HIV/AIDS Social Stigma and Visual Art

Naomi Demmings

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Natalie Jolly

Ed Chamberlain

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Abstract

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Naomi Demmings

Chair of the Supervisory Committee:

Dr. Natalie Jolly

Interdisciplinary Arts and Sciences

The purpose of this research is to examine the development and progression of HIV/AIDS stigma within a social structure of power and powerlessness from the early 1980s to the 2010s, through a case study of selected visual images. I focus on the social aspect of how HIV/AIDS is given social stigmas that cause as much suffering as the disease's physical health effects. To do this, I apply Erving Goffman's theory on stigma and analyzing visual images from the early 1980s, 1990s and early 2000s to consider how HIV/AIDS has been constructed and reinforced through time. In considering the historical context I show that each of these images responds to stigma as it existed in the early 1980s but also in the ways that it exists today.

Content

Preface

To begin, the first time I heard about HIV/AIDS was in 1995, I was in third grade and didn't have any idea of what it meant or the impact it would have on the world. The intrigue for me was the perception of the disease as something so terrible that no one wanted to get it or be around people who had it. In junior high I chose HIV/AIDS as a project to present in a home economics course, not fully understanding what the consequences would be for choosing the topic. I had said a few words when the teacher heatedly told me to sit down and stated that “my topic was inappropriate and therefore I was inappropriate”. To say I was embarrassed would be putting it lightly, it was more of a public shaming and humiliation for even thinking HIV/AIDS was a topic that could be presented to the class, or that I could be interested in. Some would argue that because HIV/AIDS can rarely be discussed without referring to themes extending to sex and or certain behaviors (intravenous drug use) such a topic should not be visited in the middle school classroom, especially among youth.

That was my very first experience of feeling ashamed for having such a curiosity about HIV/AIDS and feeling unwise in my approach towards it. I chose HIV/AIDS because I was genuinely interested in it and wanted to learn more about how it had a place in society. I began to realize that HIV/AIDS and the adjoining issues were subjects some people just didn’t want to hear about, but despite this, I was still curious. I think in part the very reasons for people not wanting to hear about it made it even more interesting to me.

With my interest in disease and its place within the human body, naturally elective courses included medical terminology and anatomy and physiology, in addition to the fundamentals of art. I was interested in the human body, specifically it’s capability to maintain functionality while withstanding disease.

I spent time learning about visual art/history from the Stone Age to Abstract Expressionism and the seemingly ongoing debate about what was thought to be truly exceptional art work reserved for a special class and what was simply not considered at all. My curiosity in visual art/history instinctively led me to explore the purpose and function of the museum as an institution because most museums play a role in art history. The people who made historical works were using various forms of artistic expression to give meaning and convey messages as a response to their culture, personal experiences and the world around them. This transitioned to the idea of marginalized population representation within the museum and how museum administration worked or didn't work closely with these populations to ensure truthful representation to the public.

I was interested in how marginalized populations used art to record and speak about their experiences of within the challenges of society. A commonality I found within marginalized groups was the need to preserve their culture and history by using the museum as a tool to educate people but through a careful process of curating and to not exacerbate the challenges they already faced. I would say this brought me to the topic I chose to write about here, and was a big connecting piece for my choosing to write about HIV/AIDS social stigma and visual art.

Despite my earliest curiosities for reading about the disease and visual art/history, my personal interest and connection to stigma for this paper was not evident at first. I started to read more about social stigma of HIV/AIDS and began to learn about the social side of disease. From what I understood HIV/AIDS was considered to be a death sentence not just a physical one but a complete termination to exist socially up until the point of death or passing. Physical and social existence were dishonored and shamed to a point of no return, as so long as someone was living with HIV/AIDS or in some cases individuals who associated with the infected.

I wanted to find a way to connect my interest of visual art/history and social stigma of disease and so that is in part why I have written this paper, my two interests ended up overlapping. To me HIV/AIDS is so many things but is one of the most challenging social issues that has truly tested people because it can determine how they treat each other, if they let it. The meanings of such a historically stigmatized disease changes from time and place, sometimes for the better and other times for the worst. Some are quick to conclusions without looking critically at the various parts within that make up the whole. During the epidemic 1980s many people were treated poorly before they died, while others were treated poorly based on the working assumption that they too had HIV/AIDS. History timeline shows the public reaction to the HIV/AIDS portrayal in the media perceived as life or death, but mostly a death sentence. During the time medicine was not what it is today so people very well did end up passing away but not before living with one of the most historical and stigmatized diseases.

The social stigma of HIV/AIDS still exists. As long as stigma exists it is an issue and it is important, especially to those who continue to experience it and those who are ignorant to it. Completely removing stigma is an ongoing process. Similar to other social issues real change and development takes time, but I think to begin with deconstructing the ways in which people are influenced to perceive disease is helpful as a starting point for understanding what stigma is before the lessening of it can begin. There are an infinite number of studies regarding the social stigma of HIV/AIDS. The subject has been written about it extensively and approached from various perspectives, analyzing a multitude of intersecting issues and most of all recording the experiences of people who suffer from the endless threads of stigma. It seems as if stigma is often fueled by the fears of what people know or don't know.

The reasoning for this paper is to bring awareness and continue an informative dialogue about the social stigma of HIV/AIDS, how it came to be and how it is in a constant cycle. For some this paper will matter a great deal and for some others not at all. The goal is not to make anyone side with the perspective of this paper or see it as a one way, but I do hope it will help people to think about how they approach the topic of social stigma of any kind and HIV/AIDS. I hope it matters for those who face constant shame and judgement for their diagnosis, in addition to the other circumstances that encompass their whole identity: skin color, class, and identity, to name a few. Additionally, artists and others who died or are still living who use their work to respond to social stigma and discrimination of people living with HIV/AIDS. Also, experts who create studies that explore various issues fueling stigma to educate people on the subjects of stigma and consequences that affect everyone.

On December 1, 2012, I attended an open to the public event in Seattle Washington where a panel of 6 people living with HIV spoke a little bit about their experiences. I was given a pamphlet that noted a panel of experts would be present to discuss the current issues of HIV/AIDS, but was unaware this panel would include people from various backgrounds who would speak to their personal experience as a member of the community. I arrived at the church and while walking around the side of the building I saw a woman approach a side door, she must have thought it was the entrance but it was locked. She was petite with light reddish hair cut into a bob and wore a trench coat over long pants. She was wearing these black stiletto boots that I admired, I wondered who she might be and then forgot about her as other people started showing up. How do I explain that I saw this woman and knew nothing about her and then within the next 6o minutes would learn more about her and many other people on stage that I had never seen before? The moment I saw her to the time she sat on stage has always made me think. It goes hand in hand with what I hear people say but seldom practice whether it be a conscious thing to judge or not but I see people every day and I often wonder who they are, where they have been and what their experiences are. I am constantly telling myself you never know where someone has been or what they have been through because people don't wear their experiences on sticky notes for everyone to read, I sure don't. I also saw a man before the panel discussion began who would later join the others on stage and who identified as a non-progressor. He was diagnosed and had been living with HIV for years but never showed any symptoms and had not taken any medication up to that point.

How do I explain the moment I had a moment and had that thought “they don't look sick” as if someone was supposed to spell it out for me? The people on stage looked very much to me like the people I pass by at the gym, on the bus, to and from the office, in the office, at a restaurant, at the movies, at the grocery store, simply walking down the street. Upon entering the church, I saw rows of old economy folding chairs that brought back memories of attending church as a small child. I couldn’t help but think to myself that someone in attendance would have HIV/AIDS or know someone who had been living with a positive diagnosis. I sat in the middle row and then decided to move to the front, not sure why because I typically hated sitting in the front back then.

Each provided a particularly unique first person experience for what it was like living as a person with HIV. They shared their views on the most current HIV/AIDS issues plaguing America, in particular the youth populations. Their willingness to speak to an audience in a public setting seemed very uncommon to me at the time. Given what I knew and what I know now, people were not necessarily giving presentations about their experience living with one of society's most stigmatized diseases. Aside from a high and increasing number of studies regarding stigma, HIV/AIDS seemed so stigmatized (and still does) that many people would rather not disclose their status for fear of the very themes (discrimination) studies have magnified, let alone talk to a public audience about their experience.

A part of the discussion focused on how people could help individuals living with HIV/AIDS connect locally in the Pacific Northwest: specifically, to help people connect with others who live with HIV/AIDS or know someone who does because emotional support is often very helpful to cope with diagnosis and attached stigma. Presenters also made a point to recognize institutional stigma that is often consciously and unconsciously supported through medical professional behaviors, this led to reasoning for steering people to seek resources outside of non-institutional agencies. The presentation included several questions for each of the panelists. Panelists could share their experience or any thoughts they had with the audience regarding these questions:

1. *What is it like to be HIV positive and pregnant?*
2. *How do you deal with the side effects of medications?*
3. *Do you see stigma lessening?*
4. *How do you address dating with HIV?*
5. *Are there any thoughts on the disease that is killing us?*
6. *Some states have begun criminalizing those who are infected and fail to disclose their status to partners, how do you feel about that?*

7. *What would you tell young people who have the mentality that HIV/AIDS doesn’t matter anymore?*

I've taken the questions that correlate directly with the direction or themes recurring in studies used for this paper and extended on them in the following sections. For instance, the development of medication as a breakthrough to the disease. In addition, where social stigma currently is since the epidemic began in the 80s.

How do you deal with the side effects of medications?

HAART medication became available years after the epidemic began. Unfortunately, thousands of people had already died. With development in medicine changing the scope of HIV/AIDS, so too did the public perception. However, developments in medicine didn’t mean it was going to work right away or be the right combination for everyone. Individual bodies adjust and adapt to medicine differently and even then after extended periods of time taking the same combination patients might need to switch to something different. The same can be said for side effects of medicine that can be so intolerable for a patient that they have to change their dosage and combination. Panelist three shared they had switched medication five times and were constantly worried that the public persona of AIDS. AIDS had become idealized as a disease with medication readily available to anyone if they were sick. If someone tested positive, it wouldn’t matter because there were over 40 medications they could take and still live longer.

Their testimony connects with the idea that new medicine was obtainable for anyone who might contract HIV/AIDS but along with this was the thought that the disease was not something that needed attention or worry as it did in the beginning. Panelist two discussed how they were diagnosed at the age of 36 and were 50 at the time of the presentation. They were what medical terminology defined as a “non-progressor”: someone who is HIV positive and never shown any signs of sickness. They had never taken medication and felt as if they were in limbo because they had lost a cousin and a sister to the same disease. In terms of stigma they said “the less we talk about it, the worse it gets”. I would agree with their statement about stigma because when something as consequential as stigma is not discussed is forgotten about thus making it worse for those who suffer from it.

Do you see stigma lessening?

Stigma was discussed as still existent within the community by each panelist. People were encouraged to seek resources through non-institutional groups because of the institutional practices that accept behaviors of stigma towards patients (Audet, Mcgowan, Wallston, & Kipp, 2013). One of the greatest challenges voiced was the hope to help people learn what stigma was and that while medication was available stigma was still existent. Panelist five felt stigma had lessened in terms of their personal experience. However, when they talked to other people who had tested positive, it seemed like the stigma hadn’t lessened at all”. There was concern with what HIV/AIDS meant today that was directed towards young adults born after the initial epidemic. With developments in medicine some people think HIV/AIDS is not something they need to be concerned with. Stigma has lessened for some while for others it has not at all.

Criminalization of Non-disclosure

Studies dedicated to the topic of social stigma reveal the issue of disclosure as a common and often very complicated step patients constantly return to in their testimonies and in relationships. It is not uncommon for some patients to practice nondisclosure of their status with family, friends, and sometimes intimate relationships for fear of rejection and discrimination. As a disease that carries fear of contagion and is highly stigmatized, several states have laws that criminalize the knowing transmission of HIV/AIDS to partners.

One of the questions asked during the panel presentation was “Some states have begun criminalizing those who are infected and fail to disclose their status to partners. How do you feel about that?” Panelist three said:

> I broke this rule so many times; I have pages and pages of relationships. I had forgotten about these people, during the early years of the epidemic I was a heavy drug user and an alcoholic I didn’t care about my life so why should I care about you?” Now I am going through a program and I hope at some point in my life I can make amends and I pray to God these people are still alive. If you’re going to criminalize HIV then you’re going to have to criminalize every STD, there is. I would like to put more energy into finding a cure and educating young people.

The concern with criminalizing those who would not disclose their HIV/AIDS status was a sensitive part of the discussion. It seemed to be a core part of stigma and the fear of people who have HIV/AIDS infecting those who don’t. There was a concern with what HIV/AIDS means today, especially age groups born after the initial epidemic. With developments in medicine some people think HIV/AIDS is not something they need to be concerned with. Stigma has lessened for some while for others it has not at all.

This event took place in the year 2012, and yet people are still discussing the themes of HIV/AIDS stigma and becoming more creative in approaching the topic. The less HIV/AIDS stigma is talked about the worse it gets. Overall it seemed if you have a good support group, people who you trust and accept you and your status as an HIV/AIDS positive person then you could have some environments where stigma does not exist, in comparison to someone who does not have those kinds of people in their life.

The event was supported by local groups: Seattle Gay City, Lifelong AIDS Alliance, Public Health of Seattle and King County, BABES, Planned Parenthood, Seattle Counseling Service, University of Washington AIDS Clinical Trials Unit, HIV Vaccine Trials Unit Seattle, Entre Hermanos Seattle, and POCAAN (People of Color Against AIDS Network).

Introduction

Although progress in medicine has transitioned HIV/AIDS to a chronic but livable condition, social stigma associated with the disease continues. It can be challenging to assess social stigma without current studies that reveal personal experiences of people who endure stigma. Therefore, it is important to use studies to assess how detrimental the social stigma of HIV/AIDS is. Studies show there have been and still are a number of people living with HIV/AIDS in the U.S. (Herek, Capitanio, & Widaman, 2002; Lekas, Siegel, & Schrimshaw, 2006). And while medicine is improving and worked to diminish symptoms, social stigmas attached to the illness continues to linger.

Even in the year 2016 it is still important to understand the social stigmas of illness and disease, because of the global history but for this paper it will be specific to the history in the United States. Despite history providing endless examples of how stigma came to be, as something to be learned from, it continues to exist. Realistically, completely doing away with stigma and the harm it inflicts on people is not something that will happen instantaneously. HIV/AIDS social stigma like many other social issues will take time and realization that the social meanings of HIV/AIDS changes from one society to the next.

Therefore, the purpose of this research is to examine the development and progression of HIV/AIDS stigma within a social structure of power and powerlessness from the early 1980s to the 2010s, through a case study of selected visual images. I focus on the social aspect of how HIV/AIDS is given social stigmas that cause more suffering than diseases physical health effects.

