

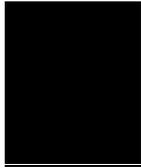
School of Design and Art

**Deliberate Masquerades: Socialised Stigma, HIV/AIDS and
Altered Gay Male Body Image**

Kim Stanley Medlen

**This thesis is presented for the Degree of
Doctor of Creative Arts
of
Curtin University of Technology**

November 2010



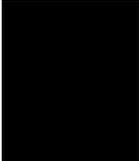
Declaration

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgement has been made. This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

..... /..... / 2010

Kim Stanley Medlen

For Philip



Abstract

Three themes are developed in this exegesis. Firstly, it discusses the conceptual base that informs the creative outcomes of this research. This centres on homosexuality, disease, illness and the deliberate masquerades that are often undertaken by HIV-positive Australian homosexual males as a response to socialised stigma. Through these masquerades, they enhance the physicality of their bodies so as to conform to Western cultural perceptions of masculine and healthy body ideals and thus avoid stigma that would otherwise be placed on them. This exploration draws upon theories from sociology to discuss these physical enhancements with an emphasis on the period since the onset of HIV/AIDS in the early 1980s. Secondly, it explores the works of visual artists that comment on the HIV/AIDS pandemic prior to the mid 1990s when no effective long-term treatments were available. Thirdly, it investigates HIV/AIDS-based art produced since the mid 1990s, after long-term treatments became available, and discusses how this work contrasts with the earlier works. Also discussed are the parallels and differences between the body of work that is supported by this exegesis and these other contemporary artworks that address HIV/AIDS issues.

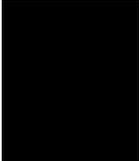


Table of Contents

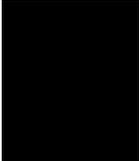
DECLARATION	II
ABSTRACT	IV
TABLE OF CONTENTS	V
LIST OF FIGURES	VI
ACKNOWLEDGEMENTS	IX
1 INTRODUCTION	1
2 HISTORICAL DEVELOPMENT OF SOCIALISED STIGMA OF HOMOSEXUAL MEN	6
Historical and Contemporary Values and Attitudes	6
Religious Influences and Intolerances	11
Political Institutions and Discriminatory Law.....	14
HIV/AIDS and the Stigmatisation of Homosexual Men	18
<i>Media</i>	21
<i>Medicalisation</i>	23
3 THE DELIBERATE MASQUERADE	26
Identity and the Masquerade	27
HIV/AIDS and the Masquerade	30
The Masculine Masquerade.....	32
The Gaze.....	37
4 ARTISTIC RESPONSES TO HIV/AIDS (1980 – 1994)	39
Political and Protest Art	40
Educational Art.....	45
Memorial Art.....	51
The AIDS Memorial Quilt	56
5 ARTISTIC RESPONSES TO HIV/AIDS (1995 – 2009)	61
Contemporary HIV/AIDS-based artists	62
Doctoral Artwork	75
Doctoral Exhibition	81
6 CONCLUSION	84
REFERENCES	87
APPENDIX A: THESIS ARTWORKS	94
APPENDIX B: EXHIBITION VIDEO AND PHOTOGRAPHS	99

List of Figures

Fig. 3.1:	Buffalo hump. Courtesy hivandhepatitis.com 2005	31
Fig. 3.2:	Facial Lipodystrophy, „AIDS look?. Courtesy Touch Cardiology 2005	32
Fig. 3.3:	Cosmetic surgeon advertisement. Courtesy <i>Blue</i> 2002 n.p.	34
Fig. 3.4:	Kaposi’s sarcoma (back). Courtesy In Their Own Words 2006. Kaposi’s sarcoma (chest). Courtesy HIV Web Study 2005	35
Fig. 3.5:	Nude male images. Courtesy <i>2Blue</i> 2003 n.p.....	36
Fig. 3.6:	Classical Greek sculptures of <i>Aristogeiton</i> and <i>Harmonius</i> . Courtesy Androphile Project 2008	36
Fig. 4.1:	Derek Jarman, <i>Blood</i> 1992, oil on photocopy on canvas. Courtesy Gott 1994 p. 86	41
Fig. 4.2:	Frank Moore, <i>Bubblebath</i> 1990, oil on canvas with mixed media, 213×240cm. Courtesy Sperone Westwater 2006.....	42
Fig. 4.3:	H.J. Wedge, <i>AIDS</i> 1994, acrylic on water colour paper. Courtesy Gott 1994 p. 151	43
Fig. 4.4:	Carl Tandatnick, <i>AIDS Virus on White Blood Cell/Grey (Virus)</i> <i>Border</i> 1993, silk-screen ink and paint on canvas. Courtesy Gott 1994 p. 64	44
Fig. 4.5:	Brenton Heath-Kerr, <i>Homosapien</i> 1994, laminated photochemical reproductions and cloth. Courtesy Gott 1994 p. 75	44
Fig. 4.6:	Brenton Heath-Kerr and Peter Elfe, <i>Ken – The Safe Sex Character</i> 1992, laminated cibachrome photographs and cloth. Courtesy Sendziuk 2003 p. 117.....	46
Fig. 4.7:	David McDiarmid commissioned by AIDS Council of New South Wales, <i>Some of us get out of it, some of us don’t. All of us fuck with a condom, every time</i> 1992, offset lithography. Courtesy Gott 1994 p. 154	46
Fig. 4.8:	AIDS Action Council ACT (with the assistance of ACT Health), <i>Fuck Safe Shoot Clean</i> 1993, offset lithography. Courtesy Gott 1994 p. 203	47
Fig. 4.9:	United Colors of Benetton, <i>AIDS Face</i> 1992. Courtesy United Colors of Benetton: Press Area 2007.....	48
Fig. 4.10:	United Colors of Benetton, <i>HIV Positive Arm</i> 1993. Courtesy United Colors of Benetton: Press Area 2007	48
Fig. 4.11:	Commonwealth Department of Human Services and Health & Aboriginal Health Workers of Australia (Queensland), <i>Condoman Says: Don’t Be Shame Be Game: Use Condoms</i> 1987, silkscreen. Courtesy Sendziuk 2003 plate 13	49
Fig. 4.12:	The „Grim Reaper’ 1987, NACAIDS/ Grey Advertising. Courtesy Sendziuk 2003 p. 138.....	49
Fig. 4.13:	Michele Barker, <i>Lets Fuck</i> 1992. Courtesy Sendziuk 2003 plate 14....	50

Fig. 4.14: Robert Mapplethorpe, <i>Self Portrait</i> 1988, photograph. Courtesy The Robert Mapplethorpe Foundation Inc. 2006.....	52
Fig. 4.15: William Yang, <i>Sadness</i> 1989, slide projection. Courtesy Gott 1994 p. 35-51	53
Fig. 4.16: William Yang, <i>Sadness</i> 1989, slide projection. Courtesy Gott 1994 p. 35-51	54
Fig. 4.17: The Names Project <i>AIDS Memorial Quilt</i> n.d. Courtesy In Their Own Words 2006 and Scudder 2010	57
Fig. 4.18: The <i>Berlin Holocaust Memorial</i> . Courtesy architecture.about.com 2010	58
Fig. 5.1: Keith Perrot, <i>A Future Awaits</i> 2005, photography, 46×38cm. Courtesy The Positive Side 2009	63
Fig. 5.2: Shayo, <i>Untitled</i> 2006, wooden box, baby bottle, AIDS medication, 25.5×20.5×5cm. Courtesy The Positive Side 2009	64
Fig. 5.3: Lidice-Benes, <i>Petitfore</i> 2002, glass cake stand, doily, AIDS medication, 27.9×33×33cm. Courtesy Artnet 2009.....	64
Fig. 5.4: Gustavo Hennecke, <i>Almost a Ghost</i> 2004, digital art, 33×48cm. Courtesy The Positive Side 2009	67
Fig. 5.5: Frank H Jump, <i>Omega Oil</i> 1997. Courtesy Jump 2008.....	67
Fig. 5.6: Timothy Tate, <i>Two Paths Taken</i> n.d, blown glass and found objects, 30.5×18×18cm. Courtesy Tim Tate 2009.....	68
Fig. 5.7: Timothy Tate, <i>Heart Grid</i> n.d, blown glass, Courtesy Tim Tate 2009	69
Fig. 5.8: Pompeo Batoni, <i>Painting of a Sacred Heart on the altar in the northern side chapel of Il Gesu in Rome</i> ca. 1740. Courtesy of Wikimedia 2010.....	69
Fig. 5.9: Timothy Tate, <i>Bird Nest Reliquaries</i> n.d, blown glass and found objects, 30.5×12.5× 12.5. Courtesy Tim Tate 2009	71
Fig. 5.10: Timothy Tate, <i>Mind over Matter</i> n.d, cast glass electric components, original video, 30.5×12.5×12.5. Courtesy Tim Tate 2009	71
Fig. 5.11: Timothy Tate, <i>Hear No Evil</i> n.d, blown glass and found objects, 30.5×18×18cm. Courtesy Tim Tate 2009	71
Fig. 5.12: Timothy Tate, <i>Sacred Heart of Healing</i> n.d, blown glass, 40.6×20.3×10.2cm. Courtesy Tim Tate 2009.....	71
Fig. 5.13: Nelson French, <i>untitled number12</i> from the series <i>Meditation on Mortality</i> 2004, pencil on collaged and digitally altered photo print. Courtesy The Positive Side 2009	72
Fig. 5.14: Morgan McConnell, <i>Sacred Heart</i> 2005, scan of computer and hand illustration on dry mount 43.2×76.2cm. Courtesy The Positive Side 2009	73
Fig. 5.15: Steed Taylor, <i>Blood Prints1</i> n.d. Courtesy Taylor 2009.....	74
Fig. 5.16: Steed Taylor, <i>Blood Prints2</i> n.d. Courtesy Taylor 2009.....	74
Fig. 5.17: Kim Stanley Medlen, <i>Masquerade</i> 2007, 22k gold plate over copper, silk ribbon (not shown), 10×7×5cm.....	76
Fig. 5.18: Kim Stanley Medlen, <i>Masquerade</i> 2007, automotive paint over balsa wood, 22k gold plate over copper, 15×8×5cm	76
Fig. 5.19: Kim Stanley Medlen, <i>Masquerade</i> 2007, blackened 22k gold plate over copper, 14×8×5cm	77

Fig. 5.20: Kim Stanley Medlen, <i>Masquerade</i> 2007, automotive paint over balsa wood, 22k gold plate over copper, 15×8×5cm	77
Fig. 5.21: Lung histology. Courtesy iStockphoto 2009	78
Fig. 5.22: Testis histology. Courtesy Nature Network 2009.....	78
Fig. 5.23: Kim Stanley Medlen, <i>Masquerade</i> 2007, 22k gold plate over copper, automotive paint, 32×8×3cm	78
Fig. 5.24: Kim Stanley Medlen, <i>Masquerade</i> 2007, 22k gold plate over copper, silk ribbon (not shown), 14×8×5cm.....	79
Fig. 5.25: Kim Stanley Medlen, <i>Masquerade</i> 2007, automotive paint over 22k gold plate over copper, 32×8×3cm	80
Fig. 5.26: Kim Stanley Medlen, <i>Masquerade</i> 2007, 22k gold plate over copper, automotive paint, silk ribbon (not shown), 10×7×5cm.....	81
Fig. 5.27: Kim Stanley Medlen, <i>Masquerade</i> 2007 installation	82
Fig. 5.28: Kim Stanley Medlen, <i>Masquerade</i> 2007 installation detail	82



Acknowledgements

No thesis is ever the product of just one person's efforts, and certainly this one was no different. I am extremely grateful to many people for their help, both directly and indirectly, in the construction of this exegesis as it would never have become reality without their invaluable assistance and motivation. First and foremost I would like to thank my partner Philip. If it was not for his love, patience, understanding and encouragement this document would not have been completed. I would also like to thank him for his painstaking efforts at proofreading and for the many times he has come to my rescue with various computer disasters. I also owe a great deal to my friend and neighbour Colleen Ernst who, at the very beginning of this thesis some many years ago, tutored me on the nuances of formal academic writing. Her passion and devotion to the written word continues to amaze me. A special mention must go to my supervisors Dr Ann Schilo and Ms Brenda Ridgewell. I am particularly grateful for their thoughtful and creative comments on thesis structure and visual artwork aesthetics. Thanks are also due to Chris Geoghegan, for the many hours he spent photographing and videoing my artwork, and the John Curtin Gallery staff; Ted Snell, Chris Malcolm, Barbara Cotter and Pauline Williams. I would particularly like to thank Vashti Innes-Brown and Steven Cestrilli for their outstanding installation skills - I couldn't have hoped for a better outcome. Finally, I would like to express heartfelt thanks to Vanessa Buemi for sharing her thoughts and ideas concerning visual art and sexuality.

1

Introduction

The first recognised cases of Acquired Immune Deficiency Syndrome (AIDS) occurred in the United States of America (USA) in 1980 when a number of gay men in New York and California began to develop rare opportunistic infections and cancers that were resistant to treatment. The cause of AIDS, the Human Immunodeficiency Virus (HIV) was not identified by scientists until 1984 (Avert 2009). Since then, HIV infection, and its progression into AIDS, has spread to such an extent that it now impacts all people, either directly or indirectly, in all countries of the world, affecting the social, moral, medical and political fabric of society.

The *2009 Report on the Global AIDS Epidemic* (UNAIDS 2009) estimates that some 33.4 million people are now living with HIV worldwide. In 2008, approximately 2.7 million became newly infected with HIV, while 2 million people died of AIDS-related illnesses. To date, approximately 60 million people have been infected with HIV and AIDS has killed more than 25 million people since it was first recognised. The 2009 report estimated that in 2008 US\$15.6 billion in financial resources was used worldwide for education, prevention, treatment and care. This was estimated to rise to US\$25 billion in 2010 (UNAIDS 2009). Clearly, this epidemic has had a staggering impact with much human suffering.

Of the 33.4 million people living with HIV, the author of this exegesis is but one. After being infected and diagnosed with HIV in 1984, he proceeded in 1997 to develop an opportunistic AIDS-related illness (Pneumocystis Carinii Pneumonia), whereupon his immune system was reduced to less than 5% of normal levels and the future looked bleak. In the early 1990s there were few therapies available, mainly consisting of AZT (Azidothymidine) drug therapy, which impedes the viruses' ability to replicate. However, the AIDS virus mutates rapidly and quickly becomes resistant to this therapy, with the average effectiveness of AZT lasting only 6-12 months (Dybul *et al.* 2002).

In the mid 1990s development and trials of HAART (Highly Active Anti-Retroviral Treatment) therapies began. Often called “combination therapy”, HAART consists of simultaneous treatment with, typically, three or four drugs that interfere with HIV replication at different stages of its lifecycle. Whereas HIV quickly develops immunity to single treatments, this bombardment of drugs has, thus far, proven to be highly effective in countering the virus’ ability to develop resistance to treatment. The viral load (a measure of the amount of virus within the body) generally diminishes markedly and the HIV infection returns to an almost dormant status. However, many of these drugs are highly toxic, and many patients exhibit serious life-threatening side effects. The intensive regime of drug treatment, and the psychological impacts these have on patients undergoing these treatments are considerable (Dybul *et al.* 2002).

Fortunately, for the author, HAART therapy has facilitated the return of a fully functioning immune system. It also has given him a personal insight into many of the issues surrounding HIV/AIDS that are investigated and discussed throughout this research. However, deaths from AIDS related illness continue, not only in the under-developed countries that have limited access to these expensive drug treatments, but also in Western countries. In 2005, the death rate from AIDS-related illnesses in Australia was at 28% of the HIV infection rate (Australian Bureau of Statistics 2006).

The HIV/AIDS illness lends itself to moral interpretation and is more often than not marked by stigma toward those who are ill or perceived to be ill. As gay men were the first group affected by HIV in developed countries, and with the popular press using terms such as “gay plague” and “gay cancer”¹ to describe HIV/AIDS, the disease and illness has, to this day, been closely associated with homosexuality (Herek 1999; Hatty & Hatty 1999; Jureidini & Pool 2003; Crompton 2004). While HIV/AIDS does not stand alone among illnesses and diseases that are heavily laden with negative connotations, “*HIV/AIDS related stigma can be distinguished from other illnesses and diseases by its association with behaviours that are*

¹ These terms were coined in newspaper headlines in the early 1980s. See the discussion in the Media section of Chapter 2 for a description of, and references to, these newspaper articles.

already disapproved of or considered deviant such as homosexuality” (Colson 1991 p. 912). Consequently, HIV/AIDS has not only reinforced the stereotype of homosexuals as deviant, but has also added the stigma of disease and illness to the stigma of deviancy and amoral character (Kowalewski in Herman 1995).

A discussion on contemporary social values and attitudes towards HIV and AIDS cannot be considered in isolation, but should include the historical development and origin of prejudice towards, and stigmatisation of, homosexuals. These attitudes have not spontaneously occurred; they have developed over millennia through the influence of institutions of authority. Historically constructed stigma in regard to homosexuality, disease and illness has resulted in prejudice toward gay men in modern times. The onset of HIV/AIDS has reinforced intolerant and prejudicial behaviour toward these men. The perception, by many parts of society, that all gay men either have the disease or are responsible for its spread, has resulted in an increasingly close scrutiny of gay men by both heterosexual and homosexual communities in contemporary Western cultures (Colson 1991; Gott 1994; Parker & Aggleton 2003). In Chapter 2, the historical and contemporary values and attitudes towards homosexuality, disease and illness is explored. It discusses how attitudes of the dominant religious, political and medical institutions, which have been promulgated by the mass media, have influenced contemporary values and attitudes in the stigmatisation of gay males in Western societies.

The work of Troiden (1989), Elliot (2008) and Giddens (2008), for instance, tells us that through the naturalisation and consequent internalisation of society’s moral codes and accepted ideals, the individual is encouraged to develop an internal locus of control, ensuring that they conform to the expected and approved ways of behaviour. These social norms and mores are so intensely internalised that acts of conformity are in many ways automatic. Chapter 3 contains an exploration into why gay men have often felt it necessary to conform to socially approved and accepted behaviour by cultivating deliberate masquerades that are stereotypically masculine and, as a result, have high status and power. By not only modifying their emotional behaviour but also the physicality of their bodies, their quest is to

succeed in a deliberate masquerade that actively masks their sexuality and HIV/AIDS status.

This exegesis does not seek to supply definitive solutions to problems confronting gay males living with HIV/AIDS in contemporary society. Rather, it is an exploration of how homosexual men negotiate life within a society that continues to marginalise those who do not conform to traditional modes of behaviour.

Artists responding to HIV/AIDS have played a major role in alerting society to the many complex physical, emotional and political issues surrounding this disease and illness. They have influenced perceptions of the AIDS pandemic and impressions of those living with, and dying of, HIV/AIDS. On the influence of artists, Duffield (1998 p. 27) stated that *“The impressions they create help to form social conceptions of who is at risk and what is risky, and which in turn influences research, policy and preventative educational programs.”* This is also summarised by Gott (1994 p. 5) in his statement *“Artists seek to work through their reactions to the direct and searing impact of AIDS on their own diverse lives and create visual statements that will speak to, empower and educate their audience in the widest sense.”*

While discussion and debate in Australia on HIV/AIDS over the last two decades has increased awareness on issues surrounding gay lifestyles, only a few have a clear understanding of how the pandemic has affected the psyche of men in the gay community (Gott 1994). The emotional distress resulting from a close association to numerous deaths and the stigma associated with the pandemic has not only forced many gay men to reassess their personal identity, it has also created a need to educate the wider community on issues associated with HIV/AIDS and homosexuality (Jones 2009).

Considering the impact HIV/AIDS has had on the gay community in Australia, and internationally, it is of little surprise that visual art projects that comment on HIV/AIDS are predominately by gay male visual artists. Chapter 4 contains an exploration and discussion of some of these works, dating from the early 1980s to the mid 1990s. This art can be broadly divided into three categories: memorial

art, which has the primary aim of memorialising and mourning the lives and deaths of individuals, groups and communities who have been affected by the AIDS pandemic, political/protest art that is used as a platform to criticise dominant institutions, and educational art that is used to disseminate information on the emotional and physical effects of living with HIV and dying from AIDS. Some art works incorporate all three categories, the most notable of which is the *AIDS Memorial Quilt*. Community involvement in creating this work has added significantly to the discourse surrounding HIV/AIDS.

As a consequence of recent advances in HAART medication, contracting HIV in Western societies may now be seen as a manageable chronic illness rather than a disease that inevitably develops into AIDS and ultimately causes death (Westcott 2008; Lake 2008; Positive Lives 2008). These new therapies give contemporary visual artists an additional focus. Whereas the vast majority of art dealing with HIV/AIDS created through the 1980s and 1990s centred on illness and death, the visual art work discussed in Chapter 5 examines physical and emotional issues related to living long term with the HIV infection since the advent of HAART.

The research and ideas developed within this exegesis has informed the development of a body of artistic work that makes comment on HIV/AIDS in contemporary society. In Chapter 5, this visual artwork is compared and contrasted with the artwork of the author's peers who also address issues of gay male body image and living long term with HIV. Through his artwork the author hopes to stimulate discussion and awareness of those who live on the boundaries of society.

2

Historical Development of Socialised Stigma of Homosexual Men

The primary aim of this chapter is to discuss the conceptual base that informs the creative outcomes of this research. It centres on homosexuality, disease and illness and the concern that stigma, due to social conditioning by religious, political and medical institutions, has set conditions that have created a need in many Australian gay males with HIV/AIDS to develop hyper-masculine masquerades.

In contemporary Western society, homosexual men are often seen as deviants who threaten others, as opponents of family morals, as sexual predators of children and as a source of contamination (Roberson 1987; Greenburg 1988; Giddens 1997; Jureidini & Pool 2003). Social values and attitudes toward homosexuality that discriminate and stigmatise have not developed spontaneously. They have evolved over millennia and have been influenced by dominant government and religious institutions, and are reinforced by social agencies such as the family unit. This chapter explores how discriminatory behaviour toward the homosexual community has been sanctioned by these institutions, through prejudicial religious traditions and discriminatory laws such as those limiting the right to freedom of expression and association. It will be seen that while many social norms and mores of the past may not apply to present-day society there is a residual effect that continues to influence how individuals behave. These beliefs are so engrained in the psyche of many in Western society that stigmatisation, discrimination and violence toward homosexual men is accepted by some of its members.

Historical and Contemporary Values and Attitudes

While the term „homosexuality’ was coined in the 1860s, it is clearly documented (Greenburg 1988; Crompton 2004) that homosexuality has been part of social structure since ancient times. Cultures and societies the world over including ancient Greeks and Romans, tribesmen of Papua New Guinea, Japanese Emperors and

Siberian Sharman, to name a few, have understood and made space for homosexual love and sex.

Homosexuality in most of the ancient world was considered normal, or at least an accepted part of humanity. In societies such as Classical and Hellenistic Greece, and Rome under the Republic and early Empire ... the love of men and boys was idealised as the highest form of love. Homosexual acts in these societies were frequent and lacked any concept of a homosexual person. (Greenburg 1988 p. 10)

Some cultures have either tolerated or actively encouraged male homosexual behaviour in certain contexts. As far back as 1908, sociologist Edward Carpenter collected reports by travellers and anthropologists about homosexuality among „primitive’ people, and identified that it was believed in many of these cultures that homosexuals tended to have exceptional mental and spiritual abilities that made them superior (Carpenter 1914). A contemporary illustration of this is seen in the work of Herdt (1999), who identified that homosexual behaviour in the Sambia tribe of New Guinea formed part of the hegemonic discourse of that society, and is part of an age structured system that is seen to enhance masculinity. Herdt’s research recognized that ritual homosexuality in this tribe was practiced as a preparation for warrior status and warfare. The tribe believe that the spirit of masculinity, *Jerungdu*, inhabits the semen and this identifying sign of masculinity is only achieved when the body is capable of producing semen. However, they also believe that the male body is incapable of producing semen until semen is inserted into the body, either orally or anally, by another tribe member who has *Jerungdu*. This oral and anal ingestion of semen, begins when boys start initiation at an age of between seven and ten and is seen as critical to the development of *Jerungdu* in the boys of this tribe. This homosexual behaviour continues until they marry. Thus, homosexual behaviour in this society is not only approved of, it is indeed a requirement in the adolescent rites of passage.

In societies where homosexual sexual practices are permitted or, as in the case of the Sambia tribe, a cultural requirement, it is generally accepted that these participants also practice bisexuality at some stage in their life. The Batak people

of Northern Sumatra and the people of East Bay in Melanesia, for example, permit male homosexual relationships before marriage. Though there is traditional pressure to marry and raise a family in these societies, male homosexuality is common and is seen as preparation for marriage. Exclusive adult homosexual relationships are rarely tolerated as it is seen as detrimental to the continued existence of the population (Money & Erhardt 1972; Robertson 1987; Greenburg 1988; Maybury-Lewis 1992).

While homosexual behaviour in Western societies is often seen as offensive, there are circumstances where it is undertaken without attracting significant negative sanctions. For instance, homosexual encounters are often used as a substitute for heterosexual coitus in settings where men live without women, such as prison. Schoolboy experimentation that involves mutual masturbation is also common. While these homosexual behaviours are practiced in contemporary Western societies they are not discussed openly. This may be due to social conditioning and subsequent internalisation of social norms and mores regarding homosexuality as well as the perceived break in moral code or law. Certainly, many of the participants would not acknowledge the act as being homoerotic, and indeed may vehemently deny any such activity (Giddens 1988).

