

A Re-reading of *AIDS and Its Metaphors*

For the completion of an MA in the History of Art

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Declaration



I declare that this research report is my own unaided work. It is submitted for the degree of Master of Art History, by course work, in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination by any other University.

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Abstract

The portrayal of HIV/AIDS in photographic imagery provides a powerful foundation from which to examine how one can interpret and understand text through the use of images, and how images have the ability to influence the meaning of text in an uninhibited fashion. The representation of the HIV/AIDS epidemic is considered, not through metaphors of language but rather metaphors of visual representations, along with substantiating themes such as stigma, stereotyping and visual markers of the disease. These themes are used to explore the way in which Sontagian metaphoric representations are substantiated by selection of Gideon Mendel's photographic collection. This disease marks the infected visually, often with lesions or emaciation, and leads one to consider a visual explanation in order to understand text around the disease. Rather than using text to decipher images, this study reflects on the use of images, namely photographic images, to decipher text. The complex relationship between image and text is explored through an analysis of Gideon Mendel's photographic collection, *A Broken Landscape*, as well as Susan Sontag's *AIDS and Its Metaphors*. The World Press Photo catalogue is used as a visual framework from which to analyse and criticise this visual representation of the disease, and the way it has been covered and presented since the 1980s. A selection of photographic images from Mendel's *A Broken Landscape* is used to understand Sontag's textual metaphoric approach toward disease, and specifically HIV/AIDS. Visual representations of HIV/AIDS give transparency and understanding to textual representations of disease as an alternative of using text to read images. Using images to decipher text illustrates a contemporary method of understanding, unlocking a broader meaning rather than relying on prescribed (textual) meaning.

Chapter One

Introduction and background

The Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) epidemic has engulfed the globe as both a physical ailment and social syndrome, with the number of people living with the virus estimated in 2010 at 34 million, with over 60% of those living in sub-Saharan Africa (World Health Organisation, 2010). Due to the nature of the disease, the infected individual may not be aware of his or her HIV-positive status until years later when symptoms arise and the disease is diagnosed as such.

The visual representation of HIV/AIDS has a history of being rooted in stigma. The images of individuals infected with HIV/AIDS are of ill, gaunt people, often on the physical and moral outskirts of communities. This disease, which is most commonly thought of as a sexually transmitted disease, marks the infected with negative associations of immoral behaviour, accompanied by a sense of justice as those infected often had a part in contracting the disease through this behaviour.

Sontag, among others, writes about visual representations of disease, in particular investigating the stigma of cancer and the way this has since transferred to HIV/AIDS in her text *Aids and Its Metaphors* (Sontag, 1988). The deconstruction of visual representations of HIV/AIDS is centred on exploring how attitudes to disease are formed in society, with attempts to deconstruct them at their metaphoric bases. The stigma of HIV/AIDS has taken over the judgments and social discrimination once associated with diseases such as cancer, and now HIV/AIDS patients suffer the same, or worse, judgment and stigmatisation that cancer patients once did. This perception of HIV/AIDS is what seems to spur social angst over the disease. In the context of this study, this paper aims to use Gideon Mendel's photographic collection of *A Broken Landscape* (2001) to looking at the complex relationship between image and text. Understanding the text through the visual, rather than the image through the text urges a re-reading of such visual representations.

This research paper will focus on the following question: **To what extent can one read text through images and understand text by means of an image?**

Rather than using text to decipher the photographs representing the disease, this study aims to use the images to decipher the text. The intention, in part, is to reflect on the way that Mendel's photographs reiterate the re-looking at Sontagian metaphoric understandings of illness. This research will consider the way in which these Sontagian metaphoric representations are substantiated by Mendel's photographs in current contexts.

The origin and development of HIV/AIDS

The origins of HIV/AIDS can be traced back to 1959 in New York City with the death of a Haitian born sailor from *Pneumocystis carinii* pneumonia (PCP) (Warren, 2006: 20). Years later a blood sample taken from an individual in Leopoldville in the Belgian Congo (now Kinshasa in the Democratic Republic of Congo) was documented in 1986 having tested positive for HIV antibodies (Warren, 2006: 20). In December 1981, the documented number of HIV/AIDS cases had risen to 270, and the disease became known as 'GRID', Gay Related Immune Deficiency (Warren, 2006: 20), which can be considered the first instance of stigmatisation and 'otherness' of the disease. In 1984, Dr Gallo, a member of the US National Cancer Institute, announced the 'discovery' of the virus that causes HIV/AIDS (Warren, 2006: 20), and this was followed in 1985 by United States President Reagan using the acronym "AIDS" in a public speech for the first time (Warren, 2006: 20).

Since then, HIV/AIDS has spread dramatically across cultures and continents, not only as a disease but also as a social stigma. As a "truly global challenge" (Bleiker, 2007: 139), HIV/AIDS and the manner in which society thinks of it and visualises it, differs from social space to social space. The difficulty of "stemming the spread of HIV/AIDS [is] in part due to the fact that the disease is not only a medical problem but also a social, cultural, and political challenge" (Bleiker, 2007: 140). Key factors that influence HIV/AIDS include gender disparity, poverty, mobility, and intravenous drug use. Patton suggests that the HIV/AIDS discourse mixes medical and moral assumptions, making it challenging to prevent the assembly of stigmatising ideas (1990: 105). The representations of HIV/AIDS, both textual and visual, are tangled up in this multifaceted approach to understanding and dealing with the disease.

In 1985, the first documented deaths from AIDS-related diseases occurred in South Africa, with an "epidemic of fear and prejudice beginning" (SAHO, 2012). World AIDS Day was declared on 1 December 1988, with "the number of women living with HIV/AIDS in sub-Saharan Africa exceeded that

of men" (SAHO, 2012). In 1991, the South African Department of Health commissioned the advertising campaign "AIDS, Don't Let It Happen" (SAHO, 2012). This was one of the first instances where image and text come together to represent the disease, reiterating the message by the coupling of negatively descriptive phrases and terrifying images of sickly figures. This representational practice of connecting negative associations to the disease is something that continues to perpetuate the textual and image based representation of the disease. In 1993, the South African National Health Department reported that the number of recorded HIV-infections had grown by 60% over the previous two years and was expected to double in that year (SAHO, 2012). That same year, Justice Edwin Cameron, a judge of the South African Supreme Court of Appeal, founded the AIDS Law Project (ALP), which formed part of the Centre for Applied Legal Studies (CALS) at the University of Witwatersrand in Johannesburg. The South African Law Commission reported that the Constitutional Act 200 regulating the protection of the fundamental human rights of the individual, and prohibiting unfair discrimination against any person would include those infected or affected indirectly or directly by HIV/AIDS (SAHO, 2012). These negative representations of the disease started filtering into social consciousness, and the result is that people living with HIV/AIDS (hereafter PLHA) have become the object of stigma and discrimination (Parker, 2005: 7). This research will explore the role of stigma in this context in detail and will contend that the manner in which the disease has been represented to society, both textual and visually, is how people have come to understand the disease, and they react accordingly.

In 1999, the appointment of Dr. Manto Tshabalala-Msimang as Health Minister (SAHO, 2012), led to the controversial and unsubstantiated treatment plan for the HIV/AIDS epidemic using vegetables such as garlic and beetroot, rather than with Western antiretroviral medicines. This became the subject of international criticism (SAHO, 2012). In 2000, Southern Africa became the epicentre of what is now a global pandemic, with drug companies cutting the price of AZT¹ in order to supply in poorer countries, treatment however still remains scarce in South Africa (SAHO, 2012). In July 2000, the 13th International AIDS Conference was held in Durban, Kwa-Zulu Natal, which was the first time the conference was held in a developing country (SAHO, 2012). President Thabo Mbeki stressed the role that poverty had to play in explaining the problems with HIV/AIDS in Africa in his opening address (SAHO, 2012), and later stated in an interview with *Time Magazine* that he did not believe that HIV alone caused AIDS:

¹ AZT, in full azidothymidine, also called zidovudine, is a drug used to delay development of AIDS (acquired immunodeficiency syndrome) in patients infected with HIV (human immunodeficiency virus) (Encyclopedia Britannica, 2013). AZT belongs to a group of drugs known as nucleoside reverse transcriptase inhibitors (NRTIs) (Encyclopedia Britannica, 2013).

"Clearly there is such a thing as acquired immune deficiency. The question you have to ask is what produces this deficiency. A whole variety of things can cause the immune system to collapse... But the notion that immune deficiency is only acquired from a single virus cannot be sustained. Once you say immune deficiency is acquired from that virus your response will be antiviral drugs. But if you accept that there can be a variety of reasons, including poverty and the many diseases that afflict Africans, then you can have a more comprehensive treatment response" (SAHO, 2012).

This statement from Mbeki caused an international outcry (SAHO, 2012), and subsequently stunted the understanding of HIV/AIDS in South Africa, and the hostile feelings associated with it.

In 2001, HIV/AIDS became the leading cause of death in sub-Saharan Africa according to SAHO (SAHO, 2012). This increase in HIV/AIDS-related deaths forced South Africa, during the United Nation's session on HIV/AIDS, to highlight poverty, underdevelopment and illiteracy as main contributing factors to the spread of the epidemic (SAHO, 2012). "Activists took legal action against the South African health ministry over its continuing refusal to supply antiretroviral to prevent mother-to-child transmission (MTCT) of HIV" (SAHO, 2012). This outcry, both internationally and nationally, was instrumental in changing in the way the disease was viewed socially, and was later visually represented. This uproar negated Mbeki's 2002 comment that publicly opposed the provision of HIV/AIDS drugs in South Africa, urging "that they are dangerously toxic and still questioning whether HIV or poverty is the true cause of AIDS" (SAHO, 2012). The confusion in governmental, political and social conversations around the disease merely perpetuated the negative representation of the disease.

However, this misinterpretation of the information about HIV/AIDS was not only a South African problem. In 2003, the Vatican cardinal Alfonso Lopez Trujillo stated that "condoms were not safe and did not protect against the transmission of HIV" (SAHO, 2012), to which representatives of The World Health Organisation replied was "totally wrong to claim that condoms did not protect against HIV" (SAHO, 2012). Locally, protest against the South African governmental attitude towards HIV/AIDS was increasing as protestors jeered and heckled Dr. Manto Tshabalala-Msimang with placards reading 'Save Our Youth, Save Our Future, Treat AIDS Now' (SAHO, 2012). By the end of 2003, the provision of state funded ARV drugs in hospitals throughout South Africa was approved (SAHO, 2012). Within a year, programmes to give out free HIV/AIDS drugs started in Gauteng in five major hospitals, including Chris Hani Baragwanath, after years of confusion and delays.

