Precarious Proximities:

A Symptomatological Reading of Intimacy in

Anglophone HIV/AIDS Life Writing

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Statement of Originality

This thesis is my own original work unless otherwise referenced or acknowledged.

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Abstract

Recording the narratives of those who live with HIV, or whose lives have been subsequently taken by AIDS, has been imperative for the mediation of gay male identities in the Western world since the late 1980s. As a genre, HIV/AIDS life writing, or testimony, has been crucial as it offers a means of reflecting on the ravages of the disease by positioning authors as intimate witnesses. This thesis examines the role and constitution of intimacy in HIV/AIDS life writing. It challenges studies of HIV/AIDS life writing that declare these to be grounded in the "presumption of fatality" (Couser) and instead draws on the Spinozian formulation, later taken up by Gilles Deleuze, that we do not even know what bodies can do. Taking this further, this project argues that we do not even know what a body with HIV/AIDS *is*, let alone *how* it operates or *what* it can enable between bodies. I contend that intimacy, as orchestrated in my archive of texts, is an event, a process of becoming that actively contours structures of ordinariness, temporality, sociality, and corporeality embedded in the act of witnessing.

Although such an account risks privileging the intensities of affect over the representational dimension of HIV/AIDS life writing, I utilise both representational and affective modes of analysis to design a model of reparative reading that suspends the need to value one mode of analysis over the other. Testimony is a genre that actively combines representational and affective modes. Thus, the innovation of this thesis is not only theoretical, but also methodological, deploying a symptomatological reading, developed from Deleuze, of HIV/AIDS life writing from North America, Australia and New Zealand to interpret and give meaning to the 'symptoms' of intimacy. A symptomatology of HIV/AIDS life writing holds 'life' and 'death' in tension, providing a framework for negotiating the dynamic intersection between

illness and identity. Thus, instead of reading these texts for signs of death and mourning, a symptomatological criticism enables new ways of thinking about what a 'life' is.

This thesis proceeds in six chapters. Chapters 1 and 2 introduce, respectively, the conceptual and methodological framework, and articulate the practice of symptomatological reading. Chapters 3 to 6, which offer symptomatological readings, are further divided into two sections of two chapters each. The first section, "Witnessing Intimacy," focuses on texts written by men witnessing the death of their partners. These memoirs by Paul Monette, Timothy Conigrave, Fenton Johnson, and John Foster are written as eulogies, often revealing how intimacy materialises in the routine of everyday life. The second section, "Pathographies of Intimacy," focuses on first-hand accounts of living with HIV/AIDS. The diary of Eric Michaels, the writing of David Wojnarowicz, and the memoirs of Douglas Wright and David Caron provide testimonial accounts of how the disease impacts their own bodies and their interactions with others. Despite this artificial distinction between first-hand and second-hand acts of testimony, some of the memoirs traverse who is interpellated as the witness with Monette, Conigrave, and Foster also narrating their own struggle with the disease. Through these readings, I reconceptualise intimacy in a way that argues for the continuing value of cultural and literary theory as a means of engaging with texts that bear witness in the aftermath of immediate crisis.

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Introduction – How to have intimacy in an epidemic

"The struggle for true openness and intimacy is a lifelong struggle for all of us, gay and straight alike."

Paul Monette, *Last Watch of the Night*.

On 9 April 1987, the late Diana, Princess of Wales, visited the Middlesex Hospital in London to open Britain's first AIDS hospital ward. This moment in time is preserved by a photograph of Diana, dressed in royal blue sitting on a beige chair, in a patient's hospital room, shaking his hand. In a time when people were terrified of potential HIV-transmission, largely due to a lack of understanding and misinformation, this simple gesture of physical contact would go on to have a life of its own. In front of the global media, Diana, without wearing rubber gloves, controversially shook his hand to challenge the commonly held notion that HIV/AIDS could be contracted by touch. As a member of the British Royal Family, Diana's act would have a significant impact in changing people's opinions and attitudes towards the condition. Opinion changed overnight. According to photographer Arthur Edwards, "[p]eople were amazed to discover this wasn't a disease you ran away from; it was perfectly safe." Likewise, as Diana herself famously explained, "HIV does not make people dangerous to know. You can shake their hands and give them a hug. Heaven knows they need it." Considering a positive HIV/AIDS diagnosis was often linked to feelings of isolation, a feeling that people would stop touching them, Diana demonstrated that AIDS was a condition that requires compassion, not fear or ignorance. In the context of my project, this photograph not only speaks to the precariousness of proximities, the compromised dependency we have on each other to flourish, but also the affective

emergence of intimacy through simple gesture. This thesis traces the resonances and reverberations of intimacy in HIV/AIDS representation, specifically autobiography and testimony.

Princess Diana holding the hands of an AIDS patient at Middlesex Hospital in April 1987.

It has been over thirty years since the photo with Princess Diana at the Middlesex Hospital was taken, but HIV/AIDS still remains classified as a global health pandemic. The Human Immunodeficiency Virus (hereafter HIV) is a virus that attacks the human immune system and carries with it the ability to cause irreparable damage resulting in Acquired Immune Deficiency Syndrome (hereafter AIDS), a collection of recognised illnesses. AIDS was first clinically observed in 1981 in the United States among a cluster of injecting drug users and homosexual men who showed symptoms of *Pneumocystis carinii pneumonia* (PCP), a rare opportunistic infection that indicated that something was not right with their immune systems. Since 1981, according to UNAIDS, 35 million people have died from AIDS-related illnesses and

36.7 million people globally are living with HIV as of 2016. Due to improved methods of prevention and treatment in Anglophone countries, notably the consolidation of antiviral therapies in the 1990s, post-exposure prophylaxis (PEP), and pre-exposure prophylaxis (PrEP), HIV/AIDS has gradually moved from being hyper-present to increasingly absent when it comes to public discussions about sex as well as the private negotiations of sexual intercourse between gay men.

In an opinion piece in the Sydney-based publication *The Star Observer* on the 20th November 2013, Rob Lake, the executive director of the Australian Federation of AIDS Organisations (AFAO), reiterated a timely message that "HIV is still here." Concerned that HIV was on the rise amongst gay men, who are biologically more prone to acquiring the virus due to anal intercourse, Lake suggests the increase can be attributed to the "simple reason that deaths from AIDS are becoming rare in Australia" and gay men are becoming comfortable with abandoning safe sex practices. Previous to this, through the use of condoms, regular screening, and other culturally fostered ways of negotiating intercourse (such as serosorting and strategic positioning), gay men were able to identify early infection and reduce transmission. "HIV is no longer the imminent threat to gay men that it once was," as Lake suggests, but the risk of HIV transmission for gay men during anal sex continues to be the key challenge. Less than a year later, an article in *The Canberra Times* read, "HIV on rise as gay men abandon condoms." As this article highlights, gay men, especially those who are already HIV positive, are abandoning safe sex practices and may be unwittingly spreading the virus. While this article acknowledges the cultural means of negotiating sex, namely serosorting (i.e. arranging only to have sex with people who share their HIV status), it raises suspicion, "that some people may not be aware they are HIV-positive when they negotiate such encounters, and it may be the reason some

sexually transmitted infections are returning in record numbers." This project acknowledges those who have lost their lives to HIV/AIDS, especially at a time when gay men are forgetting the cultural legacy of the AIDS epidemic, the millions of lives lost, and abandoning safe sex practices in the name of pleasure.

My thesis contributes also to a body of literature that suggests that HIV/AIDS is an unstable signifier and a contested site of meaning. The title of this introduction is a play on the essay by Douglas Crimp ("How to Have Promiscuity in an Epidemic") and the book by Paula Treichler (*How to Have Theory in an Epidemic*). Crimp's essay, published in the edited collection *AIDS: Cultural Analysis / Cultural Activism* (1987), sought to reclaim a pro-sex position by contesting the idea that promiscuity was believed to have caused the spread of the disease amongst gay men. This rhetoric, Crimp argues, was responsible for reproducing binaries between "good" and "bad" homosexuals in popular and activist understandings of the disease and the subsequent stigmatisation of so-called "irresponsible" gay people. Emphasis, he advocates, should be placed on the experience of having sex for pleasure; discovering things about oneself through the encounter with another.

Likewise, Treichler traces how the AIDS epidemic marked a shift in our understanding of sexuality. In particular, she draws attention to the AIDS crisis as an "epidemic of signification," that is, the abundance of "meanings, definitions, and attributions" that are produced and manipulated by medical discourse in an attempt to explain and control public understanding of the disease. She writes, "the very nature of AIDS is constructed through language and in particular through the discourses of medicine and science; this construction is "true" or "real" only in specific ways—for example, insofar as it successfully guides research or facilitates clinical control over the illness" (11). In this process, Treichler observed, non-scientific explanations

become intermingled with fragmentary scientific truths to produce misleading accounts of the disease, which therefore does not provide a coherent, singular explanation of HIV/AIDS. HIV/AIDS is a chaotic assemblage of meaning. What both Crimp and Treichler achieve is drawing attention to HIV/AIDS as a construction of language, a phenomenon existing primarily in its representations and in the cultural practices that "conceptualize it, represent it, and respond to it" (Crimp). Through the reclamation of discursive modes, there exists the opportunity to change the way people think and speak about HIV/AIDS. I use the conjunction "HIV/AIDS" throughout this project to signify the instability of the signifier of each of these terms, in their singularity, and to draw explicit attention to the fact that HIV/AIDS still exists temporally in the past as well as physically in the present.

On thinking about the chaos and fragility of meaning associated with HIV/AIDS, this thesis also makes an argument for the value of critical theory, especially in the here and now, thirty years on. Eric Michaels, one of the writers analysed in this thesis, wrote openly about his distrust of theoretical contributions to the epidemic. "Can deconstruction (e.g., Foucault and Derrida derivations) save lives, fight disease?" (106), he asks. His answer was that it rendered its subjects, particularly gay men, as passive victims and replicated the usual critiques of patriarchy, instead of advancing AIDS activism and prevention. More optimistically, Ross Chambers concludes that theory is vital because rhetoric is an important tool in the battle against HIV/AIDS (*Facing It*). The point of theory in an epidemic, as Treichler similarly reminds us, is to force us to challenge and question what is known in the hope that answers get better. She compares the AIDS epidemic to a war that demands immediate action, since deep uncertainty about how it is transmitted or who is at risk governs the discourses that shape it. The AIDS epidemic placed immense

pressure on categories of identification, power and knowledge but also signalled the urgent need to resist dominant constructions of HIV/AIDS and the emergence of post-identity politics.

Although there have been some significant changes in how HIV/AIDS is talked about and treated since *How to Have Theory in an Epidemic* was published in 1999, there are some parties who have also questioned the role of theory in contemporary HIV/AIDS discourse. Christopher Castiglia and Christopher Reed, in their book *If Memory Serves: Gay Men, AIDS, and the Promise of the Queer Past*, call for a return to the memory of queer political possibility, a "potent tool for inventive sexuality, expansive sociality, and creative activism in and for the present" (37). Criticising contemporary LGBT politics for its normalising tendencies, Castigila and Reed develop the notion of "de-generational unremembering," the process whereby the sexual liberation projects of the 1970s and their response to the AIDS epidemic are displaced and forgotten. The authors make a powerful case for the importance of a critical and creative renovation of these memories for what they can offer for understanding the present against the grain of normative tendencies. In part, Castigila and Reed identify the deconstructionist efforts of queer theory as particular enablers of forgetting the epidemic.

Castigila and Reed offer a vision of sexuality and queer thinking that is relational and generatively collaborative and distances itself from the 'anti-social' tendencies in queer studies scholarship. The anti-social thesis, as characterised in the work of Leo Bersani and Lee Edelman, is the abandonment of futurity and its inescapable connection to and investment in the existing social orders of belonging and normativity. For these theorists, the scepticism toward inclusion is found in the very act of sex and intimacy: "sex, and particularly homo-sex and receptive sex, is a

death drive that undoes the self, releases the self from the drive for mastery and coherence and resolution" (Edelman 29). For Edelman, the rejection of the future is the means through which alternative modes of being are possible. While Edelman uses the language of futurity to articulate these modes, Jack Halberstam uses the language of failure and forgetting to challenge the traditional route of disseminating knowledge that relies on positivism and its reliance on memory (69). Arguing against the anti-social, Castigila and Reed suggest that queer theory has enabled the erasure of gay liberation from collective gay memory. The authors criticise the likes of Bersani, Edelman, and Halberstam and their pessimistic conclusions about sexual identity, suggesting they were suffering from AIDS trauma, an "anticommunal pursuit of radical individualism" (51). Thus, it could be argued that Castigila and Reed provide an uncritically reductionist reading of queer theory.

Not only is Castigila and Reed's reading of queer theory reductionist, but it is also dismissive of the value of, and productive contributions these ideas have made to the formation of queer studies and the dialogues that have shaped it. This thesis returns to Treichler's urgent ethical commitment to the critical cultural analysis of the epidemic as a politically necessary and consequential endeavor, and despite Castigila and Reed's critique, it maintains the value of theory for opening rather than foreclosing an important dialogue. This thesis engages critically with the messy, and at times, contradictory narratives that have emerged in queer theory's genealogy.

HIV/AIDS life writing as the object of attachment

This thesis aims to contribute to discussions of how HIV/AIDS is represented and is used to form a sense of cultural memory amongst gay men in the Anglo-speaking world. In her study of American cultural narratives, Marita Sturken emphasises the importance of cultural memories, such as those of the AIDS epidemic, to the

construction of individual and national identities. She discusses the AIDS Memorial Quilt alongside the Vietnam Veterans Memorial to demonstrate not only how people use images and objects as mechanisms for confronting traumatic events and experiences, but also how these experiences are mediated collectively through processes of remembering and forgetting. The AIDS Memorial Quilt, for instance, took intimately private grief and turned it into a public memorial. This tangling of personal and cultural memory, as well as the already problematic nature of recollecting and articulating a collective memory, become the focal point of Sturken's analysis. Memory becomes embedded in the objects and images associated with the event, enabling the creation of a collective national identity. The Memorial Quilt represents, for instance, the ways in which individual mourning takes place in public spaces through contestation over memorials and rituals of memorialisation. In this sense, cultural memory is always unstable and open to a multitude of different interpretations of the past. The memory of the AIDS epidemic, likewise, has been produced in a way that requires some degree of agreement of what to remember and what to forget. Thus, an object such as the Memorial Quilt has been a crucial site of production of cultural memory in the US.

One of the biggest omissions in the writings by Treichler, Castinga and Reed, and Sturken is a discussion of personal testimony as a way of representing HIV/AIDS. This is an important omission since it suggests a discomfort talking about subjective emotion and grief. Although scholars such as Ross Chambers have already written on importance of AIDS testimony, recording the narratives of those who live with HIV, or whose lives have been subsequently taken by AIDS, is imperative for the mediation of gay male identities in the Western world. A largely feared and misunderstood phenomenon at the time, AIDS was explicitly framed in public

discussions as a gay disease. This, as Susan Sontag wrote in 1989, has resulted in the stigmatisation of a specific group of people. In response to this stigmatisation, early pathographies written by gay men tended to focus upon the suffering and death of their protagonists by going public and challenging the social stigma of the disease. As Jason Tougaw notes, these memoirs engaged in the autobiographical act of being witness to a collective trauma: speaking for a group of people who have shared a traumatic experience. "In their urgency, AIDS testimonies often read like instructions: how to diagnose, how to choose a doctor, how to find the right drugs, how to stay alive longer" (236). These writers make public the private experience of illness to produce a collective understanding of their experience as well as provide practical medical advice.

As a genre, HIV/AIDS life writing, or testimony, has been crucial as it offers a means of reflecting on the ravages of the disease by authors positioned as intimate witnesses. If genre can be thought of as "a loosely affectively-invested zone of expectations about the narrative shape a situation will take" ("Austerity, Precarity, Awkwardness"), as Lauren Berlant has written, then there exists an imperative to engage with the genres or representations of collective identity. For a testimony to be successful, it requires a community of readers whose intersubjective relations are structured by and through the text. This intersubjectivity is similar to the relation between teller and listener that Dori Laub has outlined as the enabling condition of Holocaust testimony. In Laub's words, "[b]earing witness to trauma is, in fact, a process that includes the listener. For the testimonial process to take place, there needs to be a binding, the intimate and total presence of an other—in the position of one who hears. Testimonies are not monologues; they cannot take place in solitude. The witnesses are talking to somebody: to somebody they have been waiting for for a

long time" (70-1). HIV/AIDS life writing produces gay male subjectivity and relationality through "the intimate and total presence" of each other.

It is "the intimate and total presence" of HIV/AIDS life writing that has become not only my object of analysis, as I explore below. The subjects of these testimonies, their writers and their characters, *read* their bodies in relation to others, looking for signs of infection, disintegration, and decay. These are, I suggest, precarious proximities. The authors of these texts see themselves as products of multiple relations, mostly, but not exclusive to AIDS communities. The virus travels between people because their bodies are permeable, and the bodily infection spreads, signifying both corporeal and affective connections between them. Furthermore, by drawing on vocabularies and comparisons of war—in the case of Treichler and Sturken—and post-traumatic stress disorder—in the case of Castinga and Reed—these authors deliberately cling to problematic metaphors that, as Susan Sontag has famously pointed out in *AIDS and Its Metaphors*, characterise Western conceptualisations of illness and ultimately result in the stigmatisation of those with a positive HIV status. Unraveling the generic expectation of war and death in HIV/AIDS life writing is central to the current project.

Although quite a small field, my central criticism of extant literature on HIV/AIDS life writing is its exclusive focus on what Couser has called the "presumption of fatality," or simply, death. There have been several scholarly attempts to give analytical shape to the genre. Most important are three manuscripts devoted to the subject, two by Ross Chambers and one by Sara Brophy, as well as several chapters in books, including pieces by Thomas Couser, Timothy Murphy, and Joshua Tougaw, and a collection of journal articles focusing on either specific authors or works. These scholarly works have come to occupy a "paranoid," or overly

suspicious, relation to the memoirs, searching for and reiterating the signifiers of death presented by the authors. Chambers, for instance, in both of his manuscripts emphasises the literal "death of the author" both during the writing process and in its aftermath. In *Untimely Interventions* (2004), he proposes that writing produces a rhetorical effect of haunting, as it seeks to describe the reality of those experiences culture renders unspeakable. Likewise, Brophy is concerned with the psychoanalytic process of mourning and, following the work of Judith Butler, what makes a life grievable in larger circulations of cultural memory. While these studies are valuable in their respective approaches, my project seeks to supplement them by focusing on the potentiality of Life and intimate relations or networks of precarious proximities as opposed to the field's focus on death.

What can a body (with HIV/AIDS) do?

Life, for philosophers such as Gilles Deleuze, is a process that is inherently linked to literature, ontologically and ethically. Writing itself is "a passage of Life that traverses both the livable and the lived" (*Essays Critical and Clinical* 1). For Deleuze, every literary work implies a way of living, a form of life, and must be evaluated not only critically but also clinically. "Style," Deleuze writes, "is always a style of life as well, not at all something personal, but the invention of a possibility of life, a way of existing" (*Negotiations* 100). Life is a becoming force which incessantly struggles to overcome itself. Where there is life, there is coming into being. An analysis of the living is always a concrete analysis of a specific type of life in a specific situation. Death is internal to life, it is a possibility for life that arises not from without but from within. Thus, what must be understood to harness Life is not only how we are oppressed by external circumstances, but the ways in which we participate in, foster, and desire oppression even in trying to escape or overturn it.

This thesis explicitly draws on the work of Gilles Deleuze to examine the role and constitution of intimacy in HIV/AIDS life writing. It challenges studies grounded in the "presumption of fatality" (Couser) and instead draws on Spinoza's formulation—via Deleuze—that we do not even know what bodies can do. In *A Thousand Plateaus* (1987), Gilles Deleuze and Félix Guattari famously grapple with Spinoza's question: "What can a body do?" They conclude that, "We know nothing about the body until we know what it can do" (257). In other words, the two French philosophers speculate that we have not even begun to understand the potential of our own bodies. As Ian Buchanan (1997) notes, this notion of potentiality in Deleuze and Guattari underscores their whole thought on materiality and is best understood as an attempt to replace aetiology, that is, cause and effect, with ethology, a focus on action and affect. My thesis appropriates this question of "what can a body do?" and reframes it to ask "what can a body with HIV/AIDS do?" Instead of asking what HIV/AIDS *is*, its virology, the implication of what it *does* grants HIV/AIDS the potential to act and move bodies in certain ways. I use this as a starting point to consider and challenge what life writing about HIV/AIDS as a genre can teach us about intimacy—the central concept of my research—and relationality, more generally. Drawing on developments in queer studies and affect theory, this project examines the ethology, or animation, of HIV/AIDS in the genre of testimony. In particular, I focus on how the virus has the capacity to move and assemble bodies in precarious proximities, that is, compromised states of being.

Recent work in queer studies and new materialism has explored the potential and challenges of accounting for "animacy", as Mel Chen (2012) has termed it, of non-living entities and processes. Central to these discussions has been the somewhat uncritical installation of the distinction between living and non-living entities. As will

be discussed in Chapter 3, Chen traces the use of the life/death binary through language and proposes that animacy "trouble[s] the binary of life and nonlife as it offers a different way to conceive of relationality and intersubjective exchange" (11). Chen draws the term animacy from linguistics, where it refers to an entity's degree of agency, awareness, sentience, liveliness, or mobility. Across languages, grammatical structures indicate speakers' views about the animate and the inanimate. Animacy expresses beliefs about who (and what) has the power to affect others, and who (and what) do not: through it, speakers make claims about which lives matter. Thus, animacy refers to the field of relationships in which bodies encounter power structures that mediate between life and death.

It is within this framework that I approach literary representations of HIV/AIDS, with the awareness that the virus and the bodies it inhabits have the capacity for movement and action. Typically classed as a non-living organism, HIV is denied the capacity of vitality despite having the potential for life. Outside the living host, HIV is considered dead or incapable of having a life since it cannot regulate itself, process energy, grow, adapt consistently, or respond to stimuli. Once the virus finds an appropriate host, however, the biological processes become active, it is considered living and begins to replicate. Since HIV moves between life and non-life at different stages, the process itself enacts an agentic capacity. Jane Bennett makes the argument that vitality, the state of being alive and active, is intrinsic to all materiality. Things, the non-human elements that make up our world, have potential to act and act upon us too. Agency is always the product of a human-non-human working group, what Bennett calls an assemblage, "a throbbing confederation" of things (23). Her purpose, then, is to minimise the role of the subject in subject-object relations, bringing human and non-human entities together, in order to pay attention

to how "we are walking, talking minerals" (11). I argue that HIV/AIDS has agency and it moves across bodies.

HIV/AIDS, as I envisage it, fits into this framework of thinking about animacy and affective relationality. This potentiality has been enabled representationally through the use of metaphor. In her 1987 essay, "AIDS and Its Metaphors", Susan Sontag identifies plague and pollution alongside militarism as the driving metaphors behind mainstream understandings of AIDS and its victims. When AIDS first emerged in the 1980s and was seen to be affecting an at risk group, it brought to the forefront the historical idea that "illness has judged". This created a divide between the general population and the disease carriers who endanger them. Further, this characterises AIDS as a punishment to those who partake in "risky behaviours" condemned by society (e.g. homosexuality, illegal drug use). Engaging in risky sex between men has certainly continued to unravel in discourses related to the transmission and prevention of HIV, such as bug chasing and gift giving. As Gregory Tomso has noted, the metaphors of bugs and gifts—used to signify transmission with consent, for instance, "function as an imposition, one that insists on making HIV more ubiquitous. They are a sign of the fragility of time, acting counter to the future seen through the biopolitical and neoliberal optimization of life" (281). HIV encourages us to think virally about vitality. That is, how inanimate matter, such as HIV/AIDS, can be animated between bodies intimately.

Reading symptoms of intimacy

Intimacy has been the subject of considerable critical attention over the past decade, but as Marar (2012) and others have observed, there remains a "lack of definitional understanding of intimacy," resulting in an ambiguous and often contradictory application of the concept itself. In queer studies, in particular, the concept of

intimacy is taken for granted as something fixed and confined to representational modes of analysis. Arguing against this dominant trend, I contend that intimacy is an event, a process of becoming that actively contours structures of ordinariness, temporality, sociality, and corporeality embedded in the act of witnessing. While I argue that part of intimacy's conceptual currency lies with its ability to seamlessly work between different registers, I also advocate an understanding of intimacy as event in a Deleuzian sense. Intimacy is a product of what Deleuze and Guattari designate as *agencement* (or assemblage), the untimely "bringing-into-existence" (becoming) of affective capacities that shape our encounters with the world around us. In other words, the event is a product of the synthesis of forces and the internal dynamic of their interactions. Intimacy refers to the assemblages that specifically bind us together with others.

Without definite structure, position, temporality or material content, the Deleuzian event is always a singular utterance. The event has no beginning or end, but rather holds open new possibilities, representing a moment at which new forces might be brought into the assemblage of intimacy. This framing of intimacy as event, I argue, problematises to what extent intimacy is something capable of representation, insisting that the undetermined value of the concept rests in its capacity to flow between the representational and non-representational to consider how sexual experience is felt, circulated, and continually negotiated in the age of HIV/AIDS. Furthermore, the emphasis on singularity and the processual emergence of entities enables me to track how HIV is animated in different assemblages or encounters, something that ties back into the question of "what can a body with HIV/AIDS do?" In sum, intimacy as event describes the emergence of entities, including the HIV virus, and the process in which such entities congeal new modes of being.

To contextualise the intervention of this thesis, I situate it in relation to recent criticism in literary studies about the value of symptomatic reading, or what Eve Sedgwick (2003) has characterised as "paranoid" modes of interpretation. Sedgwick, amongst others, has argued that traditional modes of literary criticism have become obsolete. Not only have they run their course, but criticism has become predictable. This debate came to a head with the publication of a special issue of *Representations*, edited by Sharon Marcus and Stephen M. Best, on what they called "surface reading." Surface reading instead focuses on "what is evident, perceptible, apprehensible in texts" (9). In other words, the critic is no longer like a detective who doesn't trust the suspect but more the social scientist who describes the manifest statements of a text. It goes without saying that such a position has attracted much criticism, but I was intrigued by Marcus and Best's general premise and my training in queer studies encouraged me to go against the grain and experiment with something new despite the risk of failure.

Although such an account risks privileging the intensities of affect over the representational dimension of HIV/AIDS life writing, I utilise both representational and symptomological modes of analysis to suspend the need to value one mode of analysis over the other. In particular, this approach, although it may sound contradictory, is something I draw from Jasbir Puar's work on nationalism and counterterrorism, who uses Deleuze and Guattari's concept of assemblage to supplement, she argues, often problematic and flawed analytics of intersectionality. Like Puar, I am torn between the representations that are the texts that I am studying and the optimitic promises offered by affect theory. As Puar (2007) says, "I would argue that the contradictions and discrepancies rife in this endeavor—creative mistakes, perhaps—are not to be reconciled or synthesized but held together in

tension. They are less a sign of wavering intellectual commitments than symptoms of the political impossibility to *be on one side or the other*" (209). I maintain that this "friction," as Puar calls it, between representation and non-representation is a productive one since moving between one and the other enables new ways of thinking about what a 'life' is in my texts.

My reading, rather than symptomatic in the sense of reading non-intentional signs as indicative of the text's unconscious, is a symptomatology in that it reads the author as clinician and the text as description of symptoms to establish a framework for negotiating the dynamic intersection between illness and identity. Although not often cited as a literary critic, Deleuze wrote extensively about literature in philosophy. In fact, his last collection of essays, published under the English title *Essays Critical and Clinical* (1993), brought together several essays dealing with literature. What distinguishes Deleuze's interest in literature can once again be framed in the question "What can literature do?" Rather than providing an analysis of what literature is, the meaning of a text, or the elements of literature, he is concerned with what literature does and what can be done with it. This kind of approach fosters the production of new concepts and poses problems. This is the case in Deleuze's *Masochism: Coldness and Cruelty*, where the book is about a sick author—Leopold von Sacher-Masoch—whose name ended up designating a clinical disorder (masochism). The fact that Masoch's oeuvre designates a condition is, for Deleuze, the point of interest in his work, and in literature in general. The book on Masoch designates a condition and depicts it through signs specific to literature. Through these signs it establishes a typology, a symptomatology. As Bogue notes, "The writer is a physician of culture… a sympomatologist who reads culture's signs of sickness" (2). Thus, a literary text designates a relation of forces in which the author or his

characters are caught. Literature captures arrangements of forces, designates their state, and in doing so, it depicts conditions. This is what literature *does* for Deleuze.

A symptomatological criticism, through a sustained interest in the author's descriptive prose, has potential to reveal how intimacy functions affectively in HIV/AIDS life writing. Deleuze's hypothesis is that a text is the writer's diagnosis of the world. Texts and authors have nothing to tell us about themselves, or how they were formed. They can only speak to us about how they function and the world that produced them. Texts have surface, but no depth, which is why Deleuze often describes the analysis of texts as cartography. According to Ian Buchanan, "The work of art doesn't exhibit symptoms in the manner of a patient or a 'case,' rather it isolates, identifies, and tabulates symptoms in the manner of a clinician… Symptoms are the contours of the world, its grooves, its hills and valleys, its diagram, as Deleuze also puts it" (112). In this sense, authors are symptomatologists, and I would add, symptomatologists of intimacy. Methodologically, the symptomatologist identifies and modifies forces of life by examining and rearranging symptoms. The rearrangement of symptoms involves a process of creation and serves to bring something new into the world, namely, a new concept of the disease that implies a modified state of forces.

Rhizomes of intimacy: thesis outline

This thesis proceeds in six chapters. Chapters 1 and 2, under the collective heading "Concepts and Method," serve as the conceptual and methodological framework in which the other four chapters advance through a symptomatological reading. Chapters 3 to 6 contain the textual analysis of the thesis. These chapters are further divided into two sections. The first, "Witnessing Intimacy," focuses on texts written by men witnessing the death of their partners. The memoirs by Paul Monette, Timothy

Conigrave, Fenton Johnson, and John Foster are written as eulogies, often revealing how intimacy materialises in the routine of everyday life. The second, "Pathographies of Intimacy," focuses on first-hand accounts of living with HIV/AIDS. The diary of Eric Michaels, the writing of David Wojnarowicz, and the memoirs of Douglas Wright and David Caron provide testimonial accounts of how the disease impacts their own bodies and their interactions with others. Despite this artificial distinction, some of the memoirs traverse the line with Monette, Conigrave, and Foster also narrating their own struggle with the disease.

The chapters are informed by Deleuze and Guattari's concept of the rhizome. In their work on capitalism and schizophrenia, Deleuze and Guattari use rhizomes to describe the connections that occur between the most disparate and the most similar of objects, places and people; the strange chains of events that link people. It 'maps' a process of networked, relational and transversal thought, and a way of being without 'tracing' the construction of that map as a fixed entity (TP 12). In *A Thousand Plateaus*, Deleuze and Guattari staged the entire book as a series of networked rhizomatic 'plateaus' that operate to counter historical and philosophical positions pitched toward the system of representation that fixes the flow of thought. Instead, through a demonstration of the relational energies able to be configured through often disparate forms and systems of knowledge, the chapter here offers the reader an open system of thought. Therefore, similar to the way a rhizome manifests, each chapter in this thesis is framed around not only an aspect of intimacy, but also a key tension or debate in queer studies, which allows the chapters to be read as collectively as a whole or individually.

Each chapter is comparative, taking one text from North America and one from Australia or New Zealand. A criticism of intimacy compares. When we

compare, there tends to be an assumption that we have to make a judgement about whether something is good or bad, but the critical task of comparing is *not* a question of judging any given term of the comparison as superior or inferior, good or evil (Abel 35). For Deleuze, for whom "the only true criticism is comparative… because any work in a field is itself imbricated within other fields" ("Brain Is the Screen" 367), the judgmental mode of comparison seems only to perpetuate the status quo. Against this, Deleuze engages in comparative criticism because it allows connections to be drawn, linkages to be foregrounded, differences to be articulated—in short, it allows for the production of new modes of existence, of becoming-affected otherwise.

It should be noted that despite the potential wealth of archival material that could also be considered for a project on HIV/AIDS life writing, I have restricted the scope of my thesis to examine only published memoirs and diaries. Paul Monette's *Borrowed Time* and Eric Michaels' *Unbecoming*, compared to the other texts analysed, have attracted the most scholarly attention, so it was important to engage with the conversations surrounding these texts, but I have also chosen texts that have received little or no critical attention. A good example of this Timothy Conigrave's *Holding the Man*, which is interesting due to the fact that it is typically awarded the title of the most iconic Australian AIDS narrative, but also because of the feature film directed by Neil Armfield that was released in 2015 to much critical acclaim.

Another limitation of my thesis is its exclusive focus on memoirs and diaries written by white men who have sex with men. Sarah Brophy's study of AIDS testimony, as already mentioned, is surely a welcome contribution to the field for the way it "challenge[s] the tendency to treat AIDS testimonial literature as a genre particular to gay men, opening up a dialogue among a diverse array of testimonial accounts, one that is important given the changing demographics of the disease in

North America and worldwide" (28). For this project, I wanted to maintain some general consistency between the texts I'm writing since I was already dealing with quite complicated themes. This thesis has become an experimental exercise in that it does not offer just a history of intimacy in HIV/AIDS writing, but rather a mapping exercise of the way intimacy manifests itself in testimonial genres. I agree with Slavoj Žižek, in his reading of Deleuze, that "too much of a historical context can blur the proper contact with a work of art… but also that it is, rather, the work of art itself that provides a context enabling us to understand properly a given historical situation" (*Organs without Bodies* 15). Therefore, this thesis should be read as a starting point, rather than embodying a definitive end. Its goal has been to make an argument for theory, especially now, in a time when the virus has been stabilised through medical intervention and the death rate is in decline.

Chapter 1, "The Event of Intimacy: A Conceptual Framework," provides the theoretical thrust of the thesis by offering a survey of contemporary queer theory on sex and intimacy. I argue that thinking about sex has become a blockage or a distraction in queer studies and that intimacy has flourished in response to this impasse as a way of interrogating the modes of social belonging and affective attachments that take shape through the genres and practices of everyday life. My contention here, though, is that although intimacy has provided a useful framework for thinking about pleasure, kinship, and belonging, scholars reading texts from an intimate perspective have adopted an ethics of negativity, impersonality, and fragmentation, rather than repair and redemption. Taking up Lauren Berlant's national sentimentality trilogy, Leo Bersani's theorisation of sex, and Lee Edelman's notion of reproductive futurism, I explicate how each of these presents a notion of intimacy that is cruel, precarious, and ultimately, self-shattering. I argue that viewing intimacy

exclusively through such negative frameworks is problematic and neglects its potential as a theory of relationality to disrupt dualistic modes of thinking and, perhaps more importantly, it ignores intimacy's affective capacity to move bodies in specific ways that are also optimistic.

In Chapter 2, "Symptoms of Intimacy: Genre, Affect, Method," I outline the method used in my thesis, and propose a symptomatological criticism as a way of engaging with HIV/AIDS life writing. In literary studies, the recent "methodological turn" proposes that traditional methods of symptomatic reading, usually characterised as "paranoid" interpretations, have lost their value in an ever-changing world. Drawing on Deleuze's philosophy of literature, I argue for a method of reading HIV/AIDS life writing that supplements, rather than replaces what Paul Ricœur calls a "hermeneutics of suspicion," the interpretive approaches inspired by Marx, Freud, and Nietzsche. A symptomatological criticism, through a sustained interest in the author's descriptive prose, reveals how intimacy functions affectively in HIV/AIDS life writing. Similar to asking what a body with HIV/AIDS does, the question of what literature does is also necessary for contextualising this project. This kind of approach fosters the critical usage of concepts, such as intimacy, and new ways of reading texts. A symptomatology allows its readers to pick up the beats and rhythms of a text, which becomes important when analysing how intimacy is situated in the ordinary.

Recent work in queer studies, as I have explained, has explored the potential and challenges of accounting for the "animacy", as Mel Chen (2012) has termed it, of non-living entities and processes. One of these processes is the ordinary—the ongoingness of predictable life. In Chapter 3, through an analysis of Paul Monette's *Borrowed Time* (1988) and Timothy Conigrave's *Holding the Man* (1995), I argue that the intimate relations that are animated by HIV/AIDS in life writing are

embedded in structures of ordinariness, the ritualistic and banal rhythms of navigating mourning and survival. In other words, this chapter seeks to explicitly answer the question of what a body with HIV/AIDS does. In testimonies that are largely void of sex and intimacy, in a physical sense, the subjects of these narratives cultivate intimacy in other ways, whether through the imposed routine of consuming medication or food, the rhythms of coughing or cleaning, hospital life, and references to popular culture. These areas of ordinary life are where intimacy materialises affectively, reinforcing and reiterating attachments.

Chapter 4 explores the relationship between intimacy and time. If bodies can be animated through their coming into contact with HIV/AIDS, whether that is their own body or the bodies of others, what implications does this have on temporality? A typical queer theory perspective of time and temporality challenges normative ways of being in the world, especially as these pertain to notions of identity, kinship, and futurity. It draws attention to the non-linear way time operates and how this produces alternative experiences or feelings of being in the world. John Foster's *Take Me to Paris, Johnny* (1993) and Fenton Johnson's *Geography of the Heart* (1996) provide valuable insight into how experiences of witnessing AIDS not only challenge normative conventions of time and family, but also how they reaffirm and reiterate them. I argue that intimacy, as described and witnessed by Foster and Johnson, is dynamic and irregular, operating not only in the registers of past, present, and future, but also between them. Intimacy, like the Deleuzian event, has no beginning- or end-point, but is rather the state of *becoming*, a momentary productive intensity.

Chapter 5 engages with the broader question of sociality, which has unequivocally dominated much of queer theory's intellectual terrain. The anti-social thesis argues that queerness retains a capacity to resist or even to dissolve social

existence as we have known it, especially in terms of social order's dependence on what Lee Edelman calls "reproductive futurism" (*No Future*). This has produced a 'for' or 'against' situation where queer scholars are expected to take sides. Through an examination of two AIDS diaries, Eric Michaels' *Unbecoming* (1997) and David Wojnarowicz's *In the Shadow of the American Dream* (1999) and his collection of essays, *Close to the Knives: A Memoir of Disintegration* (1991), I argue that reducing discussions of relationality to simple binary oppositions presents a false choice that implies that you have to be one or the other. Simultaneously, this chapter takes up a close reading of Lauren Berlant and Lee Edelman's *Sex, Or the Unbearable* (2013), one of the most recent engagements with the anti-social thesis, as a grounds for a textual analysis of the texts with particular attention to negative affects.

There has been little scholarly work about HIV/AIDS life writing produced since the turn of the century. As a result, early attempts to define and categorise HIV/AIDS life writing have become inadequate for thinking about emerging texts and the discourses that inform them. In Chapter 6, through an analysis of Douglas Wright's *Terra Incognito* (2006) and David Caron's *The Nearness of Others* (2014), I argue that these texts are emblematic of a new phase of life writing that is characterised by the burden of survival and the embodiment of post-9/11 precariousness. These texts offer reflection on the metaphorical war on terror, especially the images taken from the Abu Ghraib prison, which in turn become metaphors for the authors' embodied experiences as HIV-positive gay men. What the virus animates in these writers is a precarious sense of survival that manifests corporeally and through contemporary biomedical discourses of mental health and depression. This chapter is particularly important since it is the only chapter that deals

with HIV/AIDS life writing in a post-antiretroviral therapy era and offers new perspectives for thinking about representations of the disease into the 21st century.

The conclusion summarises the main arguments of the thesis and considers the implications of its findings for thinking about the future of intimacy and HIV/AIDS research. In particular, it focuses on the introduction of pre-exposure prophylaxis (PrEP) to the assemblage of HIV/AIDS. PrEP, an antiretroviral drug that can be taken by an HIV-negative person before potential HIV exposure to reduce risk of HIV infection, has changed the ways men who have sex with men engage in sexual intercourse. Taking up a discussion of Evan J. Peterson's *The PrEP Diaries: A Safe(r) Sex Memoir* (2016), I reiterate how the consumption of antiretroviral drugs has the potential to animate bodies and their relationship to each other affectively. The conclusion also maps the boundaries of my thesis and advances considerations for future iterations of the project.

Section I: Concepts and Method

Chapter 1 – The event of intimacy: a conceptual framework

Queer studies has had a complicated relationship with the question of sex and what role it should play, if any, in the role of socio-political transformation. In a 1982 interview, Foucault famously urged, "[s]ex is not a fatality: it's a possibility for creative life" ("Sex, Power, and the Politics of Identity" 163). This ethos, combined with Foucault's critique of the repressive hypothesis in *The History of Sexuality*, have been used by a generation of queer scholars to justify invoking sex and queer sexual practices, such as fist-fucking and S&M, as a site of resistance against dominant social values, a space where the sexual and the political converge in the name of pleasure. Queer studies has been fundamentally preoccupied with the practices, temporalities, and modes of being through which sex, gender and sexuality have been normatively thought. Annamarie Jagose (2013), for instance, in her study of orgasm in the twentieth century, argues that a sustained focus on "bad sex" (taken from Rubin's essay "Thinking Sex") as a privileged figure for the political has produced a critical aversion to the orgasm as a queer scholarly object. As an extension of this, she engages the fake orgasm as a sexual practice that opens up "an alternate way of thinking about the political" in that it puts pressure on existing notions of political action and agency to consider what might typically be thought of as unproductive and counterintuitive (202). Despite seemingly developing a critique about queer scholarship's narrow interpretation of Foucault's sexual ethics, Jagose also reaffirms queer theory's prioritisation of sexual acts as locus of agency and resistance.

On the other hand, there have been some more direct calls for queer studies to distance itself from the confines of sex, especially normative sex, focusing instead on its broader application to realms of community, ethics, and politics. In their edited collection, *After Sex? On Writing since Queer Theory* (2007), Janet Halley and

Andrew Parker question to what extent the field can be defined by its close engagement with categories of sex and sexuality. “Does the very distinction between the sexual and the nonsexual matter to queer thinking and, if so, when, where, and how? Can work be regarded as queer if it’s not explicitly ‘about’ sexuality?” (422). For Halley and Parker, the contributors of the volume demonstrate how sex is a paradox, “a source of delight and trouble”, a “temporal predicament” (424; 425) in the sense that an expansive notion of sexuality is essential to queer thought, but at the same time it must not allow itself to be restricted by it. In a similar field defining dialogue, Robyn Wiegman and Elizabeth A. Wilson (2015) address the centrality of antinormativity to queer theory’s agenda in their special issue of *differences*. Their argument is simple: a less sustained focus on what counts as normal or abnormal sex would produce a body of theory that is more complicated, dynamic, and attentive to the broader issues that are often obscured by the singular focus. They write in relation to the etymological significance of queer, “The allure of moving *against* appears to have had greater critical currency than the more intimate and complicit gesture of moving *athwart*” (11, original emphasis). Thus, the movement from side to side is abandoned in favour of opposition. What both of these field defining special issues generate is a sense in which queer studies has reached an impasse, a blockage, into its methodological and political commitments.

Since sex has become a blockage and a distraction for queer theory, intimacy has emerged as an object of scholarly inquiry due to its capacity to be thought in terms of affect, sociality and temporality. Alongside keywords of sex, sexuality, and normativity, intimacy has flourished in queer studies as a way of interrogating the modes of social belonging and affective attachments that take shape through the Berlantian notion of genre and practices of everyday life. Intimacy has been used, for

example, to signal the ways in which people and publics come together and the ways in which private lives are connected with the institutions, ideologies, and desires that organise and sustain our aspirations of "the good life" (see Berlant, *Cruel Optimism*). That is, the way in which the lives and livelihoods we have taken for granted have become impossible to attain. Intimacy has been used figuratively to trace how sexual practices, such as barebacking—the deliberate abandonment of condoms by gay men during sexual intercourse—produces diverse sexual subcultures and gestures towards new understandings of pleasure that embrace "risky sex" (Dean; Halperin; Tomso). Intimacy has also been deployed to frame ongoing debates about sociality, kinship, and belonging, in particular the suggestion that emerging modes of relationality should embrace an ethics of negativity, impersonality, and fragmentation, rather than repair and redemption (Bersani and Phillips; Berlant and Edelman). While each of these, most drawing on psychoanalytic frameworks, present a notion of intimacy that is cruel and precarious, intimacy nonetheless bridges the divide between sex, community, ethics, and politics. It is precisely the capacity of intimacies to work between these divides that constitutes its conceptual strength. I argue that queer studies has reached an impasse.