Despite the moderation of negative attitudes towards homosexuals in contemporary Western society, denial of homosexual behaviour remains commonplace even though scientific research that suggests it to be a natural sexual variation. The percentage of homosexuals in the wider population is cited in recent studies (Sell, Wells & Wypij 1995; Smith 1998) as ranging from as low as 2% to as high as 16.3%, while an Australian study by McConaghy *et al.* (2006) reported recently that 20% of their sample group anonymously reported to have experienced homosexual desire. These studies are broadly consistent with the seminal research undertaken by Kinsey *et al.* in 1948 that reported that 8% of a sample group of 5300 white college-educated males had, at some time, been involved in exclusively homosexual relationships for a period of three years or more. Kinsey *et al.*'s research also identified that 37% of their sample had had at least one homosexual experience to the extent of reaching orgasm. An additional 13% had felt homosexual desire but had not acted upon it. The Kinsey *et al.* study suggests that the

proportion of the male population that had experienced homosexual sex or desire is 50%, significantly higher than the 20% McConaghy *et al.* found in their sample. While this is a significant variation, which could be a result of sample size and selection rather than historical period, the studies support the argument that homosexuality may be considered a normal variation rather than an abnormal sexual activity.

In addition to the debate on whether homosexuality is normal or abnormal, recent scientific research has investigated whether homosexuality is a result of biological occurrences (nature) or of environmental effects (nurture). Ryan Johnson (2003) explores this polemic in his article *Nature or Nurture*, and supports the view that homosexuality is a result of an individual's biological makeup rather than social determinism. Johnson cites research by Karen Hooker, conducted in 1957, that undertook the first scientific investigation into biological and social determinism of homosexuality, and concluded that there was no correlation between social determinism and homosexuality. As a result of Hooker's findings, the American Psychological Association (APA) removed homosexuality from its *Diagnostic and Statistical Manual of Psychological Disorders*, though this was not done until 1973. It took a further two decades for the APA to finally conclude that

... homosexuality is neither a mental illness nor a moral depravity. It is simply a way a minority of our population expresses human love and sexuality. (APA Online 2009 n.p.)

To further the argument that homosexuality is as a result of nature rather than nurture, Hamer (1994) examined the association between homosexuality and the X-chromosome. Taking 40 DNA samples from homosexual men, he genetically examined them and found that there was a remarkable concordance for 5 genetic markers on a section of the X-chromosome. This observation, popularly known as the 'gay gene study', led to the support of the argument that homosexuality is 'in the genes'; that one is born a homosexual, that it is a normal variation of nature. However, caution should be exercised when interpreting these findings as homosexuality and heterosexuality can not be considered to be binary concepts. The seminal sociological research of Kinsey (1948) concluded that a spectrum of

sexualities exists, ranging from exclusively homosexual to exclusively heterosexual. Also, like many complex human biological processes, it is likely that if the link between homosexuality and genes is indeed true, that it is would probably be a complex interplay between many genes rather than a single gene (Mustanski *et al.* 2005; Rutter 2006).

Whereas no one theory or experiment, to date, has led to a definitive answer, the bulk of the mounting scientific evidence suggests that homosexuality is a natural variation (Le Vay 1993; Hamer 1994; Sell, Wells & Wypij 1995; Smith 1998). Despite this evidence, many members of society continue to view homosexuals as abnormal and unnatural deviants who are mentally ill and/or morally deprived. The reason for this

... lays in the Western moral tradition that tolerates sexual acts only if they occur within marriage and can lead to reproduction. Until the global population explosion of present day, widespread exclusive homosexuality would have been highly dysfunctional, for a society that did not encourage high birth rates might risk extinction. (Robertson 1987 p. 229)

Vilification and stigmatisation of homosexual males by members of society who have this belief make it possible for others to label male homosexual behaviour as deviant. The concept of deviance is derived when people, in this case male homosexuals, are perceived to have broken established norms. From this point of view Greenburg (1988 p. 2) cites Becker who states

... deviance is not a quality of the act a person commits, but rather a consequence of the application by others of rules and sanctions to „an offender’. The deviant is one to whom a label has successfully been applied; deviant behaviour is behaviour that people so label.

Therefore, it can be said that it is not the act of homosexuality that is labelled as deviant; it is deviant because dominant social institutions have labelled it so. *“Beliefs that homosexuality is evil, sick, or undesirable, and the corresponding efforts to punish, cure, or prevent it, are what make homosexuality deviant”* (Greenburg 1988 p. 2). The label of deviant that is applied to homosexual males is a result of stereotypes and unfounded assumptions.

When the behaviour of a social group or member is labelled as deviant, control measures that sanction modes of behaviour are set in place. The placement of these sanctions is society's way of controlling aberrant conduct and is designed to modify or manage behaviour that is seen by society as abnormal. However, "... *before sanctions can be placed an individual must be identified as having broken a moral code and the activity or violation must be seen or visible to other community members to be deemed as deviant*" (Jureidini & Poole 2003 p. 319). In order to avoid negative sanctions, many homosexual males create masquerades that conceal their sexuality from those who would label them as deviant (Robertson 1987; Giddens 2008).

Many of the norms and mores within contemporary Western society that have lead to the labelling of homosexuals as deviant have evolved through the influence of religious and political institutions. In the following sections, the role of these institutions in the historical and contemporary vilification of homosexuals, particularly male homosexuals, is explored.

Religious Influences and Intolerances

Attitudes toward homosexual men in contemporary Western society appear to be moderating, though religious values and attitudes of the past continue to influence negative gay male stereotypes. Over history, homosexual men have suffered religious abuse, harsh laws, and social ostracism. "*From the very birth of Christianity, a hatred existed fully comparable to the hatred directed at pagans and Jews in the first millennium and at heretics, Jews, and witches in the first seven centuries of the second*" (Monteagudo 2003 p. 1).

In 390 AD a decree by Emperor Valentinian was posted that criminalised the practice of homosexuality for the first time (Ensslin 2010). The imposed punishment for this crime was death by burning, which was seen as a fit punishment for homosexuals (Norton 2010). Similarly, laws were passed, at clerical prompting, during the Middle Ages in England that led to the burning, beheading, drawing, hanging or castration of male sodomites. Interpretation of the Bible, during this period, enabled church authorities to blame sodomites for disasters such as

plagues, earthquakes, floods, famines and even defeat in battle. Research also shows that during the renaissance, the Catholic state's prejudice remained strong throughout Europe; sodomy police were introduced to hunt down and execute perpetrators (Crompton 2004).

While the Christian church no longer advocates the death penalty for homosexual men, it still preaches that homosexuals should not be afforded the same moral or legal status as heterosexuals. Pope John Paul II, for instance, had openly stated that homosexuals were an “*offence to Christian values*”, “*objectively disordered*” and “*contrary to natural law*” (Tatchell 2000). In 1999, while he apologised for centuries of Vatican-backed injustice and oppression, such as anti-Semitism and colonialism, Pope John Paul II made no mention of Catholic support for murderous anti-homosexual witch hunts of the past (Tatchell 2000). While Pope John Paul II, in this case, did not go as far as saying that homosexuality is one of the new forms of union that are destroying the family, his successor Pope Benedict XVI made clear the Catholic church's stance on homosexuality by providing guidelines in a 60 page document compiled by The Pontifical Council for the Family² (2006). Titled *Family and Human Procreation* it states, in reference to homosexuality and in vitro-fertilisation, that

Never before has the natural institution of marriage and the family been the victim of such violent attacks ... new models of the family have emerged from radical movements. We have seen manifested panegyrics for the single-parent family and reconstituted, homosexual, lesbian families, etc. Homosexual couples claim the same rights as those reserved to husband and wife; they even claim the right to adoption. Women who are living in a lesbian relationship claim similar rights, demanding laws that give them access to heterologous artificial insemination or to embryonic implants. Never in the past has human procreation, hence the family,

² The Pontifical Council for the Family is part of the Curia of the Roman Catholic Church (The Roman Curia is the administrative apparatus of the Holy See and the central governing body of the entire Roman Catholic Church, together with the Pope. It coordinates and provides the necessary central organization for the correct functioning of the Church and the achievement of its goals). It was established by Pope John Paul II on 9 May 1981 with his *Familia a Deo Instituta*, replacing the Committee for the Family that Pope Paul I had established in 1973. The Council promotes the pastoral care of families, protects their rights and dignity in the Church and in civil society, so that they may ever be more able to fulfil their duties.

been so threatened as in the culture of today. (Pontifical Council for the Family 2006 pp.1-9)

It is clear here that the Catholic Church under the guidance of the present pontiff continues to view homosexuals as a threat to society.

The Old Testament is a Christian text that is seen to legitimatise anti-homosexual feeling. Examples include:

Leviticus 18:22 *Thou shalt not lie with mankind, as with womankind: it is abomination.*

Leviticus 20:13 *If a man also be with mankind, as he lieth with a woman, both of them have committed an abomination: they shall be surely put to death: the blood shall be upon them.*

Though, to put this in proper perspective, it should be pointed out that Leviticus also condemns haircuts, eating shellfish, wearing fabric made from two different fibres and planting two different crops in the same field (Nussbaum 2004).

Setting values and attitudes, with regard to sexual behaviour and procreation, is another illustration of how many denominations of the Christian church have justified their negative stance on homosexuality. The belief that sex is only for procreation has been influenced by the Old Testament, which urges the faithful “*to be fruitful and multiply*” (Genesis 1:28) and censures those who waste their seed. Wink (1999 p. 34) states that “*The spilling of semen for any non reproductive purpose – in coitus interruptus (Gen. 38:1-11), male homosexual acts, or male masturbation – was considered tantamount to murder.*” The penalty of death was imposed on anyone who practiced homosexual acts (Wink 1999).

The New Testament and the teachings of Saint Paul, who recommended total abstinence from sex and tolerated marriage only on the grounds that “*it is better to marry than to burn*” (Corinthians 7:8), has also influenced these beliefs. Christianity has, traditionally, strongly emphasised that the sexual act was morally acceptable if the partners were married and if the purpose of sexual intercourse was reproduction. Sex for pleasure alone, especially outside the sanctity of marriage, was considered as immoral (Boswell 1981; Robertson 1987). Consequently, homosexual males are allotted the stigma of sinner by the perception that they

choose not to procreate, waste their seed by partaking in oral and anal sex, and simply enjoy sex for pleasure.

The proportion of the population that claims religious affiliation has declined in recent decades. The Australian Bureau of Statistics (2006) identifies that from the inception of the census in 1901 there has been a steady increase in the population who do not have a religion, 0.4% in 1901 as compared with 15.5% by 2001. Thus, it may be argued that religious influence on Australian individuals is not as strong in contemporary society as it has been in the past. While Western societies still adhere to many of the norms and mores of the past that were set in place by the Christian church, the continuance of these outdated social norms may be attributed, in part, to the legislation set in place by government institutions that has been influenced by religious doctrine.

Political Institutions and Discriminatory Law

Contemporary Australian values and attitudes toward homosexual men are heavily influenced by British laws developed during the 18th century. The effect of these laws has reinforced socialised stigma that not only labels homosexual men as sodomites, but also applies derogatory labels to any male who behaves in an overly emotional or feminine manner³ (Robertson 1987). On this topic, Goldsmith (1998 p. 24) states,

The resulting social pressures exerted on the male sex not to appear effeminate produced an unnatural situation in which the traditionally masculine virtues of energy, courage and fortitude were thought incompatible with the expression of tender feelings. Showing affection for one another with hugs and kisses were behaviour that was considered inappropriate for the „stronger’ sex. Men became emotionally inhibited. The law condemning sodomy validated the homophobia of the zealous; who predicted dire consequences for society if homosexuality were tolerated.

³ Since Robertson’s assertions in 1987, considerably more latitude is afforded to men in displaying emotions in public which, arguably, has evolved since the advent of the ‘sensitive new-age guy’ (SNAG) in the 1990s. Also, with the advent of the ‘metrosexual’ in the 2000s, it is becoming acceptable for heterosexual men to exhibit some traits, particularly with regard to grooming and clothing, that were historically associated with homosexual men.

Until recent decades, homosexual sex was a criminal activity in Australia, which promoted antagonism in the wider community towards homosexuals and, though no longer enshrined in law, persists in many peoples' attitudes. South Australia was the first state to decriminalise homosexual acts in 1972, followed by the Australian Capital Territory in 1976, Victoria in 1980, with the other states and the Northern Territory decriminalising homosexual acts between consenting adults in the 1980s (Jureidini & Pool 2003). While Tasmania did not decriminalise homosexual acts until 1997, and only as a result of a decision of The High Court of Australia that the *Federal Human Rights (Sexual Conduct) Act of 1994* overrode the Tasmanian Criminal Code, it is worthy to note that more recently Tasmania has taken the lead in human rights. On the 10th December 1998 an antidiscrimination bill was passed in Tasmania's Upper House which, at the time, was the most comprehensive antidiscrimination legislation in Australia. The International Lesbian and Gay Association (2003 n.p.) remarked that

On top of the usual prohibitions on sexuality and transgendered discrimination the new legislation outlaws incitement to hatred against sexual minorities. Moreover, there are virtually no exemptions, except where discrimination is necessary to protect disadvantaged groups. Organisations like church schools, which in some other states are permitted to treat gays and lesbians unfairly, have no such leeway in Tasmania. Churches are even acting illegally if they discriminate against lesbian, gay, bisexual or transgendered priests and parishioners.

Despite the decriminalisation of homosexual sex in all states and territories of Australia, a negative view of homosexuals persists in large sections of society. Much of the abuse and discriminatory behaviour directed at the homosexual community is sanctioned through laws that continue to limit the rights of homosexuals. For example, while the complete ban on male homosexual sex in Western Australia was lifted in 1989, the age of consent and public decency laws were left in place and continue to discriminate against homosexual men. The International Lesbian and Gay Association (2003 n.p.) states that

Although Western Australia decriminalised homosexual sex in 1990, its legislation maintains a preamble that states Parliament's disapproval of

relationships between persons of the same sex, of institutions encouraging same-sex relationships, and of the involvement of homosexuals in the care of children where homosexuality is portrayed in a positive light. The same legislation also contains a „prosdytising’ clause, based on Britain’s notorious „Section 28’, which attempts to ban public actions and teaching in primary and secondary schools which portray homosexuality in a positive light.

This type of inequity encourages society to tolerate and endure homosexuals rather than accept them. Tolerance contains an element of condescension of hierarchy, while acceptance implies an acknowledgment of equal validity for differing ideas and lifestyles (Ratti 1993).

In the article *Same-Sex Relationships – Some Australian Legal Developments*, the Honourable Justice Michael Kirby (1999) states that examples of discrimination toward homosexuals are many and found in every corner of the law – even unexpected corners. Kirby cites the *Stamp Duty Act 1920 (NSW)*, the *Superannuation Act 1916 (NSW)*, the *Adoption of Children Act 1965 (NSW)* and the *Evidence Act 1995 (NSW)*, but it is the discriminatory and controversial *Marriage Act 1961* that continues to be the subject of significant community debate.

On May 27, 2004, the Attorney General introduced legislation to amend the *Marriage Act 1961*, which gave the definition of marriage in Section 5 as “*Marriage means the union of a man and a woman to the exclusion of all others, voluntarily entered into for life*”, and the explicit denial of recognition of foreign homosexual marriages in Section 88EA “*A union solemnised in a foreign country between: (a) a man and another man; or (b) a woman and another woman; must not be recognised as a marriage in Australia.*” The then Australian Prime Minister, John Howard, said of this “*It is something that ought to be expressed through the elected representatives of the country and that is what we have decided to do*”, “*Marriage is a bedrock institution...you’re talking here about the survival of a species*” and “*We’re protecting the most important institution in our society*” (LifeSiteNews.com 2004 n.p.). How the heterosexual institution of marriage and the survival of the species are threatened by allowing homosexuals equivalent

rights to marriage was not detailed. These legislative changes, with the full support of the Prime Minister, have the ability to sway public opinion and culminate in further discrimination and stigmatisation of those who do not conform to these social ideologies.

Laws that stigmatise the homosexual community disavow homosexuals the same status, basic human rights and obligations as anyone else. They are not only denied the recognition of an emotional relationship, but also the same legal status that is given to heterosexual marriage, such as the rights to share in pensions and other economic benefits (Giddens 1992).

There are examples where Western political institutions continue to discriminate against homosexual men, reflecting the belief by sections of the community that homosexuals are not entitled to equal rights because there is no moral equivalence between heterosexuality and homosexuality (Giddens 1992). For instance, the day after a Senate inquiry recommended against allowing same-sex marriage in Australia, Family First Senator Fielding spoke out against gay marriage, implying a connection between gay marriage and incest

A bloke cannot marry his brother; it is not right. A woman cannot marry her sister; it is not right. A bloke cannot marry a bloke because it is not right, and a female cannot marry a female because it is not right. I don't support this. (The Age November 27th 2009)

During parliamentary debate on Queensland's adoption laws, Queensland Independent MP Dorothy Pratt said

Gay and de facto couples should be stopped from adopting. In my opinion a child deserves a mother and a father, if possible, and that whether you regard homosexual activity as a normal part of life or not, I don't. (Sydney Star Observer, 11th August 2009)

These discriminatory political views serve to legitimise discrimination against homosexuals and reinforce the stigmatisation of homosexual men in Australia. The advent of HIV/AIDS and its role in further reinforcing negative views of homosexual men in Western society is now discussed.

HIV/AIDS and the Stigmatisation of Homosexual Men

It is clearly documented (Rosenburg 1989; Callen 1990; Herek 1998) that HIV/AIDS evokes stigma, and thus, the association of the disease and illness with an already stigmatised group has impacted attitudes toward persons perceived most likely of contracting HIV/AIDS – gay men. Consequently, *“The AIDS pandemic has brought to the fore intolerances and prejudicial behaviour that is seen by many as warranted, the disease has given bigots an excuse to act out their hatred”* (Goleman 1990 p. 20). The recent HIV/AIDS pandemic has had, and continues to have, a detrimental effect on the perception of homosexuality in Western society; HIV/AIDS has compounded negative attitudes toward an already stigmatised social minority (Sendziuk 2003).

In the early 1980s, there was little understanding of how HIV was transmitted, and misinformation was allowed to profoundly shape the public’s attitude towards people with HIV/AIDS, especially homosexual men who were often seen as responsible for the pandemic. Conspiracy theories quickly developed, for example

AIDS was created by biological scientists at the Centre for Disease Control in an effort to generate funding for their activities; that AIDS was part of a capitalist scheme to create new markets for pharmaceutical products; that AIDS was the result of genetic mutations caused by mixed marriages and that AIDS was actually an ancient plague stored in Tutankhamen’s tomb which was unleashed in America when the Tutankhamen exhibit toured the United States in 1976. (Treichler in Sendziuk 2003 p. 11)

Further encouragement for the AIDS hysteria were the views espoused by many of the „religious right’ who believed that AIDS was the wrath of God, punishment for the depraved activities of homosexuals. The idea that AIDS is a plague sent by God to punish perversion even found expression in some respectable medical quarters. An editorial in the *US Southern Medical Journal* asked, *“Might we be witnessing, in fact, in the form of a modern communicable disorder, a fulfilment of Saint Paul’s pronouncement: the due penalty of their error?”* (Altman in Khemet 1989 n.p.). Other theories include *“... that AIDS was a subconsciously triggered immuno-suppression stimulated by individual’s intense feelings of guilt about*

their past or present sexual activities” (Sendziuk 2003 p. 11) and that AIDS was caused by the homosexual lifestyle. Some commentators have been quick to explain that the theory of „homosexual lifestyle’ is a manifestation of homophobia, and has unfortunately led to the stigmatisation of all gay men, regardless of how they led their lives (Sendziuk 2003).

Regrettably, not all diseases and illnesses are viewed equally in society. Certain diseases and illnesses have negative implications that affect the perception of, and behaviour towards, those who are afflicted. As Conrad has noted

Certain illnesses including leprosy, epilepsy, STDs and AIDS have acquired moral meanings that are inherent in the very construction of the illnesses image and thus affect our perception of the illness and our reaction to those that have it. These illnesses carry considerable potential to stigmatise individuals, adding social suffering to the physical difficulties.
(Conrad 2000 p. 92)

The motivation for this discriminatory behaviour may be found in society’s beliefs with regard to disease and illness. Dominant social discourse insists that members contribute to society, whether through economic, philanthropic, procreational or other such means. It is commonly perceived in Western society that an individual suffering a long-term illness cannot fulfil this requirement (Kitagawa & Hauser 1973; Conrad 2000).

Sociology texts, for example Robertson (1987), Martin (1994), Giddens (1997), Browne (1998) and Roth-Roemer *et al.* (1998), develop the concept of the „sick role’ in society that outlines a pattern of behaviour expected of someone who is ill. Sociologist Ian Robertson maintains “*when you feel ill, you do not behave normally and as a consequence change your social behaviour carrying with it specific privileges and responsibilities*” (Robertson 1987 p. 425). Symptoms, pains and weaknesses that societies attribute to „being sick’ are created by cultural and moral values. The result is a transformation of physiological symptoms into illness with labels and the people who have them into patients. Power differences and moral judgements heavily influence this transformation where not all patients are equal – gender, racial ethnic category, social class, physical ability, sexual

orientation and type of illness produce differences in social worth (Lorber & Moore 2002). With regard to community attitude to illness Giddens (1997 p. 127) stated that “*Most forms of illness arouse feelings of sympathy or compassion among non-sufferers. When an illness is seen as uncommonly infectious, or is perceived as somehow a mark of dishonour or shame, sufferers may be rejected by the „healthy’ population.*”, and with specific reference to AIDS Altman, Perrow and Gullen (in Conrad 2000 p. 92) summarise public perceptions in the 1980s and 1990s, stating that

The image of AIDS in recent years was fundamentally shaped by the stigma attached to the fear of contagion. A fear virtually unprecedented in contemporary society, led to an over reaction to the disease, which often bordered on hysteria.

Consequently, gay men with HIV/AIDS can be vilified on three fronts. First, they are seen as unlikely candidates for perpetuating the population and, second, the perception that their chronic or terminal illness eliminates them from being an economic asset to the community and, third, can be seen as a source of fatal contagion that directly threatens society. This social perception and stigmatisation of gay men with HIV/AIDS has been fortified by the popular media, religious dogma and medical institutions.

Since the onset of HIV/AIDS there has been a persistent focus on homosexual transmission, which was the first method of transmission to become apparent. When HIV/AIDS was first diagnosed in the United States in 1981, it was identified in the media and medical literature as an epidemic of urban, gay, mostly white middle- and upper-class men. Thought to be caused by promiscuity and high living, it was called GRID (Gay Related Immune Disease). Although, it has now become clear that HIV is spread equally effectively by heterosexual contact, passing from male to female and from female to male. Indeed, worldwide, heterosexual contact is the most common means of transmission of HIV, and has spread throughout Africa and Asia primarily through heterosexual transmission (Herek 1999; UNAIDS 2009; Norton 2010). Regardless of this fact, many still see it as a gay disease. Subsequently, the role of homosexuality itself as a disease risk factor has been exaggerated to such an extent that it has revealed pre-existing prejudices

and intolerances. The dread of HIV/AIDS is, in large part, a reflection of Western societies' dread of homosexuality (Waldby 1996; Fife & Wright 2000).

In the following sections it will be seen that sensationalist reporting by the media (Sendziuk 2003) and the objectification of HIV/AIDS patients by medical practitioners (Patton 1990) has influenced the perceptions of the Australian public, and have, in part, added to the stigmatisation of male homosexuals with HIV/AIDS.

Media

At the onset of the AIDS crisis, negative attitudes toward homosexual men were amplified through sensationalist news media reporting, which helped cultivate a belief in the broader community that HIV/AIDS was an exclusively gay disease. As an example, some media headlines in the USA in the early 1980s clearly demonstrate a homophobic tone in the popular media.

- “*GAY PLAGUE BAFFLING MEDICAL DETECTIVES*” (*Philadelphia Daily News*, 9th August 1982 in Sendziuk 2003).
- “*BEING GAY IS A HEALTH HAZARD*” (*Saturday Evening Post*, October 1982 in Sendziuk 2003).
- “*GAY CANCER FOCUS OF HEARING*” (*The Washington Blade*, 16th April 1982).
- “*GAY PLAGUE MAY LEAD TO BLOOD BAN ON HOMOSEXUALS*” (*Daily Telegraph*, 2nd May 1983).
- “*ALERT OVER GAY PLAGUE*” (*Daily Mirror*, 2nd May 1983).

Headlines such as these persisted throughout the decade even though it was known that one third of those diagnosed with HIV/AIDS in the USA were not homosexual. Accordingly, the initial publicity of heterosexual infection was virtually ignored. This omission aided, in part, the re-emergence of prejudices toward homosexuals (Sendziuk 2003).

Parallels to the representation of HIV/AIDS in the USA were seen in the Australian tabloid press. Upon news of the first Australian to develop AIDS, a tabloid headline declared “*MYSTERY GAY DISEASE HITS HERE*” (*Truth*, 9 April 1983 in Sendziuk 2003). After three Queensland babies died through medically acquired HIV from blood donated by a homosexual man, the *Midweek Truth*, 3rd December 1984,

printed a full-page headline that quoted the father of one of the babies demanding “*DIE, YOU DEVIATE*” (Giddens 1997; Sendziuk 2003).