In 2005, among still thriving scepticism around HIV/AIDS, President Nelson Mandela announced that his eldest son had died of AIDS-related illnesses, at age 54 (SAHO, 2012). While this 'admission' on Mandela's part defiantly brought discussion about the disease into what was considered a more acceptable social level, it was still shrouded in the same shame, fear and misrepresentation as other diseases. As long as text and image continue to reiterate negative perceptions of HIV/AIDS, the disease will continue to be grouped with other historically shameful and socially feared diseases such as syphilis or cancer.

While on trial for a rape charge in 2006, soon-to-be-president Jacob Zuma infamously and negatively affected the perceptions around HIV/AIDS with his comment that "taking a shower straight after sex with his HIV-positive rape accuser [acts] as a way of reducing his (sic) chances of contracting the virus" (SAHO, 2012). Again, international and national outcries were heard.

These misguided HIV/AIDS-related comments were rebuked at the XVI International AIDS Conference, which was held in Toronto in 2006. Co-chair Mark Wainberg contended that it was "unconscionable" (SAHO, 2012) that South African leaders would not talk openly and informatively about the epidemic. Shortly after the conference, more than 80 prominent international scientists wrote an open letter to President Thabo Mbeki calling for the dismissal of Dr. Manto Tshabalala-Msimang, whom they blamed for the "disastrous, pseudo-scientific policies on HIV/AIDS" (SAHO, 2012) in South Africa. Rather the South African government set up a new inter-ministerial committee to take charge of the national HIV/AIDS response which was headed by the deputy president at the time.

South Africa's deputy health minister Nozizwe Madlala-Routledge decided to speak out against her own government, admitting that a denial at the highest level had occurred over the country's AIDS crisis (SAHO, 2012). In December 2007, the short-lived optimism regarding South Africa's response to HIV/AIDS ended as deputy health minister Nozizwe Madlala-Routledge was dismissed.

The resignation of Thabo Mbeki as South African president, and the appointment of Barbara Hogan as Minister of Health, brought a sigh of relief to the landscape of HIV/AIDS in South Africa. Barbara Hogan immediately committed government to a "concerted and decisive response to the epidemic" (SAHO, 2012).

The Human Immunodeficiency Virus

HIV destroys blood cells that are known as CD4 cells, which are crucial to the normal function of the immune system (Warren, 2006: 6). HIV is mainly transmitted by penetrative (anal or vaginal) and oral sex (Warren, 2006: 6), as well as blood transfusions and blood products, sharing unsterilised needles or syringes that have been used by HIV-positive individuals, from an HIV-positive mother to her baby during pregnancy, labour, delivery and breastfeeding, or accidental infections in health care settings, tattooing and piercing. HIV is the virus that leads to AIDS, which in turn is not considered a single disease. It is a spectrum of conditions that occur when an individual's immune system is weakened after years of attack by HIV (Warren, 2006: 6). AIDS results from the "presence of one or more of the following illnesses: candida in the oesophagus, throat or lungs, invasive cervical cancer, *Coccidioidomycosis*, *Cryptococcus*, *Cryptosporidiosis*, *Cytomegalovirus* (CMV), herpes simplex virus which causes prolonged skin problems, HIV-related encephalopathy, chronic intestinal diarrhoea, Kaposi's sarcoma, certain lymphomas, *Pneumocystis carinii* pneumonia (PCP), toxoplasmosis, [or] HIV wasting syndrome" (Warren, 2006: 6). These are known as AIDS-defining illnesses, and as soon as an HIV-positive person experiences one of these illnesses, they are medically defined as having AIDS (Warren, 2006: 6). It is not AIDS, but rather common illnesses attacking a suppressed immune system that kill an individual. There is no known cure for HIV or AIDS (World Health Organisation, 2012).

HIV/AIDS is often classified as endemic, epidemic and pandemic. "'Endemic' is the constant presence of a disease or infectious agent in a geographical area, 'epidemic' is the rapid spread of disease in a certain area or amongst a certain population group, and 'pandemic' is a worldwide epidemic or an epidemic occurring over a very wide geographic area or high proportion of the population" (Warren, 2006: 7). Because the HIV epidemic is related to behaviours that can expose individuals to the virus (UNAIDS/WHO, 2008: 14), HIV/AIDS is not just a disease, it is a human story. Since "it is not possible to look at someone and know whether he or she is HIV-positive" (Warren, 2006: 6), contradicting directly the idea of a visually capturing a 'real' representing HIV/AIDS, it is a human story that is surrounded by ambiguity and fear.

One of the biggest setbacks in South Africa's fight against HIV/AIDS is the public officials who are responsible for making improper policy decisions (M'vunganyi, 2011) and giving unfounded advice to

fighting the disease. Tackling the social factors that both drive the epidemic and hinder treatment responses (WHO, 2011: 3) is another challenge that the country is facing. The *People Living with HIV Stigma Index* indicates that high rates of physical and verbal abuse are experienced by individuals living with HIV/AIDS, with which a substantial proportion of up to 88% of people were denied access to health services due to their HIV/AIDS status (WHO, 2011: 27). The HIV/AIDS death rate continues to grow because of the “culture of denial and the conspiracy of silence that have been fuelling the problem” (Samba, 2000: 1).

The representation of HIV/AIDS in South Africa

The representation of HIV/AIDS in South Africa has a strong connection to, and is in part a result of, the history and understanding of the disease. In the South African context, ideas surrounding HIV/AIDS are coupled with fallacies, fear and discrimination. This is founded in the visual representation of HIV/AIDS, which is substantiated by texts (headlines, biographies, academic and cultural) on the matter. There is a strong connection between literacy and understanding HIV/AIDS, as Schenker explains in his 2005 report *HIV/AIDS and literacy: an essential component in Education for All*. Schenker explains that literacy is key to understanding and explaining preventative measures, as well as accepting all illnesses and natures of physical differences.

Literacy allows for an understanding of both image and text since it is defined as “the ability to read, write and do arithmetic (numeracy)” (Schenker, 2005: 2) as well as “a complex set of abilities to understand and use the dominant symbol system[s] of a culture for personal and community development” (Schenker, 2005: 2). In this way, understanding HIV/AIDS can take place in both a textual and visual medium and the representation of the disease is effective in both mediums, interchangeably. This connection between image and text, in the case of HIV/AIDS, spurs on the negative associations with the disease through repetition and reiteration.

Progress has been made regarding governmental attitudes towards the disease in South Africa, but “none of these considerations alter the fact that HIV/AIDS spread rapidly in sub-Saharan Africa and remains perhaps the region’s biggest social problem” (Campbell, 2008). Even though HIV/AIDS literacy has increased with open conversations taking place in the South African context, negative associations continue to be substantiated by the historical images and texts. From the earliest days of the epidemic

HIV/AIDS has been labelled an 'African' or 'Haitian' disease – a disease of the 'other' in the gaze of the West; "although this characterisation had been subsumed by the original focus on drug users and men who have sex with men" (Campbell, 2008). Campbell suggests how this focus on the other, is now "central to the international policy environment of HIV/AIDS" (The Visual Economy of HIV/AIDS, 2008), and perhaps central to the way the disease is perceived in South Africa.

Campbell contends the HIV/AIDS pandemic is an event that photography, as a "technology of visualisation" (The Visual Economy of HIV/AIDS, 2008), finds difficult to grasp. HIV/AIDS is described as a "hidden holocaust" and "photography cannot convey the sheer scale of it... You can photograph a sea of refugees leaving Afghanistan or Albania, or a city razed to the ground – but you cannot photograph 25 million Africans living with HIV. It's invisible" (Mendel, 2001: 40). In the same manner, one could write a thousand words on the epidemic without it actually being able to convey the magnitude of the disease. The representation of HIV/AIDS creates tension between a "patronising attitude and a historicity" (Campbell, 2008) and a sense of hope that has to be negotiated by the photographer or journalist. Mendel's pictures bind and contain the pandemic in the context of sub-Saharan Africa (Campbell, 2008). More often than not the produced photographic representation, as well as text describing the status, of the pandemic is the recurring motif, of "the person with an emaciated body, shot from behind to disclose their gaunt features and prominent bones" (Campbell, 2008: 93). This concept will be explored in depth in Chapter Two.

As much as images carry symbols, which are read and combined in a particular way to produce meaning, so too do words. "Their meaning depends on where in the sentence they appear. And the sentence is a symbolic environment, a structure of symbols" (Signorile, 1987: 281). Meaning, constructed through either text or image, is made up of a culmination of various parts. Both Bolinger and Derrida assert that this verbal/visual involvement is an interaction of two distinct symbol systems (Signorile, 1987: 283), neither of which are mutually exclusive. Meaning, which is made up of symbols, is centred on the idea of context (Signorile, 1987: 281), and "the meaning of a symbol depends on its context" (Signorile, 1987: 281). This relationship between image and text is paramount to the photographic visual and textual (often in the form of a caption) liaison, and will be further considered in Chapter Four.

However, as much as a photograph seems to speak for itself, it needs to be viewed and interpreted by the viewer. This is why Barthes (1977:17–19) stresses that there are always "two aspects to a photograph;

the 'denoted message', which is the perceived perfect representation of a visual image, and in turn, also a 'connoted message', which includes how a photograph is read and interpreted, how it fits into existing practices of knowledge and communication" (Bleiker, 2007: 143). Barthes suggests that a photograph only gains a sense of meaning and visual momentum "because of the existence of a store of stereotyped attitudes which form ready-made elements of signification" (The Photographic Message, 1977: 20). The caption of the image, the accompanying text, serves to reiterate this 'store of stereotyped attitudes', which suggests that the images should be 'read' in a particular way. This propensity is exacerbated when a news reporter photographs events steeped in emotion, such as HIV/AIDS.

"Photography may thus give a pandemic such as HIV/AIDS the meaning of familiar crisis by cueing an audience to formulaic events via particular images" (Bleiker, 2007: 144). Such practices can revolve around a microcosmic picture of the virus or an image of a person dying of AIDS-related illnesses. It is the way the photograph is taken, read and perceived – and in turn, this is reiterated by its coupling with text (captions) – that shapes the way that which is photographed is visually represented and understood in the future.