An impasse, as defined by Lauren Berlant ("Straved") in her recent work on attachment, characterises a genre in which we passively become stuck amidst crisis, but nevertheless attempt to make sense of our present attachments to the world. Resisting a submissive understanding of the impasse where forward movement is stalled, Berlant's adaptation of the concept urges to slow us down. An impasse resembles "a holding station that doesn't hold but opens out into anxiety... [it] is decompositional—in the unbound temporality of the lag one hopes to have been experiencing all along (otherwise it's the end), it marks a delay" ("Starved" 434). In

this framework, sex is not a thing to be studied, but a relation to be observed since sex continuously forces us into uncomfortable trajectories and suspends, as well as reanimates, our attachments to the world. The notion of the impasse invites us to see sex as "a singular place that's a cluster of noncoherent but proximate attachments that can only be approached awkwardly, described around, shifted" (434-5). Thinking about the material and spatial implications of the term, Ann Cvetkovich (2012) takes it as both a concept and an experience in her critical memoir on depression. Unlike Berlant, Cvetkovich's understanding of the impasse is static, suggesting "that things will not move forward due to circumstance" (20). Despite a failure to be progressive, impasse here is coupled with creativity:

> Defined in relation to notions of blockage or impasse, creativity can be thought of as a form of movement, movement that maneuvers the mind inside or around an impasse, even if that movement sometimes seems backward or like a form of retreat (21).

Creativity is thus attributed with agency in the form of literal movement that is embedded within everyday life. Queer studies' impasse, what I am identifying as its preoccupation with sex, then, is not so much about being stuck, but is rather about remaining open to possibility and finding new directions for movement.

This chapter introduces the concept of intimacy and proposes that we think about intimacy as an event. This notion of intimacy is used to analyse HIV/AIDS life writing in the proceeding chapters. Although intimacy has been the subject of considerable critical attention (as briefly outlined above), scholars such as Marar (2012) and Wilson (2012), have observed how there remains a lack of definitional understanding of intimacy in the humanities, resulting in an ambiguous and often contradictory application of the concept itself. While I argue that part of intimacy's

conceptual currency lies with its ability to resist definitional limits, I advocate an understanding of *intimacy as event* in a Deleuzian sense; a product of what Deleuze and Guattari (*A Thousand Plateaus*) designate as *agencement* (or assemblage), the untimely "bringing-into-existence" (becoming) of affective capacities that shape our encounters with the world around us. In other words, the event is a product of the synthesis of forces and the internal dynamic of their interactions. Without definite structure, position, temporality or material content, the Deleuzian event is always a singular utterance. The event has no beginning or end, but rather holds open new possibilities, representing a moment at which new forces might be brought into the assemblage of intimacy. This framing of intimacy as event, I argue, problematises to what extent intimacy is something capable of representation, insisting that the undetermined value of the concept rests in its capacity to flow between the representational and non-representational to consider how sexual experience is felt, circulated, and continually negotiated. As it will be suggested in Chapter 2, intimacy requires both representational and non-representational methods of analysis to understand how it operates in representational form, such as HIV/AIDS life writing and testimony.

In order to contextualise how intimacy can be understood through the framework of the event, in the following I first explicate how it has been deployed conceptually not only in queer studies, but also in the humanities more broadly. What this survey reveals is that although intimacy has been undertheorised, it has nevertheless served as a fundamental concept in the formation and development of queer studies, especially in continuing debates about citizenship, kinship, and sociality. Second, I argue for thinking about intimacy in terms of affect, the felt sense of embodiment. The extant body of literature suggests that intimacy is something that

has to be thought in representational frameworks of meaning. This restricts us from thinking about intimacy's affective capacities and how it functions. In the third part of this chapter, I will introduce the notion of intimacy as event through an exploration of Deleuze's notion of the event, and explain how intimacy as event differs conceptually from Deleuze's notion of desire, and later, *agencement*. My theoretical commitment in this chapter stems from a need to establish new ways of thinking about the event and relationality; to produce a way of thinking about intimacy that is both experimental and exploratory. This experimental and exploratory approach can then be applied to HIV/AIDS life writing. Thus, this chapter makes the argument for a concept of intimacy as something fluid and constituted affectively, rather than something stable and fixed in representational terms.

Queer's intimacies

According to the *Oxford English Dictionary* (2015), intimacy is defined as "the quality or condition of being intimate". To be intimate, of course, can signify a diverse range of relations between people and objects, crossing intricate divides between the public and the private, the global and the local, the material and non-material. Not only can intimacy refer to something pertaining to our own "inmost" thoughts or feelings, but it is also used to describe our close acquaintances, friendships, or associations with other people or objects. Relevant to this chapter's opening discussion of sex, intimacy is also a common euphemism for sexual intercourse. Furthermore, it can be a deep connection characterised by familiarity, which I will expand on in the next section of this chapter. Given the scope of attachments and interactions intimacy can signify, it is no surprise intimacy has been mobilised as widely as it has been in the humanities and social sciences. Indeed, recent collections, such as Pratt and Rosner's *The Global and the Intimate* (2012),

Cooke's *Scenes of Intimacy: Reading, Writing and Theorizing Contemporary Literature* (2013), and Frank, Clough, and Seidman's *Intimacies: A New World of Relational Life* (2013), testify to the increasing academic interest, interdisciplinarity, and theoretical currency of intimacy as a contemporary keyword in fields as polarised as psychology and literature. This section offers some insight into the conceptual nature of intimacy through a select survey of the current literature on the topic, emphasising, in particular, how it has been shaped in queer studies.

Intimacy surrounds us, has surrounded us, and it is hard to see how it will not surround us in the future. Intimacy is the lifeblood of narratives in the history of literature; literature and the arts in general would be unthinkable without it. Intimacy has a complicated genealogy itself, especially in a technological age, where contemporary society discourages public displays of intimacy, instead seeking instant gratification and focusing on the individual. Despite attempts to repress intimacy in the public sphere, intimacy serves as a dominant discourse where the ambition to connect with others in the hope of finding deep understanding is paramount. Ziyad Marar (2012) has written about the paradox of intimacy, where we are increasingly more connected than ever, but yet, at the same time, more distanced. According to Marar, we have become isolated in our search for intimacy and the divisions between traditional relationship structures and more fleeting instances of intimacy have become more blurred. In this sense, intimacy has become lodged in the category of the everyday. "Intimacy is elusive, subtle and often short-lived when found" (2). Marar argues for the contextual vulnerability of intimacy in the sense that "there is nothing even about the distribution of intimacy across human experience" (9). As a result intimacy is tied closely with subtlety and contains ambiguity. Not only do its existing definitions—closeness, familiarity, belonging—overlap without articulating

an expressible idea, but they also seem to ignore the dynamic or relational aspects of intimacy, or the way it pushes at the limits of what can be represented. “They seem to miss out the risks and pleasures of vulnerable connection, not to mention the quiet, subtle, almost ineffable force that sits at the edge of language” (20). Marar ties intimacy closely to the idea of revelation, which encourages us to look at the particular over the general and speaks to intimacy’s subtle, shady and complex character. Intimacy, Marar argues, is elusive and not well defined in the literature despite its heavy use in popular and scholarly discourse.

This lack of definitional rigour is true of two recent collections focused predominantly on theorising intimacies, one is a global feminist frame, the other in a socio-psychological frame. Pratt and Rosner’s *The Global and the Intimate* (2012) offers a feminist approach to transnational relations, economic development, and cultural exchange through the prism of intimacy. In the introduction, Pratt and Rosner note that far from being exclusively binary oppositions as traditionally thought of, the global and the intimate can be conceptualised as interchangeable categories, ones that offer a productive critique of each other. Intimacy, for Pratt and Rosner, signifies a diverse range of relations that has been taken up in feminist scholarship through the prisms of feeling (used interchangeably with emotion) and affect (used interchangeably with the body). Their aim is to write the body into the literature of globalisation: “The intimate forces our attention on a materialised understanding of the body when we theorise on a global scale” (11). Likewise, Ara Wilson’s contribution (2012) to the volume does much to scope out what it means to use intimacy as a category of analysis. She argues that the turn to intimacy is bound with a desire to break out of restrictive categories: identity, kinship, the nation. Here, intimacy functions as a catch all implying relationality without specifying the form it

will take. Indeed, Wilson argues that part of intimacy's appeal comes from its very lack of fixity. "It allows scholars to produce descriptions of the world order that do not re-create but rather scrutinise concepts that have often unwittingly perpetuated the inequality produced by the governments and capital" (32). Critically, then, intimacy as it is discussed in this collection is left open, subject to the context and scale of its emergence. Intimacy does not have limits.

Similarly, Frank et al.'s *Intimacies* (2013) offers a similar introduction to the scholarship (or rather, lack thereof) of intimacies, but through the micro level of social relationships. Beginning with an anecdotal observation that we are engaged in a multiplicity of intimacies, Frank et al. note that intimacy is a contested concept, which has been left open to conflicting meanings and politics and has resulted in a discursive struggle to define it. They suggest that most of the extant scholarship has focused on "normative" intimacies (i.e. family relationships or marriage) and there is less written on notions of friendships and non-normative relationship structures, even though it appears normative structures are losing their hegemonic status. They also argue that an analytical perspective of the psyche is missing from accounts of intimacy, "[a]ccounts of intimacy that write the psyche out of their stories are not just one-sided but also perpetuate a politic that denies agency that, however much the social constructs the intimate, there is an irreducible subjective and interpersonal dimension" (3). Intimacy is at the heart of relational life, suggesting an ongoing process of self-and-other intersubjective exploration and mutual self-revelation in a quest to be authentic and forge a rich intimate solidarity. In particular, Frank et al. track the emergence of the intimate citizen: a form of citizenship that unevenly distributes the right to intimate freedom with regard to partner selection, the social form of intimacy, and its internal operations. In this context, what can and what cannot be recognised as

intimacy becomes increasingly blurred. “We're exploring ways to mix solid and fluid intimacies, to forge both deep, secure attachments and fashion various meanings and pleasures from our multiple, layered social connections” (5). Hence, what both of these collections reveal is how intimacies are characterised in terms of their openness and their ability to operate as a signifier for a range of dynamic processes that resist being subsumed or pushed together into a coherent whole.

One of the most cohesive theorisations of intimacy comes from the aforementioned work of Lauren Berlant, who holds open intimacy as a field of potential relations that operates through the genre of the ordinary and fantasies of the “good life.” Perhaps most useful for interpreting the figure of the intimate in her body of work is the introduction to her edited collection of essays, *Intimacy*, and her book, *Cruel Optimism*. For Berlant, modern discourses of intimacy developed in the early twentieth century and gained momentum as the spheres of public and private came together through the rise of therapeutic discourses. “Conventionally”, Berlant writes, “in its expression through language, intimacy relies heavily on the shifting registers of unspoken ambivalence” (“Intimacy” 6). What this suggests is that intimacy functions in the realm of aspiration, situating our relations to an implied range of fantasies, rules and obligations. These attachments produce “worlds” that are in constant flux and subject to individual and collective vulnerability, as well as political investment. In this sense, intimacy can be understood in the frame of “cruel optimism,” which “exists when something you desire is actually an obstacle to your flourishing” (1). While an individual’s relation to a specific object of desire may be self-destructive or harmful, it is nonetheless so intimately connected to the way this individual perceives and negotiates the world that its loss may irreparably block the very thriving that motivates that person’s attachment in the first place. Thus, a critical stance on

intimacy does little to help us make sense of things; rather, it pushes us to reconsider how we come into relation with these attachments. It enables us to see how the body can be refigured as the sum of its capacities, which is not the same as reducing it to its functions.

While Berlant's conception of intimacy stresses the importance of the our attachments to collective fantasies, Leo Bersani and Adam Phillips places emphasis on the individual in their description of impersonal intimacy. In their dialogue on human intimacy, *Intimacies* (2008), Bersani and Phillips mediate on the human psyche through the lens of psychoanalysis. Bersani and Phillips argue that the cause of problems with traditional conceptions of intimacy is "our murderous antagonism toward difference" (76). Since difference acts as a threat to the ego and must be mastered through the narcissistic destruction of the other, they argue that intimacy is closely connected with feelings of hatred and violence. Bersani and Phillips' reframing of intimacy as impersonal, in the spirit of Foucault's call for "new relational modes", aims to challenge the ways we relate to others personally. To do this, Bersani and Phillips attempt to remove the emphasis on differentiation from the current discourse on intimacy and locate a form of relationality through the prism of sameness; they emphasise being with, rather than knowledge of the other. This understanding of impersonal intimacy illustrates the point that intimacy is not by definition personal intimacy (in the sense of a feeling of closeness or familiarity within a relationship) but can take on unexpected and unsolicited forms, if we think of intimacies that can occur between strangers, for example. The problem with Bersani and Phillips' notion of intimacy, as Jennifer Cooke ("Impersonal Intimacy") and Reina van der Wiel (2013) point out, lies in the fact that its emphasis on sameness runs counter to the endeavours by feminist, queer and post-colonial theorists to

expose "a conservative political agenda aiming to maintain the status quo by excluding or silencing otherness" (Cooke 6). Therefore, Bersani and Phillips reiterate the normative understanding of intimacy they seek to problematise.

One of the most specific engagements with intimacy and HIV/AIDS, the subject of the life writings examined in this thesis, emerges in the work of Tim Dean, who writes about the practice of barebacking—intercourse without using a condom—in 1990s San Francisco. Barebacking, for Dean, is an attempt to modulate risk with intimacy, to create and maintain affective bonds to help one emotionally cope with (and possibly thrive despite) the imminent threat of infection and death. As Dean puts this rather compactly, "[b]areback subculture reclaims gay sex as *sexuality* by relegating epidemiological concerns to secondary status" (11, original emphasis). Importantly, Dean's ethnographic portrait of the bareback subculture reveals a culture that creates relationships and social networks in terms of kinship relations through the organized sharing of infected semen. Barebackers believe that semen exchange during both HIV transmission and impregnation creates biological bonds and establishes kinship, thereby generating solidarity and community. In addressing barebacking, Dean's findings loosely circle around the topics of intimacy, desire, boundaries, exploration and connection. He describes how barebacking is the culmination of some men's desires to explore beyond their usual boundaries, to form connections as part of this process, and to ultimately indulge in "unlimited intimacy." Barebacking is thus the desire to move beyond, or the wish to live otherwise. While Dean's analysis provides a valuable contribution that challenges biomedical discourses of "risky" sexual practices, Dean's project could be criticised for not defining or providing a framework for his key concept: unlimited intimacy. Indeed, both "intimacy" and "unlimited intimacy" are glaring omissions from the book's index.

This survey has illustrated some of the ways in which intimacy has been characterised in the literature as something without definition or boundaries. Intimacy encompasses a range of relations and operates on a multitude of scales; it also functions productively alongside the critical notion of *beside*. As Sedgwick (2003) notes, "[b]eside is a position that comprises a wide range of desiring, identifying, representing, repelling, paralleling, differentiating, rivaling, leaning, twisting, mimicking, withdrawing, attracting, aggressing, warping, and other relations" (8). It disrupts dualistic modes of thinking beneath or beyond by insisting on what is non-hierarchical, it is what resides between this and that. In this framework, intimacy lacks definition and a coherent past and future, but rather offers a way of describing relations of proximity and tension. This places intimacy firmly in the realm of the affective, drawing on its dynamic capacity to work within multiple contexts. This not only has ramifications for thinking about the temporal aspects of intimacy, but also characterises this approach as spatial that may allow us to think about "the middle ranges of agency...that offer space for effectual creativity and change" (13). In the next section, I expand on what it means to think about intimacy in terms of affect rather than representation. This will serve as the key link to what it means to conceptualise intimacy as an event.

Affect and sensation

What differentiates my thesis from existing studies of intimacy is its basic methodological, or ontological, assumption that intimacy cannot always be framed in terms of signification and meaning (i.e. representation), but instead affect and force—that is, asignifying intensities. In the introduction, I drew on Spinoza's well-known claim that we do not even know what bodies can do to rethink how HIV/AIDS acts on the body and what it does. Similarly, it is important for us to understand how intimacy

works and what it enables, instead of merely thinking about "what" it is. In contrast to this Spinozist provocation, the existing body of scholarship on intimacy tends to assume that it already knows what intimacy is and how it works. It simply assumes that intimacy represents. Operating on the representationalist assumption that intimacy represents something, these previous studies sooner rather than later turn their attention to analyses of what the scholars surveyed "represent" or "mean." These studies, however, neglect important aspects of intimacy: how it works and what it does.

Due to the assumption that intimacy is something capable of representation, critics often end up, in one form or another, laying claim to what they believe to be a well-founded position of judgment. According to these studies, intimacy is something positioned as good or bad. The ability to judge texts based on their representational quality is considered a necessary tool in determining what is deemed culturally appropriate and worthy of representation. Instead, I attempt to provoke a different trajectory of thought about intimacy. This claim demands that the questions we ask of intimacy are not what it means and whether it is justified but how it configures our ability to respond to, and do things with, it. This engagement with intimacy begins by asking, what would happen if we began with the ontological assumption that intimacy is everywhere and understood it as the engine of an experimental endeavor rather than a dubious claim to truth?

The rise of intimacy in queer studies can be understood in the context of the affective turn in the humanities and social sciences, which generally refers to the study of the spheres of experience that fall outside of the dominant paradigms of representation. While a heavily contested topic in the literature, affect is characteristically understood as the non-conscious capacity or potential to act, the

"power to act", the simultaneous power to affect the world and to be affected by it (Deleuze SPP 49). Traditionally, affect has been conceptualised in one of two dominant ways. The first perspective, which has its roots in psychology and neuroscience, tends to view affect as an elemental state. In queer studies, this view is mostly heavily represented in the work of Eve Kosofsky Sedgwick and her adoption of Silvan Tomkins's theory of primary affects. The second perspective, which is associated with the work of Gilles Deleuze, treats affect as an intensive force (as defined above). Although this perspective has not been taken-up as forcefully in queer studies, traces of it are evident in the work of Jasbir Puar, who has utilised Deleuze to develop a methodology to understand contemporary forces of counterterrorism and nationalism. Someone like Lauren Berlant, it could be argued, has forged a hybrid tradition that attempts to bridge or mediate the two dominant accounts. Michael Hardt ("The Power to be Affected"), for example, has drawn parallels between Berlant and Deleuze via Spinoza and his notion of *affectus* and the non-sovereign subject.

Queer Studies has been a particularly important site for thinking about affect, emotions, and feelings due to its emergence from AIDS activism of the 1980s. In the preface to Patricia Ticineto Clough's *The Affective Turn* (2007), Michael Hardt suggests that the turn to affect is also the result of feminist considerations of the body and queer studies' investments in "structures of feeling", such as shame. Beginning with discussions of shame, affect has become a place where the sexual materialises and in turn becomes entwined with the social. Shame, as described by Elspeth Probyn (2005), is an ambiguous state of feeling. It produces uncertainty about the attachments we have with the world, "where the world is revealed anew and the skin feels raw (2). Drawing on Sedgwick and Bourdieu, Probyn argues that the body is the key for understanding how affect operates corporeally. She explains, "our bodies and their

biographies may be more complicated than we've given them credit for. Conceptually, they challenge any neat divisions of biological affect and biographical emotion, of the social and psychological. Our bodies and histories are constituted by so much more than we usually allow for" (72). This suggests that our bodies are the site for an ongoing production of alternative forms of knowledge and have the capacity to disrupt the order of things through the composition of moving elements. Shame, according to Probyn and Sedgwick, also has a lot to say about belonging and our relationship with others, thus, it is no surprise that intimacy has developed alongside notions of shame to explicate more complex relations of being in the world.

Affect, from the Deleuzian perspective, is rendered as a set of ontological properties, as an ensemble of mutable attributes. It has been used to refer to the forces, intensities, or capacities of movement that factor into the precognitive sensory experience and relations to surroundings. This shift towards affect has enabled closer critical attention to individual affects, such as shame and happiness, the politics of everyday life, as well as histories of touch and sensation. Although highly debated and used interchangeably in the literature, I subscribe to the Deleuzeian distinction between feelings, emotion, and affect, where feelings are *personal*, emotions are *social*, and affects are *prepersonal* (see Cvetkovich; Seigworth and Gregg; Shouse).

The way we think about ourselves, especially in relation to others, has been a key component of affect studies. Amit Rai's reformulation of sexuality (*Untimely Bollywood*), for example, as "ecologies of sensation"—as affect instead of identity—that transcends the designations of straight and gay can be seen as one example of the kind of work that affect enables. Jasbir Puar, in *The Right to Maim*, uses affect to amalgamate nonhuman entities, objects, and technological platforms to show how bodies become recognised as having capacity or debility. Thus, affect impels not only

dissolution of the subject but, more significantly, a dissolution of the organic body as forces of energy are transmitted, shared, and circulated.

The affective turn has had a considerable impact on the way we think about doing criticism, emphasising our embodied experience of the world, especially in the field of queer literary studies. The affective turn, more broadly, has made emotions, feelings and affects (and their differences) the object of academic inquiry. Part of this move has included the turn to memoir and the personal as a new way of thinking how to "do theory" (see Chapter 2). The affective turn has been used to give meaning to the spheres of experience that fall outside the dominant paradigm of representation. Instead, affect focuses on what cannot be represented by sign systems and social structures. This has problematised poststructuralist ways of theorising the social, incorporating a sustained focus on the materiality and relations between bodies to conceive new ways of thinking about agency, in particular. "Affect marks a body's *belonging* to a world of encounters or; a world's belonging to a body of encounters but also, in *non-belonging*, through all those far sadder (de)compositions of mutual in-compossibilities" (Seigworth and Gregg 2, original emphasis). In other words, affects drive us towards certain actions and monitors how bodies come into relation with each other. It challenges the way knowledge is generated, placing emphasis on the non-representational as a more flexible way of interpreting the social world as a series of proximities. This reflects a need to constantly observe shifting social relations. The desire to understand and give meaning to experience in these terms has been one of the animating forces underlying work in the humanities and explains how terms such as intimacy have risen to prominence as the framework for narrating this experience.

This is also a temporal process: intimacy confronts spectators on the level of affect before it is made available to them on the level of narrative or symbolism, that is, representation. Intimacy privileges sensation rather than representation. This is a distinction Deleuze makes in his study of British painter Francis Bacon, which can be applied to conceptualise what intimacy does. According to Deleuze, Bacon's creative endeavor is "to paint the scream more than the horror" (*Francis Bacon* 34). That is, Bacon is more interested in painting an affect that sustains its intensity than the cause that produced the effect, which in this case is the horror that produced the scream. If we return to the photo at the start of the introduction, of Diana shaking hands with the AIDS patient, it could be said that this image tells us very little about the sensation of intimacy because "sensation is that which is transmitted directly, and avoids the detour and boredom of conveying a story" (32). As such, sensation has nothing to do with a viewing subject's feelings: "there are nothing but affects, that is 'sensations' and 'instincts'" (35). Accounting for affect, or the "rhythmic unity of the senses" (39), in consciousness would simply be "insufficient because [consciousness] merely invokes the lived body. But the lived body is still a paltry thing in comparison with a more profound and almost unlivable Power" (39). Sensation— affect—is presubjective: it is, in Deleuzian terms, what constitutes the subject rather than being a synonym for an already constituted subject's emotions or feelings.

The affect Deleuze has in mind is the affect whose enemy is representation. The photograph, in other words, captures the affects. "To paint the scream" is a matter of "capturing forces" (*Francis Bacon* 48) rather than representing them. As Deleuze writes, the "task of painting is defined as the attempt to render visible forces that are not themselves visible" (48). If we replace "writing" for "painting" we have here an articulation of an artistic imperative that is embedded in the act of life writing. What

we witness in writing, however, is not the actual force that is exerted. For although force may be the "condition of sensation, it is nonetheless not the force that is sensed, since the sensation 'gives' something completely different from the forces that condition it" (48). The problem is that we, as spectators, are not privy to the actual, but to us invisible, forces that impinge on the body. Merely depicting these forces will not do, as that would at best position viewers in a representational framework in which we would be able to perceive these forces while nevertheless remaining unable to sense their intensity. This is why "Bacon creates the painting of the scream [in which] he establishes a relationship between the visibility of the scream (the open mouth as a shadowy abyss) and invisible forces, which are nothing other than the forces of the future" (51). We are exposed to the scream as an assemblage of intensities, allowing us to sense the sensation of the scream and thus to be affected by the affect inhering in the scream. In a Deleuzian approach to literature, then, it is not a matter of reproducing forms, but of capturing forces, especially the ones that enter into the assemblage of intimacy.

Affect also has the capacity to suspend time, especially notions of the future, which as will be a keep dimension of intimacy that take up in Chapter 4. According to Deleuze, by suspending time, we are confronted with what is to come through affect, rather than represented for us in "the unity of the sensing and the sensed" (Deleuze, *Francis Bacon* 31). What we see is a "living" body, horrified by invisible forces—which are nothing else but the forces of the future. As a result, Deleuze argues that a reversal of Heideggerian phenomenology occurs: "Death is judged from the point of view of life, and not the reverse, as we like to believe" (52-3). According to Deleuze, when "Bacon distinguishes between two [affects], that of the spectacle and that of sensation, and declares that the first must be renounced to reach the second, it is a

kind of declaration of faith in life" (51). Affect is an affirmation of the encounter with futurity in the present, in life. For Deleuze, the ethical task is to be able to believe "in this world, this life, [which] becomes our most difficult task, or the task of a mode of existence still to be discovered" (*What is Philosophy?* 75).

Before representation of intimacy occurs in a photograph, such as the Diana photograph, we, as spectators, are already exposed to the affect or sensation of intimacy. As spectators, however, we "experience the sensation only by entering the [photograph" (Deleuze, *Francis Bacon* 31), or in this case photograph, by reaching the unity of the sensing and the sensed. How does this happen? How do spectators enter a painting, a film, or any medium in general? Or, more precisely, how are spectators made to enter the object? Continuing his explanation of Bacon's use of colour, Deleuze argues, "Color is the body, sensation is in the body, and not in the air. Sensation is what is painted. What is painted on the canvas is the body, not insofar as it is represented as an object, but insofar as it is experienced as sustaining this sensation" (32). I suggest that if we replace "photographed" for "painted" and "photograph" for "canvas" then we have a pretty accurate description of what goes on in the Diana photograph: sensation is what is captured and what is photographed and is subsequently captured is the body—not insofar as it is represented as an object, but insofar as it is experienced as sustaining this sensation. This sensation is frequently intimate, as is the case, for instance, at the precise moment when Diana makes contact with the patient.

Attending to the effects provoked by the reality of intimacy in literature is the aim of this study. As I will go onto argue in Chapter 2, a critical encounter with intimacy would have to attend to these images' affective intensities—their effects rather than their representational "meanings." To do so, it is necessary to think of

literature in affective terms rather than addressing them on the level of their representational quality, as is commonly done in the scholarly literature of intimacy. By "affect," however, I do not mean what a given subject is phenomenologically made to feel but, to use Brian Massumi's words, "a suspension of action-reaction circuits" (28). Affect, in other words, is not so much a matter of cause and effect resulting from action or movement; rather, affect is a "state of passional suspension in which [the body] exists more outside of itself, more in the abstracted action of the impinging thing and the abstracted context of that action, than within itself" (31). This, I suggest, is indeed what Edward's photograph of Diana provokes us to consider in greater detail, as it engages with the question of ethics precisely at the moment when it confronts us with the intimacy of sensation that occurs before the representation of intimacy. The ethics of intimacy, in other words, emerges prior to the representation of intimacy. Hence, as long as we engage the representational analysis of intimacy, we essentially remain oblivious to its constitutive intensities. In the next section, I expand on this formulation of intimacy as being constituted representationally by pairing it with Deleuze's concepts of the event and differentiation.

Event of intimacy

Part of the argument made so far is that one of the drawbacks of representational criticism of intimacy is that it tends to eradicate difference by configuring the event of intimacy as always being about something other than its constitutive forces, intensities, or rhythms. In their book *What is Philosophy?*, Gilles Deleuze and Félix Guattari postulate that philosophy is the art of creating concepts and arranging them in certain ways to organise and represent our thoughts to others; to communicate ideas through movement and connection. If the task of philosophy is to create concepts, this

enables us to move beyond experience to consider new possibilities and to factor in contingent circumstances and dynamics. An emphasis is placed on the process and forces at work in the present. As demonstrated in the previous section, intimacy is a concept that encompasses a range of circumstances, to give what cannot be easily represented in the form of representation. Marar (2012) argues that there is a lot of anxiety around the way we talk about intimacy because we fear for the vulnerability it exposes us to and its own impossibility. Intimacy is imbued with anticipatory potential and is not restricted to a stable signifier. It is for this reason that intimacy deserves a shift in the way it is theorised. As a strategy for thinking about intimacy in terms of affect and that which is outside of representation—but which can nonetheless be "read" through literary or visual texts, I propose thinking about *intimacy as event*. The event typically functions as a sign or a symbol that refers to what has happened in a particular moment in time. According to Lundborg, this sign or symbol provides a common denominator to which various aspects of what has happened can be linked. The event, according to Deleuze, however; signifies a rupture in the continuity of time. Much like the event, intimacy is an untimely construct, void of an evident starting or ending point. Moving away from the ominous figure of intimacy currently presented in queer studies as something fixed and static, this conceptual reframing of intimacy diverts it focus toward a more nuanced understanding of relationality. It also carries with it the potential to traverse notions of intimacy which situates it in its interiority (within an individual) rather than its exteriority (between persons and things).

The affective or intensive forces inhering in the intimacy of sensation constitute such an exteriority, something that impinges on the body from outside. These forces produce effects prior to their inevitable narrativisation, their eventual

territorialisation onto the plane of representation. This is similar to the Lacanian notion of extimacy (*extimité*). Coined to suggest an opposition to intimacy, extimacy refers to the sharing of experiences or thoughts usually considered private. For Lacan and his followers, extimacy expresses or problemises the opposition between inside and outside, between container and contained (*Ethics of Psychoanalysis* 139). There is an immanent connection, an inherent intersection, a Möbius-strip continuum between the inside and the outside, an identity between the "psychic inner world" and the "physical outer world". Such problematization of oppositions entails a desire for and deferral of the limit between inside and outside, between private and public. In other words, the polarity between what is socially accessible and what is intimate, between public and private worlds, is in fact not a polarity at all, but a distinction that collapses before it is even formulated. Similar to extimacy, intimacy as event holds open the potential for thinking about how meaning is produced through language.

When events unfold they require the interpretation of meaning in a way that can be understood and described in the realm of language. Although events are expressed by means of a language, they are also the attributes of material and non-material interactions, and have the capacity to affect agents by non-linguistic means. Events are typically mediated in the midst of crisis, drawing on existing frames of experience, so they are largely dependent on the content and context of their iteration. As Paul Patton (1997) argues in his characterisation of the Deleuzian event, "event attributions do not simply describe or report pre-existing events, they help to actualize particular events in the social field" (para. 7). In other words, the dependence of events upon language implies that events can be routinely captured descriptively, "one and the same event may be expressed in an open-ended series of statements" (para. 6). There is a certain tension between the representation of events and their

inability to be represented. They are always composed of other events, whether internally or by their relations to other events. Events are problematic and problematising in the sense that events can never be entirely captured. Thus, the Deleuzian notion of the event points to the role of language and other forms of representation in the emergence of everyday events.

The second quality attributed to the event by Deleuze is that it is an ongoing process of becoming, which lacks a final point of completion as well as an absolute presence or being. The aim of Deleuze's philosophy of the event, as a form of empiricism, "is not to rediscover the eternal or the universal, but to find the conditions under which something new is produced (*creativeness*)" (Deleuze and Parnet iv). To do this, Tom Lundborg (2009) suggests examining the process through which the abstract is produced since what constitutes the event is constantly moving rather than static. He says, "[b]y examining these processes it might then be possible to understand how different kinds of ideas emerge, and how notions of the One, the Whole, and the Subject are produced" (para. 3). The "double structure" of the event refers to the "moment of actualisation", the present moment in which the event is embodied in a state of affairs, and the event "considered in itself", the moment that is situated in the past as a singular. Importantly, the singularity of the event can be referred to something that happens without being linked to a present moment in time, a pre-established subject, or an external background. As such, the event can also be analysed in terms of different movements, which elude the present as well as the being of the subject. Deleuze points out that the event often takes the form of a "double question": the questions of "what is going to happen, and what has just happened" (*The Logic of Sense*). As a process, there is no beginning, middle or end, but rather unlimited movement that "produces nothing but itself" (Deleuze and

Guattari, *A Thousand Plateaus: Capitalism and Schizophrenia* 262). This process enables the becoming of the subject, which has neither an identity nor stable existence, but rather multiple entry points.

The content of the event can only be understood as constitutive and active rather than representational and reactive. In these terms then, an event is a force that produces and creates things, such as sense or intuition, which are not ways of representing but rather active methods of producing events. A similar objective can be found in the work of critical theorist Lauren Berlant whose body of work focuses on the affective meditation of social and political reality, but through a phenomenological framework rather than an ontological one. Her grounding (as will discussed in Chapter 3), emerges from the category of ordinariness, especially those categories that are embedded in "genres of precarity" (*Cruel Optimism* 7). It is the aftermath of the event. Berlant is interested in the ways that habits form out of situations of impossibility—for instance, as demonstrated in her reading of Gregg Bordowitz's documentary film *Habit* (2001), which is about the rituals that structure the daily lives of a gay man living with AIDS and his partner in New York City in the 1990s. Bordowitz's work maps a crisis that reflects Berlant's delineation of the field of the political: with the new availability of anti-retroviral drugs in the 1990s, AIDS ceased to be "a death sentence," and thus "turned fated life back into an ellipsis, a time marked by pill- and test-taking, and other things, the usual" (58). For Berlant, the event is a rarity, and is only secondarily the zone of the political, which is itself constituted by ongoing patterns of response and desire—slow-motion echoes producing new forms as they cross-cut and interfere with one another. In this sense, Berlant explains, her work meshes with Sedgwick's queer reading of affect as the histories that make us desire in unexpected, perverse ways. "The queer tendency of

this method," Berlant writes, "is to put one's attachments back into play and into pleasure, into knowledge, into worlds. It is to admit that they matter" (*Cruel Optimism* 123). Thus, the everyday indexes these moments where a body desires and needs an arrangement of the world that is also frustrating or corrosive. Affect is manifested in the routine of life.

Affect is integral to both Deleuze and Berlant's approach to the event, since the event carries with it a potential for change and transformation. Once again, understanding the creativity and the production of the process is essential for recognising the event. This process of recognition is embodied in Deleuze and Guattari's concepts of territorialisation and deterritorialisation. These concepts reactively refer to movements and becomings as processes without context, which separates them from oppositional terms or systems of representation. Thera are no binaries, beginnings or ends, only what is between. As Deleuze and Guattari note:

> *Between* things does not designate a localizable relation going from one thing to the other and back again, but a perpendicular direction, a transversal movement that sweeps one *and* the other away, a stream without beginning or end that undermines its banks and picks up speed in the middle (*A Thousand Plateaus* 28, original emphasis).

Affect is the capacity for movement. These movements are unstructured and go in unpredictable ways, staying open to different forms of creations and transformations. As such, intimacy moves through a series of paradoxes. Lacking an uncertain beginning and end, intimacy cannot be identified in terms of what it is, nor can it be linked to a definite centre of convergence. Intimacy is never a stable entity, but rather there is a multiplicity of intimacies that are formed through assemblages, the constant converging and diverging of elements.

Within a Deleuzian framework, affect operates as a dynamic of desire within any assemblage to manipulate meaning and relations, inform and fabricate desire, and generate intensity – yielding different affects in any given situation or event. In Deleuze's view, desire is not a psychic existence, not lack, but an active and positive reality, an affirmative vital force. Desire has neither object, nor fixed subject. In his *A User's Guide to Capitalism and Schizophrenia*, Brian Massumi interprets Deleuze's concept of desire as follows: desire is not desire for an object, it is the production of singular states of intensity. In his work with Guattari, Deleuze develops a definition of desire as positive and productive that supports the conception of life as material flows. In *Anti-Oedipus*, a tendency of this kind was called a 'desiring machine'. Due to persistent subjectivist misunderstandings, in *A Thousand Plateaus* the word was changed to the more neutral 'assemblage' (Massumi 1992: 82).

The concept of assemblage or *agencement*, also derived from the work of Deleuze and Guattari, provides a useful metaphor for thinking about how affects converge and diverge into events and intimacies. Assemblages, as conceived of by Deleuze and Guattari, are complex constellations of objects, bodies, expressions, qualities, and territories that come together for varying periods of time to ideally create new ways of functioning. The use of assemblage here is important since it designates an "ongoing process of arranging, organising or congealing how heterogeneous bodies, things or concepts come 'in connection with' one another" (Kennedy et al. 45). This characterisation of assemblage values the dynamic, fluid and ongoing arrangements and organisations of bodies. Assemblages are composed of a multiplicity of unstable organic and non-organic elements each invested with the capacity to transform the whole (McFarlane 562). Much like the event, assemblage resists dualistic modes of thinking, placing emphasis on the "process of gathering and

dispersion" (Anderson et al. 177). Given their constant movement, assemblages are never still, encouraging different capacities from moment to moment depending on the assemblage's passing composition and articulation. In sum, assemblages are produced and crafted by affects, which constitute a finite cluster of diverse entities that cannot be reduced to a natural whole, but rather are productive, temporally constituted parts.

Desire is then inseparable from complex assemblages, and assemblages are passional compositions of desire:

> Desire has nothing to do with a natural or spontaneous determination; there is no desire but assembling, assembled, desire. The rationality, the efficiency, of the assemblage does not exist without the passions the assemblage brings into play, without the desires that constitute it as much as it constitutes them. (Deleuze and Guattari 1987: 399)

For Deleuze, life and work are a synthesis or assemblage of desire, and there is no distinction between public and private, domestic and academic. In fact, in his own life he integrated writing and life as inseparable from each other, and reached an impersonal flux of desire. For him, writing is an experience of life, and life is an approach to academic research. In his mind, philosophy and art do not belong to separate domains of truth and fiction, or of objectivity and subjectivity, but inhabit a single realm of thought, whose fundamental goal is the creation of new possibilities of life.

Deleuze holds that to write is not to impose a form of expression on the matter of lived experience. Writing is a question of becoming, always incomplete, always in the midst of being formed, and goes beyond the matter of any liveable or

lived experience. It is a process, that is, a passage of life that traverses both the liveable and the lived. Writing is inseparable from becoming: in writing, one becomes-woman, becomes-animal or vegetable, becomes-molecule to the point of becoming imperceptible. Also, to write is not to recount one's memories and travels; one's loves and griefs; one's dreams and fantasies. In this respect, he is like T. S. Eliot, advocating a kind of impersonal writing. He admits that all literature involves imagination (fabulation), but fabulation does not consist in imagining or projecting an ego. We do not write with our neuroses, because neuroses or psychoses are not passages of life, but states into which we fall when the process is interrupted, blocked or plugged up. Illness is not a process but a stopping of the process. Moreover, the writer as such is not a patient but rather a physician, the physician of himself and of the world.

Thinking about *intimacy as event* is not a particular state or happening itself, but something made actual in the happening. The event is the expression of the productive potential of the forces from which it arose. It highlights the momentary uniqueness of the nexus of forces and affects. Intimacy, like the event, has no beginning- or end- point, but is rather the state of *becoming*, a momentary productive intensity. The event of intimacy, therefore, is constituted through the coming together of affects and bodies.

In this sense, literature appears as an enterprise of health. The writer does not necessarily have to be in good health, but he possesses an irresistible and delicate health that stems from what he has seen and heard of things too big for him, too strong for him, suffocating things whose passage exhausts him. This enables them to become-writer that a substantial health would render impossible. The writer returns from what he has seen and heard with bloodshot eyes and pierced eardrums, and sits

down to recount what he has experienced. The ultimate aim of literature, to follow Deleuze, is to set free, in the delirium, this creation of a health or this invention of a people, that is, a possibility of life. The desire to become a writer must be supported by vital impulse. This impulse for life, as I will argue, is something embedded in all HIV/AIDS life writing. Locating this impulse is where I turn in the next chapter.

Conclusion

Intimacy, as I have characterised it in this chapter, refers to the process of acknowledging relationality that is unstructured with no beginning, middle or end. In other words, framing intimacy as an event suggests that it is an ongoing process. As Lauren Berlant argues in *Cruel Optimism*, the event is not resolved in the "genre" packages of catastrophe, catharsis, trauma, symptom or diagnosis, but rather consists of what happens in the afterlife of the sense formed around disturbance. The AIDS epidemic is not a "neutral description," Berlant writes, "it's inevitably part of an argument about classification, causality, responsibility, degeneracy, and the imaginable and pragmatic logics of cure" (103). Not only does affect offer a crucial set of resources for thinking between bodies and discourses, it also generates a way of thinking about the political, mapping the enfolding of bodies by power, which cannot move forward without affect.

The central focus of this chapter has been to argue for intimacy as an event, an ongoing process of understanding the self through the visceral encounters we engage in our everyday lives. Bodies, whether material or immaterial, are constantly coming into relation and circulating beside each other. This framing of intimacy requires new methodological approaches to thinking about the subject and the representation of intimate scenes, one that explicates the intricate ways bodies remember sexual

experience. The next chapter takes this understanding of intimacy as affect and event and examines its implications for reading HIV/AIDS life writing.

Chapter 2 – Reading for symptoms: genre, affect, method

In Chapter 1, I argued that intimacy is an event, an assemblage of interconnected beats and rhythms that rhizomatically and spatially constitute our attachments to the world. Intimacy functions affectively as a force that pushes and propels us between bodies. Although there has been a tendency in literary studies to analyse representations of intimacy for meaning, how to write about the affect produced between bodies as represented in texts such as memoirs, without doing representational analysis per se, emerges as the core tension of this chapter. In particular, I propose an analytic shift in the reading of HIV/AIDS life writing combining the representation of bodies with an understanding of how affect is exchanged between bodies. The need for this intervention emerges out of current debates in literary studies about the value and current state of criticism, particularly those advocating a turn to affect, as well as a need to rethink the way cultural theorists engage with their objects of study. I interrogate how critics can queer established protocols of literary criticism while generating new methodological possibilities that are sensitive to the histories, localities, and materialities of intimacy embedded in the genre of HIV/AIDS life writing.

The ongoing debate between surface and deep reading informs this chapter, which addresses two interconnected issues. First, I consider how HIV/AIDS life writing has been understood as a genre and how has it been analysed as representation. As I will show, readings of HIV/AIDS life writing to date have relied on deep methods of symptomatic reading to exhume the hidden meanings in the texts, especially as they relate to death, mourning, and witnessing. While this body of literature has been useful for understanding how these texts can be read as eulogies or testimonies, I will argue that reducing literary criticism to the intellectual architecture

of ‘paranoid’ and ‘reparative,’ of ‘surface’ and ‘depth’ approaches is counterproductive for reading this body of life writing. What is needed, I suggest, is an alternative method of reading that focuses on the constitutive process of becoming. Based on my critical survey of this debate, I argue that HIV/AIDS life writing requires new modes of engagement that utilise both surfaces and depths of texts to examine the role and constitution of intimacy. Thus, I propose a method of analysing texts that supplements, rather than replaces methods of symptomatic reading.

Secondly, I consider what Gilles Deleuze’s philosophy of literature may contribute to the way we read HIV/AIDS life writing. Drawing on Deleuze’s concept of symptomatology, I propose a symptomatological reading of HIV/AIDS life writing to interpret the ‘symptoms’ of intimacy. A symptomatological criticism, through a comparative approach to the author’s prose, examines how HIV/AIDS can be harnessed productively and how new potentialities are brought into existence through the texts. This method calls attention to the affective intensities of the texts with the goal of observing how they come together and what they enable, thus allowing for new and unanswered critical questions to emerge.

While a symptomatological criticism risks privileging the surface textuality over the deep meaning of HIV/AIDS life writing, it enables an analysis of both the representational and affective levels of the text. This suspends the need to value one mode of analysis over the other as is usually implied in the rhetoric of these debates. This approach is also informed by Jasbir Puar who, in her work on U.S. nationalism and counterterrorism (*Terrorist Assemblages*), deploys Deleuze and Guattari’s concept of assemblage to supplement often problematic and flawed analytics of intersectionality. Puar argues that new methods of critique need to be used in conjunction with other methods, not simply replace them. She suggests that “the

contradictions and discrepancies rife in this endeavour… are not to be reconciled or synthesized but held together in tension. They are less a sign of wavering intellectual commitments than symptoms of the political impossibility to *be on one side or the other*" (209, original emphasis). I maintain that this "friction," as Puar calls it, between representation and non-representation, between depths and surfaces, is a productive one since moving *between* depths and surfaces enables a new framework for negotiating the dynamic intersection between life and death. Thus, this chapter serves as a thought experiment to question and problematise the symptomatic reading of HIV/AIDS life writing and its criticism. Using these debates over method as a starting point, this chapter proceeds in five sections to introduce how HIV/AIDS life writing has been interpreted in literary criticism and how a symptomatological reading differs and what it enables.

First, I will outline in more detail literary studies' preoccupation with surfaces and depths before I introduce the genre of life writing. Life writing studies is a complex genre filled with contradictions and limitations. It is for this reason that HIV/AIDS life writing has a complex genealogy drawing together dynamic elements of traditional elegy and testimony. This will lead to an examination of HIV/AIDS life writing criticism, which has focused on depths to uncover themes of death, mourning, and melancholia, while neglecting the surfaces and affective dimensions of the texts themselves. This will lead to the final section which establishes symptomatology as a method of reading that supplements, rather than replaces deep practices of reading.

