# ABOUT A "GAY DISEASE": THE CONSEQUENCES OF USING METAPHORICAL UNDERSTANDING IN EARLY AIDS DISCOURSES

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Aristotle defines metaphor in *On the Art of Poetry* as something that "consists in giving the thing a name that belongs to something else" (1457 b3). In *The Art of Rhetoric*,he clarifies that "[t]he *simile* is also a metaphor, as it is only slightly different. For when the poet says 'and like a lion leapt' it is a simile, but when 'a lion leapt', it is a metaphor; for because they are both bold, he spoke Achilles by the metaphor of the lion." (1406b). It is clear for him that metaphor is one of the most useful means to gain knowledge (1410b) via, therefore, highlighting a characteristic of an object by naming it another name belonging to another object which latter one is considered as one of the most proper embodiment of the characteristic intended to be emphasized in terms of the first/described object. If Homer wanted to emphasize that Achilles is "bold", he could do this effectively by referring to him, in a certain situation, as a lion: an animal which is considered to be one of the boldest. It is important to see that the lion is "essentialized" in the sense that it is imagined as a symbol of a certain characteristic (boldness).

Even today, we tend to use metaphors on an everyday basis according to these ancient considerations. What these early accounts suggest to us is that speaking metaphorically means: at first, an attempt to make a certain object in a certain situation the most understandable via emphasizing its most important characteristic with regards to that situation; second, an identification between the described object and another object which is considered as the embodiment of the relevant characteristic of the described object; and connectedly, third, essentializing the describing object which means here that it is used only to highlight one relevant characteristic of the described object. It is clear, therefore, that a general consensus must exist in terms of the understanding of the describing object so the metaphor as such can reach its aim. After all, in terms of metaphors used for the sake of cultural/political understanding,the most urgent questions to ask are how something/somebody becomes an embodiment of a certain characteristic, what kind of ideological elements take part in this process, and what consequences can be evoked at the individual level by such a social understanding.

In this article I do not wish to deal with AIDS itself as a metaphor (Sontag 1978, 1989; Patton 1990, 64-65) but rather I attempt to highlight how early AIDS[1] discourse[2] implicitly applied the historical, medico-legal image of "the homosexual"

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[1] I use "AIDS" for practical reasons; however, in terms of the early discourse on the referred immunodeficiency syndrome, the concept of AIDS can be used only retrospectively.
[2] I am referring to "western discourses" (US, Great Britain, Australia), in the early 80's.

as a metaphor of the PWA (Person living With AIDS)[1]. I argue that as a result of this(indeed harmful) metaphorical discourse,on the one hand, the politically active gay identity was relegated to the level of the passive homosexual, and, on the other,that this metaphorical discourse had harmful consequences with regard to how gay people at the time perceived and felt themselves within the sphere of the social. At first, I interrogate the historical implications of homosexuality and gayness with a specific emphasis on the issue of metaphorical thinking in HIV/AIDS discourses, and then I attempt to highlight how (discursively) obscuring the differences between them resulted in gay shame as an important stage before giving conservative answers to the AIDS crisis (as it was identified by Crimp as a problem [2002]).

## HOMOSEXUALS, GAYS, AND PEOPLE LIVING WITH AIDS

What we understand today as(homo)sexuality was born in the second half of the nineteenth century (Epstein 1996, 51; Weeks 2010, 5). Linnaean scientific tradition, especially the presumption that "all of nature can be accommodated within a taxonomy" (Foucault 1973, 126)—and so "things" have to be named and described (Foucault 1973, 132-133)—intertwined with scientific interest in sexuality.As a result, an order of sexual categories has come into existence—an order which designated and still designates the acceptable and possible ways of conceiving sexuality. The necessarily essentializing process of drawing and reorganizing boundaries according to individuals' "sexuality" proved itself to be a productive ground for ideology where heteronormative ideas can be anchored to again and again (Rubin 1984, 275-287). Since the category system was created from a heteronormative—claimed as scientifically neutral—viewpoint, it could hardly support non-heteronormative ideas: the designated paths for thinking have been circulating among the categories of normal-natural heterosexuals and the abnormal sexual others. Therefore, already the construction of this scientific-sexual system—which has had a great impression on general thinking, too—created the categories of "we" (the normal) and "they" (the abnormal) within the field of sexuality. Early HIV/AIDS discourse re-emphasized just these pre-created categories by suggesting, from the very beginning, that the society faces a "gay disease", therefore, a disease of those who failed to fulfil heterosexual imperatives (especially monogamy and heterosexual object choice). "Gay plague" was not only a term used by media discourses; the name "GRID" (Gay Related Immune Deficiency), for example, was used by medical professionals and researchers from 1982 (Epstein 1996, 50) to describe/name the heretofore neglected[2]