Chapter 1 examines social construction as a key concept in the development of social stigma. In addition, the theory of Erving Goffman is used to define stigma and the way it is established, in this case HIV/AIDS. Chapter 2 draws on the information of the first chapter in examining the history of disease and how it is depicted in visual art historically. This chapter will also explore the visual illustration of disease from a historical perspective that deconstructs earlier images of patients living with disease

In chapter 3, I analyze works of artists who use HIV/AIDS as a foundation for their work, and consider how their work challenges the stigma associated with the disease. The works of Robert Mapplethorpe and Felix Gonzalez-Torres are works from the early epidemic years. In addition, the work of Kia Labeija and William Powhida are equally resonating as they offer new and differing perspectives into the times in which we live. These works carry multiple meanings and explanations about the specific contexts of HIV/AIDS and the artists that are not always evident; therefore, it will be important to examine these works.

I conclude by arguing that the social stigma surrounding HIV/AIDS is a social construction, and as such it is socially created and recreated. These transitions reflect current understandings of HIV/AIDS. These constructs serve as the foundation for social stigma that has been represented in visual imagery from the 1980s up until now. An analysis of this visual imagery is important because visual imagery can influence and shape the way people think about disease, specifically HIV/AIDS. This project contributes to the growing body of work that places an emphasis on HIV/AIDS stigma and people who experience it. If we hope to create a more livable world for people who live with HIV/AIDS, it is important to consider how social stigmas shape their lives and experiences. It is also necessary to inquire into how these stigmas reflect larger social discomfort with issues such as sexuality, race, class, and other marker of difference to understand how society shapes the ways we think about health and illness.

Background and History of HIV/AIDS Stigma

According to infectious disease physician and epidemiologist Jacques Pepin, the HIV/AIDS epidemic began as early as the 1900s (Pepin, 2011) originating in Africa.

The area would fall to colonization thus producing the need for workforces, primarily male workers. Workers were stationed away from their families for months at a time. With very few women present the demand for sex work became prominent. Soon, the spreading of many diseases including what would later become known as HIV/AIDS became widespread.

For the course of at least 80 years the virus was transmitted from person to person, undetected. This span of time gave the disease a wide window to pass along from origin to surrounding continents. People traveling could come into contact with an unknowing carrier and transmit to other people who would transmit to others. An astounding ripple effect that would allow the disease to travel for years undetected.

It wasn't until the early 1980s that the first cases of HIV/AIDS were reported in the United States well after the disease's inception (Crimp & Rolston, 1990). One of the most common symptoms of skin cancer, Kaposi Sarcoma, and flu like symptoms were found the first patients. Because each patient identified a man who had sex with other men (MSM) the assumption was that men who had intercourse with other men or identified as gay were the only ones who contracted the disease. The name GRID (Gay Related Immune Deficiency) was created from what little was known about the disease. The assumption based on the commonalities reported in patients led to a theory that men who engaged in sexual activity with other men were to blame for the illness (Audet, et al., 2013). It was just the beginning of attaching social stigmas to people living with HIV/AIDS.

These patients were the primary carriers of the illness, so men who were perceived as gay were targeted as responsible. This was the initial stigmatization of HIV/AIDS patients, as deviant and deserving of the illness. This continued to exacerbate patient suffering and fuel political turmoil surrounding the illness. It also paved the way for social stigmas to continuously develop and be reinvent, making the disease even more cumbersome.

Therefore, the purpose of this research is to examine the development and progression of HIV/AIDS stigma within a social structure of power and powerlessness from the early 1980s to the 2010s, through a case study of selected visual images. I focus on the social aspect of how HIV/AIDS is given social stigmas that can cause more suffering than diseases physical health effects.

Chapter 1 examines social construction as a key concept in the development of social stigma. In addition, the theory of Erving Goffman is used to define stigma and the way it is established, in this case HIV/AIDS. Chapter 2 draws on the information from the first chapter in examining the history of disease and how it is depicted in visual art historically. The second chapter also looks to earlier images of the HIV/AIDS depiction in setting the background for chapter 3. Chapter 3 moves towards a number of artists who all have work pertaining to the epidemic that speaks to the social stigma of HIV/AIDS.

Studies of HIV/AIDS Stigma

The topic of social stigma in HIV/AIDS has motivated researchers to construct studies that explore the ways in which stigma is made possible and the effects it has on different individuals. Many studies on social stigma exist as researchers have been writing since it became known that people living with HIV/AIDS were facing stigma because of one of the most stigmatized diseases of our time. Therefore, while I have read and collected an endless number of studies from social stigma, for this paper I have included a few.

Each study approaches social stigma in HIV/AIDS from a different perspective building on existing subject matter.

Adding to the complexity of social stigma, it is not an isolated issue; it does intersect with socio cultural contexts such as race, class, sexual orientation. In addition, this affects the wellbeing of people living with HIV/AIDS as they suffer from isolation and discrimination. The anguish of those who deal with discriminatory treatment often feel at a loss and whether to disclose their status to family and friends. The weight of such a diagnosis is burdensome and can worsen without support or resources. Studies that open the dialogue for understanding HIV/AIDS social stigma can help in assisting people to begin to understand what the stigma of HIV/AIDS is and how damaging it is. In regards to the importance of studies examining the social side of disease and illness, Robert A. Aronowitz, M.D. (1999) stated:

> Historians of science and medicine most often choose to study diseases that elicit (1) strong responses because of stigma attached either to the affected population or to the mode of disease transmission, as with syphilis or AIDS; (2) a controversial somatic basis (which invites debate over personal responsibility), as in the case of alcoholism or psychiatric diagnoses like anorexia nervosa; or (3) fear of acquiring a deadly disease, for example, during epidemics of a disease like cholera. (p. 57)

Aronowitz’s analysis shows that disease with stigma attached is critical to research because of the possible meanings it carries. Studies regarding HIV/AIDS are significant because they offer various perspectives into issues surrounding social stigma and HIV/AIDS.

In one study Elizabeth Chapman (2000) conducted an in depth qualitative study to examine the connection between the body and physical touch, specifically for those living with HIV/AIDS. The concern was how people living with HIV/AIDS felt and perceived their physical self, in addition to how they desired more physical touch as a form of contact. The study design consisted of 18 HIV positive people and 15 HIV negative people. In addition, the results showed those who tested positive for HIV viewed their bodies differently in a negative way than those who were HIV negative leading Chapman to believe that the HIV positive group felt contaminated. This was also attributed to HIV/AIDS representation in the press and media of public health. Any negative representation can be a reminder to someone living with HIV/AIDS that they are contaminated even if they are taking medicine that allows them to feel better.

In a second study Herek, Capitanio, & Widaman, (2002) conducted a telephone survey to assess the prevalence of HIV/AIDS stigma. This study re-visits stigma of HIV/AIDS and brings forth a concentrated pool of results based on what the public perceives HIV/AIDS to be, and is therefore critical to the ongoing study of stigma. The goal was to find trends in HIV/AIDS stigma to see how people felt since the onset of the epidemic in the 80s. The study design was formed as a telephone survey with questions. Based on the results found from the survey, stigma was found to be less in 1999. In addition, perception of casual contact and transmission continued to persist at the time of the study with some of the respondents still believing that people living with HIV/AIDS were deserving of the disease. One of the most critical finds from this study was many respondents were aware of how HIV/AIDS could be transmitted but were not aware of how it could not be transmitted and this leads to the suggestion that HIV/AIDS awareness and education needs to be better at informing and outreach on the disease, as it could help to begin lessening social stigmas.

Lekas, Siegel, & Schrimshaw (2006) conducted a comparative study by analyzing interview data from the pre-HAART (1994 to 1996) and a HAART-era (2000 to 2003) sample. HAART is defined in the study as highly active antiretroviral therapy. The study focused on a population group consisting of women from various ethnic backgrounds: African American, Puerto Rican, and Caucasian/White who had tested positive for HIV/AIDS. The purpose of this study was to identify variations in their experiences where stigma was the issue and the reasons for it persisting. The findings showed stigma to be more common before the pre-HAART era and while it decreased after HAART was available stigma persisted. Credit for stigma persistence is given to the fear of contagion and misinformation in knowledge about the disease. Although medicine has been made available to most people living with HIV/AIDS the stigma persists, therefore, it is still a challenge for women to deal with.

Baumgartner (2012) examined HIV/AIDS stigma through sociocultural contexts of social categories (race, class, sexual orientation) of various people from different population groups. The focus was to see how stigma in addition to the person's race, class, gender, and sexual orientation affected the experience of those living with HIV/AIDS. Additionally, the study looked at how suffering from stigma affected how people living with HIV/AIDS integrated their diagnosis as part of their identity. The findings revealed that race, class, sexual orientation played a role in how or if people living with HIV/AIDS had access to resources that could assist them in their new diagnosis. In turn this affected how or if someone decided to disclose their status also resulting in an impact for integrating HIV/AIDS as part of their identity. It is useful to view stigma in a way that considers the correlation between variables because social categories do play a part in how people are generally treated within a society or culture. To try to find better ways to address stigma as it develops within intersecting oppressions.

A mixed method study by Audet, et al., (2013) was conducted to examine the well-being of 78 HIV/AIDS patients. The results showed consistent themes of negative attitudes stemming from fear of contagion, misperceptions about transmission, discrimination within the workplace, and the choice of the infected person to self-isolate as a way of dealing with harsh treatment was patient experience. Because of poor treatment many patients declined to share their HIV/AIDS status with friends and family for fear of further harsh treatment and rejection, thus perpetuating the burden of their diagnosis once disclosure came to light. It is essential to have a support system after receiving a positive diagnosis because this can often help deal with feelings of sadness and internal issues regarding self. This study informs us that it is critical to explore the social structures within society where attitudes and misperceptions of HIV/AIDS are formed and how they are formed.

Feigin, Sapir, Patinkin, & Turner, (2013) conducted a qualitative analysis study with a group of HIV-positive serostatus patients to recognize their experience living with the disease post initial diagnosis and following four years later. Seropositive has been defined (AIDS info. 2016) as a patient having or not having noticeable antibodies against a specific antigen, from a blood test. The objective was to examine how living with the disease affected the patient's disclosure. The results yielded six areas making up the patient's experience of having an HIV diagnosis: the emotional experience, the stigma attached to HIV, the inner dialogue, and disclosure. However, the greatest concern amongst patients was disclosure. This study touches on the importance of understanding HIV/AIDS as a multi-layered disease that although is chronic and livable, it has attached stigma that persists.

With the growing number of studies dedicated to the social stigma of HIV/AIDS, we are reminded that stigma does not exist on its own; social structures lend influence and perpetuate the ongoing issue (Parker & Aggleton, 2003). For example, categorizing social difference (race, ethnicity, class) resulting from power structure influences the domination of people who are stigmatized. Per Parker & Aggleton (2003), "Before delving into stigma one should research studies on discrimination and stigma outside the realm of HIV/AIDS to develop a more adequate framework in knowing how social difference and power naturally occur and then applying them to HIV/AIDS" (p. 14). Therefore, studies of HIV/AIDS stigma have become more involved in considering the structures of social difference to power and powerlessness.

Overall, studies focusing on the stigmatization of HIV/AIDS are complex and work to address the intersectionality of themes as they take shape in the lives of individuals. I aim to contribute to this knowledge by examining a set of images produced during the 1980s and 1990s that served to address the HIV/AIDS stigma in public discourse visually.

Chapter 1. Social Construction and HIV/AIDS Stigma

A connection between social construction and HIV/AIDS social stigma is relevant to this discussion, and so this chapter is concerned with how the social meaning of HIV/AIDS took shape through construction. I am concerned specifically with social constructionism as it involves giving meaning to things, particularly disease through language development, because I want to show how the theory of social constructionism of meaning-making plays part in how stigma forms from language and perception. In their view, Berger and Luckmann (1966) stated, “Indeed, for reasons evident from the foregoing observations on language, language constitutes both the most important content and the most important instrument of socialization” (p. 133). In other words, they believe language is the primary key in the socialization process of social construction.

Social Construction

Scholars (Aronowitz, 1998; Berger & Luckmann, 1966; Newman, 1994) discuss how people construct socially agreed upon contracts as to what society believes to be true.
Social construction begins with ideas that are already existent, thus these ideas are passed on to new generations of people who carry them or change them depending on the social and political measures of the time. These things require socialization through shared interactions between people and are often reciprocal in their influence on the group and setting. Particularly, disease often carries social meaning, granted by social order through human communication that has been established over time.

It is the social human interaction taking place over an extended period that shapes reality. Newman adds to this idea when he says, “what we know to be real is a product of the human culture and historical period in which we live” (Newman, 1994). Newman emphasizes the idea that collective societal agreements do in fact shape realities for each of us. People are born into the process of social construction because it is something that has been in place for so long, thus influencing how people think of things and their perception. Newman (1994) says: “We’re all born into a preexisting society in which the criteria for determining difference have already become a taken-for-granted part of social institutions and belief systems” (p. 39). In making this comment, Newman argues that categorization too is instilled within society over time. After born into this work with established ideas, we accept categorization as the way things are, without question and how it serves to reciprocate ideas of stereotyping and stigmas.

For instance, humans have created categories to classify and define other humans, places and things. These categories have served mainly as a classification tool, and in doing so are dismissive of how people define themselves. Categorization is a method for simplifying people and places as a controlling and dominating tool or system of power, but also proves to be detrimental by categorizing people, by race, class, gender, and their identities.

Newman (2004) makes a relevant point in how categories are used to maintain control over certain groups in a systematic way when he says, “systems of dominance and power that determine where and how important resources like income, wealth, and access to education and healthcare are distributed” (p. 37). In other words, Newman believes categories have been and are still used as systems of control over people, and act as a tool for measuring distribution of resources and how much. These categories are also used as tools to define and measure difference in certain groups, and thus perpetuate stereotypes, assumptions and stigmas. The next section will extend the above points by Newman to show how the visual representation of HIV/AIDS was influenced by social construction, and manifested as social categorization that led to the stigmatization of HIV/AIDS.

In “The Social Construction of Reality,” Berger & Luckmann (1966) discuss the idea of social constructionism as something that occurring socially amongst people within an environment over a period of time. Through social interaction, people influence each other's behaviors and actions. In turn, the environment also influences people in a reciprocating cycle. The result of this exchange includes the development of representations of human behaviors that become customary roles within the environment’s structure.

People can participate interchangeably in these roles as actors who influence each other. These roles are not stagnant and change over time, but this also depends on the social, economic and political influences taking place during that time (Newman, 1994). The social and institutional structure are shaped by a shared societal understanding that is a result of human influence. The outcome of people influencing each other leads way to deciding what influences have meaning and stay within the environment.