Rethinking surfaces and depths

According to recent trends, criticism is neither a mode of revelation nor judgment but rather a means to repair the world, through careful attention to the cultural objects that constitute it. In his article, "Why Has Critique Run Out of Steam?" (2004), Bruno

Latour suggests that critique, as it has formerly been practiced, is bordering on irrelevancy. To maintain any vitality, Latour argues that social critique requires a drastic reappraisal. "Our critical equipment," he writes, "deserves as much critical scrutiny as the Pentagon budget" (231). Similarly, Eve Kosofsky Sedgwick's distinction between paranoid and reparative modes of reading suggests that criticism based on what Paul Ricoeur has characterised as a "hermeneutics of suspicion" has run its course. The problem, she argues, is not only that paranoid criticism has become predictable, but that it often reveals what anyone can see. Drawing on Silvan Tomkin's notion of play between strong and weak theories, Sedgwick contends that when strong and weak theories are read together, they produce a rich reading practice attentive to the very "affects, ambitions, and risks" (150) of our experiences. In other words, we have to be prepared to lend ourselves to reparative reading and be open to surprise and the unexpected.

There have been several attempts in literary theory to formulate what such a reparative criticism might look like. Ways of reimagining criticism came to the forefront a decade ago with the publication of a special issue of *Representations* called "The Way We Read Now" (2009), edited by Stephen Best and Sharon Marcus. In the introduction, Best and Marcus advocate surface reading, an analysis based on "what is evident, perceptible, apprehensible in texts" (9), over traditional methods of symptomatic reading, which focus on extracting the deeper level of meaning in a text using, for example, Marxian, Freudian, Foucauldian or deconstructive interpretation. According to them, literary critics are trained to believe that what they see is not what they get. Instead, what they get is code for a deep, unspoken truth that the critic, through acts of interpretation, seeks to uncover. One of the implications of this, of course, is that critics have forgotten how to read literally: surfaces have been

neglected in the search for depth. Best and Marcus suggest that critics must train themselves to read differently in order to resist the ideological paranoia exemplified by traditional hermeneutics. In response, surface reading is a method that insists on the text being looked at and read for its literal meaning rather that what one must train themselves to see through.

This tension between surface and depth has raised scholarly debate about the function of contemporary literary criticism, with some arguing that deep reading has become too predictable while others argue that surface reading neglects the agency of cultural production. Several scholars have aligned themselves with the general direction of Best and Marcus's initiative, embracing empirical description and looking for methods from other places. Notable among them are Heather Love and Rita Felski. Love (2010) looks to the post-war sociology of Goffman and Geetz to re-evaluate practices of symptomatic reading in light of methods from the social sciences. She argues for the value of a descriptive model of reading over an interpretative one. Love says we could acquire a mode of microanalysis that is sensitive to the descriptive elements of the text, that is, what is most obvious about a text and what is presented at face-value. Likewise, Felski (2008; 2015) calls for a renewed interest in phenomenology and the experience of reading. She advocates for description, though evoking a somewhat different tradition, that of Richard Rorty and his concept of redescription. Rorty held that the goal of philosophy was not to attain absolute truth, which is impossible, but better descriptions of the world. Felski similarly suggests that critics leave behind suspicious modes of thinking and redescribe the experience of literature. Readers, therefore, need to be attentive to action, to everyday experience, consciousness, to things, and to the author's own statements about their behaviour, rather than broader structural or social explanations.

Love and Felski raise important questions about the purpose of reading and its interpretation.

On the other hand, there has been a wealth of criticism aimed at surface reading for lacking originality and neglecting the processes of cultural production. Some scholars have found that, when compared to traditional reading practices, surface reading demonstrates little methodological innovation. For example, Ariana Reilly (2013) has performed a discursive analysis of the emotional rhetoric mobilised by proponents of surface reading. Through a reading of George Eliot's *Romola*, she argues that the real issue at stake has less to do with methodological dissatisfaction than with political disappointment. Method, in other words, is used as an excuse by an older generation of scholars whose political promises remain unfulfilled. Likewise, in separate analyses, Crystal Bartolovich (2012) and Jason M. Baskin (2015) have drawn attention to the limitations of surface reading, pointing to how the rejection of depth incorrectly situates the agency of cultural production. Thus, to put it simply, depths encourage scholars to speculate about the encoded meanings in a text, while on the other hand, surfaces motivate scholars to avoid speculation by treating their texts empirically.

What both of these criticisms illustrate is the value deep criticism offers compared to the abstract notion of surface reading and a need to think more carefully about *what* critics read rather than *how*. This *what* is important for thinking about HIV/AIDS life writing *does* and how it functions as a genre. As I will go on to demonstrate, reducing critical interpretations of interpretation to depths and surfaces is problematic. Instead, what is required is a way of harnessing the productive potential of utilising both depths and surfaces to think how they complement the

other, or at least, distil the relations of forces underlying the currently congealed order of things.

Genre and the limits of life writing studies

Criticism of HIV/AIDS life writing has traditionally relied on deep methods of symptomatic reading to extrapolate the hidden meanings in the texts. This is because of the generic and disciplinary limits of what constitutes both auto/biography and literature. Since around 2000 in North American scholarship "life writing" is an open term that more adequately expresses the crossing and blurring of the traditional generic borders of autobiography, biography and fiction, and the different ways of inscribing the self in literature. These genres are concerned with the shaping and constructing of a life, which necessarily draws on both fact and fiction, thereby generating effects of reality and truth. Life writing is a site of struggle in the representation of a life and self, but at the same time is empowering because it enacts the authority to broaden and disrupt the traditional generic framing of texts. The knowledge that life is narratable, according to Adriana Cavarero, carries with it a compulsion to be told, allows for an understanding of our values, our selves, and our world. This is the promise and burden of life writing as a genre.

Given that it is a site of struggle, life writing studies is a field defined by its limitations. As David McCooey notes, "limits – and the crossing of those limits – are central to the practice and understanding of life writing" (280). This, McCooey suggests, is the result of generic expansions that have attended the theoretical development of the field. This was despite Paul de Man's warning that attempts to define autobiography in terms of genre "seem to founder in questions that are both pointless and unanswerable" (919). Philippe Lejeune, likewise, sought to circumvent such definitional problems by attending to autobiography as a mode of reading, and

understood the relationship between autobiographer and reader as a 'pact' (a formal agreement of limitations). Lejeune's metaphor and structuralist approach, though, was far from reductive. His conclusion that autobiography is a "historically variable *contractual effect*" (30, original emphasis) effectively draws attention to the limits of proposing limits. It is these limits which have defined the generic parameters.

Life writing lacks the analytic rigour one might associate with the word genre. Derrida, in "The Law of Genre" (1992), insists that "as soon as the word genre is sounded… as soon as one attempts to conceive it, a limit is drawn" (224). Derrida argues that while texts do not belong to genres there can be no genreless text, and that each text participates in one or several genres. The openness of the term life writing encourages one to view texts not as complete, but rather resonant of an evolving process. Genre operates as a tool in a reader's understanding and interpretation of meaning, guiding the way we read. The reader is the essential and final link in narrative discourse, and the reader's ability to resist and reshape is integral to the dialogic quality of life writing, and its potential for making new meanings. According to John Frow, "genre, language, images, gestures, and sound makes things happen by actively shaping the way we understand the world" (2). Genres are not fixed, but their dialogic interaction structures and shapes meaning. Texts participate in the organisation of knowledge that genre suggests by "constructing a position in relation" (2) to the matrix of genres.

Life writing's deliberate crossing and blurring of generic boundaries enacts the genre's transgressive and complex nature. Life and self are fragmented and shifting, and life writing engages with the different linguistic emphases placed on imagination and experience, all derived from memory. Leigh Gilmore (*Autographics*) reiterates the assumption that the "autobiographer's [and biographer's] task is always

to strive to produce 'truth' and that cultures code this truth production through discourses that can be judged as truthful" (19). In other words, life writing has a uniquely direct mode of address and thereby positions the reader in a relationship with the author and writer quite differently to that of a novel. One can see genre as one of the frames writers use to position the reader and encourage a particular reader response. If genres are not fixed entities, relying upon similarities and differences between texts, they can be understood as a relational term. Genres are interdependent structures or codes from which we can make sense of specific events within and between texts.

Although genre is a "universal dimension of textuality," as John Frow has explained, it has also been taken to be an experience of social becoming that is embodied and has particular qualities. In other words, genre refers to the normative forms of recognition that bind and shape the meaning of our social worlds. Lauren Berlant goes as far to define genre as a "a loose affectively-invested zone of expectations about the narrative shape a situation will take" ("Austerity, Precarity, Awkwardness"). In this zone, Berlant argues, genre is the site where social change is enacted, "making it possible for us to think in more and different kinds of ways about how we relationally can move through life" ("On Citizenship and Optimism"). What Berlant terms "an intimate public sphere" (*Queen of America* 4-5) refers to the way genres address us in specific ways and how we enter particular scenes of address, the ways in which we live there, and the attachments we develop. As social beings, we are organised by genres, but these are not fixed entities: they are fragile, constantly subject to change in order to meet the demands of lived experience.

The work of genre, as it is taken up here, is about figuring what we can do about the genres in which we choose or in which we are forced to live. This is the

contribution of Lauren Belrant who examines how genre frames our desire for normativity and universality which, as she argues in *Cruel Optimism*, is no longer sustainable in the present, but nevertheless leaves open the question of meaning. The advent of the AIDS epidemic in the Western world was an event that marked the rupture of the "good life" that has bound people to various kinds of fantasies, especially to notions of a queer utopia. One of the ways the AIDS epidemic is remembered and understood culturally has been through the production and circulation of memoirs and diaries of those living with or those witnessing others succumb to the disease. This body of literature has been collectively referred to as HIV/AIDS testimony or life writing.

Writing about HIV/AIDS

Life writing is a site of struggle over issues of self-representation and has been important for thinking about whose bodies are made visible in the public and private spheres. The performativity of genre allows for a plurality of narrative representations and a range of stories with multiple possible meanings, promoting a contestation of such concepts as subjectivity, self and life. This is especially true of illness and disability. Thomas Couser's *Recovering Bodies: Illness, Disability, and Life Writing* (1997) contributes to thinking about the social construction of the body, specifically on the cultural narratives of (ab)normalcy that create a hierarchy of bodies from the variations and transformations thought of as disability and illness. Taking HIV/AIDS as one of his case studies, Couser articulates the complex intersections among these often very difficult lives, the production of literature, and personal and political change. He finds HIV/AIDS to be "an illness particularly resistant to autobiographical treatment" (113). Narratives of HIV/AIDS are, Couser claims, driven by relationships and the insidious nature of homophobia. The social stigma related to AIDS informs

the reading of HIV/AIDS narratives. Given that many of these texts are "memoirs," second-hand texts that often misrepresent the illness because they are "written literally from outside the infected bodies" (113), the very reclaiming of the life can seek to "normalise" the marginal rather than re-center understanding of the life on its own terms.

Since HIV/AIDS life writing is about a particular identity, identity politics play an important role in the production of meaning. Recording the narratives of those who live with HIV, or whose lives have been taken by AIDS, is imperative for the mediation of gay male identities in the Western world. A largely feared and misunderstood condition for most of the 1980s, AIDS was explicitly framed in public discourse as a gay disease. Defined for a period of time as GRID, Gay-related immune deficiency (GRID), it is no wonder that there has been a focus on representation and meaning in the criticism of HIV/AIDS. Indeed, in a collection of AIDS essays, *Melancholia and Moralism* (2002), Douglas Crimp argued for the value of representation in the context of criticism on AIDS. As Crimp writes, "AIDS does not exist apart from the practices that conceptualize it, represent, and respond to it. We know AIDS only in and through those practices" (28). Thus, much of what we know about AIDS is shaped by representations that "rigidly dictate what can and will be said about AIDS" (54). In other words, if we want to understand the enormity of the cultural and medical crisis, we must first grasp the complexities of representation.

HIV/AIDS life writing has long been established as a North American phenomenon and commonly associated with an elegiac or testimonial tradition of writing. As a genre, HIV/AIDS life writing is primarily driven by its desire to prevent death from eroding the meaning of life, since the textual contents usually culminate in death. As reflected in the structure of this thesis, and even though it is more

complicated in reality, HIV/AIDS life writing can generally be divided into texts by those who are witnesses to their partner or friend's deterioration, as alluded to by Couser above, and those written by people living with the virus. Paul Monette's *Borrowed Time* and Timothy Conigrave's *Holding the Man* (Chapter 3) are examples of HIV/AIDS life writing crossing this divide by being written by men who are watching their partners deteriorate knowing that the "virus ticks" in them too. For the memoirs written by witnesses, the narrative usually focuses on the way a person with AIDS held a unique role in the narrator's life and in what way they did not deserve the end to which they met. David Wojnarowicz's *In the Shadow of the American Dream* and Eric Michaels's *Unbecoming: An AIDS Diary* (Chapter 5), on the other hand, provide first-hand accounts of living with the virus. These accounts tend to focus on the social institutions responsible for their compromised position.

Despite these concerns of authorship, one of the things that unites these texts is their ability to bear witness in precarious situations. On the purpose of HIV/AIDS life writing John Preston writes, "To live in a time of AIDS and to understand what is going on is to know that writing must be accompanied by action… We have to get it all down" (113). Paul Monette's *Borrowed Time*, for example, is dedicated to his partner Roger (Rog) Horwitz's primary physician, Dr Dennis Cope. Monette records a conversation with Cope just hours before Rog's death: "What am I going to do without him?" Monette asks. "Write about him, Paul. That's what you have to do". Indeed, after Rog died, that's what Monette did to relieve some of the anxiety and depression of his lover's death. HIV/AIDS critic Jason Tougaw also notes, AIDS memoirs are written with the explicit goal of "getting it all down" (238) while the writers are still alive and still physically and intellectually sound enough to write. Yet by its very nature, HIV/AIDS life writing can never "get it all down" because of the

rupture to memory. It must manipulate the pleasure of the text, the tricks of narrative, to ensure warm reception.

Given the urgency of the texts, they often read like a series of to-do lists, a simple chronicle of "now this, now that"—a connecting rather than cohesive sequence of events. Joshua Tougaw notes how "AIDS testimonies often read like instructions: how to diagnose, how to choose a doctor, how to find the right drugs, how to stay alive longer" (236). Thus, the genre of HIV/AIDS life writing seeks to create coherence and sense out of incoherence and disintegration, and therefore, it is the critics work to make sense of this incoherence in the narrative.

Several scholars have challenged the notion that HIV/AIDS life writing can be categorised under a unified category or genre. In her study, *Witnessing AIDS: Writing, Testimony, and the Work of Mourning*, Sarah Brophy notes that the four texts that make up her analysis—Derek Jarman's *Modern Nature*, Amy Hoffman's *Hospital Time*, Eric Michaels's *Unbecoming*, and Jamaica Kincaid's *My Brother*—differ markedly in genre, tone, and narrative technique. She also acknowledges that despite these differences, these texts are all "AIDS testimony." These distinctions, as noted by Brophy, might have been made to yield further insights into how AIDS has stimulated mourning and challenged conventional views of its dynamics. There is also a similar contradiction in the analysis of AIDS writing by John Clum, who argues that the subject matter of AIDS transcends other generic choices, but like Brophy, he homogenises literature dealing with AIDS into a predetermined set of themes and structures. The question of genre here raises an important question about the way we read HIV/AIDS life writing and its purpose for helping us understand the affective constitution of intimacy.

HIV/AIDS life writing as testimony

One of the key genres that HIV/AIDS life writing has been interpreted through is testimony. Conceptually linked with trauma and the legacy of the Holocaust, testimonial writing tends to interpret the significance of HIV/AIDS, giving those affected an alternative to silence in order to create disturbance and make sense of the epidemic. Testimony is a speech act that must constantly re-envision itself and adapt to the vicissitudes of trauma, which are complex and not easily rendered into narrative form (Caruth "Introduction"). Within the context of AIDS writing, Timothy Murphy defines testimony as "witness in front of an indifferent world about the worth and merit of persons… one writes, for the world unconvinced, that someone was here and that, death notwithstanding, a presence remains" (317). In other words, in AIDS writing testimony comes afterwards as a way of preserving the worth and merits of those who have died. Testimony, by nature then, is already a judgement of worth, an estimation or acknowledgement of loss, but perhaps most significantly for those who remain behind, an opportunity for intimacy in the absence of touch.

HIV/AIDS life writing has been studied in parallel with, and even compared to, studies of the Holocaust. Ross Chambers' *Untimely Interventions* (2004) relates testimonial writing, or witnessing, to the cultural situation of aftermath, exploring ways in which a culture can be haunted by its own history. This applies equally to Holocaust writing and to AIDS writing. Chambers seamlessly weaves together an analysis of writing on AIDS, the First World War, and the Holocaust (4). He argues that culture produces itself as civilised by denying the forms of collective violence and other traumatic experience that it cannot control. In the context of such denial, personal accounts of collective disaster can function as a form of counter-denial (39).

Chambers shows how such writing produces a rhetorical effect of haunting, as it seeks to describe the reality of those experiences culture renders unspeakable.

Most of the memoirists examined in this thesis say that they have turned to writing as a way to make sense of events. As Sarah Brophy comments, "[p]ersonal testimonies written in response to HIV and AIDS attempt to intervene in cultural memory by rewriting the story of the body and its locations, thus significantly altering how readers receive and respond to these imaginings and re-imaginings" (5). For a testimony to be successful, it requires a community of readers whose intersubjective relations are structured by and through the text. This intersubjectivity is similar to the relation between teller and listener that Dori Laub has outlined as the enabling condition of Holocaust testimony. In Laub's words, "[b]earing witness to trauma is, in fact, a process that includes the listener. For the testimonial process to take place, there needs to be a binding, the intimate and total presence of an other—in the position of one who hears. Testimonies are not monologues; they cannot take place in solitude. The witnesses are talking to somebody: to somebody they have been waiting for a long time" (70-1). Gay men dominate the written word in the literature of the epidemic, so it is no surprise that these accounts link gay men through "the intimate and total presence" of each other.

As already mentioned, what unites HIV/AIDS life writing is its capacity to bear witness. Conceptually, witnessing and testimony are intrinsically bound. They are also both inherently murky concepts, both occupying a unique place in critical thought, but at the same time remaining vague and perhaps indistinguishable. Testimony is an event in which the responsibility of the witness is a performative act, possibly ephemeral or unpredictable, drawing lines between perpetrators, and spectators or listeners. It is the "multilayered bonds" between witnesses and publics,

according to Michal Givoni ("Witnessing /Testimony"), that turns testimony into a distinct form of action. Testimony becomes political when a singular instance of witnessing transforms into a vehicle for creating witnesses in the plural. The physical presence of the witness is assigned the task of rendering an event disturbing, rather than merely tangible. Here, the witness and public morph into one another, with the witness standing for an entire group of people, and the audience caught up in an obligation to relate and respond to and to reproduce the testimony.

Witnessing, on the other hand, is better understood as the multiple lenses through which a literary text can be analysed. The act of witnessing is constantly evoked against the problematics of memory and representation, if only because the attempt to represent death and mourning entail acknowledgement of its impossibility. The defining feature of AIDS diaries, according to Chambers, is the tendency to offer a "chain of confrontations" (23), where readers are made overwhelmingly aware of their position as survivors and are confronted by the text with the accusation of feeling indifferent about and even benefitting from the author's death. In this sense, witnessing can be understood as an ethical practice, since it is reliant on its distinctions from other genres to make meaning.

Readers of HIV/AIDS life writing are implicated in the process of witnessing. Testimony has a uniquely direct mode of address and thereby positions the reader in a relationship with the author and writer quite differently to that of a novel. Georges Gusdorf writes that autobiography arouses a peculiar reader engagement due to its generic positioning of itself as the "effort of a creator to give the meaning of his own mythic tale" (48). What is demanded of the readers of AIDS testimony is a "new kind of listening, the witnessing, precisely of impossibility" (Caruth 10). Witnessing is understood as a mediated construct, deriving in AIDS writing from the death of the

author or its subject. Early AIDS writing is haunted by death at every turn, constructed by and through the likelihood of eventual death. Even though, strictly speaking, death is unpresentable, HIV/AIDS life writing demonstrates the compulsion to represent the unpresentable. Death, as a literary convention, functions to open up the reading experience, to make the very act of reading an act of witnessing. As such, Paul de Man reminds us that autobiography is not an accurate representation but a collection of tropes performing a life (922). Death cannot be captured in writing, but AIDS testimony makes it clear that death cannot simply be reduced to just another trope either. The testimonial form only exacerbates the trauma of what it seeks to represent, it cannot eliminate the conditions that have produced the testimony—that is death. Nonetheless, witnessing attests to the dynamics of intimacy that motivates the writing.

The criticism of HIV/AIDS life writing

The literary criticism surrounding HIV/AIDS life writing is small, which makes identifying its limitations easier compared to other genres of literature. Most importantly, this includes three manuscripts devoted to the subject, two by Ross Chambers and one by Sara Brophy, several book chapters, including essays by Thomas Couser, Timothy Murphy, and Joshua Tougaw, as well as a collection of journal articles focusing on either specific authors or works. Although these works are only few in number, my criticism of this literature is that it has been exclusively read through the deep or symptomatic modes of reading, neglecting its surfaces. Indeed, HIV/AIDS life writing has been conceptualised through the metaphors of depths and surfaces. Writing in 1993, John Cady identified two distinct responses to literature about the AIDS epidemic: immersive and counterimmersive. These responses depend on the ways through which AIDS and the experiences of its subjects are represented.

On one hand, immersive responses, here associated with depths, are those that demonstrate the anguish and emotional hardship of living with HIV/AIDS. The reader is thrust into direct confrontation with the horrors of AIDS and is required to deal with them with no relief or buffer by the writer. To do this, the author is required to be self-inventing, "they have to develop a new and appropriate order—and separate from the emergence of AIDS" (258). As Cady notes, gay male writers are naturally inclined toward, and skilled at, the task of immersive AIDS writing. That is, the ability to directly address the horror of AIDS and replicate it both on the page and in their reader's imagination. On the other hand, counterimmersive responses, here associated with surfaces, are those that portray AIDS tangentially and indicate broader problems in wider society. They are not so much reflections on experience and are more about educating a wider audience. There is often an emotional and social detachment in counterimmersive writing since no compelling demand is made on the reader to change. Any references to AIDS are met with a witty camp comment that, in deflecting the subject's horrors, works to deny the nightmare they have just acknowledged. Through this act of filtration, the text ultimately allows it audience the escape from the terrors that immersive writing refuses to provide.

Both immersive and counterimmersive AIDS writing have strengths and limitations. Immersive writing, for example is limited by its raw embodiment of AIDS, which can certainly challenge or disrupt its readers, leaving only fellow sufferers as its audience. Its strengths rest in its willingness to deny the stigmatising discourses of the dominant culture and its faithfulness to the emotional and social anguish of people affected by AIDS, especially to gay men's experience of the epidemic. On the other hand, counterimmersive responses run the risk of ultimately contributing to a larger denial of AIDS, glossing over the facts, and catering only to a

denying audience. Counterimmersion does, however, draw some attention to the havoc of the crisis, though it ultimately frames descriptions of the illness so that they do not cause much upset or pain. It is for these reasons that Cady prefers immersive writing for representing HIV/AIDS. The preference for immersive writing has also shaped the critical response to HIV/AIDS life writing, which has focused on extracting the intersubjective meaning of the texts. Thus, HIV/AIDS life criticism has focused broadly on three things: death and mourning, psychoanalytic interpretation, and the relationship between author and reader.

My key criticism of HIV/AIDS life writing criticism is its exclusive focus on what Couser has called the "presumption of fatality" (86), or death. That is, in the search for immersion or depth, critics have become caught up with interpreting how the author perceives their death or the death of their loved one. The preoccupation with death, according to Ross Chambers (*Facing It*), makes early AIDS narratives "nonnarrative texts" of autobiographical witness where the very sense of disintegration is built into the narrative syntax (6). He emphasises the literal "death of author" both during the writing process and in its aftermath and proposes that writing produces a rhetorical effect of haunting, as it seeks to describe the reality of those experiences culture renders unspeakable Likewise, Brophy is concerned with the process of mourning and, following the work of Judith Butler, what makes a life grievable in larger circulations of cultural memory (22). While valuable in their respective approaches, my project seeks to supplement these existing studies by focusing on the potentiality of life and intimate relations in precarious proximities.

Coupled with its extensive focus on death, HIV/AIDS life writing has been interpreted through the psychoanalytic frames of mourning and melancholia as a way of extracting the deep meaning of the text. For Sara Brophy, her concern with grief is

informed by the Freudian distinction between mourning and melancholia, which she inverts to suggest how the most pressing question for the reader becomes how not to mourn, "how not to become caught up in mourning as compensatory, as an aggressive action of normalizing closure" (21). Mourning, for Brophy, is neither an alternative, nor an obstacle, to activism, but at times a form of it and embedded in texts. In *An Archive of Trauma: Trauma, Sexuality, and Lesbian Public Cultures*, Ann Cvetkovich traces the different ways that histories of trauma have been incorporated into AIDS activism. She gathers the oral histories of female caregivers of sufferers of HIV, helping to build an archive of lesbian trauma that "revivifies the dead by talking about them and memoralizes moments of intimacy that are now gone" (167). Cvetkovich explains that the grieving and anger that activists and caregivers experienced must be understood as a critical part of queer public culture. She couples emotion and politics by arguing that "political history [is] affective history, a history that captures activism's felt and even traumatic dimensions" (167).

Criticism following the immersive approach has also focused on the relationship between the authors of HIV/AIDS life writing and their readers. In his collection of essays, *Chronicles of a Plague* (2008), Andrew Holleran questions why anyone would read a book about AIDS with pleasure, since writing is ultimately hopeless since it cannot provide a cure. Similarly, in *Facing It* (1998), Ross Chambers explores the various reasons why an author writes his story in the face of fatal disease, or why a reader might wish to read about it, and the role of the critic, who writes with no expectation that the author will survive to respond to him. Although HIV/AIDS life writing is considered to be an act of resistance by the writer, a choice to actively confront rather than merely succumb to the disease, Chambers views experiences of reading these diaries as an act of mourning, one that allows the reader to participate in

the anxiety of the author's project. Engaging with the issues raised by Barthes in his essay, "The Death of the Author," Chambers problematises the positionality of the authors as well as the "truths" they proclaim. In some AIDS autobiographies, such as Michaels's AIDS diary (Chapter 5), for example, we find the imperative issued to reader: do something. It is this urgent demand of an author who knows that by writing he can only bear witness and can do little about prevention.

HIV/AIDS life writing has been interpreted as a specifically gendered genre, due to the stigma surrounding the way the disease was spread. This criticism has been most forcefully made by Brophy who claims to "challenge the tendency to treat AIDS testimonial literature as a genre particular to gay men, opening up a dialogue among a diverse array of testimonial accounts" (28). This is a somewhat awkward criticism given that her own analysis focuses on only two female authors out of four. Amy Hoffman's *Hospital Time* and Jamaica Kincaid's *My Brother* serve as the focus in her chapters about AIDS writing by women. Given the global representation of her analyses (texts are taken from North America, Britain, Australia and Antigua), it is surprising that more texts written by woman are omitted. Australian examples, including Maria Pallotta-Chiarolli's *Someone You Know: A Friend's Farewell* and Joan Hurley's *How far is it to London Bridge? A Journey through AIDS with my Daughter*, not only add to Brophy's criticism, but—for Hurley's memoir, in particular—depart from narratives about gay men, which both Hoffman's and Kincaid's memoirs reinforce as being the core subject of HIV/AIDS life writing.

It is my claim that these limitations are a result of focusing on the ways these texts immerse their readers in the search for deeper meanings of death. What has been neglected as a result are the surfaces of texts, the counterimmersive, the aspects of texts that linger in the rhythms of ordinary life. As will be demonstrated in the

following chapters, intimacy in these texts is established in the routine of the everyday rather than through its explicit exposure to the horror of the disease. In this sense, one of the most useful criticisms of HIV/AIDS life writing has attended to the inadequacy of literary form to convey the ethics and aesthetics of witnessing. Taking a phenomenological approach, Lisa Diedrich reads Paul Monette's AIDS writing "through contemporary theories of subjectivity and the body but also to read those theories through the event and experience of AIDS as described in literature" (114). Diedrich urges the readers of HIV/AIDS life writing to hear both the address and the affective force of the address, "for through our response-ability to both the address and the affective force of the address, we keep open the possibility of future witnessing" (125). Monette's testimony to the experience of AIDS reveals this chaotic adventure of subjectivity in his performance of being together with his partner, Roger, and the reader across space and time. My thesis seeks to build on the criticism of Diedrich and others by reading the texts within my archive in relation to non-representational theories of affect.

Deleuze on life and symptoms

As demonstrated in the previous section, HIV/AIDS life writing has been read through representational frameworks and analyses the way language is used to create meaning. Unlike other critical studies of HIV/AIDS life writing, this thesis does not frame the encounter with intimate events in terms of signification and meaning but, instead, in terms of affects and forces (see Chapter 1). While representational approaches undoubtedly have much to offer the way we interpret meaning in HIV/AIDS life writing, they are nevertheless specific examples of the types of approaches that this thesis wants to suspend. I am interested in taking an affective approach to the texts. As such, my research has been driven by a quest to identify and

develop methods for reading affect in the texts I have assembled. To that end, the remainder of this chapter builds a toolbox that is productive for a critical engagement with intimate images that desires to encounter them on the level of their own reality rather than on the level of their meaning. As I argued in Chapter 1, intimacy confronts readers on the level of affect before it is made available to them on the level of representation. Thus, reading is not about finding meaning in the text, but rather about grasping how the text functions.

To understand how affect or forces in my archive of texts can be analysed, I turn to Gilles Deleuze whose work draws attention to the relationship between life and literature. In "Life and Literature", the first chapter in his collection, *Essays Critical and Clinical* (1997), he offers a sustained reflection on literature by linking it with the problematic of life. The concept of life functions as an ethical principal in Deleuze's thought. What he calls ethics is a set of facilitative rules that evaluates what we do, say, think, and feel according to the immanent mode of existence it implies. For Deleuze, every literary work implies a way of living, a form of life, and must be evaluated not only critically, but also clinically. As Daniel Smith writes, "the question that links literature and life, in both its ontological and its ethical aspects, is the question of health" (192). This is an affirmation of the encounter with life over death.

Deleuze's treatment of literature is bound up with the question of life over death, something that immediately signifies an interest in HIV/AIDS life writing. For Deleuze, the ethical task is to be able to believe "in this world, this life, [which] becomes our most difficult task, or the task of a mode of existence still to be discovered" (75) as he and Félix Guattari put it in their final collaboration, *What Is Philosophy?* This does not mean that an author necessarily enjoys robust health, but rather frail health. Such fragility does not simply stem from an illness per se, says

Deleuze, but from having seen or felt something in life that is too great for them, something unbearable "that has put on them the quiet mark of death" (172). As Smith explains, authors, like doctors or clinicians, can themselves be seen as profound symptomatologists: one who studies the set of symptoms exhibited by a patient. Deleuze would take this a step further to suggest how authors can go further into symptomatology than a clinician, because "the work of art gives them new means, perhaps also because they are less concerned about causes" (*Desert Island* 133). These "new means" serve as the basis to what can be understood as Deleuze's symptomatological approach to literature.

Having examined how HIV/AIDS life writing has been read deeply to excavate meanings of death and mourning, I would now like to move toward a symptomatlological approach of HIV/AIDS life writing. A symptomatological criticism calls attention to the affective intensities of the texts with the goal of observing how they come together and what they enable, thus allowing for new, unanswered critical questions to emerge. It is not about uncovering the meaning of texts but rather about mapping out the relationship between them as it manifests itself on and through the intertwined surface and deep level of critical practice. Symptomatology is a rigorous practice of experimentation that, to borrow from Deleuze's description of the time-image, "carries out a suspension of the world or affects the visible with a disturbance, which, far from making thought visible [is] on the contrary directed to what does not let itself be thought in thought, and equally to what does not let itself be seen in vision" (*Cinema 2* 168). In other words, being suspended, the reader becomes other, just as the witness is affected by the reader.

A symptomatological criticism, through a sustained interest in the author's descriptive prose, can reveal how intimacy functions affectively in HIV/AIDS life

writing. Although not cited as a literary critic by any means, Deleuze wrote extensively about literature in philosophy. Deleuze's hypothesis is that a text is the writer's diagnosis of the world. Texts and authors have nothing to tell us about themselves, or how they were formed. They can only speak to us about how they function and the world that produced them. Texts have surface, but no depth, which is why Deleuze often describes the analysis of texts as cartography. According to Deleuzian expert Ian Buchanan, "The work of art doesn't exhibit symptoms in the manner of a patient or a 'case,' rather it isolates, identifies, and tabulates symptoms in the manner of a clinician… Symptoms are the contours of the world, its grooves, its hills and valleys, its diagram, as Deleuze also puts it" (112). In this sense, authors are symptomatologists, and I would add, symptomatologists of intimacy.

As a method, symptomatology is directed at the constellation of forces that form a certain phenomenon or way of existing. One of Deleuze's former student's reports on the following piece of advice offered by Deleuze at the opening session of his 1985 seminar on Michel Foucault, "You must trust the author you are studying. Proceed by feeling your way. One must ruminate, gathering and regathering the notions. You must silence the voices of objection within you. You must let him [the author] speak for himself, analyze the frequency of his words, the style of his own obsessions. His thought invents its own coordinates and develops along its own axes" (qtd. in Colombat 204). Elsewhere, Deleuze (*Essays Critical and Clinical*) offers a model of how such a reading might proceed. Deleuze's approach to Lawrence is one of sustained attentiveness to the "singularity" of the text, referring the text not to anything outside the text, but to itself— comparing its "vision" with its "non-vision" (116-7). The concepts that orient Deleuze's reading emerge from the text itself. A

critical encounter with intimacy would therefore have to attend to its affective intensities.

Methodologically, the symptomatologist identifies and modifies forces of life by examining and rearranging symptoms. It is important to emphasise that symptomatology does not take place on the level of representation. The rearrangement of symptoms involves a process of creation and serves to bring something new into the world, namely, a new concept of the disease that implies a modified state of forces. Reading symptomatically involves paying attention to the ephemeral materials of everyday life. As Lauren Berlant advocates in her tracing of the intimate public sphere, we must pay attention to the "waste materials" (12) of everyday communication in the national public and private spheres and treat them as pivotal documents in the construction, experience, and rhetoric of identity and citizenship.

A symptomatological criticism of HIV/AIDS life writing compares. Given that criticism has traditionally been about comparing the text and the reality it is said to represent, the question emerges whether we can imagine ways of comparison that do not rely on, or have recourse to, modes of representation as a crucial component of critical practice. The task is not to dispense with comparison as a critical tool. Rather, it is to ask whether we possess alternative tools that might allow us to engage in comparative criticism without accepting its invitation to judgment. The problem with judgment, according to Deleuze, is that it prevents the emergence of any new mode of existence (*Essays Critical and Clinical* 135). Judgment reproduces value based on a preexisting moral ground, thus perpetuating the same modes of existence rather than helping differences to emerge. As seen, Deleuze suggests we take Spinoza's claim that we do not even know what a body can do more seriously. For Deleuze the crucial

question is not how to judge a body but to find out what else a body is capable of and how it can exist differently. Deleuze engages in comparative criticism because it allows connections to be drawn, linkages to be foregrounded, differences to be articulated—in short, it allows for the production of new modes of existence, of becoming-affected otherwise.

Perhaps most importantly, comparative criticism as conceived and practiced by Deleuze is capable of diagnosing literature in terms of symptoms rather than syndromes. He does not ask what the disease or syndrome "is" in order to cure it but investigates the symptomatic forces that make up the syndrome: he asks what symptoms do, how they work, rather than debating whether something is bad or not. Instead of blaming a virus and trying to get rid of it because of what it is, for instance, Deleuzean symptomatology diagnoses which forces of the virus's makeup can be harnessed productively.

Rather than conflating syndromes with symptoms and thus overlooking the way illness is always multiple, symptomatology harnesses the varying forces immanent to modes of existence as a way into human relationships, into multiplicity. Hence, symptomatology fights and experiments with the multiplicity of forces immanent to something like HIV/AIDS, not because of some moral understanding of what the syndrome is, but because of what the symptoms do—that is, because of their effects. For Deleuze, then, symptomatology diagnoses the differences between objects in order to emphasise the differences without eradicating them. To compare something with something else, therefore, is always a matter of diagnosing one object through the other, as a response to it, in an attempt to describe what the differences are, where they come from, what their intensities are, and what they suggest about the forces that have produced the difference.

This is important since subjects of HIV/AIDS life writing, its writers and characters, "read" their bodies in relation to others, looking for signs of infection, debilitation, and decay. Their own interpretations of the prolific signifiers of HIV/AIDS help create a model of relational subjectivity, an opportunity to witness affect. The virus travels between us because our bodies are permeable, and the bodily infection spreads, signifying both corporeal and affective connections between us. HIV/AIDS radially transforms the ordinary or domestic lives of gay men and their readers are required to look at AIDS, and at the world in general, through a gay male lens, producing layers of reading and layers of witnessing.

Thus, a criticism of HIV/AIDS life writing must engage in a rigorous practice of diagnosing scenes, of producing a symptomatology instead of a history of syndromes, of responding to the affective, visceral side of language alongside its representational dimension. The witness, including both writer and reader, is engaged in a perpetual production of subjectivity, one that shifts and permeates as it comes into contact with specific assemblages or gets disconnected from others. The witness is interested in the affective experience of the moment, the in-between, the suspense and what it does. A symptomatology necessitates response, the giving over of oneself to the Other, to becoming-other, to the process of being affected and effectuated by and from the experiment. This produces a way of reading sideways. Traditionally a queer rhetorical move, moving sideways or horizontally has been used to explore alternative mappings of becoming that register an experimental, disturbing, or disruptive vernacular of self-knowing. As I will go on to argue in Chapter 3, intimacy is embedded in structures of ordinariness: the ritualistic and banal rhythms located in the day-to-day navigation of living with HIV or AIDS survival.

Conclusion

In conclusion, symptomatology is directed at exploring the constellation of forces that form a certain phenomenon or way of existing. I aim to offer a way of thinking about critical practice that, at the very least, provokes the reader to consider the critical habits he or she has recourse to when confronted with representations of HIV/AIDS. It is my central claim in this thesis that reading HIV/AIDS life writing through a symptomatological approach offers a way of harnessing the affective potential of the texts. Descriptions of the everyday, the ordinary, the banal help produce intimate scenes of familiarity of everyday experience and suggest that ordinary affects are felt as an ambivalence that registers both a sense of familiarity and unfamiliarity. Formed by the bringing together of intensities, surface sensations, perceptions, and expressions, the subject is "a thing composed of encounters and the spaces and events it traverses and inhabits" (Stewart 79). Therefore, my grounding of intimacy attempts to account for the fleeting, ephemeral currents and themes that make contemporary life liveable and coherent in HIV/AIDS life writing.

The subjects of HIV/AIDS life writing, its writers and characters, "read" their bodies in relation to others, looking for signs of infection, debilitation, and decay. Their own interpretations of the prolific signifiers of AIDS help create a model of relational subjectivity, an opportunity to witness affect. The virus travels between us because our bodies are permeable, and the bodily infection spreads, signifying both corporeal and affective connections between us. AIDS radially transforms the ordinary or domestic lives of gay men and their readers are required to look at AIDS, and at the world in general, through a gay male lens, producing layers of reading and layers of witnessing. This dynamic calls for a method of reading that is sensitive to these layers and that attends to the complex questions about mourning and

memorialisation inherent in second-hand as well as first-hand witness accounts. My method is simply to pay attention to the depths and surfaces of the text, especially in the moments that might get lost in testimonial writing. These moments, for me, are where intimacy is established.

Section II: Witnessing Intimacy

Chapter 3 – Animating the intimate: structures of ordinariness in Monette's *Borrowed Time* and Conigrave's *Holding the Man*

"A precarious ordinariness is the province
of those who have loved a considerable time"
Paul Monette, *Borrowed Time.*

The 2015 Australian film adaptation of Timothy Conigrave's 1995 memoir *Holding the Man*, directed by Neil Armfield, was marketed as "a love story for everyone," if not a quintessential Australian love story. The memoir tells the story of his long-term partner John Caleo's HIV diagnosis in 1985 and eventual death on Australia Day in 1992. At a time when debates about same-sex marriage were at their peak in Australian political discourse, the film's tagline can be read as a homonormative statement promoting the sentiment that love between lesbians and gay men is no different from heterosexual love and should be recognised legally. Similarly, buying into the notion of the heterosexual love plot, Benjamin Law has noted how the narrative of *Holding the Man* reads like a tragic love story. According to Law, this is why Conigrave's memoir has become a timeless Australian classic, marked by its successful stage and film adaptation, its inclusion as an orange-and-white Popular Penguin in 2009, and being listed as one of the "100 Favourite Australian Books" by the Australian Society of Authors in 2003.

The genre of love story is used as a way of appealing to a broader popular audience and displaces the testimonial genre. As discussed in Chapter 2, if Lauren Berlant defines genre as a "structure of affective expectation" by way of invested conventional form, then there exists a representational imperative to replicate and respond to a text's form and content in a certain way. Discussing the impact of

Holding the Man, Conigrave's friend Tony Ayres observes that "if the story of the impact of AIDS in Australia was going to be told in a mainstream way, this was a very good way of telling it… because, even though it's a tragedy, it's not a dark tragedy: it's accessible. It's a love story, it's very moving and one that wouldn't alienate a straight audience. Basically, it's a mainstream story". Like Law, Ayres attributes the success of the book to the fact that Conigrave and Caleo were predominantly a monogamous couple. As Ayres remarks, "That life was an acceptable life to a lot of different people… therefore the book is conservative". The film's tagline reflects the desire for "the good life", "a love story for everyone." Framed as a tragic love story, *Holding the Man* is rendered as a sentimental narrative, a mode of attachment, rather than an account of the everyday or ordinary. Its status as a "tragic love story" is evocative and perhaps conflicting since it is also evidently a text of witnessing and testimony about the AIDS epidemic in Australia. Thus, the genres of sentimentality and testimony, alongside the love story, facilitate representational approaches to the texts under consideration in this chapter.

The academic scholarship responding to HIV/AIDS life wring has largely focused on the politics of representation. This has particularly fallen into two categories. The first category examines how the writing produced in this context serves as a means of collective testimony or community building in the face of a denying mainstream culture. As Tougaw acknowledges, "AIDS memoirs are written as alternatives to silence… these memoirs are engaged in the autobiographical act of bearing witness to a collective trauma: speaking for a group of people who have shared a traumatic experience" (235). HIV/AIDS testimony acts as a key site of resistance for silenced minorities. The second category focuses on how writers must rely on the tropes and conventions of, if not directly appeal to, a heterosexual culture,

such as the tragic love story, in order to claim legitimacy over their experience on the basis of a shared commonality. Susan Sontag describes how metaphors of militarism, pollution and plague, contribute not only to stigmatising the disease, but also stigmatising those who are ill. While these categories promote representational or what Eve Kosofsky Sedgwick would call paranoid analysis, what is omitted is a non-representational analysis of how HIV/AIDS operates in these texts. A non-representational analysis, as discussed in the introduction and Chapter 1, focuses on the heightened sensitivity to the fleshy realities of the human body and how taking the body seriously introduces phenomenological registers that exceed representation, such as affect.

While both of the above approaches to *Holding the Man* primarily focus on how gay lives and HIV/AIDS are represented, this chapter takes a different approach. Rather than analysisng the politics of representation or the genres of the text, it seeks to draw out, through the text, the way the virus has its own agency. Through an analysis of Paul Monette's *Borrowed Time* (1988) and Timothy Conigrave's *Holding the Man* (1995), I argue that the intimate relations that are animated by HIV/AIDS are embedded in the realm of the ordinary, what I call "structures of ordinariness," the ritualistic and banal rhythms of navigating mourning and survival. In order to achieve this, two conceptual frameworks are deployed simultaneously to inform this chapter.

Drawing on developments in queer studies and new materialism, I examine the ethology, or animation, of HIV/AIDS in HIV/AIDS life writing and testimony. In particular, I focus on how the virus has the capacity to move and assemble bodies in compromised states of being. This approach draws on Mel Chen's vocabulary of animacy, compulsion, and toxicity to understand what HIV/AIDS does and what it

enables, and animates in the texts, and in particular, for the discussions of cleanliness and medication. This is elaborated upon in the first two parts of this chapter.

This is followed by a section explicating the link between HIV/AIDS and the ordinary. In the case of *Holding the Man*, this ordinariness manifests in its simplistic style and references to popular culture to produce structures of ordinariness and a sense of receptive relationality with its audience, while in *Borrowed Time*, this takes form through the repetition of everyday acts and the affirmation of "good life," the way in which the life that is taken for granted becomes something desired, but impossible to attain. Lauren Berlant's and Kathleen Stewart's theorisations of affect, ordinariness, and attachment inform this section of the chapter. The final section addresses how this coupling of HIV/AIDS and the ordinary is used in Monette and Conigrave's writing to think about the intricacies of being in the world while being animated virally.