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[1] The concept of the PWA Person (living) with AIDS is an alternative description of "AIDS victim", and "AIDS patient". Since the concept of victim „implies defeat", and the concept of patient „implies passivity, helplessness, and the dependence on the care of others", The Advisory Committee of People with AIDS (later: National Association of People with AIDS), in 1983, claimed for a more proper description (the result is Person/People living with AIDS – PWA). See: Grover: "AIDS: Keywords" in: *AIDS: Cultural Analysis/Cultural Activism* (ed. Douglas Crimp), MIT Press, 1988. pp. 17-30.

[2] AIDS, of course, was not a new health phenomenon in the '80s. Before that, IV drug users already had showed the „symptoms", however, as they were in a bad health condition in general, the

and so insufficiently defined health-phenomenon. We can understand more properly what the problem is with this discourse if we try to understand, at first, the main differences between "gay" and "homosexual".

The historical concept of "homosexuality" is a perfect example how the normativizing power of medical discourse works. Though "homosexuality" was engendered by scientific interest, as Watney claims:

> "The category of 'the homosexual', together with the wider system of sexual classifications which make up the modern ideology of sexuality, is no more scientifically rigorous, natural or descriptively accurate than the category of the molly or of the gay man. All are equally historically specific, equally contingent, equally provisional and equally transitory." (Watney 2000/a, 65)

Nevertheless, and presumably this is also the reason why Watney articulates the previous claim, "homosexuality" has made a career not only as a medico-legal term, but also as a "neutral", descriptive one which is proper for describing someone who is not heterosexual. However, as Watney argues further, "homosexuality" cannot be a neutral category or identity because this term can only be interpreted in its relatedness to its generative father—to heteronormativity. Therefore, while heterosexuality has a reason for existence in itself, homosexuality does not. The "homosexual" person is defined by her/his sexualobject-choice, therefore, the concept of "homosexual" evokes a framework within which sex, gender, and sexual categories are presumed as definable, stable, and natural. It implies, furthermore, that a homosexual person does not have agency, he only has an opportunity to identify with the power-made category, and in this case he can be, at the best, tolerated within the system (Watney 2000/b, 53).

While, therefore, medical discourse has been preoccupied with personal respects of sexuality, politics of sexuality reflects on sexuality(ies) at the level of society and nation-states (Weeks 1998). The statement that a homosexual person can be at most tolerated within a system means that homosexuality only can be a personal truth about sexuality—defined by the dominant discourses and ideological inquiries of a heterosexual system—and never a socially accepted one; it does not make "normal", reproductive sexual relationships possible. As Watney puts it, referring to homosexuality:

> "Gay Liberation insisted, on the contrary, that what lesbians and gay men share is not some identical, personal essence of homosexual desire, but the social experience of discrimination and prejudice, which are mobilized by the workings of power—the law, the press,

phenomenon was not detected as a specific one. The death of several middle-class (gay) men—and few women—who showed similar „symptoms" before their death (most notably Kaposi's sarcoma) was the cause of why the phenomenon started to be investigated.

education, the Church, social science, and so on—upon the terrain of sexuality as a whole." (2000/b, 54)