Specifically, concerning the social construction of disease, Robert Aronowitz looks to the historical and contextual aspects of disease to see how the development of social construction of disease takes shape. While he uses Lyme disease as an example, the disease HIV/AIDS can also be used, especially in this case where social construction is an instrument that is used in the development of HIV/AIDS stigma, which is also the primary concern. Aronowitz (1998) said, “the term ‘social construction of disease’ has come to represent a mode of historical analysis in which nonbiological factors-beliefs, economic relationships, societal institutions are greatly influencing, if not defining, our understanding of particular ills” (p. 57). Aronowitz strongly suggested that “non-biological factors,” meaning social factors and influences of disease and illness, are greatly affected by the social foundations of society. This supports Berger & Luckmann’s connection between socialization, environment and institution as closely linked. In addition, Aronowitz is agreeing with Newman who credits history and culture as influential factors in foundational structure of society.

In conclusion, Newman believes human culture and past events play a big part in how the reality and perception of each person is formed. Criteria for measuring people are already in place before we are born and greatly influence individual position.

Berger and Luckmann agree with Newman but recognize language as a primary tool in developments that happen socially and informally as people communicate and interact over an extended period. Additionally, Aronowitz (1998) used these concepts to show how social construction of disease did played a role in stigma associated with disease when he says:

> The recognition, naming, and classification of disease is central to so many aspects of late-twentieth-century life, whether we are a patient receiving diagnosis to explain painful and frightening symptoms, a researcher conducting a clinical trial, a worker claiming disability, or an advocacy group pressing the government to investigate an apparent outbreak of previously undescribed illness. Yet the process by which we decide what is a disease, what types of suffering remain nameless and invalid, and what names, causes, and meanings we attach to different types of suffering are generally taken for granted. (p. 1)

Society is accustomed to the naming and classification of things to give social meaning, in this case disease. From patient to researcher to activist there is a process for deciding what disease is or will be, but that process is typically not recognized. It is critical to look to social construction as a component that makes up the process in deciding what disease is because all decisions have consequences, in this case the suffering of social stigma.

Overall Aronowitz's argument stems from the need to understand disease from a social historical perspective. The initial language used in presenting the disease is often consequential to how disease is perceived because it leads to the construction of disease with an identity set in place before everything is known about it. To fully grasp the social makeup of HIV/AIDS one must look to the origins and social historical influences that took shape from that point forward. In this case, looking to the first reported cases of HIV/AIDS in America and the social and political structure taking shape around that time, but also the the biological findings that influenced social side of the disease and thus began initial construction.

In his example of using Lyme disease he talks about the disease as a reward system in a way because there is something for each person involved whether it be doctor, researcher, or patient. Each person wants something different from the disease from the discovery of the disease. Suggested is a compromise on all fronts between people involved in the initial discovery, including taking time to think about how the biological and social findings are presented and consider the ramifications these might have. This would include criticizing methods that bring experts to conclusions and the labeling of disease. The next section will look deeper into the theory of social construction as it relates to objective and subjective realities. That is reality as is exists in comparison to what each person makes of reality themselves.

Subsection Categorization and Stigmatization of HIV/AIDS

Within the theory of social constructionism are objective reality and subjective reality. Objective reality, defined, is the physical world around us that we can observe, or factual items not based on personal perspective (Berger & Luckmann, 1966). By comparison, subjective reality is the personal view of the world and how individuals see and interpret it. The idea within "subjectivity" is that we give social meanings to things. Similarly, illness; the term exists independently of what the social or scientific definition is, so how illness can be defined as a scientific or biological disease or it can be defined in the social sense or meaning of the term. The social meaning would be what society has defined it to be regardless of what it is. On the other hand, any illness can develop social meanings often formed through society or culture, with HIV/AIDS the social meanings have often been built out of fear and misunderstanding. For example, social meaning attached to HIV/AIDS has been made by people. It is important to try and understand this development, because it makes up in part the creation of social stigmas and agreements attached to a thing, in this case HIV/AIDS. People attaching social meaning to HIV/AIDS played a part in how the stigma of the disease was developed, and reinforced year after year. This resulted in consequences for those stigmatizing and being stigmatized.

Among the first reported cases of AIDS in the U.S. some were found in MSM. This population would go on to suffer from multiple stigmas, such as: identifying as gay, from assumed promiscuity, for signs correlating with the first reported symptoms of HIV/AIDS and for having HIV/AIDS. These things were used to categorize people living with AIDS or to assume someone has AIDS. These assumptions only created fears within the public leading to stigmatization of people living with AIDS but also those who were perceived to have the disease because of similarities in lifestyle. According to Sander Gilman (1988), “This label structured the idea of the patients suffering from AIDS in such a marked manner that the patient was not only stigmatized as a carrier of an infectious disease but also placed within a very specific historical category” (p. 247). Gilman’s perspective is consistent with the idea of categorization and stigma as he directs attention to the earliest depictions of American AIDS patients.

There is persuasion from researchers of HIV/AIDS suggesting that society should rethink the development of social stigma to try and understand the events that shape and construct how people view people living with HIV/AIDS and the disease (Crimp, 1988). To think about the development of stigma and how it is formed, looking to history is critical, breaking down stigma, what it has meant, and what it means now. As history, has shown, visual representations of illness can influence how people perceive others and illness. Therefore, it is relevant to see how images influence people's perception this might give way to how people think of visual images of people living with any illness.

HIV/AIDS developed its own physical characteristics and marks of the body early on. One memorable visual marker of HIV/AIDS could be Kaposi Sarcoma, which was also evident in earlier patient photographs (Alon Reininger “Ken Meeks,” patient with AIDS). A second visual marker was “body wasting” as seen in the November 1990 issue of TIME magazines’ image of David Kirby. Interestingly the image was also one that transformed the connection between viewer and patient, because David Kirby was surrounded by family who were compassionate in his passing, it changed how some saw people living with HIV/AIDS, but perception is up to the viewer. Visual representations of Kaposi Sarcoma and body wasting played a part in the fear that led to stigma. Rather than facts of what the virus was or how it was transmitted, people were taken aback by the earlier photographs of suffering. These depictions of suffering were statements of the disease that also contributed to the underlying stigmas associated with HIV/AIDS. The following section will explore Erving Goffman’s theory on stigma as a characteristic that is often shamed.

Erving Goffman’s Stigma Theory

Sociologist Erving Goffman’s theory on stigma has been used as a framework and referenced in several studies regarding various types of social stigma. His book “*Stigma: Notes on the Management of Spoiled Identity”* explores how people are perceived, those not considered to be what a society or culture defines as normal and why they are perceived as such. Goffman (1963) defines stigma as “An attribute that is deeply discrediting, but it should be seen that a language of relationships, not attributes, is really needed” (p. 3). Another words, a quality or characteristic seen as dishonorable, shameful or spoil in an individual or group. Stigma is a language of relationships, that is the method in which people connect to one another is also the way in which stigma is created.

As with other languages used to define and categorize people stigma also has various categories. Goffman (1963) says “stigma takes on three different categories: abominations of the body, blemishes of individual character perceived as weak will and tribal stigma of race, nation and religion” (p. 4). Therefore, these categories help give an idea of the broad number of things that can carry stigma, but these categories are so broad they leave room for just about anything to possibly carry a stigma. For example, someone with HIV/AIDS carries stigma of the disease and then faces other stigmas as a part of their identity, their body following diagnosis, and personal character as a result. So, although stigma can be created by assumptions of disease initially, the person experiences other stigmas as well.

Stigma based on assumptions people have lead way to the act of stigmatizing someone, resulting in finding ways to justify this behavior. Goffman (1963) states “by definition of course, we believe, the person with the stigma is not quite human. On this assumption, we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances. We construct a stigma-theory, an ideology to explain his inferiority and the account for the danger he represents, sometimes rationalizing an animosity based on other differences, such as those of social class” (p. 5).

Defining the stigmatized as less than human because of their stigmatized identity, thus making them feel less as a person in some way and to be perceived by others that way. Therefore, leading to more theories and perceptions of their stigmatized situation. In doing so this person is further and further reduced as an individual through constant shaming, sometimes subtle, that they are subjected to directly or indirectly. Thus, the stigmatized person must find a way to cope if they are to continue living within the society or environment.

To deal with felt stigma, whether it be perceived or enacted, the stigmatized person might strategize and or conceal the part of them that society sees as shameful to get through certain situations where their stigma might be noticed. For instance, depending on the stigma they might consider surgery to correct the flaw, become talented in a specialized area that diverts attention away from their stigma, develop an understanding or learning experience that changes how they go about their daily life, or condemn people who consider themselves to be normal. There are several different ways stigmatized individuals may choose to approach their personal situation if time and resources allow. For someone diagnosed with an incurable chronic disease the way in which they handle stigma can be different. Often, people turn to other individuals or groups who have similar experiences whether it be shared stigma or something different, they share the harsh and unforgiving judgment of society (Goffman, 1963). This can be seen as a way to handle or cope with stigma, by becoming part of a group that includes people with similar experiences.

In relation to HIV/AIDS stigma, the Goffman theory does lend critical points in understanding the development of stigma by itself or outside of the context of HIV/AIDS. Society places many challenges for people who carry a disease as stigmatized as HIV/AIDS. Sometimes those who suffer from the social stigma find support in connecting with others who have experiences similar situations or stigma for something that they carry. Stigma is existent in countless ways, not just disease, and can be seen throughout history and even today. For example, the diseases that came before HIV/AIDS were also subjected to stigmas and HIV/AIDS is still subjected to stigma but today is more covert. The next section will look to how the visual images of people living with disease helped construct associated stigmas and fears.

Constructing the Image of Disease through Visual Art

Illness and disease preceding HIV/AIDS were not exempt from developing stigmas. Visual images of HIV/AIDS assisted in shaping the public understanding of how people with disease were seen and treated. Again, this led to assumptions about the illness and created fears leading to isolation of those who suffered from disease, resulting in stigmatization of individuals who were within high risk groups, living with the illness, or those working with others who had the illness. Historical images of disease show the similarities in how it was perceived. Depictions of sick or unwell individuals made a statement in showing a clear division between the sick and well.

With emphasis on physical appearance, and how it influenced the social foundation for constructing what it meant to have an illness or disease, is comparable to the HIV/AIDS epidemic and how people responded to earlier images of patients suffering from Kaposi Sarcoma. Law Professor, Lawrence Gostin (2004) stated “In retrospect it should not be surprising that the social construction of HIV/AIDS would be so similar and yet so different from diseases that precede it, like bubonic plague, cholera, and smallpox in the nineteenth century and tuberculosis, polio, and syphilis in the twentieth century, HIV/AIDS instilled dread. Fears lead to separation” (p. 7).

HIV/AIDS was not the first illness to plague humans, nor the first to encompass discrimination, poor treatment of those infected and who are isolated. Why or how it is that society is still entrenched in the social stigmas surrounding HIV/AIDS? Hopefully, in looking at how past epidemics were visually recorded in addition to studies regarding social stigma and disease, a new understanding can be formed and used to lessen stigma around HIV/AIDS.

This chapter reviewed social construction and how it forms a backdrop to the development of social stigma of HIV/AIDS through collective agreements of meaning that is given to the disease. These meanings are used to categorize people who are most affected by HIV/AIDS. Stigma does exist in various categories itself and is the basis for how people categorize others who may or may not have some visible or non-visible stigma. This categorization has been used to assist in shaping depictions of people and disease in the media and visual art. The next chapter will review how the image of one HIV/AIDS patient from the 1980s was depicted in the HIV/AIDS patient to image relationship.

Chapter 2. HIV/AIDS Representation in Visual Art

Art History is the presentation of history in various forms such as: painting, drawing, sculpture, and photography. It serves as a visual recording of history and social events that might otherwise go unnoticed. While text can provide a written account, visual images can show a more graphical perspective as evidence into the past. The history of art allows for more in depth analysis or at least from alternate perspectives. In this chapter my analysis will use the theory/argument of cultural and literary historian, Sander Gilman, from his book a "Disease and Representation" Images of Illness from Madness to AIDS" as an investigation into how disease is perceived and portrayed to support the visual image to HIV/AIDS patient relationship. His essay, "AIDS and Syphilis: The Iconography of Disease," specifically examines the patient to image relationship that directly inspires the social stigma of the disease that will be useful in this analysis as well.

Additionally, I will use art history as the backdrop/subject in looking at two historical photographs of the early HIV/AIDS patient to see how people living with the disease were represented. To do this, I will use images taken by Paul Fusco and analyze and interpret the images, and most critical the social and historical context and circumstances for which the work was created and why it is important. As the discussion moves away from past images of the HIV/AIDS patient I will use the Tacoma Washington Art AIDS America exhibition to start a new discussion of how the images related to HIV/AIDS are presented in contemporary times along with some of the challenges the museum faced.

Sander Gilman and the Construction of the HIV/AIDS Patient

Sander Gilman uses the construction of HIV/AIDS to examine how the disease was portrayed through images received by others. It is believed that the patient-to-image relationship is but one result of how HIV/AIDS was initially perceived by medical professionals (Gilman, 1988). Their idea of what the disease was, was based on the reported symptoms of patients and other commonalities such as lifestyle. It this information that was used to construct the patient. Gilman (1988) said, “From the beginning the person living with AIDS was seen as a male homosexual suffering a sexually transmitted disease and thus as different from the perceived normal spectrum of patients- but different within very specific structures” (p. 247). Gilman believes that the first reported cases and symptoms were the determiners for who the patient was and what they looked like.

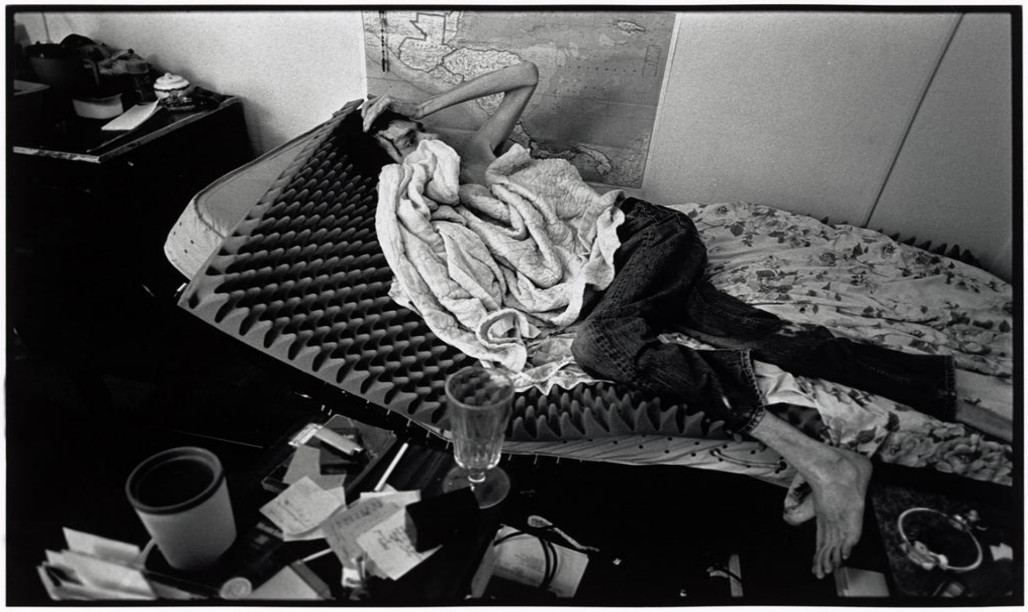
History shows how visual images assist in constructing perception of disease. Gilman (1988) says “Since each of us has the potential of stigmatizing and being stigmatized, since the construction of images of the disease is a dynamic process to which the sufferers real and imagined, consistently respond, it is in our best interest to recognize the process” (p. 88). Gilman is making a point, that it is critical to recognize the process in which the development of stigma can take form. In this case, the recognition of the stigmatizing process can be seen through visual illustrations of patients living with disease. By reviewing these images and others like them and taking into account the context in how they came to be. Undoubtedly, constructing an image of the disease and patient leads to a myriad of social issues with potential to divide, causing stigma to people living with the disease and intensifying misunderstandings for those who are not informed on the issues or already have assumptions in place. The next section will look at images of just one HIV/AIDS patient from the 1980s to see how the initial representation was reminiscent of most patients during that time

The Initial HIV/AIDS Patient

Early photographs of the HIV/AIDS patient were taken in the 80s and 90s. Due to the quality of medicine at the time people were not living very long and their suffering was apparent. One area often studied within the various contexts of the early epidemic and currently is the discrimination people living with HIV/AIDS are confronted with when they seek resources in healthcare and housing (Gostin, 2004). The ambassador Hotel in San Francisco was one of few places where people living with HIV/AIDS could live and be cared for by volunteers.