Media, and specifically print media, has a pivotal role to play in the construction of the visual representation of HIV/AIDS. The power of visuals in representing key social moments, ideas and diseases is fundamental. Even with the low levels of literacy among those most at risk of contracting HIV/AIDS, research has found a greater coverage of HIV/AIDS stories in print media rather than in broadcast media (Warren, 2006: 8). Bleiker terms the HIV/AIDS epidemic as "the epidemic of signification", which is to express that the nature and impact of HIV/AIDS is intrinsically linked to how the disease is represented, and how these representations influence key issues, such as the production of stigma and discrimination (2007: 140). "Prevalent journalistic styles of reporting further reinforce stereotypical images of HIV/AIDS in Africa" (Bleiker, 2007: 145). This is principally the case of so-called 'parachute reporters', who are flown into a crisis zone for a short time and then report back to the rest of the world (Bleiker, 2007: 145). Photographs continue to perpetuate recognised representations of HIV/AIDS.

The media covers the HIV/AIDS epidemic with a practice of representation that not only marginalises and oppresses those affected by the disease, but also fuels the spread of the disease (Bleiker, 2007: 159). In contrast, Peter Piot, the executive director of UNAIDS, explains how "the media has the

unparalleled ability to save millions of lives by providing people with vital life-saving information on AIDS" (Warren, 2006: 12) by rethinking the way the disease is represented. The people who live with HIV/AIDS live with a "condition that is shrouded in silence, taboos, and stigma" (Bleiker, 2007: 159). By omitting key pieces of information from media stories to make the 'story' more salacious, is a "breach of faith" (UNAIDS, 2005). Images and terminology need to be appropriate and non-stigmatising. Perhaps Piot is right in suggesting that the media has the power to save millions of lives, but this can only happen if they take care not to promote representations already associated with the disease. Individuals affected by HIV/AIDS need to be portrayed in a way that does not sensationalise their story, make value or blame judgments, focus on 'how' the infection took place, make reference to gender or sexual orientation or portray infected people as victims, culprits or objects of pity. Overall, the relationship that the media has with HIV/AIDS needs to be one where alarmist reports conveying a sense of doom, and images of the sick and dying need to be avoided.

Journalists and photographers have a powerful role in informing the public about HIV/AIDS, and in turn how the disease is read through images and text. As HIV is mostly transmitted through unprotected sex "society's myths, taboos and societal norms can often cloud the debate on the disease and prevent accurate information getting into the public domain" (Warren, 2006: 4). The quality of reports, and the images linked to such texts, is generally problematic in the areas of language, which contributes to negative stereotyping. Images used in stories are seen to be sensational, and in South Africa, images are specifically problematic (Warren, 2006: 8). Regular reports of misleading and deprecating language is used, including 'AIDS sufferers', 'AIDS patient', and 'AIDS scare', along with several dubious and confusing text-based reports including that herbs such as garlic can be a cure for HIV/AIDS and that HIV-positive people are more susceptible to motor vehicle accidents (Warren, 2006: 8).

HIV/AIDS presents the 'perfect story' – it pushes all the right buttons: it is a health emergency, it has a human face, elements of science, medicine and religion, and has a deep grief with moments of extreme happiness; it has enemies (government, church, religious bodies, fraudsters) and heroes (the individuals living with HIV/AIDS, community groups, NGOs, scientists and doctors) (Warren, 2006: 10). Reporting on HIV/AIDS is a "reflection of what is occurring in a country and may be coloured by on-going confusion about the transmission, treatment and prevention of the disease and a human desire to blame" (Warren, 2006: 10). Demystifying the disease is key to breaking down and further preventing the growth of these negative stereotypes. Demystifying the representations of HIV/AIDS in turn will

produce the same effect. "HIV/AIDS carries with it a stigma that seriously threatens the rights of infected individuals" (Warren, 2006: 15) and breaking down this stigma through verbal and visual means is crucial in moving forward.

Methodology topics such as photography, stigma and stereotypes, and the representation (both visual and textual) of the disease of HIV/AIDS are paramount to understanding Mendel's visual representations of the epidemic. The foundation for understanding these images is built on how photographs represent HIV/AIDS, as well as the context of these photographs. The media plays a key role in circulating these images, or 'faces', of HIV/AIDS, and, by doing so, reinforces and maintains the stigma and stereotypes which such representations of the disease have created.

Looking at Mendel's collection of images in *A Broken Landscape*, one could question why more recent visual representations of HIV/AIDS are not analysed in this paper. The selection of images from 2002 is based on the fact that they illustrate the social understanding of the disease during a formative time in the South African context. Images such as this reflect the way in which the disease was 'introduced' to the new South African consciousness, acting as a product of the social understanding of the disease, which was shaped by the media, the way photographs and texts are understood, social stigma, and most radically the attitude of denial from the South African government. These images illustrate the baseline from which the South African social understanding of HIV/AIDS is formed. These understandings of HIV/AIDS in such a particular fashion are not just a South African issue, but an African, and in turn a global one.

In this case, one can question whether the image can be separated from texts on the subject, or if they are all intrinsically linked to social understanding of the disease, and cannot be separated in their reading of one another. Does one need to use text to deconstruct an image, or can the image rather explain the text?

Outline of the research paper

Chapter Two will consider the manifestations of various representations of HIV/AIDS, taking into consideration concepts such as stigma, stereotyping and the way these feed such representations. The manner in which The World Press Photo has covered and presented HIV/AIDS since the 1980's will be

considered as a visual framework and representations of the disease will be analysed and criticised in Chapter Three.

Chapter Four will turn to the consideration of reading photographs to read text, looking at research methodology and various paradigms in this regard to construct a template for this analysing of text through image. Chapter Five will look at a selection of photographic images from Mendel's *A Broken Landscape* as tools to understand Sontag's textual metaphoric approach toward disease, and specifically HIV/AIDS. Image will be used to read text. Visual representations of HIV/AIDS will be shown to give insight and clarity to the textual representations of the disease, rather than the traditional approach of using text to understand image. In Chapter Six, a review of the study will be provided and conclusions drawn from the research will be presented.

Chapter Two

Unpacking visual manifestations of HIV/AIDS

Image and text can strengthen both negative and positive perceptions of HIV/AIDS. They can strengthen the idea that one can live with the disease, or reinforce something that Wyschogrod terms a "death event" (1973: 6). In the same way that image and text can give rise to perpetuating stereotypes, photography can also play an important part in overcoming them. New ways of understanding and addressing the disease can be created through focusing on creating alternative images of HIV/AIDS.

Visuals have an immediate impact on audiences, specifically documentary photographs used as news images (along with their associated captions). Documentary photographs of HIV/AIDS raise issues for the reader, and in turn, the visual representation of the disease. Photographs of HIV/AIDS can either hinder or facilitate the understanding of the disease, and most importantly, the perceptions of those who live with the disease. The stigmas perpetuated by such photographic visual representations of individuals affected (and often infected) by HIV/AIDS are key to the foundation of this research.

Sontag explores the representation of disease in her text, *On Photography*. Sontag suggests that, when a photograph resuscitates an unsuspected zone of misery, the image cannot make an impression in public opinion unless there is an appropriate context of feeling and attitude (1977: 17) that can be recognised by the viewer. The photograph is seen as more memorable than an audiovisual image (Sontag, 1977: 17), as it illustrates a snippet of time rather than a continual flow. The same concept applies to the way in which a headline captures the viewer rather than the body of the text, because it is a snippet of the situation, rather than the encumbered whole.

The emotive rhetoric that is then evoked by these photographs, and their captions, including those of the unsavoury flavour of "moral outrage" (Sontag, 1977: 19), produces a response in the viewer relative to the degree of familiarity with the image. The idea that the images portrayed in Mendel's works are recognisable and familiar to the viewer, enable the images to have far more effect than if they were of an alien content.

Examining illness as a metaphor in *AIDS and Its Metaphors* (1988), Sontag looks at the two-fold metaphor that is created in the construction of the disease, illustrated in HIV/AIDS photographs and texts on the subject. This construction of the identity of HIV/AIDS creates a space where it is difficult to build an environment of education, acceptance and maintenance, as opposed to one of mistrust and blame. Metaphor, as Aristotle explains it, "consists in giving the thing a name that belongs to something else" (in Sontag, 1988: 91), and reiterates the many layers of untruth that have been draped over HIV/AIDS. This history of metaphor when concerning the body and illness "is almost always based in the military metaphors of attack and invasion, infusing all aspects of the description of the medical situation, with disease seen as an invasion of alien organisms" (Sontag, 1988: 95). It is suggested that society needs to have an illness which becomes identified with evil, attaching blame to its poor 'victims' (Sontag, 1988: 101), and moving from cancer onto the modern epidemic of HIV/AIDS.

HIV/AIDS has adopted this dual metaphoric genealogy; described on one side like cancer as an invasion, and on the other side as being morally connected to individual acts when the focus of the disease invokes the metaphor of pollution (Sontag, 1988: 103). HIV/AIDS is the progressive disease of our time, swinging between the rebuke of life back to managing the disease. Texts and images surrounding this disease perpetuate this representation of the disease.

Perhaps the most emotive metaphor explored regarding HIV/AIDS is the "shame linked to an imputation of guilt" (Sontag, 1988: 110) of the infected. As with other sexually associated diseases, HIV/AIDS arouses feelings of shame and guilt, and as a means of protection against stigma is often kept a secret. This idea of shame and guilt arises when photography (and text) assumes the task of truth telling by representing the patient and the societal stigmas linked to the disease. As the 'patient' is photographed, the shawl of secrecy and guilt is removed, which exposes his or her reality and life stories, and dismantles the associated metaphors and stigmas.

Sontag explores the foundation metaphor of the epidemic. Humanity at large "views AIDS metaphorically – as, plague-like, a moral judgment" (Sontag, 1988: 146). The idea that HIV/AIDS is "a punishment for deviant sex" (Sontag, 1988: 149) has not only enabled the metaphor of the plague, but has also justified the personal invasion and subsequent shame of the patient. The uncertainty about this epidemic and the manner in which it has spread stimulates the fear that is at the epicentre of the

public discourse of HIV/AIDS, causing continued social stigmas. These stigmas are validated and maintained through the images and text that represent the disease.

This research contends that there is no particular prescribed global visual representation or 'face' of HIV/AIDS. What is understood on a global level as a representation of HIV/AIDS is based on how various societies view the disease. From an American perspective, the disease is generally represented by white, homosexual male couples, and anonymous individuals, living extravagant lifestyles of sex and drugs.