The difference Watney offers to us between the historical concept of "homosexual" and that of "gay" is based on the difference between personal and community-based truth(s) about sexuality. While the former one is within the terrain of medicine, and necessarily essentialized on the ground of sexual object-choice (referring to someone as a "homosexual" means, practically, providing an embodiment of same-sex sexual object choice), there seems to be a possibility in the latter one to overwrite the necessity of searching for an essentialized personal truth—such as homosexuality—and rather to focus on social reality and agency. Young's definition of a social group also can highlight that "a social group … is not defined primarily by a set of shared attributes, but by the sense of identity that people have" (Young 1989, 259). Therefore, a group of homosexuals—let us say, in the beginning of the twentieth century—is not a social group. Although they had "shared attributes" come from the categorization of power based on sexual object-choice, they did not have a social identity—a common, politicized feeling of marginalization; in this sense, the social presence of homosexuals in the '20s was relevantly different from that of gays in the '70s. The figure of the "homosexual" is a passive one who is identified by dominant discourses; lesbian and gay, on the other hand, are active figures that identify themselves by the critical recognition of dominant discourses and their designated social spaces. With the act of self-identification, gay and lesbian movements attempted to offer alternative discourses, and establish a social space where there is not only one community-based sexual truth but there can be several.[1]

I can re-establish my statement—standing now on a more firm basis—that one of the most crucial features of the mainstream HIV/AIDS discourses in the (early) 80's is that it explained a health crisis by essentializing "gayness" as an embodiment of promiscuity and "homosexual" object choice and then used the essentialized "gay" figure as the describing object of PWA. When discourses referred to AIDS as "gay plague" or "gay disease" they wanted to explain the frightening health crisis by using a metaphorical understanding; this understanding, therefore, was constituted by a describing object (gay relegated to the level of homosexual) and a described object (PWA). As a result, these discourses re-affirmed a heteronormative logic, re-pathologized homosexuality, and pathologized gay lifestyle as something which is composed by the symptoms of homosexuality as an abnormal sexual object-choice

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[1] The regulative categories still remained unchallenged until the birth of 'queer', in the late '80s.

and promiscuity as an abnormal social-sexual behavior—as a symptom and cause[1] of AIDS. Furthermore, the "personal truth" character of homosexuality in contrast to heterosexuality was re-emphasized and so heterosexuality was re-revealed not only as a personal, but again, as a community-based truth—indeed, as a necessity. As Treichler notices, the "appeal of thinking of AIDS as a 'gay disease' is that it protects not only the sexual practices of heterosexuality but also its ideological superiority" (Treichler 1987, 49).

One of the reasons why it is important to notice that AIDS discourses evoked the old, medico-legal image of the "homosexual" with all of its connotations is the tight connection with the fact that just the same "gays" (treated, therefore, as homosexuals) who were, indeed, badly affected by the virus were handled by the mainstream media and also by political actions as outsiders;the discussion was about "gays" as potential victims of AIDS, but without their participation. Their existence was only used as an explanatory fact, a metaphor of why the horrible disease had come into existence. According to this, AIDS was "created"[2] as a "fatal disease" which affected "those" (not including "us") who are sexually indecent. PWAs were, in this sense, spectacles due to their affectedness and its (alleged) implications about their homosexual promiscuity. Gay men were, although, represented as a group, they could hardly perceive themselves as. Therefore, when AIDS is discussed as "gay plague", every person living with AIDS was exposed to the heterosexual, normativizing gaze of the general public which, as I argue hereafter, resulted in gay shame.