Animating HIV/AIDS

Recent work in queer studies and new materialism has explored the potential and challenges of accounting for "animacy", as Mel Chen (2012) has termed it, of non-living entities and processes. Central to these discussions has been the somewhat uncritical installation of the distinction between living and non-living entities. Indeed, Chen traces the use of the life/death binary through language and proposes that animacy "trouble[s] the binary of life and nonlife as it offers a different way to conceive of relationality and intersubjective exchange" (11). Here, animacy refers to the degrees of animateness and inanimateness that govern the hierarchies of all ontologies. In other words, it refers to the field of relationships in which bodies encounter power structures that mediate between life and death. This sorting of bodies in terms of life and death, according to Foucault (*History of Sexuality*, Vol. 1),

provides the framework through which human life processes are managed politically and publicly.

It is within this framework that I suggest conceptualising the animation of HIV/AIDS and its capacity for movement and action between life and death. What Chen terms "mercurial affect" refers to the phenomenon of toxicity as a form of affective relationality between people and other subjects, both animate and inanimate. Chen takes her personal experience of mercury poisoning as her object of study to conceptualise how intimacy and animacy might overlap. What Chen suggests is that a body that has metal poisoning must continually be aware of all the forms of relationality with organic and inorganic materials, down to the couch it collapses upon. That is, the manner in which environmental and corporeal illnesses reposition and queer social, affective, and political relations between people and their surroundings is important for understanding how living and non-living materials operate as an assemblage. Mercurial affects are "unstable and wildly unpredictable" (201). Chen, like Bennett, emphasises how inanimate objects are actants and views the necessity of collapsing the boundaries separating humanness from nonhumanness to stress that certain outside factors map agencies onto human, nonhuman, and the socio-political more broadly. This animation of HIV/AIDS can be seen in the writing of Paul Monette and Timothy Conigrave.

As argued in the introduction, HIV/AIDS fits into this framework of thinking about toxicity and affective relationality. HIV, and the corporeal agency that it enacts, encourages us to think virally about vitality. That is, how inanimate matter, such as HIV/AIDS, can be animated in particular ways and in certain circumstances. Paul Monette is one of the most important writers to shape our understanding of the first decade of the AIDS epidemic in the United States. Born in Lawrence, Massachusetts,

in October 1945, Monette would become a prolific author and activist in the fight for AIDS treatment until his death to AIDS in February 1995. By the time of his death, he authored two memoirs (*Borrowed Time* and *Becoming a Man*), a book of poetry (*Love Alone*), two novels (*Afterlife* and *Halfway Home*), and a collection of essays (*Last Watch of the Night*) that testify to the anxieties and challenges of witnessing an unfolding crisis of health, identity, and politics. Originally published in 1988, *Borrowed Time: An AIDS* Memoir details what Monette describes as the "chase for treatment" and the eventual death of his partner, Roger (Rog) Horwitz, to AIDS in October 1986. The memoir intimately recollects Rog's illness and gradual deterioration through the careful description of personal photographs and memories. It is through his description of these objects and the recollect of movements that gives HIV/AIDS its own potentially.

In *Borrowed Time*, HIV/AIDS is animated through and moves Monette and Rog's bodies in both a figurative and literal sense. The memoir begins with Monette reflecting about his own viral corporeality: "I don't know if I will live to finish this… All I know is this: the virus ticks in me" (1). This rhythm of the ticking virus establishes the flow of the memoir and is referred to explicitly throughout the text. This rhythm, although urgent, actually plays out slowly and subtly in the symptoms of HIV, which are so diffuse they could be evidence of anything or nothing: coughing, fevers, night sweats, etc. Coughing, in particular, becomes a normalised rhythm of life, but it is also a sign of anxiety. "[Rog] was coughing again, but even my radar wasn't especially flashing red. It was more than anything a clearing of the throat, and though in the past that very quality had been part of the ominous slippage toward [pneumocystis pneumonia] PCP, I would not see it that way" (301). A cough,

something often taken for granted becomes a sign of something potentially more dangerous.

AIDS, defined medically as a collection of recognised illnesses due to a compromised immune system, becomes gradually observable throughout the memoir and acts on Rog's body in different and observable ways. An increase in fever and fatigue, for example, become the signs of a new diagnosis. Numerical metrics, such as T-cells and temperatures, measure the likelihood of new illnesses. As Monette writes, "[n]ow we would learn the subtle enslavement of the numbers. It tended to hover stubbornly at its lowest ebb for several days, then creep up again as we waited with mad impatience for the restoration of the magic bullet" (228). When shingles appear, Monette is surprised that he did not observe them sooner considering how vigilantly he had been watching any changes to Rog's body, especially the appearance of Karposi's sarcoma. There was another time when Rog develops a fever that cannot be dropped. As Monette recollects, "I'd stay till 1 AM and talk to him while I changed his sweat-soaked gown, sometimes every hour at night. He'd perk up to have me there, and we'd fall into our private ironic shorthand" (275). Towards the end, these rhythms become amplified. "I would have to change his pajama top at midnight and at two, sometimes again at three-thirty, before I went to bed" (326). As the illness progresses throughout the memoir, the virus produces a new routine and movement.

Timothy Conigrave's *Holding the Man* maps a similar trajectory to *Borrowed Time* in that it presents HIV as an animate force that acts upon the body and propels (as well as repels) it towards (and against) other bodies. Conigrave and John are both diagnosed with HIV shortly after they relocate to Sydney together in 1985. Until 1990, they experience relatively mild symptoms. However, in the Autumn of 1991, John begins to rapidly deteriorate, suffering from lymphoma. Conigrave cares for

John, while nursing symptoms of his own. The toxicity of the virus is made obvious when Conigrave spares no details about the cruel progression of the disease makes.

The HIV animates Conigrave's and John's bodies in different ways, given the nature and liveliness of opportunistic infections. Conigrave was exposed to toxoplasmosis, transmitted by cat poo, and later develops a lesion on his occipital lobe, which causes his peripheral vision to shrink. These lesions cause him severe headaches and nausea: "My head thumped, expanding and contracting like a balloon with every heartbeat" (232). John, on the other hand, suffers from pneumocystis pneumonia (PCP), a lung infection, and bacterial pneumonia. One morning while staying with college friends during their trip to Florence, Italy, John wakes up feeling ill and complaining that his top lip is itchy. As Conigrave reports, "He was biting his lips to soothe them, which looked so cute. I couldn't see anything" (190). His lip eventually blisters and scabs over during the proceeding days. If John smiled, they cracked and bled. One time after one of Conigrave's humorous impersonations, John laughs so hard that his scabs crack. This leads to a tender moment where Conigrave grabs some toilet paper and blotted John's lips for him. John's body is also impacted in other ways by the virus. He sleeps with his eyes half open, talks in his sleep, and experiences hallucinations.

Given the opportunistic nature of HIV/AIDS, a defining feature of HIV/AIDS life writing is the way it chronicles the deteriorating human body. Monette tracks Rog's deteriorating physical condition throughout *Borrowed Time*. This initially happens when Rog loses the spring in his step. "I missed the boyish energy most. Perhaps because mine went with it" (72). Then weight, like food (as will be described later), becomes an obsession. "On Saturday morning I went down to Koontz and bought a proper scale, and we laughed at our own excitement as I pulled it out of the

box. More than a new toy, it was a way of proving every day that things were stable. As long as we kept him at 141 we were winning" (118). The obsessiveness with weight is usually detailed in passages where Monette describes old photographs. An example of this is when he looks at a photo taken at a party at their friends Susan and Robert's studio in Ingelewood. "He'd aged five years" (121). Even fingernails get mentioned when Peter Wolfe, a clinical researcher, glances at Rog's hands and remark that the moons had disappeared from his nails. "It was a curious minor feature of the disease" (135). Monette remembers being jarred by the whole idea, since it indicated just how subtle the virus was, casting its shadow, quite literally, in places that had no pain or symptoms.

Holding the Man, like *Borrowed Time*, chronicles the deteriorating body with HIV/AIDS and records the painful ways the virus animates the body. One again the focus is on weight loss and coughing. Before John's lung surgery, he turns over and pulls back his hospital gown, revealing what was left of his bottom. A rush of revulsion went up through Conigrave's spine. He was shocked. "He was very weak," Conigrave remembers. The operation further leaves John with a big scar that was "angry red" and went "from his solar plexus to the back of his ribs" (242). As John is having a naso-gastric tube inserted into his nose and throat down into his stomach, Conigrave reflects on how much weight John had lost. Furthermore, John's coughing at home becomes a rhythm that prevents Conigrave from sleeping. "I'd feel I'd been through a mangle and my head would be thumping" (227). This impacts the intimacy of the men as they have to compromise on different sleeping arrangements. The headaches become a rhythm resulting in suicidal thoughts for Conigrave. As it did for Monette, the repetition of John's ongoing coughing becomes a normalised rhythm.

Blindness is another consequence of the disease, which also demands new ways of reorientation and movement. During a trip to Palm Springs, as Roger finishes his cereal, he said almost offhandedly, “My eyes feel funny” (248). This becomes a signifier for the next stage or movement of the virus internally. Within the period of a week, Roger’s vision was effectively gone in his right eye as he could only distinguish light from dark and just make out the shape of Monette’s hand when waved in front of him. Monette, using metaphors of war, animates the virus and situates it as the enemy. “I knew we must stay in absolute sync, for the enemy had grown so subtle, its camouflage so chameleon, we had to be on constant watch” (252). Monette knows that failing eyesight means the brain is not far behind since eye problems are the break in the central nervous system’s “defenses.” As several scholars, including Susan Sontag, have noted, such language must be critically examined as they may be especially problematic when used to express scientific ideas within emerging health-related fields.

Blindness becomes an embodied rhythm, a rhythm that Monette becomes sensitive to as a witness. “He would turn his head now when I came into the room talking, reaching out with his ear instead of his eyes… the range of expression so different from the starkness of the turned head, the cocked ear” (264). Although blindness heightens his other senses, such as listening and talking, Monette notes that Roger’s “buoyant stride and ease of motion… were compromised” (264), and therefore, he loses part of himself in this transaction. Monette describes how witnessing Roger’s loss of sight also moved him in particular ways and brought him closer to the realisation that he was looking at death. “That was the first time I ever suffered dying, and I can’t even say what death it was” (311). The repeated exclamation of “here I am” when Monette enters a room to counter the blindness is

something Monette continues after Roger's death, whether he's walking into the same room or when he goes to visit Roger's grave. HIV not only animates the body of its host, but also that of those who enters its assemblage as an observer or witness.

Cesar, Monette's first close friend to be diagnosed with HIV, becomes a site in which the animation of the disease as something contagious and toxic takes hold, moving Monette in particular ways. Cesar's swollen groin, a result of the virus, becomes the central focus of Monette's discussion of Cesar until his eventual death. It incites Monette to be more aware of his own body: "I kept picturing that swollen gland in his groin… And a parallel track in my mind began careening in with another thought: the swollen gland in my own groin" (8). Cesar's occasional visits become a rhythmic reminder of the toll the illness was having on his body. For example, one of Cesar's weekend visits culminates in Monette suspecting that he, himself, is in the "direct line of fire": "The glands in my neck and armpits were no bigger than almonds; they didn't hurt; they were nice and soft" (31). For Monette, on closer inspection, the glands in his neck become a symptom of illness. Another visit from Cesar before a thanksgiving describes his worsening condition. It now had a distinct smell emerging from the wound, which was now twice the size, "the lesions clustered at the groin angry and blood-blistered around the wound, which sagged open and wept" (35).

Similar to the ways that Cesar's interaction with Monette and Rog moved them in certain directions, Conigrave experiences similar interactions with other HIV-positive people. One of these interactions is when he interviews Richard, a HIV-positive man, as source material for his production *Soft Targets* that he begins putting together before his own positive diagnosis. Conigrave is initially hesitant to do the interview alone, but eventual gets the courage to go by himself. "I suddenly felt wary"

(164), he reports as he enters Richard's room. Richard held out his hand. "I shook it but wanted to wipe my hand on my jeans." Throughout the interview, Richard would collapse into coughing fits and Conigrave would hold his breath. "He looked so vulnerable" (165). Later, when asked how the interview went he admitted he had been afraid of contagion. Throughout the memoir Conigrave reinforces his curiosity, but also a desire to hug and comfort those he meets who are HIV-positive. This is also at odds with the repulsion he also feels at other times towards people with the virus.

Sound, particularly the repetition of certain sounds and syllables, becomes important for animating relations between bodies, between Monette and Rog. At the thought of potentially losing his eyesight, Rog whimpers "oh" repeatedly. When confirmed that his retina had detached, Monette remembers sitting there with Rog stunned, clinging to each other's hands. "I think I tried to pull out of it and focus on the operation, but neither of us could think at all as we tottered forth from the suite, me leading my friend as he groped a hand in front of him" (258). Returning home to the bedroom that he could still see just two hours before, "oh" is all that he could say revealing both his fragility and animation of the virus. "None of the meaningless, unsolicited consolation that people have murmured since then will ever mute a decibel of that wail of loss" (259). Similarly, sounds enable Monette to remember the good times. Their friend Craig remembers staying with them and the morning he left Roger was humming around the kitchen getting ready for work. "I keep playing that humming moment over in my mind" (123). Even though Monette was asleep during this particular instance, he enjoys recovering any unguarded moment from one of Roger's good days.

Sound becomes one of the ways which intimacy is felt affectively and in the body. Like Roger's repetitious "oh's," moaning—towards the end of Roger's life—

becomes an enduring and repetitious sound that permeates the intimate relations of these two men. “It was the saddest, hollowest sound I have ever heard, and loud, like the trumpet note of a wounded animal” (338). It is a sound that has no shape or linguistic form, but nonetheless, repeats every few seconds. Writing retrospectively ten weeks later, Monette makes the connection of the trumpet sound. It is a delayed, but powerful affect. “I was crying up at the grave, and started to mimic his moaning, and suddenly understood that what he was doing was calling my name.” He says that nothing hurt as much as Roger’s moaning during that time, “Nothing in my life or the death to come hurts as much as that, him calling me without a voice through a wall he could not pierce” (338-9). Thus, much like the rhythmic ticking of the virus that underscores the narrative, moaning likewise punctuates the text.

Toxicity, hygiene and the assemblage of treatment

Two illustrative examples of mercurial affect, or toxicity, in my texts can be seen in its discussion of cleanliness and medications. Toxicity is a condition, one that is too complex to imagine as a property of one or another individual or group or something that itself could be so easily bounded (Chen 196). What is revealed in this section is how the virus produces what Mel Chen terms a “toxic sensorium”: a sense memory of objects and affects that orientates the body as the immune system collapses. *Borrowed Time* contains vivid illustrations of Monette’s obsessive-compulsive disorder (OCD), which serves as a psychological defence against the fear of AIDS. It becomes almost a ritualistic display to keep others from harm and an inflated sense of personal responsibility (Platizky). Monette compulsively protects and looks after his dying lover. As a “textbook hyperchondriac” (3), Monette describes the shock waves he feels upon learning that his best friend, Cesar, has also been diagnosed. He goes into manic overdrive, trying to stay busy and keep the house as germ-free as possible.

After Cesar's holiday visit in 1984, Monette describes efforts to clean and sterilise the spare room. He strips down the bed to the bare mattress and wipes everything in the room with ammonia. Even during Cesar's visit, Monette recalls his attentiveness to cleanliness. "Every second day he was with us, there was a shopping bag full of soiled paper towels, rank with suppuration from being padded against the gash in his groin" (45). Once again, we see how the witness is moved in relation to possible contamination.

Another example of Monette's OCD takes form in the administration of azidothymidine (AZT), an antiretroviral medication. The AZT has to be administered on the hour and Monette repeatedly emphasises the excessiveness of his checking rituals, his what I call his "rhythms of care" below. He becomes paranoid that he was the one who exposed Rog to the disease and becomes obsessed with protecting his lover from further harm. "After Rog's first extended stay in room 1028, Monette recalls his "first experience of protective helplessness, let someone sneeze in our direction. I wouldn't let Roger touch the door going out" (96). This anxiety focuses on microbes, germs, sewage, and other possible sources of contamination:

> Already I'd started to keep the surfaces of life insanely clean, wiping the phone and the doorknobs at night with a cloth steeped in ammonia… There was so much panic just beneath the surface, in a world where a single un-washed glass could kill (102).

Monette's awareness that these rituals of cleanliness are the result of panic, frenzy, even madness, emphasises their compulsivity. He needs to wash his hands "about every fifteen minutes" (229), a habit, he says, he cannot seem to shake even after Rog's death. Moreover, there is moment shortly after Rog is diagnosed and he is doing some plumbing work around the house. Monette freaks out: "The place was

grubby and crawling with microbes. I wanted to wrap myself around him like a bubble, my need to protect was so desperate. Already I'd started to keep the surfaces of life insanely clean, wiping the phone and the doorknobs late at night with a cloth steeped in ammonia" (102). Thus, Monette describes the constant panic that was animated by the virus and an awareness of Rog's compromised immune system.

There are several examples that highlight this constant obsessiveness in the memoir. On a trip to Chicago to see Rog's parents, while at the airport at St Louis, Monette reflects on the quantity of germs visible in a public place. In relation to another trip through an airport, Monette reports, "I could practically smell the germs as the sealed air thickened and choked" (163). Similarly, when Monette experiences illness himself, he becomes terrified of passing it onto to his already sick partner. He explains the different things he personally does to protect his partner from becoming worse: sleeps in another bedroom, uses a separate bathroom, and even avoids breathing in Roger's general vicinity. Monette constantly keeps watch over Roger. Social events become a panic induced situation while the slightest cough triggered suspicions and cause for concern. "Roger never coughed at all without my stopping to listen, frozen in mid-gesture, whatever I was doing" (180).

These compulsive rituals become a source of attachment between the two men. At one point, Monette remarks, "Suddenly Rog cracked up, laughing at the thought of me quartering the little white pills, he who had borne witness to a thousand of my small compulsions of hygiene and general nest behavior" (253). Monette also writes that "I didn't mind the constant part, for the seamlessness of the day—doses and meals, the night walk, the weigh-in—became its own kind of walled city, magically protected" (327). The animation of HIV/AIDS in these scenes pushes Monette towards these actions but also puts him in close proximity to his partner.

Monette wonders, though, if his obsessiveness over Rog and trying to protect him would comprise the valued time they had left together. It "would destroy the present, where week by week we were finding pleasure in life" (178). After Rog's death, Monette blames himself for not being vigilant enough and keeping his partner alive.

The consumption of medication is another toxic or inanimate thing that enter the assemblage of HIV/AIDS and contributes to the deterioration of the body. "Arsenals of medication had to be consumed" (210-1), as Monette explains. The virus acts on the body in conjunction with chemicals to move the body in particular ways. One of the common side effects of the medication is fatigue, fever, and nausea, which provide an unlikely consistency throughout the memoirs. In *Borrowed Time*, Rog is represented as often tired as a result of the drugs he is taking. Three days into Rog's initial treatment, he was feeling dreadful and nauseous. Suramin is described as toxic. Drugs enter and leave the assemblage over the course of the memoir. At one point, Xanax gets added to the daily pile to help manage anxiety. Monette feels the rhythm of the medication too. "Sometimes I could feel my heart pounding as I counted out the day's pills from eight different vials, or ventriloquized a smile in order to talk business" (304). When Monette starts taking ribavirin himself, he acknowledges the effects it has on his own bodily capacity. The tiredness made me punchy and weepy, especially when I would come back to the empty house" (312). The medication, like the virus, moves bodies in a particular way, complicating what HIV/AIDS does to the host's body.

One of the common themes that was developed in early AIDS pathographies, before the introduction of anti-retroviral therapies in the mid-1990s, was the "search for the magic bullet" or a sign of cure. Most memoirists chronicle experimenting with different combinations of medications or early iterations of AZT. One of the major

narrative plots of *Borrowed Time* is to find a cure for Rog's illness. The search for the drug "is a great surge of purpose that colored everything else" (109). Probably one of the most explicit examples of this is a trip to Mexico to obtain a supply of ribavirin. Once AZT, a breakthrough in AIDS prevention at the time, enters the assemblage of treatments there is some optimism about what it has the potential to do. It is referred to as having gained the status of a Holy Grail in the AIDS underground. It enables positive movements and confidence when making plans for Christmas. As Monette says, "the AZT was having its noticeably revitalizing effect on Rog's strength and alertness" (257). Although still frail and it does not last long, Rog gains "an aura of marvelous expectancy" (225) as a result of the AZT. As the disease progresses, AZT becomes a source of denial as it is looked over as a potential cause of infection for further illness.

The theme of finding a magic bullet is something that can be seen in *Holding the Man*. After attending a meditation class at the clinic Conigrave walks to the station with one of the guys from the class who told him about an anti-candida diet. A naturopath on the North Shore was getting some results with people with AIDS. Conigrave and John decided to take it up despite the disapproval of their doctor. The naturopath is mentioned several times. When they arrived home from one of their hospital stays, for example, John went to his codeine linctus like an alcoholic to vodka (248). Similarly, when Conigrave develops little red dots all over his forearms while in hospital, it looks like an allergic reaction to his medication. The rash becomes itchy. One of the nurses suggested taking a soda bath, so he pours a cold bath and lowered his torso under the water. "Being cold was an unpleasant experience but so was the itch" (236). Conigrave climbs into bed, then feels a rush, prickling all over. He takes himself off the drug, but then is immediately put onto a course of

Bactrim, which requires him to be woken up through the night and have it squirted in his mouth. While this changes the routine and assemblage of HIV/AIDS, it does help to alleviate his headaches.

In the case of *Borrowed Time*, the consumption of medications becomes so important to the assemblage of the memoir that the pattern of consumption literally structures later chapters of the memoir. In Chapter 6, for example, while on a clinical trial of a drug called Suramin, each dose punctuates the rhythm of the chapter. "This year we spent the weekend lying low, alert to any side effects of Dose 1" (130-1); "By Friday, when Rog received Dose 2…" (132); "I note in my journal that Roger processed dose 3 so well that he swam fifty-two laps of the pool" (134); On Saturday of Dose 4, we watched the hostage footage of TWA Flight 841 from Athens" (139); and so on. While on AZT the dosage adopts a four-hour rhythm: "I swung back and forth through the house like a yo-yo, from living room to back bedroom, checking up on Rog" (226). The rhythm of dosages structures the narrative. This enables us to understand how the text operates affectively and what drugs do to the agency of HIV/AIDS.

Installing a catheter becomes a scene of intense intimacy and routine for Monette and Rog. Monette recalls Charlene, one of their regular nurses, coming over and showing him the elaborate process for cleaning and inserting the needle. He watches her do it and observes, "it seemed ten times as complicated as the eye medicine, the chance of infection so close to the heart frightening" (294). Monette observes the mechanical nature of the procedure, which he takes comfort in. "Then once the needle is in, you have to monitor the flow, a drip about every four seconds so the drug goes in over a full hour." He masters the procedure quickly so he can do the late-night dosage by himself. It is not long before he is doing the other injections.

As for Monette and Rog, the introduction of treatments into the assemblage of HIV/AIDS, animates Congirave and John in particular ways. While on a double-blind AZT trial John developed a barking dry cough, which was assumed to be PCP. Conigrave and John question whether being on the "real stuff" would have had a different effect. John's T-cells also drop potentially because of the PCP. This causes a lot of anxiety and anger on John's part who indirectly takes it out on Conigrave. Conigrave comes to the realisation that it's the medication, not John that was responsible for this anxiety. When eligible for AZT himself, Conigrave is told about the side effects of the treatment. He develops a strange taste in his throat, becomes anaemic, and "began to feel blue" (206). Not blue in the sense of anger or depression, but just blue. When he changes medications, he feels aches in his joints and heart palpitations. During hospital stays, other medications are used to suppress coughs and to dry out secretions. Once Conigrave develops cysts consistent with PCP, he is started on Pentamidine.

The assemblage of medication also alters the physical body. Once John starts on chemotherapy to treat his PCP, Conigrave is confronted with the reality that John might lose his hair. "I was suddenly confronted by how much I valued his looks" (224). He acknowledges that he still finds John attractive after all of these years. He would rub his hands through John's hair and clumps of hair would come away. Despite losing his hair and it starting to look mangy, Conigrave acknowledges how John still looked normal. Conigrave offers to shave his hair for him. "I was feeling solemn. This was a symbol, a circumcision rite" (230). He started at the base of his neck and worked his way up. Conigrave describes the moment he shaved John's head and his hair fell away, John's skull was transformed into a large peach with soft fuzz on it. Chemotherapy is known for be notoriously toxic to the human body. While it

can kill cancer cells, it can also affect normal cells that grow or divide rapidly resulting in potential side effects.

The chemotherapy is partially responsible for popping one of John's lungs, which requires John to have a pleural drain placed in his chest. This drain has trouble healing once installed which requires them to perform a pleurodesis, a painful procedure seals up the space between the outer lining of your lung and chest wall to prevent fluid or air from continually building up around your lungs. Conigrave recalls John groaning throughout the installation. This is a procedure that John has to experience several times and contributes to the rhythm of hospital life. This is something that causes Conigrave distress as he watches John go through the process over and over again. The groans happen again. On the fourth attempt the lung stuck. The lung pops shortly after John's return home and the cycle of failed pleurodesis starts again. The failing pleurodesis causes John anger and he takes it out on Conigrave. He brought into the hospital a plastic bag with John's pyjamas in it, nicely washed but flecked with tissue. Conigrave apologies, but John gets angry, "Can't you get anything right?" (229). The toxicity of the drug compromises the body and its relationships with other bodies.

Structures of ordinariness

In this section I consider how HIV/AIDS animates itself in what I call structures of ordinariness. The point I want to make here is simple: intimacy is located in the ordinary and the repetition of mundane day-to-day tasks. The understanding of ordinariness that underpins this notion of intimacy is taken from Lauren Berlant and Kathleen Stewart's theorisations of neoliberal precariousness. From Stewart, I take the notion of the affective subject and how this subject, although poised as something that resists representation, takes form in writing. From Berlant, I borrow the idea of

the impasse as a genre in which the ordinary can be extracted and analysed. What emerges from this discussion is the degree to which HIV/AIDS can be understood as part of the assemblage of things that brings bodies together affectively and precariously. Despite its repetition, no instance of intimacy is identical. Intimacy is product of the differences in the assemblage. There is no pre-existing unity that can be referred to as "intimacy."

The notion of an affective subject furthers the idea that HIV is part of an assemblage that constitutes our becoming. Kathleen Stewart defines ordinary affects as the "public feelings that begin and end in broad circulation," but they are also more ephemeral, "a drifting immersion that watches and waits for something to pop up" (2, 95). This immersion is sporadic, pushing and pulling us in unexpected ways. This understanding of ordinariness draws attention to the unpredictability of not only being HIV positive, but also of everyday experience and suggests that ordinary affects are felt as an ambivalence that registers a both a sense of familiarity and unfamiliarity. Importantly, what ordinary affects cannot do is remain still, for even in still life there is motion, forces that attract and repeal and urge us into being and being with each other. "The ordinary is a moving target… Not first something to make sense of, but a set of sensations that incite" (93). Subjectivities, then, are located in the everyday and banal assemblages of ordinariness. Even though HIV might initially emerge as something extraordinary when it comes into contact with the body, in a context where antiretroviral therapies are accessible, HIV quickly becomes something that has to be managed through routine intervention and care. These "rhythms of care" make contemporary life with the diagnosis livable even though potentially compromised.

Rhythms of care, a structure of ordinariness, can be understood in terms of the genre of the impasse. In her most recent work, Lauren Berlant focuses on the

detrimental attachments we have developed in relation to notions of the "good life." The ordinariness of people's existence, the scene where one must live, has become "an impasse shaped by crisis in which people find themselves developing skills for adjusting to newly proliferating pressures to scramble for modes of living on" (8). An impasse might be a situation one wants to leave but cannot, not only because of the content of the situation but because of the attachment to the fantasy to which that situation might lead: the promise of the good life. The classic example Berlant uses to explain this promise is the optimistic expectation that restraining choices and losing weight will "complete oneself" in discourses of obesity. Stewart and Berlant use affect as a way of mediating the attritional nature of "the wearing out of the subject" (28). Berlant analyses the ways that affect "saturates the corporeal, intimate, and political performances of adjustment" (16) and, through careful and responsible critical attention, "releases to view a poetics, a theory-in-practice of how a world works" (16). As Berlant says, "the present is perceived, first, affectively" (4); for the present to make sense, we must attend to its saturation, the way it moves, and circulates between bodies.

What Berlant and Stewart manage to do is place emphasis on the process of vitalisation rather than the affective contexts of boredom, singularity or immobilisation. This proves to be useful when considering how HIV/AIDS animates bodies and the relationships these bodies come into contact with. Importantly, Berlant and Stewart call for a valued sense of attentiveness to our objects of study, especially to repetition or rhythms that produce them. Accordingly, it is in these repetitions and rhythms that we see things merge and form into something. This is akin to Judith Butler's notion of performativity developed in *Gender Trouble* that suggests how repetition provides a sense of the real. These attachments matter to people. They

affect our lives, and our lives affect them. The willingness to be receptive and attentive to structures of ordinariness allows us to see what matters to people and ultimately, hopefully, change things. Intimacy in HIV/AIDS life writing is enacted in the ongoingness of the ordinary. Therefore, the moments of undefined resilience in a text, the descriptions of the everyday, the ordinary, the banal that help produce intimate scenes of familiarity.

Now I continue the reading of Monette's and Conigrave's memoirs to demonstrate how intimacy comes into being through rhythms of the ordinary. I draw analytical attention to the surface or descriptive level of the texts, paying particular attention to the saturation of affect: the repetition and explicit mention of banal actions. What would be considered ordinary and everyday situations take on new meaning. Monette, for example, recalls Cesar—his friend—coming home for Christmas one year and just slumping on the floor in front of the sofa, "content to lie about" (15). This becomes a reality for Monette as he reflects in the present time of writing, "I can see this quality in myself as I sit on the hill above Rog's grave, or lie in his bed writing in the back bedroom resting in between things" (15). This becomes important for Cesar's subsequent visits. "I knew the rhythm of what he could do and what it cost" (42). It is these rhythms that become important for producing the relationship between bodies.

Rhythms of everyday life are constantly mentioned in *Borrowed Time*, particularly ones that reinforce routine. Monette recalls "a pattern of optimum tranquillity" (28) that he and Rog fall into when they move into their house on Kings Road. "Our most consistent time together was evenings seven to eleven. We usually ate at home on weeknights, did some reading, and went for a walk". Writing in the present, Monette reaffirms, after Rog's death, how, "My whole life has become one of

those weeknights now, plain and quiet and, here in the house at least, close to Rog" (28-9). This sense of predictability offers comfort. Furthermore, when they meet Dennis, Rog's attendant, routine becomes even more stabilised. Dennis would dress Rog, serve him breakfast, massage his legs, sit with him by the phone dialing Rog's business calls. Dennis's presence and the routine it enforced allowed Rog to gather himself and spend his liveliest hours in full control. The routine and stability established by the virus, and an additional body, produces scenes of intimacy for Monette and Rog.

The everyday becomes a zone of intense affective attachment for Monette and Rog. Seeing each other in bed each evening provides a comfort for the two men. Monette and Rog "would cling to that ordinariness… as he held on minute by minute" (210). The use of calendars also becomes an anchor point, reminding Monette of his once stable routine. "[T]hrough the week of March 4, Rog's calendar is full of precise notations. The hours are broken down into tenths, and he kept record in his calendar" (69). The stability of Rog's health is reflected in the full calendar entries. Monette recalls what Rog's calendar looked like in the days preceding his diagnosis. Immediately after Rog's diagnosis, his calendar was filled with appointments with his clients. This is in contrast to Monette's own diary which reflects a gap in the same time period: "my journal stood frozen around the two-word entry for March 12: the verdict" (87). As time progresses, their calendars serves as a reflection of the progress the disease has made. Monette recalls crossing off a trip to Cairo, replacing it with doctor appointments instead. Rog's once busy calendar turns completely blank to the point where he does not even bother purchasing one for 1986. Calendars become a horrible mockery of the life and health they once had. Monette reflects, "I wish I had kept an account of just the meals we ate, or a log of the calls that came in, for there

was where we lived. When you live so utterly in the present, the yearning to record it goes away" (192). Being fixated on routine becomes a way of normalising and dealing with the precariousness of looming death. The rhythm of constant doctor appointments, consumption of medication, and trips to the hospital structure time in the memoir.

As for much of the HIV/AIDS life writing included in this thesis, the hospital becomes a site where the ordinary and routine becomes embedded and enacted. Monette captures this perfectly when he says, "A hospital room is above all else intimate; you have no choice" (89). He makes this comment after Roger's first extended stay in room 1028 at UCLA. Besides the amount of time Roger spends sleeping, Monette recounts the time spent talking with Roger as a way of navigating the alien place of the hospital. "So long as you are together, foxhole or detention camp, you make yourself a corner and make it work." Hospital life is described as a rhythm and is defined by the familiarity of nurses and protocols of contagion. Roger's time in hospital sets a routine. "I'd stay with Roger in 1016 till eleven or midnight, always enjoying the quiet that descended on the floor late at night" (188). Time in the hospital is spent by taking strolls in the corridor, playing checkers, and walking through the botanic gardens. As Roger's health declines, these hospital routines intensify through "procedures of isolation" (229). For Roger's protection, people have to wear blue masks, gloves, and gowns. This requires a reorientation to the routine to the new crisis to keep germs away.

Like *Borrowed Time*, the hospital offers a space of rhythmic normalcy. The at times eerily silence, sounds of televisions, trollies crashing, men groaning in pain, men talking to themselves, urine bottles, five o'clock dinner, and a "strange chemical smell mixed with smelly feet and farty bedclothes" are the rhythms of the hospital

characterised by Conigrave. It also becomes a space where ordinary tasks become more of a burden. Before attending a party to celebrate one of his productions *Thieving Boy*, he recalls tying to shave his legs, but they were very wobbly. "What was normally a simple task was now very difficult" (213). Intimacy developed and sustained in the hospital room. After a party to celebrate Conigrave's play *Thieving Boy*, which he could not attend because he was not feeling well, the cast come and visit him. When the cast leaves, John offers to jump into bed with him. "John struggled to get on the bed. Arms and legs got tangled but eventually we were lying side by side, kissing gently" (214). The constant flow of friends into the hospital room provide much of the intimacy and excitement for the boys. "I loved having them coming in, and got excited telling them all my news. I was talking faster and faster. There was so much I wanted to report" (237). Talking becomes a comforting rhythm for Conigrave as does John's breathing and moaning. At nights, the hypnotic rhythm of John's breathing would send Conigrave to sleep. His final nights are spent moaning in pain. "He moaned with every breath, like a wind through a piece of bamboo" (269). The comfort of watching John breathe offers Conigrave a sense of assurance and enjoyment.

In *Holding the Man*, intimacy can also be located in everyday life and rhythms of care. This becomes apparent from the moment Conigrave and John move into their own flat at Rose Bay after moving from Melbourne to Sydney. Living on their own is described as an intimate experience that is framed in terms of rhythms: "John and I knew each other's rhythms and so there were none of the old problems of timing" (181). Conigrave explains the incredible freedom of being by themselves. They could walk around the house naked or go to the bathroom with the door open. Like Monette, Conigrave talks about John's obsessiveness to make sure they had the best of

everything, from can openers to garlic crushers. As John starts to become ill, homely rhythms provide the greatest comfort. Conigrave wheels the TV into the bedroom, makes him chamomile tea, gets him videos and nibbles. John's repetition of Conigrave's nickname, "Timba," also echoes throughout the memoir. Returning from a hospice stay is described as "crawling under a crisp cotton doona" (245), complete with the familiar smells, plants around the house, and flowers from a neighbour on the table. The comfort offered through the repetition of actions enacts a scene of intimacy.

Ordinary errands, such as going into the shoemaker's to buy a pair of shoelaces, become an important site of memory and intimacy. Monette recalls Rog buying a pair of shoelaces as his condition was beginning to decline. Monette was choked up at the simplicity and modesty of the errand, Rog's desire to persevere. The laces become a material object that haunts Monette after Rog's death. "The laces are in a drawer in the bathroom, still in their cellophane, and they evoke a certain cast of Rog's mind, his satisfaction with details. I never buy shoelaces; I throw the shoes away" (136-7). Paying bills, feeding the dog, going to restaurants, and running aimless errands. They are what provides stability during times of illness, the ability to make plans with friends, family and associates, is a theme that is constantly revisited throughout the memoir.

Although an intense site of connection for Monette and Rog, the ordinary eventually becomes a site of cruel optimism as it conceals the denial of Rog's impending death. Cruel optimism, according to Berlant, refers to moments where an individual's relation to a specific object of desire may be self-destructive or harmful, but in the same vein is intimately connected to the way this individual perceives and negotiates the world that its loss may irreparably destroy any further reason for life.

Here, the ordinary becomes a source of denial. Looking back to just before the time of Rog's death, Monette thinks about the signs of Rog's deteriorating condition and suggests nothing was "out [of] ordinary" (169). We were both working along, and if normal is too strong a word, then perhaps it's enough to say that compared to the nightmares we heard about, nothing was happening to us." Towards the end of Rog's life, the denial becomes real. The nights of staying up with Rog and hearing him cry are incompatible in Monette's mind with "the lazy Sundays talking with friends in the back garden, or the evenings reading Plato" (302). He reflects that he did not see Rog's death coming and that that unpredictability is one of the cruellest animations of the virus: "letting you think the good times are the real times."

Despite the cruel and painful animations of the virus, Conigrave channels the creative potential of the disease through the creation of several theatrical pieces. His works included *Thieving Boy* and *Like Stars in your Hands*. He is probably most well-know for his work *Soft Targets*, which was performed by the Griffin Theatre Company at the Stables Theatre in February 1986. *Soft Targets* was one of Australia's first theatrical responses to HIV/AIDS. The idea came just before his diagnosis while watching a documentary on AIDS. It "crept up on me and wrapped its hands around my throat" (162). It featured a nurse talking about her home-care client and a man who had to seal his lover's body in two plastic bags. "I had been stunned by what these people had been put through... I started to wonder what I could do." This was the inspiration for Conigrave to get together a group of actors and devise a piece. It was important for him to reclaim an issue that had been hijacked by the media. He would do this by incorporating real stories into the writing. The title was taken from a news report featuring a South African general talking in the news about the Namibian border war. *Soft Targets* was a good reference to the siege mentality in the gay

community. Once diagnosed, the workshops for *Soft Targets* become a ritualistic space that was bound with acceptance, tears, and laughter.

Becoming HIV-positive also inspires Conigrave to get involved with the local AIDS Hotline as way of doing his part to fight the disease. He enjoys working there and describes the environment as being somewhere he could be himself and have a laugh. “In the phone calls you’d hear about a side of life that very few got to” (183). Through his hotline work, Conigrave meets several people including Diana, the transsexual, and Geofredo, a young sex worker who develops a close bond with Conigrave. Conigrave then gets a job at Fun and Esteem, a group set up for men under twenty-six who had sex with other men, which likewise proves to be a challenging but rewarding position. “We’d take young men terrified by their sexuality, with their heads full of lies, and help them become proud gay men connected to their community” (195). Conigrave relays stories of several of his more difficult clients. His work in theatre and for the Sydney AIDS community are some of the more positive animates of the virus in his work.

Intimacy and the rhythms of food and leisure

In the previous section, it was demonstrated how the rhythms of ordinariness give rise to the intimate event. This elaborated upon through an engagement with food and culture in the texts. Food becomes something ingrained in the routine of the everyday. As Monette says, “Regular nourishing, fattening meals are the best you can do, day to day, for a person with AIDS” (116). He recalls being obsessed with food and Rog’s eating habits. Monette recalls that he was cooking in five nights a week and the comfort that can be derived from a homecooked meal. “At the same time you’re making somebody strong again—*eat, eat*—you are providing an anchor and a forum

for the everyday" (116, original emphasis). Dinner becomes a space in which the intimate is materialises affectively and this is even true of the hospital as well.

Food becomes something that is used to track the temporality and animation of the virus. Towards the end and after dinner, Monette would go to the store to get them ice cream. We had ceased to count cholesterol. That is a hobby for people who are in for the long haul" (117). Food becomes a sign of Rog's life and as long as he is eating, he is staying alive. Monette is vigilant to Rog's eating habits. At a meal with Rand Schrader, a close friend and former president of the Gay and Lesbian Community Services Center, Monette specifically recalls eating chicken because it indicated to him how functional Rog was at that stage before his rapid decline. He could still eat that night. "I also remember the leftovers in the fridge after he died, mocking me with all my rituals of feeding" (332). Thus, food becomes the promise of the good life, an impasse in the Berlantian sense, and a marker of memory and attachment.

In contrast, food takes a more ominous tone in *Holding the Man* than it does in *Borrowed Time*. John has difficulty eating early on. "He'd take a mouthful and grimace as the food passed into his stomach" (217). This encourages him to go to the doctor, which results in the diagnosis of an ulcer, a non-Hodgkins lymphoma. "It's an aggressive cancer and most likely it is already disseminated" (218). John is not given long to live. Towards the end of John's life, eating becomes more of a struggle as his body starts to cannibalise its muscle to get the energy it needs. It was hard for him to put weight on. John complained of pain when he ate, as he had when he had lymphoma. During his final days, his mother feed him like a baby. Conigrave felt she was infantilising him, "but when I saw the comfort he was getting I knew she was right" (259). Conigrave has the opposite problem. While in the hospice with John, he

is put on steroids, so that he could take a Sulphur drug to which he was allergic. As a result his appetite increases. “I couldn’t get food down my throat fast enough, and if there wasn’t food around I would get anxious. I got a thick neck and moon face” (244). Conigrave becomes aware of his “chubby white body.” While John’s body was starved for fat and here Conigrave was piling it on. The attachment and consumption of food resembles a relation of cruel optimism, where the promise of the good health falters.

High and low culture becomes another site where intimacy materialises in the ordinary. In *Borrowed Time*, Monette and Rog take up reading Plato. In particular, they used the blue-cloth Oxford volume called Portrait of Socrates comprising the Apology and the two last dialogues of the philosopher’s life, edited by the aforementioned Livingstone. “Being good students, we started with the introduction, which took us nearly a week to read because we’d stop and talk about it so much” (299). Eating a tin of cashews and drinking lemonade while reading becomes routine towards the end. Mornings are spent in the garden while Monette reads Roger the paper and then Plato in the evenings. “These brief, immediate goals of the day-to-day we had come to cherish, no matter how constricted our movements” (307). This engagement with high culture and the act of reading becomes routine as well as an intense site of attachment.

In contrast to Monette’s engagement with high culture, *Holding the Man* also invokes intimacy and compassion through its simplistic narrative style and references to popular (low) culture. Through acts of witnessing, Conigrave replicates ordinary affects which forges a reciprocal relationship with the reader. Part of the narrative sees both John and Conigrave coming and going from hospitals. At one point between hospital stays Conigrave recalls the following observation about John:

> John enjoyed his freedom. He had a major shopping attack, buying a swanky can-opener, a toaster, a CD of Vince Jones and a new jumper. He'd spend his days reading the paper, watching videos and snoozing. Sometimes we'd go for a walk down by the harbour, where the winter sun sparkled on the water. John tried to keep good pace in order to build his strength but every now and then he'd start coughing. He looked so cuddly rugged up in his woollen overcoat and his Bombers scarf (227).

This, for Conigrave, signals John re-establishing himself in normal life. In this passage we are provided with a to-do list of everyday tasks, including shopping for leisure and exercise. The closing sentence brings back a sense of admiration Conigrave has for his sick partner, reaffirming the intimacy between the two men.

Not only do these references to popular culture reiterate everyday banalities, but they also work to forge a connection to the reader. Another example of this in *Holding the Man* is the references throughout the narrative to a Topolino, or a Mickey Mouse doll. It is a present John bought for Conigrave from San Francisco, so its smiling and started eyes reminds him of John. The doll in question becomes an active signifier of John, while he is in hospital and Conigrave is alone: "I crawled into bed and played Topolino, making him do things that John does, like John's famous impersonation of a charging rhino" (232). Later in the memoir, when they are both in hospital, Conigrave tries to cheer John up, "I sat beside him playing with Topolino. When John woke… I bounced Topolino towards him. 'A charging rhino'". This turns into a joking, playful and warming moment between Conigrave and John who are confined to hospital beds. Conigrave mentions playing with Topolino several times throughout the memoir. Then, on the morning of John's funeral, Anna, Conigrave's sister, presents him with an enameled Mickey Mouse badge, which moves him to

tears. Conigrave puts the pin on John's jacket and wears it over his heart to the funeral. Thus, bonds are established through popular culture, which reiterates a sense of normalcy.

Conclusion

This chapter has challenged representational approaches to HIV/AIDS life writing to argue for an examination of these texts that focuses on the agency of HIV/AIDS, rather than analysing the politics of representation that underlies the text. I have demonstrated the way bodies that carry the virus animates their hosts in particular ways. It not only deteriorates the body but moves the body physically too. Obsession with hygiene and cleanliness and the consumption of medication are two notable examples of the way HIV/AIDS act as a toxic sensorium to facilitate the orientation of the body as the immune system collapses. It is the vivid and repetitive descriptions of ritualistic, banal day-to-day activities that offers, I argue, a timely insight into how we can think about intimacy despite the precarious nature of the situation. It is through the rhythms of the ordinary—through food and popular culture—that intimate events come into being.