From a European perspective, the disease is generally represented in photographs showing illegal prostitutes and drug users below the economic line. From a global perspective of the disease in Africa, HIV/AIDS is illustrated by the familiar image of the emaciated, starving African mother holding her lifeless children in a sub-Saharan landscape. From a South African perspective, HIV/AIDS is represented as a disease of poor, informal settlement occupants, who are scared about their HIV-positive status and choose to hide in the shadows. On the other hand, the disease is depicted by those who are brave enough to stand forward, but who end up being physically attacked by their community out of societal stigma and fear. These generalisations are rooted in stereotype and stigma, and are perpetuated by continuing representations of similar character. These stereotypes shift and morph due to societal perceptions. Yet one perception that cannot be easily changed is that of fear. The fear of contagion, and most powerfully the fear of stigma, feeds the representations of the disease, creating a vicious cycle that seems almost unbreakable.

One of the most recognised African photographic examples of the disease, one that perpetuates a particular kind of representation of HIV/AIDS, is that of Edward Hooper's *Florence and Ssengabi / Two Victims: Ugandan Barmaid and Son*, published on the 30 September, 1986, as a special to the New York Times. This photograph is an "attempt to capture the universal nature of death, stripped free of context and culture. As a result, it shows an image of passive victims, void of agency, history, belonging, or social attachment" (Bleiker, 2007: 149). The photograph illustrates that such photographs "are a product of what social scientists call 'path dependence' – the way in which current visual forms replicate orientalist historical traditions" (Bleiker, 2007: 145) rather than current situations.

The disease, argued McCullin, is “visually unkind to the eye...and AIDS is one of the most unattractive, powerful and important visual stories on earth” (in Campbell, 2008: 88), as are the photographs of the disease. Images such as Hooper’s fall into the documentary classification of photography, being “literal with a standard news aesthetic” (Campbell, 2008: 91). Campbell discusses visual economy, contending that “images cannot be isolated as discrete object but have to be understood in networks of materials, technologies, institutions, markets, social spaces, affects, cultural histories and political contexts” (Campbell, 2008: 97). The discourse of HIV/AIDS has always been a ‘security discourse’ (Campbell, 2008: 98), that seeks to protect the ‘healthy’ from the ‘unhealthy’, the ‘me’ from the ‘them’, the ‘self’ from the ‘other’.

The creation of the ‘idealised’ self, one that is healthy and empowered, is linked to the possibility of the opposite ‘damaged’ self, one that is diseased, powerless and guilty of ignorance and immoral (Campbell, 2008). This fulfils the idea that the “neither of these identities is a ‘realistic’ portrayal of or helpful model for people with HIV/AIDS. They merely fuel the already powerful pattern of stigmatisation existing in the larger social frame” (Campbell, 2008).

These representations are constructed in part to reinforce societal ideas around identity and ‘self’. These ideas are shaped and often tightly defined by the other, and the stigmatisation and stereotyping of this ‘other’ identity. The representations of ‘other’ in disease and stigmatised issues reflect the way in which society is not only ‘trained’ to think about what is being represented, but in turns shapes future understandings and relationships with what is being represented. Moving away from this initial representation is vital to moving toward understandings that are more honest to the individual’s experience of HIV/AIDS. However when something is so closely linked to stigma and fear reshaping its representation is almost near impossible; what is feared as a societal level is almost impossible to re-navigate, especially when it is linked to a life threatening disease, as it is only human nature to protect one’s life, individually and as a group.

Mendel is a photojournalist that documents and visually represents, social issues around the globe. Concerned primarily “that the subject comes through” (Coomes, 2012) Mendel focuses on “the subject and the issues he is documenting” (Coomes, 2012). As a long-time HIV/AIDS activist, Mendel makes a statement, photographing the faces of the disease ‘full frontal’ and ‘no holds barred’. As a member of the media at large, Mendel takes advantage of the speed with which images, and specifically

photographs circulate to reach a wider audience. These photographs influence the visual identity of the disease and the way in which society navigates and understands the disease. He is a key player in the visual representation of the disease.

Mendel uses photography as a tool. He specifically crops and frames elements to highlight the subject of his images – the diseased. By capturing these “bodies at risk” (ICP Organisation, 2005), Mendel brings attention to “pressing and often-ignored societal issues” (ICP Organisation, 2005). His collections of work exhibit the “ability of photography to inform and, often, to effect significant social change” (ICP Organisation, 2005). Yet at the same time, the images play into particular socially constructed and understood stigmas and stereotypes. The image both continues this representation of the disease and is the reason for the representation of the disease. Mendel’s photographs offer an “unflinching view of individuals as they struggle with the disease, and document” (ICP Organisation, 2005) the faces of HIV-positive individuals and those associated with them. The stigma associated with the subject of disease has always been, and seems will always be, filled with negativity.

Campbell explains that photographs are unavoidably polysemic², with their meaning being open to a range of interpretations regardless of the intentions of the photographer (Campbell, 2008). There are many sets of systems, methods and ‘rules’ for regulating the way in which photographs are viewed. How an individual visually analyses an image can alter the way in which it is finally read and understood. The different types of images and text, the manner in which they are constructed and the way in which they are received by the viewer can influence the analysis. Different methods of photography embody different ways of understanding and dealing with HIV/AIDS in Africa (Bleiker, 2007: 140). With regard to iconic photographs in mass media as well as local artistic engagements, Bleiker reiterates how photographic portrayals of HIV/AIDS have “created a range of powerful effects, from apathy and fear to empathy and engagement (2007: 140). In the same manner, variations of text result in different understandings and dealings with HIV/AIDS.

Visual stigma

“Education is the only vaccine against HIV/AIDS” (UNAIDS, 2004: 8), and this applies to breaking down the stigma related to HIV/AIDS. Stigma is one of the key factors that influence such representations.

² having more than one meaning; having multiple meanings

Stigma can be described as “a label that associates a person to a set of unwanted characteristics that form a stereotype” (Goffamn, 1963: 2), and as Jacoby explains, it is “also affixed” (2005: 171). Stigma is described as a “powerful and discrediting social label that radically changes the way individuals view themselves and are viewed as persons” (de Bruyn, 2006). Once a group of people identify and label an individual's differences, the group majority will assume that is the reality of the situation, and the individual will remain stigmatised until the stigmatised attribute disappears. To create such majority groups and their marginalised outsiders, a considerable amount of generalisation is required. Individuals are placed in a general group regardless of their suitability to that group. However, these generalised groups and their attributed characteristics differ across societies, time and place. What is seen as ‘normal’ in one society may be seen as out of place in another. When society groups individuals, those labelled individuals may be subjected to discrimination (Jacoby, 2005: 171).

“Stigma and discrimination are social and cultural phenomena linked to the actions of whole groups of people, and are not simply the consequences of individual behaviour” (Parker cited in Lesko, 2005: 18). Scott and Miller “view stigma as a part of constantly changing social processes” (Lesko, 2005: 18). It changes over time as infection levels, knowledge and understanding of the disease and treatment availability vary (Avert, 2012).

Lesko suggests that stigma can be viewed through the notion of moral deviance and social control (2005: 24): “Stigma can become firmly entrenched in a community by producing and reproducing relations of power and control.” (Lesko, 2005: 23). Stigmatisation occurs when four components interact:

“People distinguish and label human differences; dominant cultural beliefs link persons to undesirable characteristics to negative stereotypes; labelled persons are placed in distinct categories so as to accomplish some degree of separation of ‘us’ from ‘them’; labelled persons experience status loss and discrimination” (Lesko, 2005: 23-4).

Stigma and discrimination are not produced in a vacuum; they emerge from and reinforce other stereotypes, prejudices and social inequalities relating to gender, nationality, ethnicity and sexuality (Obbes, 2001).

The individual's relation to stigma is threefold; the stigmatised or "those who bear the stigma" (Goffamn, 1963: 2); the normal or "those who do not bear the stigma" (Goffamn, 1963: 2); and the wise or "those among the normal who are accepted by the stigmatised as 'wise' to their condition" (Goffamn, 1963: 2). Those whom are stigmatised are ostracised, rejected, scorned, shunned, discriminated against, insulted, attacked and even murdered. There can also be an aspect of positive stigma: "you may be too thin, too rich, or too smart" (Goffamn, 1963: 141), which is linked to discussions around leaders, who due to their sense of power can deviate from social norms.

The stigmatiser, on the other hand, is someone who defines their sense of identity through labelling others. "Stigmatisation involves dehumanisation, threat, aversion and sometimes that depersonalisation of others into stereotypic" (Goffamn, 1963: 3) characters. This act allows the stigmatiser to build self-esteem, gain a sense of control, and buffer anxiety. "Current views of stigma, from the perspectives of both the stigmatiser and the stigmatised person, consider the process of stigma to be highly situationally specific, dynamic, complex and non-pathological" (Heatherton, et al., 2000). Goffman describes the wise as those who are "in some sense accepting of the stigma; they are, rather, 'those whose special situation has made them intimately privy to the secret life of the stigmatised individual and sympathetic with it, and who find themselves accorded a measure of acceptance, a measure of courtesy membership in the clan'" (Goffamn, 1963: 28). The wise, may, in particular social situations also assume the stigmas with respect to the 'normal' – stigmatisation for being wise (Goffamn, 1963), as one can only become wise through stigmatisation. When identity is visually or textually represented, stigma influences the way these representations are read and understood.

The representations of the individual's identity, specifically when infected or affected by HIV/AIDS, play out most evidently in relation to his or her surrounding societies. Ethical aspects are emphasised by Goffman, who contends that the "stigma relationship is one between an individual and a social setting with a given set of expectations; thus, everyone at different times will play both roles of the stigmatised and the stigmatiser" (Goffamn, 1963: 5). All groups of society will stigmatise some character or behaviour that goes against the norm, because in doing so creates a distinct sense of identity within the group; an individual is defined by that which he or she is not.

As Goffman unpacks stigma in relation to individual identity, he also stresses the importance of the "visibility element of stigma" (Varas-diaz, 2003), and its embodiment. When the stigmatising mark, or

signifier, is clearly visible it has the opportunity to be discredited, however "while those whose stigma is not visible are considered discreditable since the possibility of being identified as stigma bearers is always imminent" (Varas-diaz, 2003). The visibility of the stigma signals the key role of social interaction between the stigmatiser and the stigmatised. The activity of stigmatising, almost always has a negative effect on the stigmatised, specifically when there are "socially shared ideas regarding specific attributes of a stigmatised person" (Varas-diaz, 2003). When the supposed mark is made to appear visible, specifically in visual (namely photographic) representations of the disease the stigma is reiterated and substantiated by this image.