## GAY SHAME AS A CONSEQUENCE AND ITS CONSEQUENCES

The exposedness, the spectacle-nature of the PWA as an essentialized and pathologized "gay" seems to be an organizing principle in how the AIDS crisis was interpreted in the public sphere, especially by mainstream media (Watney 1988). I argue here, therefore, that heteronormative social gaze and heteronormative social perception need to be given specific significance in my further analysisin order to gain knowledge about specifically gay experiences. I attempt to reconstruct these specific experiences as certain kinds of bodily consequences of the metaphorical discourse. As we have already seen,the public discussion about AIDS as a "gay disease" continuously used a metaphorical understanding in which "gay" existed as the describing object of the PWA.As a result, the way that gays were socially perceived

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[1] The idea of the "patient zero"—articulated in the book *And the Band Played On: Politics, People, and the AIDS Epidemic* by Randy Shilts (1987)—provided answers to two urgent inquiries: "where the disease came from"; and "who is responsible for its spread". The „patient zero" was identified as an „extremely promiscuous", gay, French-Canadian airline steward. This answer was salutary for two reasons: it gave the general US population an assurance that the US is only a victim of French-Canadian promiscuity, and it told the US population that the reason of the epidemic was a gay—not heterosexual—person. Thus, both the national identity and the dominant sexual discourse remained undamaged.

[2] See: Cindy Patton: *Inventing AIDS*, New York, Routledge, 1990.

significantly changed, and importantly, the general social perception necessarily included gays' own way of perceiving themselves, too, which resulted intaking conservative, moralizing,and melancholicturns/positions as social answers to AIDS (Crimp 2002; Takemoto 2003:88).As a perfect embodiment of these kinds of gay answers, Crimp mentions the HIV-positive, gay, New York Times journalist Andrew Sullivan who in his cover story "When Plagues End: Notes on the Twilight of an Epidemic" (1996) writes that:

"Before AIDS, gay life – rightly or wrongly – was identified with freedom from responsibility, rather than with its opposite. Gay liberation was most commonly understood as liberation from the constraints of traditional norms, almost a dispensation that permitted homosexuals the absence of responsibility in turn for an acquiescence in second-class citizenship. This was the Faustian bargain of the pre-AIDS closet: straights gave homosexuals a certain amount of freedom; in return, homosexuals gave away their self-respect. But with AIDS, responsibility became a central, imposing feature of gay life… People who thought they didn't care for one another found that they could. Relationships that had no social support were found to be as strong as any heterosexual marriage. Men who had long since got used to throwing their own lives away were confronted with the possibility that they actually did care about themselves…" (Cited in Crimp 2002: 6)

Sullivan here gives an image of pre-AIDS gay man which embraces the harshest heteronormative stereotypes about gay men and their lifestyle. The elementary experience of shame – that was established by the changed social perception provoked by the heteronormative, metaphorical discourse – can help us comprehend the causes of the homophobic answers to the crisis, articulated by homosexual men.

Merleau-Ponty's description about an understanding of "how vision can be brought into being from somewhere without being enclosed in its perspective" (1998 [1962]: 67) can help us here to gain a possible understanding of social perception:[1]

> "In normal vision … I direct my gaze upon a sector of the landscape, which comes to life and is disclosed, while the other objects recede into the periphery and become dormant, while, however, not ceasing to be there. Now, with them, I have at my disposal their horizons, in which there is implied, as a marginal view, the object on which my eyes at present fall. The horizon, then, is what guarantees the identity of the object through-out the exploration; it is the correlative of the impending power which my

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[1] Merleau-Ponty's example is the next-door house which he sees from a certain angle. The problem is that the house would be seen differently from other perspectives („from the right bank of the Seine, or from the inside, or again from an aeroplane"), and the house *itself* would be none of these appearances. As opposed to Leibniz's suggestion that, putting it simply, the house *itself* is „seen from nowhere", Merleau-Ponty gives us an understanding about how it is possible to acknowledge the situatedness of our view, and still prove that we are able to comrehendobjects in their complexity.

gaze retains over the objects which it has just surveyed, and which
it already has over the fresh details which it is about to discover."
(Merleau-Ponty 1998 [1962], 68)

We have here, therefore, three essential elements of knowing the world through vision: at first, we know that if we focus on an object, its environment will be perceived more obscurely, will be perceived as its background; second, it is due to the background and the different horizons that exist within it that we can apprehend the object our focus is on; and third, the (unconscious) recognition of these different horizons makes it possible to us to comprehend the object as a whole, and not only as a certain perspective of it.

