

Positive Aspirations: HIV, representation and stigma

Created 1 Feb 2003 - 12:01am

Representations of positive people in the media. By Sean Slavin.

There is a long history of debate around the ways HIV-positive people are represented in the media — in public health promotion, news and current affairs and industry marketing. Especially since the advent of [combination therapy](#) [1] Highly Active AntiRetroviral Therapy ??? aggressive treatment of HIV infection using several different drugs together., drug manufacturers have used upbeat marketing that is unashamedly aspirational but also frequently unreal to promote their products.

Many of us have seen images in American gay magazines of supposedly HIV-positive 'gay looking' men climbing mountains, jogging along beaches or frolicking with Labradors — whilst also presumably taking large doses of protease inhibitors. These may be pretty to look at, but they defy the reality of the treatment regimes for many who take them.

These ads have drawn considerable criticism in the US with both drug companies and community organisations being accused of painting an overly optimistic picture of HIV by representing positive people as healthy, happy and attractive.

It was argued the ads were misleading, not only to HIV-positive people but also to HIV-negative gay men who might regard HIV as easily treatable and less serious. However, these ads might also be seen as playing to existing and quite reasonable hopes that medical science can help improve quality and length of life for people with HIV.

In 2001, the US [Food and Drug Administration](#) [2] The U.S. Department of Health and Human Services agency responsible for ensuring the safety and effectiveness of all drugs, biologics, vaccines, and medical devices, including those used in the diagnosis, treatment, and prevention of HIV infection, AIDS, and AIDS-related opportunistic infections. The FDA also works with the blood banking industry to safeguard the nation's blood supply. The Australian equivalent is the Therapeutic Goods Administration (TGA). went as far as ordering drug companies to tone down their advertising and more realistically represent the risks and side effects associated with the drugs they were marketing and with HIV infection itself. At the same time, American AIDS organisations have come under pressure to respond to a supposed perception on the part of HIV-negative gay men that HIV is no longer cause for concern.

Advertising can tell us things about the marketer and the market. Advertisers choose images because they believe they are appropriate and effective for their target audience; whether or not they are depends both on the advertisers' judgement and on the ways we respond to them. Ads are cultural products as much as they are propaganda. They use signs within a culture that we all participate in, use and reproduce — despite our best intentions to resist at times.

San Francisco's Stop AIDS Project is a community-based organisation that aims to "prevent all HIV transmission among gay and bisexual men in San Francisco through multi-cultural community-based organising." Their "HIV is No Picnic" campaign, launched last September, has drawn heavy criticism here in Australia for stigmatising HIV-positive people.

The stark black and white campaign posters depict some unpleasant effects of HIV infection and [antiretroviral](#) [3] A medication or other substance which is active against retroviruses such as HIV. treatment: night sweats, diarrhoea, facial wasting and distended ("Crix") belly.

"People always said I had nice eyes and a great smile," the man in the "facial wasting" ad tells us. "Now I look more like a ghost. Sometimes I look in the mirror and don't even recognise myself."

The man in the "Crix belly" ad (picture 1) is similarly anxious about his physical appearance: "I used to like the way I looked," he says. "Now I look pregnant. All the medication I take to help fight HIV is changing my body in strange and unappealing ways."

There are mixed messages here. These ads reveal the signs of lipodystrophy and emphasise these are unequivocally ugly. But it's a confusing message: why for example is looking pregnant self-evidently ugly? How does lipodystrophy affect the eyes? In order to get this we also need to get certain assumptions about what an attractive gay man looks like: thin around the waist but not too thin around the face and he smiles.

The ads all end with the same text: "don't get me wrong. I'm really glad to be alive, but HIV IS NO PICNIC. I don't care how good the sex is or how hot the guy is, nothing is worth what I'm going through now."

The ads boost their moral credentials by reminding us that these positive men are "glad to be alive." They are not ungrateful or superficial, they are suffering, which lends authority to the final sermon. So just in case you ever thought HIV was a picnic we are told emphatically it isn't.

The final sentence, delivered in the tone of an agony aunt, implies that gay men have unsafe sex because the sex is good or the other guy is hot. It's a lapse in judgement for which there is a high price, which these men are paying. But the link between lipodystrophy and sexual transmission of HIV is tenuous at best, and what these men are going through — treatment — definitely is worth it because it keeps them alive. The undertone here is responsibility. These ads are saying: "I was silly and it wasn't worth it so get a hold of yourselves."



Here in Australia, ads for a product called NewFill created some controversy when they appeared in the gay press last year. NewFill (polylactic acid) is a product used in Europe to treat wrinkles and which can also reduce the effects of facial wasting. The ad shows a series of black and white images of the same man in various tentative poses. The final image, in colour, shows him youthful and perky.

On one level the ad is cynical. It offers a glib response to a complex and distressing problem. But on another level, it is honest. NewFill is a relatively simple, although expensive, product that promises to improve appearance. The procedure is artificial, as is the enhancement of the final photo. This isn't concealed but emphasised by contrasting black and white with colour.

The objection that it trivialises lipodystrophy as merely cosmetic could run both ways. What if lipo is merely cosmetic? If it isn't life threatening it may be amenable to a mildly invasive, non-toxic treatment. Many gay men enter into all kinds of regimes to grow muscles, sport tans and permanently remove hair follicles, so this hardly seems radical, and perhaps that is this treatment's advantage: by all accounts, the campaign generated a significant number of enquiries.



The last ad, from Bristol-Myers Squibb, promotes the new once-a-day version of ddl (picture 3). Its tone is relaxed and matter-of-fact, appealing to the reasonable desire that medication should enable rather than limit everyday life whilst also acknowledging this is a hope rather than a promise. This ad is subtle in the way it appeals to and sidesteps a gay aesthetic. The man is attractive but not too much so: he's 'average'. The ad addresses the reality that being HIV-positive and on treatments can make people feel less than average. It doesn't offer a total medical solution to this but a tool that enables life to be a little less burdened. This seems like something worth aspiring to.

The examples here show that it's possible to look at ads in ways that are more complex than only examining the motives of the advertisers. The motives of the Stop AIDS Project are noble, but their ads are highly problematic in the way they represent HIV-positive men. The ad for NewFill is similarly problematic but it also challenges us to examine the aspirations of gay culture. Perhaps it's our aesthetic ideals that make us uncomfortable? The ddl ad, by contrast, puts forward a simple, human aspiration that is refreshingly free of moral imperatives: comfort advertising without being mawkish.

On a recent trip to San Francisco I was intrigued to see many men with lipodystrophy who seem to have cultivated this into a kind of sub-cultural emblem of sorts. These men did not appear self-conscious but rather healthy and active as a result of effective treatments. This is not to deny that for many lipodystrophy is experienced very negatively, but it calls into question the culture that insists people judge themselves in this way.

Problems of stigmatisation are ultimately related to how positive people are regarded and treated within their communities. Debates about representation and stigma which are limited to the media not only oversimplify its influence but undercut the importance of and need for social change at the local community level.

**Sean Slavin* is a Melbourne writer and researcher.*

- [living with HIV](#)
- [didanosine \(ddl\)](#)
- [Lipodystrophy and lipoatrophy](#)
- [polylactic acid](#)
- [stigma](#)

Links:

[1] <http://www.napwa.org.au/glossary/term/96>

[2] <http://www.napwa.org.au/glossary/term/492>

[3] <http://www.napwa.org.au/glossary/term/122>