Goffman further explores the subject of stigma, its effect on the reception and the representation of disease in society. Goffman defines his understanding of stigma as "a profoundly discreditable attribute, which could lead a person to be deemed almost inhuman" (1963). He identifies three types of stigma; namely the abominations of the body, blemishes of an individual's character, and finally tribal stigmas (Goffman, 1963). Stigmas associated with 'abominations of the body' are linked to "physical deformations or deviations from a social norm" (Goffman, 1963), such as people who have physical challenges and deformities, or missing limbs. When stigma is directly linked to perceptions of a person's character, identity or a way in which they live, discrimination is categorised as "blemishes of individual characters" (Goffman, 1963). Tribal stigma is connected to traits of ethnic groups, nationality or even religion, whether imagined or real, which differ to the perceived 'norm' (Goffman, 1963). The body, and the way it is represented to embody the mark of the stigma, is pivotal in understanding HIV/AIDS related stigma. The "body plays a central role in all types of stigma identified by Goffman" (Varas-diaz, 2003).

The negative way in which the disease, and visual representations of it, is viewed, illustrated and understood, is often because it is irrevocably linked to ideas of stigma. Parker explains how "such viewpoints tend to employ stigma and discrimination as a catch-all for the multiplicity of negative beliefs, attitudes and actions related to the disease" (2005: 4). When considering stigma in relation to how society understands and navigates HIV/AIDS, Parker criticises the weight given to stigma and discrimination, suggesting that these are barriers threatening better education around HIV/AIDS because stigma, and the stigma-based discrimination that goes hand in hand with it, is pervasive throughout society (Parker, 2005: 4). It is easy to fall into the trap of labelling attitudes as an example of stigma, but as Bond describes there is a need to "look at the wider context... Stigma is not the whole

picture, but one important part of the wider picture" (2005: 4). When incorporated in either the visual or the textual representation, stigma perpetuates a negatively based marker of that which is being represented.

Stigma and stereotyping

A stereotype is defined as "a widely held but fixed and oversimplified image or idea of a particular type of person or thing" (Oxford Dictionaries, 2013), while to be a stereotype is to be characteristic of a generalised viewpoint or to represent a broad-spectrum idea or group. The relationship between stigma and stereotypes is a substantiating one. A stigma is always reinforced by stereotypes, and in some instances, stereotypes are reinforced by stigma. In contrast to stigmas, stereotypes are recognised as preconceived ideas, opinions or associations that society has constructed about a particular group of people (majority or minority). Stereotypes can be positively, negatively or neutrally characterised. Stereotypes in turn substantiate stigmas in textual and visual representations of HIV/AIDS, as they use generalisations as pointers toward a particular group, in this case those infected or affected by HIV/AIDS.

Negative stereotypes cause stigmas, while existing stigmas reinforce stereotypes. A persistent and negatively characterised stereotype will eventually produce a stigma, as a stigma is persistently negative, and in turn, a stigma will continue to reiterate a stereotype. When looking at Mendel's work in particular, this study suggests that this reiteration of stigmas and stereotypes play out in both aspects described in the visual representation of HIV/AIDS. Negative stereotypes associated with disease trigger the powerful stigma connected to the disease to develop even further. Whereas the stigma associated with the disease, especially the visual cues and markers of the disease verify and substantiate negative stereotypes. This study contends that Mendel's visual representations of HIV/AIDS illustrate this complex and interconnected relationship between stereotype and stigma.

The role of stereotypes in the visual representation of HIV/AIDS is closely related to the stigma around HIV/AIDS, as a manner in which "to ensure the security of the self by locating danger outside us" (Campbell, 2008). The initial representations of the disease spoke very closely to keeping danger outside of 'us'. Linked to the idea that "sexual behaviours attached to AIDS are still stigmatised" (Campbell, 2008), primary photographs of HIV/AIDS-marked individuals, are of subjects who are

homosexual. The picture of 'dangerous lifestyles' and the sexual behaviour of homosexuals in North America, painted in the early 1980s as the "gay cancer and the gay plague" (Fee, 2006), later known as GRID³, needed a face. "Starting with photographs of gay men, their bodies marked by the lesions of Kaposi's Sarcoma and with visible wastage, the early images of HIV/AIDS emanating from the US were what Douglas Crimp has called portraits of abjection and otherness" (Campbell, 2008). The overall 'look' of the disease photographed within the first decade of HIV/AIDS was consistent with these assumptions (Campbell, 2008). Such photographs construct the disease to be an individual problem (Campbell, 2008). Campbell explains how the "individualisation of the disease" (2008) lack context and promoted fear. These 'phobic images' promote the idea that HIV/AIDS is locale specific, such as a hospital or hospice space, and that "people with AIDS were passive individuals who had been sentenced to the black-and-white testimonial space of the 'AIDS victim'" (Campbell, 2008).

These representations typically entrench the stigmas and stereotypes associated with disease, and specifically the infectious disease of HIV/AIDS. This is due, in part, to the character of stigma and stereotype and its negative characteristics. Negative stereotypes causing stigmas play out in images, and in text, that perpetuate these generalised ideas, and these stigmas continue to entrench stereotypes negatively, continuing the pattern of association. Denial goes hand in hand with these stereotypes and stigmas, as negatively characteristic ideas and views of subjects are often met with denial of acceptance. Whether the disease of HIV/AIDS is represented textually, visually, or by both means, this play on stigma and stereotyping is central to the representation. Stereotypical cues and markers are used to navigate social understandings of the disease, which in turn perpetuates and substantiates the stigmatising nature of the disease.

Stigma and identity

One reason stigma plays such an influential role in the way that HIV/AIDS is understood is because of the relationship that stigma has to the formation of identity. Identity, as Parker explains it, is the product of how we think of ourselves, and of others (2005: 4). "Identity gives us a location in the world and presents the link between us and the society in which we live, [it] gives us an idea of who we are and how we relate to others and to the world in which we live, [it] is most clearly defined by difference, that is, by what it is not" (Parker, 2005: 4). The way in which individuals define their identities, and the way in

³ Gay Related Immune Disease

which they situate themselves within a social space, is intertwined with the social and cultural ideas (Parker, 2005: 5). Identity is thoroughly linked to representations of the self or the group, and thereby when the other or the infected is represented, this social link is either reinforced or broken.

Stigma is that part of identity that has to do with prejudice (Parker, 2005: 5). Stigma is experienced and played out largely in relation to one's ideas of others, while the discrimination factor involves a form of direct enactment of stigma that is played out in the verbal or physical, and is most likely to be hurtful and/or harmful to the stigmatised (Parker, 2005: 5). Additionally, "while discrimination involves overt practices (some of which may be considered illegal), stigma is more subtle and less readily defined" (Parker, 2005: 5).

The development and manifestation of stigmatising ideas includes fear of 'infection' through everyday contact, or unlikely ways of transmission and the association of the disease with ideas of immorality (Parker, 2005: 6). This, as Freedman reiterates, plays into the lack of understanding about how HIV is and is not transmitted (Freedman, 2005: 6). Due to the nature of the disease, and its links to transmission through immoral acts, the transmission value is key in society's understanding of HIV/AIDS and its relation to stigma. The transmission factor is also key to representations of both markers of the disease, as well as individuals who are to be infected or affected by the disease. These perceptions of morality are linked to ideas of "promiscuity, moral transgressions, choosing to engage in bad behaviour, and punishment from God" (Parker, 2005: 6).

Opinions of relative 'guilt' or 'innocence' concerning HIV infections have also been referred to, and instigate the recurring cycle of stigma associated with the disease. Parker illustrates that babies who become infected from their mothers, or healthcare workers who were infected while working are seen as 'innocent victims', "whereas people who were infected through sexual intercourse were perceived as being 'guilty' as a product of having brought the disease upon themselves" (Parker, 2005: 6). This emphasis suggests that individuals who become HIV-positive have done so through repercussions of their own irresponsible actions, and it is a direct product of their behaviour. "People living with HIV/AIDS (PLHA) are the objects of stigma" (Parker, 2005: 7). Stigma and the associated discrimination are not always directly related to tangible or widespread stigma and discrimination from general society (Parker, 2005: 7). This fear of stigmatisation among PLHA, as well as people who believe that they may be HIV-positive, is a barrier that prevents them from taking advantage of Voluntary Counselling and

Testing (VCT) (Parker, 2005: 7) and other HIV-related support. This fear of stigmatisation is perpetuated by certain representations of PLHA, in which stigmas and stereotypes play a role.

PLHA are also prone to identity constructions that consist of negative and positive constructions of 'the other' (Parker, 2005: 7), and so they may end up stigmatising other individuals living with HIV/AIDS. A South African example of this is the murder of Gugu Dlamini because she disclosed her HIV-positive status (Parker, 2005: 8). Dlamini's murder reiterates that alleviating HIV/AIDS-related stigma is a long-term process, directly linked to the representation of the disease.

Such examples of stigma and discrimination afford themselves to such anecdotal accounts, and as much as they serve as a catalyst to move forward, they "contribute to generalisations and stereotypes that are inaccurate and may themselves be stigmatising" (Parker, 2005: 21). While planned interventions more often look at complete eradication, they should be focused toward the goal of reducing the stigma, but also reduce the resulting mitigating effects (Parker, 2005: 9), producing a more long-lasting result. Altering representations in photography of the disease could in effect be the first step forward.

There are four characteristics that reinforce such discriminatory assumptions exploring HIV/AIDS-related stigma. When an individual has an assumed HIV/AIDS status, symptoms such as weight loss, physical changes and 'opportunistic' infections (Parker, 2005: 25) reiterate the assumptions about an individual's health. These physical symptoms are often played on in the negative representations of the disease. When people are linked to individuals who have a confirmed HIV-positive status, "through friendship, care and support provision, and family relationships" (Parker, 2005: 25), they may be stigmatised by association. HIV/AIDS-related stigma and discrimination also occur in the framework of other stigmas (Parker, 2005: 26), including gender, income, ethnicity and visual appearance stigmas. Relation to alternate stigmas is emphasised by "situational stigmas" (Parker, 2005: 26). Due to the nature of the disease, as previously explored, stigma is supported by the attribution of blame that is directly associated to "constructions of guilt and innocence" (Parker, 2005: 25), and this is spurred on by the "fear of becoming infected with HIV" (Parker, 2005: 26).