The popular news media helped form a common public belief that homosexual men were responsible for exposing other Australians to the pandemic. This intensified the public’s anxiety about HIV/AIDS which led to the belief that all homosexuals were, or would soon be, infected. Consequently, this anxiety manifested in the persecution of, and discrimination against, homosexual men. Illustrations of this include:

- A Sydney dentist banned homosexual patients from his surgery in August 1983 (Sendziuk 2003 p. 2),
- Sydney Telecom engineers refused to carry out repairs at the Pitt Street mail exchange because, they claimed, it was staffed by large numbers of homosexual telephone operators who probably had AIDS (Sendziuk 2003 p. 2), and
- Plumbers refused to fix pipes in restaurants where gay men might have eaten or cooked through fear of ‘catching AIDS’ (Rusden 1993).

While the public is now, arguably, more aware of the issues surrounding HIV/AIDS, fear of contamination by gay men still remains. The article *HIV & AIDS Discrimination: Your Rights* by the Anti-Discrimination Board of Australia (2005), highlights some recent cases of discrimination:

- A man living with HIV complained that people with HIV were made to receive segregated treatment at a dental clinic,
- A manager of a country club was dismissed when his employer discovered he was gay and HIV positive. The manager was healthy and had no symptoms of the disease,
- A cook in a canteen, suspected of being homosexual and of having AIDS, was asked to leave because his presence was “upsetting other staff”, and
- An experienced booking clerk was refused a job with three airlines after they discovered he was HIV positive.

Clearly, discrimination by the media and the general public towards male homosexuals has been, and continues to be, a cause for stigmatisation. This

stigmatisation has, in some sense, been compounded by attitudes disseminated by the medical profession.

Medicalisation

In the Western world the medical profession are trained to treat patients objectively, without regard for their social, financial or sexual status. Unfortunately, this objectification of the body has had unintended consequences with regard to stigmatisation of HIV infected homosexual men.

Sections of the medical community have promulgated particular values and attitudes that influence the perception of disease. Patton (1990 p. 227) explains that *“Gay men have been so intensely medicalised and so closely associated with the AIDS epidemic that gay men are effectively treated by public health discourse as if they themselves were the virus.”* Pathologising the gay male sufferer seems to imply criticism of the affected individual; that they are not only responsible for the danger of contagion, but also for their own illness. Jureidini and Poole (2000 p. 90) make the point that

Since health is normative, illness can be seen as deviant. However, the sick role is a form of dealing with social deviance by the use of social control, since the aims of the physician are to overcome peoples' illnesses and return them to normal social functioning. The medical profession is important in defining the social context of the illness by using technically competent means of returning the sick person back to normal social functioning.

As a result, the medical profession has greatly extended its influence as an agent of social control and exercises considerable influence in the shaping of the socially constructed body. *“We have been socialised in bringing every stage of life – conception, birth, nurturing, sexual conduct, illness, pain, aging, dying – into the administration of bureaucratised centre of professional care”* (Hatty & Hatty 1999 p. 19). Conrad (2000 p. 404) supports this by stating that the pervasiveness of the medical profession in contemporary Western cultures has led to *“medicalising much of daily living, by making medicine, and the labels ‘healthy’ and ‘ill’ relevant to an ever increasing part of human existence.”* It has been seen that as

a consequence of medicalisation and objectification that gay men with HIV/AIDS have been labelled as diseased and contagious, which serves to strip them of their power of self determination (Sendziuk 2003).

Strategies to control the AIDS pandemic have not been to target the virus alone, but rather to target the person as the viral agent. Research by Catherine Waldby (1996) discusses that when sexual epidemics are pandemic, each sex and sexual orientation becomes a disease threat to the other, intensifying existing tensions between masculinity and femininity, heterosexuality and homosexuality. Epidemiology classifies sexualities, and individuals are divided into various categories of „risk groups’. These categories determine who is to be targeted and by what strategy. By doing so a sexual hierarchy is created. Risk categories organised by sex or sexuality maps itself into the hierarchy already implied in the binaries of sexual identity, so that women are treated as threats to men, and homosexuals as threats to heterosexuals.

„Targeting’ involves the pathologising of sexuality, this instils a sense of responsibility for potential transmission to others, and the adoption of disciplined sexual practice. It may involve an encouragement of HIV testing and various kinds of epidemiological and clinical surveillance. Interference with an individual’s liberty is seen to be justified in the prevention of harm to others. Individuals who were perceived to be negligent and selfish, such as homosexuals, prostitutes and intravenous drug users, were deemed to be „pools of infection’ and „vectors of disease transmission’. These sub-cultures were believed to pose the greatest threat to other members of society. For this reason they were believed, by some, to pose the greatest threat to society and were consequently in need of surveillance and control (Waldby 1996; Sendziuk 2003).

In summary, the stigmatisation of homosexual males has evolved over many centuries, with major contributions from dominant religious and political institutions. This has led to labels such as „deviant’ and the commonly held belief that male homosexuals threaten family morals and the safety of children through sexual predation. In recent decades, with the emergence of HIV/AIDS, this stigmatisation has been compounded, and gay men are often seen as a potential

source of contamination. While attitudes toward homosexual lifestyles in Western society have moderated in recent times, past injustice still influences contemporary attitudes where discrimination, vilification and stigmatisation of gay males are still tolerated by some members. Additionally, gay men with HIV/AIDS have been so intensely medicalised, objectified and pathologised by medical discourse that they are often treated as if they were the disease. This discourse has had the unintentional consequence of adding to the already negative attitudes toward homosexual males.

3

The Deliberate Masquerade

This chapter explores the concept of the masquerade as subversive and deliberate. It discusses why many gay men in Western cultures have chosen to adopt a masquerade that mimics a culturally normative ideal of male behaviour; a hegemonic masculinity⁴. The concepts discussed in this chapter are a central theme in the visual artwork accompanying this exegesis, which is focused on the prominence that the masculine masquerade has achieved since the onset of HIV/AIDS in the early 1980s. Masquerade and its relationship to identity politics has been an issue of critical debate in several theoretical fields including cultural studies. However, attending to all these various aspects is beyond the scope of this exegesis and its central concerns. As with other issues addressed in this exegesis, this discussion of masquerade draws mainly from a sociological perspective.

A formal dictionary definition of masquerade is given as “A false show or pretence, the wearing of a disguise” (*The Oxford Dictionary of English* 2005). However, it is important to note that while definitions of disguise and masquerade each share attributes of each other, and are often used as a synonym for mask, they differ in terms of totality and intention. On the nuances of their meaning, Tseelon (2001 p. 1) states

The mask represents (it can be symbolic, minimal, token or elaborate). Disguise is meant to hide, conceal, pass as something one is not. Masquerade, however, is a statement about the wearer. It is pleasurable, excessive, sometimes subversive. The mask is partial covering; disguise is full covering; masquerade is deliberate covering ...

The masquerade, as discussed here, calls attention to issues of identity and the relationship between the supposed identity and its outward manifestations. By creating deliberate masquerades individuals create their own social identity which, in essence, is a lie that manipulates the gaze of others. When an individual

⁴ See page 28 for a fuller definition of hegemonic masculinity.

commits to masking their true identity they have, in effect, been transformed (Cole 1985). This false identity functions as protection against possible negative attitudes toward the individual by other individuals or groups for behaviour that may be deemed as inappropriate or deviant (Loughery 1998, Nicholson & Seidman 1999).

For gay men the masculine masquerade can serve a dual purpose. Firstly, the masculinisation of their body satisfies dominant Western perception that men are strong and virile – thus masking the sexuality of gay men who choose this masquerade. Secondly, it addresses the normative view that the body should be free of disease and therefore productive – thus masking their HIV status. The deliberate decision by many gay men to emulate the dominant and powerful status of hegemonic masculinity is rewarded by evading negative sanctions that might otherwise be imposed upon them. For gay men with HIV/AIDS, this is especially important as it prevents them from being readily identified as HIV positive and so avoids sanctions from both the heterosexual and homosexual communities.

Identity and the Masquerade

The masculine masquerade is but one of the many masquerades that an individual can undertake. Some are deliberate, while others are developed subconsciously, as a response to conditioning. All of them, though, can be seen as a means for constructing oneself that is acceptable to the individual and to society. How we see others and how we believe others see us is critical in this construction and influences how we represent ourselves to others. The notion of identity alerts us to the inevitability of difference and provides the basis for understanding what holds us together, but more importantly what sets us apart. An intimate connection exists between inclusion and exclusion and how social order is achieved by suppressing all that is seen as „other‘ (Woodward in Tseelon 2001). Thus, there is interplay between our subjective experience and the cultural and historical settings in which masquerades are formed.

Society applies a set of social positions, or statuses, in order to operate successfully. Each status is accompanied by its own set of norms and values that define how members of a particular status are expected to act. This group of norms is

known as a role. For instance, the status of the male gender is accompanied by roles of heterosexuality, procreator, protector, provider and so forth. A male that achieves all of these roles associated with the male gender will achieve a high status, which is seen as an amalgamation of accepted and approved roles (Duneier & Giddens 2000; Van Krieken 2000; Jureidini & Poole 2003). As discussed in Chapter 2, negative sanctions are set in place to control any behaviour by male individuals who are seen as less than the approved and sanctioned masculine ideal, they are labelled as deviant. Indeed, positive or negative sanctions are the main mechanisms by which societies achieve order and stability. Derogatory language, for instance, plays an important role in social control; effeminate behaviour by men, gay or straight, is likely to attract derisive comments from others such as „faggot’ and „poofter’ for example.

Contemporary theories of masculinity emphasise that there are multiple and different forms of masculinities. The term ‚masculinities’ was coined to reflect the significance of differences among men in totality. It was suggested by Connell (1995) in *Masculinities* that it is possible to identify a hegemonic masculinity that dominates other types of masculinities. It is defined as “*the configuration of gender practice which embodies the currently accepted answer to the problem of legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordinate position of women*” (Connell 1995 p. 77). Many men, especially those who identify themselves as homosexual, occupy a kind of compromised zone between hegemonic masculinity, subordinate men and women. Particular masculinities are themselves subordinated by the hegemonic practice. It is this hegemonic masculinity that many gay men have chosen to adopt in their masquerade.

Contemporary sociologists, such as Anthony Giddens (1991) and Charles Powers (2004), have explored the sociological model of the ‚flexible-self’ where, as the term implies, there are roles in society that need to be flexible. For instance, many gay men live dual lives in which their bodies and demeanour must satisfy heterosexual norms that ‚fit in’ with Western cultural conventions, yet, they must also ‚fit in’ with the cultural conventions of the gay world (Drummond 2005).

The narrative of self has in fact to be continuously reworked, and lifestyle practices brought into line with it. Such choices are not just external or marginal aspects of the individual's attitudes, but define who the individual is. (Giddens 1991 pp. 74-75)

This continual reworking of roles places great pressure on identity. Individuals and groups are increasingly required to consistently reproduce their identity; they must generate a believable account of who they are.

For those who choose to adopt a masculine masquerade, a great deal of desire, motivation and dedication is required to achieve success in their deception. A recent study of a group of young gay males by Drummond (2005 p. 278), noted that these men had to “...maintain a certain masculine presence in the heterosexual world while constructing and maintaining another in their gay culture... the way in which they act in terms of public portrayal of masculinity has to be continually assessed and acted out according to the situation and the environment in which he is located.” To be successful in this external deception their speech patterns, gestures, manner, and general bearing must be rigorously maintained, otherwise the masquerade has the potential for failure. “*The personal and psychological demands of maleness, coupled with the political and social pressures to conform to its manifold codes, require the subject to be constantly vigilant, lest he suffer internal and external sanctions ... the performance of masculinity presupposes the presence of a discriminating audience, and the performer knows that the success or failure of the masquerade is ultimately measured in the eyes of others*” (Perchuk & Posner 1995 pp. 29-30).

Who we are and the roles we choose are profoundly influenced by historically constructed values and mores regarding gender, in turn this influences the development of men's self identity. Many gay men have chosen the mask of masculinity in their quest to be seen as valued members in Western society. In *The Masculine Masquerade*, Perchuk and Posner (1995 p. 21) make the point that

To be constructed as male means to perpetually exhibit a complex array of cultural codes that signal one's sexual identity, family, work and social status. These signals are under constant scrutiny, certainly by women,

and no less by other men who also engage in the rigorous and unending regimen of „internal surveillance’.

While the genitalia differentiate male from female, masculinity and femininity are the domain of gender. Gender, from this point of view, is a role not a biological condition. *“Our performance of gender is artifice, in the sense that it is created by us and is not ‘natural’ but not implied in the sense that the artifice masks some other truth”* (Brod in Perchuk & Posner 1995 p. 17). This distinction between biological sex and social gender laid the foundation for rethinking the notions of masculinity.

The masculine masquerade panders to assumptions about the gendered body where it seeks to emphasize positive male stereotypes and mask negative stereotypes that are closely associated with homosexual men, disease and illness. While the stereotypical role of hegemonic masculinity adopted in this masquerade is dominant and powerful, *“These roles are all dangerous and competitive; failure in any of these roles carries high cost”* (Van Krieken 2000 p. 409). Punishment through ridicule and other negative sanctions encourages gay men to take physical and psychological risks in the construction of their masquerade.

HIV/AIDS and the Masquerade

Since the onset of HIV/AIDS, gay male body image has attracted increasingly close scrutiny by both heterosexual and homosexual communities in contemporary Western cultures. This has altered the requirements of a masculine masquerade. In Perchuk & Posner (1995), Brod affirms that according to traditional views only feminine men would adopt a masquerade. However, this does not take into account contemporary developments, where homosexual men have been pathologised to such an extent, that many in the heterosexual community intimately link gay men with HIV/AIDS. Consequently, the masquerade has a dual purpose. It masks sexual preference and, by extension, masks any perceived association to HIV/AIDS from both heterosexual and homosexual communities.

While, arguably, the gay community is more aware of the issues relating to the HIV/AIDS pandemic, sections of this community continue to place negative



Fig. 3.1: Buffalo hump. Courtesy hivandhepatitis.com 2005

sanctions on individuals who are suspected of being HIV positive. Identifying an individual as HIV positive is possible by recognising the side effects of some Highly Active Anti-retroviral Treatments (HAART) for HIV. For instance, Lipodystrophy – a general term for all metabolic changes resulting from these treatments – has a characteristic wasting of fat from the face, arms, legs and buttocks and fat gain in the abdomen, breasts, and over the back of the neck. In particular, the fat gain over the back of the neck, called ‘buffalo hump’ (Fig. 3.1) is a strong identifier. Furthermore, wasting from the face, arms buttocks and legs results in an appearance that is colloquially known as ‘the AIDS look’. These changes in body shape have a significant implication; while the anti-retroviral treatment keeps AIDS at bay, the side effects give the patient the appearance of someone with the illness (Fig. 3.2) - this is readily identified by gay men. With reference to this ‘look’ and the gay community, Asha Perssons (2003 p. 14) in *Shaping Lives* states that

As a consequence, there has developed a subtle division within the gay community between HIV positive people and HIV negative people. This has resulted in alienation, a loss of self-esteem, and a self-imposed isolation of affected individuals because they fear discriminatory behaviour from other gay community members.

Unfortunately, Lipodystrophy sufferers have difficulty in constructing a masculine masquerade as no amount of exercise or body building can reverse the wasting of fat. More significantly, though, is that any individual whose body is naturally thin may be linked to the disease and likely to attract negative sanctions from both homosexual and heterosexual communities.



Fig. 3.2: Facial Lipodystrophy, „AIDS look?.
Courtesy Touch Cardiology 2005

Studies have found that in contemporary Western society there is a positive correlation between the opportunities given to individuals and their physical attractiveness (Buss 2003; Patzer 2006). The physical characteristics of hyper-masculinity such as symmetry, proportion and muscularity are generally accepted, in both homosexual and heterosexual communities, as being physically attractive and “...can have a considerable effect on how people are judged, in terms of employment, social opportunities, friendship, sexual behaviour and marriage” (Lorenz 2005 n.p.). Individuals perceived to be highly attractive also tend to be attributed with other positive characteristics/judgements, such as intelligence and honesty (Buss 2003; DeWall & Maner 2008). A masculine masquerade that adopts the hyper-masculine form, therefore, triggers an immediate response based on these positive judgements and influences how those undertaking the masquerade are treated and judged by the wider community (Patzer 2006 p. 19). This physically attractive masculine masquerade not only masks sexuality and HIV status, but gives a further powerful motivation to adopt it. The enhancement in physical attractiveness also significantly enhances sexual appeal and hence offers advantages in attracting a sexual partner.

The Masculine Masquerade

The desire to create a stereotypically masculine masquerade that gives the perception of a healthy body can lead gay men to go to extraordinary lengths to

attain these ideals, including rigorous exercise regimes and expensive cosmetic surgery procedures. Research into the attitudes of young gay men by Drummond (2005 p. 277) found that they consistently identified *“physical strength as a perceived signifier of masculinity in Western culture...the body has become a central point around which these men display their masculinity to others as well as developing a personal sense of masculine identity.”* Consequently, the muscular body is an important signifier of masculinity and is commonly chosen by gay men to mask their perceived deviance.

During the 1980s, as AIDS ravaged the gay community and a sufferer's physical appearance reflected the pathology of the body, the popularity of body building increased markedly in the homosexual community. Drummond (2005) states that 80% of body builders in a sample group he studied were gay and that their obsession with appearance was a backlash against the HIV/AIDS hysteria. In relation to these statistics Drummond (2005 p. 280) suggests that

... the influx of gay males into the bodybuilding subculture was largely a consequence of not wanting to look thin and unhealthy in the wake of the HIV/AIDS panic. By maintaining a slender physique that had been stereotypically linked to gay men, there was a possibility of being perceived as having contracted HIV/AIDS.

Thus, it is no coincidence that gay men became interested in „bulking up' during this period. To help combat the physical side effects of AIDS and HAART treatments for HIV, a large proportion of the gay male community took control of their bodies by embarking on strict exercise programmes. Furthermore, for the ever-growing number of still-healthy gay men with HIV, the ability to do strenuous exercise reaffirms that they are not ill. It should also be noted that a significant number of uninfected gay men also keep fit as a way of demonstrating to the wider community that they are not diseased (Klein 1993; Drummond 2005). Since the early era of HIV/AIDS, however, there has been a trend in the wider community towards healthier lifestyles and more muscular physiques. The quest by contemporary gay men to build their bodies now forms a part of this community-wide shift in body image (Drummond 2005; Orbach 2009).

For individuals who cannot attain the stereotypical appearance of masculinity and health through physical exercise, as in lipodystrophy sufferers, or do not have the desire to „work out’, cosmetic surgery is frequently used to sculpt their bodies. The importance placed on body image in gay communities is reflected by the full-page cosmetic surgery advertisements that regularly appear in publications that target a gay audience (Fig. 3.3). Since 1983 there has been a significant increase in men requesting plastic surgery and while the evidence is largely anecdotal, in *Shortcut to a Perfect Body* Allison Schechter (2004 p. 1) comments that

... there are no statistics on sexual orientation of cosmetic surgery patients, but doctors maintain that a majority of patients are gay men after a gym physique. The most popular procedures for men are liposuction, pectoral and calf implants, and laser hair removal.

Another traditional signifier of masculinity, body hair, is not adopted as part of the masculine masquerade taken on by gay men as it may hide evidence of a diseased body. For example, Kaposi’s sarcoma (Fig. 3.4), a rare skin cancer closely associated with AIDS, is one of many skin diseases that may be hidden by body hair. Consequently, it has become common for those in the gay community to remove all of their body hair. This reinforces the image of health, vitality and signals a body free from HIV/AIDS. Like recent trends for a more muscular physique in the broader male population, removal of body hair has also become popular in the heterosexual community. However, during the initial hysteria associated with the AIDS pandemic in the 1980s there was a marked difference between gay and straight men with regard to removal body hair (Silberstein *et al.* 1989; Craig 1992; Perchuk & Posner 1995; Drummond 2005).

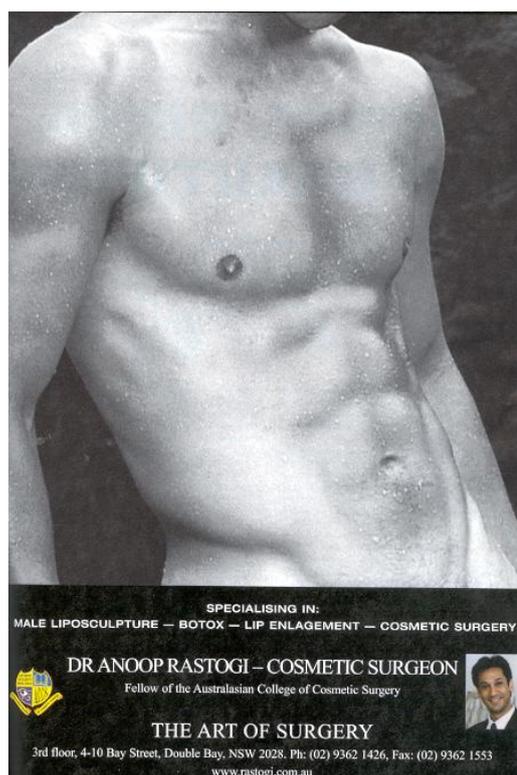


Fig. 3.3: Cosmetic surgeon advertisement. Courtesy *Blue* 2002 n.p.



Fig. 3.4: Kaposi's sarcoma (back). Courtesy In Their Own Words 2006. Kaposi's sarcoma (chest). Courtesy HIV Web Study 2005

The ultimate goal of the masculine masquerade is a body that is perceived as hyper-masculine, the body becomes an exaggeration of stereotypical heterosexual male hegemonic masculinity. These bodies parody traits closely associated with this stereotype, such as virility, strength and dominance. While not all gay men undertaking a masquerade may desire, or indeed have the determination to achieve this ultimate form, it is a stereotype reinforced by popular gay culture. The images shown in Fig. 3.5 are taken from a special edition of the *Blue* magazine (2Blue 2003), a publication whose main audience is gay men. The muscles on these bodies are extremely well defined and developed, and the removal of body hair, including some or all of the pubic hair, highlights this definition. These are examples of the type of physique to be emulated in the masculine masquerade. The result of this masquerade is an individual that is perceived to be heterosexual, masculine and free of disease and as such is respected in both heterosexual and homosexual communities.

The „ideal’ male body image such as that shown in (Fig. 3.5) is not a recent phenomenon. Historical evidence (Davis 1994; Impelluso & Zuffi 2003; Kleiner 2007) demonstrates that body images that conform to a hegemonic masculinity have been used by visual artists for many centuries, and not necessarily in relation to a heterosexual masculinity but also in relation to homosexual men. It is well documented (Percy 1998; Williams 1999; Hubbard 2003) that homosexuality in Classical Greek times was not seen as a deviant activity, indeed homosexual love and the idealised masculine form was highly valued. “*Love between males was in many ways equivalent to marriages of the time and seen as equally important in the life*



Fig. 3.5: Nude male images. Courtesy *2Blue* 2003 n.p.



Fig. 3.6: Classical Greek sculptures of *Aristogeiton* and *Harmonius*. Courtesy Androphile Project 2008

of the individual and was thought to bring out the best qualities in a youth, especially those of manliness and courage” (Androphile Project 2008 n.p.). Perhaps the most notable of this style of body imagery is found in Classical Greek sculpture, an example of which is shown in Fig. 3.6. These sculptures portray two male lovers, Aristogeiton and Harmodius who are, in Greek history, a heroic couple who were honoured by the Athenian people for their attempt to overthrow the tyrant Hippas at the festival of Panathenaea. In these sculptures the idealised masculine image is seen to be in remarkable accord with those presented in Fig. 3.5. These images

from antiquity seek to define an ideal beauty, one that portrays strength, power and dominance. In contemporary Western societies, these same roles are associated with hegemonic masculinity and heterosexuality, rather than homosexuality. It is apparent, therefore, that a masquerade may only be relevant within the social norms and mores of the cultural group for which it was created.

As a means of self definition the deliberate masculine masquerade constructs, conceals, protects and liberates. This artifice, or masquerade, invokes in the wider community an image or perception of what is „real’ and „normal’ and in doing so it provides a means of expression that subverts the public gaze, enabling a sense of freedom.

The Gaze

A significant body of research has been undertaken in social and cultural theory in recent decades that deals with the interactions of observers with the observed, and is referred to as gaze theory. In this theory the „gaze’ is connected to machinations of control and objectification and involves a psychological relationship of power where the gazer is superior to the object of the gaze (Shroeder 1998). Recent developments, particularly those relating to the male gaze, have built on early concepts of the gaze from Freud and his theory of scopophilia (the pleasure derived from looking), Lacan’s mirror phase (an encounter that is essential for the formation of identity) and Foucault who, in his *Discipline and Punish* (1977), elaborated on the idea of the gaze to demonstrate specific dynamics in power relations and disciplinary mechanisms (Thomas 2001).

