

Linguistic Perspectives on HIV/AIDS Metaphors and
Discourses in America

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Part I. Introduction

Human immunodeficiency virus (HIV) is a retroviral infection that weakens immune function and causes acquired immunodeficiency syndrome (AIDS) as the infection progresses to irreparably compromise the immune system (Centers for Disease Control and Prevention, 2019). The HIV/AIDS epidemic has levied a strong influence, both medical and cultural, on American society ever since the emergence of cases in 1981. In the first medical account of what would become known as AIDS, physicians from three hospitals in Los Angeles described in the Morbidity and Mortality Weekly Report (MMWR) published by the Centers for Disease Control (CDC) five cases of *Pneumocystis carinii* pneumonia in previously healthy homosexual men (Centers for Disease Control, 1981a). The report noted that the presence of *Pneumocystis* pneumonia was extremely rare in the United States and had previously only occurred as an opportunistic infection in patients that were severely immunocompromised (Centers for Disease Control, 1981a). A month after the first published cases of *Pneumocystis* pneumonia in Los Angeles, a subsequent report in the MMWR identified greater than 25 cases of *Pneumocystis* pneumonia in California and New York that were appearing alongside another rare condition, Kaposi's sarcoma (Centers for Disease Control, 1981b). Kaposi's sarcoma was described as a cancer of the skin and other organs, manifesting itself as purple lesions primarily in elderly Jewish populations but also in immunocompromised patients to some degree (Centers for Disease Control, 1981b). Kaposi's sarcoma and its distinctive skin lesions would go on to be a common visual symbol identifying AIDS patients.

Following the clustered diagnoses of these relatively rare diseases in New York and California, the disease which would later be known as AIDS began to be encumbered by a set of stigmas that were manifested in the linguistic concepts associated with patients and pathologies of

the disease. In one of the first news articles that described these initial cases of “rare cancers” in homosexual men, there was a focus on “deviant” practices of afflicted individuals as well as a consistent emphasis on social identity. This is exemplified through statements that identified the cases as exclusively involving homosexual men who had “as many as 10 sexual encounters each night up to four times a week,” (Altman, 1981). Subsequent news reports on the AIDS epidemic continued to fixate on the social groups that the disease affected. This was prominently seen in the initial classification of the disease as Gay-Related Immune Deficiency (GRID) and in reports that deemed the disease a “homosexual disorder” even though there was existing evidence that the disease was not confined to the homosexual population (Altman, 1982). Broader societal notions that HIV/AIDS was a “gay plague” or “gay cancer” persisted well into the mid-1980s, with disease transmission viewed as stemming from the deviant behaviors that were associated with the homosexual population. The rise of AIDS diagnoses within communities of intravenous drug users further compounded associations of the disease with social groups that were historically viewed as deviant.

Even as there was increasing evidence that AIDS could impact any population (*e.g.*, heterosexuals), there was a concerted effort made in some sectors of society to continue to frame the disease as coming from “deviant” lifestyles. This was keenly seen in an article published by Marc Short in Washington & Lee University’s conservative publication, *The Spectator*. Within his article, Short argued against evidence of the increasing number of AIDS cases among heterosexuals by using homophobic rhetoric. Short indicated that Magic Johnson’s 1991 announcement that he had become HIV-positive “refueled the propaganda campaign ignited by gay activists and carelessly perpetuated by journalists whose intent is to scare all heterosexuals into believing that they are the prime targets for the contraction of the disease,” (Short, 1992, p.

11). Rather, Short believed that homosexuals bear the burden of the disease due to their “repugnant practices of frequent anal intercourse” and “unhealthy lifestyles,” (Short, 1992, pp. 11-13). Short later questioned whether the government should get involved in assisting with the epidemic, asking, “why should sodomites be granted preferential treatment?” (Short, 1992, p. 13). These types of statements, although extreme, could have had a strong influence on public perception of AIDS and opinions about government action that impeded progress within the epidemic.

HIV/AIDS treatment and prevention options did show some advancement in the decades following the emergence of cases in 1981, yet the dissemination of these options came with great temporal gaps. I argue that the substantial amount of time in between breakthroughs for the epidemic was due to stigmatized (or non-existent) language patterns which underscored the urgency of this public health crisis. The first treatment option approved for AIDS was AZT (zidovudine), an antiretroviral drug that had previously been formulated to treat cancer. The approval of AZT came in 1987, six years after initial medical and news reports describing cases of AIDS (U.S. Department of Health & Human Services, 2016). Within this time span, countless individuals became infected while the general public continued to stigmatize or avoid issues pertaining to the epidemic. AIDS activist group ACT UP began touting the slogan “Silence = Death” around this time, emphasizing the belief that insufficient societal and governmental responses to the AIDS epidemic spurred the spread of the then fatal disease.

The slogan by ACT UP reveals an important consideration surrounding “silence,” in that the absence of language can be thought of as a distinct linguistic choice that has its own set of consequences. I argue that this initial “silence” among society, namely government institutions, was not only impactful in the early years of the epidemic but had persistent effects on social and medical progress for HIV/AIDS. Congressional actions related to the AIDS epidemic, such as

establishing the National Commission on AIDS and passing legislation such as the Ryan White CARE Act, did not occur until almost a full decade after initial cases were identified (U.S. Department of Health and Human Services, 2016). Furthermore, the next major advancement in AIDS treatment did not come until 1995 when the Food and Drug Administration (FDA) approved the first protease inhibitor drugs (NIAID, 2018). The approval of these novel antiretroviral therapies was a watershed moment within the epidemic, for these drugs were able to block HIV replication and progression of the disease into AIDS. While a diagnosis of HIV infection was previously termed a “death sentence,” the advent of protease inhibitor treatments allowed HIV-positive individuals to begin to envision prospects of life. For many more individuals, these life-saving treatments came “too little, too late.” By the end of 1995, there had been 319,849 AIDS-related deaths in the United States (The Foundation for AIDS Research, 2011). Although I am not seeking to underscore the profound benefits that protease inhibitors offer, one could question whether medical research would have arrived at this result in a shorter timeframe (sparing numerous lives) if societal discourses surrounding HIV/AIDS were not as troublesome.

There is no doubt that aspirations to change the way people talk or even think about a subject come with a set of challenges and questions related to feasibility of implementation. This paper is by no means designed to fully change the linguistic aspects of HIV/AIDS, as the communication of ideas through language is a complex and intersubjective matter. Nevertheless, this paper has very feasible outcomes of increasing awareness of broader cultural notions surrounding the creation and consequences of “otherness” through language. The language employed to discuss the HIV/AIDS epidemic routinely dehumanized individuals while hindering societal responses through patterns of stigma and silence. By analyzing the ways that HIV/AIDS was talked about within our society, we can begin to address ways in which problematic language

can be altered respect human dignity and inspire continued efforts for advancing HIV/AIDS care and treatment.

Part II. Theoretical Approaches

A. Lakoff and Johnson: Conceptual Metaphors

As described above, linguistic concepts employed by many individuals in the early days of the AIDS epidemic tended to emphasize deviance and often would stigmatize afflicted populations. In the initial decades of the epidemic, Americans often employed metaphors to describe AIDS. When considering broader conceptions of metaphor, there are a variety of ways in which metaphor can be classified. According to linguistic theorists Lakoff and Johnson in their work *Metaphors We Live By*, metaphors are linguistic conventions that powerfully influence habitual thought and action. Lakoff and Johnson give a series of examples of such metaphors, namely “Argument is war,” “Love as a force,” and “Ideas are plants.” In the example of “Argument is war,” this metaphor causes all aspects of communication surrounding argumentation to be associated with war: “Your claims are *indefensible*,” “I *attacked* her counterargument,” or “He was *defeated* in debate.”

In another example, “Love as a force,” love is often described as a physical force compared to concepts such as electricity, gravity, and momentum (Lakoff and Johnson, 1980, p. 49). Love is an idea that cannot be seen or measured empirically, but often individuals try to describe love through concepts that have definable qualities. For example, when communicating the phrase, “I was magnetically drawn to her,” the image of two magnets and their attraction to each other is the dominant thought in a person’s mind. This metaphor clarifies and refines the concept of love to something that is somewhat “operationalized”, thereby conveying a greater meaning to the type of attraction that someone could encounter with another individual.