Chapter 4 – From moment to moment: temporalities of intimacy in Foster's *Take Me to Paris, Johnny* and Johnson's *Geography of the Heart*

> "I was shocked from complacency into an ongoing, moment-to-moment appreciation of what I'd been given… The feeling between love and loss is what it means to be alive."
>
> Fenton Johnson, *Geography of the Heart*, 225-6.

Early pathographies about AIDS typically took two forms: the testimony of the author's own death or the narrative of witnessing a loved one perish. The act of writing in either case becomes an act of resistance, since the author or the witness is choosing to confront rather than merely succumb to the disease. HIV/AIDS life writing carries with it the generic expectation that the narrative will culminate in death. Time becomes a limited resource and there is a feeling of urgency that permeates all HIV/AIDS life writing. "The purpose of AIDS writing now is to get it all down" (113), John Preston reflects in his 1995 memoir *Winter's Light*. As Jason Tougaw notes, in relation to the first form, the imperative to "get it all down" is the result of wanting something to leave behind while the writers are still alive and still physically and intellectually sound enough to write (238). Likewise, for the witness, the urgency can be equally as intense, but often emerges after their loved one is deceased, as an act of mourning. Paul Monette's collection of poems, *Love Alone: Eighteen Elegies for Rog*, for example, was written in the five months after Roger's passing. On their creation, he says, "Writing them quite literally kept me alive, for the only time I wasn't wailing and trembling was when I was hammering at these poems" (xii). The act of writing not only becomes invested with urgency to get it down, but it is also invested with life: the will to live in the moment.

To live in the moment is to suspend the constraints of a normative and teleological notion of time. Indeed, living in the moment is about emphasising the ongoingness of the present. The present, according to Lauren Berlant, has to be navigated and absorbed affectively to successfully track a "crisis-shaped subjectivity amid the ongoingness of adjudication, adaptation, and improvisation" (*Cruel Optimism* 54). This formulation of time as something ongoing or improvised is inherently queer. As Jack Halberstam (*In a Queer Time*) suggests, queer time is something that has its roots in the AIDS epidemic itself. Halberstam takes AIDS writer Mark Doty's words, "All my life I've lived with a future which constantly diminishes but never vanishes" (4), as an emphasis on the *here*, the *present*, the *now*, and while the future remains uncertain, the urgency expands the potential of the moment.

The threat of AIDS produced a rethinking of the conventional, or normative, emphasis on longevity and futurity by defining a community in relation to categories of risk and contamination. As Halberstam notes, queer time is not only about compassion and annihilation, but also the unbounded potentiality of life. In a roundtable discussion on "Theorizing Queer Temporalities," Halberstam writes that "queer time for me is the dark nightclub, the perverse turn away from the narrative coherence of adolescence– early adulthood –marriage – reproduction – child rearing– retirement–death" (182). The new temporal logic enabled by queerness produces alternative temporalities, alternative narratives about identities, kinships, and futures. These narratives also carry potential to disrupt and challenge the conventional logic of HIV/AIDs—as a teleology towards death—by focusing on the "living on" of the subject in the ongoing present.

In the previous chapter, I argued that intimacy, as it unfolds in Timothy Conigrave's and Paul Monette's memoirs, is embedded in structures of ordinariness: the ritualistic and banal rhythms located in the day-to-day navigation of survival. The idea that intimacy has a rhythm also suggests that intimacy has a temporality. The nature of intimacy's temporality is the subject of this chapter. John Foster's *Take Me to Paris, Johnny* (1994) and Fenton Johnson's *Geography of the Heart* (1995) are two HIV/AIDS memoirs that provide a thought provoking journey into how narratives about illness shape time, and how time shapes narratives about illness. They offer valuable insight into how experiences of witnessing their respective partners struggle with AIDS not only challenge normative conventions of time and family, but also how they reaffirm and reiterate them in sometimes contradictory ways. In this chapter, I argue that the event of intimacy described in Foster and Johnson is affectively and temporally dynamic and irregular, where the relation between past, present and future is one of coexistence rather than succession. The theory of temporality implied here is an affective one. This perception of time concurs with Jasbir Puar's assertion that affect is "not an opening toward or against or in relation to a teleological notion of time, prognosis of time, or forces that simply resist or disrupt progressive time" (*Right to Maim* 19). In other words, affect moves us away from terms such as "past," "present," and "future" to reorient us around what Manual DeLanda calls "non-metric time" (*Intensive Science* 99): speed, pace, duration, timing, rhythms, frequency. Time, for Puar and by extension in this chapter, becomes less an epistemological unit of organisation and instead is thought of as ontologically irreducible, constitutive to becoming, a speculative opening of becoming.

While the role of temporality is not an explicit focus for Puar, a critique of teleology runs through her epistemological and political reading of contemporary

biopolitics (*Terrorist Assemblages*). When she turns to Deleuze and Guattari's concept of assemblage to articulate a reconceptualising of subjectivity away from the identity politics that remain a tool of the disciplinary state, Puar invokes the Deleuze and Guattarian notion of 'becoming' and its insistence on movement, rather than arrival or stasis, as the site of subjectivity and politics. For Puar, tropes from Deleuze and Guattari arrive fairly late in the book and are not developed at any length. However, the sympathy between queer theory's projects and those of Deleuze, with and without Guattari, is emerging in recent scholarship and supports my decision here to draw explicitly on Deleuze's philosophy of time, especially his three syntheses of time as explored in his book *Difference and Repetition* (trans. 1994), to develop my own analysis of time and temporality in HIV/AIDS life writing.

This chapter proceeds in five parts. First, I introduce the notion of queer temporalities and provide an overview of how time has been theorised in queer studies. I argue that these approaches, despite their attempts to challenge traditional notions of time, continue to present a notion of time that is linear and sequential, reinforcing the relationship between past, present, and future. Second, I outline Deleuze's three syntheses of time: the synthesis of habit (the living present), the synthesis of memory (the pure past), and the synthesis of future. The synthesis of habit, in conjunction with Lauren Berlant's notion of 'slow death,' is used here to understand how the temporality of HIV/AIDS can be framed as a process where the present, past and future collide. The synthesis of memory is then taken up to examine how the past, namely historical events such as the Cuban Revolution and the Holocaust, are used to shape meaning in the texts. Finally, the synthesis of future is used to track how intimacy manifests temporally amidst crisis. Reading these three syntheses through Foster's and Johnson's memoirs will demonstrate how these texts

hum seamlessly through and between the registers of present, past, and future to create an affectsphere of vitality.

The limits of queer temporalities

The view of time that is traditionally challenged by queer scholars is what may be loosely termed the "standard" theory of time: time as the chronological succession of instants in consciousness, as an irreversible and linear progression of psychological states: from past to present, from present to future. This describes a longitudinal or flat temporality, one composed of threads that run horizontally between its successive points – time becomes line. This standard view of time is limited by the fact that it fails to account for the passage of time and it cannot explain the constitution of the past qua past. This is due to our preoccupation with identifying reality with presence. It leads to the past being seen as derivative of the present in one way or another. In other words, if time is positioned as a succession of instants, of sequential moments defined as before and after, then the actual passage of time becomes impossible. Therefore, the standard theory of time falters in accounting for temporality as such.

To look at time and temporality through a queer theoretical lens is to challenge this notion of standard time and examine non-normative models of time. Queer time signifies a disruption to normalising logics, such as a teleological narrative or explanation of events, and instead places emphasis on interruption, forgetting, and reversal. It is attentive to the silences and slippages that challenge, or are at least resistant to, normative ways of being in the world. Queer scholars have argued that a primary temporal disposition anchors a contemporary politics of normalisation: a temporality of futurity. This is where dominant social norms, such as heterosexuality, capitalism, patriarchy, whiteness, and nationalism emerge and orient

us towards the future. Subjects are rendered docile, most often at a wholly unconscious bodily level, through our unwitting obedience to the future.

This docile orienteering towards the future has been most forcefully criticised by Lee Edelman (see Chapter 5). In his polemical *No Future: Queer Theory and the Death Drive* (2004), Edelman declares that the future should be abandoned under the rubric of queer theory. He refuses any attachment to heteronormative discourses of futurity, particularly those crystallised through the figure of the Child. It is this figure of the Child that enacts a reproductive futurism that he argues constitutes the political per se and, subsequently, all political acts. The Child, as Edelman shows so thoroughly, is one of the most revered symbols of U.S. culture: forever innocent, forever unscarred by the nastiness of life, forever full of potential that will carry us into a brighter future, the Child promises all that we must aspire towards. As Edelman demonstrates, "[t]hat Child remains the perpetual horizon of every acknowledged politics, the fantasmatic beneficiary of every political intervention" (3). In contrast, José Esteban Muñoz's *Cruising Utopia: The Then and There of Queer Futurity,* (2009) provides a hopeful and optimistic version of politics that is positively oriented towards the future. Muñoz aligns queerness with a utopian potentiality that refuses to accept any enclosure of the present, whether in the form of heteronormativity or queer negativity. What both of these authors do is articulate that there is a future and we should be for or against it.

Sharing Edelman's suspicion of the sanctity of the Child, Jack Halberstam's *The Queer Art of Failure* (2011), conceptualises failure as an alternative to conventional understandings of success in a heteronormative, capitalist society. Halberstam demonstrates the value of this approach through a reading of Danny Leiner's *Dude, Where's My Car?* Stupidity is portrayed as endearing when embodied

by the white male, whereas stupidity in women works to reinforce social hierarchy. Halberstam does not present the film as being queer "at the level of identity" but finds "queerness as a set of spatialized relations that are permitted through the white male's stupidity, his disorientation in time and space" (65). It is by virtue of forgetfulness and stupidity, the continual loop in the film, that queerness can be read, even while the Dudes occupy a privileged position as white men (65). Here, the focus on stupidity is key to the potential of challenging capitalist forms of success that require future orientation. Halberstam, nevertheless, reinforces a normative notion of time that moves sideways, but still forwards, even though there is a slight delay caused by male stupidity.

A turn towards pasts, rather than the disavowal of the social per se that we find in Edelman's totalising critique of reproductive futurism, also distinguishes the work of Elizabeth Freeman. In the introduction to a special issue of *GLQ*, "Queer Temporalities," she notes how time is something that is experienced in the body asynchronically and suggests that this is a queer phenomenon, "something felt on, with, or as a body, something experienced as a mode of erotic difference or even as a means to express or enact ways of being and connecting that have not yet arrived or never will" (159). Furthermore, in her book *Time Binds: Queer Temporalities, Queer Histories* (2007), Freeman outlines an affectively-based relation to history that encounters the past in the present and registers this encounter through the sensations of the body, particularly through pleasure. She develops a notion of erotohistoriography, an affective historiography that denaturalises and formally reconstructs queer relations to time. Freeman reveals how erotic historicisms can "jam whatever looks like the inevitable" by maintaining a "commitment to bodily potentiality that neither capitalism nor heterosexuality can fully contain" (173, 19). In

other words, queers should turn to both the recent and long past to challenge the structures of the present. Through her insistence on the critical use of pleasure for thinking history otherwise, Freeman offers an insightful reimagining of how we might rethink the past and the ways in which it structures the present. Thus, despite trying to advance a form of temporality that recognises how desire might disrupt normative modes of feeling in time, Freeman—like Edelman and Halberstam—reinforce a standard conception of time that uncritically reinforces conventions of past, present and future.

What is needed is a relation of transmission or exchange between these dimensions if we are to understand how HIV/AIDS animates bodies—that is, bodies that do not merely act in the punctual and self-contained instant, but for whom the past bears on the present, and for whom the present passes, making a difference in the past. This is where Deleuze and his three syntheses of time become useful.

Deleuze and the three syntheses of time

In the previous section, I suggested that the key limitation with queer theorisations of temporality have been that they have reinforced standard notions of time, which is at odds with queer theory's critical aim of being a site of resistance against social norms. Notions of past, present and future that frame this scholarship tend to uphold their sequential nature rather than offering a mode of coexistence that might allow us to better understand how the event of intimacy can be understood temporally. This coexistence is not merely a linear line of succession. Rather, it involves is a combination of non-linear durations that co-exist within themselves. What is presented in this section is a non-linear and non-mimetic relation of transmission, a transmission that is also a becoming, at once transformation, differentiation and

divergence. It is a non-representational theory of time, which links it to the broader theorisation of intimacy in previous chapters.

The basis for this non-representational theory of time emerges from the philosophy of Gilles Deleuze. The theory of time constructed by Deleuze allows difference to be defined as a complex process. This is insufficient for grasping the originality of Deleuze's ideas, since the claim is not strictly about time as process, but as Deleuzian scholar James Williams notes, it is rather about processes making multiple times (3). Times are made in multiple synthetic processes. These multiple times cannot be reduced to one another according to an order of priority or sequencing. Instead, the processes and the times are related according to a series of irreducible perspectives: times as dimensions of one another. For Deleuze, past, present and future are not separate parts of time, but alternately treat each other as dimensions, where to be a dimension means to be a subsequent process. Thus, Deleuze's process philosophy of time denies the independence of past, present and future.

This process sets each dimension into many different orders of dimension according to many different processes. These are sometimes organised according to the traditional concepts of past, present and future, but not necessarily so. It is important to register that although we can speak of different processes and orders of priority, this subdivision does not imply that different orders of dimension and processes are completely separate from one another. It is exactly the opposite. The processes interact and the orders include one another. However, they do not do so according to a final reductive unity. According to Deleuze's philosophy of time any process in the present is also, in some special way, a process in the past, a moving backwards into the past, etc. Any process in the present is also, in some special way, a

skipping into the future. The only exception is that no process in the present can go back to the past as it was when the process of going back began. Likewise, no process in the present can go into the future as it will be when the process of going into the future began.

In *Difference and Repetition*, Deleuze develops this notion of time through three syntheses, where each of the three syntheses is a prior process in relation to the other times as dimensions. James Williams and Keith Wylie Faulkner have written about the three syntheses at great length. What is reproduced here is a brief summary of the syntheses for the purpose of developing an analysis in the proceeding sections.

The first synthesis of time, also known as the synthesis of habit, demonstrates that past and future collide in many movements determined by singular events. The past and the future are dimensions of the present. This synthesis suggests two different processes: the contraction of the past and of the future into the present. This means that a process in the present, often described by Deleuze as the 'living present,' determines processes in the past and in the future such that the present process changes the past and the future by synthesising them in a novel manner. In other words, all of the past and all of the future are concentrated into the living present, into the multiple syntheses of living presents. In Deleuze's first synthesis of time, past and future are therefore dimensions of the present such that each present is infinitely extended back and forward in time. All of these times interact and interlock, but they do not submit to any external or internal order that can reduce the multiplicity of times to a single set of laws, patterns or even probabilities. Thus, the synthesis of habit implies a process in the present determining the past and future as dimensions of the process.

While the synthesis of habit takes time as its primary process, the synthesis of the past, also known as the synthesis of memory, takes the past as its central process. Here, the present and the future become dimensions of the past. This in turn adds another process to the two already defined in relation to the first synthesis: the contraction of the future and of the present into the past. Most significantly, it also means that the present is not one process but many, dependent on its place as primary synthesis or as dimension. The two things to note about the synthesis of memory are that: 1) it runs counter to the notion that the past is what we can represent as the past, not only in conscious memories, but also in film and photography; 2) it is a process operating on the present, which becomes a dimension of the past. The pure past makes the present pass. Thus, there is extraordinary richness and potential for experimentation and applications in Deleuze's philosophy of time.

Third, and final, is the synthesis of the future where the future also has its own prior processes and includes the past and the present as dimensions. What distinguished this third synthesis from the other two is that it is a number of different processes: a cut or caesura, an ordering, an assembly, a seriation and a process of eternal return. All of these processes can be understood as originating from the idea of the future as novel event. This novelty can be seen as necessary within the first two syntheses as that which is distinctive and singular in each living present and in the passing of a present into the pure past. The living present and the pure past depend upon a concept of singularity, or more properly singularities, determining the present and its passing as distinctive through differences that cannot be defined through identities or their negations. A novel event is a cut or caesura in a series because it divides them according to its arrival and its effects on the series. In other words, everything changes with every new event. The future is also an assembly, a process

running through all events, setting them into series according to the singular work on difference in that novel event. Thus, the synthesis of future is an a priori ordered temporal series separated unequally into a before and an after.

Together Deleuze's three syntheses of time provide a formal network of processes that defines time as multiple and singular. Multiplicity is crucial to any understanding of Deleuze's philosophy of time. "Every process is multiple, irreducible to others and free of claims to higher sources or pure origins" (Williams 4). Processes can be described as singular because there are different times according to the singularities of the individual process at work. For Deleuze, these processes congeal into the appearance of time and are determined by singularities rather than by regular features adapted to general laws and relations. Time for Deleuze is therefore not only irreducibly multiple at the level of types of time: present, present as dimension of the past, future as dimension of the present, future, and so on. It is also irreducibly complex insofar as each one of those types can only be said to be fully actualised when it is associated with singular events, which are themselves determined in accordance with series of singularities or singular processes drawing events together as processes of becoming that make times. Each process therefore determines its own times, for instance where the future as dimension for present grief is very different from the future as dimension of survival of an incoming species and extinction of another. All these times are relative to one another, not as disinterested objects, but as processes folded into one another yet incompatible with a representation of all of them under a single external map or in a single space–time continuum. Therefore, there is a commitment to time as multiple processes and to the ideas that times are made with processes and that such processes make beings.

Slow death, the living present and the temporality of AIDS

As I have just discussed, the first synthesis of time, the living present, determines each present based on the folding into the past and future it concentrates into itself. As subjects we do not travel through time as an unchanging body and mind. Instead, all present processes resonate in waves through the past and future as dimensions of events determining a living present. This notion of the living present has resonances with Lauren Berlant's concept of slow death. In *Cruel Optimism*, Berlant uses the concept to describe a way of living in this current stage of capital. Obesity is used as an example of how the processes of eating have become perverted by capitalist pressures. It emerges as a temporal problem where people live on in extended states of debility, suffering, and disease. Berlant's theory of slow death refers to the wearing out of the bodies of those whose food choices are limited to the most calorically-loaded and least nutritionally-sound substances made available. In other words, obesity is symbolic of a slow death that awaits many marginalised peoples. Berlant notes how the obesity epidemic cannot be explained in terms of liberal concepts of individual sovereignty (see Chapter 5). Rather, the emphasis on the suffering brought about by overeating and food insecurity is key to thinking about people's attachments, their wellbeing, and the small spaces of will that make that slow leaching of life under late capitalism bearable. The slowing down of time enables Berlant to focus on the moments where the past and the future fold into the present to form an impasse (*Cruel Optimism* 199).

The concept of slow death, and by extension, the living present, relates to HIV/AIDS life writing through its temporal properties: the long and gradual process or movement towards death. Berlant argues that in the space of the everyday, people have agency and this is typically enacted when they tell themselves that they can

achieve the "good life" or happiness. However, she points out that this narrative that we tell ourselves is actually a lateral form of agency. Berlant defines lateral agency by its dispersal and diffusion, by "roundabout movement" (*Cruel Optimism* 231) that has an intermittent and unpredictable rhythm. This rhythm interrupts the accelerative pace and extreme stresses of neoliberal conditions of existence. The momentary pauses of lateral agency can serve, in part, as a means by which the subject is able to continue his or her existence. Whereas traditional forms of agency imply a form of verticality and of uplift, Berlant argues that in day-to-day life in our era, agency resembles a horizontal line rather than a vertical one. For instance, after a long day of work, classes, and/or just plain surviving, we simply just want to do enough to get through the day. Agency is this "zone of temporality marked by ongoingness, getting by, and living on" (99) where subjectivities are mediated. In HIV/AIDS life writing, communicating the capacity to live in the moment, in the present, is the genre's greatest attribute. This is something evident in the life writing of John Foster and Fenton Johnson.

Take Me to Paris, Johnny is John Foster's account of the life of his partner, Juan Céspedes. First published in 1993, not long before Foster's death, *Take Me to Paris, Johnny*, traces Juan's youth in Cuba and his move to New York, where he struggles to make it as a dancer. That is where in 1981—in "a chance encounter, much like any other"—he meets John, an Australian historian. What begins as a simple fling becomes a six-year relationship. The two travel between New York, Berlin and Melbourne, struggling with bureaucracy in their quest to gain Juan residency in Australia, then with AIDS, resulting in Juan's death on Good Friday in 1987.

Fenton Johnson's *Geography of the Heart*, published in 1996, tells how he met and fell in love with Larry Rose. Set largely in Los Angeles, the memoir explores how two hopeless romantics were united through Larry's HIV-positive diagnosis. As he explains, "My life with Larry Rose came to this: The two of us driving down a country road to France… The two of us consumed with love, and his dying" (20). Their relationship spanned three years: Johnson and Larry met in the American summer of 1987 and Larry died on 17 October 1990. Johnson interweaves two stories: his own upbringing as the youngest of a Kentucky whiskey maker's nine children, and that of Larry, the only child of German Jews who happen to be survivors of the Holocaust. These narratives are complimentary and are used to contextualise Johnson and Larry's relationship, which culminates in Larry's death during their last trip to Paris together.

AIDS emerges in both texts as something that slows down time, but also collapses the distinctions between present and past, between present and future. In *Take Me to Paris, Johnny*, Foster recalls reading *The Times* on 3 July 1981. Doctors in California and New York had diagnosed among homosexual men forty-one cases of a rare and often rapidly fatal form of cancer. Eight victims had already died. It was being associated with promiscuous gay men and that is why, when he asks Juan about the rumours while they were in a bar in Berlin, Juan replies "Yes, it's the gay cancer." He explains how only "crazies" choose to go to bathhouses anymore (70). Back in New York, after their time in Berlin together, Foster recollects how the mood had changed. This disease had generated apprehension. Likewise, Johnson observes how all of his old San Francisco friends slowly died. He observed an increase in socialisation, "people keeping up with one another" (165), as these men realised they

were HIV-positive. On the other hand, he also observes a younger generation of gay men who did not have many contacts and lived in denial of the epidemic.

HIV/AIDS involves a premature ageing that brings the future into the present. Johnson observes this in Larry: the crow's feet at his eyes and in the parched skin at his temples. He notes how this also slows down and ages his own body. "[T]he ageing extends beyond those who have the disease. I felt like a much older man, watching the world I took for granted drop away person by person" (166). This ageing process is slow. The progression of AIDS is also observed on Juan's body. The first signs of AIDS-related illness occur when Foster and Juan are in Berlin and Juan displayed signs of bronchitis. Later, while visiting John in Melbourne, Juan wondered why Australia was making him ill. "On the first trip it was Bell's palsy. Then it was followed by an outbreak of shingles that raised little pustules of concentrated itchiness across the small of his back" (82). While separated, Juan reveals in his letters to John that the symptoms were worsening. During Juan's deterioration, Foster observes Juan sitting on the carpet in front of the gas fire. "On the lower part of his legs the skin had begun to flake and he rubbed them with coconut oil. At the back of his legs where the calf muscles ought to have been there was an ache" (135). It is in this moment that John realises that he has not seen his lover naked for some weeks:

> But here, stretched out on the carpet where the coffee stains were, there was no concealing his wasted condition. I was shocked; shocked by my own blindness… Searching for words, I found none. I said nothing, just as I had said nothing when he told me he could no longer get an erection (136).

Foster touches Juan's body as Juan guides his hands "as if I were a blind man" (136) to the points on his spine and shoulders and his neck where the pain was felt. "It was

humiliating, painful to bare his body, so pathetically thin" (143). Thus, the body becomes a site marked by time that is animated by the virus within it.

AIDS is something that progresses through time and, like other living entities, develops an evolutionary trajectory. It assumes a time of its own. When Juan is diagnosed with AIDS-related complex (ARC), a prodromal phase of infection, Foster remarks how much of a relief it was. "In this evolutionary view of the disease there was still time. That was a comfort" (146). Once diagnosed with shigella, Juan experiences a brief recovery after taking some antibiotics. "As Dr Wall had warned us, the improvement was only a small victory, a temporary respite" (156). The evolutionary pace of the virus accelerates, decelerates, then accelerates again. When the shigella returns, Juan takes a turn for the worst. As Foster says, "I did have a vague sense that death was a process that one was supposed to talk about, to address, to work through" (169). Here, death is emphasised as a temporal process. Towards the end of the evolutionary process, Juan's question becomes "What will I do with my things?" (169). Juan had succumbed to the idea of death and coming to the end.

As Juan's condition declines, the virus slows him down further. On a trip to Hanging Rock with their friend Rickard, the "signs were multiplying" (122). After returning from the same trip, Juan struggles to wheel his bike to the local chemist and back. This becomes his last outing as he could no longer ride it up the Queensberry Hill. He was now taking "twenty minutes to walk to the doctor, when previously we covered the distance in a brisk twelve or comfortable fifteen" (122-3). Juan begins to acquire the aura of an invalid through performative means. People keep asking him how he is, but as his replies were vague and inconclusive, the world at large had no choice but to accept his fiction of the ulcer and to speculate. "[Juan] required no threatening plan for living, and his tactics and his temperament reinforced [his] own

inclination, after the initial shock, to let the morrow take thought for the things itself" (126). Juan becomes subjected to the virus, which slows him down and impairs his movement.

One of the ways slow death is enacted in *Geography of the Heart* is through the temporality of reading. It also structures one of the text's most intimate rhythms, given its regular occurrence between core chapters, as well as dismantling relationships of time. Reading is introduced as something that binds the narrative together structurally, propelling it forwards and pulling it back. "I want to read you something… It's my favourite poem" (37), Larry says to Johnson one night as they are getting ready for bed. Although Johnson at first thinks Larry is initiating a session of lovemaking, it is the simple gesture of reading that becomes "the first of many nights when we'd read to each other in bed" (37). The two become entwined as they form this habit of reading to each other. Even on their trips to France, they took to reading whole books aloud to each other. There is often some play between Larry and Fenton in these moments, taking the book off each other to read. After reading, they often just lay there and embrace.

It is through the temporal act of reading that Johnson makes the link between present and future, a relationship that becomes affectively entwined in the moment. "So long as we were in the middle of a book, he wouldn't die. The longer the book, the better" (163). The desire of temporal delay intensifies as the narrative progresses. While reading Gabriel García Márquez's *Love in the Time of Cholera*, Johnson notices how troubled he is by how fast they are progressing through the book. "I did most of the reading now—Larry was too weak—and I was reading slower, because I'd become obsessed with the notion that Larry would not die so long as we were in the middle of a book. I didn't want this book to end" (172). In a desperate attempt to

stall Larry's death, there is a strong desire for the book not to end. "I wanted [the characters] to travel forever and I wanted Larry and me to travel with them, since as long as we were traveling, we were a moving target, as long as we were on the road, he was alive" (172). At the end of the book, Johnson is quick to choose a new book to keep the momentum going.

There is also the suggestion that the reading accelerated as Larry's condition worsened. The final book they read is Homer's *Odyssey* during their trip to France. Johnson remarks, "I was reading ever more slowly, as slowly as I could, but we had finished twenty-two of its twenty-four books, and this evening I began the twenty-third" (186). As Johnson reads the chapters to Larry he takes Larry's hand, still attached to the IV, and holds it. The dripping of the IV keeps time. At the end of the twenty-third chapter, Johnson says "One more chapter left. We have to think about finding another book" (188). At Larry's cremation at the Père Lachaise Cemetery, Johnson opened a bottle of Veuve Cliquot, poured two glasses, and picked up his book. "At eleven forty-five I began to read aloud the twenty-fourth and last book of the *Odyssey*" (203). The scene slows down as Johnson comes to terms with Larry's death, but the act of reading serves as a way of extending the past into the present.

A similar collapse of time into the present can be seen in *Take Me to Paris, Johnny* through the delay to get tested for HIV. There is a reluctance or denial to find out their status. It is not until they are sent to the Hospital for Infectious Diseases at Fairfield that they begin to consider it. The test carried with it more implications for the future. Ignoring it meant passing the Department of Immigration test to be able to stay in Australia. The doctor insisted that taking the test would enable John and Juan to plan their lives. "We would have liked nothing better than to be able to plan our lives, but this was ridiculous, and I said so" (120). Before the trip to Fairfield, Juan

was optimistic about the future. “There was always the prospect of next year, and the one after that. And now? He felt dizzy, unbalanced, because suddenly there was no future to weigh against the present” (121). Juan was overwhelmed about the prospect of the future colliding with the present. This collapse was felt affectively through Juan’s body.

The synthesis of memory: the Cuban Revolution and the Holocaust

According to Deleuze’s work on time, no representation of a historical event can lay claim to represent the past. This means that in addition to representing the past in the present, we must also critically analyse how literary representations are a process of change, a selection and creation of itself with the past and the future. What the second synthesis of time seeks to express is not a copy of itself in the world, nor a correlative or representation of the present from which it was formed. Rather, what is suggested is a singular affective tonality, a particular rhythm of becoming or intensity of memory, a unique perspective that characterises a plane of pure memory. The past here is understood as something felt affectively. The non-representational past is not a state of consciousness or a product of the mind or brain. As Alia Al-Saji explains, “The memory of the present is the virtuality that perpetually accompanies the present; it is the shadow that makes it an actual present by putting it in contact with the past” (216). The past therefore need not be understood as an abyss, a remote and lost presence. As the memory of the present implies, the past is the invisible lining of present perception, constitutive of the present instant.

Both Foster and Johnson draw upon historical events to parallel their lover’s struggle with and eventual death from AIDS, blurring the distinction between past and present. In *Take Me to Paris, Johnny*, Juan is everything John is not. Juan is from Cuba, a product of civil war. He is a refugee fleeing from oppression and, ultimately,

he becomes the early victim of a spreading plague. John, on the other hand, is a sophisticated white man from a first-world culture. He is a historian, interested in the experiences of German Jews during the Holocaust and Australian garden history, particularly Melbourne's parks and gardens. Foster acknowledges these differences when he writes, "I brooded over the disparity in our backgrounds and the divergence of our interests, to say nothing of the fact that our homes—that word again—were half a world apart" (48). In other words, although Foster is giving an account of Juan's life, this is also a record of his own and it his memory that has given the memoir shape.

The Cuban Revolution sets the backdrop and informs the early narrative of Foster's memoir of Juan. Born in July 1953, the same month the revolution began, Juan's life is entwined with the Cuban Revolution. "Only a few miles away to the west, while the country partied and drank itself to a stand-still, Fidel Castro and his band of guerrillas launched their famous attack on the Moncada Barracks" (8). This "special claim on history" is not the only thing that sets Juan apart. Due to the inadequate sanitation in the city of Guantanamo, Juan is born a sickly child with stomach problems, "whose condition neither worsened nor improved, who neither flourished nor sickened" (9). It is this illness he grows up with and by the time he acquires HIV, a second thought is not given to his irregular bowel movements. Thus, rather than being a representation of a historical event, the temporality of revolution is something Juan experiences unconsciously on the level of affect and his body.

For much of the memoir Juan is stateless as a result of his historical situatedness. Post-Revolution Cuba was a prison, so escape to the United States became necessary for Juan. The memoir traces Juan's bureaucratic navigation of obtaining a passport, getting American citizenship, and later, an Australian visa. His

mysterious difficulties had to do with the fact that his 'claimed nationality' was Cuban, a possible threat to national security. When the East German passport controllers entered the train at the Berlin Zoologischer Garten railway station during his stay there, Juan experiences a moment of terror, which takes him back to the water and the night of Guantanamo Bay, the night he escaped from Cuba: "Had he really returned… to the nightmare world of the Communist International?" (65). According to Mark Baker (*History on the Edge*), one of Foster's most established traits was his distrust of bureaucracy. This comes through strongly in the memoir in the portrayal of Juan as a stateless person, treated with blank-faced indifference if not suspicion by immigration officials around the world. Baker attributes Foster's hatred for bureaucracy to its association with the Holocaust.

Cuba, and its history, begin to start intervening in the everyday life of Foster and Juan. Foster recalls from his earliest memories of spending time with Juan how his Cuban background began to permeate their lives. "It appeared in the supermarket trolley in the form of adobo… It came home in the shape of green bananas. Cuba also dictated that we observe the ritual of a Saturday-night investment in the lottery" (51). Moving to Melbourne becomes a hesitation for Juan, who sees New York as an extension of his Cuban identity. "He was like an exotic bird" (89). He felt out of place in Melbourne, Foster remembers. People looked at him on the train and in the street. This did not stop Juan from bringing Cuba to Melbourne. Juan's thirty-third birthday party, for example, assumed dimensions of a Cuban community feast in terms of size and what was served to the guests. So, through his statelessness and his everyday navigation of the world, Juan affectively embodies his Cuban past as it collides with the present.

In a similar approach, events of the Holocaust inform Johnson's memoir about his lover Larry. What distinguishes *Geography* from other texts I have examined in this thesis is its heartfelt and compelling reflection on family. The past, the historical events of yesterday, is what shapes the present, the here and now, the identity of its subjects and the narrative itself. The book is divided into two parts: "Emigrant Sons" and "Lucky Fellows". While Emigrant Sons chronicles Larry and Johnson's relationship, their growing up stories, and Larry's death, Lucky Fellows is a short text reflecting on the moments after Larry's death.

Johnson's and Larry's identities are intertwined and explored not only through each other's narratives, but also the pasts of their parents. The Holocaust serves an important function in *Geography of the Heart*. In particular, Larry's parents, Fred and Kathy, survive the Jewish Holocaust by hiding in a Dutch village a few miles from Germany. This is after Fred was imprisoned twice and had his back broken by Nazis during the German invasion of Amsterdam. "Larry's bonds had been forged from and by history itself" (71). After the end of the war, Fred undergoes back surgery, Fred and Kathy get married, they emigrate to Los Angeles and Larry is born a year after their arrival. Fenton recalls listening to these stories from Fred as he unconsciously slipped into German. "I glimpsed for a moment another person—some part of his first, lost life" (42). It is this story that is threaded through the first few chapters of the memoir, establishing the past as central to understanding the present tense.

In *Geography of the Heart*, the burden of Larry's parents' histories and love produces much of the tension in the memoir and this manifests through his inability to separate himself from his parents. "[H]ow he clung to childhood until long after childhood because as long as he was taken care of, he was protected from engaging the world in all its cruelty" (54). Larry, Fred and Kathy's only son, is someone they

sought to protect. This is revealed through one particular scene in the memoir when Larry and Johnson are visiting Versailles and Johnson suggests they take a bike ride around the gardens. To Johnson's disbelief, Larry never learned how to ride a bike as a child. "My mother was afraid I'd have an accident" (130). Johnson writes that Larry spent some of his adult life in Europe partly as a way of exploring his European roots but partly by way of proving to himself that he could live apart from his parents. Johnson speculates that part of Larry's attraction to him emerged from Johnson's independence.

The contrast between families is marked through differing relations to time. Johnson constantly compares his life to Larry's. While Larry was the son of Holocaust survivors, Johnson was the son of depression survivors. While Larry bought French shirts and Italian sweaters, Fenton hoarded the last bit of soap. This contrast is particularly played out in the third chapter, which recounts what happened when Fred and Kathy immigrated to Los Angeles in the 1940s and how their experiences shaped Larry's childhood. This chapter is entwined with Fenton's own childhood growing up in Kentucky. Larry "was a difficult birth" (40), but as Fred and Kathy's only son, "[h]is struggle to survive must have rendered him more precious to parent" (40). In Los Angeles, Fred and Kathy would speak German until Larry was old enough to correct their fractured English. Fenton, on the other hand, was born ninth of nine children. His own birth was, admittedly, "impatient" as his mother had to drive the sixteen miles to the hospital on her own one Sunday morning while the rest of the family was at Sunday mass. Jonhson acknowledges that he and Larry were children of two different, great historical moments:

> He was a son of the traumatic dislocations of twentieth-century Europe. I was a son of the great migration from the farms to the cities that in those same years emptied the American

> countryside. We were both sons of cultures that placed high value on those who came before, but Larry bore the greater burden. I carried my family's elaborate genealogy with me, but the Nazis had poisoned his family's memories, to leave in their place a history whose simple recollection constituted an act of courage (63-4).

This reflection on the past prompts a reflection on the not so distant past and the present. It is these entwined pasts that leads them both to California. "All these stories telescope into the present, this moment in which I am among the survivors" (65). It is this sense of felt history which propels the memoir forward.

There are constant parallels drawn between survivors of the Holocaust and AIDS survivors. "There's something you ought to know" (30), Larry says to Johnson. "In the mid-1980s, in San Francisco, among gay men there could be only one thing I ought to know, and I'd sensed it already" (30). Larry's HIV-positive status is disclosed shorty after telling Johnson his parents' stories of surviving the Holocaust. This is something reinforced throughout the memoir. One night, just after Larry learns that his T-cells were beginning to drop, he has a nightmare that his parents had not escaped Nazi Germany but were being carted off to the ovens. Johnson awoke to Larry's incoherent mumbling, "a stumbling stream of words" (35). This causes Johnson to reflect on the presence of death and what it means to be a survivor in the present. To be a survivor in the present means to be affected by the past.

This blurring of past and present also structures the memoirs in more explicit ways. *Take Me to Paris, Johnny*, for example, begins and ends with Foster journeying to Cuba, the city of Guantanamo, the homeland of his lover, now more than a year dead. He felt it was necessary to go back to the beginning of it all, to make the trip to Cuba to meet Juan's mother, in preparation for which he learnt some Spanish. Foster provides a vivid description of the "poor" city and the history of the area that sets the

scene for his meeting with the Cespedes family, a family of local bakers. “It was the baker Cespedes, or more precisely his wife, whom I had come to see” (3). Juan’s mother is described as being in her “mid-fifties, greying hair, wearing a red cotton print dress” (4). Foster recalls rehearsing this meeting many times in his mind. Foster and Juan’s mother are instantly connected through the mention of Juan’s name, “the sight of my foreign face told her all she needed to know” (4). Juan’s mother knew faintly about Juan’s illness through letters that Juan sent her. An ulcer, he explained. An unanswered letter to Juan results in another letter from Juan’s mother that is opened by Foster, which made it clear that she had not received word of his death. Not only is Juan’s death slow, but the communication between Australia and Cuba is also delayed.

Like *Take Me to Paris, Johnny*, Johnson’s *Geography of the Heart* begins with a similar pilgrimage to Santa Monica, Los Angeles to see Larry’s parents. This is a promise Johnson made to Larry before he died. Although there is some resistance from Johnson to keep his promise to Larry, he goes and stays with Fred and Kathy where Johnson and Fred swap memories about Larry. Johnson is struck by Fred’s reference to his good luck and fortune. This is particularly evident when Johnson asks Fred to talk about his years in Germany:

> He speaks not of his beating or of murdered family and friends but of moments of affection, loyalty, even humor, until he speaks of winters spent confined to bed, huddled in Kathy’s arms, their breaths freezing on the quilt as they sang together to pass time, to stay warm, to distract him from his pain, to ward off their fear (19).

Larry always spoke about his parents with affection and this is something that Johnson acknowledges throughout the memoir. Thus, what this emphasis on the pure

past, according to Deleuze, demonstrates is how historical events, such as the Cuban Revolution and the Holocaust, come to shape the present. It is not through the capacity to represent memory, but rather through the capacity to feel a sense of memory. This is similar to Freeman's appeal to a "bodily potentiality" how affect is fundamentally bound up with, and a binding force of, history, power, and aesthetics. it also insists that experimentations with affect can disaggregate the body's normative bindings within time, releasing new relational possibilities.

Death and the synthesis of future

The third synthesis of time teaches suggests that every event, intimate or otherwise, is necessarily novel or unique. It is not new in part, but new through every series of events drawn together in the present. The future is a novel event. As discussed in Chapter 2, the generic expectation of HIV/AIDS life writing is that the narrative will culminate in death. That is the defining feature of HIV/AIDS testimony. Death, as Ross Chambers writes, has a temporality of its own: it "is slow and far from easy" (*Facing It* 18). The sequence of sudden, largely unpredictable medical emergencies and long, slow convalescences, the waiting for test results and their interpretation, the rumours of therapeutic breakthroughs, the often incautiously optimistic announcements regularly followed by disappointing outcomes contribute to the temporality of HIV/AIDS. In this section, I examine how death and future are framed in Foster's and Johnson's memoirs. It will be demonstrated how past and the present are dimensions of the future.

Notions of the future and death become synonymous in HIV/AIDS life writing. In *Take Me to Paris, Johnny*, Juan thinks about death often: when he would farewell people or even just while lying in bed. Most memorable was the night of a

Thanksgiving dinner. As Foster observes, an event that would typically go unnoticed in Australia, this was something Juan demanded be celebrated (137-8). It was to be an event held the priest's dining room, who lived next door. This was a celebration of last things. Juan made a speech at the end thanking Father Jim and Ann for their hospitality. "It's my last Thanksgiving… as an American," Juan said. For Juan, this was one way of imagining the possibility of dying. "This quality of lastness was always as sharp, as definitive, as easily recognized as that Thanksgiving" (138). This "lastness" takes an ominous vibe that is positioned neither in the past, present or future: "there was simply no last to remember, only the dull sense that there must have been a last because there would be no more" (138-9). Thus, lastness becomes a new temporal marker.

One of the most significant "last things" Juan does is dance. Dancing played a key role in Juan's life and is mentioned several times throughout the memoir. His last dance took place the night of Thanksgiving in the parish hall. The lastness of the final dance is animated slowly by the virus in Juan's body. It took Juan longer to prepare himself than usual that night—longer to arrange his hair and iron his shirt—and they arrive late. There he dances with a Peruvian woman he had met at Mass the previous Sunday. "When he danced, [he swayed] slowly so that the [fur] coat rippled around him" (139). Once again, emphasis is placed on the 'slow' movements of the body. Foster also notes how Juan spoke in Spanish for the first time—as far as he knew—since Juan had left New York. This event of Juan's final dance synchronise the past (language), the present (his body), and the future (movement) together.

Whereas death is characterised by what is to come in *Take Me to Paris, Johnny*, in *Geography of the Heart*, death is invested with intimate potentiality. At one point in the memoir, Johnson writes, "We are all drawn to it in some dark way…

But there was nothing romantic about living with a man with HIV" (108). According to Johnson, it haunted their lives and their lovemaking. Larry lived in fear of infecting Johnson while Johnson lived in the fear being infected. Having sex becomes a critical exercise of questioning: "Every time we made love I longed for this: the chance to engage, just once, in this act with two of us alone; the chance to make love as a couple rather than as a ménage a trois, where death was constantly the third party" (108). Death takes on a spatial as well as a temporal dimension. Johnson's fear relates to whether or not Larry would infect him before he died. This is the way the virus imposes limits on their relationship, but this manifestation transforms into something more. "Each time we made love I took from him a little more of his self, and gave in return a little more of myself, binding us together a little more closely" (109). This is a situation he rejoices in despite the prospect of Larry's death. The repetition of "little more" emphasises the temporal delay. Thus, becoming more intimately entwined through the present, Johnson fears that losing Larry would mean losing himself to the void left behind.

Time is a limited resource in HIV/AIDS life writing. As was the case in Monette's *Borrowed Time* (see Chapter 3), there is a constant longing for more time. During their final trip to France, Larry was late to a rendezvous with Johnson. This causes Johnson to reflect on the nature of time and death. "As the light failed, I grew angry…. this was precious time, the waning of our time together, time I wanted for myself, for us" (175). Johnson continually checks his watch in the hope for more time. He also feels like the guardian of Larry's health. Johnson describes death as being a part of life, spherical in nature. Similarly, just after Larry dies, Johnson contemplates what it means to view death as a process. "I was in the midst of a process that would require its own time, a process as organic as the growth of a tree

and nearly as slow. Death had planted the seed of my grief in my heart, which must and would gestate at its own pace, independent of my will" (201). Thus, death is a process that challenges a standard theories of time. There is no beginning, middle or end.

Having HIV/AIDS comes to be defined as not having a future or sense of time. In *Geography of the Heart*, HIV/AIDS animates not only bodies, but also notions of time. Johnson notes how he was able to tell who was and who was not HIV-positive by looking at and listening to how they speak about the future. "In men who were 'progressing,' I saw the skin tighten on the cheekbones, the hair lose its luster" (116). In the second part of the memoir, Johnson opens up about dating a year after Larry's passing, he explicitly talks about avoiding talk of the future with his new interest Mark. They share similar experiences of looking after someone with HIV. On Mark's birthday, they arrange to spend a lunchtime together at Johnson's place. After going to the effort of organising a cake and a gift, Mark cancels because his lover had just gotten a diagnosis for pneumocys and wanted to spend time with him. This is short-lived as Mark rang back shortly after to say that there was a new experimental drug, that and his lover was feeling okay and he would be able to come over after all. Fenton understands this gesture as "that short triumph over fate, over time and memory and history, that desire may bring at its best" (221). They have sex, an "old confusion of love and sex and death carried to the limit; a modest act of defiance, a declaration of life, thumbing our noses in the face of the beast" (221). Afterwards Mark puts on his clothes and returns home to his dying lover.