Feminist film and art theorists in the 1970s and 1980s such as Laura Mulvey, who introduced the concept of the male gaze in her essay *Visual Pleasure and Narrative Cinema* (1975), Mary Ann-Doane, Judith Mayne, Linda Nochlin and Griselda Pollock have all been influential (Sutherland-Harris 1983; Thomas 2001; Harrison 2008; Fram-Kulik 2010). The foundation of their ideas are built upon the premise that men are the initiator of the gaze and that women are the subject of the gaze, which in effect denies them agency, relegating them to the status of objects. Within the context of the visual arts Linda Nochlin also draws attention

to the male gaze and power imbalance of gender arguing that “... *the male artist’s right to represent women is interconnected with the assumption of general male power over and control of women in society*” (Nochlin 1988 p. 2). While the theories and analysis briefly discussed above are primarily gender specific, the underlying analysis of the gaze, with all its complexities and power dynamics, may be applied to other gender interactions. Particularly relevant to the ideas in this exegesis is the gaze undertaken by heterosexual men and women upon HIV positive gay men.

The theory of the gaze is a complex subject and a detailed analysis goes beyond the scope of this exegesis. The overarching ideas of the gaze, however, are an element in the conceptual development of the visual artwork that this exegesis supports, so previous arguments on the masculine masquerade are now briefly reframed in terms of gaze theory.

The masculine masquerade discussed earlier in this chapter seeks to develop an idealised form of masculinity. This hegemonic masculinity is dominant and powerful, and in the context of gaze theory a male exhibiting hegemonic traits is not the recipient of the controlling gaze; the observer does not exert power or psychological control. Consequently, HIV positive gay men may undertake a masculine masquerade in order to divert the gaze and avoid negative sanctions that may otherwise have been attributed to them if their homosexuality, disease or illness were subject to the gaze. In this way, these men use a masculine masquerade to regain power and control.

The concept of deflecting the gaze is used in several ways in the conceptual development of the visual art work accompanying this exegesis. It will be seen in Chapter 5 that the principle forms of the artworks are metaphors that echo the hyper-masculine hegemonic masculinity used by HIV positive men to deflect the gaze. The genre of jewellery has also been utilised, in part, as a metaphor for this deflection. The placement of jewellery on the body attracts the attention of the observer, drawing the gaze away from other parts of the wearer’s body and in so doing it becomes a visual analogue to the masculine masquerade. In the following chapter the response of visual artists to the HIV/AIDS pandemic will be discussed.

4

Artistic Responses to HIV/AIDS (1980 – 1994)

The theme of HIV/AIDS has permeated every conceivable corner of the arts: film, television, theatre, literature, painting, sculpture and so forth. While the tragedy of HIV/AIDS has affected many groups, including those who have been infected through male to female sexual contact, contaminated blood products, medical procedures, recreational intravenous drug use or those infected from birth, the artistic response to the pandemic in Western society has been predominately by gay male artists. Ted Gott (1994 p. 1) suggests that *“This is closely related to current epidemiology of HIV/AIDS in Western society.”*

Statistics by the National Centre of Epidemiology and Clinical Research show that by 31st December 2007 Australia had recorded 27,331 cases of HIV infection, of which 6,767 had progressed to, and died of, AIDS. While Australia’s infection rates for HIV remain relatively low, by world standards, the majority of new HIV diagnoses in Australia continue to involve male-to-male sexual contact. Australia is one of only half a dozen countries in which the majority of new infections are due to male-to-male transmission (National Centre of Epidemiology and Clinical Research 2008). Given these statistics, it is not surprising that the HIV/AIDS pandemic has elicited a strong response from male visual artists in Australia who identify as gay.

Inevitably, the Australian artistic response to the HIV/AIDS pandemic will widen to cover more medical, social, emotional and physical issues as the epidemiology of the disease changes to affect a broader population base, but for now, as Gott (1994 p. 29) maintains, *“The artistic record of the impact of the pandemic on Western gay communities stands as a lasting testament to the heroism of a group which, to date, has borne the brunt of grief and infection in Australia.”*

This chapter explores some of the artworks motivated by the HIV/AIDS pandemic that date from the onset of the disease in the early 1980s up until to the mid 1990s. The visual art examined here has been divided into three main categories:

political/protest, educational and memorial, each directed to elicit different responses from their audience. Many of these artworks are not easily attributed to a single category, and contain elements of all three of these classifications of art. In assigning the works to these sections, the principle motivation of the artist (where known) has been used. One of the most notable artworks on HIV and AIDS that has definite origins in political, protest, education and memorial art movements is the *AIDS Memorial Quilt*. The sheer scale and impact of this community artwork warrants discussion in a separate section.

Political and Protest Art

Political and protest art refers to a form of creative expression that articulates a cause or message with the intent of igniting action or activism. It criticises governing political institutions, gives voice to the marginalised and encourages public involvement in bringing about social change. The most moving and successful of these works provoke and command attention and are not only typically shocking and subversive but also express outrage, fear, empathy and guilt (MacClancy 2007). In the context of this exegesis, protest and politically charged art in the late 1980s and early 1990s reflected the gay communities “...outrage against a governing establishment that ignored HIV/AIDS as a national health crisis; that failed to secure funding for medical research, treatment, and education; that profited from inflated costs for therapeutic drugs; and that perpetuated homophobic misrepresentations of HIV and AIDS” (Jones 2009 n.p.). By raising awareness to critical social and political issues that surround HIV/AIDS and the gay community, this form of art has created discourse that has empowered individuals and communities to make a difference to not only the homosexual community, but to all communities (Frye-Burnham & Durland 1998; Coovadia in Bryan-Wilson & Hunt 2000).

While many of the artworks discussed in this chapter are political in the sense that they make comment on politically charged issues, it is the primary intent of the artist that defines an artwork as political or protest art. Abject art for example, is not political per se but it is the intention of the artists who use abject symbology as a conceptual tool that make it political. The artists discussed in this subsection, Derek Jarman, Dui Seid, Jo Shane, Frank Moore, H. J. Wedge and Brenton

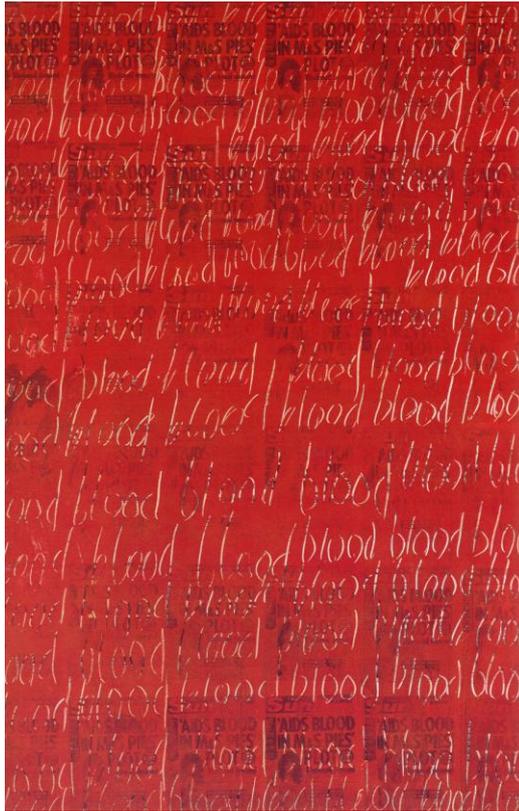


Fig. 4.1: Derek Jarman, *Blood* 1992, oil on photocopy on canvas. Courtesy Gott 1994 p. 86

Heath-Kerr are a small representation of artists whose works protest and politicise homophobic treatment of gay men, HIV/AIDS and the objectification of gay bodies by the medical profession in the early days of the disease and illness.

A crucial role of the visual artists in the framework of this discussion has been to challenge popular media representations in the early years of the pandemic that portrayed gay men as wretched abject bodies that should be feared. Simon Watney comments on this issue stating that the media, at that time, constantly narrated *HIV/AIDS*

“... according to two sets of images; one focusing on colour-stained electron-microscope-derived images of HIV and ... as AIDS victims, physically debilitated and preferably disfigured” (Watney in Gott 1994 p. 150). Visual artists Derek Jarman and Dui Seid illustrate and protest this popular representation of gay men that led many in the wider community to view homosexual men as infectious disposable waste. Jarman’s 1992 composition entitled *Blood* (Fig. 4.1), for instance, protests the popular media’s portrayal of HIV positive gay men as viral and a danger to other community members. This artwork was developed in response to an article in the British tabloid newspaper, the *Sun*, in 1992 titled *BLOOD* that dealt with HIV infection, and uses multiple images of this article to form a mosaic that is over written with the text ‘blood’.

Seid’s work not only criticises popular media, but also dominant political institutions and their influence on popular discourse that render HIV positive gay bodies as abject. In his work *Scum* (1989) the AIDS acronym is spelled out as “ADDICT, INMATE, DEVIANT, SCUM” in bags filled with organic waste.

Dui Seid clearly illustrates the subtext underlying popular discourse on people with AIDS, that they are worthless scum. He is drawing attention to a process, a structure by which people with AIDS are linked to a construction of vile deviancy, of garbage and disgust. (O'Brien 2000 p. 52)

The aim of these artists is to draw attention to negative representations of gay men and to criticise and protest against the abject status that these bodies have been forced to take on (O'Brien 2000).

In the context of the arts the abject can be defined as consisting of “... *those elements, particularly the body, that transgress and threaten our sense of cleanliness and propriety*” (The Tate Gallery 2010 n.p.). It is this perceived „threat’ and abjectification of the gay body that is used as a podium for some visual artists to object and protest. For instance, Jo Shane’s *President’s Choice (This is a P.C. Product)* (1991) (no image), portrays these issues by presenting faces of gay men with AIDS on rolls of toilet paper sealed in plastic, thus making symbolic links between disposability, excreta and the abject AIDS body.

While traditional portraiture tends to romanticise its subject, Shane’s portraiture are, by their form, worthless, disposable, mass produced and cheap. These are portraits that are destined to be covered in shit and disposed of. President’s Choice addresses the process of abjection and the labelling of gay men as waste. (O'Brien 2000 p. 123)

Abject symbology is also used to express these concepts in the work of Frank Moore. In *Bubble Bath* (1990), (Fig. 4.2) everything in Moore’s drawing is disposable and linked to waste; everything (books, drawings of anal sex and cheap consumer items) is going down the toilet (O'Brien 2000 p. 123). By creating visual art that protests and politicises homophobic social attitudes regarding HIV/AIDS and the



Fig. 4.2: Frank Moore, *Bubblebath* 1990, oil on canvas with mixed media, 213×240cm. Courtesy Sperone Westwater 2006

representation of infected gay men as worthless scum these artists draw attention to how the process of abjection has stigmatised and vilified gay men.

Aboriginal artist H.J. Wedge's images (Fig. 4.3) have been described as observances of other people's attitudes, his personal response to media coverage, discrimination and a concern for the empowerment of Aboriginal people (Lockett in Gott 1994). In his 1994 work entitled *Blood Transfusion* he examines prejudice encountered by the



Fig. 4.3: H.J. Wedge, *AIDS* 1994, acrylic on water colour paper. Courtesy Gott 1994 p. 151

HIV-positive child, Eve Van Graffhorst, who was born prematurely and acquired HIV after being infused with infected blood. When her HIV status became public knowledge her family felt it necessary to leave Australia as a result of adverse publicity. Wedge's artist statement regarding this painting contains a powerful message about irrational fear and prejudice in the early days of the pandemic.

When I heard this on the news or Current Affair it really pissed me off how the people in that street of hers she used to talk to, they was her friends. They wasn't much of a friend at all – the fucking bastards. Cause they all jacked up about her sending her baby girl to pre-school or day care, whatever it was at the fucking time. She didn't caught AIDS from nobody else – she got it from somebody who donated fucking blood to save peoples' life. And the fucking worst thing about it she had to leave Australia to fucking move to Tasmania or New Zealand, I think it was. This is what you call good decent fucking people? Well, they are not. Discriminating against a little innocent baby who hadn't had a chance to a long happy life. Her life was cut and youse didn't help at all. Youse just turned your fucking back on them. (Wedge in Gott 1994 pp. 11-12)

The medical profession has also been a focus for many visual artists, evoking comment on the medicalisation and objectification of gay male bodies. As discussed in Chapter 2, medical communities have promulgated particular values and attitudes in that the physical body is the focus at the expense of the psyche.

As medical science battles HIV/AIDS, with some failures and some successes, new art images that relate to the medicalisation and objectification of the gay male body are being produced. Carl Tandatnick's 1993 *AIDS Virus on White Blood Cell/Grey (Virus) Border* (Fig. 4.4) is an example of such. He explores the notion of the medical profession viewing gay male bodies as inhuman entities that have been pathologised to such an extent that they are seen only as disease. By mimicking

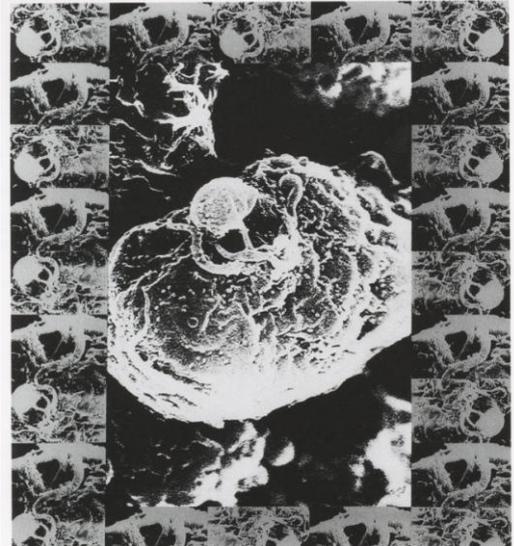


Fig. 4.4: Carl Tandatnick, *AIDS Virus on White Blood Cell/Grey (Virus) Border* 1993, silk-screen ink and paint on canvas. Courtesy Gott 1994 p. 64

images that might be expected in medical texts, his image parodies the medical profession's objectification and pathologising of gay male bodies by removing all traces of the individual and only focusing on the virus within.

Brenton Heath-Kerr's 1994 work *Homosapien* (Fig. 4.5) explores similar ideas by printing a pattern of muscles on a latex body suit so as to display the internal physiological structure of the body on the surface. The costume/body suit not only represents the body laid bare by the ravages of HIV/AIDS, but also observes how medical interventions have, and continue to, objectify and pathologise those who live with HIV and AIDS. All essence of a human being, love, emotion, personality has been removed. This suit of muscles and organs is entirely immersed in biomedical representation where it becomes an illustration of the objectification of the gay male body (Bunyan 2009).



Fig. 4.5: Brenton Heath-Kerr, *Homosapien* 1994, laminated photochemical reproductions and cloth. Courtesy Gott 1994 p. 75

The visual artworks presented in this section not only protest the objectification of the gay male body by the medical profession but protest the representation of HIV and AIDS in the popular media during the early years of the pandemic. In the following section artists whose primary motivation was to educate and encourage safe sexual practices is explored.

Educational Art

The knowledge of the Australian public on issues relating to gay men and their lifestyles has increased markedly in the last two decades, yet only a small minority have any real awareness of the searing impact that the repeated witnessing of death, anguish and physical suffering has had on the Australian gay community (Gott 1994). Cumulative loss has forced a redefinition of personal identity for many gay men and has created a need to educate those who are not aware of the emotional, physical, and political issues that surround HIV/AIDS. Thus, art that has a primary focus of education on HIV/AIDS issues has been fertile ground for thoughtful image making by a number of Australian visual artists.

For instance, Brenton Heath-Kerr and Peter Elfe's 1992 work *Ken - The Safe Sex Character* (Fig. 4.6) was conceived in response to a request from the late Bill Hathaway, the Victorian AIDS Council's first HIV education officer. Hathaway recognised the power of Heath-Kerr's body suits and commissioned an outfit aimed at the clientele of Melbourne's gay party circuit. For this commission Heath-Kerr worked with photographer Peter Elfe to construct *Ken* - a life sized body suit, part sculpture, part costume which was regularly seen on the Sydney gay scene. Composite fragments of body parts of two different male models were combined with colourful pictograms linking issues of safe-sex practice to a fragmented image of the body. It is composed of a photographic montage of images of body parts and safe-sex phrases, such as SAFE, SWEAT, FUCK and CONDOM, along with symbols commonly associated with HIV/AIDS, such as positive and negative signs. O'Brien (2000 p. 4) sees *Ken* as "representing the corporealisation of safe sex as a pastiche of fragments." Heath-Kerr and Elfe recognised the inadequacy of narratives about the onslaught of AIDS and offered a radically different disjointed construction of the body as a site of resistance. The

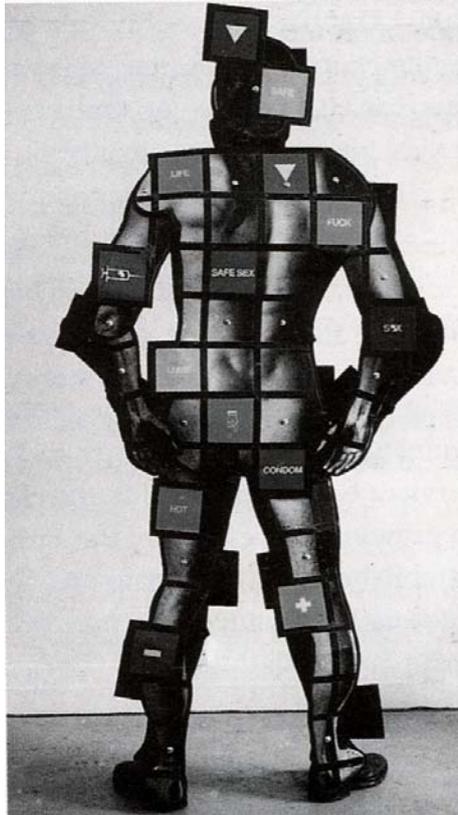


Fig. 4.6: Brenton Heath-Kerr and Peter Elfe, *Ken – The Safe Sex Character* 1992, laminated cibachrome photographs and cloth. Courtesy Sendziuk 2003 p. 117



Fig. 4.7: David McDiarmid commissioned by AIDS Council of New South Wales, *Some of us get out of it, some of us don't. All of us fuck with a condom, every time* 1992, offset lithography. Courtesy Gott 1994 p. 154

outfit was designed to be immediately readable in the context of a crowded, dimly lit dance floor, as it flashed its subliminal messages of responsible drug use and sexual safety to an audience drawn to the „magnetism’ of the piece. It operates as a walking advertisement to educate the most at risk of the dangers of unsafe sexual practice, the gay male community (O’Brien 2000).

An effective educational tool that has developed in the fight against HIV/AIDS is the poster. Posters have been developed to such an extent that many can be seen as works of art in their own right and have a significant history in voicing political and activist ideals. This has, arguably, influenced the poster artists discussed here and many of the posters may have a political subtext. However, the principle motivation of the artists in this section has been to educate the gay and general communities on safe sexual practices and the dangers of HIV/AIDS. While some posters have been produced to target a general audience, the majority of the HIV/AIDS posters produced in Australia have been pitched at gay male commu-

nities. These targeted posters can be explicit in a way that would generally not be considered appropriate for the general public. Since their distribution has been mostly confined to gay venues and gay publications where sexuality is openly discussed, they are not subject to conventional views of morality. A case in point is the 1992 poster by visual artist and graphic designer David McDiamid entitled *Some of Us Get Out of It, Some of Us Don't. All of Us Fuck With A Condom, Every Time* (Fig. 4.7) that was commissioned by The AIDS Council of NSW. McDiamid's brief was to produce a poster that would target party going, recreational drug using, and sexually active gay men. In response to the commission McDiamid stated

I wanted to do something which would still be pro sex...when you are doing a safe sex promotion there isn't room for ambiguity. Your message has to be crystal clear. (McDiamid in Dobney 1992)

McDiamid's 1993 work entitled *Fuck Safe, Shoot Clean* (Fig. 4.8) is another example of poster art that clearly targets gay males. This poster combines a simple and unambiguous black and white image of two men kissing along with simple text that borrows the imagery typical of „high fashion' gay publications. The success of this poster relies on its target audience knowing the accepted principles of safe versus unsafe sex practices. In this way the

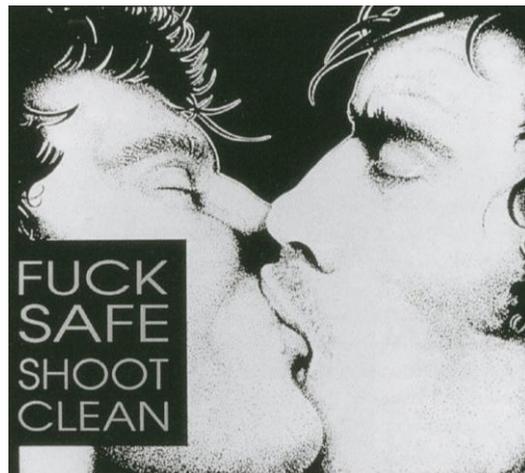


Fig. 4.8: AIDS Action Council ACT (with the assistance of ACT Health), *Fuck Safe Shoot Clean* 1993, offset lithography. Courtesy Gott 1994 p. 203

message can be more succinctly made, with deeper impact than would be possible with a poster targeting a general audience, where the same knowledge of safe sex practice cannot be assumed.

The concept of the target audience is commonplace in the world of advertising. Some of the most controversial advertising images of recent years have been those used by Oliviero Toscani to advertise Benetton, an Italian clothing company. One example is a photographic collage of hundreds of faces where on close



Fig. 4.9: United Colors of Benetton, *AIDS Face* 1992. Courtesy United Colors of Benetton: Press Area 2007



Fig. 4.10: United Colors of Benetton, *HIV Positive Arm* 1993. Courtesy United Colors of Benetton: Press Area 2007

inspection, the viewer notices the words AIDS faintly traced into the picture (Fig. 4.9). In another advertisement by Toscani, a well-sculptured chest and forearm bears the stamp H.I.V. POSITIVE (Fig. 4.10). In issue number seven of the Benetton magazine, *Colors*, the viewer finds full page images of blood, semen, and vaginal fluid as the locus of HIV, as well as an image of Ronald Reagan as he might look with Kaposi's sarcoma lesions on his face (Pegrum 1997). Toscani and Benetton have been criticised strongly for using AIDS as a marketing tool. *Colors* magazine editor, Tibor Kalman, has responded to this stating

I don't give a flying fuck if [AIDS] sells more or less sweaters. What I care about is that Benetton keeps funding issues like this ... we're aiming it at young people. Communication has to be strong, compelling, seductive...unfortunately in most of the world, the quality and quantity of AIDS information is limited. It's up to those in the media to take it up and do a better job. (Kalman in Paschali 1994 p. 8)

Toscani defends himself by saying,

...to use the forum of poster advertising to make people aware of this AIDS tragedy was at a time when no-one dared to show AIDS patients ... the advertisers have forgotten the essence of their craft: Communication. (Pegrum 1997 n.p.)

The aim here is not only to sell Benetton products but also to confront the HIV/AIDS issues and contribute to positive changes in respect of AIDS research, treatment and education. The value of these visual artworks is in their refusal to ignore the problem of AIDS and is a measure of human defiance in the face of tragedy and apathy (Pegrum 1997).

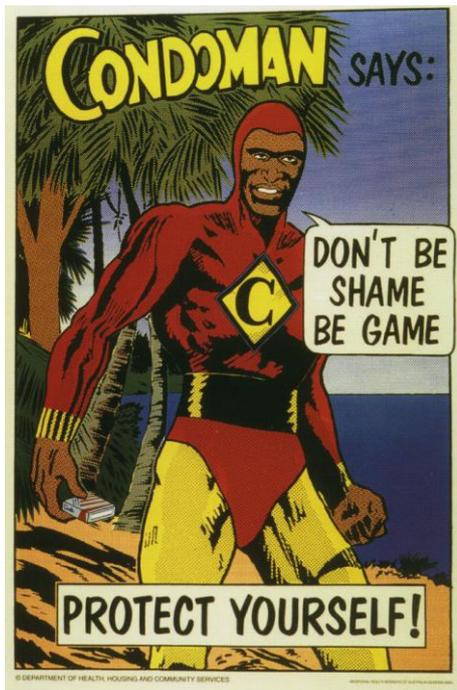


Fig. 4.11: Commonwealth Department of Human Services and Health & Aboriginal Health Workers of Australia (Queensland), *Condoman Says: Don't Be Shame Be Game: Use Condoms* 1987, silkscreen. Courtesy Sendziuk 2003 plate 13



Fig. 4.12: The „Grim Reaper’ 1987, NACAIDS/ Grey Advertising. Courtesy Sendziuk 2003 p. 138

To increase the appeal of an advertising campaign to particular parts of the population, different design approaches are often required. What works for the general public or the Sydney gay community, for instance, does not necessarily work for the Australian Aboriginal community. The 1987 *Condoman* campaign (Fig. 4.11) is a prime example of this, where a different design approach was necessary to educate the Australian indigenous community to the dangers of unsafe sexual practice, especially those targeting remote communities. This initiative was created at a Commonwealth-funded workshop for Aboriginal health workers held in Townsville, Queensland. The poster features a super hero dressed in red, black and yellow; the colours of the Aboriginal flag. It urges indigenous Australians “DON’T BE SHAME, BE GAME – WEAR CONDOMS”, or “PROTECT YOURSELF” in a more discrete poster aimed at Aboriginal school children. “*Condoman has become one of the most successful Australian AIDS awareness posters, in terms of acceptance, memory retention and sensitivity*” (Pegrum 1997 n.p.).