When considering the last metaphorical example, “Ideas are plants,” specific choices in vocabulary demonstrate how metaphorical language associated with ideas can be closely linked to disparate concepts associated with botany. Examples of these phrases include, “his ideas have finally come to fruition,” and “the seeds of his great ideas were planted in his youth,” (Lakoff and Johnson, 1980, p. 47). Through this linguistic metaphor, the conception of ideas is given an organic and dynamic quality where we discuss ideas almost as if they were living things. By grounding this metaphor in sense of vitality, one may begin to think about the conception of ideas as a life cycle that has a definite beginning and end.

Expanding beyond the framework and examples posed by Lakoff and Johnson, some authors have further theorized about conceptual metaphors that directly connect to AIDS. In her book *AIDS and Its Metaphors*, Susan Sontag explores the various ways that AIDS was metaphorically characterized in American discourses at the height of the epidemic. Sontag particularly emphasizes her disdain for the popular metaphor of viewing AIDS (and illness in general) in terms of a military metaphor, where a pathogen or cause of disease is viewed as an invader that is waging war (Sontag, 1989). It is her view that these military metaphors spawn stigmatization for illnesses such as AIDS and cancer as there is an inevitable “move from the demonization of the illness to the attribution of fault to the patient,” (Sontag, 1989, p. 11). However, Sontag emphasized that invasion metaphors pertaining to AIDS somewhat differ from cancer since “the enemy is what causes the disease, an infectious agent that comes from the outside,” (Sontag, 1989, p. 17).

Sontag transitioned from military metaphors to a discussion of AIDS metaphors that emerge out of religious or moral traditions, especially those that demand punishment for deviant acts. Metaphorical comparisons of AIDS to a biblical or historical plague is cited by Sontag to be

the principle mechanism by which people understand the epidemic. (Sontag, 1989, p. 44). She communicated that the stigma that often underlies AIDS is in the disease's creation of isolation, both physically and through language. By tracing the history of plagues from antiquity through the medieval period, Sontag stated that "[t]he most feared diseases" are "those that are not simply fatal but transform the body into something alienating," (Sontag, 1989, p. 45). While both military and plague metaphors can be distinct linguistic concepts to describe AIDS, Sontag began to describe how the two converge in cases such as the AIDS epidemic to frame "a disease that was not only repulsive and retributive but collectively invasive," (Sontag, 1989, p. 46).

In an article by anthropologists Michael Clatts and Kevin Mutchler (1989), the authors sought to analyze how certain metaphors used commonly in American discourses are reflections on the ways we view "sex, disease, and social and moral order." The authors reviewed key principles of metaphors, specifically how they can create identities of "self" by relating disparate ideas or concepts through linguistic associations (Clatts and Mutchler, 1989). Common AIDS metaphors identify those infected not by the disease pathology, but extend the identity of those afflicted with AIDS to one that is "profane," "defiled," and "forbidden." Somewhat echoing statements made by Susan Sontag, Clatts and Mutchler stated that "to say someone has AIDS... is to say that he or she is a certain type of person, socially and morally defined," (Clatts and Mutchler, 1989, p. 108).

The authors go on to discuss how the metaphors with AIDS draw clear moral distinctions surrounding promiscuity, describing that the common images associated with AIDS and promiscuity further "other" patients as being morally and behaviorally corrupt (Clatts and Mutchler, 1989). Their discussion of metaphors obscuring or blocking relevant associations in the form of those that are "irrelevant" (*e.g.*, focusing on "otherness," moralistic associations, *etc.*)

connects to the important issue of language's influence on medical and social responses to the AIDS epidemic. Stigma¹ against HIV/AIDS is a potent barrier that has hindered scientific research efforts for the disease and has routinely dehumanized individuals that are HIV-positive or afflicted with AIDS.

B. Sapir-Whorf Hypothesis: Linguistic Relativism

Predating linguistic theories advanced by Lakoff and Johnson, the Sapir-Whorf Hypothesis theorizes about the interdependence of language, culture, and thought. This framework denotes that the structure and features of the language habitually used by individuals influences the ways in which they perceive and behave in the world. As is recounted by linguist Claire Kramsch, there has been some controversy over this theory since it originated in 1940, namely the “strength” to which individuals believe that individual thought and behavior is constrained by language. A strong version of the hypothesis, sometimes termed linguistic determinism, asserts that language determines thought. One key example given by Whorf in support of this version was that of “empty” gasoline tanks and the disposal of cigarettes within these vessels to cause fires. Although individuals were aware that “the situation [was] hazardous,” they determined their thoughts and behaviors based solely on meaning of “the word ‘empty... as a virtual synonym for ‘null and void, negative, inert,’” (Whorf, 1956, p. 135).

Whorf further argues in favor of linguistic determinism when comparing linear conceptions of time in “Standard Average European (SAE)” languages with the “timeless” Hopi language. This linearity of time with SAE languages indicates that verbs have a past, present, and future, suggesting a clear sequence of events. Furthermore, this linguistic structure was said to lend itself thought processes apt for close physical measurements and “objective” notions of quantification (Whorf, 1956). Time has a quite different conception in the Hopi language, in that “it varies with

each observer, does not permit of simultaneity, and has zero dimensions,” (Whorf, 1956, p. 216). These key differences in the treatment of time between SAE and Hopi led Whorf to contend that the language itself caused the two groups of speakers to have fundamentally different thought processes about the world. Whorf was especially fixated on how the “timeless” nature of the Hopi language could change thoughts about the science of physics. This is centrally seen when he poses the question, “How would a physics constructed along these lines work, with no *T* (time) in the equation?” (Whorf, 1956, p. 217). It is Whorf’s assumption that it would be nearly impossible for a SAE and Hopi speaker to understand each other’s conception of the physical world even with translation, primarily due to the determination of thoughts through the linguistic structure surrounding time.

Strong versions of the Sapir-Whorf Hypothesis have been largely dismissed in modern anthropology and related academic fields, while weaker versions (linguistic relativism) are generally accepted and lend credence to the fact that there are known cultural differences in the “semantic associations” groups have with similar concepts (Kramasch, 1998, p. 13). Kramasch cites a case in support of the weak version of the hypothesis, whereby monolingual Navajo and English-speaking children are asked to perform a task to best match different objects to a blue rope. These other objects are said to be a yellow rope, a yellow stick, and a blue stick. Because Navajo verbs code for physical form rather aesthetic features, Navajo-speaking children are more likely to match the yellow rope to the blue rope. English-speaking children are more likely to match based solely on color characteristics (Kramasch, 1998, p. 14). While these children were not completely changing their thoughts or behaviors regarding these objects based on their language (they could identify that these objects had different colors and forms), their respective coding strategies were shaped by their previous experiences with language. Kramasch concluded this example by stating

that humans are “not prisoners of the cultural meanings offered to us by our language, but can enrich them in our pragmatic interactions with other language users,” (Kramasch, 1998, p. 14).

In analyzing linguistic patterns that emerge from my oral history interviews and media sources, I plan to be particularly attentive to the ways in which linguistic relativism can help to illuminate new interpretations of the findings. For example, it could be the case that the initial patterns of language used to describe AIDS (*e.g.*, “the gay white man’s disease”) caused “habitual grooves” of thought that reinforced problematic stereotypes and led to societal inaction. This application of the weak Sapir-Whorf Hypothesis can allow for a theoretical framing that explains why there were sustained patterns of stigmatized language years after the onset of the AIDS epidemic.

Part III. Methods

A. Oral History Interviews and *TIME Magazine* Cover Articles

Because language is expressed based on the unique cultural background of individuals, I found it important to generate findings about the linguistic landscape of HIV/AIDS by capturing oral histories. By interviewing adults present during the peak of the epidemic (1980s to the mid-1990s), I sought to elucidate the linguistic and metaphorical patterns associated with HIV/AIDS through their own individual life experiences.