Hank Wilson was described as a “selfless caring compassionate and graceful” person (Central City Obituary, 2008-2009). Wilson leased the 150 room Ambassador Hotel before people started dying from AIDS. In 1987 when the epidemic hit hard the hotel became a safe place for people diagnosed with the disease to live and be cared for without fear of stigma or judgment. The hotel became well known as a place for people living with AIDS to live safely so people would go there from all over the city (Paul Fusco/Magnum Photos, 1993). Instead of moving people from the hotel to the hospital, medical staff including doctors and nurses would go to the hotel. It was said to be more compassionate to bring medical services to the hotel; after all, there was a great number of patients living there (Paul Fusco/Magnum Photos 1993). Thus, additional medical staff would also begin visiting the hotel to care for patients. It was a community for people living, often low income, with HIV/AIDS and a place where they could remain safe from biases, judgement and stigma of the outside. Given the stigma and fears of HIV/AIDS, finding a place to live was often difficult.

The use of photography as medium choice was ideal to record the HIV/AIDS patient illustration during the 80s and 90s as a significant part of history. The 1994 documentary, "Life and Death at the Ambassador Hotel" by Ken Swartz was created to show the hotel, residents, and medical staff during the 1990s as they lived and or worked in the hotel. It was during this time that photographer Paul Fusco took several photos showing the people who lived in the hotel. His images continue to provide a record of the AIDS patient before the availability of life changing medicine was available, and the sympathetic actions of volunteers who assisted them during their most agonizing times.

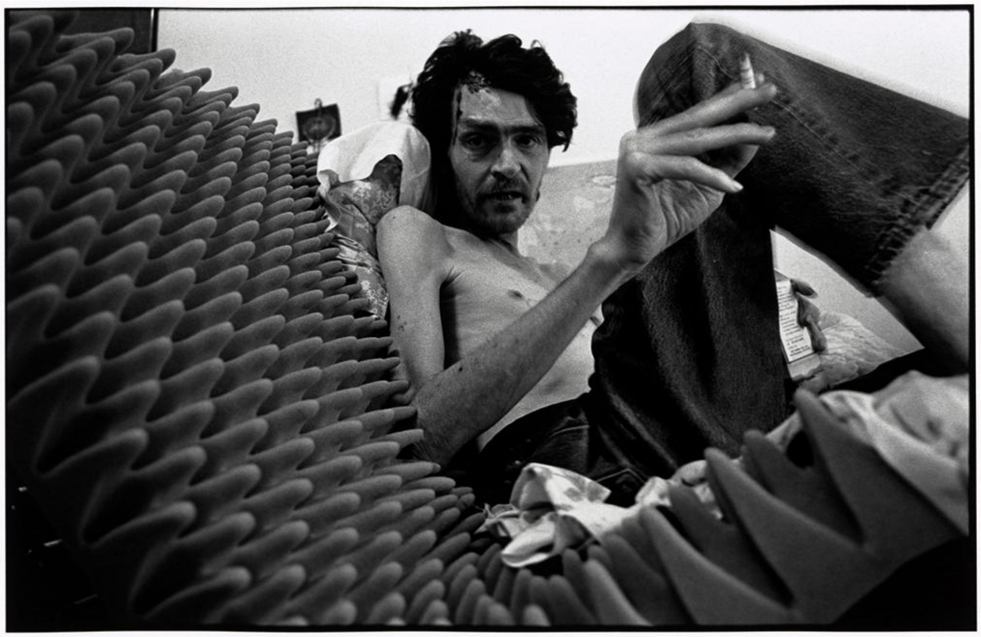


Paul Fusco
USA. San Francisco. 1993. AIDS at the Ambassador Hotel. James. © Paul Fusco/Magnum Photos
Image and original data provided by Magnum Photos in Artstor Digital Library

In the first photo an AIDS patient by the name of “James” can be seen living at the hotel. This was a common illustration of what the HIV/AIDS patient looked like at the Ambassador Hotel in the early 1990s: a very straightforward and delicate photograph. The photo of James is revealing in showing his surroundings and thin frame, as he suffers from the illness, a physical symptom common during the time. The patient’s impaired and weakened immune system made it easy for opportunistic infections to take over the body causing great discomfort and restlessness. Often some patients were too weak to move around and tidy up their spaces so volunteers would assist in room services to help make things as comfortable for the patient as possible. Medicine was not as progressive as it is now. The next section will briefly touch on the involvement of medicine and how it has changed the image to patient relationship in America.

HIV/AIDS in America

Today in America, the progress in medicine has people living with HIV/AIDS as a chronic but manageable condition so people live longer healthier lives and therefore images portraying patients as thin and suffering are less common. Such images have a sensitive appeal, especially to those who have direct experience with the disease, and or lived during that time. These images also serve as an indication of how the disease sparked long term social stigma associated with fears of contagion.



Paul Fusco
USA. San Francisco. 1993. AIDS at the Ambassador Hotel. James. © Paul Fusco/Magnum Photos
Image and original data provided by Magnum Photos in Artstor Digital Library

These images are central in the study of HIV/AIDS disease portrayal because they show a how some patients were depicted, but also within specific contexts. Without knowing the histories of the people presented the image can become just an "image".

By now it is apparent that HIV/AIDS is indiscriminative as it affects the human population, but to the extent that it affects "specific" populations more than others is critical. For example, the Ambassador Hotel was used as a living facility for low-income HIV/AIDS patients and syringe users who were disproportionally affected by the epidemic. The epidemic also affected gay men and marginalized populations of color. These are still relevant contexts and should be reviewed while analyzing how people are portrayed.

Images can help uncover socially developed ideas of HIV/AIDS and how they can be problematic in representing those who suffer from the disease. As time progresses and developments in medicine if any, the visual relationship to patient can transition to new representations. For example, the photographs of James at the Ambassador Hotel are not likely to be common representations of HIV/AIDS patients in countries where antiviral medication is advanced and is available. In examining the evolution of images depicting HIV/AIDS, I trace the ways in which stigmas associated with HIV/AIDS change to reflect the shifting social norms. In particular, I focus on the role art played in this shift, and I explore what these changes mean for how we think about HIV/AIDS stigma today.

HIV/AIDS at the Museum

On October 3, 2015, the *Art, AIDS, America* exhibit debuted at the Tacoma Art Museum. The exhibit was immense and inclusive of work beginning from the 1980s. Works consisted of pieces from before the HAART (Highly Active Antiretroviral Treatment) was available and after. Exhibition emphasis was placed on the presence of the HIV/AIDS epidemic in American Art, and how it, subtly at first, changed American art while facilitating a backdrop for artists to focus on intersecting issues stemming from the epidemic.

The museum encouraged open discussions throughout the community about how the HIV/AIDS epidemic changed American Art. As a way to facilitate open dialogue of experiences with the epidemic and to create awareness of the history and the transition to current day HIV/AIDS, the museum hosted several events open to the public where anyone could take part in community conversations about the exhibit themes and lectures. Given the literature and studies written over the decades that followed the epidemic, the exhibit was a reminder that HIV/AIDS is not an issue of the past, but is still a reality and much more so for some than others. The existence of antiviral medications almost completely clear symptoms in many cases but do little for felt stigma.

Tacoma Art Museum Curator, Rock Hushka, facilitated a museum sponsored question and answer period:

> I just want there to be this place where people can stop and think about their relationship to the AIDS crisis, and that they talk amongst their peer groups and friends, or talk to people in the gallery and that I've made an exhibition that doesn't close off anyone's experience. One of the walls I ran up against quickly was the incredibly personal way that people hold the AIDS epidemic, and the losses that individuals have sustained, and how personal this story is, in particularly the folks in New York and San Francisco. The people who have lived through it have this burning history, and to make sure that we don't diminish any part of their experience, but be this place, be this idea that can hold their pain and suffering in a way that eases it somehow, and reflects the sort of passion

> and commitment and all the good things that came up. (October 6, 2015 Lunch and Learn Tacoma Art Museum)

Hushka's emphasis on the connection people have to the AIDS crisis and optimism that the exhibit does not suppress anyone's involvement in the epidemic was an important and timely statement. The exhibit primarily focused on the history of the epidemic with some attention to current works.

The exhibit received a wide recognition of press from local newspapers and artists with works included in the exhibition (Graves, 2015; Graves, 2016; Zir, 2016). A critical point for the exhibition and museum was the public recognition of a lack of people of color represented in the exhibit, specifically the African American population that is affected by HIV/AIDS in America. This resulted in some of the artists speaking up about their conversations with museum staff in regards to featuring their work in the exhibit. As a result, of few African American artists included in the exhibit, the few decided to take to social media to record their experiences publicly (Graves, 2015).

> Kia Labeija was one artist with work in the exhibit took to Facebook to share her personal experience with the process of having been contacted to show her work in the exhibit: In 2014, I received an email from Hushka about the possibility of showing in an exhibition, there were many frequent emails and then a phone call. That phone call entailed a promise to be featured in the show, an outstanding fee for the commission of a new work, and a contract delivered in the next few days. My young artist heart melted, having felt 'seen' and feeling honored to represent faces that are always left out of the AIDS Epidemic narrative womyn, womyn of color, and children born positive. I was elated, dreaming of all the ways in

> which this show would help renegotiate the way people understand what HIV looks like. ...I finally received notice that Rock would be coming to NY for a studio visit. I felt reaffirmed, however, the commissioned work I never created, due to a lack of communication. So '24' was chosen to be shown. Rock came to my house, and sought out the series. I felt incredibly disconnected speaking with him, as I do most times I speak with 'Art Scholars', curators that don't particularly engage in art making practices, or privileged white men in business suits. He told my father before leaving that he would 'make me a star'. My thoughts were that I wished not to be a star, but a super nova, who could fill up a space that felt so inclusive to white, cisgender, gay men. ...I am honored to show work on a platform as big as this, but at what extent made my work the ONLY piece to represent one of the largest groups of people being infected with the virus? How much longer will we be erased from history? Why do we always have to 'Wait for the next one'? I am in full support of all Art AIDS America Protests! I will be doing an artist talk at the Zuckerman Museum of Art for the next leg of the tour on March 8th. Please come join me... They wanna see a show, let's give it to them. (p. 3)

Kia Labeija would be one of few African American artists with work in the exhibit and the only representation of an African American female youth artist living with perinatal contracted HIV (Graves, 2016). The *Seattle Stranger's* Jen Graves wrote about Labeija's experience before and after the Art AIDS America debut and quoted Labeija as saying "We're very, very silenced. We're not really funded. We don't have community. And as a child born with HIV who lost her mother at 14, I've felt very, very alone for a long time. To be a part of this show and to still feel like I'm standing alone just really affected me in a deep way." (Graves, 2016). Labeija was making a point to share her feelings of having been born with HIV, losing her mother, and being selected to show her work in an exhibit that was concerned with the epidemic in America. It is unfortunate and exhausting that marginalized populations are typically at the back when discussions of the epidemic take place, in many ways the exhibit exacerbated this.

A part of the outcome led to an apology from the curator that was met with a response from Labeija in an article from the Seattle Stranger’s Jen Graves (2016):

> What's done is done," she wrote. "An apology will not make a house slave, who has been raped repeatedly by a slave owner, feel forgiveness and compassion. Black and Brown Womyn — both Cisgender and Transgender — are affected immensely by HIV/AIDS, and I am sick and tired of under representation. I am sick and tired, physically, from this virus; passed down to me in the womb of a Womyn who was a survivor of rape and incest, and was sick and tired, until she died of AIDS. It's that same sorry that keeps an abused Womyn in a relationship with a man who continues to beat her, who continues to say he didn’t mean it, until one day, he kills her — and he is sorry about that too (p.2).

Kia Labeija speaks to the underrepresentation of the populations most affected by the HIV/AIDS epidemic, woman of color, cisgender and transgender people. Not only does underrepresentation persist, it exacerbates the crisis including the longtime associated stigmas, by keeping it to the side as not important: but more critically as nonexistent.

Adding to the events surrounding the exhibit’s public reception, at least one additional museum (Zuckerman Museum of Art) added work by other African American artists. The Zuckerman Museum of Art in Georgia included seven additional Black artist’s work to the show in addition to the museums already in-place exhibit that spoke directly to the local and historical presence of works reflecting the HIV/AIDS crisis in Atlanta. As a follow up, Kia Labeija and Sur

Rodney (Sur) spoke about their experiences in a video regarding Art AIDS America, not as a way to inform the public of their experience and the controversy surrounding the exclusion of artists of color. Jen Graves (2016) quoted Co Curator Jonathan Katz in an article for the Seattle Stranger:

> I should have paid more attention and been more articulate about the degree to which African American artists were not experiencing a level playing field in the museum world at that moment," Katz said. The exhibition is flawed "if your standard of measurement is the demographic of American Americans in HIV culture today. But that wasn't what the original conception of the show was (p. 8).

Katz's statement reveals that the exhibitions' original intent was not to explore the populations of color experience, African American and black; this was not a priority for the curators and so it was reflected in the exhibition. In an article referring to the exhibit's showing at the Bronx museum after the exhibit began traveling to other parts of the U.S. Rock Hushka commented on the need to visit the epidemic contextually, meaning within communities of color (Ziv, 2016). While the epidemic affects various populations differently to effectively begin helping these populations looking to the contexts of each is essential. However, with marginalization already in place as a reoccurring theme within the epidemic and museum space, making such a move to not extend an acknowledgment to underrepresented populations within the epidemic, Art AIDS America only exacerbated that separation and led the public to question the motives of the museum behind such an exhibit. Through means of protesting, artist interviews, and the exhibitions presentation, it was clear to some that, while not necessarily intentional, the exhibition supported the idea of stigmatization. The following section looks into how the exhibition played a role in educating the public of the epidemic history and place in the present.