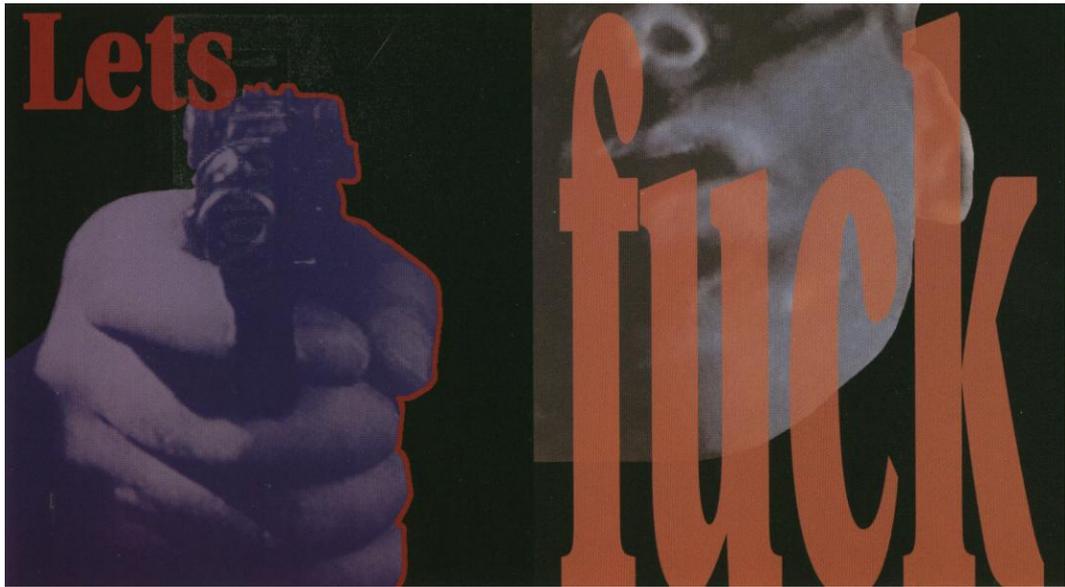


Fig. 4.13: Michele Barker, *Lets Fuck* 1992. Courtesy Sendziuk 2003 plate 14

HIV/AIDS-based art that informs and educates takes many forms, each targets specific emotional responses from its audience. Fear and shock campaigns have been effective in gaining audience attention, for example the *Grim Reaper* campaign (Fig. 4.12) of the early 1980s. Unfortunately, this campaign served to stigmatise and ostracise those who had already contracted the disease rather than convince the public of the need for safe sex. As Pegrum (1997) states, “*The Grim Reaper campaign borrows heavily from medieval symbolism that surrounded the Black Plague of 1346-1353, and plays into the conservative lobby who view AIDS as a plague which is somehow deserved by those whom it is visited.*” Care should be exercised when using such dramatic imagery to ensure that it produces the intended results, that being to educate rather than to stigmatise. However, a measured use of fear has arguably produced some of the most effective educational tools in the fight against HIV/AIDS. Michele Barker’s 1992 work *Lets Fuck* (Fig. 4.13), for example, shows these words printed in red on an image of a face and a gun pointed at the viewer, highlighting the dangerous connection between sex and death. Works such as this avoid stigmatising any sections of the population and are successful in targeting all members of society (Pegrum 1997).

Discussion in this chapter to date has centred on political and protest art that attempts to encourage Western governments to take action on HIV and AIDS, and

educational art that endeavours to confine the rapidly developing AIDS pandemic. In the following sections, artworks that were created in the early years of the pandemic that memorialise the vast numbers of gay men who succumbed to the illness will be examined.

Memorial Art

This section focuses on memorialisation and how visual art can serve as a memorial. Memorialisation is a powerful ritual which most often responds to human tragedy and not only provides a focal point for remembering the dead but also provides an assurance to the living that they will also be remembered (Barsalou & Baxter 2007). “*Memorialisation takes a variety of forms, serving as an umbrella concept encompassing a range of processes to remember and commemorate*” (Naidu in Barsalou & Baxter 2007 p 4) and can satisfy a desire to honour those who have died. Death is often associated with feelings of loss and absence and “*In the face of absence people feel the need to create a presence of some kind*” (Sturkin 2010 np). In Western societies this most often takes the form of a memorial, ranging from small wall plaques, gravestones and ephemeral road-side crosses through to large scale tombs, formal museums and monuments such as the powerful and controversial *Berlin Holocaust Memorial*⁵ and the *Vietnam War Memorial* in Washington DC. These are examples of public memorial, which contrast with objects used for private memorial that include, for example, photographs, funerary urns, keepsakes and, common in earlier centuries, mourning jewellery that is made from the hair of those that have died. Central to all of these spaces and objects, whether they are large or small, permanent or ephemeral, public or private is that they all seek to pay homage to the dead (Elliot 2003; Santino 2006).

On the role of the visual arts Sturken (1997 p. 10) asserts that “*One of the most active metaphors for memorial of the dead is visual art*”. In the context of HIV/AIDS and visual art, two art projects are discussed below, both of which are photographic memorials. The photograph is “*... an object of complex emotional and cultural meaning, an artefact used to conjure memory, nostalgia, and*

⁵ This memorial is discussed in greater detail in the following section on *The AIDS Memorial Quilt*.

contemplation ... it evokes both memory and loss, both a trace of life and the prospect of death” (Sturken in Hirsch 1999 p. 178).

Robert Mapplethorpe expressed feelings of grief, loss, and emptiness in works toward the end of his life, and sought to communicate these feelings to a wide audience. Diagnosed with AIDS in 1986 and dying on the 9th March 1989 at the age of 42, his 1988 *Self Portrait* (Fig. 4.14) conveys feelings such as grief, fear and resolve.



Fig. 4.14: Robert Mapplethorpe, *Self Portrait* 1988, photograph. Courtesy The Robert Mapplethorpe Foundation Inc. 2006

The photograph's subject transmits his pain and mortal angst as he stares directly at the viewer; his stare is all the eerier for being disembodied and slightly out of focus, as if already fading from this particular world. At the same time, his severed hand floats clearly in the foreground, grasping a death-head cane with intense strength. (Fay 1993 n.p.)

Mapplethorpe's disembodied head, juxtaposed with that of a skull shaped walking stick is as much a representation about his imminent death as it is about the deterioration of a once healthy body. This dark and foreboding photograph shows a man who has accepted his fate. The prospect of one's own death can be a powerful motivation for an artist to create artwork that, in effect, will function as a memorial to their own life. This type of „autobiographical memorial' becomes possible when confronting a terminal illness.

The tragedy of the AIDS pandemic, with the enormous death toll and consequential sadness and grief, has been the impetus for many visual artists to memorialise others who have died, as opposed to „autobiographical' works such as those of Mapplethorpe. A strong and powerful example of this is captured in the artwork of Australian photographer, William Yang. His photography in the 1980s and 1990s played a significant role in documenting the tragic impact HIV/AIDS had on Australia's gay community and culture. Yang says of his work,

"Allan" from the monologue "Sadness"

St Vincent's Hospital, Darlinghurst NSW, 1988

William Yang

I hadn't seen Allan for about three years. I lost contact with him when he moved to Melbourne. I heard that he was back in Sydney, I heard that he was sick. I was in Ward 17 of St Vincent's Hospital, that's the AIDS ward, visiting someone else, when I looked through one of the doors and I saw Allan and I recognized him immediately ... but he had changed.

He seemed like an old man and I had a strong desire to burst into tears.

"Allan" from the monologue "Sadness"

St Vincent's Hospital, Darlinghurst NSW, 1988

William Yang

The best friend, Geoffrey, was there to help him. Allan had pneumonia at the time and we thought he might die but he pulled through.

I was glad I didn't pull into tears that first time I saw him because he told me someone else had come in, someone familiar on the bed and sobbed at the sight of him - and he didn't think that was a very appropriate way of behaving.

"Allan" from the monologue "Sadness"

St Vincent's Hospital, Darlinghurst NSW, 1988

William Yang

He went back to live in Bondi Junction, when he lived with a dealer. His rooms were always heavily decorated with his own world of art and then was a great boy. I had your baby jacket on the wall above the bed. Among the assorted paraphernalia was a large calendar of eggs, as he was often out of breath. The apartment was quite luxurious, but knowing Allan, it was entirely the wrong environment for him to be living.

"Allan" from the monologue "Sadness"

St Vincent's Hospital, Darlinghurst NSW, 1988

William Yang

He started to improve. He got his appetite back and he began to put on weight. He came to visit me when I lived at Waverley and, of the house, I took him upstairs, just from under the studio lights and I took that photo. It was the first to ever be taken during that period.

"Allan" from the monologue "Sadness"

St Vincent's Hospital, Darlinghurst NSW, 1988

William Yang

He moved in with Geoffrey at Sassy Hills and things were a bit better. His health was fairly robust although he had to go to St Vincent's to spend the night. I had later thought that (CART) eliminated a variation that destroyed the plasma of his used, quite common among people with impaired immune systems. Sam, a young man, was administered intravenously his old friend, Tony Gullone, was receiving treatment as well and they referred to the group as the Drop Club.

"Allan" from the monologue "Sadness"

St Vincent's Hospital, Darlinghurst NSW, 1988

William Yang

It was a creative period. He did parties for the Bobby Spinks Foundation, a quilt for his lover, Paul and he made the "10 Day Show" which was auctioned off at one of the AIDS benefits. I asked him to take a photographic portrait of him, which he did as these were auctioned off at the benefit as well. He always said "I'm, I'm not good. I make one bad one. I mean, that's the time he passed on a drinking binge, which is the one he didn't take. I told you, I said, 'You trust me here.'"

"Allan" from the monologue "Sadness"

St Vincent's Hospital, Darlinghurst NSW, 1988

William Yang

I saw him at one of the parties at the Belmore Street Theatre during the Sydney Gay and Lesbian Mardi Gras Theatre Festival (then I've written to put in full because I remember John Burden said it was the last public contact thing to do, do not just say Mardi Gras) was the "The Infamous" by Michael Keating which we liked and I got that great smiling photo of him in the front. I always meant to show him that photo but I never got around to it.

"Allan" from the monologue "Sadness"

St Vincent's Hospital, Darlinghurst NSW, 1988

William Yang

He was on Antihistal and he asked me where he had been and I said just been to Tony Gullone's made at St Vincent's but at the time was I there with the people who were there. He was about then I realized we was had told him that Tony had died a few days ago. He was very upset and he asked me to leave. It was the only time I ever saw Allan cry.

"Allan" from the monologue "Sadness"

St Vincent's Hospital, Darlinghurst NSW, 1988

William Yang

He tried, he tried really hard, to keep up his spirits. I said that he would have had his own room, no brought colour to these bleak hospital rooms.

He kept a diary and on it he wrote down all his hopes and dreams as well as his deepest fears. He wrote, "I think more people die of self pity than die of AIDS."

Fig. 4.15: William Yang, *Sadness* 1989, slide projection. Courtesy Gott 1994 p. 35-51

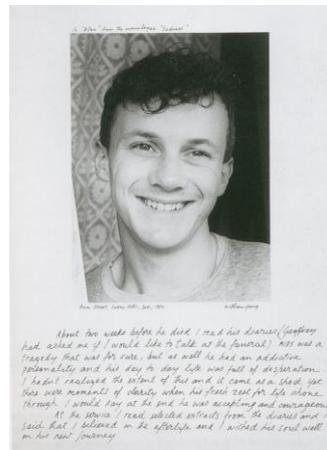
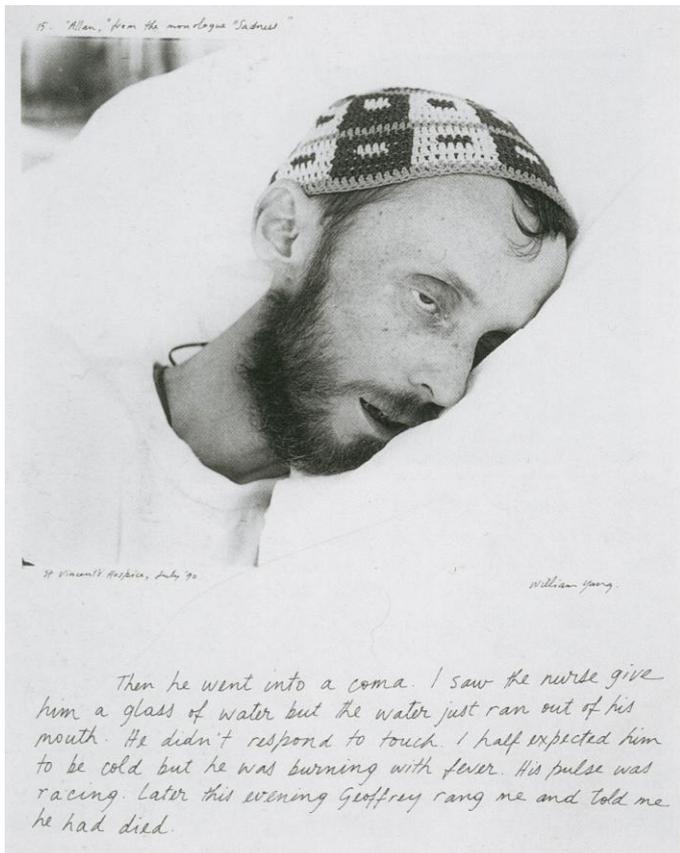
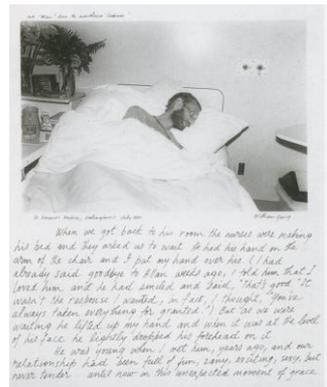
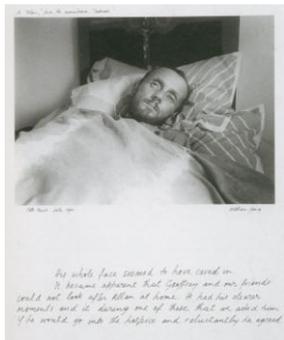
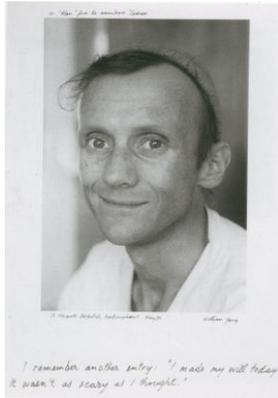


Fig. 4.16: William Yang, *Sadness* 1989, slide projection. Courtesy Gott 1994 p. 35-51

I see myself as a witness to our times. I feel compelled to perform these slide shows as social rituals to unburden myself of the things that I have seen. (Yang in Gott 1994 p. 28)

His theatrical performance, *Sadness: A Monologue with Slides* (1992), begins by examining the artist's Chinese-Australian heritage, but it is the account of the slow death from AIDS of his friend, Allan, that is most poignant (Figs 4.15 & 4.16). The sequence of slides was undertaken with the full cooperation of the subject. In an interview with Peter Blazey, Yang says

Allen's series is quite a complete series. Some of them are extremely close-up. He cooperated with me to the end. In fact, in some of his delirious talk on his death bed he was saying he was waiting for me to come and photograph him. He imagined I was coming back to photograph him. (Yang in Blazey 1992 p. 48)

The slides document Allen, in sickness and in health, in combination with simple text, for example:

I hadn't seen Allen for three years... I recognised him immediately...but he had changed. He seemed like an old man and I had a strong desire to burst into tears. (Yang in Gott 1994 p. 29)

While serving as a memorial to his friend's life, these images and his method of presentation also echo the artist's political intentions. Through images such as these, the public is given access to the private suffering of those directly affected by the pandemic and details of the destructiveness of the disease, which is hoped to incite public discourse.

Of the memorial works undertaken for HIV/AIDS, the *AIDS Memorial Quilt* (the *Quilt*) is perhaps the most notable. The enormous scale and renown of this work warrants a discussion of the motivations and history of this community art project. In the following section it is seen that this artwork extends well beyond the simple memorial, it also intends to educate, politicise and incite activism on the HIV/AIDS pandemic.

The AIDS Memorial Quilt

The *AIDS Memorial Quilt* (the *Quilt*) has produced an immense discourse on issues surrounding the AIDS pandemic. “*The pandemic itself is an event of trauma in which many lives have been lost and attempts to find meaning have been fraught with loss and grief resulting in tremendous upheaval and has disrupted definitions of family, gender, and morality*” (Sturken 1997 p. 2). The *Quilt* has not only become a device through which personal memories are shared, it is also a site where the audience is educated on the danger of HIV/AIDS as well as a place where AIDS activists make political comment. Like the AIDS pandemic itself, the *Quilt* is immense; its epic size creates a visual metaphor for the enormity of the AIDS pandemic and its potential to kill many more.

The concept of the *Quilt* began with the Names Project in November 1985. While planning a march in San Francisco to commemorate the 1978 murders of Mayor George Moscone and Harvey Milk, gay activist Cleve Jones learned that over 1,000 San Franciscans had died of AIDS. At the end of the march, Jones and others stood on ladders to tape placards, with the names of friends and loved ones who had died of AIDS, to the walls of the San Francisco Federal Building. On reflection of this event, Jones stated

It was such a startling image. The wind and rain tore some of the cardboard names loose, but people stood there for hours reading names. I knew then that we needed a monument or memorial. (Jones in Ruskin 1988 p. 9)

In 1987 Jones and Michael Smith formalised the Names Project, the organisation that now raises funds for and maintains the *Quilt*, and gathered a small group in San Francisco to create a memorial for those who had died of AIDS and who they feared history would forget. In October that year the quilt was first displayed – it consisted of 1,920 panels. Jones conceived the *Quilt* on two levels: a national memorial of epic proportions and a grassroots memorial produced by quilting bees in little communities with all different kinds of people coming together. What Jones did not anticipate was the immediacy of the response and the many lives it would affect. Friends and families of those whose lives had been impacted by HIV/AIDS, throughout the USA, sent panels to the San Francisco



Fig. 4.17: The Names Project *AIDS Memorial Quilt* n.d. Courtesy In Their Own Words 2006 and Scudder 2010

workshop where they were sewn together by volunteers. Today the *Quilt* is a powerful reminder of the AIDS pandemic; weighing 54 tonnes and comprising of 45,000 panels, each the size of a grave plot (6ft x 3ft) and dedicated to 88,000 individuals (Fig. 4.17). The *Quilt* is the premier symbol of the AIDS pandemic and the largest piece of ongoing community art in the world. From these origins came a new expression of not only collective gay grief, but of all who have been touch by AIDS. Its full display now requires an area of more than 6 hectares, graphically drawing attention to the extent of the impact of HIV/AIDS. By juxtaposing a panel for a gay man with one for a child with haemophilia and another for the women in Africa, all loss is recognised. No individual is elevated or ignored (The Names Project Foundation 2005).

Many parallels can be drawn between the *AIDS Memorial Quilt* and the *Berlin Holocaust Memorial* (Fig. 4.18) introduced previously. The *Berlin Holocaust Memorial* comprises 2,711 rectangular stone blocks covering nearly two hectares. Each massive rectangular stone block is a slightly different shape and size and represents the graves of Jews murdered during the holocaust (architecture.about.com 2010). While the two memorials relate to vastly different mass deaths, the power in both of these memorials is derived from repetition of objects with grave-plot associations over such a large space. Intimacy of the interaction with the memorials is retained through the association of a single element of each memorial with a single death and being able to walk through the elements of the memorial as in a cemetery. There are also marked differences in the materiality of these memorials that echoes the very different deaths that are being memorialised. The *Berlin Holocaust Memorial* is monochrome and uniform without plaques or inscriptions,



Fig. 4.18: The *Berlin Holocaust Memorial*. Courtesy architecture.about.com 2010

it serves as a bleak and sombre acknowledgement of the Nazi death camps and genocide (architecture.about.com 2010). In contrast the *AIDS Memorial Quilt* is colourful and diverse, with each panel dedicated to the life of a single AIDS death (The Names Project Foundation 2005). While collectively the panels of the *Quilt* make political comment and promote activism, individually they celebrate a life.

While the materiality of the memorial panels are eclectic, their uniting theme is the desire to name an individual and to present artefacts that are important to, and remind the living of, those who have died. Each display of the *Quilt* is a highly structured event. The opening rituals of folding and unfolding the panels, reading the names, signing signature panels and walking through the display are tightly coordinated community events (Sturken 1997). Every display is monitored by local volunteers, each holding a box of tissues, who are instructed when to comfort visitors, when to leave them alone, when and when not to offer them tissues and to never touch anyone without their permission. This protocol encourages the expression of loss and sorrow. “*All art requires some response, in this instance, crying is considered an appropriate response while facilitating in personal and collective grief*” (Sturken 1997 p. 184). This personal and collective act becomes part of the *Quilt*, part of the whole experience. While the *Quilt* may be similar to other

memorials that contain testimonials to specific individuals, and attempt to create a community of shared loss,

...the AIDS Memorial Quilt distinguishes itself from other memorials through its phenomenology and authorship: the tactile, foldable quality of cloth, the uniqueness of each panel, and the variation that speaks of different hands that created it ...inspiring the production of cultural memory, the sharing of personal memories to establish a collectivity, and has also brought the politics of identity, gender, race and sexuality to the surface and spurred debate over contested notions of morality and responsibility.

(Sturken 1997 p. 185)

While some panels are used to memorialise and some to educate, others speak to their audience in anger: “THEY GAVE ME A MEDAL FOR KILLING TWO MEN, AND A DISCHARGE FOR LOVING ONE – SGT LEONARD MATLOVICH” (Sturken 1997 p. 188). Public expression of grief around AIDS takes on a deeply political purpose where such collective undertakings will have many meanings. AIDS activist Douglas Crimp writes “*For many of us, mourning becomes militancy*” (Sturken in Gott 1994 p. 144). For many AIDS activists, mourning is transformed into action through collective action.

As the *Quilt* grew, it quickly became a vehicle to educate and visually illustrate the numbers lost to the AIDS pandemic as well as a tool to bring names to statistics, to humanise the devastation and threat of HIV/AIDS. As it brought public attention to the pandemic, the *Quilt* grew and became a means to unify a generation in the struggle against AIDS. The Names Project Foundation began to use sections of the *Quilt* to assist with varied HIV/AIDS prevention and education efforts. Sections are continuously on display in schools, churches, community centres, businesses and corporations – all in the hope of making the realities of HIV/AIDS real, human, immediate and to raise consciousness about HIV/AIDS in order to increase public funding, develop adequate treatment methods and find a cure. Each display of the *Quilt* raises money for local AIDS organisations that provide direct services and primary care for people with AIDS. Thus, the *Quilt* is not only about remembering the dead, but is also about how to effectively end the dying (The Names Project Foundation 2005).

While the *Quilt* has increased awareness of the disease and the need for continued vigilance in the face of the pandemic, its panels memorialise a mere fraction of those who have died from AIDS. “*From the conception of the AIDS Memorial Quilt by Cleve Jones to the myriad of individuals who now participate in the ritual of the Quilt, it was and still has the vision of the day when the Quilt would be finished, when adequate treatments and cures would be found and dying would stop*” (Sturken 1997 p. 217). These individuals were, and are, inspired by the image of a finished *Quilt*, stored for posterity, in a museum or archive. Unfortunately, for these individuals, the pandemic shows no sign of ending.

The art given as examples here makes many statements, some subtle, some not so subtle, but all seek to broaden their audiences’ understanding of HIV/AIDS and how it has reached into and affected the lives of many, regardless of sexual preference, age, gender or skin colour. Its primary aim is to communicate and to reach as wide an audience as possible. Not only do these artworks serve as a memorial to the sufferers but also serve as a record of the large number of artists that became engaged in the war against AIDS, its spread, and in the struggle to make sense of its devastating effects.

5

Artistic Responses to HIV/AIDS (1995 – 2009)

This chapter investigates contemporary visual art that confronts the social issues surrounding HIV/AIDS, and contrasts this with the visual art of the 1980s and early 1990s that was discussed in Chapter 4. The latter was dominated by *death* and *dying* from AIDS, while contemporary artists are now exploring the social, emotional and psychological implications of *living* long-term with HIV. They reveal many complex issues that confront those living with the virus including their medicalisation, isolation, altered body image, social stigma and the psychological impact of living for long periods, perhaps decades, whilst constantly confronting their mortality. Finally, the author introduces his visual art, which is supported by this exegesis, and explores the similarities and differences between this work and the visual artwork of his peers who address similar issues.

Australia has been affected by the global HIV/AIDS pandemic for over 25 years. During this time, scientific advances in HIV/AIDS medications have not only led to HIV infected individuals living longer lives, but have also led to an altered perception of HIV infection. In the 1980s, a HIV diagnosis was likely to have been accompanied by significant social stigma and discrimination, witnessing of sickness, suffering and death of many close friends and community members, and, ultimately, an expectation of their own death. While a HIV diagnosis in 2009 is still likely to include stigma and discrimination, many in the gay community now consider that HIV is a chronic infection rather than a life threatening disease. Therefore, depending on the era of diagnosis, the emotional journeys will likely have had a different emphasis, as each person diagnosed will have lived through different social histories. It is not surprising, therefore, that the primary messages within visual art by gay men living with HIV today are different from those of the early years of the pandemic (Grierson 2008; Westcott 2008).