Perhaps it is exactly these labels that discourage individuals to disclose their HIV status. The stigma that is attached to HIV/AIDS "is tied to the structures of powers and differs by socio-economic status in

society" (Lesko, 2005: 4), as does access to treatment options and the stigma one experiences that hinders access to treatment itself.

Bond and Nubani (2003: 5) suggest that HIV/AIDS-related stigma still acts as one of the weightiest challenges to effectively reduce the spread of the disease. Stigma increases with the vulnerability of the individual, and in turn "worsens the impact of infection" (Lesko, 2005: 7). The fear of being 'identified' as having associations with HIV/AIDS to a large degree changes behaviour. Additionally, "stigma intensifies the emotional pain and suffering of people living with HIV and AIDS, their families and caregivers" (Lesko, 2005: 7). Peter Piot, Executive Director of UNAIDS explains that:

"HIV stigma comes from the powerful combination of shame and fear. HIV is transmitted through sex and so is surrounded by taboo and moral judgement...giving in to HIV/AIDS by blaming others for transmitting HIV creates the ideal condition for the virus to spread: denying there is a problem, forcing those at risk or already infected underground, and losing any opportunity for effective public education or treatment or care." (Lesko, 2005: 7).

At a meeting of the United Nations General assembly in June of 2001, it was affirmed that stigma, silence, discrimination and denial, undermine prevention, care and treatment efforts increasing the impact of the HIV/AIDS epidemic on individuals, families, communities and nations (UNAIDS, 2004). These attitudes fuel discrimination, and are in turn fuelled by negative representations of the disease. The results of stigma and discrimination "are the greatest barriers to preventing further infections, providing adequate care, support and treatment and alleviating impact" (UNAIDS, 2004: 12). HIV-related stigma and discrimination are major barriers to effective prevention, and have been identified as a major risk factor for HIV/AIDS transmission.

Stigma and discrimination

The impact of such stigmas on the way society thinks about HIV/AIDS affects not only those living with the disease, but also education, treatment and understanding of the disease. The mere threat of social stigma prevents individuals living with HIV/AIDS from revealing their status, and hinders them from moving forward in any successful manner in their understanding and education of the disease. Such disease related stigmas illustrate the effect that these stereotypes have on individuals. Whether these effects are negative or positive, the labelling of people cause a significant change in the perception of

those labelled. Lesko questions why labels are used, what purpose they serve, and what the connection between labels and stigmas is (2005: 3). Labels create a platform for stigmatisation, and in many cases labels are stigmas. Labels create a sense of difference and thus stigmas arise from a sense of rejection, a sense of being different, or a sense of needing to stand together in opposition to the notion of outsiders" (Lesko, 2005: 3).

"HIV/AIDS stigma is used to justify further marginalisation of such people, further entrenching deeply rooted prejudices" (Lesko, 2005: 27). Brandt contends, "The way a society responds to problems of disease reveals its deepest cultural, social and moral values" (2005: 27), and the attribution of stigma to any disease related condition comes from a very specific system within a culture. The way a society depicts the disease reveals its deepest cultural, social and moral values.

"Although it is generally accepted that stigma affects everyone, not everyone is equally vulnerable" (de Bruyn, 2006), with HIV/AIDS-related stigma being particularly damaging. The stigma related to HIV/AIDS is tied to prejudice, negative attitudes, abuse and maltreatment directed at individuals affected with the disease. The consequences of stigma and related discrimination are wide reaching (Avert, 2012). "Stigma not only makes it more difficult for people trying to come to terms with HIV and manage their illness on a personal level, but it also interferes with attempts to fight the AIDS epidemic" (Avert, 2012). Representations of the disease that play on such stigmas only perpetuate such discrimination, and perhaps have an even more powerful influence than images and text. UN Secretary-General Ban Ki Moon explains that:

"[S]tigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world" (in M'vunganyi, 2011).

It is this same powerful stigma that feeds negative representations of the disease, substantiating PLHA's fearful and anxious behaviour regarding their relationship to the disease.

The "effects of antiretroviral therapy on people's physical appearance can result in forced disclosure and discrimination based on appearance" (Avert, 2012), which is linked to the physical appearance of

people suffering from AIDS-related diseases. These physical markers or indicators are highlighted in representations of the disease, and have made the disease's physical characteristics recognisable. HIV/AIDS-related stigma, and the discrimination, remains the greatest hindrance to people living with HIV infection or AIDS. Stigma and discrimination increase people's vulnerability, isolate them, deprive them of their human right to care and support, and worsen the impact of infection. Stigma and concerns about discrimination are the main reason why people do not come forward to have an HIV test (Obbes, 2001). This study questions whether this is perpetuated by textual and visual representations of the disease.

Self-stigma⁴, and the fear of a negative community reaction hinders efforts to address the epidemic "by perpetuating a wall of silence and shame" (Avert, 2012) surrounding the disease. Societal stigma can force discrimination on HIV/AIDS affected individuals based entirely on their HIV status. Stigma can be played out in ostracism, rejection and verbal and physical abuse, extending even in extreme cases to murder. However, this social stigma is not an African problem, but rather is a global problem. More than two thirds of people living with HIV/AIDS have feared social discrimination following the disclosure of their status (Avert, 2012), and illustrates how "fear of discrimination often prevents people from seeking treatment for AIDS or from admitting their HIV status publicly" (Avert, 2012).

Stigma and discrimination will continue to occur as long as societies as a whole have a poor understanding of HIV/AIDS. The visual and textual representations of the individuals affected have a direct implication in the understanding of the disease. Sontag states, "All societies need to have one illness which becomes identified with evil, [attaching] blame to its victims" (1988: 42), and in South Africa this is HIV/AIDS. Prevention strategies will become far more successful if/when HIV/AIDS is treated like any other disease (Obbes, 2001), and when the representation of the disease is not linked only to negative stigmas and stereotypes.

Addressing the connection between the reality of the disease, and the way HIV/AIDS is visually and textually represented, is "a seriously neglected issue" (Palitza, 2010). Health experts argue that stigma makes it more difficult for people trying to accept and manage their HIV status on a personal level, as well as interferes with attempts to fight the HIV/AIDS epidemic as a whole (M'vunganyi, 2011) and this is directly related to the representation of the disease.

⁴ A stigma that is self-induced or self-inflicted.

The visual representations of the body go hand in hand with the way in which we examine "visual images of the body living with HIV/AIDS [and] contribute to stigmatise those embodied in them" (Varas-diaz, 2003). These many dimensions of HIV/AIDS are intrinsically linked to the body, specifically and fully explored in "AIDS related stigma" (Varas-diaz, 2003).

Chapter Three

Exploring visual representations of HIV/AIDS

Looking at the representations of the disease from the 1980s one can easily navigate the perpetuating stigmatising of the infected (or affected) human figure. The World Press Photo (WPP) is an independent, non-profit organisation that was founded in 1955 (2013). Believing "in the power of visual journalism to inspire and shape us" (World Press Photo Organisation, 2013) WPP is committed to highlighting the power photography has as a tool to visually represent our reality. By committing to "supporting and advancing high standards in photojournalism and documentary photography worldwide" (World Press Photo Organisation, 2013), WPP tries to create public interest in and appreciation for the work of photographers, in a free exchange environment. An annual contest is held to award photograph across various categories for their representation of human experience.

A selection of visual representations

In 1986, Alon Reininger was awarded World Press Photo of the Year award for his image of HIV-positive Ken Meeks (see Figure 1), taken in San Francisco, USA. As one of the first visual representations of the disease projected globally, this photograph plays on the strength of the burgeoning stigma associated with HIV/AIDS. Meek, who is seen in the forefront of the composition, is photographed at a hospice, his skin marked with lesions caused by AIDS-related Kaposi's sarcoma (as explained in the caption linked to the image). These marks of the disease identify Meeks as an infected individual, primarily through the visual, and secondarily through the text (image caption). The image depicts a marked individual whose lesions visually point to his 'invisible' infection. This photograph is yet another example of what Varas-diaz (2003) considers a contributor to the growing and continuing stigma associated with HIV/AIDS. The focus on the sickly physical body – lesions, gaunt face, and hospital robe – is yet another perpetuating stereotypical image of the disease. In the same year, Reininger was awarded the Budapest Award for an individual photograph (World Press Photo, 2013). In this category, the photograph's caption describes the figure in the background of the composition, Jerry Cirusuolo. Cirusuolo is described as 'the guardian angel' as he prepares meals and cares for HIV/AIDS patients. His vocation is described as 'Mother Theresa-esque'. The label poses the question: who would want to be caring for such an 'abomination', such an immoral character? Surely only someone of a higher calling would willingly



Figure 1 - Alon Reininger, 1986 - *World Press Photo of the Year*. (World Press Photo, 2013)

engage with such infected individuals. Clearly the stigma is playing in both directions, reinforcing the negative connotations of the infected through fear of contagion, and substantiating the negative connotations of the affected through association with the infected.

According to Featherstone, "the body is a vehicle of pleasure that is socially presented and exposed and therefore must be preserved to 'combat deterioration and decay'" (in Varas-diaz, 2003). Varas-diaz explores how bodies that differ from the social norms are predominantly subject to such stigmatisation due to the negative conceptualisations that are attached to them (2003). "The interpretation of the body as a personal possession can also be used to better understand stigmas associated to sickness" (Varas-diaz, 2003), due in part to the fact that when an individual is sick, "control over normal responses lies outside of our personal bodies" (Varas-diaz, 2003).

Such physical and photographic representations of 'sickly bodies' threaten our own sense of identity and can cause a negative interpretation of bodily control (Varas-diaz, 2003), which gives way to the negative interpretation or stigmatisation of the individual of who has lost control over their body. The human body is a "socially constructed entity through which people develop identity discourses" (Varas-diaz, 2003). The body is not merely another social object, but rather the instrument through which "people experience and constitute social discourses, and therefore social life itself" (Varas-diaz, 2003). This outlook is central to understanding the role that the body plays in conceptualising and visualising the HIV/AIDS epidemic.