Similarly, in *Take Me to Paris, Johnny*, Foster's and Juan's relationship is defined as having a lack of time or an uncertain future. From the onset of their initial fling, Foster recalls an attempted break up after the summer in which they met.

"There was no future in this. The summer had thrown us together, and now that the August days were at an end, it was time to part. Fond of him as I was, he was not the lover I was obscurely looking for" (48). Although Foster admits, in a letter to a close friend, that he was falling in love with Juan, he knew that he was going to be moving to Germany to complete some research on the German-Jewish industrialists. Living in the moment, Foster and Juan live in the uncertain future. Indeed, at one-point Foster equates the pattern of Juan's life to an airline schedule (78). Juan spends most of the memoir travelling between New York and Melbourne. John comments that he and Juan were not lovers in a novel. Rather, "we were content, happy with the prospect of ordinary pleasures and a life together" (108). It is this desire to have a life together that propels the narrative forward rather than racing towards the certainty of death.

As in *Take Me to Paris, Johnny*, intimacy is experienced temporally in *Geography of the Heart*. The prologue ends with the timely message that "love doesn't measure itself by the calendar" (20). The memoir's narrative structure, according to Johnson, tells the story of a man (Larry) who is taught him how to love, "how slowly I learned [from Larry] what he had to teach" (21). Indeed, *Geography of the Heart* tells the story of Johnson's failure of negotiating the "inexorable law of desire," but eventually meeting Larry. It was through death, at a memorial for a former housemate, that Johnson met Larry. Johnson recalls that one night, after moving in together during end-of-the-day partner talk, Larry said: "Love is like a ripe peach. You take it when and where you find it, there's no point letting it sit around. If you're lucky enough to come across it, you'd better enjoy it right then and there" (231). Johnson acknowledges that he never knew anyone as immediately present as Larry. "He slipped into my life with the force and immediacy of the here and now" (34). Johnson is orientated toward thinking about the future while Larry was

immersed in “this day, this hour, this minute” (34). Again, what we see is how intimacy works between the registers of past, present and future.

Conclusion

In their memoirs Foster and Johnson reveal how temporality becomes habituated within affective dispositions, and it also insists that experimentations with affect can disaggregate the body's normative bindings within time, releasing new relational possibilities. A Deleuzian reading enables us to read HIV/AIDS life writing and view the body as temporal agent, an agent in process. Time is a process that evades standard theories of time that uphold the past, present and future as distinct moments in time. Through an exploration of Deleuze’s three syntheses of time, I have suggested a theory of time that conceives the relation past-present-future in a way that resists the closure of presence, is open to the novelty of the future, and permits an innovative role for life writing practices in the lives of subjects and in relations of intersubjectivity. What we see in the memoirs are bodies encountering the past as always already in the present as is the future in the present. There is no clear delineation between registers of time. Most significantly, I have argued that the links between present and past are of consequence not only for the experience of temporality in an individual subject, but for the possibilities of interplay and transmission between different subjects and histories. There is freedom in Deleuze’s philosophy of time, not in free will but in a multiplicity of open futures at work in any present and transforming all of the past. To this end, what Foster and Johnson present is the infected body’s potential to forge relationships through and in time that sit outside of the normative pacing of time.

Section III: Pathographies of Intimacy

Chapter 5 – The bonds of nonsovereignty: AIDS, disintegration and the unbearable in the diaries of Wojnarowicz and Michaels

"WHEN I WAS TOLD THAT I'D CONTRACTED
THIS VIRUS IT DIDN'T TAKE ME LONG TO
REALIZE THAT I'D CONTRACTED A
DISEASED SOCIETY AS WELL."
David Wojnarowicz, "Postcards from America."

In Chapter 4, I examined the ways in which intimacy is constituted temporally in HIV/AIDS life writing. Intimacy, as it materialises in HIV/AIDS life writing, operates in dynamic and irregular rhythms, which allows it to traverse between the registers of past, present and future. Intimacy is not a stable signifier, but rather an assemblage, the circulation of affect within the sphere of relationality, that territorialises and deterritorialises as it moves between bodies. This conception of intimacy challenges the presumption that these narratives are "stuck" in the past. Indeed, I have argued that these testimonies highlight the complexities of which time operates in the act of life writing. In this chapter, I extend this analysis of relationality through an exploration of what is commonly referred to as the anti-social thesis in queer theory.

Influenced by Leo Bersani, and later, Lee Edelman's theorisation of sex as something anti-communitarian, self-shattering, and anti-identitarian, the anti-social thesis has come to animate and complicate queer theory's discussions of affect, futurity and sociality. The basic idea of the anti-social thesis is that erotic experience harbours the capacity to undo not only selfhood but also conventional social relations. In his seminal essay, "Is the Rectum a Grave?" (1987), Bersani argues, "[i]f sexuality is socially dysfunctional in that it brings people together only to plunge them into a self-shattering and solipsistic *jouissance* that drives them apart, it could also be

thought of as our primary hygienic practice of nonviolence" (222). This statement has had the rhetorical effect of producing two contradictory trajectories: where one must be "for" (a queer version of) the social, a collective world building, or one must be, as queer, "against" the social (as we know it), and heteronormative attachments to notions of the future. As Robyn Weigman has argued, this is an "arena of interpretative battle, one whose incredible hostilities" (220) has shaped the field of sexuality studies.

Given the centrality of this debate to the field of queer studies, this thesis devotes a whole chapter to thinking about sociality and the intimate attachments that constitute social relations more generally. This chapter seeks to explore what the anti-social thesis has to offer a conceptual mapping of intimacy and HIV/AIDS life writing. The analysis in this chapter will take shape through a close reading of Lauren Berlant and Lee Edelman's *Sex, Or the Unbearable* (2014), one of the most recent engagements with the anti-social thesis, which I will use to frame my analysis of HIV/AIDS life writing. Berlant and Edelman explicitly take up the question of negativity to stage "a reframing of the antisocial thesis" to consider what they describe as a widespread misunderstanding of negativity's critical and political capacity (xii–xiii). Although clear about their intention to exclude optimism—to have "sex without optimism," as they would say—from the framing of their project, their analytical preference for negativity performatively reproduces and sustains a dichotomy grounded in identity politics that needs to be contested in order to open up new ways of being in the social world. The texts examined in this chapter were chosen because of the way they reiterate but also challenge debates in queer studies about negativity and the anti-social thesis.

Echoing the sentiments of a younger generation of scholars and my interpretation of debates about method in literary studies (see Chapter 2), I argue that reducing discussions of relationality to simple binary oppositions ("for" or "against"), as the anti-social theory rhetoric suggests, presents a false choice that implies that you have to be for one or the other. As Weiner and Young suggest, it is not as if negativity or optimism act in isolation, but rather through dynamic relations with each other. These positions are not incommensurable but are rather both unavoidably inherent in the navigation of social relations and politics surrounding HIV/AIDS. The texts examined in this chapter, although drenched with anger and frustration, are also optimistic about the worlds in which they exist. By actively working through the affects and recognising their own nonsovereignty, these men proceed on a path to liberation.

This chapter focuses on the diaries and essays of two of the most controversial writers to emerge from the first wave of the AIDS epidemic: David Wojnarowicz and Eric Michaels. David Wojnarowicz (born 1954) was an American artist and activist who died from AIDS in 1992 at the age of 37. He is known as one of the most prominent figures in the New York art world of the 1980s, especially for his work *Untitled (Buffalo)*, a photograph of buffalo falling off a cliff, which was adopted by the band U2 for the cover of their 1989 single "One." His writing testifies to his perspective as an outsider, a gay man in a homophobic and violent world. One of the greatest and most abiding of all AIDs memoirs is *Close to the Knives*, a collection of semi-autobiographical essays first published in the U.S. in 1991. Appropriately subtitled "a memoir of disintegration," the title alludes to both its non-sequential structure and to the content of its prose about his troubled childhood, he himself becoming one of the most renowned artists of his time in New York City, and being

diagnosed with AIDS himself. Also important to Wojnarowicz's testimonial archive is an abridged collection of diary entries published posthumously under the title *In the Shadow of the American Dream*. The entries offer a timeless search for the intimacy, pleasure, and freedom he believed one could sustain despite the cruel realities of life. Both of these collections—his essays and diary entries—serve as two of the key objects of analysis in this chapter.

Eric Michaels (1948-1988) was an American-born anthropologist and is best known for his fieldwork with the Walpiri Aborigines of Western Central Australia where he studied the impact of television on remote Aboriginal communities. He left the U.S. in 1982, after completing a Ph.D. in anthropology from the University of Texas at Austin, to take up a position at the Australian Institute of Aboriginal Studies in Canberra, and then a teaching position at Griffith University in Brisbane. He is the author of *The Aboriginal Invention of Television in Central Australia 1982-1986* (1986), *For a Cultural Future: Francis Jupurrurla Makes TV at Yuendumu* (1987), and *Bad Aboriginal Art: Tradition, Media, and Technological Horizons* (1993). His book, *Unbecoming: An AIDS Diary*, published posthumously in 1992, is comprised of diary entries from September 1987 to August 1988. The starting date marks the first emergence of the symptoms of the illness and the end date is two weeks before his death on the morning of 24 August 1988. Not only chronicling his deteriorating physical condition, his diaries also give insight into his struggle with the Australian government, an ill-equipped health system and a problematic gay community.

These texts are written by men who are highly trained cultural critics and whose writing is marked by wit, understanding of their political contexts, and a good grasp of theory. One an artist and the other an academic, they write in a time of fear and confusion as people were dying and society was treating them as outsiders. Their

writing reads as impassioned testimonials about the social, the governmental, and health systems that were failing them and their peers.

Wojnarowicz's epitaph at the start of this chapter speaks volumes. "IT DIDN'T TAKE ME LONG TO REALIZE THAT I'D CONTRACTED A DISEASED SOCIETY AS WELL" (*Close* 114, original emphasis). The anger, that is, the implied judgement that something is bad, displayed in Michaels's and Wojnarowicz's writing, can be read in exclusively negative terms. As Sara Ahmed writes, "The 'anger'… the reader should feel when faced with the other's pain is what allows the reader to enter into a relationship with the other… the pain of others becomes 'ours'" (*Cultural Politics* 21). It is through this transaction that negative or destructive affects have the potential to enable optimism and creativity, often in their very refusal of promise or attachment of the social bond. Negativity, although at times paralysing, can move subjects into a different relation to the world that recognise their power to be affected.

What unites these two writers is their ability to challenge our social relations, our rituals of exchange, that body of sociality in which they find themselves engaged—they challenge the cohesiveness of society's norms, just as their own physical forms are deteriorating. It is no coincidence that Paul Foss, in his preface to *Unbecoming*, cites Wojnarowicz's quote about contracting a diseased society. As Foss writes in relation to Michaels, "he genuinely believed in the sovereignty of diverse peoples and their cultural practices, in those specific rites of passage by which everyone, whatever creed, color, or taste, defines and negotiates the sum total of existence" (xix). I would suggest the same sentiments could be extended to Wojnarowicz. This is where creativity and the respect for diversity—in the form of their activism and art—emerges in these texts and transcends the division between

optimism and negativity. It is for this reason that I take up Berlant and Edelman's concept of nonsovereignty as this chapter's centrepiece.

First, this chapter will provide an overview of the antisocial thesis and identify what is at stake. The second part of the chapter will introduce the notion of nonsovereignty, a concept Berlant and Edelman use to designate the undoing of any stable subjectivity. Wojnarowicz's and Michaels's recognition of their own disintegration and undoing enable them, in different ways, to navigate the intimacies and bonds of their lives. The active affects these authors choose to adopt transforms the constitution of their bodies and their relations. Parts three and four, respectively, examine questions of negativity and the tangled terrain of complex and contradictory affects that reside in the rhythms of Wojnarowicz's and Michaels's writing. While acknowledging the value of Edelman's pessimism, this chapter takes a more Berlantian position to address the value of the impasse, the being with and working through positive and negative affects that renders us as nonsovereign.

The anti-social thesis in queer theory

Emerging from the AIDS epidemic itself, the anti-social thesis, broadly construed, argues that all social life and sociality—encompassing the good life, happiness, and citizenship—is organised by heterosexuality and reproductive futurism, which consequently excludes queerness. The anti-social thesis has its roots in the writing of Guy Hocquenghem, who in *Homosexual Desire* (translated in 1993), celebrates the fact that homosexual desire, which is not conducive to reproductivity, therefore "has no place in the social structure" (71). Despite this early articulation in 1972, the anti-social thesis is more commonly associated with Leo Bersani, who argued that queers should embrace the death drive and celebrate the negative worth of unproductivity, abjection and asociality. Here, the death drive is understood as the ultimate form of

narcissism, the search for *jouissance* that comes from the symbolic dissolution of identity, or where "the subject is momentarily undone" (*Homos* 100). Viewing sex as involving a disorganisation of selfhood, the anti-social thesis draws heavily on Bersani's contention, in *The Freudian Body* (1986), that "sexuality would be that which is intolerable to the structured self" (38). This is the notion that sex has the capacity to undermine identity.

Sex and sexuality have become the nexus for tracking the modern subject's undoing and this has to be achieved largely through rhetoric of negativity. In other words, sexuality is the locus of social disarray and carries with it the potential to disrupt normativity, which should be embraced according to some. Queerness, for Lee Edelman, is a figural position, embodying an implacable negativity that "disturb[s]" civil society and the social order (17). Edelman seeks to dismantle the social order not to serve some more "viable political future," but to block from existence "every realization of futurity… [and] every social structure or form" (4). In doing so, he calls for queers to embrace the destruction of the social order. Thus, Edelman's work has entailed positing queerness as both a figure and force of negativity itself.

This radical queer position—one that embraces negativity—has been at the receiving end of two core critiques, producing a rhetorical "for" or "against". First, the negative framing of the anti-social thesis excludes or does not account for differences that can lead to real social harms. José Esteban Muñoz's *Cruising Utopia: The Then and There of Queer Futurity* (2009) positions itself against the anti-social thesis's negative orientation and Edelman explicitly, arguing that the figure of Edelman's queerness—its inattention to "actual children" and their specificities of class and race—produces a "monolithic figure of the child that is indeed always already white" (95). He suggests that anti-sociality is a backlash against scholarship

on race and gender, one that maintains a commitment to "the purity of sexuality as a singular trope of difference" rather than analysing its constitution at the intersection of many categories of difference ("Thinking" 825). Alongside Muñoz, Robyn Weigman observes how race is consistently used to differentiate between what she calls "an insistently Lacanian understanding of sexuality and an insistently intersectional one" (236). Thus, this critique suggests that Edelman is problematically inattentive to the "particularizing differences" that are at the heart of queer theory's intersectional commitments.

The second criticism examines how Edelman's account of "reproductive futurism" may be met with other strategic responses that do not rely on the destruction of hope and notions of futurity. While the first of these critiques seems widely accepted, the question of what strategy to pursue or what our ethical obligation is in relation to the anti-social thesis's account of the social remains an open question. Muñoz, for example, offers hope and the turn to utopic thinking rather than Edelman's turn to abjection. He offers the potentiality of the "not yet here" dreaming "new worlds… beyond romances of the negative and toiling in the present" to make a new social order (*Cruising* 1). Muñoz understands the political capacity of criticism to require a reparative sensorium, what he calls an "educated hope" (3). Thus, the question of how we might be to navigate sociality without falling back on negativity is a central issue.

Although these criticisms have produced a deadlock "for" or "against" queer sociality, there have been attempts to address the need for critics to pledge their allegiance to one side or the other. Joshua J. Weiner and Damon Young edited a special issue of *GLQ* on "Queer Bonds" in 2011 precisely to rethink the oppositional rhetorics that are present in these debates. Preferring a language of bonds, they argue

against the demand to pledge queer theoretical allegiance to one interest or the other. Such a "false choice," they wrote, whereby "one must be 'for' (a queer version of) the social or one must be, as queer, 'against' the social (as we know it)," too easily assumed that "queer social negativity engendered no bonds and [that] queer collectivities did not take shape precisely in relation to some negation or incommensurability within the social" (224). Likewise, Heather Love offers practices of description as an alternative both to Edelman's negativity and Muñoz's utopianism, proposing to describe, document, and recognise the social world's operations and interactions rather than prescribing a strategy to change them (see Chapter 2). That is, rather than offering an ethical position like Edelman or Muñoz, Love turns to practices of objectivity and empiricism (even as she realises their impossibility) with the aim of providing an account of the world that "does not depend on the ethical exemplarity of interpreter or the messenger" ("Close" 375). What these younger scholars generate is ways of thinking beyond the binary of "for" and "against" that the anti-social thesis works so rigorously to defend.

Lauren Berlant and Lee Edelman's *Sex, Or the Unbearable* takes the form of conversation as a way of engaging with the notion of attachment and relationality in negative terms. Sex takes on the metaphor of the undoing or self-shattering that we enter into when we come into relation with each other; how we become undone within that scene of relationality, an unattainable ideal. Relationality is, according to Berlant, "converging that is inseparable from abandonment, movement within varieties of intense stuckness, and foreclosing gestures that are also openings" (112). Subjects both desire attachment but also resist it, but because all encounters lie within signifying systems, they suggest, we cannot avoid the negativity that informs each and every encounter, hence grapple with the question of negativity exclusively.

Negativity, as they examine it, "signifies a resistance to or undoing of the stabilizing frameworks of coherence imposed on thought and lived experience" (xii). The psychoanalytically derived notion that erotic experience involves a disruption of coherent selfhood is, in part, what Berlant and Edelman are referring to when they speak of negativity. Berlant and Edelman reinforce the dichotomy emblematic of Edelman's earlier work.

Berlant and Edelman's project has several key limitations, including its abstract nature, which is a criticism that could be extended to the whole anti-social rhetoric itself. The biggest criticism like this has come from Tim Dean ("No Sex Please"), who criticises the unreadability of Berlant and Edelman's style. As Dean writes, "[i]t sometimes seems as though the authors were trying to outdo each other in unintelligibility—as if writing illegibly were the approved mode of academic queerness" (618). Furthermore, Dean argues that Berlant and Edelman deploy a particular vocabulary to suit their own abstract purpose. "It should not go unremarked that their discourse… attempts to politicize negativity without taking account of the complex politics or history of sovereignty as such" (620). The nuance required to register that complexity gets lost in Berlant and Edelman's love of abstraction and would entail reference to particular socio-political contexts. In response to Dean, Berlant and Edelman argue that abstraction serves as an indispensable tool with which to contextualise and interpret questions of relationality. These limitations aside, it is their discussion of nonsovereignty that frames the next section.

AIDS and becoming nonsovereign

This chapter argues that Wojnarowicz and Michaels are nonsovereign subjects. It is their contact with HIV/AIDS that produces this nonsovereignty. To understand what nonsovereignty is and what implications this has for thinking about relationality and

the antisocial thesis, it is worth defining what is meant by sovereignty. The sovereign individual, according to Carl Schmitt's political formula (2007), is "the one who decides," an entity that is united and in control of their decision-making capacities. As Michael Hardt notes in his reading of Berlant and Spinoza, it is their opposition or critique of this notion of sovereignty that unites their political and ethical projects, which must be formulated on the terrain of the affects. This commitment to non-sovereignty is also shared by Berlant and Edelman. For Berlant and Edelman, non-sovereignty "invokes the psychoanalytic notion of the subject's constitutive division that keeps us, as subjects, from fully knowing or being in control of ourselves and that prompts our misrecognition of our own motives and desires" (viii). What Berlant and Edelman share in common is a commitment to the value of negativity and nonsovereignty for social theory. The subject is abjected and subordinated by social norms through negative encounters, and that nonsovereignty, or the undoing of the self, offers a politics of hope. By claiming that negativity challenges subjective sovereignty, Berlant and Edelman risk rehabilitating negativity as politically progressive.

It is through our encounters with other living and non-living entities that we become nonsovereign; however, this process does not necessarily need to be viewed through a prism of negativity. The ability to recognise our power to be affected is not a weakness but a strength. This is probably where I tend to agree with Berlant and not so much Edelman, who maintains the strength of embracing negativity against all else. Berlant, on the other hand, resists the dictates of sovereignty to see how frustration and longing creates new intimacies and new forms of life. To be affected by others, by external forces, enables us to open up and discover the means to repeat or prolong the affects that are beneficial to us. To understand how Wojnarowicz and

Michaels are nonsovereign subjects, it is important to focus on what could be conceived as Berlant's two critiques of Schmitt's notion of sovereignty: 1) "the one" and 2) the decision.

a) The critique of unity

The first aspect of Schmitt's dictum, "the one who decides," that Berlant would critique is that of "the one," who indeed never decides or acts or is acted on. The subject is never one. Agency and causality, Berlant suggests, should be understood not in terms of unities but instead "as dispersed environmental mechanisms at the personal as well as the institutional level" (*Cruel Optimism* 114). Instead of thinking in terms of unities, then, Berlant urges us to think the relation among multiplicities and recognise the consistency of dispersed landscapes. To identify the locus of decision or acting or being acted upon, one needs to look not to the one but the consistent relation among the many. The acknowledgement of the many for Wojnarowicz occurs when he loses his close friend, mentor, and one-time lover Peter Hujar, and receives his own AIDS diagnosis. Hujar, a prolific photographer at the time, was diagnosed with pneumocystis on 3 January 1987 and died of AIDS-related complications less than a year later on 26 November 1987. Wojnarowicz sums up the passing of Hujar like this: "[i]f I try to describe how someone has touched me so deeply, the process of language fails me. It's like I never examined it close enough to build words around it, around the taste and smell of communication, the blood of it in my heart" (*Shadow* 256). Thus, the loss of Hujar for Wojnarowicz confronts him affectively, rather than on the level of language and representation.

Wojnarowicz acknowledges multiplicities by writing about his condition, and AIDS more generally. His purpose is to convey the pressure of what he has witnessed and experienced. That is, he attempts to render the affect of his experience in

language, which can be dispersed to others: “Writing and rewriting until one achieves a literary form, a strict form, just bleeds the life from an experience—no blood left if it isn’t raw” (*Shadow* 235). Perhaps one of his most illustrative essays about the epidemic is a piece titled “Living Close to the Knives,” where he acknowledges that with the appearance of AIDS, he now saw everything at once and was acutely aware of himself “alive and witnessing” (*Close* 109). This essay predominantly tells of Hujar’s death, but also chronicles an account of going to Long Island with Hujar and their friend Anita in search of a doctor who was injecting patients with typhoid vaccine that was supposed to spark the immune system into working again. Wojnarowicz wrote to bear witness to the epidemic, but more importantly, to deal with what such moments brought up inside him—affects of anger and loss. While writing about Hujar’s illness, Wojnarowicz is unknowingly becoming ill himself and comes down with shingles. As Cynthia Carr writes in her biography of Wojnarowicz, “It had been so wrenching to admit to his anger—at Hujar who was imparting one last lesson to David. How *not* to die” (370).

Witnessing the lead up to and Hujar’s eventual death is a thoroughly relational and embodied experience for Wojnarowicz. He writes about being in the hospital room with Hujar the days before his death. Physically moving Hujar from his bed to go to the toilet becomes a challenging task as Wojnarowicz recalls the effects on his own body. “I felt my body thrumming with the sounds of vessels of blood and muscles contracting the sounds of aging and of disintegration—the sound of something made ridiculous with language—the sense of loving and the sense of fear” (*Close* 86). Struggling with language, Wojnarowicz tries to explain to Hujar that he is too weak to make the trip to bathroom. Hujar looks at him, “his dark eyes just staring and flickering back and forth from side to side in strobic motion” (86). Eventually

losing feeling in his legs, Hujar has trouble standing. When he does manage to get to his feet, he falls forward, arms spinning like windmills, which "became a routine" (89). Thus, witnessing is a thoroughly corporeal experience that binds the two men together.

Like Wojnarowicz's life writing, Michaels's *Unbecoming* serves as an important testimony about living with HIV/AIDS and the role of the many. As Michael Moon writes in the preface: "The diary is full of Michaels's rage and frustration; it is also full of a wild kind of humour that can… be the heart's only alternative to feeling… lacerated by indignation" (x). The diary contains the letters charged with anger and humour that Michaels wrote to the people and the agencies that had treated him most poorly during his illness. This frustration also manifests itself in the way Michaels attempts to theorise his own position as an "outsider" with AIDS. Given that Michaels is largely isolated from others with HIV/AIDS, the way he positions himself, and his readers, is extremely different from that of Wojnarowicz. Michaels's nonsovereignty is developed through his own self-reflexivity as a writer.

Readers of *Unbecoming* are positioned as active participants in creating the text's meanings. Michaels positions himself as well as his readers as witnesses to his suffering and therefore resists the victimhood that comes with "dying as an author." Ross Chambers supports this interpretation in his reading of *Unbecoming* when he argues that Michaels, as well as other AIDS writers, choose to bear witness rather than become victims of their circumstances. Throughout *Unbecoming*, Michaels draws explicit attention to the way AIDS discourse is used, especially in an Australian context, but also his own rhetorical strategies for challenging this logic. The diary, as Sarah Brophy writes, "pits a strategy of estrangement against the naturalized links between illness, degeneracy, and social exclusion and against the desire to assimilate

or domesticate illness and death to a set of reassuring fictions" (127). In other words, Michaels's diary elaborates a contradiction by simultaneously pushing the rhetoric into the realm of melodramatic hyperbole while at the same time drawing attention to the vocabulary of critical theory to guide its self-reflexive moments. Thus, the diaries can be read as an act of resistance to dominant cultural forms that focus on the individual.

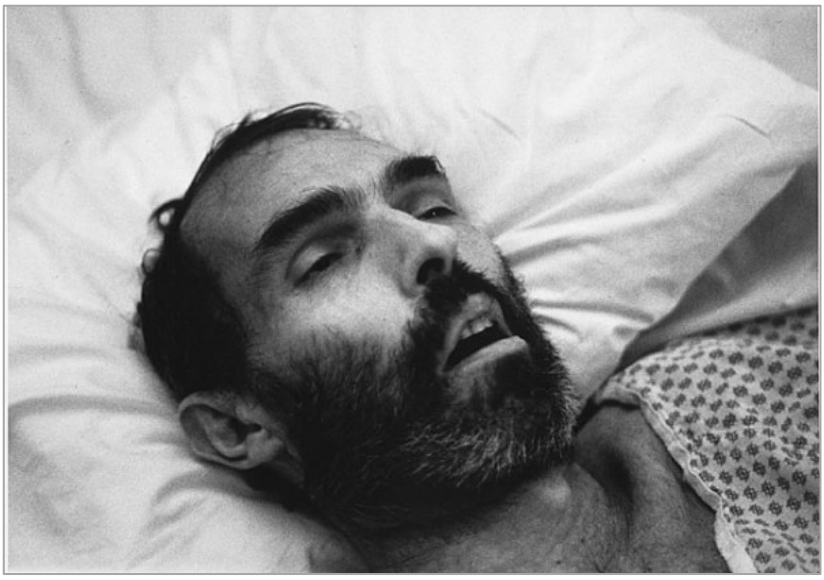
Michaels self-reflexively produces a testimonial document that shows awareness of his imminent disintegration and the diary's posthumous publication. He openly grows resentful of the diary and wonders who would "plough through all this" (124) given its indulgent nature. Like many HIV/AIDS life writers, writing about his illness serves as an intervention in dominant understandings of something that has been stigmatised by society. What Michaels offers, in a similar vein to the diary entries of Wojnarowicz, is a series of short vignettes that tells of his individual experience against a discourse that renders the body docile to biomedical authority. Michaels consciously refers to the writing process throughout his entries. He worries that some of his most "exciting moments" in his daily life might be considered too trivial to others and therefore unworthy of inclusion in a book about a "notable existence" (77). It is through this process of self-reflexivity that Michaels allows himself to be affected.

b) The critique of decision making

In their writings, both Wojnarowicz and Michaels demonstrate how the subject lacks control to make decisions. According to Berlant, the sovereign decision resides in an illusion of self-control, "a fantasy misrecognized as an objective state" (*Cruel Optimism* 97). This lack of control is exacerbated in these testimonies when their authors contemplate their struggles with language and meaning. Wojnarowicz, for

example, talks about his "impulsive" attempts to give his grief a form through film and photography. Wojnarowicz drives west of New York to film himself bathing in a lake in the virgin forests in order to capture the "intoxication of freedom witnessed in death" (*Close* 100). Likewise, when Hujar dies, Wojnarowicz repeatedly returns to Hujar's gravesite, even in the rain, erratically pacing backwards and forwards with a camera taking pictures of flowers left at the site. "All these erratic movements till I finally stopped myself, forced myself to contain my movements. Walking backwards and forward at the same time, I realized how rattled I was" (101). Wojnarowicz writes about talking to Hujar, the coldness of the rain numbing his fingers as he does so. This rhythm of moving backwards and forwards consolidates Wojnarowicz's lack of control.

The impulse for Wojnarowicz to record and take control of his grief becomes most illustrative during Huajr's final moments. Noticing the strong but slow intake of breath, Wojnarowicz pulls his super-8 and still camera out of his bag, capturing footage portraits of Hujar's feet, his head, his open mouth, his open eyes, his "marble"-like hands. He reiterates how the event he is witnessing leaves him speechless: "This is the most important event in my life and my mouth can't form the words and maybe I'm the one who needs words" (*Close* 103). Wojnarowicz took exactly 23 photographs, and as Carr observes, this number was calculated as he associated that number with the evolution of consciousness.



One of the photos David took immediately after Hujar's death. Untitled, 1988. Gelatin-silver print, 24½ × 30½ inches. (Collection of the Whitney Museum of American Art, New York.)

Coming to terms with Hujar's death means Wojnarowicz has to come to terms with his own nonsovereignty. As he observes, this experience marked "the beginning of the definition of the World" for him (*Close to Knives* 108). This was a world where he no longer had to live in fear of death, his own or his friends. Wojnarowicz relinquishes control.

Despite the depression that came with Hujar's death and later his own AIDS diagnosis, Wojnarowicz recognises his lack of power or ability to rule himself autonomously. This launches Wojnarowicz's creative potential and his diary entries reflect mournfully on this:

> I wished for years that I could separate into ten different people to give each person I loved a part of myself forever and also have some left over to drift across and maybe even to go into death or areas that were deadly and have enough of me to survive the death of one or two of me—this was what I thought appropriate for all my desires and I never figured out how to

> rearrange it all and now I'm in danger of losing the only one of me that is around (*Shadow* 229).

This separation into several people (the many), the dissolution or disruption of the sovereign self, is something that Wojnarowicz returns to several times throughout his writing. He often considers himself to be an outsider to his own body and this is developed further when he is diagnosed with AIDS sometime just before 19 May 1988. The moments after diagnosis "were filled with an intense loneliness and separation," he writes. "You're on your own in the most controversial manner" (Carr 391). This separation is reflected in a dream recorded in his diary shortly before Hujar's death. In this dream, he enters a strange studio apartment where he is overpowered by a man who pushes him on to a bed. "His silhouette is muscular, but he's entirely covered in small spots of Kaposi's cancer." The man, who is described as skeletal and unwell, tries to kiss Wojnarowicz. Wojnarowicz kisses him back "so he won't think I'm rejecting him because he has AIDS" (*Shadow* 197). Scared, he pushes the man off and runs out the door and down the hallway. It is this fear of contracting the disease that affects him, but after his own diagnosis, he becomes affected by his own body.

Through his illness, Wojnarowicz not only recognises his capacity to be affected, but also his affinity for antinormativity. He describes himself as a stranger that no longer has the language to communicate with others. "I may never work again, never have reason or substance to work or paint or make photographs or make things that have meaning outside of myself" (*Shadow* 262). This interiority is ultimately self-defeating. "I move through landscapes or among people and all I see are echoes, echoes of what was familiar not too long ago, but the echoes are a skin of what was once an experience or a moment of living while now I can't feel the experience any

longer" (262). These fragments or echoes, territorialising and de-territorialising, produce a sensation neither good nor bad, but rather, an impasse that Wojnarowicz makes peace with.

Unbecoming draws attention to the various kinds of discourses that are produced as Michaels's body begins to exhibit visible signs of illness and the lack of control he has over this meaning. As he writes, "I lived my life on those covers of *Life* magazine which identified and named trendy locales, the 'in places,' those ephemeral sites created by the contradictory explosions and implosions of the birth and death of the global village… This is why I have AIDS" (7). Michaels approaches his body as the site where discourses intersect to produce his subjectivity and sovereignty. This is a theme constantly revisited throughout his diary entries. Michaels reflects on looking at his body in the mirror, saying that it is getting increasingly difficult "as the KS begins to claim my face beyond the mask of the dreadful but unavoidable beard" (49). Interestingly, he makes the connection between having visible lesions on his face, that is, signifiers of illness, and his citizenship. The lesions not only mark his inability to return to the U.S., but they also signify his exclusion from the social order.

While *Unbecoming* has been read in relation to the discourses that produce the way Michaels perceives his infected body, it can also be read as demonstrating how Michaels understands his own lack of control. For instance, he does this by offering an ethnographic analysis of his body. Michaels notes several times how the virus slows him down (41, 65), which enables him to become an ethnographer of his condition and society. The illness eventually slows the body down enough to the point where masturbation becomes impossible. On 16 February 1988, Michaels records that he finally found himself unable to jerk off—"after two months of trying, after nearly a week of not bothering" (55). Michaels situates his aversion to sexual desire in relation

to gay male promiscuity, where HIV/AIDS acts as "a kind of cosmic personal reducing plan, where one by one certain functions disappear" (57). Michaels argues that promiscuity is a result of a fragile gay identity, which needs to be constantly reiterated through performative rituals of "trading-off sperm." He asks, "if I can't even jerk off, to what extent can I be said to be gay?" Michaels explicitly links the violence of AIDS to the destruction of his selfhood "I expect never again to engage in those caresses of the body which sustained and defined me for most of my adult life" (58). His memoir reads as an analysis of the discourses that produce his subjectivity. It is through the analysis of his own body that he admits his lack of autonomy.

The power to be affected

As I have demonstrated, recognising the relations among the many and our relative lack of power is the point of departure for theorising the nonsovereign subject. The concept of "the power to be affected" can be used to understand how people manage in this world to create new intimacies, new bonds, and new forms of life. This idea comes through the work of Gilles Deleuze who frequently draws on Spinoza's claim that no one has yet determined "what a body can do" (*Expressionism*). Berlant agrees, saying, "[i]t's a political problem, of course, the body" (*Cruel Optimism* 267). Spinoza's route, though, which Deleuze follows carefully (see Introduction), is indirect: to investigate what a body can do, we have to look first at how it can be affected because, Deleuze explains, "a body must be defined by the ensemble of relations which compose it, or, what amounts to exactly the same thing, by its power to be affected" (see Hardt 217). Thus, instead, the only path toward achieving the good life must be constructed with and through the affects (as opposed to following the dictates of sovereignty).

Whereas the sovereign subject is impervious to and unmoved by external forces, the nonsovereign subject conceives of being affected by others as a virtue. In Bersani's or Edelman's terms, nonsovereignty would be something one could not experience, since the self-shattering deprives the subject of its own experience, while in Berlant's terms, the more you are affected in many ways, the more alive you are. This affirmation of power to be affected is significant because it opens up an alternative route for ethical and political activity. Instead of taking control of your life or following the dictates of reason, the mandate here is to increase the extent and number of ways in which you can be affected. Increasing your power to be affected and thus enlarging your sphere of interactions will multiply your potential to experience joyful encounters.

A political project, though, must discover how to make last and repeat what is good, that is, what brings joy. Indeed, with regard to many of the affects, the path to joy is difficult to discern. The power to be affected is a complex and contradictory process. Discerning between positive and negative affects becomes unbearable. The "unbearable," according to Berlant and Edelman, refers to a site in which one is invested, but it is not always clear if and when the investment should be abandoned or sustained, or why, for better and for worse (61). There is no clear distinction between what is bearable and unbearable. It is an ambivalent zone of attachment. In what follows, I consider how Wojnarowicz and Michaels learn the power to be affected and how this is transformed into a site of productivity for the two men. What is remarkable about these authors is that they largely write in isolation, and thus, tend to have very pessimistic outlooks on futurity akin to Berlant and Edelman.

Wojnarowicz's life writing is marked by strong sense of isolation, which extends back to his childhood and becomes amplified through his AIDS diagnosis.

Indeed, in his final diary entry marked 1 August 1991, he writes "I've pretty much isolated myself from almost all the people I know, especially since the last two months when I was so fucking ill" (*Shadow* 265). He describes himself as disappearing. Wojnarowicz realises that having gone through the experience of living with AIDS and a culture that never deals honestly with death or dying, even if he were to survive, he would be filled with anger and hopelessness. "I'm empty, other than of illness and dark thoughts. I want to die but I don't want to die. There's no answer right now" (266).

Wojnarowicz describes himself as an alien several times in his writing, indicating a strong sense that he feels he does not belong. As his biographer Carr observes: "He felt… that something at his core was suspect and would make people hate him. This feeling persisted until the last few years of his life" (5). This was even apparent in relation to his own family. On a trip to Paris in 1988 to see his sister Pat, who was having her baby, Wojnarowicz reflects on his isolation as a person with AIDS. One morning he wakes to find that she has been taken to the hospital by her partner Denis. He bursts into tears. "Called the clinic and asked in broken French about Denis Bernier and eventually he came on the line and told me it would be in the afternoon and he would call me when it happened and not to call back" (209). Wojnarowicz is upset and angry. "I feel unwanted," he writes. "I sometimes think maybe it's because I'm queer. Maybe they are afraid of what I carry, if I have AIDS or not." It is through the unbearable, the notion of living on that he learns the power to be affected.

Similar to Wojnarowicz, Michaels writes about himself being an alien or not belonging as an American citizen living in Australia. "I never thought of my illness as a punishment" (26), he writes. "But that's exactly how I think of Brisbane. I am so

minimally connected here." Michaels strategically uses his status as an outsider to perform his ethnographic analysis of his body. This alienation, however, is a reoccurring theme throughout his diary entries as he struggles with the Australian government and his work place, Griffith University, to maintain his status as an Australian resident. He comes to an early conclusion that he is all on his own and has no one to care for him (31, 92). For Michaels, this loneliness is associated with the loss of energy he experiences due to the assemblage of having a compromised immune system and being host to a range of medications, including AZT.

His isolation as a foreigner enables him to interrogate the discourses that oppose civilisation to savagery. Throughout the diary, Michaels offers several observations about Australian culture in relation to American or Aboriginal Australian cultures to the point he becomes surprised that he starts to write "from the position of an Australian" (68). He writes about his Australia Day 1988 in Sydney, his experience of protesting as a "non-Aboriginal," and the different ways white Australians objectify Aboriginal peoples (44-8). Michaels, when doing research on Central Australian Aboriginal TV, encouraged the Aboriginal community to watch mainstream television broadcasts as well as produce and disseminate their own creations to other communities. Michaels argues that by seizing the visual technologies of colonisation for their own purposes, Aboriginals could strategically engage with Australian people.

Michaels proactively draws an extended analogy between his position as a person living with AIDS and the discourses by which the 'civilised' is opposed to the 'savage,' suggesting that the diseased body and the racialised body are constructed by overlapping discourses. He wonders how to resist a media environment saturated with meaning. As Brophy notes

> Michaels's dilemma about how to represent his illness resonates with that of the Warlpiri and other Aboriginal groups confronting the question of how to represent their culture in the age of mass communications technology. In both instances, there exists an imperative to counter the silencing and flattening effects of mainstream network television with resistant cultural practices (122).

As an AIDS patient Michaels seeks to counter such sentimentalised images of cultural discourse. His diary reads as an affirmation of gay male counter-culture and the narrator's searching application of this argument to the narration of his illness and death. Thus, Michaels represents himself as colonised by the discourse of AIDS, which can likewise be identified in Wojnarowicz's writing.

Growing up in a succession of homes and being the object in abusive relationships as a child, Wojnarowicz develops an acute awareness of the inequalities in society, similar to the Warlpiri in *Unbecoming*. As Carr observes, "David was committed to facing uncomfortable truths" (4). For most of the 1970s, Wojnarowicz travelled across the United States interacting with the poor and grew more discontent about the greed and disproportion of wealth and privilege. Indeed, as Amy Scholder writes, "David was preoccupied with death and dying long before his peers began to succumb to the AIDS epidemic" (*Shadow* xi). Thus, it is through coming into contact with these inequalities that he experiences his becoming.

In this HIV/AIDS life writing, loneliness is coupled with a sense that there is no future. Wojnarowicz becomes sceptical of finding love while positive with HIV. He describes feeling empty and since he's dying, "it's not like you can make plans that aim like arrows into the future through the boring walls of this crammed up existence" (239-40). Dying here is considered boring, an unproductive impasse. Sex

also becomes a thing of the past. Sitting in a porno movie house in San Francisco, Wojnarowicz contemplates how the virus has depleted his desire for sexual contact. "Some switch fell off months ago while I was feeling sick. I couldn't give a shit about sex" (250). Sex has adopted a sense of stupidity and boredom, and instead, induces a feeling of nausea. In one of his final diary entries, he states that "sex is a blank for me other than recognising beautiful gestures or bodies: my kind of beauty" (266). This was something observed in Michaels's account of losing the desire for masturbating.

One of the key scenes of isolation is illustrated in Wojnarowicz's representation of his friendship with Marion Scemama. Marion, a French photographer, met Wojnarowicz in 1984 and the two developed a passionate friendship that consisted of many ups and downs. They spent time going to the art piers in New York so she could take photos of Wojnarowicz for a French-language magazine, *ICI New York*. In 1990, Wojnarowicz explained that they had a "friendship that was beyond friendship" (Carr 252). This closeness was forged on the basis of the two sharing a lot of "dark stuff" from their past. In May 1991, the two planned a trip to San Francisco together, which was meant to signify Wojnarowicz's last trip. He attributes the tension in their friendship to the virus, his changing condition, and the death of Hujar. "I feel it's me who's changed and not because I want to" (*Shadow* 256). He writes:

> It boils down to the thing inside of me in isolation and in the fields of time and aging and death, inside all the physical loss in the last couple of years, the last four years really, starting with Peter Hujar's death (*Shadow* 256).

Death is described by Wojnarowicz himself as a process of transition in which he is destined to overcome. "Destination means death to me," he writes in his essay "In the

Shadow of the American Dream." In contrast, to be in transition is to be "a relief," kept in movement "in the disconnected and unfamiliar" (*Close to Knives* 62). Thus, embodying AIDS provides Wojnarowicz with the power to be affected, which as a result, positions him as more receptive to particular affects more than others.

In *Unbecoming*, Michaels connects the themes of cultural resistance and survival that he explored in his academic work with his own medical situation in the mid-1980s. In emphasizing the autobiographer's social context, Chambers points out the irony of, for instance, Michaels writing a diary with hopes of its publication. Michaels researched and became a member of the Warlpiri of Yuendumu, an Aboriginal community. For the Warlpiri, mourning the dead does not allow for autobiography, since honouring the dead requires the community to erase any mention of them for generations. He draws on his work in anthropology to analyse not only the medical discourse and practices, but moreover, to lay bare the customs, rituals, and myths that shape the lived meanings of illness and death in Western culture. Michaels's account emphasises the fact that our cultural patterns for grieving are structured by the abjection of stigmatised bodies, in which are conflated the categories of disease and foreignness.

One of the key places these patterns come into play is at the hospital where medical discourses establish and enforce dichotomies of the civilised and the savage. Exemplifying an awareness of his own precariousness, Michaels testifies to the material fragility of his body as he becomes increasingly ill and the threat he becomes to the imaginary "clean and pure" social body, not only of the self, but also by extension those of the nation and the family. Michaels himself criticises the Australian culture of tidiness in his diary entry for 5-20 November 1987, as he experienced it in the Infectious Diseases Ward of the Royal Brisbane Hospital. Tidy is

"nearly a key term, pivotal in the local lexicon and regional ontology" (15). Like "fitness," tidiness, according to Michaels, "does not assure the cleanliness it promises. Instead, it merely obscures dirt; indeed, all natural… processes" (15). Michaels critically embraces untidiness and illness more than the ritualistic and institutionalised rhythms of cleaning that occur in his hospital room. Hence, he invites us to identify with his physical perception of his bed in the infectious diseases ward as a place where "what most has me flat on my back here is a discourse of 'Tidiness'" (15).

As a pathography of AIDS, *Unbecoming* critically analyses the gaps, contradictions, and inconsistencies of medical language and institutional practices of medicine. The hospital becomes a site where these contradictions are played out. Brophy, for example, has written about how both scientific and popular medical discourse tends to conceptualise AIDS in terms of tropical medicine, producing a space that is elsewhere, a colonial house. This is where the historical colonial definition of tropical nature manifests as something threatening and diseased, as a pathogenic landscape. Michaels critically aligns the category of a perverse sexuality with the tropics of the neo-European cultural imaginary. He notes the absurdity of being placed in the hospital's infectious diseases ward (18). The hospital space itself exists as a netherworld where the oppositions of health and illness, purity and contamination require constant reiteration if any distinctions are to be maintained. There lurks a desire for protection or containment that exceeds reason, an obsession that echoes the colonial preoccupation with regulating hygiene and diet in colonial environments.

