

**(B)ORDER(S): ROUGH NOTES FOR INTRODUCTION (22 August, Agenda Launch)**

**Historical issues, Current meanings and future projections: Conceptual argument ... located at the intersection of social sciences but more the Humanities ... placing the *human at the centre; including also the gendered dimensions of the epidemic. In doing so I place much emphasis on the syntax of sex (and through); the grammar; language and vocabulary that also determines the terms of debate.***

Biomedical/public health responses often overlook the microdetails of social and cultural/legal/stigma – including limits on sexual pleasure – fear/denial (what Edwin Cameron earlier referred to as the exceptionalisation of AIDS as opposed to the NORMALISATION)

*Review 2011 offers perspective on:*

- *How HIV and AIDS challenges the ways in which we think about sex, sexual practice, sexual identity and sexuality.*
- *HIV and AIDS has to some extent allowed us to challenge the manner in which sex and sexuality have been closed within boundaries and surrounded by limitations; how it has been locked into “culture”; history; religion; and framed by social conventions that exist in shaping our understanding of sex, sexuality and their interconnectedness; how they manifest and how they may be resisted.*
- *AIDS is not about reality of DYING PEOPLE – also about cultural politics of representation (silences surrounding epidemic in Africa; also through demonization of and legislation against, homosexuality). Think also the ban on HIV +ve people into the US and other countries – and way in which sexuality is used to regulate and police behaviour.*
- *How it is used to create categories of right and wrong, categories of identification, belonging and exclusion.*
- *Review 2011 offers through its focus on sexuality, a reflection on the repeated associations of sexuality with disease, and disease with*

sexuality and deviance – notably in relation to homosexuality, sex work and other sexual identities, compelling us to examine why we continue to erase discussion, debate and understanding about the ‘sexual’.

- The *Review* does not tell a chronological, linear and empirical story about the place of the ‘sexual’ within AIDS. IN OTHER WORDS THERE IS NO COHERENT STORY/NARRATIVE (it is characterised by ruptures, fragmentation, debate/contestation). Rather, it reviews some conceptual issues in the ways that we can rethink AIDS from the perspective of *gender* (and feminism) to make a case for the place of sexuality in improving our understanding of HIV and AIDS.
- And so the attempt has been made to understand HIV and AIDS and sex and sexuality within the confines of the status quo – the dominant heteronormativity of the monogamous, heterosexual man and his nuclear family – rather than as seeing HIV and AIDS as markers of dominant world views.
- We need to see HIV and AIDS as a liberating force that enables us to break the borders and the controls and to create a new social and sexual understanding. This new understanding of sexuality will allow and celebrate sexuality diversity, recognise the power of masculinities and femininities, and the fluid ways in which people experience sexuality and conduct their sexual lives over a period of time.
- Contextually the *Review* takes Southern and South Africa as a reference point, but the discussion also makes references to the broader context of Africa without homogenising the context in an essentialist way.
- *Part 1* of the *Review* visits the vocabulary and meaning of key terms, linking these to their historical emergence. (epidemic is both about modes of transmission and epistemology: also about meaning) – discourses, meanings symbols (here look at AIDS as loss/tragedy/sexual politics/racism/practical problem)
- *Part 2* discusses the subject of sexuality in relation to the meanings of sexuality. (why do words matter: etymology of concepts – and linking to sexuality in 20C punctuated by sexual panics and moral rearmament” – contraception, abortion, frigidity, homosex and AIDS)
- *Part 3* considers the value and meaning of the body in relation to sexuality (

- while *Part 4* probes the notion of abjection, to ask why some bodies matter and others do not. (why our bodies matter so much -- body not as a natural object but also a social construction) and surveillance of body (whether through medicine but also through the law) how some bodies matter and others not (abjection)
- In *Part 5* gender as a performative identity is examined. *Part 6* engages the location of culture in thinking about sexuality.
- *Part 7* provides a profile of trends, ideas and issues that maps an empirical perspective of sexuality in the context of AIDS by highlighting issues in relation to a few themes.
- In *Part 8* some tentative closing observations for the road ahead are made.