These bodies that differ from social norms are represented in Mike Goldwater's 1987 image that was given an honourable mention in the Daily Life category (see Figure 2). The photography, shot in Uganda, depicts a Catholic priest administering the last rites to an AIDS patient, whose wife, also infected with the disease, sits by his side. The caption of the photograph mentions that the wife "only has months to live" (World Press Photo, 2013). This statement as a textual representation of reality reiterates the fear of the looming death for those infected by the disease. The image also plays on concepts of forgiveness and religious cleansing, as the priest holds his cross up toward and over the dying man, almost expelling the disease, suggesting some sort of moral or immoral implications in contracting of the disease. In the same year, Atwood received acclaim in the Daily Life stories categories of WPP for her photographs of Jean-Louis' three year battle against AIDS.



Figure 2 - Mike Goldwater, 1987 - *Daily Life*, honourable mention. (World Press Photo, 2013)

In the fifth photograph of the series (see Figure 3) Atwood photographs Jean-Louis huddled under the warmth of his bedding, with his medication in the foreground and thus emphasised in the composition. This photograph plays on the image of the human form as an anchor of identity, an instrument through which “people experience and constitute social discourses, and therefore social life itself” (Varas-diaz, 2003). In this photograph, the human form is used as an instrument to reiterate such feelings of fear of contagion, stigmatisation through physical markers and illness through the association of excessive medication and emaciated figures. This visual representations, and textual accompaniment of the caption, plays into these stereotypes and HIV/AIDS-related stigmas, perpetuating and substantiating them.

Therese Frare's 1990 Budapest Award winning individual photograph of David Kirby (see Figure 4) maintains the stigma that surrounds the disease as the image plays on the threefold criteria of 'sickness' associated with the disease. The disease is depicted as incurable and deadly as the infected individual lies dead in the arms of his loved one. A hint at a moral association to the disease arises from the angel that is framed above the patients head, and the outstretched arm of a priest that is extended into the composition, and thirdly it comes down to the physical condition of HIV patients as they are pictured emaciated and immobile. The contrast between Kirby's physical image and that of his loved one plays into these representations of the disease, as he is obviously physical ill and vastly different to those healthy members of his family. The caption mentions the Stafford Ohio AIDS Foundation, which Kirby founded in an effort to “educate people about AIDS prevention and working for the rights of those with AIDS” (World Press Photo, 2013), but this almost seems an afterthought in comparison to the photograph as a representative image. The image reiterates representational stigmas by focusing rather on the stereotype of the ill and dying AIDS-infected individual, than the educator and human rights activist.

Frank Fournier's single image (see Figure 5), winner of the 1990 first prize for the visual news category, continues the visual representation of the disease, and the connection of these representations to stigma associated with the disease. This photograph illustrates a Romanian child “ravaged by AIDS” (World Press Photo, 2013) as the caption of the image explains. The image not only talks to the incurable and deadly disease infected individual, but also the social issues at hand. At the time the photograph was taken “over a quarter of the children in Romanian orphanages are infected” (World Press Photo, 2013) with HIV/AIDS. This rise in infection of ‘forgotten’ children is explained by the lack of



Figure 3 – Jane Evelyn Atwood, 1987 - *Daily Life stories*, 3rd prize. (World Press Photo, 2013)



Figure 4 – Therese Frare, 1990 – *Budapest Award, individual awards*. (World Press Photo, 2013)\



Figure 5 – Frank Fournier, 1990 – *General News*, 1st prize. (World Press Photo, 2013)

clean needles and the questionable practise of giving under-nourished children blood transfusions with blood that has not been tested for the disease. The caption substantiates the shocking image of the emaciated child, lying immobile in what is either a bed or a stretcher. The pained and saddened expression on the child's face perpetuates these stigmas and associated social allies.

These stereotypes are substantiated by Fournier's collection of images which took first prize for the General News stories category in 1990. One of the images (see Figure 6) from the series is described in the caption as nurses attending to children with HIV/AIDS, in Victor Babés Hospital. In this image, nurses, wearing plastic gloves, hairnets and masks are attending to HIV/AIDS-infected orphans. Again the social context is considered in the text as Ceausescu's procreation push is explained, in that higher numbers of HIV/AIDS orphans corresponds with abortion and birth control being forbidden (World Press Photo, 2013). Due to the rising birth rate, unwanted babies often end up in orphanages and "for want of a better method, [these children] received blood transfusions to build them up" (World Press Photo, 2013).

Since the body is the vehicle through which one experiences the world and relationships with others, it makes sense then that HIV/AIDS is experienced through various representations, associations and interactions with the body. When one interacts with a body that 'embedded' in symptoms of disease, with consequences of infection from interaction, stigmatisation is played out (Varas-diaz, 2003).

The role of the body in the process of HIV/AIDS-related stigma is a dual one. Firstly, the body can act as evidence of the disease to society, and this is evident "when bodily marks, [such as lesions, infections and fungus] of sickness are visible on the person living with the condition" (Varas-diaz, 2003). Secondly, the body then acts not only as evidence, but also as a "generator of self-stigmatising attitudes" (Varas-diaz, 2003). Subsequently, as symptoms of HIV/AIDS cannot be concealed in some cases, social interactions are disrupted by the fear of contagion, and thereby people are more likely to be stigmatised (Varas-diaz, 2003). Yet the stigmatised body of PLHA is not a given phenomenon, as Varas-diaz suggests, and that "visual images of the body living with HIV/AIDS are an integral part of this process" (2003) of stigmatisation.

Steve Dykes 1992 image of Earvin 'Magic' Johnson (see Figure 7), with tears streaming down his face, explores to the relationship between the body and the individual's experience in the world. This image



Figure 6 – Frank Fournier, 1990 – *General News stories*. (World Press Photo, 2013)

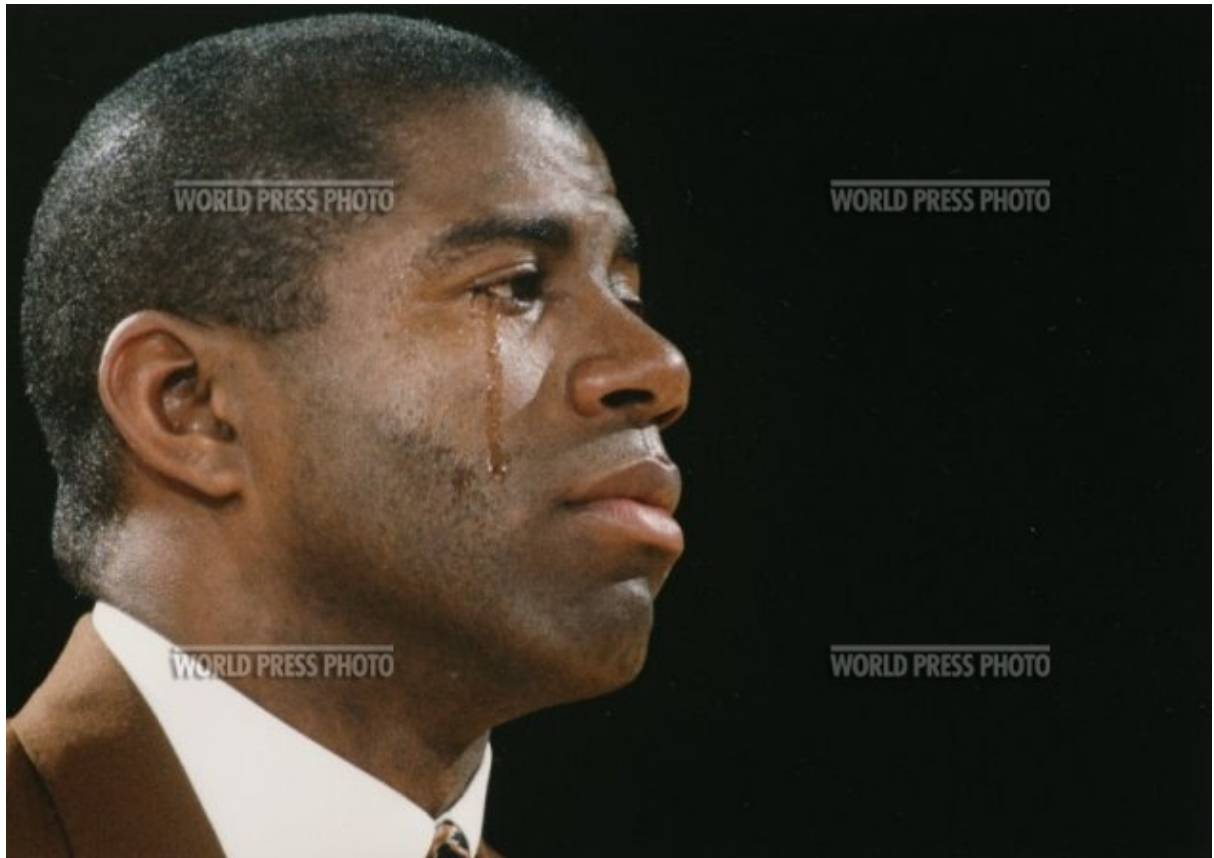


Figure 7 – Steve Dykes, 1992 - *People in the News*, 1st prize. (World Press Photo, 2013)

stands out from those usually representing the disease as it turns away from illustrating an emaciated body, with visual markers of illness, and turns rather to the shame and stigma associated with the disease. This is an example of the relationship between textual and visual representations of the disease and how they play on each other.

If one considers only the visual elements of this representation of the disease, it appears that Dykes has photographed a seemingly healthy, well-nourished and successful individual, albeit crying and emotionally disappointed. If one then considers the caption associated with the image, a context is provided: "US Basketball hero Earvin 'Magic' Johnson sheds a few tears on the day he retires from the Los Angeles Lakers at the age of 32. In November 1991, Johnson told the world he was HIV-positive, but he returned to play for his country in the 'dream team', which took the gold medal at the Barcelona Olympic Games." Other than for his sadness over retiring, one could ask why would Johnson be crying – is it perhaps because of his disclosure of being HIV-positive, of having acquired a disease that is stigmatised socially, stereotyped and associated with immoral behaviour and bad choices? Hand in hand with both the text and image, this representation of the disease shows a trend of photographers moving away from illustrating physical markers of illness (or, the visibly ill), and moving toward a play between the invisibly ill and the fear and stigma associated with the disclosure of the disease.