Art AIDS America Exhibition and Stigma

The Art AIDS America exhibit plays a part in the epidemic in more ways than presenting how the epidemic changed American art, it offers an interesting perspective on the social stigma associated with HIV/AIDS through a subtleness in artist's work. Though it positions one population as the recipient of suffering in the epidemic, one typically at the front when discussions of HIV/AIDS occur, it assists in the continual disappearance of other populations. The selection of such works mainly attributed to one population begs the question of how the museum comes to decisions to seek out and select works but also what ideas those works legitimize. What might not be evident is how the museum functions with influence from within and outside guidance.

The exhibit assists in the continuum of social stigma of HIV/AIDS because it brings the epidemic to awareness through the American art movement of the 80s and 90s, thus having the power to shape how people see and perceive the epidemic today. While it might not spell out the injustices of stigma, it informs the public of associated stigma stemming from the epidemic by depicting works of artists who witnessed the epidemic during the 80s and 90s and their personal struggles. The included works are consistent in revealing similar and different contexts about the artists' life during a short period. Their work continues to serve as their testament to living through the difficult years of the epidemic when little was known about the disease. A few artists from post epidemic years' work was also present and showed the epidemic as still significant and having entered a new phase where medicine has progressed but stigma still perseveres.

It appeared that the exhibit situated the epidemic within the white/Caucasian gay male population because the majority of the artists were not people of color. Recognizing the white/Caucasian male population as the only population that was greatly affected is classic in a sense that it serves to presume gay white/Caucasian men were the only affected individuals whose work was worth viewing. However, men of color who identified as gay were also affected by the epidemic and are within the most marginalized population today, still disproportionally affected by the epidemic this perpetuates the silences of endured stigma.

An important thought to consider would be why the presentation of such a memorable and present epidemic focuses primarily on the white/Caucasian gay male population. The Center for Disease Control and Prevention noted in February 2014 the number of newly diagnosed cases of 44% were within the black/African American population. The statistics show 73% of these diagnoses were of black/African American men and 26% were of black/African American women. Therefore, the people who make up these diagnoses also are the most affected by compounded social stigma of the disease.

The positioning of the epidemic as having primarily affected men who identified as white/Caucasian gay men and expanding on that context from a historical and contemporary perspective shows whose work becomes legitimate and how it is reinforced over time. In this case focus was primarily given to white/Caucasian men who had sex with men, they are represented in history and now adding to the issue of legitimizing this group as the only or primary population affected.

Granted that the epidemic is still very much an issue but has entered a new phase from the early 80s and 90s, there should be more of a recognition about the epidemic as it entered into the 2000s. It is an idea very much worth exploring that people are now living with HIV/AIDS through medications, but also people like Kia Labeija-who were born at the crossover of medicine are now adults living with the stigma of HIV/AIDS that has persisted.

As with any exhibition the museum administration decides whose work is legitimate in fulfilling the vision and mission of the museum, outside influence of donors and promised gifts can also play a part. Sometimes specific works are obtainable while others are not, and for various reasons. Consequently, the works selected legitimize the ideas and vision of the museum administration who bring exhibitions to maturity, board, and donors. So, there is a great deal of influence that comes from within as well as outside the museum walls.

The representation of marginalized populations and lack of, raised questions about the museums own internal struggles or acknowledgment of inclusion of underrepresented populations within their exhibitions. While any museum has the ability to bridge gaps of underrepresentation and marginalization, it can also exacerbate them through actions of exclusion, whether they be intentional or not. In the case of the Art AIDS America exhibit it was made clear that the intentions of the museum and exhibition were to present how the epidemic changed American Art. Therefore, visiting the epidemic within the context of black/African American people of color and how this population is most affected was not within the museum considered to be within the exhibition agenda.

If the museum could not obtain works by black/African American artists; it may have been better to state this in a pamphlet and made available to the public and visitors. Something like this could have assisted in generating a more open discussion about museum practice. Then again, the catalogue provides written works that describe in greater detail the direction that the exhibit was going. However, given that the exhibition was a traveling show, at least one other museum (Bronx) added additional works from black/African American artists because it recognized how critical the epidemic was to the local area and to the black/African American population, historically and currently. While a majority of public reception was centered on the exclusion of black/African American artists and people of color the exhibit still did generate positive experiences for some who attended. The exclusion opens up future possibilities in dialogue to include discussion of HIV/AIDS in the present day with an emphasis on issues that are of concern, including how marginalized populations are experiencing HIV/AIDS. Some would see this as a positive, for future exhibitions to focus on what was not seen or out of focus during the Art, AIDS, America exhibit.

The exhibit serves as a reminder of the epidemic and the intersecting issues that have shown through. It also has the ability to make people think about what they know or don't know about the epidemic and so is a good starting point for many. For those who remember the first years of the epidemic an exhibit such as this brings memories back mixed memories and emotions. For example, the panelists in the preface who lived through the 80s and 90s and so they witnessed the beginning of HIV/AIDS. In addition, people from the surrounding community who visited the exhibit and related events also shared their experiences and thoughts on the future of the epidemic. Common thoughts turned to the youth and how the advancement in medicine has assisted in prolonging the lives of many but how it also has changed perception of the epidemic as something of the past.

This chapter reviewed a few photographs by Paul Fusco from the early epidemic years to show how the first images of HIV/AIDS depicted one patient. In addition, through use of Sander Gillman's theory on the patient-to-image relationship it was evident how the representation of disease through images could assist in motivating the social stigma associated with HIV/AIDS. This naturally brought the discussion to images of HIV/AIDS and how one exhibition used images from the early epidemic along with current photographs to show how the epidemic changed American art.

Further, of the artists selected Kia Labeija spoke to her experience of feeling marginalized during the beginning consultation with the museum over her work. Additionally, the public reception of the exhibit offered a challenge to the exhibits’ and museums’ absence in recognizing the greatest affected populations’ history and current place within the epidemic; the African American Black population. This proved to be a direct reflection on the museums vision as an institution, in selection of such works and being able to obtain certain works, as well as future museums where the traveling exhibit would visit.

The exhibit was a primary contributor to the social stigmas of HIV/AIDS by offering insight mainly into one group of artists’ experiences living with the disease during the 80s and 90s while also marginalizing the African American Black populations’ history and place within the epidemic with somewhat unashamed disregard- as this was not the museums’ original intent with the exhibition. In the next chapter images from two artists’ works from the early epidemic along with two additional artists from contemporary times will be examined visually and contextually to see how their work responds to the social stigma of past and present.

Chapter 3. Artists Work Responding to HIV/AIDS Social Stigma

The previous chapter explored the patient to image relationship and how the representation of disease assisted in creating the social stigma of HIV/AIDS. It reviewed one museum's exhibits works from the epidemic and how the museum, as an institution, contributed to the marginalization of one population most affected by the epidemic. Through public awareness and statements from museum administration, it was clear that the museum played a role in perpetuating the marginalization and stigma of disease by not visiting these ideas or making it explicit, at the beginning of the exhibit, that these ideas would not be explored. In connection to my argument of examining the development of HIV/AIDS social stigma within social structures of power and powerlessness; the museum is one example of an institution with a place in society that was capable of bringing to light the often disregarded population struggle with HIV/AIDS stigma. Alternatively, it can also work to prolong the struggles of underrepresented groups by legitimizing the same historical works that represent the same populations and have been referenced repeatedly when discussions about the epidemic are uncovered.

This chapter will review the works of four artists, two of whom were included in the museum exhibit from the previous chapter and two that were featured in the Hide/Seek exhibit, to see how their work responds to the social stigma of HIV/AIDS past and present. Also important to consider, the social norms present during the lives of the first two artists differ greatly from the social norms of today, therefore affecting social stigma differently than in the past.

The first artist, Felix Gonzalez-Torres, used portraiture in the form of a candy pile to respond to the social stigma of HIV/AIDS on a more intimate level that resonated with his personal experiences; whereas, Robert Mapplethorpe, a creator of eroticism in photography, is a reminder of the social stigma of the white gay male artist, evident in his self-portrait.

With the transition from the 80s to 90s and a development in medicine began to take place children born to HIV positive mothers would live longer lives. One example is artist Kia Labeija, who would know the epidemic from a new perspective as an artist and young woman of color born with HIV. Her representation is unique in the sense that she symbolizes unseen populations living with HIV/AIDS: young African American Black women and youth living with HIV. In addition, William Powhida explores the relationship of HIV/AIDS and American youth in his work, but also has a unique perspective from the standpoint of a teacher who interacts with the youth of America on a regular basis and is more familiar with their struggles.

The purpose of this chapter is to examine the work of each artist contextually to see how their work challenges stigma associated with HIV/AIDS. Each artist comes from a different background and so offers a unique perspective that can offer insight into the experience of living with HIV/AIDS while dealing with stigma, and while keeping in mind the way social stigma changes to reflect social norms within a given period of time.

From a historical standpoint what has been mentioned so far is how little was known about the disease, but was widely discussed because people were dying at a quick pace. At the time, HIV/AIDS was considered a death sentence because medicine was not available. This reflected more on certain populations than others, such as the LGBTQ community. With years between then and now, significant development has been made because people are not dying at the same rates during the 80s and 90s.

Now currently, HIV/AIDS is a chronic but livable condition where medication is available in the U.S. for those who can afford it; therefore, depending on an individual's resources, it is no longer a death sentence. Information is easily accessible as well given the age of smart phone use, the Center for Disease Control website accompanied with statistics by age, race, ethnicity, and other demographic information can be read. It is also well known that HIV/AIDS is non-discriminate, so anyone can become infected regardless of orientation or gender. However, with significant progression in HIV/AIDS medicine, it begs the question if having medication available places HIV/AIDS in a backdrop as something of the past that is no longer of a concern. Regardless, social stigma is still an issue, and even with other diseases on the rise.

Felix Gonzalez- Torres

Felix Gonzalez-Torres was born in Guaimaro Cuba in 1957, and came to the United States at the age of 11 as a Cuban refugee (Weintraub, 1996). His style is an echo of his transition from living in Cuba to the United States and as an artist who lived through the earliest years of the HIV/AIDS epidemic in America. Together the events of his personal life make up his lived experience and are the backdrop of his artistic style. His artistic style reinvents common objects by giving them symbolic meaning that is a representation of his life. For example, his use of cellophane wrapped candies or household items such as the two analog clocks are used to signify two lovers. To move his audience to be active participants in social injustice and power structures he used generosity, through the form of giving, as a way to move them to action. It was through his need to break down barriers that his work diminished the typical association of viewer and collector within the museum.

Artistic Style and Purpose

Felix Gonzalez-Torres was one of many artists who lived during the early epidemic years, and similar to other artists who passed during the epidemic, his work continues to have a long lasting impact on societies today. Felix Gonzalez- Torres' actively incorporated themes of generosity and reciprocity into his work. By using this as a method his work managed to function almost entirely on its own. As a result, traditional boundaries in the relationship of viewer and collector to artwork were diminished. Visitors witnessing his work found endless supplies of stacks of paper or candies and were influenced to take them. One of many objectives for him as an artist was to inform people of the injustices that plagued society, and then move them to action. Therefore, it was not uncommon to integrate his personal experiences into his work. Felix Gonzalez-Torres's work can be read as a subtler activism, where he worked to undermine the museums' conventions of look but do not touch. His work within the museum was meant to connect the audience, and to influence them to become active in the political issues connected to the epidemic. For example, his piece titled "Paperstacks" invited viewers to take away a piece of paper and to keep as their own, and he encouraged touching and generosity in his work as a way to inspire public action in social issues at the time (Rollins & Gonzales-Torres, 1993).

The personal connection to his artwork was evident but still requires the viewer to have some knowledge about the context surrounding his experience in order to fully grasp his intentions and reasoning for creating works that were inclusive of his audience. Gonzalez-Torres's notable work in "Hide/Seek" was "Untitled" (Portrait of Ross in L.A.). A pile of cellophane multi-colored wrapped candy weighted at 175 lbs. makes up the material of the piece. The weight is measured to be the same weight of his partner before he was sick from AIDS. The candy is arranged in a pile in a corner and visitors may take a piece for consumption as they pass by. Gradually the pile diminishes and there is nothing left until the pile is replenished, resonating with generosity and invitation that the artist intended for his work. The multi colored wrapped cellophane candy is highly reflective as a medium used for the artist's work. This representation is a literal translation of the body disappearing from the symptoms of AIDS, also known as body wasting.

Katz and Ward (2010) speak of Gonzalez-Torres's work in the "Hide/Seek" catalogue:

> In this portrait of his deceased partner, Ross Laycock, Gonzalez-Torres created a spill of candies that weighed 175 pounds, Ross's weight when he was healthy. The viewer is invited to take away a candy until gradually the spill diminishes and disappears; it is then replenished, and the cycle of life, death, and rebirth continues. While Gonzalez-Torres wanted the viewer/participant to partake of the sweetness of his own relationship with Ross, the candy spill also works on a powerful emotional symbolic level as an act of communion, a partaking of the body with deep resonance in Gonzalez-Torres's own Catholicism. Moreover- and more darkly- another message that accompanies the steadily diminishing pile of cheerfully wrapped candies is that society itself is abetting the continued martyrdom of those who suffered from AIDS. In the moment that the candy delightfully dissolves in the viewer's mouth, the participant also receives a shock of recognition at his or her complicity in Ross's demise. (p. 244)

Their analysis is telling in how the candy pile functions and connects with the audience. Gonzalez-Torres's expressive intent with this piece is personal and was built from his relationship with Ross and their experience with the disease as it took Ross. The candy pile is representative of life's birth and death in a continuum that is shown through the invitation to take, consume and then have the pile replenished, and then the cycle repeats. He shared his experience in watching his partner begin to disappear and eventually pass. This would also be a testament of his own future; he perished in January of 1992, also from AIDS. He had the ability to engage the audience on a bodily level through consumption of such edible works. Equally important is how the taking of candy is symbolic for society, at the time, who fully participated in the death of those living with AIDS.