HIV/AIDS-based visual art of the 1980s and early 1990s sought to bring about social change by influencing religious and political opinion, health and education

policy and changing in public attitude towards HIV and AIDS. Many gay men who were diagnosed in these early years of the pandemic chose to form HIV-positive community groups. The description of themselves as a “community” was for political and activist purposes as it gave them a stronger voice than would have been possible individually. This activist approach to negative social attitudes is reflected in the visual artwork of that time (as shown in the previous chapter); a prime example of this communal solidarity is expressed movingly in the *AIDS Memorial Quilt*. Since the inception of antiretroviral treatment in 1994 there has been a shift from activist-related visual art to HIV/AIDS-based art that is more self-reflective, discussing the personal aspects of living long term with HIV (The Body 2008 p. 4).

The effect of HIV and its medications reaches far beyond physical symptoms. The disease is linked to many emotional issues such as depression, anxiety and stress (Clay 2000), and any contemporary discourse on HIV/AIDS should include these accompanying emotional aspects. As pointed out by McDonald and Wessner (2003 p. 15)

Representational works of art can augment at least three broad areas of discussion: the biological/medical aspects of HIV/AIDS, the history of the epidemic itself, and the emotional consequences for people living with the disease.

This is echoed by Grierson (2008) who lists three factors that should be considered when contemplating the journeys undertaken by individuals living long term with HIV. First are the personal experiences of living through the early years of the pandemic and witnessing the deaths of a large proportion of the gay community. Second, is the experience of having lived with HIV for many years. Third, is the prospect of living into old age with HIV and perhaps dying of an unrelated illness.

Contemporary HIV/AIDS-based artists

Keith Perrott is a contemporary artist who uses photography to explore and reflect upon the many emotional states that accompanied, firstly, his HIV positive diagnosis and, secondly, living with HIV. For Perrott it has become a way of documenting his consciousness and confronting that which seemed so over-



Fig. 5.1: Keith Perrot, *A Future Awaits* 2005, photography, 46×38cm. Courtesy The Positive Side 2009

whelming and, in doing so, taking back control of his life. In *A Future Waits* (2005) (Fig. 5.1) a digital self image represents a personal reflection of his experience with HIV and the realisation of his changed mindset; from that of „dying of AIDS’ to one of „living with HIV’. Perrott allows himself to contemplate a future, one which is not exclusively ruled by HIV. In this photograph he illustrates this sense of realisation and of looking forward, but it is a future that he does not expect to be free of obstacles but rather one that is not only complicated and challenging, but also filled with light, life and promise (The Positive Side 2007 p. 29).

Living long term with HIV today involves a complex relationship with the medical profession and HIV treatments. Many of those undergoing treatment are likely to have experienced an earlier regimen of therapy where the medications and the doses were regularly changed until their impact on the patients became better known (Grierson 2008). While living long term with HIV is becoming more common in Western society, for many, unfortunately, it has become a list of HIV related symptoms and co-morbidities of which the negative effects increase as the

years pass. Living long term with HIV can become a collection of deadly pathologies (Lake 2008).

The *HIV Futures Five* survey (Grierson, Thorpe & Pitts 2006) points out that those who have been HIV positive for more than 12 years have had, on average, 4.5 changes to their antiretroviral therapies compared with 2.7 among participants with shorter periods of infection. Adding to the quandary of taking regular and large amounts of medication are the psychological side effects. In many cases it leads to depression, anxiety, isolation, substance abuse and suicidal idealisation (Clay 2000).

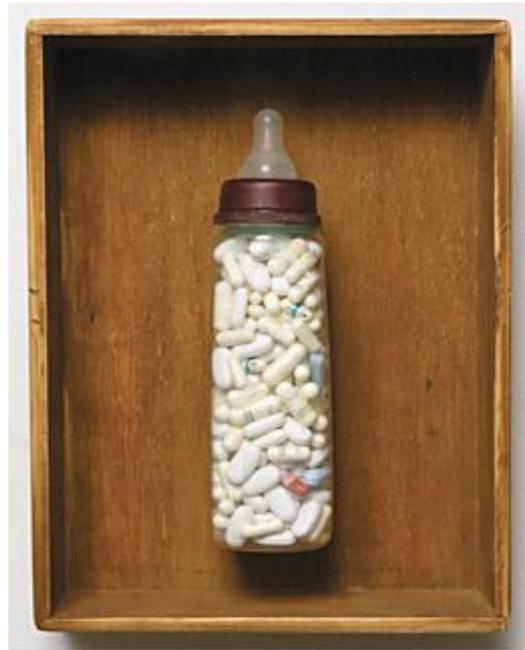


Fig. 5.2: Shayo, *Untitled 2006*, wooden box, baby bottle, AIDS medication, 25.5×20.5×5cm. Courtesy The Positive Side 2009

The issues surrounding HIV medication make fertile artistic ground. In an *untitled work 2006* (Fig. 5.2), Shayo, who is dependent on HIV medication, uses metaphor to highlight that this complete dependence on anti-retroviral medication to survive is like a baby's complete dependence on others. Without these pills, life for Shayo and many others who are HIV positive would be dramatically shortened (The Positive Side 2007).

The relentless regime of medications taken to combat HIV is also addressed by artist Barton Lidice Benes, whose personal medication of 13 pills a day was the inspiration for *Petitfore (2002)* (Fig. 5.3). While Shayo's artwork highlights dependence upon medication, the imagery in Benes' work appears far more positive and appeal-



Fig. 5.3: Lidice-Benes, *Petitfore 2002*, glass cake stand, doily, AIDS medication, 27.9×33×33cm. Courtesy Artnet 2009

ing: he sees his pills, or perhaps what is brought by them, as something to be savoured and enjoyed. The contrast between these images can be understood by examining a brief history of the visual artist and his artworks.

Benes' first works on HIV/AIDS were undertaken before the advent of combination therapy and are typical of visual art that tackled HIV/AIDS mortality in this era. In his controversial *Lethal Weapons* exhibition in 1992 his exhibits consisted of toys, squirting flowers, religious containers and hypodermic needles filled with his HIV-infected blood. In this exhibition Benes made statements on society's perception that the HIV-positive gay body is dangerous and highlights the negative religious sentiment attached to the disease (Reuter 2008).

While Benes does not limit himself to HIV/AIDS issues, all his works thematically relate to voyeurism and surveillance, medicalisation and scrutiny, survival, mortality and immortality (Knight 2005; Reuter 2008). Collecting bits and pieces of items that function as historical relics, he assembles them thematically in display cabinets which he calls museums.

Benes' primary visual artwork is ongoing and is intended to continue after his death, whereupon his home and his life's work will be taken apart and reconstructed 1,500 miles away at the North Dakota Museum of Art in Grand Forks, USA. Here we see a metaphor for the feelings experienced by many gay men who, when diagnosed, are scrutinised by the medical profession, taken apart cell by cell, analysed and put back together. Benes' apartment speaks of death and mortality. Writer Sam Knight (2005) describes in his article *I am my own Curator* that

... the first thing you see when you come in is the looming head of a dead bull. On the walls are voodoo dolls from Benin, a hunter's jacket hanging with bone from the Congo, and African mask after African mask, stretching ghoulish and wide-mouthed to the ceiling.

All of his collection speaks of the mortality of others and by collecting these inanimate objects he creates a kind of immortality of the previous owners. Benes intends to include himself in the permanent exhibition, his ashes are to be placed

on a pillow on his bed with a view of his television set. He has requested that episodes of *Law and Order* are played on the television (Knight 2005).

Interestingly, Benes' agreement with the art gallery was made in 2000 at a time when his health was deteriorating. Since then he has regained his health with the help of combination therapy (North Dakota Museum of Art 2010), which perhaps explains his upbeat view on medication that is demonstrated in *Petitfore (2002)*.

Like many other HIV-positive gay men, life has unexpectedly been given back to Benes and with that comes unexpected feelings and experiences, especially those that deal with mortality. His recovery has not prompted any second thought about the deal with North Dakota Museum of Art; on the contrary, it has given him an extra incentive to add to his collection. Benes intends to continue his collection for the remainder of his life and until he is ultimately included in his collection. In this way his work becomes more about his immortality than mortality (Knight 2005).

In the third world and many developing countries the cost of HIV medications is prohibitive, consequently in much of Asia and Africa the AIDS pandemic continues to grow at an alarming rate. With the availability of combination therapy, the deaths from AIDS illnesses have declined dramatically in Western countries, leading to a common perception in Australia that HIV/AIDS is now a third world issue. This has largely left the issues relating to gay men contracting, living with, or dying from, HIV/AIDS in this country as a distant memory (Lake 2008). This is surprising as epidemiology tells us that there are now approximately 16,000 people living with HIV in Australia, 80% are gay men with an average age in the late 40s (Lake 2008). Many gay men are living with HIV into their 50s, 60s, 70s and 80s. New visual representations of HIV and AIDS are now far less common than during the 1980s and early 1990s, and Dr. Jeffrey Grierson (2008 p. 8) went as far as to say that, "... in Australia HIV/AIDS doesn't seem to exist".

Many infected gay male individuals closely associate their illness with their sense of self, so a community perception that HIV/AIDS has ceased to exist may compound personal feelings that both they and their plight are invisible to others in society. This invisibility is reflected in the work of Gustavo Hennecke, a photographer who was diagnosed with HIV in 1999. In *Almost a Ghost* (2004) (Fig. 5.4) he draws attention to his feelings of isolation, loneliness and lost direction by depicting himself walking through the autumn of his life, almost transparent and barely noticeable to others.

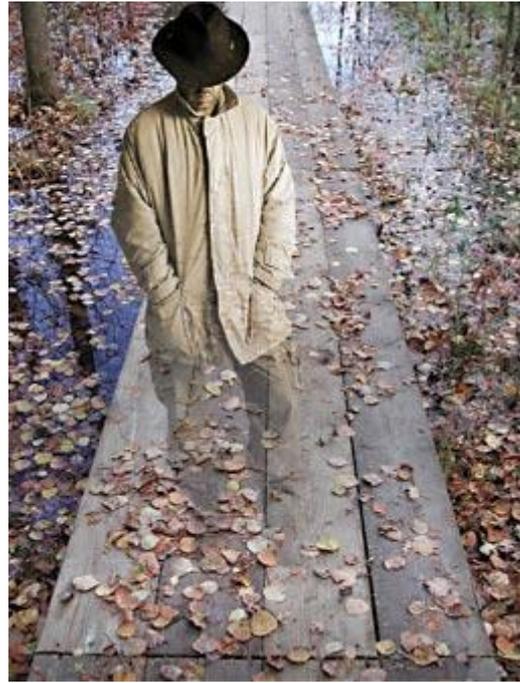


Fig. 5.4: Gustavo Hennecke, *Almost a Ghost* 2004, digital art, 33×48cm. Courtesy The Positive Side 2009

Frank H. Jump is another contemporary artist who comments on visibility and issues associated with surviving a terminal diagnosis. After his HIV-positive diagnosis in 1986, Jump started taking pictures of fading advertisements as a metaphor for his own survival (Fig. 5.5). Of the hundreds of advertisements that he has photographed, many have been covered up, vandalised or destroyed. This is used as a metaphor for the stigma of homosexuality and gay men throughout

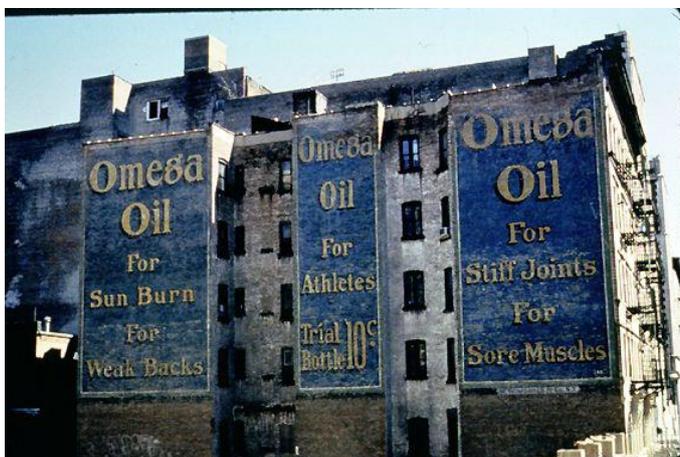


Fig. 5.5: Frank H Jump, *Omega Oil* 1997. Courtesy Jump 2008

history and correlates his survival with the survival of the fading advertisements. Jump captures the marks left by artists over twenty-five, fifty or even a hundred years ago; marks that were never expected to survive. While his visual

art does not deal directly with HIV/AIDS, it is no accident that he has chosen to document such an ephemeral and transient subject (Jump 2008).

It is interesting to view the loss of identity expressed by Hennecke and Jump in the light of the objectives of the masculine masquerade developed in Chapter 3, where many gay men with HIV deliberately mask their HIV status and sexuality. It could be asserted that the sense of invisibility expressed by these artists is, partially, an indirect consequence of individuals masking their disease, which has caused HIV/AIDS issues to no longer be in the foreground of the collective consciousness in Western society.

Contemporary glass artist Timothy Tate is HIV positive and also deals with HIV illness. He blends traditional craft with new media technology to give a framework in which to present his messages. His work is narrative and allegorical, and uses many symbols and metaphors to tell the story of the events and experiences surrounding his life with HIV. For example, in *Two Paths Taken* (Fig. 5.6) two glass globes surround an 8-ball, and have a glass positive symbol as the finial. The inner globe is etched with text describing how his life changed after his HIV-positive diagnosis some 25 years ago. The outer globe is etched with his



Fig. 5.6: Timothy Tate, *Two Paths Taken* n.d., blown glass and found objects, 30.5×18×18cm. Courtesy Tim Tate 2009

fantasy of what his life may have been like had he instead been told he was HIV-negative. Tate sees pros and cons to both (Marzullo 2005; National Quality Center 2008).

In *Heart Grid* (Fig. 5.7) Tate tackles stigmatisation, medication and healing. Nine heart shaped bottles with bottle stoppers that are crafted into tongues of flame rest in a pattern on a black background. Etched into the hearts are a plus sign, a bio-



Fig. 5.7: Timothy Tate, *Heart Grid* n.d, blown glass, Courtesy Tim Tate 2009



Fig. 5.8: Pompeo Batoni, Painting of a Sacred Heart on the altar in the northern side chapel of Il Gesu in Rome ca. 1740. Courtesy of Wikimedia 2010

hazard symbol, a poem by Rumi, and the formula of each of the medications Tate takes for HIV.

I speak a lot about how my creation of art is healing to me and others around me. It doesn't have to be from HIV. I want it to be healing for anyone who knows what it means to have any difficult news and then reinvent yourself. (Tate in Marzullo 2005 n.p.)

Healing is a recurring theme in Tate's work, in this work he hopes that nine people will attach to nine different hearts and find their own kind of healing (Marzullo 2005).

Much of Tate's work is inspired by religious themes and incorporates significant Roman Catholic iconography. When comparing Tate's work in Fig. 5.7 with *The Sacred Heart of Jesus*⁶ (Fig. 5.8), it is evident that he has been heavily influenced

⁶ The Sacred Heart of Jesus is a famous religious devotion to Jesus' physical heart, used as a representation of His divine love for Humanity and appears in numerous paintings of Jesus since the middle ages.

by this Christian icon. While there are many versions of *The Sacred Heart of Jesus*, usually they include a flaming heart shining with divine light, a crown of thorns that causes bleeding and are surmounted with a Christian cross. The crown of thorns alludes to the manner of Jesus' death, while the fire relates to the healing power of love (Rowland 2002). The intent and central theme of both Tate's work and this icon is that of healing.

Tate's religious themes continue in a series of reliquaries, which in Catholic tradition are a container that hold sacred relics of Christian saints. One of these, *Bird Nest Reliquaries* (Fig. 5.9), contains a bird's nest filled with eggs within a bottle mounted with a positive symbol. According to Tate, the nest and the eggs are meant to be healing symbols to be reborn with adversity (Marzullo 2005; Rousseau 2005).

In *Mind over Matter* (Fig. 5.10) a glass human head is marked with acupuncture meridians and points. The video that accompanies this work shows a mouth continually speaking of the powers of belief and faith. This work is meant to act as a reliquary in the truest sense of the word (National Quality Center 2008). Revelation, and in some cases self revelation, is the underlying theme of his reliquaries. Tate states that

These works are phylacteries of sorts, the transparent reliquaries in which bits of saints' bones and hair – relics – are displayed. In many cultures and religions, relics are believed to have magical powers, especially for healing. Temporal sounds and moving images formally enshrines, encapsulating experiences like cultural specimens. And perhaps, to the contemporary soul, they are no less reliquaries than those containing bones of saints. (National Quality Center 2008 n.p.)

Additional works by Tate include *Hear No Evil* (Fig. 5.11) and *Sacred Heart of Healing (2000)* (Fig. 5.12). It is clear from these images that many symbols and metaphors are repeated in his work: positive signs, hearts, personal text, red flames, stoppered vessels and many more. He has developed an artistic vocabulary that expresses his emotional journey since his diagnosis.



Fig. 5.9: Timothy Tate, *Bird Nest Reliquaries* n.d, blown glass and found objects, 30.5×12.5×12.5. Courtesy Tim Tate 2009



Fig. 5.10: Timothy Tate, *Mind over Matter* n.d, cast glass electric components, original video, 30.5×12.5×12.5. Courtesy Tim Tate 2009

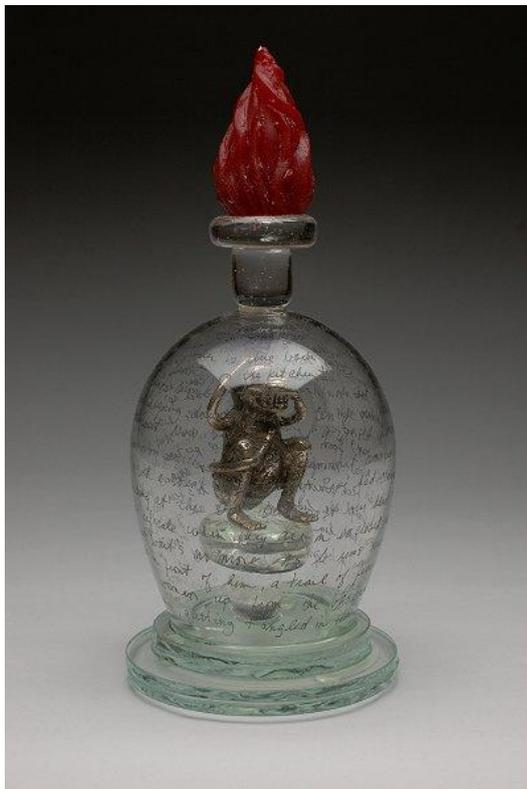


Fig. 5.11: Timothy Tate, *Hear No Evil* n.d, blown glass and found objects, 30.5×18×18cm. Courtesy Tim Tate 2009



Fig. 5.12: Timothy Tate, *Sacred Heart of Healing* n.d, blown glass, 40.6×20.3×10.2cm. Courtesy Tim Tate 2009

While attitudes to gay men with HIV/AIDS may have changed for the better, vilification and stigmatisation of those who have the disease still occurs (Grierson 2008). Many gay men living with HIV “... *remain challenged by stigma, discrimination and social disconnection*” (Westcott 2008 p. 10). Though, many gay men living with HIV in Australia today are able to live lives in which HIV is secondary to other aspects of their lives (Westcott 2008).



Fig. 5.13: Nelson French, *untitled number12* from the series *Meditation on Mortality* 2004, pencil on collaged and digitally altered photo print. Courtesy The Positive Side 2009

Stigma and its emotional effects on self esteem and body image are the impetus for Nelson French’s visual artwork. As

a gay man living with HIV for many years, he bases his work on his belief that stigmatisation by the general public has made him feel like a delinquent or criminal, and much of his work is styled on a police mug shot or line up. To express his views, French has taken images of his friends and himself, merged them together digitally and then collaged, torn, reassembled, sanded down and drawn upon them. In *Untitled No. 12* from the series *Meditation on Mortality* (2004) (Fig. 5.13) he gives a narrative about this stigmatisation, his struggle with self-esteem and coming to terms with his changing body and his mortality.

As a gay man, I struggle to compare my own reflected image and desires with standard notions of beauty and the relationship between the surface and what lies beneath. The urge to do these investigations seems to build as my body and face reflected outwardly the damage and complications of first-generation anti-retroviral therapy. (French in The Positive Side 2007 p. 28)

One of the paradoxes many gay men living with HIV face is that while medication has extended their lives and increased their desire to rejoin the larger community, they are unable to do so due to their HIV-positive status and the negative connotations attached to the disease. Consequently, many HIV positive gay men shy away from public scrutiny (The Positive Side 2007).

Morgan McConnell, diagnosed with HIV in 2001, also expresses his feelings on stigmatisation, the Christian faith and how this stigma affects his personal body image. *Sacred Heart* (2005) (Fig. 5.14) demonstrates his descent from joy, innocence and health into darkness and the inability to ascend to those ideals again.

The ideal male figure degrading into torn flesh and fading into the ally below speaks to the obsession of the gay male with a perfect body and the potential to lose oneself in the pursuit and subsequent celebration, so that in the end all is lost. (The Positive Side 2007 p. 29)

Like the works of Tate shown previously, the symbolism of the heart and radiant glow shown in this image are borrowed from the Christian icon *The Sacred Heart of Jesus*. In this work McConnell expresses his belief that Christianity has shunned him as a sexual being and also speaks of the pursuit of the ideal body image and all that it entails.

Steed Taylor also lives with HIV and through media ranging from the traditional to the unorthodox he forges a connection between his experiences of longing, loss of spirituality and memorial. In his artist statement for a series of digital prints titled *Missing* (2006) Taylor writes,

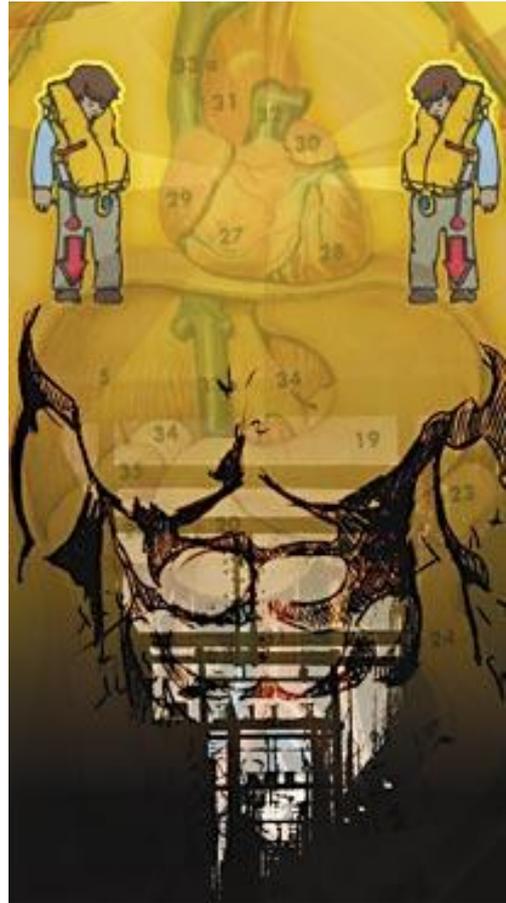


Fig. 5.14: Morgan McConnell, *Sacred Heart* 2005, scan of computer and hand illustration on dry mount 43.2×76.2cm. Courtesy The Positive Side 2009



Fig. 5.15: Steed Taylor, *Blood Prints1* n.d. Courtesy Taylor 2009



Fig. 5.16: Steed Taylor, *Blood Prints2* n.d. Courtesy Taylor 2009

As a person living with AIDS, I am constantly reminded of the tenuousness of life. This body of work is an investigation into my mortality. (Heatwole 2008 p. 1)

He sees living with HIV as a personal horror, a struggle to remain healthy and feels that death waits impatiently. He is dependent on a difficult medical regimen that has significant side effects, and believes that he is a danger to himself and to those he loves. Taylor finds that public complacency and lack of government support leave him feeling isolated (Heatwole 2008). These feelings are clearly evident in his works *Blood Prints 1* (Fig. 5.15) and *Blood Prints 2* (Fig. 5.16) where he uses his own blood to draw images of skulls and crossbones and broken, bloodied hearts. On making these images Taylor made comment that “*Cutting and marking the body commemorates and sometimes defies, significant and traumatic events in our lives ... it is a way to reclaim ownership of your body and gain self-empowerment*” (Taylor 2008 p. 1).

The artists presented here are all HIV positive and are all undergoing combination therapy in order to extend their lives. Each artist presents a glimpse of their personal journey and what emotional and spiritual battles they have endured and are enduring. While the HIV/AIDS-based art of the 1980s was centred on death and dying and is imbued with a sense of longing and loss, these contemporary visual artists have brought a sense of self reflection. They are seeking to find their place as HIV-positive people confronting today's reality of *living* with a chronic disease rather than *dying* from a terminal illness. While positive on many aspects of their survival and living long-term with HIV, their art also contains many negative undertones related to medication, revisiting ones mortality, stigmatisation by the general public and the negative emotional and psychological problems associated with surviving a deadly disease.