Speaking in terms of social-sexual objects, if I see a human body, its social-sexual context—namely, the totality of all the sexual discourses—will be its background: a background the basis of which is provided by heteronormative ideology; a background which we are not conscious of but which, at the same time, shapes the body which we are conscious of. If I see a body in the sphere of the social, I will perceive it, according to the Husserlian natural attitude[1], as my world (the social context in which I exist) "allows" me to perceive. Ideology shapes my world and, thus, that what my focus is on. Consequently, ideology also shapes the background around the object in my focus. Importantly, the background is perceived as the negative of the form in my focus. The borders of the focused objects are also borders of the background. Background and focused object, therefore, are interrelated; the form of the one affects the form of the other. It means that if the social background of an object changes (due to the changes of the dominant discourse) and the object does not reflect on this (as a subject), the way the object is perceived will be completely dependent on the changing dominant discourse.[2]

The strongly heteronormative elements of the early AIDS discourse, we can say, rearranged the unconsciously perceivedsocial background of "gay" as a social figure; gays were no longer seen in front of the political background of sexual rights or critical lifestyle but the background of a frightening disease—a background which was set up, again, according to heteronormative ideology. AIDS discourses overwrote all of the social horizons which would have helped one to apprehend gay men as a culturally and politically active group, and instead represented new, strictly power-made horizons. Gay men were perceived, from the viewpoint of the general public, as a dangerous group of sexual deviants (their sexual "sickness" was seen as the cause of bodily sickness—AIDS).

[1] For Husserl, natural attitude refers to a certain process of "knowing" the world in which anything that appears as a(n) (new) object is (unconsciously) interpreted within the sphere of the *familiar* (Husserl 1969: 16). Natural attitude does not allow us to see or, in more general terms, perceive objects *as theyare* but rather as they are *related to* and embedded in our already known world. In the natural attitude (any kind of) ideology keeps being hidden, first and foremost, due to its familiarity.
[2] ACT UP was one of the first, and most famous reflected (in terms of HIV/AIDS) gay movement which „acted up" in 1987, and significantly changed the discourse of and so the social thinking about AIDS.

Lots of gay men, however, could hardly perceive themselves anymore as a group, since the nature of their belonging to that group (e.g. their sexually and culturally subversive lifestyle) was the same quality which made them the number one public enemy. What we have here, thus, is not only a re-established border between sexual deviants and the general public, but also certain kinds of borders set up between gays themselves. For a person living with AIDS, it was only a question of time when she/he would become visibly an AIDS patient, and so when his/her social existence would be practically neglected (even if it was obvious that somebody who was living with AIDS was not gay because she was a woman or a child social responses worked according to the same kind of logic as if they were social deviants [Bersani 1988]). Visible signs(such as Kaposi's sarcoma) leaded to losing jobs, hemophiliac children faced expulsion from schools, and even in hospitals, an AIDS patient was not treated well (Bersani 1988, 3-9). And for all of these horrible facts, gay men were blamed (ibid.).The social life of a PWA, therefore, was really dependent on whether they were visible as an AIDS patient or not. The moment when they became visible was the same moment when they "came out" forcefully as (even if accidental) sexual deviants (Ibid.).

Their shame which resulted in the above-mentioned moralizing positions was a reflection on the newly established borders in the social sphere. The homosexual "AIDS victim" was in the center of others' interest but, at the same time, he could not take part in the process of his own social representation; he seemed to be a pure (passive) object of the general public's heteronormative gaze. The position of gay men as observed, passive objects was established by power-made, mainstream discourses, and was unintentionally re-emphasized by gay men themselves by their moralizing answers resulting from their feeling of shame.