One of his key observations about the way AIDS patients are treated at the Royal Brisbane Hospital is how tidiness and cleanliness are inflicted upon them. Besides the usual precautions of wearing rubber gloves, face masks, and "bizarre"

plastic wrapping on everything, Michaels observes the affective gestures that govern his subjectivity. “It’s the way people address you, by gesture, by eye, by mouth” (4). This contrasts sharply with the “comparatively normal” interactions he experiences on the streets, outside the hospital. Writing against the “Foucauldian horror show” (4) that enables the process of biopolitical labelling in the context of the hospital ward, Michaels states that the purpose of diary-keeping is to counteract these discourses and write a different narrative of illness that penetrates “the rubber gloves, face masks, goggles, and an inventory of tropes” (5) that are deployed against AIDS patients during this time. It is through this unbearable environment that Michaels becomes affected.

The hospital room yields, through the process of analysis to which Michaels subjects it, a far-reaching historical and ethnographic view of contemporary illness. Cleaning becomes something ritual rather than rational. “I detected that the purpose of all this activity probably was more ritual than rational—that the cleaners were instilling tidiness, not fighting disease” (17). As Ross Chambers has argued, *Unbecoming* dedicates itself to a project of irritation in “its ambition to function as the permanent thorn in the side of Tidy Town” and the continuing the show of illness, with the photographic portrait of Michaels, shirtless, tongue extended, and marked by cancerous lesions, standing as “a critical counterimage that refuses to be tidied away or otherwise to disappear” (*Facing It* 108). Likewise, Brophy reads Michaels’s refusal of tidiness as a challenge to the logic of abjection. The obscuring of visible dirt, the presence of death and disintergration, while being surrounded by people living with compromised immune systems, produces a state of precarity and vulnerability. The institution of the Royal Brisbane Hospital defines Michaels’s body as abject and

outside of the social order. It is through his analysis that Michaels reaffirms his commitment to anti-sociality and negativity.

The value of negativity

A theory focused on becoming, which I suggest is key to understanding how intimacy functions in my texts, must begin where lack of power or ability to rule ourselves autonomously. Berlant poses the terrain of the nonsovereign in terms of the "interruptions" or "intermissions" that break the imagined efforts of self-extension of sovereign subjects. By focusing on the causes of the affects, however, Berlant points toward a practical project. All affects can be either active (that is, caused internally) or passive (caused externally). We need the ability to select in order to extend and repeat those encounters and affects that are beneficial and prevent those that are detrimental. "For its own preservation the human body," Spinoza explains, "needs very many other bodies" (*Ethics* 189), and the number and constitution of those parts is changeable. We need to shift perspective so as no longer to consider a body as an entity (or even a cluster of entities) but instead as a relation. When a new relation is added, a larger body is composed, and when a relation is broken, the body diminishes or decomposes. All this simply means that the border between the inside and outside of bodies, and hence between internal and external causes, is fluid and subject to our efforts.

The practical project to transform passive into active affections thus ultimately involves a strategy of bonds and relations to maintain or transform the constitution of the body. This chapter has so far tracked how Wojnarowicz and Michaels become nonsovereign and how they position themselves as outside of their respective social orders. Not only do these writers write about their exclusion from a cruel society, but

they also write about their anger. Negativity signifies a resistance to progressive and heteronormative political and social agendas; it is often articulated through 'backwards' or negative affects like shame, failure and depression. Berlant and Edelman's engagement with negativity presents itself as a much needed interruption of the overwhelming sex-positivity of queer theory and life, where sex is often presented as essentially pleasurable when it departs from normative conventions. In their dialogue, Edelman works through Lydia Davis's short story as a means to articulate the inescapability of negativity, whereas Berlant considers how we might continually shift the affective resonances of that negativity in order to find bearable ways to live.

Those writing about their experiences of HIV/AIDS often manifest their anger or negativity at the institutions that serve them. Wojnarowicz takes aim at the government, religious institutions, and the failing health system through his activism. Lying in Hujar's bed after his death, "a scene of intense illness," he was watching a TV program about the cost of AIDS. People are dying on camera because they "can't afford the drugs that might extend their lives" (*Close to Knives* 105). As Wojnarowicz remarks, these people are reduced to signing up for underground alternative therapies, "injections of viruses and consumption of certain chemicals used for gardening – all in order to live" (107). He writes about being caught in the visible arms of government and the rich. In one diary entry he writes, "I think of the rich hanging over the balcony, the windowsills. I think of their full bellies" (242). The rich are described as having "interchangeable heads" and having the power to manipulate the law and media to their will.

Like Michaels, Wojnarowicz feels like an outsider. "The government has the job of maintaining the day-to-day illusion of the ONE-TRIBE NATION" (121). He

writes: “We are born into a preinvented existence within a tribal nation of zombies and in that illusion of a one-tribe nation there are real tribes” (*Close to Knives* 37). This is what it means to be American. America becomes symbolic of a killing machine where people must “pay taxes to support our own slow murder” (*Close to Knives* 108). Wojnarowicz openly expresses his anger. He talks about going into periodic rages, especially while watching politicians on television, and dreams of spitting infected blood Amazonian blow-darts at the officials that speak out in favour of any anti-homosexual sentiment. “I carry this rage in moments like some kind of panic and yes I am horrified that I feel this desire for murder but it all starts with a revolving screen of memories that mixes past and present” (104). Those who are outside of the American dream “are born with the cross hairs of a rifle scope printed on our backs or skulls” (*Close to Knives* 58). In other words, Wojnarowicz feels like an outlaw based on his desires or sensibilities.

One of Wojnarowicz’s angriest pieces of writing is “Postcards from America: X-Rays from Hell,” which was published in *Close to the Knives*. Postcards mark travel destinations, they mark time and location, they show us where we can go, and, more importantly, they remind us where we are coming from. In short, postcards allow us to dream of ongoing possibilities. In Autumn 1989, Wojnarowicz started writing an essay about the AIDS epidemic for an exhibition at Artists Space curated by Nan Goldin called “Witnessing: Against Our Vanishing.” A controversial essay at the time, “Postcards” asks its recipient to act up against social disintegration, and physical and psychic violence. He tells of having a conversation with a friend who believed the virus had been introduced by the government to eradicate the gay community (115). This, Wojnarowicz says, puts AIDS “on the shoulders of a bunch of bigoted creeps” on a power trip. He writes, “picture yourself with a couple of the

three hundred and fifty opportunistic infections and unable to respond physiologically to the few drugs released by the foot-dragging deal-making FDA" (118-9). Anger manifests itself in response to a government and society failing those who are most vulnerable.

"Postcards" was controversial because it 186riticized Senator Jesse Helms, Representative William Dannemeyer, the Cardinal John Joseph O'Connor and other right-wing policy-makers for their support of legislation that Wojnarowicz argued would further the spread of AIDS by discouraging education about safe sex practices. The essay particularly offended the recently-elected chairman of the National Endowment for the Arts (NEA), John Frohnmayer, leading the NEA to withdraw the $10,000 grant which had funded the show. Although the funding was partially restored after some debate, the controversy signified a disturbing trend of government censorship towards AIDS-related speech. Wojnarowicz was outraged at the acceptance of partial funding and penned two "fact sheets" included in *Close to the Knives*.

Wojnarowicz reflects on AIDS memorial culture. He expressed concern that gay men will become professional pallbearers waiting for each other to die, "perfecting their rituals of death rather than a relatively simple ritual of life such as screaming in the streets" (122). "Americans can't deal with death unless they own it" (*Close to Knives* 35). To maintain the one-tribe nation illusion, the private must be kept out of the public. The risk of public disclosure of a private reality becomes a dismantling tool against the nation. "It would dispel the notion that this virus has a sexual orientation or a moral code. It would nullify the belief that the government and medical community has done very much to ease the spread or advancement of this

disease" (121). He identifies memorials as being the space where private grief becomes public through sound.

Memorials also become a site of rage. He writes about how memorials serve the important aim of bringing private grief into the public sphere, which helps to alleviate some of the isolation imposed by society, but they also signify an "acceptance of immobility, inactivity" (*Shadow* 205-6). Wojnarowicz observes that as soon the mourners return home from the public grieving, they return to their isolation and wait for the next death. Anger stems from the fact that the memorial had little reverberation outside of the room it was held in. "IT'S HEALTHY TO MAKE THE PRIVATE PUBLIC, BUT THE WALLS OF THE ROOM OR CHAPEL ARE THIN AND UNNECESARY. ONE SIMPLE STEP CAN BRING IT OUT INTO A MORE PUBLIC SPACE, DON'T GIVE ME A MEMORIAL IF I DIE. GIVE ME A DEMONSTRATION" (206, original emphasis). Demonstrations for Wojnarowicz would ensure that each death does not float into abstraction. "Postcards" ends with a manifesto. Each time a lover, friend or stranger dies, he urges the mourners to take the dead body and drive with it in a car to Washington DC and "dump" their body on the front steps of the White House.

Michaels, like Wojnarowicz, struggles to maintain composure against a government and health system that fails to support him. His passionate anger resonates strongly in his diary entries that almost read as if he is writing about being an immigrant rather than an AIDS patient. No one is spared in the pages of *Unbecoming*. Close friends and relatives, university management, academics, Brisbane drivers, bureaucrats, hospital staff, Australian TV programming, even the neighbours who hogged the communal clothesline—are all subjected to Michaels's

rage. Some of the most engaging entries of *Unbecoming* are letters of complaint, usually to government officials.

Unbecoming largely chronicles Michaels's battle with his status as an Australian resident. His residential status was blocked by the Queensland Department of Immigration once they discovered he had AIDS, despite interventions on his behalf by colleagues, doctors, and other government officials. Hounded by Immigration to the very end, he found himself quarantined in hospital under direct threat of expulsion from the country. As Paul Foss notes in the foreword to *Unbecoming*, the diary provides "the account of someone interrogating his failure to find a place to which he could devote himself, the city that had ensnared him, and the state he felt had ignored his labors" (xviii). The government agencies' responses are evidence that they wanted him dead. Simon Watney, in the introduction, notes how painful it is to see Michaels navigate the bureaucracy of his adopted country which wishes to kick him out.

Negativity is embedded in the text's engagement with the Australian government. Similar to John Foster's engagement with Australian immigration law in *Take Me to Paris, Johnny* or even Wojnarowicz's rally against a neglectful government, exclusion takes on a literal and legal dimension for Michaels in *Unbecoming*. As an American citizen, without family in Australia, he was vulnerable to the bureaucracy's calculation of the costs of his remaining in the country as a foreigner (108). As Brophy acknowledges this is a constant concern in the diary as the abjection of AIDS is expressed in the immigration policy, which takes the form of a letter from the Immigration Department to Michael reproduced in the diary (110-6). "A dreadful and insulting document," Michaels refers to it in the preceding diary entry. Australian government AIDS policy of 1989 ordered the testing for HIV/AIDS of all applicants for permanent residency status. In the state's logic, Michaels is

imagined as at once so gravely ill as to require a host of expensive high-tech treatments and as still sexually active, posing a significant threat to others, a contradictory attribution of passivity and agency that seems particularly cruel (58). Eventually too ill to travel, Michaels died in Brisbane while under a deportation order, a virtual nonentity. These policies are representative of the threatening and invasive meanings of illness.

In the context of the denial of Michaels's application for permanent resident status, the radically decontextualsied single photograph can also be thought of as invoking the grammar of the passport photo. As Brophy notes in her reading of the text, the photograph is the material referent on which the meaning and usefulness of modern identification papers depend in order to fix our identities and to determine where our bodies belong. The photo becomes linked to the scene of state control and violence, and foregrounds how our imaginings of the body with AIDS as contaminating inform policies that shape how the pandemic is lived and experienced by affected people.

Conclusion

Berlant and Edelman demand that we work collaboratively, especially in the moments when we most vehemently disagree, for it is through ongoing dialogue that we may engage in "shifting our way of occupying negativity's hold on us" (82). What my reading of these texts has demonstrated is how the writers of these diaries are moved by feelings into different relation to the norms that we wish to contest, or the wounds they wish to heal. As Ahmed (*Cultural Politics*) reminds us, moving here is not about 'moving on,' or about 'using' emotions to move away, but moving and being moved as a form of labour or work, which opens up different kinds of attachments to others.

Wojnarowicz and Michaels encourage us to think about how we reflect on and honour the lives lost to the AIDS epidemic. Their texts reveal their frustrations and their inability to overcome what was taking their lives away. Through their memoirs, Wojnarowicz and Michaels implicitly recognise that they are nonsovereign subjects, but rather, an entity in an assemblage which constitutes multiple relations. Choosing whether to make or break bonds, compose or decompose relationships is always complicated. Conceiving our ethical and political tasks, as do Berlant and Spinoza, in terms of our power to be affected rather than our power to act as sovereign subjects shifts the orientation or our political landscape and opens new political possibilities. Wojnarowicz and Michaels transform passive into active affections that involves a strategy of bonds and relations to maintain or transform the constitution of the body.

Chapter 6 – From speculative to survival: embodying precariousness in Wright's *Terra Incognito* and Caron's *The Nearness of Others*

"Funny how a gay man's hand resting heavily on your shoulder used to say let's fuck but now means let's not."

Caron, *The Nearness of Others*.

As explained in the introduction, far from being a stable referent "HIV/AIDS" has come to signify a constellation of meanings since the discovery of AIDS in 1981. While no longer considered the death sentence it once was, according to The Joint United Nations Programme on HIV/AIDS (UNAIDS), the number of people who are newly infected with HIV each year has remained relatively stable for years. This is in addition to the 36.9 million people who are living with HIV/AIDS worldwide as of 2017 (UNAIDS 2019). In Western countries, such as Australia, the United Kingdom, and the United States of America, what was once categorised as an international epidemic has suddenly receded into the background as a chronic medical condition that can be managed through antiretroviral therapy (ART). The optimism that emerged from the development of such therapies shifted the discourse of HIV/AIDS from one of plague, terror, and panic to a language of control, prevention, and treatment. As a result, the nature and content of HIV/AIDS life writing, which I broadly define as narratives that confront the lived or witnessed experiences of living with HIV/AIDS, has also shifted dramatically over time with an increasing focus on survival and perseverance, replacing the genre's defining attention to death and immediacy. For example, Paul Monette's *Borrowed Time* (see Chapter 3), one of the first published AIDS memoirs, uses a distinct language of war to testify to the death of his partner Roger Horwitz and his own HIV-positive status. Monette constantly refers to Horwitz, himself, and the larger gay community, as "warriors" in the fight

for treatment and government action.

Since the development of antiretroviral therapies in the mid- to late-1990s, there have been fewer HIV/AIDS life narratives published, and a corresponding decrease in critical analysis. Geoff Allshorn, writing in an Australian context, has suggested that the decrease in published memoirs is possible due to public perceptions that HIV/AIDS is of little concern in contemporary Australia. This is based on the premise that if a person is infected with HIV, they can live a normal life span providing there is proper treatment. While a variety of memoirs, such as David Menadue's *Positive* (2003), Douglas Wright's *Ghost Dance* (2004) and *Terra Incognito* (2006), and Sean Strub's *Body Counts* (2014), document long-term HIV survival from the 1980s into the twenty-first century, David Caron's *The Nearness of Others* (2014), documents his more recent diagnosis from May 2006 over five years to May 2011. Despite the lack of critical attention, these new memoirs raise important questions about the current field of HIV/AIDS life writing, especially what it means to think about HIV/AIDS life writing when HIV/AIDS is no longer considered a death sentence. It is crucial to understand the social contexts and conditions that have come to shape how we think about these life writing practices.

In this chapter, through a comparison of Douglas Wright's *Terra Incognito* and David Caron's *The Nearness of Others*, I argue that these texts are emblematic of a new phase of HIV/AIDS life writing that is characterised by the burden of survival, not only of the disease itself, but also the embodiment of post-9/11 precariousness. As the quote that opens this chapter attests, intimacy becomes an illusion, something marked by its proximity to the body. "Funny how ostensible nearness really betrays distance sometimes," Caron says. Indeed, the precarious relations that emerge from these texts stick to the bodies of their witnesses. Despite the geographical distance

between the contexts of New Zealand and North America, both of these texts offer reflection on the metaphorical war on terror, especially the images taken from the Abu Ghraib prison, which in turn become metaphors for the authors' embodied experiences as HIV-positive gay men. The affective resonance of these metaphors can be found in the authors' respective struggles with depression and reflection on their physical state. While HIV/AIDS life writing might encompass a variety of forms and narrative styles, one of the limitations of the current study is the emphasis placed on published memoirs. In addition, the focus on white gay men in New Zealand and North America might be considered too narrow, neglecting intersectional or non-Western approaches to HIV/AIDS. My contribution here, however, is to renew a now faded dialogue, and find new ways of analysing cultural representations of HIV/AIDS in the here and now.

Precariousness forms the conceptual thrust of this chapter since it simultaneously acknowledges the unrecognisablity of events while also leaving open the space for movement and resistance. Judith Butler, in her books *Precarious Life* (2004) and *Frames of War* (2009), discusses precariousness in terms of its ability to render visible the constitution of the self through its vulnerability to the other. "Precariousness," Butler writes, "has to be grasped not simply as a feature of *this* or *that* life, but as a generalised condition whose very generality can be denied only by denying precariousness itself" (*Frames* 22, original emphasis). Precariousness is a universal condition of human life, yet we experience it in highly singular ways. According to Isabell Lorey, precariousness also signifies a neoliberal process of normalisation where fear, insecurity and destabilisation are embedded in the ordinary under the guise of democracy. What Butler and Lorey establish is a sense of precariousness as something that is relational and shared with others, "an

endangerment of bodies that is ineluctable and hence not to be secured, not only because they are mortal, but specifically because they are social" (Lorey 12). Precariousness, thus, becomes embedded in the social as a way of making sense of the world in which we live our lives.

In order to demonstrate the precariousness of contemporary HIV/AIDS life writing, as explored in Wright and Caron's memoirs, this chapter proceeds in four parts. The first examines attempts to identify shifts in the HIV/AIDS life writing genre since its inception in the 1980s. I identify the ways scholars have categorised the genre in three distinct ways: generationally, clinically, and artistically. My contention is that these early attempts to make sense of the genre were products of their time but need to be revised for a new era of HIV/AIDS life writing marked by a new discourse of terror and survival. The second and third parts consider the tropes that inform HIV/AIDS life writing practices: the Holocaust and the terrorist attacks of September 11 respectively. Contemporary HIV/AIDS life writing actively draw on tropes of the Holocaust and September 11 to appropriate them and give meaning to their own HIV-positive experience, especially a precarious notion of survival. The final part of this chapter will consider the ways these tropes manifest in the texts themselves through a discussion of depression and the impact of HIV on their the bodies.

A new phase of HIV/AIDS life writing

HIV/AIDS life writing has been the subject to academic processes of definition, categorisation, and genealogy. I suggest this falls into three not all-so-different categories: generational, medical, and artistic. Writing in 1993, John Clum provides the earliest attempt at highlighting the generational nature of AIDS narratives by distinguishing between a first and a second wave of AIDS writing. According to

Clum, the first wave is characterised by a focus on memory, a reflection on how AIDS had threatened "the good life," as discussed in previous chapters, a world of post-Stonewall affluence and pleasure. Here, authors such as Monette mediate on the "time before the war" and the shattering of the gay version of the American dream that was brought about with the disease. The second wave, the next generation, who did not have the memory of a time before AIDS, but had to endure the death of their peers and were left with the task of fighting for the future of others, remained optimistic and began to turn away from depictions of loss and grief. As Clum notes, "the second wave of response to AIDS… [provides] a counter to the anguished, passive responses… in which endurance is the only available sign of strength" (219). Clum's generational analysis of AIDS representation is deceptively dichotomous and does not account for AIDS narratives that exist between this divide, let alone more recent developments.

A second attempt to categorise HIV/AIDS narratives has mirrored the clinical development of AIDS in the United States of America. This makes sense given that HIV/AIDS life writing has been typically envisioned as a North American phenomenon. In his work examining AIDS in American national culture, Thomas Yingling refers to "pre-AZT" and "post-AZT" responses to AIDS, signifying the approval of azidothymidine (AZT) to treat HIV in the mid-1980s. His distinction rests on, first, the initial state of emergency and panic and, second, the concerted effort that was made by researchers, pharmaceutical companies, and government agencies to help contain and treat the disease. Along similar lines, David Caron labels these reactions as "pre-1996" and "post-1996" (153), which refers to the early circulation of misinformation influenced by the fear of the disease and the later reassurance that came with treatment. Interestingly, Yingling identifies a third phase that extends the

second phase, but addresses "other cultural questions." He goes further, "it is not enough to struggle to change the meaning of AIDS; we must begin to change the culture in which AIDS takes its meaning" (22). He cites activism, groups such as Queer Nation, and academia as sites where meaning can be contested. While a similar criticism to Clum emerges around producing a false dualism between periods of HIV/AIDS life writing, Yingling draws on a distinctive medical genealogy to draw attention to discourses that inform AIDS representation, but also gives thought to the future.

Scholars have also given voice to the artistic and literary waves of HIV/AIDS life writing. David Jarraway marks a similar trajectory to Yingling and Caron in that there is a general distinction between pre- and post- treatment, but focuses specifically on the aesthetics of life writing. He traces what he calls the discursive shift in HIV/AIDS life writing from a "spectacular" to a more "speculative" form of rhetoric. He identifies Mark Doty's *Heaven's Coast* (1996) as the textual divide between Monette's *Borrowed Time* (1988), as an example of the spectacular, and Fenton Johnson's *Geography of the Heart* (1996), as an example of the speculative. The spectacular, according to Jarraway, is governed by the homophobic myth of contagion; the abjection of the homosexual body. This is conveyed through a pessimistic rhetoric of horror and shame. Metaphors of war and the Holocaust become important ways of transferring meaning to a mainstream audience. French writer Hervé Guibert, for example, compared his AIDS-ravaged body to that of an inmate of Auschwitz and likened a physician to a Nazi in a war movie. As Caron notes ("Tactful Encounters"), Guibert was not the first witness to turn to the Holocaust in an attempt to make sense of the pandemic and of his own experience of it. In these

spectacular narratives, people with AIDS are dangerous individuals since they place the larger community at risk.

Speculative discourse, on the other hand, serves a more open-ended signifier that attempts to reduce the ideological meanings that aim to stigmatise gay men. The speculative "becomes the marker of an unencompassable pathological phenomenon, the premier signifier of uncertain existential outcomes and unpredictable semantic possibilities" (116). In this case, the speculative replaces certain doom and pessimism with belief and optimism. Johnson (see Chapter 4), writes about himself as "a child of the enlightenment" (225), and as Jarraway notes, offers a more revolutionary account of living with AIDS due to his sense of control and ability to rethink notions of family. There is a rhetorical deliberation about what it means to love and be alive. These texts are thoroughly optimistic about the future and being in control of one's body. This is in direct contrast to pessimism, the focus on death and urgency of an earlier generation.

These three accounts—generational, medical, artistic—are limited in their framing of the genre and provide no scaffolding for current or emerging trends in HIV/AIDS life writing. To say the least, these accounts are products of their time. Geoff Allshorn's discussion of the evolution of Australian HIV/AIDS life writing has made an attempt to extend the aforementioned discussions into the twenty-first century, a third phase, by acknowledging long-term survivors with HIV. Allshorn cites David Menadue's *Positive* (2002) and several publications by community groups as exemplary of this phase. He notes the enhanced feeling of optimism, as well as a greater push towards education and community and individual resilience. These memoirs are about empowerment and life as opposed to suffering and death. While a step in the right direction, and also to be commended for his inclusion of women,

haemophiliacs, and blood recipients, Allshorn neglects the "other cultural questions" that Yingling suggests are crucial to a third phase in structuring meaning. One of the most crucial events that has shaped cultural memory in the Western world are the terrorist attacks of September 11.

The advent of September 11 marks a new phase in the genealogical trajectory of HIV/AIDS life writing. Shifting away from the speculative, contemporary HIV/AIDS life writing since September 11, 2001 has now shifted into a rhetoric of survival. What I refer to as survival, in this context, carries a double meaning. First, it signifies that people with HIV are now living longer due to the provision of new medical treatments. Second, it signifies the precariousness that came with the war on terror. In other words, far from embracing the optimism and control offered by texts of the speculative period, this new phase of life writing inspires a return to terror and panic. Instead of drawing on tropes of Holocaust, the tropes used in contemporary HIV/AIDS life writing draw on a vocabulary of terror and panic incited by the terrorist attacks of September 11 and the war on terror that followed. Therefore, the metaphors of war are reinstated and become reinscribed in a new context. In the next section, I discuss this shift in relation to Wright and Caron's memoirs.

The old trope: The Holocaust

As mentioned in the previous section, one of the defining aspects of early HIV/AIDS narratives is the way it was discursively entwined with metaphors of war and tropes of the Nazi Holocaust. Susan Sontag famously argued that military metaphors have come to dominate the way we talk about our bodies, illness, and health in the twentieth-century (a practice that carries over into the twenty-first century). Like other terminal illnesses, such as cancer, AIDS was conceptualised as an invader, complete with military metaphors of defence and war. This in turn contributed

towards the stigmatisation of the disease itself and those that were and are infected with it, producing dichotomies of good versus evil. Indeed, Sontag says compared to the other metaphors that are used in conjunction with AIDS—pollution and plague—military metaphors are the ones that have real world consequences, "[i]t overmobilizes, it overdescribes, and it powerfully contributes to the excommunicating and stigmatizing of the ill" (180). As Michael S. Sherry elaborates, World War II and the Holocaust in particular have been used persistently as a metaphor for AIDS. During the 1980s, AIDS activists, including Larry Kramar (*Reports from the Holocaust*), deployed the rhetoric of the Holocaust to describe what was happening to gay men by a careless and homophobic government. Encapsulated by ACT UP's Silence = Death campaign, the Holocaust became one of the most powerful rhetorical devices used to enable a marginalised community to gain visibility. The metaphor's most crucial function was to put HIV/AIDS into a language that could be understood by both mainstream and marginalised communities, while also trying to convey the significance and horrors of the epidemic.

Scholarship on HIV/AIDS life writing has attempted to deconstruct the comparison made between the epidemic and the Nazi Holocaust, while highlighting the shared conditions of testimony and witnessing that both events embody. In *Untimely Interventions*, Ross Chambers provides a lengthy consideration of what it means to figuratively compare historical traumas, such as trench warfare and the Holocaust, to the AIDS epidemic. He says that since each event has its own historical specificity, the act of witnessing that goes with it is also inherently individual. "Singularity is the general rule" (6). In other words, not two texts written under the collective of Holocaust testimony are going to be the same; the experiences are going to be significantly different. This is what makes testimony a distinctive genre.

Importantly, what gives these accounts of historical experience their singularity is the context in which they are published, since it is out of these relations that "the possibility of generalizing about witnessing as a practice emerges" (6). This point is illustrated by David Caron who examines how the Holocaust metaphor, as used in AIDS activist and testimonial discourse, is rooted in French national identity. He details how French activists borrowed the rhetoric of the Holocaust to question and redefine republican universalism in the mid-1980s: "both AIDS and the Holocaust began to occupy an important part in French public discourse and national awareness at the same time" (67). This idea that AIDS and the Holocaust are entwined with national identity also feeds into Caron's own memoir of living with HIV.

David Caron's *The Nearness of Others: Searching for Tact and Contact in the Age of HIV* (2014) offers a timely reflection on being diagnosed and living with HIV in the twenty-first century. His memoir chronicles the tale of his 2006 HIV diagnosis and its aftermath. A combination of traditional memoir and short essays, *The Nearness of Others* is a product of Caron's own intellectual prowess as an academic of French literature and culture, especially the representation of HIV in French society, what he says is a "series of footnotes and no story resuming ever" (6). Perhaps most intriguing is Caron's mediation on disclosure of HIV status and how this process is informed by Western culture's fear of contact. Tact, the book's central concept, refers to the policing practice that is designed to deal with social discomfort and provides an emphasis on relationality that becomes regulated through norms and bodies. It is the "fundamental fear of contact" (246) that unites American and French cultural memory through the comparison of Holocaust and AIDS discourses. The visual comparison of camp prisoners and AIDS patients also had, he proposes, a distinct political purpose, allowing activists to present AIDS sufferers as politically

passive through its exceptional evocation of the Holocaust. As a result, Caron argues, "it resulted in the reinforcement of distance", producing images of human suffering that were too abstract and too far removed everyday life. This comparison is utilised in Caron's memoir.

It is through this interplay of distance between abstraction and everyday reality that HIV/AIDS gets mediated through relational means and enables the emergence of the witnessing subject. Ross Chambers' *Untimely Interventions* (2004) offers an extensive reflection on the nature between war veteran, Holocaust, and AIDS testimonial writing. He suggests that what HIV/AIDS life writing shares with testimonial writing of war veterans and Holocaust survivors is their capacity to:

> tell a story about atrocious circumstances to an audience whose readiness to hear the story or capacity to imagine its import is dubious, given the "unimaginable" extremity of the events related but also the mechanisms of willed or unconscious rejection, the unwillingness to hear (6)

In other words, the witness of testimonial writing is produced by the nature of the event itself. These testimonies have the ability to transport us, the readers, to the scene of extremity and install in us a sense of shared responsibility. The limitation of analyses such as Chambers', who actively draws on traumatic events as a way of analysing HIV/AIDS life writing, is that his archive only provides consideration of texts in the ten year period between 1986 and 1996. In other words, his survey only covers the period from when the first examples of HIV/AIDS life writing began to emerge and when the relative success of combination therapy began to make a difference. There is no consideration given to how tropes have changed or evolved in the twenty-first century, nor how new tropes have begun to replace old ones.

Caron's explicit emphasis on Holocaust testimony and witnessing informs his theorisation of contact and relationality, especially as it relates to his own HIV-positive status. He notes how testimonies of trauma rely on rhetorical tactics to ensure that something of the traumatic experience can be transmitted to others. He discusses Charolotte Delbo's rhetorical strategy of establishing common ground with her reader in order to establish contact or proximity. "Delbo's goal is to establish enough common ground for us to stand near her while maintaining the distance necessary to ensure that we will not be able to be in her place or appropriate what is not ours" (59). Delbo establishes this "neighbourly" contact by making signs that appeal to her reader. What Caron designates as "neighbourliness" is a form of relationality that is dynamic, but yet ephemeral. It "is also a place of commonality so invested with affect that it cannot be structured coldly and efficiently either" (62). In order to enable this shared relationality, one must use it. Its ephemerality drives from its openness to change, errors and misunderstandings. Much like Holocaust testimonial writing, HIV/AIDS life writing involves negotiating the limits and contact between individuals. It is my claim, in the next section of this chapter, that the terrorist attacks of September 2001 have enabled a new historical comparison for HIV/AIDS, specifically one that reinstates preciousness.

The new trope: September 11

Life writing about HIV/AIDS since the mid-1990s has predominately focused on the burden that long-term survivors with HIV have to endure. They were no longer literary obituaries or reflections on impending death, instead a feeling of relative optimism pervades these texts. This increased optimism has been noted by scholars such as David R. Jarraway and Geoff Allshorn. Talking about Fenton Johnson's

Geography of the Heart (1996), Jarraway notes the deliberately renewed sense of authority in the text, emphasizing the importance of love and family. There was no longer an impending sense of doom: there is hope for the future. Johnson's memoir is a powerful expression of liberation and potentiality, what Jarraway signposts as speculative AIDS writing. Yet the shift to speculative sentiment is something that did not endure into the twenty-first century. With the advent of the September 11 terrorist attacks, HIV/AIDS life writing adopted the rhetoric of world events, whether knowingly or unknowingly. This new phase of life writing, focused on long-term survivors with HIV, is neither optimistic nor pessimistic, but precarious.

The precariousness of contemporary HIV/AIDS life writing makes sense in terms of the "aftermath society," which has roots in Holocaust literature. The September 11 attacks and the events that followed after are what Ross Chambers would refer to as an "aftermath society," which is "defined by a strange nexus of denial and acknowledgement of the traumatic such that innocence can be lost and regained over and over" (xxi-xxii). Writing about the nature of traumatic events generally, Chambers acknowledges that the failure to heal is an ongoing process since surviving trauma is an experience that is traumatic in itself. Rather than existing in a sequential relationship of cause and effect, the aftermath signifies a deferral of meaning, so that cause and effect are made indistinguishable from each other. In an aftermath society, the division between victims, perpetrators and bystanders is diminished as they all share the burden of surviving. They are melancholic in character, "mourning can never really be complete for the reason that trauma, although it has happened and has the status of a historical event, is never over" (xxvii). Linking the trauma of HIV/AIDS to that of September 11, the September 11 attacks mark a new a trajectory for HIV/AIDS life writing.

Douglas Wright's memoirs offer a prime example of deferral of meaning that is produced in the wake of September 11. Wright is a New Zealand dancer and choreographer. He is the author of *Ghost Dance* (2004) and *Terra Incognito* (2006), two memoirs that chronicle aspects of his life, including his diagnosis with HIV in 1989. Structurally, both memoirs are written in a non-linear fashion, which becomes incredibly important, especially in *Terra Incognito*, as a way of driving the narrative. While *Ghost Dance* focuses more Wright's life during the 1990s and his relationship with his close friend Malcolm, *Terra Incognito* is more concerned with the mourning of lost friends, his depression, and his own struggle with survival. *Terra Incognito*'s narrative begins with him waking up in a hospital, which is later revealed to be after a suicide attempt, and traces his journey to Hallburn House, then a respite facility for HIV-positive people, and the creation of his dance work Black Milk.

Wright offers several insights into what it is like living with HIV in the era of survival, in terms of physical well-being and mourning for those who are lost to the disease. In his earlier memoir, *Ghost Dance*, Wright remarks:

> Then gradual advances in science helped create a generation that could... live a nearly normal life. Some of us had already been half-killed by a combination of the illness itself and the poisons we were fed to cure it. The slow-breaking news of my possible reprieve caused me to begin... to secretly mourn a death I felt cheated of (15-16).

Likewise, at the start of *Terra Incognito*, Wright's guilt is registered in the narrative of his survival, which he characterises as being like a "gnarled root" or a "statue" (20). He is dealing with the guilt of living when his friends are all dying and he is mourning them, especially Malcolm. He marks 2003 as the year he was "sentenced to live" (19) and has since had to carry around the boulder of mourning and his own

inevitable death. This is a feeling that is later shared with Matt, a fellow resident at Hallburn House who also relays feelings of turning to stone or a statue. This analogy resonates with Sara Ahmed's (2004; 2010) notion of thinking about affect as "sticky." Instead of being something that floats around us waiting to take hold, affect sticks to us, sustaining or preserving our attachments to ideas, objects or other people. Affects, or what Ahmed properly designates as emotions, stick to bodies in particular ways. As I will go on to discuss later in this chapter, depression or survivor guilt sticks to the bodies of contemporary HIV/AIDS memoirists in dynamic and precarious ways.

In addition, Wright is also oppressed by the list of medications that are sustaining his survival. "Drugs cocooned me" (160). Later in the memoir, he describes being overcome at the sight of his dosset box. "I was taking 25 pills a day" (200). Pills become equated with death themselves as he refers to them as bullets "to be fired into my body at the designated hour" (201). It is revealed early in *Terra Incognito* that Wright is on antidepressants amongst his other life sustaining medications. He says that the antidepressants stop the crying but that is all. These medications have a significant impact on his body and result in weight loss and increase his feelings of depression. "I was quite happy to look ill; in some ways I didn't want to put on weight and look normal. My outward appearance gave me a valid reason for feeling the way I did" (23). Wright also recalls an incident with a supermarket automatic door where he was "too insubstantial to qualify as someone for whom automatic doors automatically opened" (29). He remembers sneaking behind someone else as they entered, making him feel like a thief, an imposter. The assemblage of medications help him to survive.

The side effects of the medication become a significant theme in both *Ghost Dance* and *Terra Incognito*, especially when it becomes a "side-effects competition"

among the other patients at Hallburn House. Compiling lists of ailments—headaches, diarrhoea, eye troubles, stomach cramps—Wright and the other residents of the house engage in a constant comparison of their lives. "Since our lives and bodies were in varying states of ruin, it was important to us that we explain what we once were, how important, beautiful, powerful, rich, healthy and successful we'd once been" (37). The side-effects competition becomes a reoccurring theme, especially when Wright returns to Hallburn House in the later part of the memoir after one of his suicide attempts. This time though, the side-effects competition is between the nurses who are recalling their own experiences with suicide. He recalls: "I felt oddly unwelcome, but I was too scared to go home" (180). These narratives of what used to be "the good life" and guilt stick to Wright as he negotiates his relationship with people at Hallburn House.

The other aspect of survival – mourning and death – is another thing that sticks to Wright in his memoir. Watching fellow patients die is a big part of Wright's memoir. Like the survivor's guilt in Holocaust testimony, Matt's death is symbolic of Wright's own death. When Wright first meets Matt at Hallburn House, he is described as "someone gravely ill." Describing the affective force of Matt's condition, he observes that it "had the air sanctity anyone near death carries with them, a kind of forcefield which causes people to speak in whispers, attend to the dying one's every wish and agree with their every word" (93). This forcefield resists language and allows him to establish a bond with Matt. This resistance is something that foregrounds Matt's eventual death. Shortly before dies, Matt's language in incoherent. "When he spoke it was in a language I'd never heard before… I strained to catch any flickers of meaning but failed and then just as suddenly, he was speaking English again" (148). The incoherence of this language is appealing to Wright who has to

leave to catch a flight to Queensland, but nevertheless remarks, “but I loved his new language and wished I could speak it too. I wanted to rush back and tape-record him and use it in my dance” (148). This non-language eventually collapses into strenuous and terrifying breathing, the slowly choking to death sound people make before they die. The burden of watching people die becomes a slow suffocation Wright must endure as he is faced to recognise and process his own survival.

Wright’s memoirs provide a delayed response to the September 11 attacks that illuminates the precariousness he embodies as an HIV-positive man. The only direct mention of the September 11 attacks in Wright’s writing occurs in *Ghost Dance* when he reflects on the drive back into Manhattan after a tour to Europe, “the first glimpse of the city through the grinders of the Brooklyn Bridge was breath-taking” (68). The narrative is interrupted with Wright’s present day reflection: “It’s a curious coincidence that today, the day I’m writing this, is September the 11th 2002, the first anniversary of the infamous terrorist attacks on New York City” (68). He explains how the grief of the attacks is only hitting him in this moment thinking about the Brooklyn Bridge. Wright’s memory of September 11 is delayed. While symptomatic of trauma, Wright’s memory of the attacks exemplifies what Lauren Berlant would refer to as “crisis ordinariness”, which acknowledges how profound events, such as September 11, come to operate through embedded conditions of precariousness. As she explains, “Crisis is not exceptional to history or consciousness but a process embedded in the ordinary that unfolds in stories about navigating what’s overwhelming” (10). It defies the exceptionalist logic of trauma, instead recognising the relational, collective experience of events. Thus, crisis ordinariness is useful for thinking about how we live on through precariousness.

Wright embodies this precarious actively in his memoir. At times his own subjectivity becomes intertwined with the figure of the outsider, a terrorist. Much like a terrorist, Wight sees himself as dangerous and putting others at risk. He recalls a phone call conversation he has with Tobias. Worried about Tobias' health, Wright contemplates going to New York to see his friend. "It worried me that he was being looked after by people he didn't know and I longed to rush to his aid but because I am HIV-positive, I'm not even allowed to enter the United States" (120). His Otherness, his HIV-positive status, precludes his ability to travel and thus becomes intertwined with the Otherness of the terrorist. On a flight diverted to Christchurch, for example, he is suffering from fatigue after travelling for twenty hours and waiting in Immigration for a further three hours. He approaches an official for help and tells him that he is an invalid: "What do you mean you're an invalid? What's wrong with you?" (113). No sympathy is given by the official and Wright is forced to flee the airport as the "sea of bobbing heads turned to stare, dying to know what was wrong with me" (113). It is in this space, in the space of an international airport, that Wright is confronted with his own Otherness.

One of the events that shapes Wright's narrative is photographic evidence of atrocities committed by US military at Abu Ghraib. In May 2004, photos of the torture practices at the Abu Ghraib prison were released and circulated publicly following the publication of the Taguba report, revealing the homophobia of the US military. The photos depict violence that was carried out by US military patrol on Iraqi prisoners purports to mimic sexual acts closely associated with deviant sexuality or sexual excess. As Puar notes, what happened at Abu Ghraib was very much bound up with the discourses of sexuality, race, gender, and nation. She argues that the Muslim body is constructed as pathologically sexually deviant and as potentially

homosexual, and thus read as a particularised object for torture. She contends that "[t]his sutures the double entrenchment of perversion into the temporal circuitry of always-becoming… recurring display of revulsion for attributes associated with the feminine" (X). It is through such attribution that Wright comes to understand his own position as a gay man.

Abu Ghraib is mention twice in *Terra Incognito*, at two crucial junctures in the narrative. After losing a close friend that he made during his stay at Hallburn House, Matt, Douglas takes a walk with his friend Rex in Western Springs Park. After observing some saffron-robed Buddhist monks and Maori men on periodic detention, Douglas, although at first oblivious, notices that Rex was outraged by something, which turned out to be, Rex acknowledges, "[t]he recent human-rights atrocities committed by United States soldiers in Abu Ghraib" (171). For both Rex and Douglas, the crimes committed by the soldiers are a crime against homosexuality: "It astonished and saddened us that being forced to simulate homosexuality was still considered the vilest thing you could do to another human being" (172). Wright recognises himself, his Otherness, in the figure of the Iraqi prisoner. It is through embodying this Otherness that he embodies the precarious.

One of the most prominent features of Wright's memoir is his inclusion of archival materials. Throughout both *Ghost Dance* and *Terra Incognito*, Wright interweaves personal photographs, artwork, drawings, maps, diagrams, and images from his diaries. One of the images included is an Abu Ghraib torture scene (172). In this particular image, a naked prisoner is standing over another naked prisoner, simulating oral sex. Both prisoners are wearing hoods and there are two other prisoners standing in the distance, also naked and hooded. The prisoner in the background, facing the camera, is covering his genitals, while the other prisoner is

slightly bent over, leaning against the wall. The inclusion of this image in Wright's memoir serves as an important focus since it provides him with potential source material for Black Milk, the work he workshops after his suicide attempt. The torture scene, although eventually removed from the final production, serves as a key metaphor for conveying the "profound darkness" (238) of Wright's depression, but also demonstrates the interchangeability of Wright's HIV-positive status and an Abu Ghraib prisoner.

Caron's memoir, similar to Wright's, details what it is like to live with HIV at the start of the twenty-first century. As Caron writes explicitly, "[b]eing HIV positive, once a death sentence, has become a life sentence, a never-ending work of policing… made possible because of the virus's simultaneous association from death" (120). Caron discusses how having HIV now is like experiencing a social death. He says "that the inevitable physical death once signified in pretty much everyone's mind has now been replaced by a vicious, pernicious social death, but ensuring that if people don't die of AIDS, somehow they still do" (120). Caron spends some time dwelling on the nature of this social death, which he insists regulates norms of behaviour. This becomes embedded in the way gay men disclose their status, something that has to be done "over and over again". This is a never ending process of coming out. "No matter how unambiguously and often you come out, you never seem to be out once and for all" (135). This has important consequences, since it becomes necessary for gay men to stay in the closet (about being HIV positive) and not disclose their identities.

While Wright's memoir is less subtle in its use of analogy, David Caron directly compares the experience of testing positive for HIV to the events of 9/11.

> To feel as sincerely as I have that my personal experience of testing positive for HIV and living with the virus couldn't be separated from the events of 9/11 and the wars that followed

> doesn't mean that it was easy for me to put these feelings in writing in the hope that someone would read them and see pertinent connections (246).

The day he associates with diagnosis, Wednesday, May 24, 2006, feels somewhat "familiar and strange" in the context of the 9/11 aftermath. 9/11 and his HIV-positive status become intertwined with war, torture, and hatred.

Caron recounts his own experience of 9/11 to underscore the importance of this symbolic linkage. He remembers smoking with a neighbour, not knowing what else to say or think. "We just stood there on an East Village side walk and smoked in near silence" (56). Meaning is suspended as the day became a waiting game. Waiting for planes still in the air to land and be accounted for, waiting for the second tower to fall, waiting for President Bush to say something, waiting for the commencement of war, waiting "for a moment when we wouldn't have to be waiting anymore" (57). Importantly, Caron acknowledges how waiting establishes relationality. This plays out in his discussion of the picture of the man falling from the World Trade Center on 9/11, which was the object of considerable controversy after it was published in the New York Times the following day. The image becomes an allegory for ourselves through the process of symbolisation. It carries with it the potential to index the horrors of 9/11 as it affected individuals. The falling man "reminds us of 3,000 other persons just as small and just as real" (99). He becomes an abstract of our own precarious personhood.