Doctoral Artwork

Like the artists reviewed in this chapter, the author of this exegesis has lived long-term with HIV, has developed AIDS-related illnesses and through the advances of medication has been brought back to health. While many of these artists have engaged in self reflection and made comment on their personal journey, Kim Stanley Medlen has endeavoured to focus on attitudes of community groups in his work. Through visual metaphor he makes comment on Western society's attitudes towards gay males and a response by many of this group to this stigma – altering their body image to appear to conform to a hegemonic masculine ideal. This deliberate masculine masquerade forms the focus of this work and is viewed from a contemporary perspective – within a world that contains both HIV/AIDS and the medications used to combat this disease.

Apart from his personal experiences, the art work presented by the author was informed by his research into the socialised stigma of gay men presented in Chapter 2 and the concepts of identity and masquerade presented in Chapter 3. However, his art works were developed prior to research into or knowledge of the other contemporary HIV/AIDS-based artists presented in this chapter. It is interesting, therefore, that Medlen's work uses many visual metaphors also used by these other artists. This suggests that the common experiences of these artists have elicited similar artistic responses.



Fig. 5.17: Kim Stanley Medlen, *Masquerade* 2007, 22k gold plate over copper, silk ribbon (not shown), 10×7×5cm

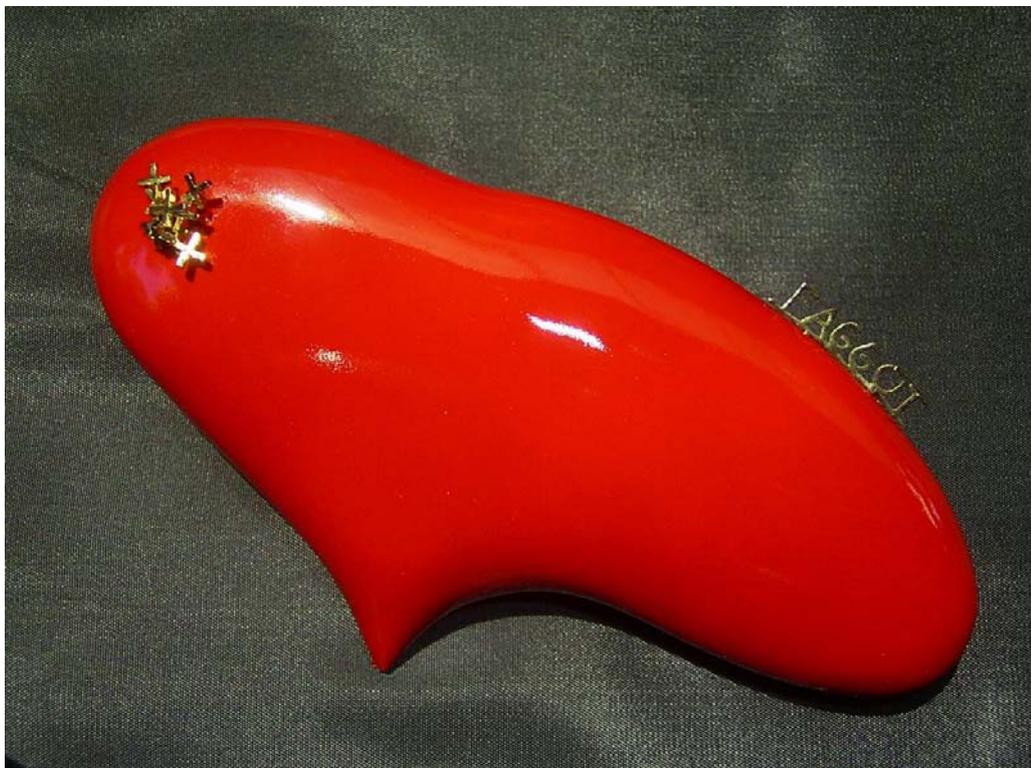


Fig. 5.18: Kim Stanley Medlen, *Masquerade* 2007, automotive paint over balsa wood, 22k gold plate over copper, 15×8×5cm



Fig. 5.19: Kim Stanley Medlen, *Masquerade* 2007, blackened 22k gold plate over copper, 14×8×5cm



Fig. 5.20: Kim Stanley Medlen, *Masquerade* 2007, automotive paint over balsa wood, 22k gold plate over copper, 15×8×5cm

Medlen has used jewellery techniques to craft heart-shaped objects that can be used to adorn the body. As discussed in the theoretical overview of the gaze in Chapter 3, a feature of jewellery is that it attracts the attention of the observer and can thus deflect the gaze from other parts of the body. The deflection of the gaze of the observer becomes a metaphor for the development of the masquerade to counter socialised stigma toward gay men and HIV/AIDS.

The heart shape is used by many of the artists presented here; Tate and McConnell's use is motivated by the Christian iconography in of *The Sacred Heart of Jesus*, whereas Taylor is likely to have been influenced by the heart's association with blood, a principal transmission mechanism of the HIV virus. In contrast, Medlen uses the heart forms as a metaphor for the medical treatment that prevents the onset of AIDS-related illnesses, Highly Active Anti-Retroviral Treatment, for which the acronym is HAART. Figures 5.17 and 5.18 show two of the many stylised heart shapes used by the author in his work. Each heart form is round and plump as if pumped up, this echoes the „pumped up' body of the hyper masculine gay male.

The positive sign is also a common symbol used by HIV/AIDS-based artists and appears regularly in both Tate's and Medlen's work. In Fig. 5.17 and 5.19 clusters of positive signs are used as a metaphor for the virus invading and taking over the body. Other possible associations for the use of the positive symbol are its similarity to the religious cross and the cross on tombstones which relate it to religious stigmatisation and death. This metaphor is explicit in Tate's work (Figs

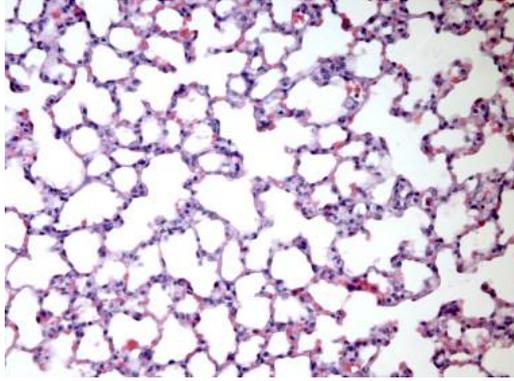


Fig. 5.21: Lung histology. Courtesy iStockphoto 2009



Fig. 5.22: Testis histology. Courtesy Nature Network 2009

5.6 & 5.9), but can also be interpreted when a solo positive symbol is used by Medlen as in Fig. 5.20.

Many of the heart shapes in the present work use jewellery piercing techniques to create lace-like holes, where the negative spaces far exceed the positive space that remains. The patterns used for these pieces were drawn from the histology of body organs and cells such as testis, sperm and blood which are most closely associated with the transmission of the infected bodily fluids that pass on HIV infection, and also the lungs and brain which are organs that are susceptible to AIDS-related opportunistic illnesses. The patterns in the histology images of the



Fig. 5.23: Kim Stanley Medlen, *Masquerade* 2007, 22k gold plate over copper, automotive paint, 32×8×3cm

lung and testes in Figs 5.21 and 5.22 are seen in the piercing patterns of the art works in Figs 5.17 and 5.23. The combination of the three principal forms used in Medlen's work (heart shapes, positive signs and cellular images) speaks of the ongoing balance and struggle between the HAART medication, the body's cells and the invading virus.

Of particular interest in Medlen's work is the inclusion of homophobic and pejorative language that society uses to stigmatise those whom they see as deviant. As discussed in Chapter 3, this offensive language gives motivation for

the development of a defensive mechanism – the hyper-masculine masquerade. Pejorative language carries negative connotations and primarily seeks to intimidate or offend. “Fag”, “Deviant”, “Poofter” and “Cocksucker” are just a few examples of derogatory terms that are aimed at gay men to sanction perceived deviant behaviour (Armstrong in Peel 2005; Rivers



Fig. 5.24: Kim Stanley Medlen, *Masquerade* 2007, 22k gold plate over copper, silk ribbon (not shown), 14×8×5cm

in Coyle & Kitzinger 2002). Medlen’s work aims to draw attention to the abusive language that can be a significant factor in developing an individual’s identity. However, it is important to note that the development of a masculine masquerade as a coping mechanism is in effect a reactive rather than a proactive response.

Reactive strategies to cope with stigma involve defensive attempts to avoid or mitigate the impact of stigma, but imply acceptance of the underlying social norms and values. (Siegal, Lune & Meyer, 1998 p15)

To convey these ideas Medlen has used ‘pumped-up’ forms that echo the stereotypically hyper-masculine body shape, and overlaid these with derogatory text that is sometimes overt (Fig. 5.24), and sometimes more subtle (Fig. 5.20). An uneasy tension exists between the text (as a cause) and the deliberate masquerade (as a response), residing together in each piece.

The deliberate masculine masquerade is represented by the author through the materiality of the objects he has created. Where the hyper-masculine form is often developed to disguise the HIV/AIDS status of the gay male, gold, which has associations with wealth, power and status, plates the surface and masks the near-worthless materials within. In Chapter 3 it was seen that there is a hierarchy of masculinities, with the hegemonic masculinity being the ultimate masculinity that those undertaking a masculine masquerade seek to emulate. The hierarchy often associated with precious metals – gold is more ‘precious’ than silver which is more ‘precious’ than copper – is used as a metaphor for the masculine masquerade in these works. In a similar way automotive paint, which has associations with masculine stereotypes, is used to disguise the light-weight and fragile balsa

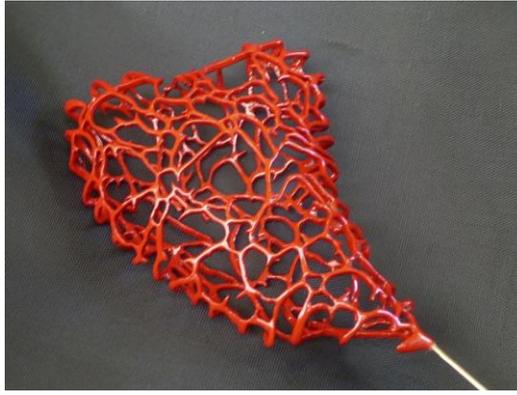


Fig. 5.25: Kim Stanley Medlen, *Masquerade* 2007, automotive paint over 22k gold plate over copper, 32×8×3cm

forms that it encapsulates. All of these forms, with their rich lustrous surfaces disguise their underlying form.

Notable changes to the masquerade are evident in those pieces in the exhibition where the valued surfaces have been overlayed with inferior materials. This speaks of disease and illness that eventually dominates the individual. In

Fig. 5.25, for example, a gold plated surface is covered in red automotive paint, destroying the illusions of the original masquerade. The colour applied to this piece gives the cellular structure a bloodied appearance and speaks more about the danger of HIV infected bodily fluids, especially blood. The colour red is commonly used by visual artists who deal with the issue of HIV/AIDS to denote blood and danger. For instance, Tate's use of the colour red and biohazard symbol in some of his work all speak of the perception that people living with HIV/AIDS are dangerous to others. Fig. 5.19 shows a piece where the gold surface has been chemically blackened; what was once a lustrous surface is now black and foreboding, again signifying a body that has been overcome by the HIV virus. The original masquerade is now obsolete, and has evolved to one that represents the death of the 'real' person.

The colour red is also used for the AIDS ribbon, an international symbol of support for HIV/AIDS, and is used to memorialise those who have died from the disease. Red ribbons are used with many of the pierced gold pieces in Medlen's exhibition so that the jewellery items can be worn on the body, overlaying the wearer's heart.

The continuous medication regime and the medicalisation of HIV-positive individuals is a common theme in HIV-based art. In the previous section works by Shayo and Benes made comment on these aspects. Medlen also addresses this topic through the HAART reference that gave inspiration to the principal forms used in his work. The author further addresses the medicalisation of HIV-infected



Fig. 5.26: Kim Stanley Medlen, *Masquerade* 2007, 22k gold plate over copper, automotive paint, silk ribbon (not shown), 10×7×5cm

individual, motivated by the constant barrage of blood tests, needles and biopsies that he has undergone during his encounters with the medical profession. References to these can be seen in sharp needle-like protrusions on some of the pieces, for example in Fig. 5.26.

From the art works presented as part of his research, the author has made comment on many aspects of the HIV-infected gay male community, including their stigmatisation and the consequential “masculine masquerade” undertaken by many members of this community. He has also investigated the medicalisation of the HIV-infected individual and discussed the ongoing balance and struggles of living long-term with this disease. From these works he hopes to stimulate awareness of the burdens that HIV-positive gay men face in contemporary Australian society.

Doctoral Exhibition

As part of the requirement for his doctoral studies, the author was required to present an exhibition of the artistic works that were informed by this research. As

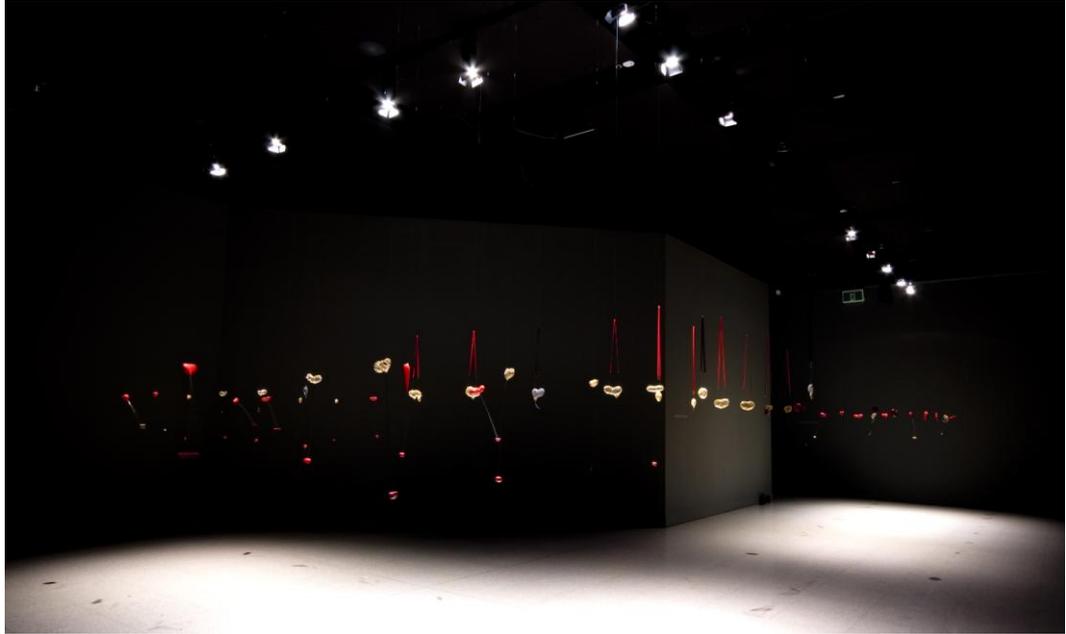


Fig. 5.27: Kim Stanley Medlen, *Masquerade* 2007 installation



Fig. 5.28: Kim Stanley Medlen, *Masquerade* 2007 installation detail

such, the work was presented as a single installation in the *dOFa07* exhibition⁷ held at the John Curtin Gallery at Curtin University on 20th April through to 1st June 2007. This installation is documented in a detailed series of images and a short video that is included on the DVD presented in Appendix A of this document.

⁷ The *dOFa07* exhibition consisted of the graduating Doctoral and Masters students from Curtin University of Technology's Department of Art.

The installation consisted of 47 individual pieces suspended using long „invisible’ threads in a formation that represented a stylised positive symbol. The room was darkened, the walls were dark and only spotlights illuminated the work. This gave an ethereal feel to the installation, giving the impression of cells floating and moving within the body. Figures 5.27 and 5.28 show the installation during the exhibition.

The installation allowed the viewer/participant to walk through and around the pieces, which were suspended at eye level. The close proximity of the viewer to the work created a slight disturbance in the air that induced small pendulum-like movements in the objects themselves. This closeness caused the works to come to life, changing from inanimate to animate. In effect, the viewer/participant was part of the installation. This, and the resulting movement, provided a means to emphasise and strengthen meaning in two ways. Firstly, the observer moving through the installation was as if they were the virus moving through the HIV-positive body, and secondly, by presenting the works at eye level forced an intimate inspection that drew attention to issues relating to the medicalisation and surveillance of infected gay male bodies that was discussed in Chapter 2.

6

Conclusion

The stigmatisation of homosexual males, discussed in Chapter 2, has evolved over many centuries, with major contributions from dominant religious and political institutions. These prejudicial and discriminatory attitudes of the past still influence contemporary attitudes where intolerance, vilification and stigmatisation of gay males are commonplace. Homosexuals are often tolerated rather than accepted, and this attitude continues to be reflected in law.

It was further argued in Chapter 2 that the emergence of HIV/AIDS in the early 1980s served to compound the stigmatisation of homosexual males. Gay men are seen by many in the community as a potential source of contamination, and those with HIV/AIDS have been so intensely medicalised, objectified and pathologised by medical discourse that they are often treated as if they *were* the disease. This discourse has added to the already negative attitudes toward homosexual males.

In an effort to combat or deflect this vilification, many homosexual males feel it necessary to actively mask their sexuality. It was asserted in Chapter 3 that by consciously and deliberately creating a masquerade that is heterosexual, masculine and healthy in appearance, the gay male may evade identification of his sexuality and, as a consequence, his association with HIV and AIDS.

The deliberate masquerade is achieved through the use of codes and signifiers that, through dominant social discourses in Western society, are traditionally associated with masculine traits, such as strength, virility, heterosexuality, power and authority. This hegemonic masculinity serves not only to mask homosexuality but also gives the appearance of health, which addresses the normative view that the body should be free of disease. Thus, emulation of the dominant and powerful status of hegemonic masculinity is rewarded by an enhanced standing within the wider community.

For HIV positive gay men, adopting a masquerade of hegemonic masculinity avoids the negative sanctions often imposed on them by not only the heterosexual community but, significantly, the homosexual community as well. Developing this masquerade often involves attaining a hyper-masculine form, either through physical exercise or cosmetic surgery. The sculpted masculine form belies the disease within. With the recent development of HAART therapy, focus has moved away from AIDS, dying and *death* to one of life and *living* with HIV. Thus the masquerade has become a long term proposition and also serves to bolster the psychological wellbeing of these men who must undertake a relentless drug and medical regime.

Art plays a vital role in creating discourse on the many social issues that confront society. The devastating impact of HIV/AIDS on humanity in recent decades has given rise to a significant body of art that seeks to memorialise, politicise and educate the community about this pandemic. Through imagery, visual artists reveal the anguish and suffering caused by this disease and illness. While some of the works explored in this research are confronting, their primary aims are to communicate, educate and broaden the audiences' understandings of HIV/AIDS and how it has reached into and affected the lives of many, regardless of sexual preference, age, gender, wealth or ethnicity.

The research presented here has informed the development of the body of visual art that accompanies this exegesis. These artworks explore the negative attitudes of community groups towards gay men and how many gay males in Western society have responded to this stigma by adopting a body image that appears to conform to a hegemonic ideal. This "deliberate masquerade" has been an important focal point in the final body of work. Through many signs, symbols and visual metaphors these artworks hope to stimulate awareness of the burdens that face HIV-positive gay men in contemporary society.

As the issues that surround HIV/AIDS show few signs of diminishing, it is to be expected that HIV/AIDS visual art will continue to develop and change as the issues surrounding gay men and HIV do. Certainly, since the onset of the AIDS pandemic, there have been many different stories and many different journeys

with many different final destinations for those with the misfortune of contracting the HIV virus. The speed at which the medical community identified and then found effective long-term strategies for controlling the virus has been remarkable. This has had a life-changing impact on many, many HIV-positive people in the Western world. Hopefully, the benefits of modern HIV medication will become available to those third world countries that are currently experiencing many millions of preventable deaths.

References

- Anti-Discrimination Board 2005, „HIV & AIDS Discrimination: Your Rights’, accessed 30 June 2005, <http://www.lawlink.nsw.gov.au/adb.nsf/pages/hiv/aids>
- Androphile Project 2008, „The World History of Male Love’, accessed 11 April 2009, <http://www.gay-art-history.org>
- APA Online 2009, „Use of Diagnosis, Homosexuality and Ego-Distonic Homosexuality’, American Psychological Association, accessed 4 March 2009, <http://www.apa.org/pi/lgbc/policy/diagnosis.html>
- architecture.about.com 2010, „The Berlin Holocaust Memorial, Memorial to the Murdered Jews of Europe’, accessed 20 May 2010, <http://architecture.about.com/od/greatbuildings/ss/holocaust.htm>
- Artnet 2009, „Barton Lidice-Benes’ accessed January 2009, <http://www.artnet.com/artwork/423970540/141097/barton-lidice-benes-petatfores.html>
- Australian Bureau of Statistics 2006, „2006 Census Dictionary’, accessed 23 January 2006, <http://www.abs.gov.au>
- AVERT: Averting HIV and AIDS 2009, „Worldwide HIV & AIDS Statistics’, accessed 14 March 2009, <http://www.avert.org/worldstats.htm>
- Barsalou, J & Baxter, V 2007, „The Urge to Remember: The Role of Memorials in Social Reconstruction and Transitional Justice’, accessed 10 May 2010, <http://www.usip.org/resources/urge-remember-role-memorials-social-reconstruction-and-transitional-justice>
- Blazey, P 1992, „Sadness: A Monologue of Slides’, *Outrage*, Number 115, December 1992, p. 10
- Blue* 2002, issue 41, October 2002, Studio Magazines, Sydney, Australia
- Boswell, J 1981, *Christianity, Social Tolerance and Homosexuality*, University of Chicago Press, Chicago, USA
- Brown, K 1998, *An Introduction to Sociology*, Polity Press, Cambridge, UK
- Bryan-Wilson, J & Hunt, B, ed. 2000, *Bodies of Resistance*, Visual AIDS Books, New York, USA
- Bunyan, M 2009, „Pressing the Flesh: Sex Body Image and the Gay Male’, accessed 26 February 2009, http://www.marcusbunyan.com/ptf/histmain_o.html
- Buss, D 2003, *The Evolution of Desire*, Basic Books, New York, USA
- Callen, M 1990, *Surviving AIDS*, Harper Collins, New York, USA
- Carpenter, E 1914, *Intermediate Types among Primitive Folk: A case study in social evolution*, Allen, London, England
- Clay, D 2000, „Mental Health and Psychological Issues in HIV Care’, *Lippincotts Prim. Care. Prac.* vol. 4, issue 1, p. 74-82
- Cole, HM, ed. 1985, *I am Not Myself: The Art of the African Masquerade*, University of California, Los Angeles, USA
- Colson, ML 1991, „The Decade of Supreme Court Avoidance of AIDS: Denial of Certiorari in HIV/AIDS Cases and its Adverse Effects on Human Rights’, *Albany Law Review*, vol. 61, p. 912
- Connell, RW 1995, *Masculinities*, Allen and Unwin, Sydney, Australia

- Conrad, LI 2000, *Contagion: Perspectives from Pre-modern Societies*, Ashgate Publishing, Aldershot, England
- Coyle, A & Kitzinger C, ed. 2002, *Lesbian and Gay Psychology: New Perspectives*, Blackwell Publishers, London, England
- Craig, S, ed. 1992, *Men, Masculinity and the Media*, Sage Publications, California, USA
- Crompton, L 2004, *Homosexuality and Civilization*, Harvard University Press, Massachusetts, USA
- Davis, W, ed. 1994, *Gay and Lesbian Studies in Art History*, Hayworth Press, New York, USA
- DeWall, CN & Maner, JK 2008, 'High Status Men (But Not Women) Capture the Eye of the Beholder' accessed 22 February 2010, <http://www.epjournal.net>
- Dobney, C 1992 'Kiss of Light. David McDiamid', *Outrage*, Number 108, May 1992, p. 33
- Drummond, M 2005, 'Men's Bodies: Listening to the Voices of Young Gay Men', *Men and Masculinities*, vol. 7, issue 3, January, pp. 270-290
- Duffield, C 1998, *Face to Face with AIDS*, Exhibition Catalogue, Queensland Art Museum, University of Queensland, Australia
- Duneier, M & Giddens, A 2000, *Introduction to Sociology*, 3rd. Edition, W.W. Norton, New York, USA
- Dybul, M, Fauci, AS, Kaplan, JE, Bartlett, JG & Pau, AK 2002, 'Guidelines for using Antiretroviral Agents among HIV-Infected Adults and Adolescents', *Annals of Internal Medicine*, vol. 137, pp. 381-433
- Elliot, A 2008, *Concepts of Self*, 2nd ed. revised, Cambridge, UK
- Elliot, H 2003, *Memorial Art*, Warren Publication Press, Cambridge, USA
- Ensslin, W 2010, 'The Historic Origins of Church Condemnation of Homosexuality', accessed 10 January 2010, <http://www.well.com/~aquarius/rome.htm>
- Fay, E 1993, 'Mapplethorpe's Art: Playing with the Byronic Postmodern', *Postmodern Culture*, vol. 4, issue 1, September 1993
- Fife, BL & Wright, ER 2000, 'The Dimensionality of Stigma: A Comparison of its Impact on the Self', *Journal of Health and Social Behaviour*, vol. 41, March 2000, pp. 50-67
- Foucault, M 1977, *Discipline and Punish: The Birth of the Prison*, 1st American Edition, trans. A Sheredan, Pantheon Books, New York, USA
- Fram-Kulick, S 2010, 'Gazing at You: A Final Look and then Goodbye', accessed 25 April 2010, <http://www.feminist.com/resources/artspeech/media/review.htm>
- Frye-Burnham, L & Durland, S 1998, 'The Citizen Artist: 20 Years of Art in the Public Arena: An Anthology from High Performance Magazine 1978-1998. Part 2: The Activist as Artist', <http://www.communityarts.net/ca/index.php>, accessed 1 May 2010
- Giddens, A 1991, *Modernity and Self Identity: Self and Society in the Modern Age*, Polity Press, Cambridge, England
- Giddens, A 1992, *The Transformation of Intimacy: Sexuality, Love and Eroticism in Modern Societies*, Polity Press, Cambridge, England
- Giddens, A 1997, *Sociology*, 3rd Edition, Polity Press, Cambridge, England
- Giddens, A *et al.* 2008, 2nd ed., *Essentials of Sociology*, Norton and Company, New York, USA
- Goldsmith, NM 1998, *The Worst of Crimes: Homosexuality and the Law in the Eighteenth Century*, London, England
- Goleman, D 1990, 'Studies Discover Clues to Roots of Homophobia', *New York Times*, 10 July 1990
- Gott, T 1994, *Don't Leave Me This Way: Art in the Age of AIDS*, Craftsman Press, Melbourne, Australia