Sartre, when he writes about the fundamental relation of "being-seen-by-another", he writes that "… to perceive is to look at, and to apprehend a look is not to apprehend a look-as-object in the world (unless the look is not directed upon us); it is to be conscious of being looked at. The look which the eyes manifest, no matter what kind of eyes they are is a pure reference to myself" (Sartre 2003 [1943], 282). For him, "I" as an ego (for myself) only exist in the world through apprehending Other's look/gaze. The Other's look gives me reflection about myself as a person which is always a being-in-the-world. Importantly, therefore, when I act somehow (in the world), I will be only conscious of myself—that I am the one who is acting somehow—if I reflect on my act which is possible only through the Other's look (in this case I will see myself as an object in the world)[1]. The Other's look, therefore, is a constituting element in terms of my own self. This is the basis on which we can understand Sartre's thoughts on shame: namely, that "I am ashamed of what I am.

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[1] The differentiation between reflected and unreflected consciousness presupposes that we recognize the *intentionality* of our consciousness—that it is always a consciousness *of* something (Husserl 1995 [1913]: 33). Therefore, we distinguish the levels of the "something"; whether, for example, it is a consciousness of a lipstick (unreflected [for Husserl "straightforward"]) or of my perception about the lipstick (reflected).

Shame, therefore, realizes an intimate relation of myself to myself" (Sartre 2006, 245), and that "I am ashamed of myself as I appear to the Other" (Ibid., 246).

When gay men were seen according to the ideologically colored metaphorical thinking of the AIDS discourse as the "promiscuous", "homosexual" causes of the horrible epidemic, they were apprehended by themselves according to this heteronormative look, which was, at that time, omnipresent. Their promiscuity and same-sex sexual object choice was equal with their socially existing self(as it was mediated in the only possible way, by being-seen-by-the-other). The Other, in this case, was embodied at the social level; the Other was, simply, the general public (represented by mainstream AIDS discourse as the normal heterosexuals who had nothing to do with AIDS). Since mainstream media continuously maintained the image of AIDS as a "gay disease", gays could not apprehend themselves in the social sphere otherwise than promiscuous and "homosexual" individuals. They were their promiscuity and/or same-sex sexual object choice. Since both of these were seen, again, as the cause of the existence of AIDS, gay men themselves were the cause of AIDS: and it was, obviously, a shameful object to be.

If we consider what Ahmed writes about shame, we can understand more accurately why the continuous maintaining of gay men's shameful situation was, indeed, a tragedy in itself (not to mention what it meant in terms of politically handling the reality of the disease itself):

> "in experience of shame, the 'bad feeling' is attributed to oneself, rather than to an object other … In shame, I feel myself to be bad, and hence to expel the badness, I have to expel myself from myself … In shame, the subject's movement back into itself is simultaneously a turning away from itself. In shame, the subject may have nowhere to turn" (Ahmed 2004, 104).

The "bad feeling" about which Ahmed writes here, therefore, is stuck to the self through the mediation of Other's look. As I write here about a complex, more social shame (in a sense, shame is always social) where shame was felt due to an ideologically and medically criticized cultural identity, a possible solution could seem to be, for gay men, to deny, at least, some part of the "shameful" (social) identity and, at the same time, praise the viewpoint of the social Other whose look provoked the shame;this is exactly the stage where taking moralizing position can come into the picture. As Crimp notices, this process is similar to what Freud writes about melancholia as a form of introjection (Takemoto 2003, 88) where "melancholia comes from incorporating or introjecting the love object who has rejected the melancholic" (Takemoto 2003, 88).While I accept this interpretation as a possible one, I would add that the "moment" of the mentioned "rejection" was the same "moment" when shame emerged, and so the process of incorporation of, at least, some of the

hetero-norms was a more-or-less necessary, life-saving methodology for gay men, in order to escape the self-destroying shame-trap.