I initially recruited participants for these interviews using my own social network of colleagues and friends. I recruited additional participants through a snowball sampling strategy if initial participants indicated that they have other friends, neighbors, or colleagues that would be willing to speak with me. Each interview was conducted over the phone. In each interview, participants were asked to respond to a series of questions in a structured yet informal conversation about their lived experience in reference to the HIV/AIDS epidemic during its peak in the 1980s and 1990s

(see Sample Interview Questions below for examples). In particular, they were asked about the language and conversations that they recalled as salient from their experiences with friends, colleagues, or the media. Participants had the option of allowing the conversation to be recorded for later transcription and linguistic analysis.

Sample Interview Questions

Background

- 1) What year were you born?
- 2) Where did you grow up?
- 3) How old were you in 1981? In 1985? In 1990?
- 4) Where were you living around those times? Did you make any major moves or life transitions? What were you doing/what was your occupation?

HIV/AIDS Language

- 1) Can you recall the first time you heard about HIV/AIDS?
- 2) What was the substance/context of that first encounter with the idea of HIV/AIDS?
- 3) How often did you discuss HIV/AIDS with close friends or family? Was it a topic that you sometimes avoided with some but were more open with others?
- 4) Did you ever have or hear discussions about HIV/AIDS at work/school?
- 5) What were some of the key symbols or phrases that you would commonly hear or be associated with HIV/AIDS?
- 6) How often do you remember the media covering the HIV/AIDS epidemic in your area or on television? Were there any local cases that were prominent?
- 7) Do you think that media representations of the disease affected your own thoughts or feelings about HIV/AIDS?
- 8) Did you participate in any social activism for HIV/AIDS in the 1980s and 1990s? Have you since gotten involved in any activism in the 21st century?

For these interviews, I spoke with individuals of any race/ethnic group, gender identity, or age (although individuals had to be over 18 years of age). Because I interviewed individuals who were

present during the onset of the HIV/AIDS epidemic, this led me to speaking with a cohort of individuals that were older than 45 years old. Participants were members of the general public that are not HIV-positive yet have a close association with historical events related to the HIV/AIDS epidemic through social or professional affiliations. Such affiliations included being a self-identifying member of the LGBTQ+ community or being a healthcare worker (*e.g.*, physician, nurse, social worker) in settings where HIV/AIDS patients were treated. These participants had first-hand knowledge through their social or professional communities to best comment on the discourses and language used to describe HIV/AIDS during the 1980s and 1990s in the United States. The descriptive summary of participant characteristics is shown below in Table 1.

Table 1: Descriptive Characteristics of Oral History Interview Participants ($N = 6$)

| <u>Characteristics</u> | Mean (Range) |
|--------------------------------------|---------------------|
| Age in Years | 58.5 (48-68) |
| <u>Characteristics</u> | <i>N</i> (%) |
| Race: <i>White</i> | 5 (83.3) |
| Race: <i>Black</i> | 1 (16.7) |
| Affiliation: <i>Gay Male</i> | 5 (83.3) |
| Affiliation: <i>Physician</i> | 2 (33.3) |

To supplement and contextualize the findings that came out of the oral history interviews, I conducted a content analysis of cover articles from *TIME Magazine* that specifically pertain to AIDS during the peak decades of the epidemic. From 1981 to 2000, AIDS or AIDS-related topics were featured on the cover of *TIME Magazine* six separate times (see Figure 1).



Figure 1: TIME Magazine covers that featured AIDS, persons with AIDS (PWAs), or AIDS-related research from 1981 to 2000 (Source: *The TIME Magazine Vault*).

B. Analytic Techniques

Following transcription of recorded interviews, I first analyzed the conversation by qualitatively coding emergent themes that were salient across the set of interviews. This will allow for a comparison of the content of my oral history interviews to secondary accounts (e.g.,

journalistic sources) from the peak of the epidemic. As an additional analysis of my interview conversations, I utilized linguist William Leap's discourse analysis methodology as a means of examining language use within these interviews. Leap emphasized that his application of this methodology focuses primarily on *text* (defined by him as "the talk that occurs within a given speaking situation" [Leap, 1991, p. 276]) which fills the discourse rather than individual words, sentences, or phrases. Text in the terms of my interviews could be understood as the questions and answers within the interview transcript. Within this focus on text, Leap examined how various pieces of text are internally constructed and how those text pieces signify different messages to the larger discourse. Leap identified a series of text construction patterns as a potential entry point for discourse analysis. He stated that two patterns that are specifically important for analyzing AIDS discourses are *text focus*, which looks at the main themes constructed in the text, and the *speaker-text relationship*, which examines the various relationships that a speaker may have to the subject of the text (Leap, 1991, p. 277). Leap described that American English has a typical distinction of substantial distance between speaker and subject within a discourse, yet AIDS discourses blur this line since speakers often present elements of their life history. Part of Leap's discourse analysis was to determine how this shift in notions of speaker and subject neutralizes text choices within AIDS discourses (Leap, 1991).

To guide my media-based content analysis, I adapted the methodological strategies of sociologist Andrea Baker. Based on a chapter published in 1986, Baker described a type of content analysis of the newspaper coverage of the AIDS epidemic that utilized both quantitative (*e.g.*, the number of articles coded for each category and how many articles were published over time) and qualitative findings (*e.g.*, textual descriptions of the AIDS epidemic). Using *The New York Times Index* as the primary source, Baker coded articles from 1981 through March 1984 that addressed

or covered AIDS into a series of categories that would summarize the key themes of the article. Baker classified the coding categories to include reports of research findings, the effects of the epidemic on LGBT lifestyles, political actions by federal, state, and local officials, public reactions, and groups thought to be affected by AIDS (Baker, 1986, p. 182). She noted that articles could be coded into multiple categories depending on the length of the article and the variety of the topics addressed. While there are certain aspects of Baker's methodology that I did not use, such as the quantitative component, I used her coding scheme with some adaptations (*e.g.*, changing the "effects" category to include all potentially affected populations, dropping the "research findings" category) to analyze the cover articles based on their content.

C. Ethical and Positionality Considerations

When researching a topic concerning the metaphors and linguistic dimensions of HIV/AIDS, it is important to abide by the ethical principle of beneficence (do not harm) to the various populations that may be particularly affected by the findings. For my project, my aim is to capture stories from a few communities (*e.g.*, gay men, healthcare professionals) that have lived experience in reference to the HIV/AIDS epidemic. However, this strategy may have limitations due to the fact that certain communities may have a different lived experiences that may not be captured in my sample. In order to respect the dignity of all individuals that are affected by problematic (or non-existent) discourses on HIV/AIDS, I will need to be especially cognizant to acknowledge the limitations of my interview sample and be sure to address those gaps by providing addition background using secondary sources that have a focus on historically excluded communities (*e.g.*, African Americans, low income individuals) with respect to HIV/AIDS discourses.

My own author positionality must also be considered as a dimension that could influence the ways in which findings or secondary research could be framed. For example, my identity as a member of the LGBTQ+ community as well as my age (being in an age cohort after the height of the epidemic)

could influence the ways in which participants are willing to share information about their experiences with me or how I emphasize a finding. My own personal paradigm, therefore, may lead this project to conclusions that may differ from those arrived at by another researcher that has their own distinctive set of identities and experiences. As I construct my argument, it will be important that I acknowledge the ways that these personal identities shape my thinking but also how those identities could allow for a novel perspective on the way HIV/AIDS metaphors shape thoughts and behaviors.

Part IV. Analysis

A. Findings of the Content Analysis on *TIME Magazine* Cover Articles

Borrowing from Andrea Baker's coding scheme described in the methods section, I categorized phrases and sentences from the culled *TIME Magazine* cover articles that connected centrally to the themes of the following coding blocks: the effects of the AIDS epidemic on afflicted populations, groups thought to be affected by AIDS, public reactions, and political actions by federal, state, or local officials. In addition to these categories, I also described examples from the cover articles that corroborate conceptual metaphors previously discussed within the theoretical framework as being particularly prevalent in shaping ideas about the AIDS epidemic: AIDS as a military invasion and AIDS as a plague of deviance.

