great precision: every year 'he' arrives at 'Ward 86' at 'San Francisco General' for his part of the study. He gets a medical examination ('stick your tongue way out' instructs the doctor, as we see this less-than-dignified moment of the patient's visit). The narrator concludes: 'The medical exam is only the beginning. Volunteers are also asked to reveal the history of their sexual lives. What they did, with whom, how often, and with what protection.' The real need to understand the relationship between sexual behaviour and HIV infection seems somehow lost in this sordid inclusion of the study's demands about private sexual practice but not of the study's purpose or results.

Earlier, in reporting a study on heterosexual transmission, *NOVA*'s camera lingers on the spaces and bodies of the sex industry. Although the study considers three groups of heterosexual women, *NOVA* only covers one aspect of the study. The narrator says: 'the project's field workers go into the streets recruiting from those groups of women.' Simply the use of the loaded statement 'in the streets' is enough to identify *NOVA*'s interest in only one of 'those groups' of women. But to make it crystal clear, his voice is accompanied by a lurid montage of images of the red light district: Live! Live! Live!, Erotic Nude Show!, lights blink, seedy men enter shaded doors. Only one short segment of an interview with a prostitute is included: she is asked to calculate how many partners she has had in a year. When she can't work out the maths, the narrator does it for her.

The way that *NOVA* reports the work of science and doctors – the knowledge and concomitant sexual pleasure gained from an authorized scrutiny of others' problems and lifestyles – has a long tradition. 'Science is a masculine viewer, who is anticipating full knowledge of nature, which is represented as the naked female body', writes Jordanova (1988, p. 87) in her study of scientific imagery.

Conclusions: Alternative Pleasures

Sex here is the perfect metaphor for a particular admixture of power and pleasure. (Jordanova, 1988, p. 150)

Power and pleasure are invoked by the conflation of vision and authority. The science documentary affirms its privilege to see and learn at the expense of others – the bodies it 'objectively' views and then objectifies. What are the effects of representations which are based upon a sexualized and gendered gaze? How does pleasure transfigure itself into power? Putting AIDS into the gendered female position has easily translated into policies which treat PLWAs in the same way our culture presently treats those, like many women, who are culturally disenfranchised: perpetuating problems by cutting funds, care, services (ACTUP/NY Women and AIDS Group, 1990; Patton, 1985; Sabatier, 1988). Making AIDS and its bodies the monster has contributed to a culture where PLWAs are actively discriminated against in all aspects of their existence from access to health insurance and clinical trials, to the less blatant forms of discrimination which occur against women and their children in the neighbourhood, workplace and home (AIDS Discrimination Unit, 1987).

But there are other systems of pleasure that can be used to make a documentary or to study science. Rather than a system of distance and control, difference and power, structures of similarity and reciprocity are possible. Perhaps the recent theories of feminist science provides better founding principles for scientific study than the three truisms with which I began this chapter: 'No rigid boundaries separate the subject of knowledge (the knower) and the natural object of knowledge; the subject/object split is not used to legitimate the dominance of nature; nature itself is conceptualized as active rather than passive' (Fee, 1986, p. 47). Furthermore, much alternative AIDS media differentiates itself from work like *NOVA* because it willingly situates itself *within* the object of study: speaks *from* and *to* a position of infection, difference, otherness (Juhasz, 1992). Such work identifies with, instead of gapes at, the subject of study. Such work identifies with, rather than intensifies, the struggles of PLWAs. In AIDS media that are effective rather than punitive, to look is to see and know *yourself*, not the other – an entirely different route to pleasure. Finally, pleasure is not the only emotion upon which representation can be based. Much alternative AIDS media has been rooted in anger: the motivating power of political action.

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8

'With Champagne and Roses': Women at Risk from/in AIDS Discourse

Cindy Patton

Most of the reported [cases among heterosexuals] clearly involved anal sex or intravenous drugs.

Dr Jay A. Levy of the University of California, San Francisco, reported in *Newsweek* 'Special Report on AIDS', 12 August 1985

I have only normal heterosexual intercourse . . . but I've become a lot more selective about my partners.

A 'typical single women' quoted in *People Magazine*, 'AIDS and the Single Woman', 14 March 1988

The *People Magazine* of 30 July 1990 featured a full-cover photograph of a hopeful Ali Gertz, with the bold, black headline, 'AIDS: A Woman's Story', above her head. Burned in white type over her dark sweater were the words: 'Her date came with champagne, roses . . . and AIDS. Eight years later, ALI GERTZ, 24, is fighting for her life and warning women that, yes, it *can* happen to you. Inside: Her story and those of six other women living with the deadly disease.'

Though certainly not the first woman in her situation, Gertz, through media attention and her own decision to become publicly involved in HIV education, provided a 'real' referent for the apocryphal stories about 'average' white middle-class young women who contracted the virus through 'ordinary sexual intercourse' with men from their own class. Coming on the heels of the highly publicized Chambers 'love murder' case, in which a young man of Gertz's social class killed his girlfriend during 'rough sex', the Gertz story was able to draw on a re-emerged anxiety that 'nice men' harboured a variety of pathologies.¹ The story manages to romanticize without blaming the spunky, well-to-do socialite infected with a disease of the 'other' through a man as socially emblematic as herself: the moral is that 'ordinary' women are not only at danger if they cross class lines, but also within the tightly guarded bounds of their own class. The ability to embrace as part of