*(New voices are singing suggests that sexual is mobile; changeable) – open up to scrutiny*

*Challenges abound: violence against women; normative cultural practices (e.g. virginity testing); circumcision*

“Living in a society with HIV and AIDS means also understanding that there is no useful model for how sexuality is understood and no single model for how people should behave. The easy categories of right and wrong of hetero-normative society do not help us to understand the diverse sexualities that people develop and how in response to HIV and AIDS sexualities may be adapted and transformed as the imperatives of HIV and AIDS come to shape new sexual and personal identities. Sexualities, identities, and sexual acts and preferences are constantly in flux. New sexualities emerge to challenge and replace the old ones.”

*SO the Review debates the limitations of BORDERS by suggesting:*

An alternative response to the sexual transmission of HIV is to understand, respect and celebrate sexual difference in the same way that racial and cultural differences should be respected and understood

## WHAT TO DO:

as Sontag reminds us, HIV is in a constant state of flux and so these lagged bodies are not protected. Reducing the sexual transmission of HIV is only really possible when we accept and fully understand how sexualities are constructed and how these constructions can and must be challenged. The status quo will not protect us from infection because it shuts down challenges to its certainty. We are protected when there is debate and challenge and a radical uncertainty about what is right and wrong and, more to the point, about who creates it. For in the end, we need to focus on sexual integrity and understanding about bodily integrity.

## FOCUS:

Inasmuch as HIV and AIDS is a disease about the body, its varied expression as a result of culture, race, class and sexuality stimulates and entrenches notions of difference. Difference is fundamentally about opposition, similarity and relationships – factors which ultimately cohere around identification. For example, racialised discourse and the discourse of difference in general is structured through binary oppositions between white and black, civilization and savagery, heterosexual and homosexual, and culture and nature.

- The biomedical binary oppositions are those of the 'good patient' and the 'bad patient', those who are compliant in their behaviour and taking of their treatments, and those whose behaviour lies outside the frame of the norm or who default. The culture/nature divide has been an important element in the construction of racial difference: for whites, culture was opposed to nature and served to control it, while for blacks, culture and nature were viewed as interchangeable.

- Generally, the historical role that sexuality has played in racism is huge and cannot be ignored. So much of how non-whites, and particularly blacks, have been constructed as separate has involved assumptions of bestial and dangerous sexuality. Hall raises the fears of miscegenation that have driven a great deal of racism, particularly in constructions of race in apartheid South Africa. So much of the rhetoric of apartheid was based around the *swart gevaar* (literally translated as the 'black danger'), and the construction of an insatiable and dangerous black sexuality seeking to pollute and defile white women.
- Beginning with the idea of the symbolic frame through which AIDS is understood, as well as the constructed nature of sex and gender in relation to HIV and AIDS, this *Review* considers the constructions and operations of sexual oppression, and in doing so opens these discourses to critique, and moves us closer to the possibility of a sexually liberated future. The borders, contours and trajectories implied and stimulated by HIV and AIDS offer opportunities for both contestation and renewed meanings.

So BORDERS does:

- (*B*)order(s) hopes to open these debates about how genders are socially constructed and created and how this places bodies in the wider society and body politic
- We question both the value and the 'rightness' of the heteronormative world-view and the belief that heterosexuality is the 'natural' sexual identity to embrace.
- We seek to open debate that explores and understands sexual fluidity moving between identities and across borders and boundaries.
- We suggest that it is not that the borders of sexuality need to be redrawn or made less permeable, but that rather it is the notion that sexuality can be controlled and contained that needs to be critically examined.
- We need a critical engagement with cultural and traditional forms of sexuality as they cross the borders of culture and tradition and mingle with the new, the different and the modern. We need to engage with all