1. The Effects of the AIDS Epidemic on Afflicted Populations

Out of all the coding categories that were assessed, the category addressing the effects of the epidemic on afflicted populations, namely the LGBTQ+ community, was most commonly seen within the *TIME Magazine* cover articles. Interestingly, the cover articles that were published in 1983 did not focus on the social and community effects of AIDS. Rather, these articles were most focused on describing the emergent problem of AIDS and directed much of their focus to describing group associations and medical reports. Perhaps this lack of "effects" coverage in 1983 was due to the novelty and lack of understanding with the disease. However, by 1985, coverage

on the social effects of the AIDS epidemic was especially prominent in cover articles. Figuring prominently in this coverage were statements that focused centrally on AIDS-related stigma and its impacts on personal identity for affected individuals. As exemplified in the quote below, many individuals who were diagnosed with AIDS suffered social exclusion and ostracism based solely on their disease status. Often this social exclusion manifested itself centrally in job and housing discrimination, also shown with the quote by the lawyer fired from his firm based on the firm's discovery of his positive status.

“Despite their physical ordeal, many AIDS sufferers say that the worst aspect of their condition is the sense of isolation and personal rejection. ‘It’s like wearing the scarlet letter,’ says a 35-year-old Harvard-educated lawyer who was forced out of a job at a top Texas law firm.” (Wallis et al., 1985)

As the epidemic progressed to affect more and more members of the gay male population, there came to be a critical point commonly described in the articles as a turning point in which the gay community began to mobilize a multi-faceted grassroots movement against the negative social effects of AIDS. While it is true that this form of community mobilization was indeed important in bringing LGBT civil rights to the forefront of American society, the articles problematize this positive narrative by qualifying this transition as the first time that “hedonistic” gay males were united as a community. Seen keenly in the quote below from a 1992 cover article, this type of language reaffirms existing stereotypes and underscores the previous history of community unity during the gay rights movement that came out of the 1960s.

“The crisis turned an often hedonistic male subculture of bar hopping, promiscuity and abundant ‘recreational’ drugs--an endless party centered on the young and the restless--into a true community, rich in social services and political lobbies, in volunteerism and civic spirit.” (Henry III, 1992)

In the last set of cover articles from 1996, many of the discussed social effects of the AIDS epidemic centered on the psychological and emotional toll that was experienced by afflicted individuals over the first 15 years of the epidemic. Descriptions of persistent fear, paranoia, and grief filled these articles as the journalists captured stories from individuals who reported burying friends while grappling their own inevitable mortality. As the quote below conveys, a positive status for certain individuals was not the only factor exerting significant effects over their lives. They also struggled with the “rage, humiliation and grief” that accrued from years of societal stigma that relegated HIV-positive individuals to the fringes of social communities as “carrier” pariahs.

“Sometimes you still hear HIV-positive people refer to themselves as carriers. But the virus is only one of the things they carry. Along with it comes a weight of isolation, fears for the future and deep accumulations of rage, humiliation and grief.” (Lacayo & Cray, 1996)

2. Groups Thought to be Affected by AIDS

Within the cover articles, there was a consistent evolution to coverage of the groups thought to be affected by AIDS. Nevertheless, at each progressive step in such coverage, there was continued references to original group associations that never fully allowed for AIDS connotations to change. The initial cover articles in 1983 referenced statistics of confirmed cases by group association, potentially trying to emphasize the empirical evidence of what was known in the wake

of confusion and uncertainty. As shown in the statement below, a large share of the reported percentage of cases were found among homosexual men followed by intravenous drug users.

“So far, 75.9% of the victims in the U.S. have been active homosexual men, 16% intravenous drug users, 5% immigrants from Haiti, and 1% hemophiliacs.” (Isaacson, Stoler, & Boyce, 1983)

As the decade progressed, traditional associations of AIDS being a “gay disease” began to break down as more and more cases of non-homosexual individuals began to appear. This shift in group association was featured in the 1987 cover article that specifically addressed the topic of the growing number of heterosexual AIDS cases. While the quote below shows this shift, the sentence begins by conjuring up the old notions of AIDS in order to ground their subsequent statements. Through the lens of linguistic relativism, this pattern of recalling initial disease associations even as those associations are changing can be thought of as a “habitual groove” of thinking. Because there was a great deal of uncertainty that surrounded the epidemic during the early years, any linguistic association or pattern seemed to take hold in people’s minds and would continually color all thoughts about AIDS.

“At first AIDS seemed an affliction of drug addicts and especially of homosexuals, a ‘gay disease.’ No longer. The numbers as yet are small, but AIDS is a growing threat to the heterosexual population.” (Smilgis, Brown, Morrow, & Whitaker, 1987)

The 1992 cover articles were the first to abandon discernible group boundaries that were associated with AIDS, claiming AIDS to be “universal.” This process, which the quote below aptly qualifies as slow, took over 9 years from the initial cases of “gay cancer.” Nevertheless, the

statement falls again into the habitual influence of “gay” associations with AIDS, referring to the word “gays” prior to articulating the word “universal”.

“Slowly the message is getting across that gays neither invented the disease nor bear special responsibility for transmitting it, that the epidemic is universal.” (Henry III, 1992)

3. Public Reactions

Commentary on general public reactions to the AIDS epidemic was surprisingly limited within the surveyed cover articles. Any examples of such comments were often restricted to articles from 1985 or 1987, with many of the other articles discussing reactions that came from the research community or from afflicted populations.

The public announcement that actor Rock Hudson was suffering from AIDS marked a turning point in the public’s awareness of the epidemic. The quote below is a testament to this effect, with the article’s authors employing language (which I would classify as somewhat controversial) that is associated with public disclosure of sexual orientation. This quote also is prime example of the true lack of concern that the general public had for individuals infected during the initial four years of the epidemic, as if the disease was “someone else’s problem” and the humans afflicted by it weren’t worth saving. Only until it “hit home,” with the beloved Rock Hudson, did people acknowledge the crisis at hand.

“...it was the shocking news two weeks ago of actor Rock Hudson's illness that finally catapulted AIDS out of the closet, transforming it overnight from someone else's problem, a 'gay plague,' to a cause of international alarm.”
(Wallis, Delaney, Leviton, & Ludtke, 1985)

After the public was made of “aware” of the epidemic following Rock Hudson’s diagnosis, there became a heightened awareness of the reach of the epidemic in the few years that followed this announcement. The 1987 cover article, “The Big Chill: How Heterosexuals Are Coping With AIDS,” demonstrates this newfound “hysteria” of AIDS as it became increasingly clear that any population could be at risk for infection. However, following the “silent majority” trend of the 1980s, most heterosexual individuals were still indicating that AIDS had no bearing on the way that they would conduct their life. This concept is exemplified in the quote below, with polled heterosexuals overwhelmingly indicating that they would not act differently in the wake of the AIDS epidemic. One could question with this lack of an effect of AIDS on the lives of heterosexuals similarly affected their choices to not act out in support for those that may have been afflicted by the disease.

“Despite the concern of some, the quiet majority of heterosexuals in America apparently do not feel threatened. A recent NBC/Wall Street Journal poll found that AIDS has no effect on the way 92% of the population conducts their lives.” (Smilgis et al., 1987)

4. Political Actions by Federal, State, and Local Officials

As with the theme of public reactions, descriptions of political actions by various government officials or agencies was surprisingly sparse in the various cover articles. Perhaps *TIME Magazine*, a seemingly non-partisan news source, avoided direct commentary on a set of political issues that would have been polarizing during the time period that these articles were published. There were some occasions where government actions were described, yet these descriptions came with large gaps in time. The first of these descriptions came in 1985, with a discussion of historic funding from the Federal Government for AIDS research. The quote below

describes the government allocation of a sizable amount of funding for AIDS research, but how afflicted communities register the reoccurring (and somewhat warranted) complaint of “too little, too late.”