The creative reasoning of the artist was not only something physical but emotional/spiritual too, especially in coming to terms with death of a loved one and his own. David Deitcher (2016) says, "Gonzalez-Torres also understood this creative logic psychologically, relating it to the way people search for ways to manage the terror of impermanence- the universal inevitability of loss and of death." (p. 37-39). Deitcher is suggesting Gonzalez-Torres's candy pile was a rehearsal his partner's foreseeable passing by constructing a work that would lessen over time, an inevitable shrinking. But also, his work could be restored, as with the sequence of life and death. In this candy pile formation and rehearsal, the work still moves people who see it; they too have an experience of their own. One visitor from the Smithsonian exhibit "Hide/Seek" exhibit noted:

> I took a candy and expected not to make much of it. But as I moved along and the candy was shrinking in my mouth, I was thinking about how Torres felt... about the effects of AIDS. It was increasingly hard to swallow…[Then] I saw "Felix". [and] it was hard to taste the liquid in my mouth. I wanted to cough it out and stop the process- to save his life. [Begins to sob] (Smithsonian Office of Policy and Analysis; March 2010)

His work resonates on an intimate level with the audience; in addition to the representation of the physical body, some viewers experienced emotional labor.

Deitcher suggests similar to the human body, the candy dissolves and disintegrates; however, the body ultimately loses all function and dies. With the candy, it can be replenished again and again if the owner of the work so chooses to replace it, but the body cannot be replaced. Gonzalez-Torres had the ability to create a rhythmical grace to this inevitable diminishing of the body's loss of function and death.

Felix Gonzalez-Torres, American, born Cuba. 1957-1996
"Untitled" 1990
The Museum of Modern Art Gift of the Dannheisser Foundation in Artstor Digital Library

Additionally, the connection between consumption of candy and HIV/AIDS consuming the human body is important, because it helped people reflect on their relationship to what they knew about the HIV/AIDS epidemic. It also raised questions about the artist, his partner and other people who died from HIV/AIDS and their experiences.

Felix Gonzalez-Torres, American, born Cuba. 1957-1996
"Untitled" (Placebo)
Image and original data provided by the The Museum of Modern Art in Artstor Digital Library

The artist also produced other works that involve cellophane wrapped candy but of specific colors and weights. For instance, the artist's "Untitled" (Placebo) (1991), consists of a starting weight of 1,000-1,200 pounds of silver cellophane wrapped candies: so much larger than the candy portrait of Ross. A second work by the artist "Untitled" (Rossmore II) 1991), consists of 75 pounds as the ideal weight, but of course these dimensions vary by installation because it is ultimately up to the museum or owner of the work to replenish to the ideal weight or simply leave the candy as is. These factors contribute to the variations in shape and size seen in various photographs of the work.

Altogether the work of Gonzalez-Torres managed to break conventional barriers that exist within the museum institution; wherever his work is on display, this can continue with audiences of today. Through personal experience as a backdrop, his work continues to call the audience to action through the engagement of his art. In doing so his work keeps the history of the epidemic alive, but also makes people think about their relationship to the epidemic as is exists currently. Therefore, his contribution in responding to social stigma of HIV/AIDS did not end when he passed but continues as his living testimony.

Response to Social Stigma of HIV/AIDS

Although Felix has passed his work is still relevant in addressing stigma of HIV/AIDS. The candy pile continues to be representative of a body diminishing from HIV/AIDS condition; this was prominent during the initial epidemic years and can be seen in the photograph of “Felix Partz” by AA Bronson (June 5, 1994). Body wasting was prevalent and stigmatized in patients who advanced to the late stages of AIDS.

With advancement in medicine, in many cases the development of HAART highly active antiretroviral therapy has made HIV/AIDS a chronic and tolerable disease in the physical sense The human body is no longer overwhelmed by HIV cell replication and related symptoms. HAART, if taken daily can slow the development of HIV cells and allow the immune system to function properly, keeping opportunistic infections at bay. This can result in a healthier body, and individuals can live a somewhat comfortable life if they take the prescribed medication consistently. I say somewhat because the social stigma persists.

However, some HAART medications can also have an effect on the body resulting in wasting not associated with an opportunistic infection. This is a process in which body fat increases (liphypertrophy) or decreases (lipoatrophy) in some patients with HIV/AIDS. Some people may experience the body, composition changes of fat tissue whereas others will not. The cause of this increase and decrease has been attributed to or as a side effect of HAART medications (Ford, 2015). This development in medicine has played a critical role in the direction of the epidemic and social stigma because it changes HIV/AIDS and the body.

HIV/AIDS the Body and Progress in Medicine

The progression of HIV medicine advertising shapes how the body with HIV/AIDS is painted and can help to show the normalization of this disease. Advertisements in the development of medicine from the 1980s until now can show a drastic difference in how the body is depicted in the media. Antiretroviral medication has granted the opportunity to living a longer life and changing the initial presentations of HIV/AIDS patients. The body has been reinvented, as a new body that, although carrying a life altering disease, is fully functional to the point of being non-symptomatic.

Mass consumer marketing created coded meanings within their clothing advertisements, such as the United Colors of Benetton early 90s HIV/AIDS campaign of text regarding HIV in their advertisements. Thinking on the historical and very notable image in 1992 of ‘Man dying of AIDS,” that was followed by the shapely body snapshots in 1993 with tattoos of “HIV positive” text, Marco Scalvini (2010) makes the connection with these two images as he discusses the dying man as a reference to a “dying christ with an emaciated face and twisted body” (p. 221). Although the intentions of these images were to commercialize and raise financial profit on a mass scale, they reminisce and call a viewer's attention to the action which is of a dying man surrounded by his family, or the sick dying body. The tattooing calls attention to the HIV positive body as an “other” or non-normal, tainted and recognized as such with this marking. Scalvini (2010) says “the tattoo represents the discrimination against people who are “branded” by society because of their disease…. HIV tattoo symbolically represents the stigma and fear of carrying the physical and spiritual burden of the abnormality that is AIDS" (p. 221). Were these the intentions of the company, to discriminate or refer to the body of HIV/AIDS as a contagion or undesirable?

On the other hand, pharmaceutical companies also had an audience, of those who were sick and needed to be informed about the different kinds of medication available for their specific needs. Promotion of a healthy body progressed as soon as medication started to advance in the early 1990s, therefore, the disease previously chronic became manageable. This was the beginning of the change and transition that took place in how the HIV/AIDS body was advertised and received in society.

The construction of the patient began to change from sick patient to a person living with a manageable chronic illness. Significant developments resulted in depictions of the body as more active and engaging in physical exercise with enjoyment. For instance, a Crixivan advertisement illustrated an HIV positive man climbing a mountain (Scalvini, 2010) whereas the initial images of the HIV/AIDS patient had shown individuals bedridden. The forward movement of these advertisements typically were depictions of gay men living seemingly normal lives, thus also resulting in stereotyping of gay men. So, a question to ask would be did advertisements help in portrayal of the new HIV/AIDS patient or exacerbate by creating new stereotypes?

The perception is that the HIV/AIDS body has survived thus far from advancements in medicine, but that does not mean it has been easy for individuals to stick with and take the regimen of daily pills required. This was a positive progression from patients previously having to take several pills per day but Scalvini (2010) says:

> After more than 10 years of medical advances, the iconic sign for conquering HIV/AIDS is no longer climbing a mountain, but rather sitting comfortably on the top of the disease

> and even looking out at the bothersome cocktail therapy...at the communicative level, the advert for Atripla suggests that if you get HIV, your condition is not that serious; all you need to do is take your daily pill (p. 226).

Therefore, the progression in medicine has generated new concerns, especially for younger generations, as HIV is almost seen as something to not worry about because people can simply take one pill per day and remain consistently healthy. Gonzalez Torres's depiction of an early HIV/AIDS patient body is an alternative presentation of the body in comparison to photographic images; but in doing so he gives invitation to experience the intimacy in loss of life by taking something that can be consumed away from the body as with the candy pile.

The idea of HIV/AIDS as contagious and infectious placed people who had it or were perceived to have it in isolation away from friends and family. This brings me to the (Chapman, 2000) study where body and physical touch of those living with HIV/AIDS was the concern. What I find is HIV/IADS was so stigmatized historically that at the time of the Chapman study people viewed their bodies in a more negative way, as if they felt undesirable because of the disease and stigma surrounding it. Therefore, this played a part in how they perceived themselves.

Felix Gonzalez-Torres' piece visits the body I diminishing but what I found is how the candy is representation of an HIV/AIDS body, with people consuming it. Felix nor his partner are visible in human form so the audience can't see an ethnicity or skin color. The artist himself was born in Cuba and immigrated to the U.S. (Weintraub, 1996). In connection to (Baumgartner 2012) the artist's experience of coming to America, living with HIV/AIDS, and identifying as a gay man are all important parts that make up the social context of his life.

The context of his life created a background for his work. That work was used to reach audiences in hopes that they would become active in participating to recognizing social injustices and doing something to end them. This created a new relationship among viewer to art because of his generosity and giving, people could take his work with them if they chose. In addition, his work continues to respond to the social stigma of HIV/AIDS because it offers a reminder of suffering that took place before medicine became effective in the epidemic.

So, it is evident that Felix Gonzales-Torres used his personal experiences and generosity to connect with his audience, something that can be seen throughout his work. His personal movement in his work was a backdrop for influencing people to become involved in recognizing social injustices that plagued society but also to diminish the separation between viewer, collector, and art within institutions such as the museum. The next section will review the art work of Robert Mapplethorpe and how it responds to the social stigma of HIV/AIDS during the early 80’s and now. His work is especially important because it can easily transition into conversations today that might begin with the epidemic but look to themes of aesthetics in visual art that explore marginalized populations and skin color.

Robert Mapplethorpe

Robert Mapplethorpe was born in Queens New York and has been one of the most controversial and remembered artists to date. He also assisted in the founding of the Robert Mapplethorpe Foundation, which still serves as a place to protect his works and assist in donating to financing HIV/AIDS medical research. Even decades after the epidemic began, Robert Mapplethorpe’s work still can still amaze his audience. Central to his life and work was eroticism in photography most notably with African American black men. His artistic style consists of provocatively themed subjects photographed in black and white, often nude portraiture of people. His portrait and other works respond to the social stigma of HIV/AIDS through many ways that raise interest but reminds viewers of his past.

Robert Mapplethorpe’s photographs shifted boundaries in the realm of American art and culture before and during the epidemic. Scholars have written extensively about his work and how it transformed the ideals surrounding HIV/AIDS and civil rights (Marshall, 1988; Meyer; 2002; Sischy, 1998). Mapplethorpe was very concerned with transforming the aesthetics of photography by experimentation to achieve his works in a way that expressed his concerns with his personal life and social issues. Works were manipulated in color and shape, by cutting and placing the images back together, giving him more control over what was produced. Mapplethorpe’s exploration of topics such as sadomasochism in his images ultimately ended up causing a great deal of controversy, resulting in censorship that would later make him even more notorious. Censorship was central to the erotic s/m works by the artist, but also in how Mapplethorpe turned censorship back to the audience through his work. The very action of censorship places the very thing to be censored into a category of curiosity for many people (Meyer, 2002). It is this very instance that led many people to want to see these censored images after all.

Mapplethorpe contributed to American art through his choice to photograph diverse subjects of individuals. In general, many of his works were considered sexually explicit, but with his work shifting from erotic art to the elitist art market (classical form) this allowed much of his work to be exhibited in major galleries and museums.

Much of Mapplethorpe’s work has been reviewed through the critical lens of researchers and the public. Observation taken from images show his use of the camera to present the bodies of a wide range of race, ethnicities, and identities of individuals (Sischy, 1998). In doing so, the female body is displayed naturally nude with visible muscular development softened by the black, white, and gray scale photography. American Writer and Art Critic, Ingrid Sischy (1998) says “The pictures have in fact redistributed assets such as strength and pride in the banks of mass-media and art-historical imagery, which have always shortchanged the accounts of women and people of color, always mediated them, whether consciously or not” (p. 78).

His presentation of individual body moves away from historical images of the epidemic that focus on white men and women; his work reflects a visible awareness to people who are historically invisible. The depiction of bodies suggests a transformation in how they had previously been seen by society in taking off the concealment given by society, free from the typical categorization of orientation, gender and skin color. The people he photographed were given space and acknowledgment through framed visual illustration. Mapplethorpe was passionate in depicting and acknowledging individuals as aesthetically pleasing and at the same time exploring the eroticism of the human body.

After his diagnosis with AIDS, Mapplethorpe continued to work; he was a high profile photographer who created hundreds of photographs ranging from hidden suggestive images to intense pornographic visuals. Mapplethorpe photographed lovers and sexual anatomy unimaginable because of conventions of what was deemed erotic versus pornographic in the art gallery setting in addition to heterosexual norms of gender. He specialized in creating scandalous art and he was good at it.

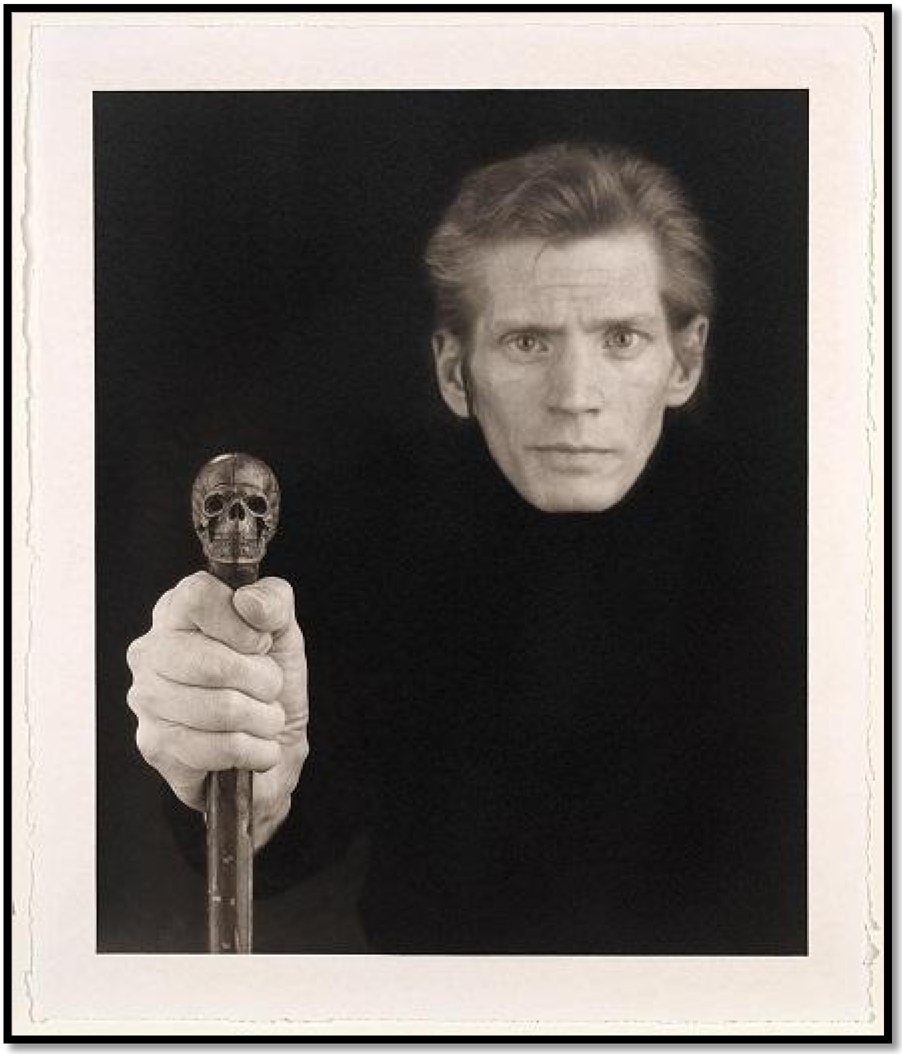
Senator Jesse Helms went to great lengths to emphasize that MSM was wrong and should not be tolerated, especially in art. Robert Mapplethorpe’s status as a MSM would serve as fuel for Helms’s to attack him and his work repeatedly. Jesse Helms goal was to censor Mapplethorpe as an artist and his identity, but in his continuous efforts to suppress erotic art works, Helms only amplified the artist and his work (Meyer; 2003). Richard Meyer (2003), USC Art History Professor, offers an interesting perspective on the notion of Helms's exhibition censorship when he says:

> In trying to suppress homosexuality, however, Helms continually returns to it, whether by photocopying Mark Stevens for his fellow senators, by repeatedly describing Mapplethorpe's pictures to the press, or by bringing The Perfect Moment catalog home to show his wife, Dorothy, who would memorably respond "Lord have mercy, Jesse, I'm not believing this," Helms fixation on Mapplethorpe reveals the paradox whereby censorship tends to publicize, reproduce, and even create the images it aims to suppress (p. 134)

Meyer's perspective on Helm's censoring of Mapplethorpe's exhibit is indeed remarkable; it suggests a contradiction is taking place in opposition to Helms's censorship. Meyer is implying that in Helms going to great lengths to censor "The Perfect Moment," he drew more attention to the artist and his work without even realizing it. If Helms's point was to stifle the idea of homosexual art he only re-created the images that he so furiously opposed.