forms of sexuality as they are forged through the wide-open world of cyberspace

#### CONCLUSIONS:

- What this review has demonstrated is that:  
Borders are set up to define the places that are safe and unsafe, to distinguish *us* from *them*. A border is a dividing line, a narrow strip along a steep edge. A borderland is a vague and undetermined place created by the emotional residue of an unnatural boundary. It is in a constant state of transition. The prohibited and the forbidden are its inhabitants. *Los atravesados* live here: the squint eyed, the perverse, the queer, the troublesome, the mongrel, the mulato, the half breed, the half dead: in short those who cross over, pass over, or go through the confines of the 'normal' (Anzaldua, in Grossberg *et al.* 1987:564).
- This uncertain, in-between space will always be the arena for a new formation of identity. We can create another narrative of identity, another resistance – one that knows the border and crosses the line.

#### SEX

\*The controversiality and mystique of `sexuality in popular and academic discourse, especially during this last century is `a front-line of divisive political controversy and moral debate' (1).

\*Sexuality touches on many associated aspects of human life: reproduction, relationships, marriage (socially sanctioned relationships), eroticism, fantasies, intimacy, warmth, love, pleasure, sense of self, collective belongings, personal and political identity, sin (and religion), danger, violence (and rape), disease (aids, std) and death.

\*It is the most private/personal/hidden and the most public (bill-boards, press, TV, pulpits) of phenomena. It is a topic addressed by public figures as varied as priests, politicians, medics and militants; with each one focussing on a personally invested public aspect or area.

\*Sex is both a cultural and an historical phenomenon. The sexual choices of individuals are constrained by historical precedents and by the existing structural and ideological power relationships of any given society. These determine which morals and norms are socially acceptable and which are taboo, the former made accessible, the latter discouraged.

\*It appears that traditional values and relationships are no longer adequate to deal with the increasing complexities of sexuality in the contemporary world.

\*A confusion of values and attitudes seems to occur in historical cycles (typically at moments of social crises, as a transition into fresh structural and ideological social forms is taking place. (For example, during the time of the French Revolution, moralists worried about the rising anarchy and subversion by the rural working classes. The counter-measure from the centre was a rigidification of values, which historically, within the UK, resulted in the Victorian era. Then as the Industrial Revolution (and its consequences) set in, a new urban working-class resulted, again with its own set of mores, again perceived as moral threat to the rest of society).

AIDS:

- AIDS - as other diseases - described in "military metaphor": "Military metaphors contribute to the stigmatizing of certain illnesses and, by extension, of those who are ill. It was the discovery of the stigmatization of people who have cancer that led me to write *Illness as Metaphor*." (97)

- According to Sontag, AIDS "is not the name of an illness at all. It is the name of a medical condition, whose consequences are a spectrum of illnesses" (102). Further: "the very definition of AIDS requires the presence of other illnesses, so-called opportunistic infections and malignancies" (102). AIDS is a syndrome.
- "AIDS has a dual metaphoric genealogy" (102)
- "AIDS is a clinical construction, an interference" (106)
- "AIDS is progressive, a disease of time" (107)
- Foregrounds a specific "sexual practice"
- "AIDS is not a mysterious affliction that seems to strike at random. Indeed, to get AIDS is precisely to be revealed, in the majority of cases so far, as a member of a certain 'risk group,' a community of pariahs. The illness flushes out an identity that might have remained hidden from neighbours, job mates, family, and friends. It also confirms an identity and, among the risk group in the United States most severely affected in the beginning, homosexual men, has been a creator of community as well as an experience that isolates the ill and exposes them to harassment and persecution" (111)
- "The sexual transmission of this illness, considered by most people as a calamity one brings on oneself, is judged more harshly than other means - especially since AIDS is understood as a disease not only of sexual excess but of perversity" (111)
- "The marks on the face of a leper, a syphilitic, someone with AIDS are the signs of a progressive mutation, decomposition; something organic" (127)