“Although the Federal Government has put \$200 million into AIDS research in the past four years, it has been criticized in many quarters for moving much too slowly.” (Wallis et al., 1985)

Surprisingly, after the government action descriptions that were reported in 1985, the cover articles did not directly discuss another government action until 1996 with the advent of novel medications (and thus novel government programs) for HIV. One reason that I find this particularly surprising was that the Ryan White CARE Act, the largest Federal program for HIV/AIDS, was passed in 1990. Nevertheless, the creation of protease inhibitor medications (a feat that led Dr. David Ho to be named TIME’s Man of the Year) prompted a reconfiguration of state AIDS drug-assistance programs. As indicated in the quote below, these programs struggled to equally offer financial assistance for the expensive protease inhibitor drugs.

“All 50 states have ADAPS, AIDS drug-assistance programs, which are partly funded by Washington. But in 28 states they won't cover protease inhibitors.” (Lacayo & Cray, 1996)

Many AIDS activists groups, such as Gay Men’s Health Crisis (GMHC), have claimed that slow or insufficient governmental responses to the AIDS epidemic were in fact due to a lack of discussion in by public figures (namely President Reagan who did not utter the word “AIDS” in a public address until 1985). This absence of discussion at various levels of government was the

impetus for later activist platforms that urged for open, transparent conversations about the state of the AIDS epidemic in America.

5. Conceptual Metaphors: *AIDS as a Military Invasion*

Through employing Baker's coding categories and assessing them above, it was evident there were many examples within *TIME Magazine* cover articles that clearly exemplify thematic components that closely associate with the HIV/AIDS epidemic. As an additional layer of analysis, I wanted to explore the ways that these articles also employed language that perpetuated two common metaphorical frames associated with the AIDS epidemic: AIDS as a military invasion and AIDS as a plague of deviance. Of the two, the conceptual metaphor of AIDS as a military invasion was more commonly employed by journalists of the cover articles and has served as a structural frame of at least one article ("Battling the AIDS Virus", *TIME Magazine* 2/12/1996). The first time that an article employed the military conceptions of AIDS was in a 1985 cover article, shown in the quote below, where the authors specifically referenced how afflicted individuals were "in the middle of a war." Interestingly, this specific instance of military metaphors not only describes the fight against AIDS itself but also the fight against social stigma through increasing perceived levels of homophobia. It is as if this article was describing AIDS as a two-pronged "invasion," one that was levied by a pathogen and one that was levied by social stigma itself.

"They are in the middle of a war, fighting not only the disease but also their fear of it and what they perceive as a growing homophobia in the rest of the country." (Clarke, Hull, & Yáñez, 1985)

As desperation and panic grew within the AIDS epidemic going into the early 1990s, there was an increase in the use of military metaphors within the cover articles. Playing into this

increased pattern was the feeling that the “battle” against AIDS had been continually lost as more and more people were being infected while treatment options remained scarce. Perhaps, as is exemplified in the quote below, there were unfounded expectations that AIDS was a disease that could be quickly cured by modern medical science. Expectations of efficiency and quick resolve in “defeating” the epidemic, virtues of military combat, somewhat clouded the true complexities of AIDS and realities that society failed to acknowledge.

“Wars are usually launched with the promise of a quick victory, with trumpets primed, never to sound retreat. And the campaign against AIDS was no exception.” (Gorman & Thompson, 1992)

Because of the misguided societal expectations that the AIDS epidemic would be a “quick victory,” there may have been a lack of sufficient resources or attention paid to targeting vulnerable populations with interventions to quell infections. Activist groups such as ACT UP, referenced in the introduction, strove to change the conversation by bringing greater awareness to AIDS causes, but this was only after many infections had already occurred. During this time, infection with HIV was effectively a “death sentence.” Another cover article from 1992 discussed this fact using language consistent with military metaphors, shown in the quote below. The author compares the experiences of the gay male community as having “liv[ed] through a war,” with the frequent occurrence of AIDS deaths within gay male friend circles further compared to “fallen comrades” within a battalion.

“[Gay men] feel they have been living through a war, watching comrades fall by the battalion.” (Henry III, 1992)

Even when more was known about modes of HIV transmission and mechanism of the infection within the body, military metaphors still were implemented to communicate the processes to general reading audiences. Because metaphorical concepts of war and combat are commonly recognized among Americans, it may be easiest to relay complex scientific information using a linguistic association that the public could easily understand. In this metaphorical example, demonstrated in the quote below, the body and the virus are said to be “in mortal combat” with each other at the “main battlefield” of the lymph nodes (the anatomical heart of the immune system).

“It turns out, however, that the body and the virus engage in mortal combat from the beginning. The main battlefield is not the circulatory system... but in the hard-to-reach lymph nodes.” (Gorman & Allis, 1996)

6. Conceptual Metaphors: AIDS as a Plague of Deviance

While the metaphor of AIDS as a military invasion was more commonly employed within the surveyed articles, the conceptual metaphor of AIDS as a plague of deviance appeared a few times in early cover articles that pertained to social aspects of the epidemic. I should note that this linguistic association between AIDS and deviance is not seen within later cover articles of the 1990s, likely due to the shifting notions of the groups that were thought to be affected by the disease.

The first case of the metaphorical comparison between AIDS and a religious-oriented plague of deviance came in a 1985 edition of *TIME*, where disease group associations were a common subject matter within cover articles (see subsection 2: Groups Thought to Be Affected by AIDS). When authors discussed the propensity of AIDS cases to be found within homosexual or intravenous drug using sub-populations, they further described (shown within the quote below)

how some individuals viewed disease affliction among “sodomites and junkies” as “divine justification.” While the authors don’t specifically espouse these ideas themselves by using the word “Others” to ensure that distance is place between them and the subsequent comment, describing these views that may be taken up in religious circles are inherently problematic. By employing negative pejoratives like “sodomite” and “junkie,” the authors perpetuate dehumanizing stereotypes that strip individuals of dignity and portray the epidemic as something of “others” that does need to involve those that are “normal”.

“Others have, in the tradition of divine justification, viewed it as God's revenge on sodomites and junkies.” (Wallis et al., 1985)

While the 1985 article described how some non-affected individuals adopted metaphors that described AIDS as a plague of God’s revenge, a later article from 1987 examines how this metaphor was taken up in populations that were affected by AIDS. As has been discussed on several occasions, AIDS during the 1980s was viewed as a very legitimate “death sentence” for those that were diagnosed. In the face of this prognosis, some individuals (as described below) may have internalized notions of religious punishment and viewed their circumstance as “retribution” for disobeying God.

“Many people, dealing with the absolute death sentence that AIDS imposes, consider it a vague sort of retribution, an Old Testament-style revenge.” (Smilgis et al., 1987)

B. Findings from Oral History Interviews

While findings generated from the in-depth content analysis of TIME Magazine cover articles allows for a greater understanding of broader societal contexts in which AIDS was

discussed, these more “generalized” accounts could miss nuances that inform individual experiences. In order to recover more detail about the ways in which language impacted the lived experience of individual that had a close connection to the epidemic during the 1980s, I transcribed and thematically categorized statements that came out of oral history interviews conducted with six male participants.

1. The Impact of Geography on AIDS Discourses

One factor that emerged as a prominent force that shaped the frequency and style of AIDS discourses among my participant sample was their geographic location during the epidemic. Based on responses from participants, there seemed to be a distinct dichotomy between the discussions had among those living in cities and those living in smaller rural areas. For those that lived in small, rural towns during the 1980s, there was a common story of a lack of discussion about homosexuality and AIDS in general. This is exemplified in statements show below from Steven, Jim, and Richard:

“For us, being from a little town, we weren’t as exposed to the culture, if you will. Back in those days, honestly being gay and the whole gay thing was not talked about.”

–Steven, 48, White Gay Male

“It was not like New York or San Francisco, where it was talked about a lot. Probably the closest city that may have talked about it would have been Atlanta. It was kinda treated as no big deal, at least in my circle.”

–Jim, 67, White Gay Male

“I had a lot less conversations about it with my family. On my college campus, some people were talking about it but not that much. My campus was smaller and in a more secluded part of Connecticut.”

–Richard, 54, Black Gay Male, Physician

Participants that indicated that they lived in or near larger metropolitan areas often stated that conversations about AIDS were much more commonplace, show below in statements made by Peter and Geoffrey:

“I was in my early 20s at the time living a big life in New York, where we were free of any disease other than maybe venereal disease. Then, our friends were dropping like flies. New York and San Francisco were in a total state of panic.