This also goes hand in hand with the Corcoran Art Gallery cancellation of "The Perfect Moment" because in the termination of Mapplethorpe's exhibition, the gallery only caused uproar in the art community. On June 30, 1989, a large crowd gathered outside of the Corcoran Art Gallery and protested the cancellation of the Mapplethorpe exhibit by projecting the images onto the Corcoran Gallery facade (Meyer; 2003). These images included a portrait of the artist Robert Mapplethorpe, "Embrace," and several other works by the artist. One can only imagine the national news attention an event such as this would receive. In cancelling the show as an attempt to censor the exhibit, the art itself gained an even more notable reputation.

Meyer (2003) elaborates on his view of censorship by stating, “Censorship functions then, not simply to erase but also to produce visual representation; it generates limits but also reactions to those limits; it imposes silence but also provokes new forms of responding to that silence.” (p. 134). Meyer makes a critical point about censorship in explaining how the goal of censorship is to silence images that we can see in representing certain ideas. On the other hand, censorship can re-create a visual representation by presenting the images, emphasizing what is negative or forbidden, and then moving us to look away. In doing so, censorship can create curiosity to see what some people view as obscene; therefore, it can have an opposite effect of what it sets out to do, and this is exactly what Jesse Helms’s protest did.



Robert Mapplethorpe
Self-Portrait 1988
Solomon R. Guggenheim Museum, New York. Gift, The Robert Mapplethorpe Foundation, 1993 in Artstor Digital Library

When viewing, controversial activist art produced by an artist such as Mapplethorpe, it is easy to see how his work became and still remains controversial; it explores other, non-traditional areas and gives forbidden themes aesthetic value. As a part of a marginalized community, he used his talent as an advantage to express his experience with stigma and the epidemic, and with such a portrait the effect has been long lasting. In taking this image of himself he was responding to the social stigma of the disease; whether he intentionally meant to or not, the image continues to speak about his history and the epidemic history.

Response to Social Stigma of HIV/AIDS

Mapplethorpe's work serves to be a critical point in responding to the social stigma of HIV/AIDS from the past. In taking a portrait of himself he offers a reminder of what the epidemic used to be as a comparison to now.

To begin, his face in the 1988 portrait is the face of a highly stigmatized disease and population. Even with the epidemic having changed since the early 80s, his portrait is still a reminder that the MSM population was on the receiving end of stigma and shame when the epidemic initially took shape and in years to follow. With the first reported cases focusing on the AIDS patient, that construction was of MSM. It was in the very beginning of the idea that AIDS was a disease that only affected MSM, but that was not the case.

His portrait is a representation of the artists who created works during the epidemic that responded to social issues. Quite a few artists lived with AIDS during the 80s and 90s and therefore, used their experience in the epidemic to create works that responded directly to it. Previously seen was Felix Gonzalez-Torres, he also created work as a response to his experience in the epidemic. Now with the epidemic reaching a new point in history artists still create works that respond to the epidemic but in ways that move away from past years.

Before medicine was available HIV/AIDS carried a stigma of shame and death. Mapplethorpe's portrait explores this past quite a bit because it acknowledges his sickness and death in his foreseeable future. However, with the advances in medicine, death is no longer an imminent consequence to some who will test positive.

The disease is still highly stigmatized in America but to a lesser extent because there is medicine. While it is noteworthy that medicine has increased the longevity of many people living with HIV/AIDS, it also works to conceal the epidemic as something of the past where medicine didn't use to exist, but now that it does it is no longer a problem in America.

His interest for photographing the African American black body is suggestive of inclusivity and is one type of representation of a black body during the epidemic years, but is not a representation of every black body just the models he chose. Having photographed African American black men and having these images survived for so long, offers a reminder that white gay men were not the only population group affected. However, in this representation of the black male body whether it be of a MSM or heterosexual is still a black body. It suggests the black body's place in America within one capacity and the representation of it as erotically appealing.

In summary, Robert Mapplethorpe's passion for combining aesthetics and eroticism was constant throughout his career and made him one of the most memorable artists who produced work during the epidemic. Despite censorship and controversy, he thrived as an artist because he was willing to visit pathways in art that were deemed unacceptable. Mapplethorpe could use his skill to represent individuals from a wide range of backgrounds, all the while maintaining an illustration of his personal self and identity as a MSM white male and artist. While the image is of him is personal, it is a portrait that reminds of the other men who suffered from the epidemic and intense social stigma. It also serves as a reminder of the other artists who grieved during the time. Additionally, his passion for incorporating the African American black body made many people, otherwise historically rejected in American art, as beautiful or visible in a way that was inclusive of their orientation, gender and skin color. His actions in depicting the African American black body are an acknowledgment in African American history as it relates to the epidemic.

This brings the discussion to a point in recognizing another underrepresented population and place within American history and more critically the epidemic, African American; black women. Kia Labeija whose experience and work will be explored in the next section is just one artist whose work responds to the underrepresentation of women of color.

Kia Labeija

Artist Kia Labeija was born in New York to an untested mother (Ryan, 2015). Kia has since lived with HIV as a young woman of color and flourishing artist. Her primary focus includes: activism, fine arts, community and intersecting political issues. Her work is both visual and performance intensive, bringing the challenges of life experience to the forefront as a way to engage her audience in dialogue. Kia's work can be described as a colorful variation in medium, her notable works include videos "Pillar Dove" and "Ignition". Hugh Ryan (2015) describes Kia's photo series "24" from the Art Aids America traveling exhibit:

> LaBeija's work fits squarely in the former category. Her photo series, "24," is a set of three large format self-portraits. The photos are beautiful, saturate, and composed, with LaBeija staring frankly out at the viewer. Set in bathrooms and bedrooms, the images are personal, but resist simple voyeuristic appreciation. Her flat gaze reminds us that these "intimate moments" are the staged provocations of an artist, not actual peepholes into her life (p. 7).

Ryan's interpretation of Kia's work is a reminder that her work is a personal reflection of her lived experience. These staged photographs are personal but shared with a purpose and meaning for the artist to inform the audience of her presence and experience as an HIV positive youth. Kia's work responds to the social stigma of HIV in a number of ways in the next section.

Response to Social Stigma of HIV/AIDS

Kia’s work touches on her experience having been born with HIV. Her experience encompasses meaning that responds to HIV/AIDS stigma of the past and present. Kia was born with HIV and has lived her whole life with it, she is like a number of young people born with HIV and are living today.

Her image as a youth of color living with HIV also distances away from the MSM as the constant representation of the HIV/AIDS person. Kia’s collection of images moves away from the continuous representation of the MSM patient that was typically portrayed as “the patient” in earlier images. With this typical representation, it has moved attention away (Ryan, 2015) from people of color who are affected by HIV/AIDS:

> Nelson Santos, the Executive Director of the art activism organization Visual AIDS, believes this is part of what makes LaBeija's voice so crucial to the current dialogue around the virus: She complicates our idea of what a long-term Survivor looks like. “We often think of an older gay white man," Santos says, "but Kia, a young woman of color, has also been living with HIV for over 25 years, and has only known living with HIV, which again is not a story often told (p.10).

Santos and Ryan recognize this as a critical point in Labeija’s work because her work signifies the transition of the initial HIV/AIDS patient, who has been the depicted for years following the first reported cases. Her images move away from early images and bring to light what other people living with HIV/AIDS are living today. For example, young people who contracted HIV during birth and who are alive today and remember coming into adulthood while living with the disease. In addition, considering other HIV/AIDS patients Kia moves to the direction of more specifically young women of color. Hug Ryan (2015) discusses how women of color also represent many people living with HIV today:

> Who we picture today as having survived AIDS is who we picture as having had AIDS. The overrepresentation of gay white men in histories of the crisis strengthens the belief that they were the only community affected. This enables a dual erasure: Not only are women and people of color disappeared from AIDS history, but that disappearance is itself made invisible when we believe they were never there in the first place. Today, women of color, and black women in particular, are often invoked in the aggregate in discussions about AIDS, as some of the "fastest growing" or "most at risk" populations. But their individualized selves, and their thoughts about the crisis, are often absent from those selfsame discussions. LaBeija's photos flip the script, offering up her experiences for our consumption on her specific terms, and requiring us to look her in the eyes while we do so. (p. 10).

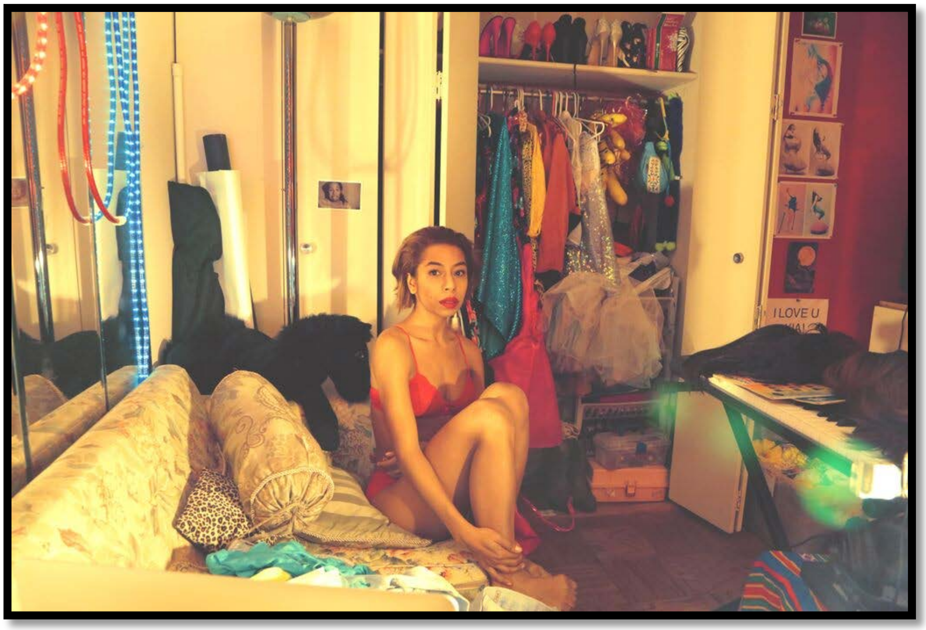
Ryan acknowledges the historical depiction of gay white men as the sole bearers of HIV/AIDS, in responsibility and having been illustrated as the primary population affected by the epidemic. This issue was visited in the Art AIDS America exhibit as well. While the MSM population were initially treated the worst, other populations affected by HIV/AIDS have not received as much attention, thus the disappearance of women of color and other populations persists. Kia’s images are a reminder of women of color and other populations not often depicted in images concerning HIV/AIDS representation, including youth living with HIV/AIDS. Also, critical is the representation of youth who were born into the epidemic during the 90s and contracted HIV at birth living with the disease their entire lives. Further, Kia’s portrait also moves away from earlier HIV/AIDS patients who were often shown as very ill and suffering from the illness because any sign of the disease is non-existent in her images. Body wasting is a common theme in each of the first three artists' works but Labeija's offers a different new perspective.

Kia and Mommy, February 2014
Digital Photograph, Self Portrait
Courtesy of The Tacoma Art Museum

The Body Presentation and HIV/AIDS

HIV/AIDS body wasting was more common during the earlier years of the epidemic and was a physical and visual symptom of the the body suffering from illness. Body wasting is still present in some cases but less common because of advancements in HAART medications, although it has also been linked to some HAART medications as a side effect. With development in medicine, images of HIV/AIDS patients have moved away from those that depict the body in a weakened condition.

In comparison to the historical visual representations of people living with HIV/AIDS such as Mapplethorpe’s self-portrait, Labeija’s “24” image moves away from the earlier photos depicting people suffering from body wasting complications. Those images, too, have great historical and contemporary significance and should not be forgotten or discounted. So Kia’s “24” gives perception to what an HIV/AIDS positive person may or may not physically look like today. This could lead to the question of who is or is not positive, or whether people are treated better today because they do not show any signs of symptoms. Erving Goffman’s “debasing identity discrepancy” or the reduction in value of someone who is experiencing body wasting as a result of their unnatural physical appearance was common with stigmas of HIV/AIDS (Goffman, 1963).



In My Room, January 2014
Digital Photograph, Self Portrait
24 Series
Courtesy of the Tacoma Art Museum

In comparing the HIV/AIDS body of Felix Gonzalez-Torres, Robert Mapplethorpe and Kia Labeija, it is interesting to see the progression of the HIV/AIDS body from the early 80s when medicine was not available, up until now where a number of medication combinations exist to delay the effects of the disease. Both Gonzalez-Torres and Mapplethorpe had AIDS, whereas Lebeija is HIV positive, each represents the HIV/AIDS body in some way. Gonzalez-Torres candy pile is a visible yet internal representation that places an even greater emphasis on body wasting when the candy is consumed. Mapplethorpe's self-portrait offers a reminder of an unnatural gauntness, without a visible body. While Kia Labeija was born into the epidemic her representation of the HIV body transitions away from earlier images, at the crossover of medical developments.