This precarious personhood of 9/11 manifests itself in the aftermath society, particularly the way the deceased are mourned. Flyers with pictures of the missing and presumably dead crowd the streets. Their photographs become the object of witnessing. Some, photocopied in black and white, are too dark for anyone to make out the missing person's features and recognise him or her. Like the fallen man, these

images become images of ourselves, "the unspeakable sadness that greeted the sudden dissolution of boundaries once thought secure" (64). As Caron notes, the flyers make up small works of witness. "They were a kind of bricolage seeking to make contact… by relying on the ruins of the past… The sort of proximity enacted by witnessing is thus always an approximation" (65). This affective relationality between the living and the dead is inscribed in the cityscape and strips 9/11 of its historical specificity and relocates it into the ordinariness of being in the world. "[W]e are no longer complete strangers to other people's experiences of disaster" (67). This proximity brings bodies together in intimate and meaningful, but ultimately precarious ways.

Caron's memoir, like Wright's *Terra Incognito*, makes explicit reference to the Abu Ghraib torture scandal. Caron reflects on the distribution and circulation of the images that emerged from the prison, in particular on t-shirts and stickers. The image he is interested in is the infamous picture of the hooded Iraqi man, standing on a box, electrodes dangling from his extended arms. The circulation of images like these, he suggests, are intimately intertwined with the suffering of the American nation, rather than the suffering of the Iraqi man. It achieves this meaning through the figure of the hooded man, who cannot be looked at because he is faceless. "[T]he individual man figured on the picture became, in a sense, severed from himself and made to stand for something bigger but also more abstract" (97). Torture, for Caron, figures as form of intimacy that is inherently bound up with discourses of power and truth, and therefore, aims to produce a specific set of outcomes regarding human interaction.

This discussion of relationality is something that Caron carries over into his discussion about HIV/AIDS disclosure, in terms of its relational capacities. He writes, "there is no experience of HIV or AIDS that isn't relational" (109). This is apparently

clear in his discussion of "dyslosure", which involves letting each other into their vulnerability and openness to others. "One is not HIV positive in a cultural and political vacuum" (24), Caron argues fervently. This is why HIV/AIDS is such a dynamic object. Discussing HIV/AIDS alongside things such as the Abu Ghraib tortures or the forced unveiling of Muslim girls and women, Caron suggests that these events and bodies do not shed light on each other, but rather "make their own contours blurrier through constant if ever-changing contact. They bleed into each other and contaminate thought itself" (24). Being HIV-positive is a permanent state, a state that emerges from a relational engagement with a variety of contexts. This blurring of contexts is solidified when Caron quotes essayist Andrew Holleran's *Ground Zero*, "The memory of friends is everywhere. It pervades the city" (68). Caron reads this passage about the AIDS epidemic being interchangeable with 9/11, particularly the publicness of private loss and grief "of the urban catastrophe". The grief of mourning for those missing after the September 11 attacks resonates with his own loss of friends to AIDS.

Embodying September 11, embodying depression

In Wright's and Cohen's memoirs, depression and mental illness associated with being HIV-positive are explored in depth. The burden of surviving and mourning takes a toll on their ability to function. Ann Cvetkovich has written about depression as a socio-cultural phenomenon rather than a medical disease. Building upon her work on sensationalism and trauma, she depathologises the negative feelings associated with depression, so that they can be seen as a resource for political action and agency rather than its antithesis. Careful not to trivialise the experiences of depression, Cvetkovich argues that retaining its associations with inertia and despair, depression becomes a site of transformation through publicity and community formation. In her

own words, "[depression] is about hope and happiness, about how to live a better life by embracing rather than glossing over bad feelings… It asks how it might be possible to tarry with the negative as part of daily practice, cultural production, and political activism" (2-3). Cvetkovich uses depression as an entry point to engage how we might track affective life in all its complexity and what kinds of representations might do justice to its social meanings. She concludes that depression should be envisioned as a form of "being stuck, both literal and metaphorical, that requires new ways of living or, more concretely, moving" (26). Thus, depression has the capacity to make the ambiguities and inexplicable moments of illness, or living with HIV, visible while generating frames for scholarly conversation around such topics.

In the previous, section I suggested that Ahmed's notion of being sticky was particularly relevant to the experience of survival, but perhaps more so to the feeling of depression. This is where HIV becomes embedded in the structures of ordinariness (see Chapter 3). Throughout *Terra Incognito*, Wright acknowledges the various ways depression produces paralysis, or as Berlant or Cvetkovich would say, an impasse: "To escape it I spent most of the time when I wasn't working or sleeping, walking or driving around Auckland, feeling sorry for myself" (169). In other parts of the memoir, Wright talks about sitting by himself and smoking. He describes how he rhythmically he moves the cigarette in and out of his mouth, tapping as into an ashtray, and repeating. Wright states that the only way he could really escape depression was by falling asleep. He writes about getting up as the supreme act of will power against the depression, "I tried to lie in bed for as long as possible to delay the day from beginning" (36). It is not long before Wright comes to loath his bed and instead attempts to trick himself into believing that everything was fine. The routine

of going to the bathroom, having a shower, shaving, and brushing his teeth become entrenched in his mode of survival as a way of avoiding destroying himself.

Wright's depression figuratively and metaphorically structures *Terra Incognito* since the narrative begins and ends with his attempted suicide. This is something that is not revealed until the final chapter of the memoir. The first chapter, dated 18 February 2005, is about him waking up in the emergency ward at Auckland Hospital surrounded by his friends and family. Listening serves a crucial function in this scene, since it is what "brought [him] back" (12). The wailing that wakes him is reminiscent of sex noises. He is unsure of what happened, "I was wide awake and looked like I'd just seen Satan himself" (12). It takes him some time to adjust and he recalls the feeling of staring into his mother's face and his friend Warrick's changing size.

This is contrasted with the final chapter where Wright writes about his destiny to kill himself. It becomes his preoccupation. "I had simply fallen in love with death and brooded over it… I dreaded botching it, waking up a vegetable who needed my throat massaged to be able to swallow food… I felt calmer, stronger, relieved of a future I could no longer face" (222). At this point the narrative switches register and is presented in the form of a series of diary entries, which is something only seen in the introduction. Each entry punctuates two suicide attempts over a two-week period. "Wednesday 6 February 2005". Recalls the previous night psyching himself up with a handful of Xanax and morphine and then waking up with his head in the oven. "Tuesday 14 February 2005". "This time I was determined", Wright says. He took 150 Panadol, 40 tablets of morphine, 40 Xanax, and wrote a letter to his mother. "I felt certain I was about to die" (226). At this junction, whether intentional or not, inserted is two blank pages, perhaps marking the blackout Wright suffers. Michael

found him the following morning unconscious. “The next thing I remember is detailed in the opening chapter of this book” (229). Defined in relation to blockage or impasse, as Cvetkovich notes, depression can be thought of as a “form of movement,” spatialised in such a way that can produce forms of emotional or sensory agency. It is embedded in everyday life.

Wright chronicles several other thoughts about suicide in the narrative. One occurs after rehearsal at Carl’s house, a short time after Matt’s death, but just learning about the death of his friend Janet. A large truck comes hurtling towards Wright and he contemplates throwing himself in front of it. He says, “I prepared myself to obey it… I quickly realised that it was now going too slowly for the swift, violent death I’d envisaged, so I reluctantly let it pass” (178). He talks about how this wild impulse to destroy himself would have become a reality if only the truck was going faster. He become afraid of himself, “I kept looking over my shoulder, as if I was being chased by myself” (178). Notably, this junction is one of the few times where Wright knowingly corrects his recollection of events occurs. “My memory is that I drove straight to my therapist’s office, though that seems unlikely” (178). Another suicide attempt comes during his time at Hallburn House when he is feeling frustrated at the routine of conversation he is subjected to from the houseguests:

> One day I was so overcome with rage at this sameness that I thought I was about to have a seizure… into a strange kind of sulk… that deepened and hardened into a state I’d never been in before. I sat on the back balcony and felt my eyes turn inwards with the hatred O was overcome with, focusing it on myself. I kept seeing myself running into the kitchen, taking a big sharp knife out of the drawer, sneaking into the bathroom, locking the door and then cutting and slashing myself (188-190).

This scene repeats in his head until the point where he feels compelled to act it out. His attempt is futile when he cuts his thumb on the knife and returns the knife. He acknowledges, "[a]fter I'd failed with the knife my brain kept obsessively plotting ways to do away with myself" (190). Although it is not elaborated on in the memoir, Wright indicates that this impulse becomes entwined with sexual pleasure. These suicidal thoughts, consisting of frustration and grief, take over his creative capacities.

The results of Wright's attempted suicides, especially the one that bookends the memoir, have a disturbing impact on his body. The primary physical side-effect of the overdose was a condition known as 'drop-foot', where his right foot does not move or flex. Rebuilding the neural pathway from his brain to his right foot becomes an exhausting task and it takes six weeks for him to regain complete feeling. Another physical side-effect he notices is a "slight but rapid trembling" (231) that becomes noticeable when he is tired to the extent that carrying a cup of tea becomes almost impossible. The isolation that is experienced as a result of his depression during his time at Hallburn House manifests itself in a creative embodiment. Similar to the process he explains in *Ghost Dance*, Wright talks about creating dance routines in his mind and how he keeps scores of old notebooks filled with jottings of ideas for movement or theatrical scenes. The routine of memory itself is important here especially when mourning begins to prohibit Wright's choreography. Dance is something that Wright feels in his body, "I missed having a piece of music to dig out and gnaw on like an old bone whenever I felt the need, in this way allowing the work to seep into my marrow so that when I find myself in the studio confronted by ten or so hungry, expectant dancers, I have that music already flowing in my arteries as an ally" (52-3). This description is enhanced when he explains his choreography in terms of bodily functions: ingestion, digestion and excretion. At one point, he even

compares remembering old works he choreographed to "smelling your own shit: but somehow comforting" (117). It is comfort that allows Wright to persevere through his depression.

The body becomes the vehicle through which HIV-related depression is worked through and managed. After Malcolm's death, Wright hosts a workshop in the hope that creativity might serve as a key distraction for his grief. He asks one on the participants, Craig, to describe the sensations in his body in detail. As these sensations were read out loud, he reacted however the sensation moved him. "The act of invention is essentially rhythmic, like breathing… I believe this is how the human mind moves as it struggles to create, continuously alternating between active and passive… Eternity lives in the gaps between breaths, in the serene pauses where every mind forgets coming and going, in and out, and simply surrenders" (65-66). Here creative invention through dance takes on affective capacities of being and survival. Making things with the body enables him to escape the "bell jar of despair" that he chronicles throughout his memoir.

Later in the memoir, Wright discusses the difficulty of translating human relationships (which I would extend to intimacy) into representational form, such as dance, especially between bodies ravaged by HIV. Similar to his work with Craig, he describes the process of getting his dancers to write and learn a verbal script based on the relationships he wanted to convey, then have them act the scene out with the words, over and over until the words become lodged in their bodies as seeds of gestures. It is precisely through this process that Wright situates the capacity to transcend representation to the point where relationships can be signified without words, what can be spoken through bodies. Wright's time at Hallburn House is spent "running through" dances. "That was the part I loved and once or twice, practicing

my phrase physically, embodying what I'd imagined, I felt the ghost of my former power as a dancer coursing through my body like an electrical current" (185). This process is delayed by his body that is animated by HIV and medication. Time cheats him out of body and his ability to dance, "having slightly sore muscles for the next few days was badly needed evidence that I still had a body" (185). HIV has the capacity to affect the body and dance becomes the way to express the unnameable.

The creative capacity of survival takes on its inherent haunting quality. Ross Chambers writes about "phantom pain" as a metaphor for the collective memory of trauma. In a trauma as collective as the Holocaust, Chambers argues, a person can experience the memory of trauma as a kind of phantom pain, a sensory pain, where real events and historically lived traumas that are made available, but in an elusive, hard to situate, and uncanny way (*Untimely* 32). In other words, the memory of trauma is also the effect of the collective discursive phenomenon. This is something Wright makes explicit mention of when describing his process of creation. His subconscious is constantly at work choosing, selecting, accepting and rejecting the ideas and images used in his choreography. These ideas and images, he says, "try to seduce me with their ability to capture and hold attention – what I call their haunting-power" (164). Likewise, Caron makes reference to the presence of ghosts, those who have died to AIDS, it is those ghosts that give "us the sense that contact isn't limited to the spatial, the social, or the cultural, but that it established a poetics of nearness among different times as well" (231). The spectre of death haunts but also produces creativity. Images and ideas of dance come and they go, they have the capacity to haunt. It is a fraught process. "It's like having a thorn in your brain" (100). This phantom pain becomes insistent to the point where Wright writes his down his thoughts and his ideas, giving the form of words to his displeasure.

Caron also chronicles his experience of being HIV positive and living with depression. The first part of his memoir meditates on depression, its relationship to HIV, and what depression means relationally. In the section "Depression is Crazy" (12-3), Caron vividly describes depression as rape of the mind and the only relief ever granted by depression is pain of a different sort. One is always depressed in isolation and this is the "excruciating" truth of it. He proceeds a few pages later to say if given the choice he would pick HIV over depression. "You can live with HIV. Depression, however, feels like such a complete denial of life that it becomes a challenge to even put into words" (15). The difficulty of being in the world with depression is that it requires a degree of passing or "closetedness", as Cohen designates it. Therefore, depression requires a person to pass as themselves, which requires a performative and relational dimension. Despite being associated with isolation and accordingly denied its potential for relationality, depression is very much about sharing and confession.

Caron's memoir offers an explicit reflection on the body. He says at the start, "This book represents my attempt to put this body, my new, strange body, back where it belongs—right there in the rhythm of it all, ebbing and flowing with the crowd, a body among bodies, on the beat" (5). Caron asks us when reading his memoir to reflect on our own bodies and the body in general. After his diagnosis, he spends time cultivating his body so it looked fit and trim and people would not inquire about his state of health. Although seemingly unreasonable, trying to look good after testing positive for HIV made sense to him. Importantly, he describes his body as Ground Zero, making that explicit connection between 9/11 and HIV. "I suddenly had the feeling that my body [had become the world] with its endless procession of catastrophes, wars, and acts of brutality and humiliation" (4). Even the ordinary actions of attending to the body, like shaving, take on new meaning, blurring

commonly held boundaries between health, morality, and social conformity. It took Caron almost two weeks after his diagnosis to be able to shave, he was so afraid of his blood.

This affective register of HIV is something Caron feels in his body, but also externally, between his body and others. Contact not only happens between bodies and between selves, but also between the two. It is enabled when one allows themselves to become contaminated by others, by their weaknesses and shortcomings. Caron describes his body becoming caught up in a web of external relations. Although the virus acts internally, it is just as much as about "what—and who—is outside [the] body" (35). An example of this is Caron's discussion of other gay men. "Funny how a gay man's hand resting heavily on your shoulder used to say let's fuck but now means let's not" (26). This, Caron hypothesises, has something to do with the symbolic charge HIV/AIDS carries with it. This charge takes on an affective dimension which emerges from the excess of meaning attributed to HIV/AIDS. Caron says, "when our body and its integrity are involved we leave reason aside. We can think about our body and about the bodies of others, but we cannot seem to think with it" (125). Thus, gay men are defined by their relation to one another, by their bodies, by their exteriority.

Caron draws a parallel between HIV-positive gay men and Muslim women who wear head scarves in France. He reflects back on a trip he took to Toronto in 2010, when Quebec's attempts at banning Muslim veils and headscarves were making the Canadian news. A point was being made in the media that if these items were allowed to be worn, this would lead to "them" forcing their "backward ways" on "us". As Caron argues, "We fear contact as a kind of contagiousness" (92). "Them", the outside, is considered unclean. "[T]he racialized Muslim body becomes the

'embodiment' of this idea" (95). This social exclusion is something Caron relates to all too familiarly as a gay man; he links it explicitly to acts of bodily violence: humiliation, rape, torture. The Muslim, and by implication, the homosexual body must be harmed because it is less than human. Caron sees his own HIV-positive body worthy of judgment and social exclusion. "In a very similar way, my body, like that of everyone with HIV, will forever index the act that led to its infection" (96). Importantly, Caron embodies his infection as a sign of failure, a sign of failure that must be constantly disclosed despite the virus being undetectable on his body.

Conclusion

After the suicide attempt that frames *Terra Incognito*, Wright not only talks about the physical side-effects of the overdose, but also another profound change, "I felt like a different person: as if I'd died and been reborn… It was a feeling of lightness, hope" (231). This is what the burden of survival looks like in the age of retroviral therapies. While there is a certain amount of optimism in Wright's and Caron's writing, there is an equal amount of uncertainty and precariousness. There has been a significant shift in the way HIV/AIDS life writing uses language to convey the precariousness of the present moment; this language has been informed by the historical, cultural, and biomedical trends of the time. This chapter has offered some consideration of how to read HIV/AIDS life writing when HIV/AIDS is no longer considered a death sentence. I have shown how discourses of "terror" and "panic" continue to inform public and personal understandings of chronic disease, and how embodied experiences of depression inform autobiographical modes of expression, and vice versa.

Conclusion – Precarious futures: intimacy in the age of PrEP (Pre-Exposure Prophylaxis)

"I grew into manhood terrified of AIDS"

Evan J. Peterson, *The PrEP Diaries*.

This thesis has reconceptualised the way we think about and read intimacy through a close analysis of Anglophone HIV/AIDS life writing. It has taken up the Spinozian challenge (via Deleuze) to understand what a body with HIV/AIDS *does*, rather than what it *is*, and to theorise what implications this has for thinking about the attachments and the bonds produced in the process of becoming ill. It has demonstrated, firstly, that a body with HIV/AIDS animates bodies in relation to one another, thereby producing affective subjects. But it also shows, just as importantly, how such interactions require new methods of analysing affect and attachment, which are often abandoned in representational studies of the testimonial genre. As I argued in Chapter 2, the authors of the memoirs and diaries examined in this thesis operate as clinicians, or symptomatologists, diagnosing the relation of forces in which they are caught. Each memoir operates as a symptomatology of being with HIV/AIDS and the constitution of forces around which writers create their world. This is what literature *does*.

Paying attention to what HIV/AIDS life writing *does*, rather than what it *is*, enables us to understand not only how these texts represent experiences of illness and intimacy, but also how these meanings circulate in the public sphere. What is represented in these texts is not always obvious to the cultural critic who works to the limits of Sedgwickian paranoia to uncover "hidden" meanings in the text. Paying

attention to what literature does encourages us to see what HIV/AIDS does and how it acts. It is a reciprocal process that is often neglected in the study of literary texts.

This thesis has contributed, then, to viewing HIV/AIDS as an agent. This is something evident in Tim Dean's work on barebacking and bug chasing—an activity that can be most concisely described as the intentional seeking out of HIV-positive men in order to acquire from them the HIV virus. Dean views HIV as an agent that can produce new forms of life that may be difficult to comprehend outside of the gay men who practice it. In a society where repeatedly engaging in so-called risky behaviour is often declared a sign of self-destruction, Dean's description of intentional HIV acquisition as "less a harbinger of death than a complex generator of life" (93) may be seen by many as confronting or even illogical. Dean makes a very significant point: the contemporary interpretation of HIV as inherently negative is highly problematic. While there are clear implications for a person's health, a myriad of other cultural and personal benefits also occur, for example, the enhanced intimacy that can be achieved between two individuals as a result of HIV transmission. Dean compares the intentional acquisition of HIV from one's lover to be a creative, albeit extreme, method by which to mark both the inside and the outside of one's body with a sign that expresses enduring love and intimacy. It is important to understand what these bonds offer participants, rather than just disregarding these practices as risky behaviour that only produces stigmatised subjects.

As I write this conclusion, a second patient appears to have been cured of the HIV virus. The "London patient," as they have become known in the media, received a stem-cell transplant that replaced their white blood cells with HIV-resistant versions (Gupta et al). They were able to stop taking antiretroviral drugs, with no sign of the virus returning 18 months later. The stem-cell technique was first used a decade ago

for Timothy Ray Brown, known as the "Berlin patient," who is still free of the virus. The London patient is only the second person ever reported to have been cleared of the virus using this method. While the researchers behind the transplant are sceptical about this demonstrating a certain cure, they do suggest that to be successful, stem-cell transplants in HIV patients would not need to be accompanied by aggressive treatments that might have particularly severe side effects. As medicine advances, so will the nature of HIV/AIDS life writing and representation. It will be vital to track what these changes are and what the implications might be for our thinking about not only the mediation of gay male identities in the Western world, but also the cultural memory of the AIDS epidemic. One of the goals of my project has been to make sure we never forget the legacy of the AIDS epidemic, especially when people have fallen into the comfort zone of ignoring the disease simply because people are no longer dying en masse.

One of the most recent developments in HIV prevention research has been the 2014 introduction of Pre-Exposure Prophylaxis, commonly referred to as PrEP, a daily tablet consumed to prevent the transmission of HIV. By way of concluding this thesis, I want to focus on PrEP as a means for thinking about HIV/AIDS life writing in the present moment. After summarising my key findings and interventions, I take Evan J. Peterson's memoir, *The PrEP Diaries: A Safe(r) Sex Memoir* (2017), as a way of summarising the conclusions of my thesis. Finally, I consider some of the limitations and future iterations this project could take.

The event of intimacy and queer life writing

This thesis has made four contributions to the field of queer life writing studies. First, it has offered a reconceptualisation of intimacy as something fluid and constituted affectively, rather than something stable and fixed in representational terms. Utilising

Deleuze's theorisations of the event and differentiation, I have alluded to the rhizomatic and ever-changing nature of intimacy. Intimacy does not comprise a unity or a whole because each instance of intimacy is marked by differentiation. It is dynamic, fluid, and responsive to a confluence of parts or elements. As the product of the synthesis of forces, events signify the internal dynamic of their interactions. As such, according to Deleuze, an event is not a particular state or happening itself, but something made actual *in* the happening. Deleuze's event is the expression of the productive potential of the forces from which it arose. It highlights the momentary uniqueness of the nexus of forces and affects. Intimacy, like the event, has no beginning- or end- point, but is rather a state of *becoming*, a momentary productive intensity. The event of intimacy, therefore, is constituted through the coming together of affects and bodies.

One of the key messages of this thesis has been that rather than thinking about intimacy in terms of a physical coming together of bodies, greater attention should be paid to the events of intimacy located in the everyday or the ordinary. Often unable to engage in physical intimacy with their partners or others due to their deteriorating conditions, the memoirists examined in this thesis had to create their own sense of bonds or attachments. These bonds, I have argued, are frequently produced through structures of ordinariness, the repetition of mundane day-to-day tasks. Whether that is established through the regular routine of hospital stays or the daily consumption of medication, it is these rhythms facilitated by the animation of the virus that orient the body in new ways. This is most clearly demonstrated in Paul Monette's *Borrowed Time* and Timothy Conigrave's *Holding the Man*, where coughing and moaning, or obsessions with weight, physical appearance, and cleanliness are not only frequently repeated, but come to define the relations between the men. By tracking the patterns

of these rhythms, one can start to see how intimate bonds materialise affectively in the texts themselves.

Second, this thesis has contributed to the literary criticism of HIV/AIDS life writing by writing against the tendency to focus on death and mourning. Instead, I have argued for the value of life in the texts, focusing on the ways that the virus is animated and, importantly, how it animates the bodies of its hosts. The central question of this thesis, as already noted, has been to ask what a body with HIV/AIDS can *do*. To do this successfully requires that we understand the virus as having capacity for action; the agency to act upon its host's body and move in relation to other bodies. The virus, as I have demonstrated, is itself an active agent and has the potential to bring bodies together, but also repel them. This is important for understanding how we can read life into HIV/AIDS life writing despite the tendency to make assumptions about death. Life, in the work of Deleuze, is concerned not so much with the material body as with what occurs between bodies. Life, like intimacy, is an incorporeal transformation; it is an event. Therefore, life is associated with positivity and productivity.

The animation of HIV/AIDS produces the non-sovereignty of the subject. The main influences on my thesis come from the work of Gilles Deleuze and Lauren Berlant, who through the legacy of Spinoza, maintain that our ethical and political projects must be formulated and conducted on the terrain of the affects. The sovereign individual is the one who has capacity to make decisions. The nonsovereign individual, on the other hand, is the one who does not have control over decision-making. Furthermore, the subject is never one, Berlant suggests, and should be understood not in terms of unities but instead "as dispersed environmental mechanisms at the personal as well as the institutional level" (*Cruel Optimism* 114).

In other words, instead of thinking in terms of unities, we need to think about subjectivities in terms of multiplicities. That is, how the disparate elements congeal into something coherent. It is through this recognition that we understand ourselves as being able to be affected. In Eric Michaels' *Unbecoming* (1997) and the writings of David Wojnarowicz, I have argued that it is through contact with the virus that these writers learn to appreciate and recognise their own nonsovereignty. Key to my thesis has been to recognise our power to be affected, especially for those who are vulnerable and might not feel they have any potential.

Third, this project has offered a symptomatological method of engaging with and analysing HIV/AIDS life writing that is sensitive to the constitution of intimacy. A symptomatological approach to HIV/AIDS life writing offers a distinct approach from the traditional methods of close reading which have dominated its interpretation. It brings attention to the way its subjects are implicitly aware of the Deleuzian assemblages that constitute their becoming within the event. One of the things that this thesis has attempted to do is draw attention to the problematic and limiting ways the analysis of affect has been taken up in literary studies. I have advocated for a symptomatological approach to HIV/AIDS life writing as a way of utilising representational and non-representational modes of analysis without valuing one above the other. It would be naïve to think that I would be able to escape the confines of representational analysis when analysing literary texts. I hope the point I have made is that these modes of analysis – representation and affective -- should be seen as complementary rather than as opposite. The message from my chapter on Douglas Wright's *Terra Incognito* and David Caron's *The Nearness of Others* is that there has been a significant shift in the way HIV/AIDS life writing uses language to convey the precariousness of the present moment and that this has been informed by the

historical, cultural, and biomedical trends of the time. In an age where HIV-positive people can live a healthy and normal life through the provision of antiretroviral medication, the language of urgency and war—as was the case with earlier memoirs—has been replaced by the language of survival.

Fourth, and finally, this study has contributed to several key debates in the field of queer studies through its examination of, and challenge to, ideas such as normativity, temporality, and sociality. While a queer analysis seeks to challenge or disrupt what we typically take for granted in terms of gender, sexuality, and identity, one of the things that I have tried to highlight is the complex relationship these memoirists have in relation to what Lauren Berlant has called "the good life," the aspiration of upward mobility—something typically deemed by queer theorists as in need of critical treatment and something to be challenged where possible. Given the sense of urgency under which these testimonies are written, there is a deep desire to return to the promises of the good life and the stability it once offered. In terms of temporality, I have demonstrated through my reading of John Foster's *Take Me to Paris, Johnny* and Fenton Johnson's *Geography of the Heart* that time is dynamic and irregular, but nonetheless operates in the registers of past, present, and future. The theory of time and sociality implied here is nonrepresentational; that is, it conceives of the relation between past and present as one of coexistence rather than succession.

Intimacy in the age of PrEP (Pre-Exposure Prophylaxis)

One of the most important interventions into the way men who have sex with men has evolved in the past decade has been the introduction of PrEP. PrEP is the antiviral drug, a combination of tenofovir/emtricitabine (Truvada), that is now widely used to prevent the transmission of HIV. According to the U.S. Centers for Disease Control and Prevention, when taken consistently, PrEP has been shown to reduce the risk of

HIV infection in people who are at high risk by up to 92%. The use of antiretroviral therapy to prevent transmission has not only demonstrated its potential in terms of reducing risks, it also promises to transform the understanding of the danger and fear of passing on or acquiring the virus and, therefore, the implications of condomless sex. Thus, PrEP has radically changed the way men who have sex with men practice sex and intimacy.

PrEP is not without its limitations. Despite its proven efficacy as an HIV prevention strategy among men who have sex with men, PrEP has so far emerged as what Kane Race has termed a "reluctant object," an object that demonstrates promise, but is so threatening or confronting to enduring habits of getting by in this world (101). This promise takes form in its putative association with the supposed excesses of unbridled sex. Particularly in the U.S., discourse permeating through various media has framed PrEP medication as if it were being used like a 'party drug.' These representations frame PrEP users as sexual deviants whose access to the medication encourages them to engage in risky sexual behaviours (Spieldenner). Thus, PrEP users have been othered and provided the sexualised label of being 'PrEP whores,' which symbolically marks them as immorally high-risk sex individuals.

Partly as a result of such stigmatisation, the uptake of PrEP has been much slower than expected in countries in which it has become available. Indeed, its approval for use in 2012 in the USA sparked bitter debate and a new round of sexual health moralism from gay community-based commentators and HIV specialists. Furthermore, Australia, like the United States or the United Kingdom, has endured bureaucratic barriers to PrEP. In May 2016, the Australian Government's Therapuetic Goods Association (TGA) approved Truvada to be used as PrEP (it had already been available for people who were HIV-positive), but this medication was then not

subsidised by the Australian Government until April 2018. This meant that many people wishing to take PrEP had to obtain the drug though state-based clinical trials, international drug shipments, or the black market. In sum, issues related to access, affordability, and knowledge of PrEP have proved to be major barriers.

Evan J. Peterson's 2017 memoir, *The PrEP Diaries: A Safe(r) Sex Memoir*, chronicles his stories about sex, intimacy, and the wild new frontiers of queer life in an increasingly PrEP-savvy world. He first wrote about his experience taking PrEP for *The Stranger*, an alternative biweekly newspaper in Seattle, Washington, back in 2014 and later expanded this into a full memoir. The memoir is self-described to be about "sex, hope, relationships, and the future" (4). Despite this optimistic declaration, it is also clouded by fear of the unknown.

The PrEP Diaries supports the claim that HIV has agency and operates on the body's capacities to be affected. Peterson was born in 1982 and makes a direct parallel between his life and the life of the virus; he has lived his entire life in a world where HIV/AIDS were public topics. He acknowledges not understanding the epidemic as a sneak-attack plague that killed many people, rather, he associates the virus as operating and moving in a more abstract way: "To me, it was vague, unspecific, something waiting in the shadows like a paedophile" (3). It is something that appeared on the tips of needles laying in the gutters, strategically placed in pay-phone coin returns, or movie theatre seats. These were the myths that were being circulated in the world of AIDS. The memoir begins with his earliest memories of being aware of HIV/AIDS.

One of the ways bodies respond to Truvada is through the various side effects the drug can initially cause. PrEP is described as a harmless, "unassumingly candy-like and cartoonish" (6) looking pill, but something that can cause temporary and mild

nausea, loss of appetite, and headaches. It is also rumoured to soften bone tissue and cause liver damage. The side effects are not only physical, but also have a myriad of other effects. Two to three months into his PrEP regime, Peterson experiences nightmares. He dreams that he receives the news that he is HIV-positive despite being on PrEP for several months and using condoms. This produces panic about his use of PrEP: "Did I forget to take it one day, or several days in a row? Who did I have sex with recently? Did I somehow have unprotected sex and not even remember it?" (86). Waking up, startled, Peterson notices how the feeling of panic and desperation lingers for a few minutes. In a world where HIV and its treatments are less destructive and people aren't burying their friends, Peterson says he lives in constant fear, "a horny, judgment, nervous" fear. The fear of AIDS lingers in the affectsphere.

This affectsphere, the fear attributed to AIDS, can also be read as an extension of the fear produced post-September 11. Like Douglas Wright's and David Caron's memoirs (Chapter 6), *The PrEP Diaries* is set explicitly against the backdrop of the events of 9/11. Peterson describes the moment when the planes flew into the World Trade Center buildings in 2001 as the moment when the world as he knew it changed forever. He writes about the fear and uncertainty the event created: "When would it happen again? Could we ever go back to taking our safety for granted? Should I just throw caution to the wind and fuck every single guy who'd have me?" (49). Going in the opposite direction, these questions scare Peterson into not having sex for a ten-month period. As Caron did in *The Nearness of Others*, Peterson makes a direct comparison between the AIDS epidemic and September 11. He suggests that the gay community experienced "our personalized September 11th" (88), but one that lasted twenty years. Much like the growing up America had to do in the wake of September

11, the gay community had to keep growing after a scientific breakthrough. Gay men were given the advantage to prevent HIV while having healthy, intimate relationships.

Taking PrEP is described by Peterson as a cure for the fear he experiences living in an uncertain world, a layer of additional protection. Before starting to take PrEP, Peterson reiterates a fear or concern with every sexual encounter he has, which is a product of growing up with a safe sex or abstinence mantra drilled into his brain for years in school, at home, in the media. "*Negligence kills. Condoms save lives. The people who get HIV are responsible for their own lapses in judgment*" (27, original emphasis). Interestingly, the affective push and pull of fear of HIV/AIDS does not evaporate as one would think when he starts taking PrEP. Rather, this fear comes to mobilise his body in different ways. Peterson recalls a winter holiday over the New Year period when he suddenly realises he is running low on his PrEP supply and the fear this incites. He finds it difficult to find an open pharmacy and eventually has to crowdsource some from a PrEP Facebook group. He explains his feelings of not taking PrEP: "I never thought I'd get so attached to PrEP… the protection that PrEP offers decreases day by day as long as you're not taking it" (144). Much like the other memoirists contained in this thesis, the coming into contact with pharmaceuticals alters the body for better or worse and contributes to the assemblage of HIV/AIDS.

Despite his open acknowledgement that he mistrusts pharmaceuticals and Western medicine, Peterson notes that PrEP was the simplest, most effective solution to preventing HIV while also enabling him to establish new forms of intimacy. The memoir acknowledges very explicitly the devasting effects of azidothymidine (AZT) and discusses the role of AIDS dissenters in shaping AIDS discourse. Peterson tells of how his aunt installs the fear of AZT into him by persuading him that HIV does not cause AIDS—that AIDS is a hoax to sell pills and kill gay men. He talks about his

aunt who would recall stories of her gay friends suffering terribly on AZT in the early days of treatment. She saw one of her friends being diagnosed with HIV without being tested. This convinced her that AZT killed her friend, not the HIV that he was never tested for. Peterson's aunt is the one who tries to convince him not to take PrEP. This leads to a very strained relationship between them. This panic about AIDS fuels much of the controversy around PrEP, and is a major animating source in the memoir.

Despite the precariousness enabled by fear in the memoir, PrEP enables new forms of intimacy and in the memoir this fleeting sense of connection operates as the site of cruel optimism in the sense described by Lauren Berlant. As mentioned earlier, the memoir claims that PrEP represents intimacy, connection, and affection. This was the promise of PrEP. The blue pill promised to unlock new possibilities of intimacy, not only in the form of physical connection, but also inspiring psychological and emotional confidence. Peterson describes himself as having an "intimacy fetish" (16), where he only shares his body with people who feel like friends. The intimacy enabled by PrEP is established through the routine of getting tested for HIV and the daily rhythm of taking the drug itself. Going in, getting a needle, then waiting for results is framed as a precarious event. "The trepidation of getting an HIV test, followed by the relief of a negative result, has faded over the years" (95). The "faint and ominous shimmer" of uncertainty when getting tested speaks to the affective feeling of attachment that the test brings by the relief of a negative result. PrEP, whether paired with condoms or not, is shattering one of the biggest psychological blocks to intimacy between gay men in the twenty-first century. Peterson explains how PrEP gave him the confidence to meet guys and form relationships and all but erased the fear of infection.

One of the most striking examples Peterson talks about in some detail throughout the memoir is the role PrEP has played in enabling intimacy between HIV-positive and HIV-negative men. As he explains, "PrEP is also for the health, peace of mind and pleasure of HIV-positive people, dissolving much of the stigma and undoing three compounded decades of fear, shame, and rejection" (13). Peterson observes how a person's HIV status is becoming less stigmatised, which is a benefit for HIV-positive people. He notes how the symbolism around HIV-positivity has changed in the online dating world from [+], an indication that someone is HIV-positive, to [=], which denotes that a person, whether HIV-positive or not themselves, have an interest in meeting HIV-positive or HIV-negative men. As Peterson notes, PrEP has expanded the range of HIV statuses in online spaces, such as "negative on PrEP." Peterson also chronicles his relationships with poz-undetectable men. He discusses his fears dating one guy, Nick, who was patient with his fears about contracting the virus. "Nick and I kept having sex, and I was still wary about where Nick's load ended up when he came" (72). Working through this fear enables Peterson to branch out and try new sexual experiences and kinks, such as electro play. The point Peterson makes is that PrEP allows us to play into different sexual patterns.

One of the most interesting observations to be made about Peterson's memoir is the absence of anal sex, which is ironic given that PrEP is largely there to prevent infection transmitted via anal sex. In fact, the climax of the memoir appears to be Peterson's first time experiencing bareback sex (i.e. without use of a condom) when he was thirty-two years old. He makes it very clear throughout the memoir that he only has anal sex when he is in a relationship with someone. He meets Scott at a four-step work in recovery meeting, shortly after he starts taking PrEP. He decides that Scott would make the ideal first candidate to try barebacking with, "something I'd

never allowed myself in all my fourteen years of being sexually active" (125). Peterson describes the encounter with Scott in the present tense to highlight its significance: "Today, I will have condomless sex for the first time in my life" (126). The bareback sex with Scott is a rite of passage for Peterson, what he terms a "ritual of initiation and manhood." The detail is explicit and framed as a spiritual and intimate moment. He recalls, "We are loving each other with our bodies as well as our hearts" (127), despite also acknowledging in the past tense that he was not certain whether the sex was any more intimate without a condom. It was intimate because of the person it was with rather than the act itself. Indeed, he goes as far to remark that the sex was not significantly better physically than past experiences with condoms.

Although fear is associated with physical intimacy in the memoir, PrEP enables a future and the ability to have intimacy. Peterson asks a very pertinent question: when is the next sexually transmitted infection (STI) plague coming? Before HIV, there was syphilis. Now a preventable and detectable threat, HIV has likewise become a chronic but manageable condition. There will always be a new disease to deal with, and sometimes these are sexually transmitted. "Safer sex is about making informed decisions with a clear mind and a sense of self-value" (140). This is where the memoir becomes problematic. He suggests that there is this mindset amongst some gay men that they do not care what happens to their bodies or health. Peterson paints gay men as careless risk takers when it comes to sex. In contrast, he proudly proclaims that he has never had an STI and lists the reasons for this: talking openly about HIV status, not having anonymous sex, and only using condoms for anal sex: "butt sex isn't something [you] usually do outside of a relationship" (141). This is his commitment to having safer sex. Tim Dean, who argues for the forms of intimacy established through bareback sex subcultures, would presumably find Peterson's

memoir problematic for its mostly dismissive attitude towards barebacking as a legitimate mode of bonding. It is important that we avoid rhetoric that stigmatises those who might engage in these practices.

One of the limitations of PrEP is problems associated with access. Writing just before the inauguration of Donald Trump, Peterson acknowledges that unless you are quite wealthy in America, you need insurance to pay for medical care, including medications. “I don’t want to make Truvada sound like it’s a perfect miracle that is given to any soul in need” (10). He also cites the multiple blood tests every three months that are also costly. The situation has been the same in Australia until recently when it was announced by the Australian Government on 1 April 2018 that PrEP will be subsidised through the Pharmaceutical Benefits Scheme (PBS). Before this, the only way to access PrEP without importing it was through clinical trials, which aimed to investigate the acceptability, feasibility and impact of providing PrEP in Australia.

Given that PrEP has been so beneficial for the development of intimacy between gay men, especially HIV-positive men, one of the things that surprises Peterson is the general lack of understanding about PrEP. This might just be because Peterson himself is largely focusing on the time just after it was released in the U.S. He recalls conversations he had with phlebotomists during his quarterly blood tests and with insurance providers in 2015. He got the impression from one nurse that she did not understand the nature of PrEP and confused it with PEP (post-exposure treatment) and simply marked that he had exposure to HIV. Peterson concludes that such a lack of knowledge is a combination of homophobia, sex-negativity, politics, and “the simple human reluctance to change” (136). He argues that gay men and straight people are as ignorant as each other when it comes to preventing HIV. Peterson also thinks the world has evolved and the AIDS crisis has been eclipsed by

other health issues, such as breast cancer. This is confirmed in conversation with Ian, one of Peterson's HIV-positive friends who says there is a general disinterest in HIV issues since people no longer view HIV as deadly since the development of antiretroviral therapies and the increasing quality of life that these have enabled.

New directions

Although this thesis has made several valuable contributions to the field of queer life writing studies, the specific direction it has taken—focusing on texts largely written by white gay men from the early epidemic to now—has also resulted in several restrictions or limitations, which could be productively turned into a basis for further research. One of them would be to monitor the development of HIV-prevention and to track how new and emerging medications change our bodies and our relationships with each other. A number of alternatives to PrEP are currently in the works. According to an article published in *The Washington Blade* in March 2019, long-lasting injectable or over-the-counter and on-demand versions of the drug to prevent HIV infection could be a reality in the not so distant future. The injectable form of the drug is designed to be taken every four weeks at first, then every two months, the every four to six months. The injection is likely to reduce pill fatigue—the onerous daily consumption of medications. This will also have implications for the rhythms of intimacy that I have tracked throughout this thesis.

A further possibility would be to expand the scope of this study to consider a broader, more global account of HIV/AIDS life writing that is not focused exclusively on the English-speaking world (and in this case, the United States and Australia). Future extensions of this project could incorporate the wealth of HIV/AIDS life writing from Europe, for example, especially the United Kingdom and France. Writers such as Emmanuel Dreuilhe, Hervé Guibert, and Derek Jarman would provide

noteworthy case studies. Guibert, for example, produced a number of autobiographical studies of living with HIV. This archive includes his 1990 semi-autobiographical novel *A l'ami qui ne m'a pas sauvé la vie* (*To the Friend Who Did Not Save My Life*), a journal-like account *Le Protocole compassionnel* (*The Compassion Protocol*, 1991), a home-made film *La Pudeur ou l'impudeur* (1992), and a hospitalisation diary *Cytomégalovirus* (1992), most of which were published posthumously. Likewise, Derek Jarman's journals *Modern Nature* (1991), *At Your Own Risk* (1992), and *Smiling in Slow Motion* (2000) offer insight into what it was like to live with HIV in British society in the late eighties and early nineties. Guibert's and Jarman's writings on HIV/AIDS have already attracted a considerable amount of scholarly attention. It would be interesting to observe how the social, historical and political contexts of these different accounts have shaped the texts themselves, and therefore, how HIV/AIDS becomes animated as a result of being part of different geographical assemblages.

Closely related to expanding the geographical scope of the thesis, further research could also usefully inquire into intersections of gender, race, class, and ability. A key limitation of this thesis has been its exclusive focus on men who have sex with men, something Sarah Brophy tries to address in her study on AIDS testimony through analyses of Jamaica Kincaid's *My Brother* and Amy Hoffman's *Hospital Time*. Further iterations of this study might consider a revision of Brophy's analysis of testimony written by women to include Australian texts, importantly Maria Pallotta-Chiarolli's *Someone You Know: A Friend's Farewell* (1991). Reading Pallotta-Chiarolli in comparison with Kincaid or Hoffman would complement Brophy's study well. Furthermore, this thesis is limited by its focus on largely white gay men. Besides Juan Céspedes in *Take Me to Paris, Johnny*, I have not considered

how AIDS animates bodies of colour, and more importantly, how bodies come into being in relation to others. Considerations of race, especially of the representation of HIV/AIDS in third world or developing countries, would help to develop the framing of my argument.

Other avenues might broaden the scope of this project beyond the limits of published memoirs and diaries to include documentaries, performance art, visual art, as well as other literary mediums, such as graphic narratives or zines. An important contribution here would be a further exploration of the work of David Wojnarowicz, especially his visual art and graphic memoir *Seven Miles a Second* (1996), which was published posthumously. Looking at film and television would help to develop some of the research begun by Alexandra Juhasz, Simon Watney (*Policing Desire*), and Roger Hallas. A consideration of Deleuze's work on cinema, along the lines of my work in this thesis with his concepts of the event and symptomatology, would help to expand the scholarship in this area in exciting new directions. Furthermore, turning to other media will reveal how intimacy manifests affectively in other contexts. One of the claims I have made here is that non-representational analysis needs to be able to contemplate and co-exist with representational modes of analysis, particularly when it comes to examining the place of affect in textual media. Taking into consideration other representational forms will challenge and encourage us to think about the complexity at stake when analysing the role of affect. Hervé Guibert's *La Pudeur ou l'impudeur* (1992) and Gregg Bordowitz's *Habit* (2001) would make an excellent comparison to my focus here on "structures of ordinariness," as both are home-made films that focus on the realm of the everyday, attending closely to mundane errands such as eating and taking pills.

Above all, my project has offered an original and unique position from which to consider how intimacy operates in HIV/AIDS life writing. Trying to contend with and at times go beyond existing methodological debates in literary studies has been a particular challenge, so as a result, this thesis has become something of an experimental exercise, and therefore should be read as a starting point rather than embodying a definitive end. Its goal has been to make an argument for theory, especially now in a time when the virus has been stabilised through medical intervention and the death rate is in decline. Reading and writing about HIV/AIDS has been an extremely rewarding experience, which at times has been emotionally demanding. This has not only sustained my interest in the subject matter, but it has also been a valuable reminder about the cultural legacy of the AIDS crisis and what it means to be living as a gay man (on PrEP) today.

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