So yeah, it was a regular conversation among our friend circle.”

–Peter, 59, White Gay Male

“My family was very open, so these discussions were very regular,”

–Geoffrey, 55, White Gay Male

One factor that could explain the impact of geography on the existence (or non-existence) of AIDS-related discourses could be the urgency that the epidemic seemed to have within different regions of the United States. As Peter suggested, the cities of New York and San Francisco carried a large burden of early cases which likely shaped patterns of conversation toward more open dialogues.

For areas of the country that were perceived to be “immune” from the problem of AIDS, such as the rural South, these conversations never even happened. In my interview with an emergency medicine physician named Darrell, he recounted his own experiences and perceptions of the AIDS epidemic as a health professional in the South. In the statement below, he recounts his feelings of surprised when he found out the extent of the AIDS epidemic in an isolated, rural county of North Carolina (which also happens to be the county where I grew up).

“In the South, there weren’t a tremendous amount of cases, and I remember first moving to Moore County [NC] in 1986. After about 5 years of living there, I had to talk to the health department about something and at that time there were about 60 AIDS cases in Moore County. I couldn’t imagine 60 AIDS cases in Moore County. I was totally surprised.”

–Darrell, 68, White Male Physician

The prior statements indicating a lack of conversation about AIDS in general may have contributed this “surprise” experienced by some when facts began to emerge about the true extent of the epidemic beyond the initial associations of it being a “gay disease” found in New York or San Francisco.

2. Frequent Recollection of AIDS Being Called a “Gay Disease”

When asked about the first time that they heard about HIV/AIDS, all participants noted that they initially heard the disease being termed or associated with gay populations. The various iterations of such terms referenced by participants included “gay plague” and “gay cancer.” This phrasing directly echoes the word choice employed within certain quotes from *TIME Magazine* cover articles, namely the quotes categorized under the “Groups Thought to be Affected by AIDS” section.

“I was in high school in the late ‘80s, and that was pretty much the first time that I had started to hear about what was then referred to as the ‘gay plague.’”

–Steven, 48, White Gay Male

“One day when I was listening to my [medical] tapes...and that was when there were only a few hundred cases, and at that point it had only been seen in gays, gay men.”

–Darrell, 68, White Male Physician

“I started hearing about ‘gay cancer’ from a bunch of rumors that were floating in the media. I was a senior in high school in 1982, and I don’t even think they were formally naming it HIV then. It started out as being called a cancer of the gay male community, mainly in New York and San Francisco.”
 – Geoffrey, 55, *White Gay Male*

The stigmatized nature of the disease, often due to its associations with “gay lifestyles,” was brought up extensively in my interview with Steven. Often he would state that those around him framed AIDS as a disease that gay men brought upon themselves due to their deviant “desires,” exemplified in some of the statements below.

“...the whole thing was cast as, ‘If you’re gay this is what is going to happen to you. You’re going to die of the gay plague and that is what you get for being gay. You could choose not to be gay or you could choose to not act on your desires or whatever it may be.’ So, yeah, I think this whole thing was cast in a negative light that stigmatized the group.”
 –Steven, 48, *White Gay Male*

“With the ACT UP thing, they were justly angry and mad at it being dismissed that AIDS only affected gay people. It was as if we didn’t matter, as if the people that had this disease were, I don’t want to say non-human, but certainly less than and not equal to white heterosexuals.”
 –Steven, 48, *White Gay Male*

Perhaps these frames of thought were due to linguistic associations that were generated in the years of initial cases, and thus it connects with the weak Sapir-Whorf explanation that any early associations surrounding the disease would contribute to habitual thoughts and behaviors. However, it could also have been the case (particularly in terms of Steven’s statement) that language patterns colored by religious values could have informed how people habitually thought (and acted) toward homosexuals. This could explain why their language employed related to “choice” and phrases conveying that AIDS was “what you get for being gay.”

This type of statement also connects closely with metaphorical frame that views AIDS as a plague of deviance, especially since Steven commonly used the term “gay plague” throughout the interview. Steven’s discussion of early AIDS discourses creating a “non-human” or “less than” identity also connects to the heart of how problematic language can alter wider thought processes into those that espouse ideas that “other” humans do not (and should not) fit into general society.

3. Reoccurring Accounts of Fear, Confusion, and Grief

Connecting to the findings from the content analysis of TIME Magazine cover articles, some of the main life experiences that were discussed by participants were the experiences of profound loss and fear at the hands of the epidemic. Mixed into these experiences, which are reflected in the statements below, was the variables of doubt and confusion as there was virtually no information available about the disease.

“...I knew a couple of victims of AIDS and it was a horrific death with so much stigma. I mean it truly was treated like a plague.”

–Steven, 48, White Gay Male

“When my friend was dying from AIDS, I remember talking with other friends when he was really, really sick asking if we could kiss him goodbye. We didn’t know if we could kiss him. Could we hug him? Was it in saliva? We just didn’t know.”

–Geoffrey, 55, White Gay Male

Within this set of statements, non-neutral linguistic patterns that were described by Leap did not seem to be present. Both Steven and Geoffrey directly referred to the disease as AIDS (rather than “it”) and candidly provided details about their experience with friends’ deaths. Perhaps this lack of non-neutral language usage was due to a re-establishment of the distance between

speaker and subject, for neither Steven or Geoffrey have a HIV-positive status and thus did not have to describe their own personal sexual identity or disease status.

This lack of information not only was found within social communities that were affected, but also within the medical establishment itself. In my conversation with Darrell, an ER physician, he described the frenzied and paranoid world of medicine in the wake of the epidemic's onset. The disease, according to his account shown below, turned patients into pariahs as no one would make physical contact them without a substantial amount of personal protective equipment.

“We didn’t know with an AIDS patient how it was transmitted, how infectious it was. So once a person was discovered to be infected with AIDS, no one was allowed to touch him. It was as if they were in a bubble. You put a hair net on, a mask on, put something over your eyes, you put a gown on, gloves on, not just one but two gloves. Extreme amounts of protective care were used.”
 –Darrell, 68, White Male Physician

One unique theme that emerged among conversations about grief (which were initiated exclusively by participants) was the grief they felt from the loss of creative genius. This was largely found in statements (shown below) from participants such as Peter and Geoffrey that had associations with artistic communities in larger cities like New York or Cleveland.

“While working in theaters in New York, I remember that almost the entire male cast of the original Broadway production of Chorus Line died of AIDS. It was just horrifying.”
 –Peter, 59, White Gay Male

“It was just a total reign of terror. I worked at a theater, and I mean there are more gay men in the arts for whatever reason, so I saw many people lose their life to AIDS. Directors, designers, playwrights, theater administrators, everybody was just dying.”
 –Geoffrey, 55, White Gay Male

While there was extensive fear associated with contracting HIV in of itself, there was also statements that indicated that there was also pronounced social fear that was present during the epidemic. This social fear, as I interpret from Geoffrey's statement below, is a fear of the loss of social ties and meaningful relationships due to the uncertainty of a friend or partner's health status. In one of the most heartbreaking statements I encountered in my interviews, Geoffrey states that this fear could manifest itself as a fear of losing unrealized love due to the premature deaths of so many people.

"The fear of being a young gay male was overwhelming. Not just with having sex, but with making friends, building relationships, dating people. Who knows, maybe the love of your life died before you had a chance to meet."
 –Geoffrey, 55, White Gay Male

Part V. Conclusions

As a closing piece to my interviews, I asked participants if they could provide their views on the current state of HIV/AIDS given their lived experience in reference to the AIDS epidemic. From this question, I received a variety of answers. Some participants (Steven and Darrell) viewed the current AIDS discussions as being relatively non-existent, becoming so "normalized" and treatable that it faded into the background. Others, such as Jim, referenced changing cultural values of the current generation as a means of shaping modern discussions on AIDS while also leaving individuals vulnerable due to increased promiscuity.