As a whole, Kia Labeija's work responds to the social stigma of HIV/AIDS through her experience and context as a young woman of color who was born in the 90s to an HIV positive mother. As a young woman of color who has lived with HIV her whole life, she is a representation of the most invisible populations throughout the epidemic such as: young women of color and youth of color. The American youth consisting of ages 13-24 make up an overwhelming 50% of infections in people and who are unaware of their status (www.cdc.gov). Therefore, in order to grasp some kind of understanding for how the young Americans perceive social stigma of HIV/AIDS it is important to understand where the epidemic is in terms of their awareness. In the next section artist, William Powhida's, work that relates to American youth, will be reviewed to see how the epidemic connects with American youth of today.

William Powhida

William Powhida was born in New York in 1976 and is a national and internationally known contemporary artist, with works represented in galleries and museum in Seattle, Los Angeles, New York and Europe. His work is a vast collection of unique and detailed pieces that respond to political issues through use of satirical descriptions, lists and caricatures, often graphite pencil on paper. In this case, how his work responds to the social stigma of HIV/AIDS, so much of what has been discussed so far, only from a perspective that is focused on the youth in America. For this section I would like to focus on his piece “Safe Sex Rules” while it pertains to a wide audience, it is especially pointed to American youth. In addition, what the social stigma of HIV/AIDS means for younger generations who are not familiar with the early epidemic in America and might not see HIV/AIDS as something that can affect them.

Response to Social Stigma

Powhida’s poster approach in responding to the social stigma of HIV/AIDS in different ways from the other artists. It addresses the idea of abstinence as having been put forward as the ultimate protection in contracting HIV/AIDS. However, statistics would show this to be highly unrealistic because youth and teens are already engaging in sexual activity at various ages (www.cdc.gov) and as a result for some, contract HIV at a young age. Powhida’s piece is a new approach to sex education information that highlights the consequences of unsafe sex. He has an altered way of presenting the HIV/AIDS through satire that recognizes a genuineness about the realities young people face, in a time where the HIV/AIDS epidemic still exists, and how this influences their choices:

> My drawing for Visual AIDS is an attempt to superimpose a real voice, one that teens and young adults might recognize, over the official voice of a fictional handout on safer

> sex practices. The text for the work is drawn from an AIDS fact sheet widely available on the Internet that, among other things, promotes abstinence only. The reality of the fact sheet diverges from the experiences that my students share with me as a high school teacher. During the last eight years, the Bush Administration has promoted abstinence first at home and around the globe. It does a disservice to humanity to ignore the difficult choices people make and to moralize in the face of an epidemic. Research shows that condom distribution doesn't encourage sex and reduces the spread of HIV. I hope that the message in my work will ultimately make people think through their laughter about the politics of fear and the importance of harm reduction." (www.visualaids.org)

Powhida has identified the need for a voice that recognizes the difficulties faced by young people. While information regarding safe sex practices and HIV/AIDS is available online, it does not consider the realities or influences young people are subjected to. For example, living in the age of technology and social media with inspirations from Facebook, Instagram and other social outlets such as online hook up sites make contact with others easily accessible. Therefore, in ignoring the possible realities of being a young person in America, their contexts become irrelevant. So far the images have revealed the importance of context of each artist, there is also a context that frames each young person’s life and needs to be considered in order to effectively address HIV/AIDS and the attached stigma. However, in order to successfully inform American youth of the social stigmas that were attached to HIV/AIDS historically and the stigmas now, getting them acquainted with what the disease is and how it affects the human body should be first.

YOUTH OUTREACH

SAFE SEX ~~GUIDELINES~~ RULES!

IMPORTANT FACTS AND reservoir TIPS FOR YOU AND YOUR special FRIENDS

How does HIV spread through sex?
- ✓ HIV is spread by HIV infection in blood and sexual fluids found in the man's penis and woman's vagina.
- ✓ Sexual fluids ~~come~~ cum before, during, and after orgasm.
- ✓ You can't spread HIV if there is no HIV infection. YOU CAN STILL SPREAD OTHER STUFF!

What is safeR sex?
- ✓ Some sexual activity carries some risk of spreading HIV.
- ✓ To reduce risk make it difficult for HIV to get into your body.

What is unsafe sex?
- ✓ Unsafe sex has a high risk of spreading HIV when blood or sexual fluid touches soft, moist mucous membranes.
- ✓ Mucous membranes are found inside the rectum, vagina, mouth, nose, and the tip of the penis.
- ✓ Vaginal or rectal intercourse without protection is very unsafe.
- ✓ Sexual fluids enter the body and wherever the man's penis is inserted. It can cause small tears that can make HIV infection more likely.
- ✓ HIV can enter the man's penis if it comes into contact with blood or vaginal fluids or has open sores.

What is safer sex?
- ✓ Be aware of your body and your partner's. Cuts, sores, and bleeding gums increase risk.
- ✓ Use a barrier to prevent contact with blood or sexual fluids.
- ✓ The most common artificial barrier for men is a condom.
- ✓ Lubricants can reduce the chance of a condom breaking.
- ✓ Be sure to use water based lubricants. Oil based lubricants like vaseline can damage condoms.
- ✓ Oral sex is a lower risk activity for HIV transmission. To be safer, try using a flavored condom.

What are safe activities?
- ✓ Abstinence is totally safe...
- ✓ Sex between two individuals who are not infected with HIV and are not having sex or sharing needles with anyone else.
- ✓ fantasy, masturbation, sexy talk, hugging, kissing, and massage.

WILLIAM POWHIDA FOR VISUAL AIDS www.visualAIDS.org

THIS PROJECT IS FUNDED IN PART BY THE NEW YORK STATE COUNCIL ON THE ARTS

William Powhida Safe Sex Rules Poster, 2008
Courtesy of the Tacoma Art Museum

Overall, I think Powhida's piece is suggestive, in a way, that if sex education doesn't address youth with context on what HIV/AIDS is as a disease then the possibility of informing on the discussions revolving around attached stigmas cannot begin to take place.

It was the politics and fear of the known and unknown that assisted in creating social stigma in the first place, more than 30 years ago. Pretending that medical progression has solved the epidemic in America is doing an invisible harm to young people who are likely to feel the effects too late. Also, not discussing or encouraging the use of condoms, in the event that the epidemic is still an issue, only increases the chances of contracting a number of diseases because people will engage in sexual activity regardless.

In fact, the Center for Disease Control states "An estimated 9,731 youth aged 13 to 24 were diagnosed with HIV in 2014 in the United States. Eighty-one percent (7,868) of diagnoses among youth occurred in persons aged 20 to 24" (www.cdc.gov). In addition, a July 2015 CDC report yielded youth account for a significant number of HIV infections in the United States and over 50% of youth in the U.S. do not know they are infected (www.cdc.gov). These results show that HIV is prevalent in the U.S. and especially amongst youth ages 13-24.

These statistics have been recognized by the government and have resulted in a different approach to confront the epidemic awareness for HIV/AIDS in America with emphasis on young people, also known as Sexuality Information and Education Council of the United States (SIECUS). The HIV/AIDS United States Federal Action Plan is to remain in effect until the year 2020.

Powhida's approach considers the epidemic from a different perspective of what the HIV/AIDS means to unfamiliar American youth, something to consider before situating them into discussions of social stigma. However, due to stigma and fear of HIV AIDS, education still does not properly address the epidemic relationship to young person's experience, it does little to consider contexts that make up young people's lives. Ultimately, sex education is often presented in a way that does little to consider the influences that assist in shaping young Americans today.

Each of these artists were significant for their contribution to the discussion of HIV/AIDS social stigma of past and present because they offer a rich context into the epidemic that is as equally important as the visual appeal people often see first with such works. Their context offers history but can presents a visual depiction or representation that is a part of how each identifies with HIV/AIDS and they use this to connect with their audience. I think when looking at these works a question often asked is "what do they mean, or what is happening in them?" A good place would be to start with the context of each and either go back in time to understand more about the epidemics history or to connect the present to each of these images. Also, to think about how populations that identify with each of these artists and their works, what it means for them.

Conclusion

Despite the advances in medicine that allow people to live long and healthy lives with a positive HIV/AIDS diagnosis, social stigma about the disease still exists today. The purpose of this research was to examine the development and progression of HIV/AIDS stigma within a social structure of power and powerlessness from the early 1980s to the 2010s, through a case study of selected visual images.

I focused on the social aspect of HIV/AIDS stigma, as that now can be said to cause more suffering than the physical effects of the disease. I began with some theories of social constructivism in hopes of showing how the language of early diagnosis was laden with social sanction for non-normative sexuality. This pattern of classification continued once HIV/AIDS was designated a highly contagious and undesirable disease, and those diagnosed with it were cast as a high-risk population. The analysis I have presented here is tethered to a critical social analysis, so that an understanding of each image is inexorably linked to the social context within which it originated. Initial images presented here showcase a "sick" patient, and imagery has since evolved to document a "healthy" patient who lives well despite the HIV/AIDS diagnosis. Emblematic of this new HIV/AIDS imagery is the Art AIDS America exhibition. This work created a powerful testimony about ignorance and stigma by simultaneously serving as a collection of works within one space. It also challenges the relatively new idea that HIV/AIDS is no longer a problem. The exhibit brought history of one the most troubling times in the America. It also provided a backdrop for younger generations that might not be familiar with the history of the epidemic enough to know how it began and where it is currently in the United States.

In examining the development and progression of HIV/AIDS stigma I found that these images respond to the social stigma of HIV/AIDS in ways that intersect with each other and from different time periods. And though medicine has changed the perception of the disease, stigma about HIV/AIDS still exists. Each of the artists analyzed here weave their own experience of their diagnosis into their art and provide insight into how stigma is both ever-present and simultaneously individually experienced. This is something that studies reflecting quantitative or even qualitative methods cannot capture, the visual presentation or depiction for how someone feels stigma or identifies with HIV/AIDS.

The minimalist work of Felix Gonzalez-Torres responded to his own personal stigma of being a Cuban immigrant, artist, and gay man. It also worked to pull his audience in as a part of his effort to break traditional barriers of public art and private art. Whereas, Robert Mapplethorpe's work returned to the stigma of being an artist living with AIDS, and of being a gay man, one of the most targeted and focused on populations during the beginning of the epidemic. His work brought to light the representations of marginalized groups such as gay African American men and the black male body and form.

And finally, Kia Labeija's portraits are a representation of the women of color who have not been as visible in the epidemic history. They are not represented and nor is their personal experience. Kia's portraits serve as a depiction of HIV positive youth born to HIV positive mothers during the 90s another invisible population. William Powhida similarly focused on the American youth of today and their personal experiences of this ever-changing stigma.

Initial depictions of the disease and of patients created fear. Little was known about HIV/AIDS and this led to the beginning of stigma that led to the isolation of some populations. The disease was not only a death sentence, but also a social death caused by the social sanctions motivated by fear and misinformation about the disease. As time progressed and developments in medicine made HIV/AIDS into a manageable chronic illness, death was no longer a focus for people who could afford medication. Despite this, stigma persisted. People are now living with HIV that only sometimes progresses to AIDS but still feel stigmatized.

The stigma of the disease has transition, too, and there is now widespread consensus that the epidemic has ended. New medicines for treating HIV/AIDS have created the potential for a much more livable diagnosis, though no cure yet exists. Consequently, there are new experiences of the stigma that surround an HIV/AIDS diagnosis. So, will artists from this generation continue to focus on social stigmas associated with HIV/AIDS through their work?

While the progress in medicine has made HIV into a livable condition, it can also hinder the idea that the disease and stigma exist. Future research into this topic will likely consider whether medicine is a primary reason for this shift in how people think (or no longer think) about HIV/AIDS? Will people be less concerned with HIV/AIDS as medicine continues to address the symptoms of the disease? What will art works that do depict people living with HIV/AIDS look like?

Social stigma is complex because it is tied to both the specifics of the disease and the more general social norms of our time. Thus, people's experience stigma can be very different (Baumgartner, 2012). Future research should examine how these varying experiences are represented but visually, and how this visual imagery reflects more general social norms regarding race, gender, sexuality, social class and other markers of difference. If medicine has in fact made HIV/AIDS into a livable condition and with stigma still existing visual representations of the disease should focus on people from various populations who do live today.

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List of Images

Chapter 2

Paul Fusco
USA. San Francisco. 1993. AIDS at the Ambassador Hotel. *James*. © Paul Fusco/Magnum Photos
Image and original data provided by Magnum Photos in Artstor Digital Library

Paul Fusco
USA. San Francisco. 1993. AIDS at the Ambassador Hotel. *James*. © Paul Fusco/Magnum Photos
Image and original data provided by Magnum Photos in Artstor Digital Library

Chapter 3

Felix Gonzalez-Torres, American, born Cuba. 1957-1996
"Untitled" 1990
The Museum of Modern Art Gift of the Dannheisser Foundation in Artstor Digital Library

Felix Gonzalez-Torres, American, born Cuba. 1957-1996
"Untitled" (Placebo)
Image and original data provided by the Museum of Modern Art in Artstor Digital Library

Robert Mapplethorpe
Self-Portrait 1988
Solomon R. Guggenheim Museum, New York. Gift, the Robert Mapplethorpe Foundation, 1993 in Artstor Digital Library

Kia and Mommy, February 2014
Digital Photograph, Self Portrait
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In My Room, January 2014
Digital Photograph, Self Portrait
24 Series
Courtesy of the Tacoma Art Museum

William Powhida *Safe Sex Rules Poster*, 2008
Courtesy of the Tacoma Art Museum

Questions for TAM
October 6, 2015 Lunch and Learn
Art, AIDS, America
HIV/AIDS Stigma

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1. In some discussions (I have had) regarding HIV/AIDS many people mention places such as Africa in terms of the disease and place the disease as something further away than on American soil.
What are your thoughts on HIV/AIDS and stigma in the U.S. specifically?

3. Do you think the progression of medicine could possibly assist in decreasing HIV/AIDS stigma?

4. What are your thoughts on the younger generations and HIV/AIDS stigma (in the U.S)?

5. Where do you think the struggle or struggles with HIV/AIDS stigma is today?

6. Do you think society is concerned with HIV/AIDS as was in the 80’s and 90’s?

7. Do you think stigma has lessened in regards to the epidemic?

8. Have people forgotten about the epidemic?

9. Do you see the TAM bringing additional exhibits to Tacoma that explore some of the same themes as Art AIDS America or HIDE/SEEK?

10. Do you have many donors who support exhibits that explore topics deemed difficult to discuss (or controversial) such as sexuality and HIV/AIDS?

11. What do you think or hope the community response to Art AIDS America will be?

12. Do you think the exhibit will influence people to action or to seek out ways in which they might become more involved in the epidemic?

13. The term “bug chasing” has surfaced within recent discussions (I have had) have you heard anything about this and if so what are your thoughts?

14. Also specifically about youth responses to AIDS as "no big deal" or something different (hence bug chasing) - is this the result of the previous generation's work to lessen the stigma?

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