- Greenburg, DF 1988, *The Construction of Homosexuality*, University of Chicago Press, Chicago, USA
- Grierson, J 2008, „Where History Meets Experience: Living Long Term with HIV’, *HIV Australia*, vol. 6, issue 2, pp. 7-9
- Grierson, R, Thorpe, R & Pitts, M 2006, „HIV Futures Five: Life as We Know It’, La Trobe University, accessed February 2009, <http://www.latrobe.edu.au/hiv-futures/HIV%20Futures%205%20report.pdf>
- Hamer, D 1994, *The Science of Desire*, Simon and Schuster, New York, USA
- Harrison, C 2008, *Painting the Difference: Sex and the spectator in modern art*, University of Chicago Press, Chicago, USA
- Hatty, J & Hatty, SE 1999, *The Disordered Body: Epidemic Disease and Cultural Transformation*, State University of New York Press, New York, USA
- Heatwole, J 2008, „Body and Prayer: An Interview with Steed Taylor’, accessed 12 November 2008, http://findarticles.com/p/articles/mi_m2479/is_4_35/ai_n24962262
- Herd, H 1999, *Sambia Sexual Culture: Essays from the Field*, University of Chicago, Chicago, USA
- Herek, GM 1999, „AIDS and Stigma’, *American Scientist*, vol. 42, p. 1106
- Herman, NJ 1995, *Deviance: A Symbolic Interaction Approach*, Altamira Press, Maryland, USA.
- Hirsch, M, ed. 1999, *The Familial Gaze*, University Press of New England, Hanover, USA
- HIV web Study 2005, „Dermatologic Manifestation’ accessed 28 May 2005, <http://depts.washington.edu/hiv aids/derm/case3/discussion/html>
- hivandhepatitis.com 2009, „Central Fat Deposition/Fat Accumulation (Lypohypertrophy)’, accessed 13 May 2006, <http://www.hivandhepatitis.com/recent/lipo/fataccumulation/1.html>
- Hubbard, TK 2003, *Homosexuality in Greece and Rome*, University of California Press, Berkeley, USA
- Impelluso, L & Zuffi, S 2003, *God and Heroes in Art*, Getty Publication, Los Angeles, USA
- In Their Own Words 2006, „NIH Researchers Recall the Early Years’, accessed 28 May 2006, http://aidshistory.nih.gov/first_encounters/back.html
- In Their Own Words 2006, „NIH Researchers Recall the Early Years’, accessed 28 May 2006, http://aidshistory.nih.gov/tip_of_the_iceberg/quilt.html
- iStockphoto 2009, „Lung Histology’ accesses 18 April 2009, http://www.istockphoto.com/file_closeup/sciences/biology/cells/1927154_lung-tissue-section.php?id=1927154
- Johnson, RD 2003, „Nature or Nurture’, accessed 30 April 2003, <http://allpsych.com/journal/homosexuality.html>
- Jones, MA 2009, „Activism, Art, and the HIV/AIDS Crisis’, accessed 1 May 2010, http://gayrights.change.org/blog/view/activism_art_and_the_hiv aids_crisis
- Jump, FH 2008, „Frank H. Jump’, accessed 23/7/2008, <http://www.frankjump.com/info.html>
- Jureidini, R & Poole, M 2000, 2nd Edition, *Sociology: Australian Connections*, Allen & Unwin, Crows Nest, Australia
- Jureidini, R & Poole, M 2003, 3rd Edition, *Sociology: Australian Connections*, Allen & Unwin, Crows Nest, Australia
- Khmet 1989, „AIDS and Racism’, accessed 2 march 2009, <http://khmet.co.uk/aids1.html>
- Kinsey, AC *et al.* 1948, *Sexual Behaviour in the Human Male*, W.B. Saunders, Philadelphia, USA
- Kirby, M 1999, „Same-Sex Relationships – Some Australian Legal Developments’, accessed 3 July 1999, <http://www.lawfoundation.net.au/resources/kirby/papers/19990703>

- Kitagawa, EM & Hauser, PM 1973, *Differential Mortality in the United States: A Study in Socioeconomic Epidemiology*, Harvard University Press, Cambridge, USA
- Klein, A 1993, *Little Big Men: Bodybuilding Subculture and Gender Construction*, State University of New York Press, New York, USA
- Kleiner, FS 2007, *A History of Roman Art*, Thomson and Wadsworth, Belmont, USA
- Knight, S 2005, ‚J Am My Own Curator’, *The New York Times*, 6 February 2005, accessed 12 March 2009, <http://www.nytimes.com/2005/02/06/nyregion/thecity/06bart.html>
- Lake, R 2008, ‚HIV Living: The Golden Years’, *HIV Australia*, vol. 6, issue 2, pp.12-14
- Le Vay, S 1993, *The Sexual Brain*, MIT Press, Cambridge, England
- LifeSiteNews.com 2004, ‚New Australian Legislation to Prohibit Homosexual Marriage’, accessed 27 May 2004, <http://www.lifesite.net/idn/2004/may/04052108>
- Lorber, J & Moore, LJ 2002, *Gender and the Construction of Illness*, 2nd edition, Rothman & Littlefield, Maryland, USA
- Lorenz, K 2005, ‚Do Pretty People Earn More?’, accessed 10 February 2010, <http://www.cnn.com/2005/US/Careers/07/08/looks/>
- Loughery, J 1998, *The Other Side of Silence: Men’s Lives and Gay Identities – A Twentieth Century History*, Henry Holt and Company, New York, USA
- MacClancy, J, ed. 1997, *Contesting Art: Art, Politics and Identity in the Modern World*, Berg Publishers, Oxford, UK
- Maybury-Lewis, D 1992, *Millennium: Tribal Wisdom in the Modern World*, Viking, New York, USA
- McDonald, AG & Wessner, DR 2003, ‚The Visual Art of HIV/AIDS: An Interdisciplinary Approach to Teaching about HIV/AIDS’, *Bioscene*, vol. 29, March 2003, p15-21
- Martin, E 1994, *Flexible Bodies: The Role of Immunity in American Culture, from the Days of Polio to the Age of AIDS*, Beacon Press, Boston, USA
- Marzullo, G 2005, ‚Out in DC’, *Washington Blade: Gay and Lesbian News*, Friday November 11 2005, accessed 20 January 2009, <http://www.washingtonblade.com/2005/locallife/outindc/glass-heart.cfm>
- McConaghy, N *et al.* 2006, ‚Fraternal birth order and ratio of heterosexual/homosexual feelings in women and men’, *Journal of Homosexuality*, vol. 51, p. 161
- Money, J & Erhardt, T 1972, *Man and Woman/Boy and Girl*, John Hopkins University Press, Baltimore, USA
- Monteagudo, J 2003, ‚Review of Homosexuality and Civilisation’, accessed 2 April 2009, <http://gaybookreviews.info/review/2847/1136>
- Mulvey, L 1989, *Visual and Other Pleasures*, Indiana University Press, Bloomington, USA
- Mustanski, BS *et al.* 2005, ‚A Genome Scan of Male Sexual Orientation”, *Human Genetics*, Vol.116, No.4, March 2005
- National Centre in HIV Epidemiology and Clinical Research 2008, *HIV/AIDS Viral Hepatitis and Sexually Transmissible Infection in Australia Annual Surveillance Report 2008*, National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Sydney, Australia
- National Quality Center 2008, ‚Timothy Tate’, accessed 15 September 2008, <http://www.nationalqualitycenter.org/index.cfm/22/17571>
- Nature Network 2009, ‚Testis Histology’ accessed 18 April 2009, <http://network.com/people/basanta/blog/2008/11/03/does-the-stroma-evolve>
- Nicholson, L & Seidman, S, ed. 1999, *Your Body is a Battleground*, The Press Syndicate, University of Cambridge, Cambridge, UK
- Nochlin, L 1988, *Women Art and Power: and other essays*, Westview Press, Bolder, USA

- North Dakota Museum of Art 2010, „Barton Lidice Benes’, accessed 10 June 2010,
<http://www.ndmoa.com/PastEx/Barton%20Lidice%20Benes/index.html>
- Norton, R 2010, „A History of Homophobia’, accessed 20 January 2010,
<http://www.rictornorton.co.uk/homophobia03.htm>
- Nussbaum, MC 2004, *Hiding from Humanity: Disgust, Shame and the Law*, Princeton University Press, New Jersey, USA
- Orbach, S 2009, *Bodies*, Picador, New York USA
- O’Brien, E 2000, „Dreaming Our Desire: Insurgent Promise in Queer Artistic Practice’, accessed 10 July 2005, www.deadletters.biz/thesis
- Parker, R & Aggleton, P 2003, „HIV and AIDS Related Stigma and Discrimination: a conceptual framework and implications for action’, *Social Science and Medicine*, Vol. 57, pp. 13-24
- Paschali, P 1994, „True Colors of Benetton’, *Attitude*, vol. 1, issue 3, p. 10
- Patton, C 1990, *Inventing AIDS*, Routledge, New York, USA
- Patzer, GL 2006, *The Power and the Paradox of Physical Attractiveness*, Brown and Walker Press, Florida, USA
- Peel, E 2005, „Effeminate „Fudge Nudges and Tomboyish „Lettuce Lickers’: Language and the Construction of Sexualities in Diversity Training’, *Psychology of Women Section Review*, Vol.7, No.2, Autumn 2005
- Pegrum, M 1997, „Mots Pluriel’, accessed 16 November 2008,
<http://www.arts.uwa.edu/MotsPluriels/MP397mreg.html>
- Perchuk, A & Posner, H 1995, *The Masculine Masquerade: Masculinity and Representation*, Massachusetts Institute of Technology, Cambridge, USA
- Percy, WA 1998, *Pederasty and Pedagogy in Archaic Greece*, University of Illinois Press, Champaign, USA
- Perssons, A 2003, „Shaping Lives: Psychosocial Effect of Lipodystrophy’, *HIV Australia*, vol. 2, issue 3, April/May 2003
- Positive Lives 2008, „Positive Responses to HIV’, accessed 6 August 2008,
<http://www.positivelives.org>
- Powers, C 2004, *Making Sense of Social Theory*, Rowman & Littlefield Publishers, Plymouth, UK
- Ratti, R 1993, *A Lotus of Another Color: An Unfolding of the South Asian Gay and Lesbian Experience*, Alyson Publications, Boston, USA
- Reuter, L 2008, „Musing into Winter’, accessed 17 July 2008,
http://www.artincontext.com/exhibition/exhibition_additional.aspx?id=710
- Robertson, I 1987, *Sociology*, 3rd Edition, Worth Publishers Inc., New York, USA
- Rosenburg, CE 1989, „What is an Epidemic: AIDS in Historical Perspective’, *Daedalus*, vol. 118, p. 41
- Roth-Roemer, S, Robinson-Kurpius, S & Carmen, C 1998, *Emerging Role of Counselling Psychology in Health Care*, W.W. Norton and Co, London, UK
- Rowland, T 2002, „Catholic Symbols to Know, Worship and Have – Catechetical Series, accessed 4 February 2010, <http://www.kwl.com.au/httpdocs/Articals/Catholic%20Sybols.htm>
- Rousseau, J 2005, „Tate, Hester and Hasner: All About Life (and Death)’, *Maryland Community Newspapers*, accessed 17 September 2008,
http://www.gasette.net/stories/112205/entevis_113120_31898.shtml
- Rusden, H 1993, „The Australian Response to AIDS’, *Oral History Project*, vol.18, p. 46, National Library of Australia
- Ruskin, C 1988, *The Quilt: Stories from the Names Project*, Pocket Books, New York, USA

- Rutter, M 2006, *Genes and Behaviour Nature-Nurture Explained*, Blackwell Publishing, Iowa, USA
- Santino, J 2006, *Spontaneous Shrines and the Public Memorialization of Death*, Palgrave Macmillan, New York, USA
- Schechter, A 2004, 'Out: Shortcut to a Perfect Body', accessed 3 May 2004, <http://www.nyplastic.com/out.html>
- Scudder, E 2010, 'Foundfs: The Castro into the 90s', accessed 30 October 2010, [http://foundsf.org/images/6/6f/Gay1\\$names-project-quilt.jpg](http://foundsf.org/images/6/6f/Gay1$names-project-quilt.jpg)
- Sell, RL, Wells, JA & Wypij, D 1995, 'The Prevalence of Homosexual Behaviour and Attraction in the United States, the United Kingdom, and France: Results of National Population-Based Samples', *Archives of Sexual Behaviour*, Vol. 3, pp. 235-48
- Sendziuk, P 2003, *Learning to Trust*, University of New South Wales Press, Sydney, Australia
- Shroeder, JE 1998, *Consuming Representations: A Visual Approach to Consumer Research*, in Stern, B ed. *Representing Consumers: Voices, Views and Visions*, Routledge, London, UK
- Silberstein, LR *et al.* 1989, 'Men and their Bodies: A Comparison of Homosexual and Heterosexual Men', *Psychosomatic Medicine*, Vol.51, Issue 3, pp. 337-346
- Siegel, K, Lune H & Myer IH 1998, 'Gay/Bisexual Men with HIV/AIDS' *Qualitative Sociology*, Vol.21, No.1, pp. 3-24
- Smith, T 1998, 'American Sexual Behaviour: Trends, Socio-Demographic Differences, and Risk Behaviour', accessed 6 December 1998, <http://www.norc.uchicago.edu/online/sex.pdf>
- Sperone Westwater, 2006, 'Frank Moore – Bubble Bath', accessed 4 July 2005, <http://www.speronewestwater.com/cgi-bin/iowa/artists/related.html?record=13&info=works>
- Sturken, M 1997, *Tangled Memories: The Vietnam War, the AIDS Epidemic, and the Politics of Remembering*, University of California Press, Berkeley, USA
- Sturken, M 2010, 'Memorializing Absence', accessed May 2010, <http://essays.ssrc.org/sept11/essays/sturken.htm>
- Sutherland-Harris, A 1983, 'Women, Art and Ideology: Questions for Feminist Art Historians', *Women's Art Journal*, Vol 4, No 2 (Autumn 1983-Winter 1984), pp. 53-54
- Tatchell, T 2000, '2000 Years of Church Homophobia', accessed 21 March 2000, <http://www.perertatchell.net/religion/2000.htm>
- Tate Gallery 2010, 'Tate/Glossary/Abject Art', accessed 10 March 2010, <http://www.tate.org.uk/collections/glossary/definition.jsp?entryId=7>
- Taylor, S 2009, 'From Blue Prints, to Road Prints & Blood Prints', accessed 5 December 2008, <http://www.fadingad.com/taylor.html>
- The Body 2008, 'Virtual Gallery', accessed 27 October 2008, <http://www.thebody.com>
- The International Lesbian and Gay Association 2003, 'World Legal Survey', accessed 31 July 2003, http://www.ilga.info/Information/Legal_survey/Asia_Pacific/australia_western_australia.html
- The Names Project Foundation – AIDS Memorial Quilt 2005, 'History of the Quilt', accessed 5 October 2005, <http://www.aidsquilt.org/history.htm>
- The Oxford Dictionary of English* 2005, 2nd ed. revised, Oxford University Press, Oxford, England
- The Pontifical Council for the Family 2006, 'The Family and Human Procreation', accessed 10 July 2009, <http://www.wf-f.org/FamilyandHumanProcreation.html>
- The Positive Side 2007, 'The Art of Being Positive, 2006/2007', accessed 12 March 2009, http://www.positiveside.ca/e/V812/Artpositive_e.htm

- The Robert Mapplethorpe Foundation Inc. 2006, „1988 Self Portrait’, accessed 10 August 2006, <http://www.mapplethorpe.org/selfportraits10.html>
- Thomas, J, ed. 2001, *Reading Images*, Palgrave, New York, USA
- Tim Tate 2009, „Tim Tate: Mixed Media Sculptor’, accessed 10 January 2009, <http://timate.com/>
- Touch Cardiology 2009, „Independent Insight for Medical Specialists’, accessed 18 June 2006, <http://www.cardiology.com/articles/lipodystrophy-metabolic-disorders-and-cardiovascular-risk-complications-antiretroviral>
- Troiden, RR 1989, „The Formation of Homosexual Identities’, *Journal of Homosexuality*, Vol.17, No.1/2, pp. 43-73
- Tseelon, E 2001, *Masquerades and Identities: Essays on Gender, Sexuality and Marginality*, Routledge, New York, USA
- UNAIDS 2009, „Report on the Global Aids Epidemic: Global Facts And Figures 09’, accessed 20 February 2010, http://data.unaids.org/pub/FactSheet/2009/20091124_FS_global_en.pdf
- United Colors of Benetton 2007, accessed 11 April 2007, www.benettongroup.com/press/published/photo_gallery/images/camp92
- Van Krieken, R *et al.* 2000, *Sociology: Themes and Perspectives*, 2nd Edition, Pearson Publishing, Frenchs Forest
- Waldby, C 1996, *AIDS and the Body Politic: Biomedicine and Sexual Difference*, Routledge, New York, USA
- Westcott, R 2008, „HIV Positive Community: A Thing of the Past?’, *HIV Australia*, vol. 6, issue 2, pp. 10-11
- Wikimedia 2010, „Batoni Sacred Heart’, accessed 10 April 2010, http://commons.wikimedia.org/wiki/File:Batoni_sacred_heart.jpg
- Williams, CA 1999, *Roman Homosexuality: Ideologies of Masculinity in Classical Antiquity*, South Melbourne, Australia
- Wink, W 1999, *Homosexuality and the Christian Faith: Questions of Conscience for the Churches*, Fortress Press, Minneapolis, USA
- 2Blue 2003, Studio Magazines, Sydney, Australia

Every reasonable effort has been made to acknowledge the owners of copyright material. I would be pleased to hear from any copyright owner who has been omitted or incorrectly acknowledged.

A

Appendix A: Thesis Artworks

The following images document the 47 artworks created for this thesis. For larger and more detailed images refer to the CD that accompanies this exegesis.

The materials in these artworks include 22 ct. gold over copper, red automotive paint over balsa and silk ribbon. The gold surfaces on *Masquerade #5*, *#13* and *#41* have been chemically blackened. The sizes given for the artworks do not include the silk neckpieces.



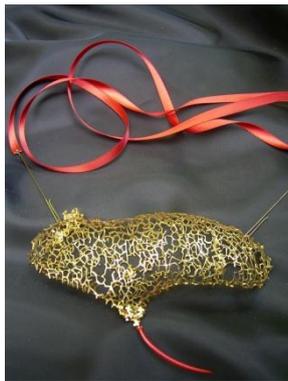
Masquerade #1: 7×10×5cm



Masquerade #2: 7×10×5cm



Masquerade #3: 7×10×5cm



Masquerade #4: 8×14×5cm



Masquerade #5: 8×14×5cm



Masquerade #6: 8×14×5cm



Masquerade #7: 8×14×5cm



Masquerade #8: 8×14×5cm



Masquerade #9: 8×14×5cm



Masquerade #10: 8×14×5cm



Masquerade #11: 30×14×5cm



Masquerade #12: 40×10×5cm



Masquerade #13: 8×7×4cm



Masquerade #14: 15×5×4cm



Masquerade #15: 8×10×5cm



Masquerade #16: 8×8×5cm



Masquerade #17: 7×10×5cm



Masquerade #18: 7×10×5cm



Masquerade #19: 10×8×5cm



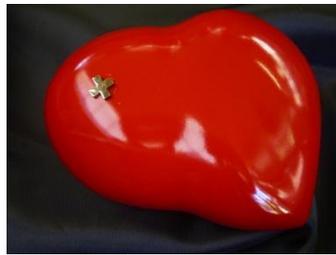
Masquerade #20: 10×12×5cm



Masquerade #21: 10×11×5cm



Masquerade #22: 10×10×8cm



Masquerade #23: 10×10×7cm



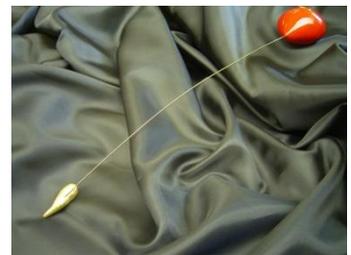
Masquerade #24: 7×14×5cm



Masquerade #25: 32×5×3cm



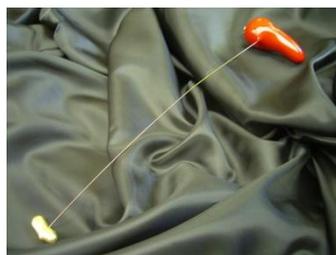
Masquerade #26: 32×5×3cm



Masquerade #27: 32×5×3cm



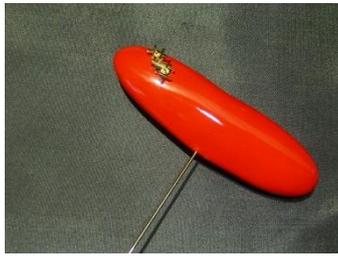
Masquerade #28: 32×5×3cm



Masquerade #29: 32×5×3cm



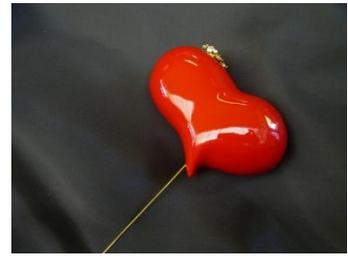
Masquerade #30: 32×3×3cm



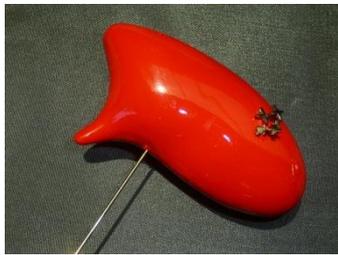
Masquerade #31: 32×5×2cm



Masquerade #32: 32×5×3cm



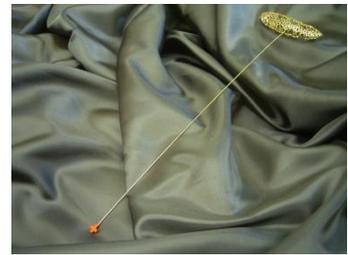
Masquerade #33: 32×4×3cm



Masquerade #34: 32×5×3cm



Masquerade #35: 32×5×2cm



Masquerade #36: 32×5×2cm



Masquerade #37: 32×4×3cm



Masquerade #38: 32×5×2cm



Masquerade #39: 32×5×3cm



Masquerade #40: 32×5×3cm



Masquerade #41: 32×5×3cm



Masquerade #42: 32×4×3cm



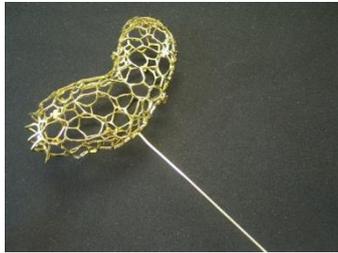
Masquerade #43: 32×5×2cm



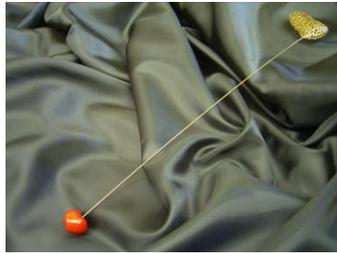
Masquerade #44: 32×5×3cm



Masquerade #45: 32×5×3cm



Masquerade #46: 32×4×3cm



Masquerade #47: 32×4×3cm

B

Appendix B: Exhibition Video and Photographs

The CD supplied with this exegesis is supplied in Microsoft Windows data file format and contains the following directories:

- /complete-thesis-artworks

This directory contains ‚jpg’ images of all the individual pieces of the artwork that was developed as part of Kim Stanley Medlen’s doctoral studies prior to their display in the *Masquerade* installation.

- /exhibition-photos

This directory contains ‚jpg’ images of a sample of the individual pieces of the *Masquerade* installation of Kim Stanley Medlen while installed at the *dOFa07* exhibition held at the John Curtin Gallery at Curtin University of Technology (20th April - 1st June 2007). Two sub-directories are used to separate images taken with exhibition lighting from those taken with full lighting

- /exhibition-video

This directory contains a five minute ‚wmv’ (Windows movie file) video of the *Masquerade* installation of Kim Stanley Medlen while installed at the *dOFa07* exhibition held at the John Curtin Gallery at Curtin University of Technology (20th April - 1st June 2007).