"And now, because it has been so long, at least two generations since those days, maybe because the treatment has progressed so much, I never hear anyone say anything about AIDS proper."
 –Steven, 48, White Gay Male

“I think today’s kids are a more open to understand other people’s experience and don’t care about differences. However, I am also a little concerned that they don’t care to the point that they are being a little promiscuous.”

–Jim, 68, White Gay Male

“[AIDS] used to be a novel thing, somebody would come in and we would say, ‘Gee wiz, we don’t see this every day.’ But now with all the young doctors, that is part of their education and training. They grew up with the AIDS epidemic.”

–Darrell, 68, White Gay Male

Some, such as Steven and Geoffrey, closed their interview by emphasizing that they wished current generations would take the time to understand or think more seriously about the impact of AIDS on personal and community identity.

“Because people did not live through what we lived through and had the bejeezus scared out of them, it’s not on their radar. And that worries me for the thirty-somethings and younger, because if they would have seen the people lying in the hospital and being disowned by their family because they had the gay plague, it would be higher on their priority list.”

– Steven, 48, White Gay Male

“Your generation just doesn’t know because they didn’t have to experience this. But who knows, maybe through your work more people will recognize how significant AIDS was to an entire generation of gay men.”

–Geoffrey, 55, White Gay Male

Because the AIDS epidemic was an ever-present and harrowing event in their lives, these men wished that modern youth (especially gay youth) would take the time to be more cognizant of the ways that AIDS forever altered members of their community. More concisely, they want youth to learn from the past so that this tragic history does not repeat itself.

Sadly, there has been a persistent epidemic of HIV among African American gay and bisexual men that has been sustained in the 21st century. If current rates of HIV infection persist, 1 in 2 African American gay and bisexual men have a lifetime risk of acquiring HIV compared to

1 in 11 white gay and bisexual men (Centers for Disease Control and Prevention, 2016). It is proposed that the elevated rates of HIV within the African American gay and bisexual sub-population lies in the “invisibility” of the problem perpetuated by a lack of discussion. As I gleaned from my own interviews, communities within the Deep South may suppress conversation surrounding issues that violate social or religious norms. African American gay men interviewed by Linda Villarosa in Jackson, MS echo a “swept under the rug” mentality surrounding homosexuality within their communities, but describe notions of intersectionalityⁱⁱ to explain distinct challenges they face in terms of HIV vulnerability (Villarosa, 2017). The presence of multiple minority statuses seems to uniquely stigmatize and isolate these individuals, as they themselves view discussions about homosexuality and HIV as prohibitive in order to maintain family or community ties.

Along with gaps in the prevalence of discourses about HIV/AIDS within specific communities with intersecting minority statuses, many responses from my interviews indicated a pronounced gap in awareness and discussion about HIV/AIDS by age cohort. Individuals that are a part of my own age cohort (20 – 25) and younger have been extremely fortunate to consider HIV/AIDS a “distant” threat that does wield influence over everyday thoughts and behaviors. However, as much of my research indicates, not considering the potential impacts that HIV/AIDS can have on all individuals can lead to the perpetuation (or in this case resurgence) of the epidemic. By stating, as was recounted by Darrell, that HIV or AIDS “can’t happen to me,” younger individuals leave themselves vulnerable and more susceptible to potential infection. In a connection back to linguistic relativism, this “can’t happen to me” language pattern generates this vulnerability through the perception of limited risk and the influence that this perception can have on shaping behaviors that actually exacerbate risk.

I should note that while I believe increased self-awareness of personal risk in relation to HIV/AIDS should be adopted by my generation, I am in no way encouraging a fear mongering or paranoid rhetoric for the 21st century. I believe that this type of strategy only suppresses conversation even more. Rather, I am encouraging supportive and open dialogues among all individuals about HIV/AIDS today in 2019. These dialogues should be multi-faceted, describing personal fears, social fears, historical events, confusions about the science, and the progress we have made. Furthermore, there should a concerted effort to reframe problematic metaphors into those that may be more positive. Rather than continuing to employ military metaphors that place guilt or blame on a patient that may succumb to the disease, reframing HIV/AIDS as a journey could help decrease further stigma related to disease status.

Opening the door to these dialogues comes with a requisite of destigmatizing the disease itself and the disease's group associations which have permeated the minds of Americans since the 1980s. This a challenge that I do not view as a simple, overnight fix. Nevertheless, shirking and avoiding discussions about the sustained social issues underlying the HIV/AIDS epidemic simply because they are "too hard" would be a disservice to generations both past and present. Borrowing again from the activist group ACT UP, "Silence = Death." By starting to address conceptions of disease stigma and its modern consequences when having discussions about HIV/AIDS, society can begin to tackle ways in which problematic social norms and institutions can be altered to better respect human dignity and inspire continued efforts for HIV/AIDS research and treatment in the United States.

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Notes

ⁱ In his work, *Stigma: Notes on the Management of Spoiled Identity*, Erving Goffman theorized about the social construction of stigma and how notions of sigma affect an individual's sense of personal and social identity. Goffman conceptualized a stigma as “a special kind of relationship between attribute and stereotype,” with certain attributes of individuals being “deeply discrediting” among a group of “normals” in society (Goffman, 1963, pp. 3-5). Race, ethnicity, disability status, and sexual orientation all are various attributes by which an individual could experience stigma, with the process of stigmatization occurring when a specific attribute of an individual violates the

constructed norms of a society (Goffman, 1963). Goffman goes on to describe four patterns of socialization in which stigma acts as a socializing agent. The third of which he describes is where an individual “becomes stigmatized late in life,” which could become the case of many who were diagnosed with HIV/AIDS during the height of the epidemic. Goffman describes that this pattern of socialization will cause an individual to “have a special problem in re-identifying himself, and a special likelihood of developing disapproval of self,” (Goffman, 1963, p. 34). Another aspect of Goffman’s theory surrounding stigma that is particularly interesting to this project is aspect of the visibility (“evidentness” as rephrased by Goffman) of a stigma. For individuals that can manage their HIV through medication or are in early stages of infection, there are not many visible signs that could lead to evident stigmatization. However, if a patient progresses to develop AIDS, as was inevitable in the 1980s with the absence of treatment, there can be more overt signs that label the individual as an AIDS patient (e.g., Kaposi’s sarcoma on the skin). When looking at discourses that focus on HIV/AIDS, especially those that come out of my interviews, it is interesting to note if aspects of visibility (or invisibility for that matter) shaped the ways in which individuals were able to retain senses of personal identity during the epidemic or faced a visible process of social re-identification.

ⁱⁱ Although there is a common group identity that has been associated with HIV/AIDS (white gay men), attention should be brought to historically excluded populations that still are afflicted by the disease yet are rendered somewhat “invisible” through intersecting minority statuses (Hill Collins, 2000).

Appendix A: Full Table of Categorized Quotations from *TIME Magazine* Content Analysis