## CONCLUSIONS

In this article, I elaborated upon the idea that "gayness" as a politically and culturally conscious identity was used by the heteronormatively colored mainstream AIDS discourses as the describing object of people living with AIDS (PWA), and so "gayness" was relegated to the historical, medico-legal level of "homosexuality". This metaphorical understanding of AIDS (in which PWA were the described, heretofore unknown objects, and "gay" was the describing object as the embodiment and symbol of promiscuity and same-sex sexual object choice) resulted in harmful consequences, such as conceiving AIDS as a "gay disease", communicating to the general (heterosexual) public that they have nothing to be afraid of. The consequence I was dealing with in detail was about how social perception (in which gays were the root causes of a horrible health phenomenon) affected gay men's perception about themselves, and how it had a role in shaping gay responses to AIDS. I argued that when the terrible social reality of AIDS (as a follower of its just-as-horrible bodily reality) occurred, gays had limited options in terms of how to perceive themselves. They, through the look of the Other (which here was embodied by the general public and all the discourses that treated AIDS as a "gay disease") conceived themselves as shameful, and as I argued, just this shame played a leading role in their taking moralizing, melancholic positions; taking such positions, I argued, must be seen as potential life-saving acts—attempts to deny at least some elements of the shameful self. In general, and maybe most importantly, I attempted to demonstrate how, on a phenomenological basis, all social discourse has an effect on our social perception and why it is difficult to become aware of it.

## BIBLIOGRAPHY

Ahmed, Sara. 2004. The Cultural Politics of Emotion. New York: Routledge

Aristotle. 1991. The Art of Rhetoric. London, New York: Penguin Books.

Aristotle. 1962.  On the Art of Poetry, Oxford: The Clarendon Press.

Bersani, Leo. 2010. "Is the Rectum a Grave?". Is the Rectum a Grave?: and Other Essays, Chicago: The University of Chicago Press.

Crimp, Douglas. 2002. "Melancholia and Moralism: An Introduction", in: Melancholia and Moralism: Essays on AIDS and Queer Politics, Cambridge, MA: The MIT Press.

Epstein, Steven. 1996. Impure Science: AIDS, Activism, and the Politics of Knowledge, Berkeley: University of California Press.

Foucault, Michel. 1973. The Order of Things: An Archaeology of the Human Sciences. New York: Pantheon.

Grover, Jan Zita. 1988. "AIDS: Keywords" in: *AIDS: Cultural Analysis/Cultural Activism* (ed. Douglas Crimp). Cambridge, MA: MIT Press.

Husserl, Edmund. 1995. *Cartesian Meditations: An Introduction to Phenomenology*, Dordrecht: Kluwer Academic Publishers.

Merleau-Ponty, Maurice. 1992. *The Phenomenology of Perception*. London: Routledge.

Patton, Cindy. 1990. *Inventing AIDS*. New York: Routledge.

Rubin, Gayle. 1984. "Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality". *Pleasure and Danger: Exploring Female Sexuality*. ed. Carol Vance. London: Routledge.

Sartre, Jean-Paul. 2006. *Being and Nothingness: An Essay on Phenomenological Ontology*. London: Routledge.

Shilts, Randy. 1987. *And the Band Played On: Politics, People, and the AIDS Epidemic*, St. Martin's Press: New York.

Sontag, Susan. 1989. *Illness as Metaphor* and *AIDS and Its Metaphors*, New York: Doubleday.

Sullivan, Andrew. 1996. "When Plagues End: Notes on the Twilight of an Epidemic", in: *New York Times Magazine*, November 10: 61-62.

Takemoto, Tina. 2003. "The Melancholia of AIDS: Interview with Douglas Crimp" in: *Art Journal*. 62 (4): 80-90.

Treichler, Paula A. 1988. "AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification" in: *AIDS: Cultural Analysis/Cultural Activism*. ed. Douglas Crimp. Cambridge, MA: MIT Press.

Young, Iris Marion. 1989. "Polity and Group Difference: A Critique of the Ideal of Universal Citizenship". *Ethics* 99(2): 250-274.

Watney, Simon. 2000a. "Emergent sexual identities and HIV/AIDS". *Imagining Hope: AIDS and Gay Identity*. New York: Routledge.

Watney, Simon. 2000b. "Queer epistemology". *Imagining Hope: AIDS and Gay Identity*, New York: Routledge.

Weeks, Jeffrey. 2010. *Sexuality*. London: Routledge.

Weeks, Jeffrey. 1998. "The Sexual Citizen". *Theory, Culture & Society*. 15(3): 35-52