| The Effects of the AIDS Epidemic on Afflicted Populations |
|---|
| “AIDS victims and people associated with them experience widespread discrimination, some of it heartless, some of it phobic.” (Wallis, Delaney, Leviton, & Ludtke, 1985) |
| “AIDS victims are treated like lepers even by some in the medical community.” (Wallis et al., 1985) |
| “Despite their physical ordeal, many AIDS sufferers say that the worst aspect of their condition is the sense of isolation and personal rejection. ‘It’s like wearing the scarlet letter,’ says a 35-year-old Harvard-educated lawyer who was forced out of a job at a top Texas law firm.” (Wallis et al., 1985) |
| “Most [gay men] have altered their sexual habits to a degree that would have seemed inconceivable five years ago, significantly reducing the number of their sexual companions.” (Clarke, Hull, & Yáñez, 1985) |
| “Some have chosen to ignore the AIDS threat altogether, indulging still in the casual, promiscuous sex that initially followed gay liberation. A few are fatalistic.” (Clarke et al., 1985) |
| “Still, the majority of gays have recognized the menace of AIDS, have mobilized against it, and sense in their unity an opportunity to become a more effective force in their communities and in the nation.” (Clarke et al., 1985) |
| “Coping with the specter of AIDS is particularly difficult for the heirs of the American sexual revolution, probably smaller in numbers than advertised but nonetheless vehement in the assertion of a freer, more open set of mores for sexual conduct.” (Smilgis, Brown, Morrow, & Whitaker, 1987) |
| “...some people who were told that they had been exposed to the virus have attempted suicide,” (Toufexis, Brown, & Taylor, 1987) |
| “During the dozen years of the AIDS epidemic, [gay men] have witnessed the premature death of virtually a generation of leaders, role models, neighbors and friends.” (Henry III, 1992) |
| “The crisis turned an often hedonistic male subculture of bar hopping, promiscuity and abundant ‘recreational’ drugs--an endless party centered on the young and the restless--into a true community, rich in social services and political lobbies, in volunteerism and civic spirit.” (Henry III, 1992) |
| “Yet however ruthless they may be on the surface about isolating themselves, uninfected [gay] men are widely burdened with what scholars of war call survivor guilt.” (Henry III, 1992) |
| “Sometimes you still hear HIV-positive people refer to themselves as carriers. But the virus is only one of the things they carry. Along with it comes a weight of isolation, fears for the future and deep accumulations of rage, humiliation and grief.” (Lacayo & Cray, 1996) |
| “Gay people have been marked, although I disagree with neo-con gay activists who claim that AIDS has taught gay people responsibility, as if, prior to the plague, homos were all shiftless and madcap. What AIDS has done is to make gay death terrifyingly ordinary.” (Rudnick, 1996) |

Groups Thought to be Affected by AIDS

“So far, 75.9% of the victims in the U.S. have been active homosexual men, 16% intravenous drug users, 5% immigrants from Haiti, and 1% hemophiliacs.” (Isaacson, Stoler, & Boyce, 1983)

“...AIDS victims tended to be sexually promiscuous. In addition, some were the passive partners in anal intercourse.” (Isaacson et al., 1983)

“The man is not gay. He is married and the father of two children. But he readily admits to a life of promiscuity and a history of many liaisons with prostitutes.” (Wallis et al., 1985)

“...three months after its initial report, the CDC knew of more than 100 cases of what was already being called the gay plague (despite the fact that at least six patients said they were heterosexuals and one was a woman).” (Wallis et al., 1985)

“...health authorities are concerned about the possible role of prostitutes in spreading the epidemic.” (Wallis et al., 1985)

“At first AIDS seemed an affliction of drug addicts and especially of homosexuals, a ‘gay disease.’ No longer. The numbers as yet are small, but AIDS is a growing threat to the heterosexual population.” (Smilgis et al., 1987)

“Some middle-class whites think AIDS only infects gays and poor minority- group members.” (Smilgis et al., 1987)

“San Francisco's public-health department...has been tracing the partners of heterosexual AIDS victims since April 1985. (Tracing would serve little purpose among San Francisco's estimated 90,000 bisexuals and homosexuals; 50% to 70% are thought to be infected with the virus.)” (Toufexis et al., 1987)

“One of the most baffling enigmas of AIDS is the fact that the disease spread primarily among homosexual and bisexual men and intravenous drug abusers in the U.S. and Europe but became a largely heterosexual infection in Africa.” (Gorman & Thompson, 1992)

“In fact, because AIDS is still thought of as a gay man's disease in the U.S., many women discover that they are infected only after they have passed the virus on to their children.” (Gorman & Thompson, 1992)

“Slowly the message is getting across that gays neither invented the disease nor bear special responsibility for transmitting it, that the epidemic is universal.” (Henry III, 1992)

Public Reactions

“...it was the shocking news two weeks ago of Actor Rock Hudson's illness that finally catapulted AIDS out of the closet, transforming it overnight from someone else's problem, a ‘gay plague,’ to a cause of international alarm.” (Wallis et al., 1985)

“Despite the concern of some, the quiet majority of heterosexuals in America apparently do not feel threatened. A recent NBC/Wall Street Journal poll found that AIDS has no effect on the way 92% of the population conducts their lives.” (Smilgis et al., 1987)

“The first wave of gay response to AIDS was fear, mixed alternately with denial and paranoia. The second wave, the past few years, has been a therapeutic anger, an opportunity for the grief-stricken to vent their pain and for the dying to give meaning to their premature passing. The third and current wave of gay response to AIDS is once again dominated by fear, this time based on a sense of grim inevitability.” (Henry III, 1992)

“However provisionally, the culture of gloom is lifting. People are trying out the words ‘I will be,’ arguably the most complicated phrase in the English language.” (Lacayo & Cray, 1996)

“During those first years, AIDS was unspeakable. Media coverage was nonexistent, and denial ruled.” (Rudnick, 1996)

“Celebrity deaths served a grim purpose, because the press paid attention.” (Rudnick, 1996)

Political Actions by Federal, State, and Local Officials

“...the city of Hollywood, Fla. announced that it would use the AIDS test as a routine part of screening job applicants. ‘Candidly, we're not looking to hire somebody who may have an adverse impact on our health insurance,’ said Herbert Chernov, Hollywood's personnel director.” (Wallis et al., 1985)

“Although the Federal Government has put \$200 million into AIDS research in the past four years, it has been criticized in many quarters for moving much too slowly.” (Wallis et al., 1985)

“Sloan-Kettering's [Mathilde] Krim charges that Washington has treated AIDS like a ‘ghetto disease. They didn't think the public would be too concerned or caring.’” (Wallis et al., 1985)

“Beginning last month, budget cuts for New York State's drug-assistance program...forced it to drop from 196 to 66 the number of reimbursable medications used by AIDS patients.” (Gorman & Allis, 1996)

“All 50 states have ADAPS, AIDS drug-assistance programs, which are partly funded by Washington. But in 28 states they won't cover protease inhibitors.” (Lacayo & Cray, 1996)

“Some states have waiting lists. Others, including Indiana and Missouri, are organizing lotteries to determine which patients will get the treatments.” (Lacayo & Cray, 1996)

“Federal disabilities law bars discrimination against people with AIDS, but how many employers will hire an applicant with an expensive health problem?” (Lacayo & Cray, 1996)

Conceptual Metaphors: *AIDS as a Military Invasion*

“But microbes, which have existed on this planet far longer than man, show no signs of being unconditionally conquered.” (Isaacson et al., 1983)

“The virus launches a direct attack on helper T cells (or T lymphocytes, as they are also known), invading them in much the same way that the hepatitis virus hones in on cells in the liver.” (Wallis et al., 1985)

“...the AIDS virus is a formidable adversary.” (Wallis et al., 1985)

“They are in the middle of a war, fighting not only the disease but also their fear of it and what they perceive as a growing homophobia in the rest of the country.” (Clarke et al., 1985)

“Wars are usually launched with the promise of a quick victory, with trumpets primed, never to sound retreat. And the campaign against AIDS was no exception.” (Gorman & Thompson, 1992)

“‘It's clear we're losing the battle.’” (Gorman & Thompson, 1992)

“One prominent theory is that the virus needs an assistant assailant,” (Gorman & Thompson, 1992)

“[Gay men] feel they have been living through a war, watching comrades fall by the battalion.” (Henry III, 1992)

“For years scientists portrayed HIV as a shadowy saboteur that invaded the body and then immediately went into hiding, staying dormant for a decade or more.” (Gorman & Allis, 1996)

“It turns out, however, that the body and the virus engage in mortal combat from the beginning. The main battlefield is not the circulatory system... but in the hard-to-reach lymph nodes.” (Gorman & Allis, 1996)

“The war years began.” (Rudnick, 1996)

Conceptual Metaphors: AIDS as a Plague of Deviance

“Others have, in the tradition of divine justification, viewed it as God's revenge on sodomites and junkies.” (Wallis et al., 1985)

“Many people, dealing with the absolute death sentence that AIDS imposes, consider it a vague sort of retribution, an Old Testament-style revenge.” (Smilgis et al., 1987)

“An Atlanta executive concludes, ‘We are paying for our sins of the '60s, when one-night stands and sex without commitment used to be chic.’” (Smilgis et al., 1987)

“[Gay men] are infuriated by talk of ‘innocent’ victims of the disease, with its implication that gay victims are all guilty and deserve their fate.” (Henry III, 1992)