This stigma is beginning to be explored in the representation of the disease, as a multifocal element that builds together to substantiate and reiterate stereotypical ideas and discrimination associated with HIV/AIDS. Paolo Pellegrin's first prize image in *Daily Life* (see Figure 8), shot in 1994, depicts two small, orphaned children playing in the care of an Italian priest (World Press Photo, 2013). Many of the children became orphans because they are disabled, or because they lost their parents to HIV/AIDS-related diseases (making them "likely carriers of the disease") (World Press Photo, 2013). Again, this image focuses rather on the social stigmatisation of infected and affected individual than the visibility of the disease. Stigma, discrimination and denial of the disease culminates in many different forms and contexts (UNAIDS, 2000), and this plays out in such visual representations when the visibility of the disease is considered through mirrors of association rather than denotatively. "Pre-existing local cultural practices and beliefs are both determinants and legitimations for HIV/AIDS-related" (UNAIDS, 2000) stigma, and this has a huge role to play in the associations made through visual representations of the disease. The connection to gender bias in HIV/AIDS-related stigma, discrimination and denial comes into play in visual representations of communities, families or individuals infected or affected by the



Figure 8 – Paolo Pellegrin, 1994 – *Daily Life*, 1st prize. (World Press Photo, 2013)

disease, as these have strong moral and social implications in the reading of the representation. There is an emotional pull in Pellegrin's image as he plays on these characteristics of stigma depicting families breaking, orphaned children (always represented as the victims of the disease), and the religious body (referred to as the priest caregiver).

The stigmatisation and discrimination is not an isolated incident of individual expression but rather, as Parker illustrates, "social processes used to create and maintain social control and to produce and reproduce social inequality" (2002: 9). Such pre-existing stigmas are illustrated in Stephan Vanfleteren's second prize People in the News category image taken in 1996. This sixth image of the series (see Figure 9), photographed in Kenya, shows a small child, who is emotionally distraught, leaning over his emaciated dying mother. The caption substantiates this focus on the stereotypical dying HIV/AIDS patient as it describes the epidemic in relation to prostitution, stating that "AIDS and prostitution are growing problems in Kenya" (World Press Photo, 2013). The connection between prostitution (as a morally questionable act) and the disease has created its own stigma that contributes to the bigger stigma. Playing the mother off as an immoral prostitute, and the child off as the sacrificial lamb, substantiates these social ideologies.

Following the notion that stigmatisation is a "process that involves identifying differences between groups of people, and using these differences to determine where groups fit into structures of power, is the idea that stigma and discrimination are used to produce and reproduce social inequality" (Parker, 2002: 10) in effect shaping society and its perception of itself. Stigmatisation, thus, not only illustrates the difference but also "plays a key role in transforming differences based on class, gender, race, ethnicity, or sexuality into social inequality" (Parker, 2002: 10). Stigma is something that helps to 'control' society, yet the other side of the coin is that it can hinder the progress of society. Creating, shaping and perpetuating stigma is a way for "dominant groups to legitimise and perpetuate inequalities" (Parker, 2002: 10). HIV/AIDS related stigma "is invoked as a persistent and pernicious problem in any discussion about effective responses to the epidemic" (Mahajan, 2010) and is vital to deconstructing and understanding visual representations of the disease.

Mendel illustrates such differences in his 1997 World Press Photo image, which won first prize in General News stories category. The fourth image in the series (see Figure 10) was shot in Kwa-Zulu Natal, South Africa and visually captures an emaciated African male individual, dying in his family member's arms,



Figure 9 – Stephan Vanfleteren, 1996 - *People in the News*, 2nd prize. (World Press Photo, 2013)



Figure 10 – Gideon Mendel, 1997 - *General News stories*, 1st prize. (World Press Photo, 2013)

while being examined by a Caucasian doctor. There is emotional tension in the image as his frail body is surrounded by crying women, who are distraught and desperate. Another figure stands back and watches over the scene, while the doctor leans in and examines the patient. The differences are highlighted not only in the composition and placement of figures throughout the image, but also by the actions and identities of the figures themselves. The emaciated African male figure, "dying of kidney failure in a mission hospital" (World Press Photo, 2013) is emphasised through his physical appearance – being ravaged by illness sets him apart from those around him. The visual identity of this individual is one of the ill, the visibly marked. He is set aside from the rest of the group, and classed as the stigmatised, the different.

The link between the body and the social perceptions of identity cannot be ignored and "we cannot escape the fact that we socially display our bodies and that they are seen and interpreted by other" (Varas-diaz, 2003). The visual images that illustrate the physical body, in various healthy and unhealthy manifestations, is directly associated with how these bodies are then read in other social contexts. "Since the body plays an integral part of social interaction, it must be properly controlled and managed in order to avoid portraying inappropriate non-verbal messages" (Varas-diaz, 2003). This plays out in Nancy Andrews' 1998 photographic image (see Figure 11) of Saong, lying in an AIDS hospice, grasping at a plastic flower (World Press Photo, 2013). The link between the body and social perceptions of identity is the focal point of the image. Since the body looks ill with the emaciated individual's bones pushing at the skin's surface, he is visibly marked as a physical manifestation of the disease. This body moves into another category, away from the everyday, healthy and interactive and towards the unusual, ill and quarantined.

In the space of the media, images of the body are threefold: images are taken for granted as the media space is dominated by society spectators, images are methodologically more difficult than words to define, and the attention drawn to the image alone (rather than the representation of an idea) distracts from the social process that shapes the image in the first place (Varas-diaz, 2003). Visual representations of the human body have covered banners, TV commercials, movies and other media since the start of the HIV/AIDS epidemic. Some of these images have been used "to make people aware of the impact of the disease and fight for the rights" (Varas-diaz, 2003) of PLHA, but some images are rather focused toward fear, judgment and stigmatisation. Varas-diaz explains that "to conjure up fear in those who engage in risk activities and to portray the epidemic as pertinent to only certain



Figure 11 – Nancy Andrews, 1998 - *People in the News*, 2nd prize. (World Press Photo, 2013)

groups (e.g. sex workers, gay men)" (Varas-diaz, 2003) representations of the HIV/AIDS body need to illustrate the other and the feared. The HIV/AIDS body is most often "portrayed as a dangerous entity" (Varas-diaz, 2003) – dangerous as it is infected with an incurable disease that threatens healthy beings. Varas-diaz contends that images of the HIV/AIDS body portray a clear connection between infection and death (2003), and the dangerous character of the HIV/AIDS body is twofold "due to its engagement in activities that are associated with transmission either literally (such as in the case of drug injection) or metaphorically" (Varas-diaz, 2003). The way the HIV/AIDS body is segregated from society is a coping mechanism developed "as a way of dealing with the presence of a body that is not wanted or deemed inappropriate" (Varas-diaz, 2003).

Mendel's image (see Figure 12) shot in Ngwelezana, South Africa depicts these three characteristics of the image of the body. The image is read as a reality, due to its photographic quality, but also due to the spectator-recognisable figures, the emaciated sickly, poverty stricken individual. The photograph reflects issues that are difficult to define, such as the marked body, the visibility of the disease, and in doing so turn's attention to the body of the photographed rather than what the photograph is trying to illustrate. Images such as this are meant to startle, to create and impact, yet they do so much more with regard to substantiating and building the stigma associated with HIV/AIDS. In the image, Samkelisiwe Mquananaze sits next to her son, in her mother's house where she is cared for during her last months of illness.

Even though she was frank and open about her illness, in a hope to "help educate her community and save others" (World Press Photo, 2013) the photograph plays into HIV/AIDS-related stereotypes, stigmatising her, and specifically her body, perhaps achieving the opposite of her intention. The HIV/AIDS body is isolated from social spaces, and this coping mechanism is used time and time again in an effort to deal with the "presence of a body that is not wanted or deemed inappropriate" (Varas-diaz, 2003). This sickly body is isolated, except (and not always) for family members who put themselves in risk of stigmatisation to care for their infected family members. Isolation is a key part of building and substantiating the visual stereotypes of HIV/AIDS that play into the entrenched visual representations of the disease.

The documentary aesthetic is essential to the manufacture of images for sources such as NGO's (Campbell, 2008: 92). Such "visual images are part of a comprehensive organisation of people, ideas



Figure 12 – Gideon Mendel, 2000 - *Daily Life*, Honorable mention. (World Press Photo, 2013)

and objects" (Campbell, 2008: 97). The photojournalistic visualisation of the disease has "contained, bounded and distanced the disease by replicating the medicalised, somatic and internalised understandings of the pandemic through its development" (Campbell, 2008: 103), since 2000. From the 1980's, the medicalisation of HIV/AIDS as a sexually transmitted disease perpetuates "liminal identities and marginal behaviours" (Campbell, 2008: 109). This produces a two-fold reaction when regarding the photographic representation of the disease. The first reaction was to label HIV/AIDS as an 'African disease'. This emerged in the 1980's, in a period when attempts to understand the disease and the impact it had in such regions, was unclear (Campbell, 2008: 109). The second reaction was that the "issue is not whether HIV/AIDS in Africa should receive considerable visual attention, but rather, how that visual attention is structured" (Campbell, 2008: 109).

Aleksander Nordahl's 2001 image (see Figure 13) that received an honourable mention in the Daily Life category plays on this two-fold reactive representation of the disease. The photograph plays on the labelling of the disease as an 'African disease' as the subject of the image is a group of African individuals, traditionally dressed, sitting on the floor of their rural home. This contextualises the disease in a particular space, an African space. This visual construction is exposed in the stereotypes that are depicted in the image: the rural setting, African identities, the emaciated and dying infected individual, and the affected family and associates. These stereotypes both reinforce and are substantiated by the stigma associated with the disease, the stigma that is a large part of the representation of this 'African disease'.

Mendel's documentary of the disease in *A Broken Landscape* illustrates the HIV/AIDS epidemic and what it means to individuals, and communities whose lives have been affected by the disease. The photographs are portraits of skeletal figures, crowded hospitals, aged care givers and tearful goodbyes at crowded burial sites. *A Broken Landscape* is a photojournalist's documentation of a horrifying epidemic, and is a key visual representation of a current social reality.

Stigma is a powerful and shaping force that persists despite protective legislation and even "disclosures by well-known public figures that they have AIDS or are infected by HIV" (SA Medical Research Council, 2012). Stigma is one way of coping with the fear surrounding HIV/AIDS. HIV/AIDS-related stigma is a stigma that is layered on top of many other associated stigmas. These associated stigmas are linked to specific groups such as homosexuals and commercial sex workers, drug addicts and other



Figure 13 - Aleksander Nordahl, 2001- *Daily Life*, *Honorable mention*. (World Press Photo, 2013)

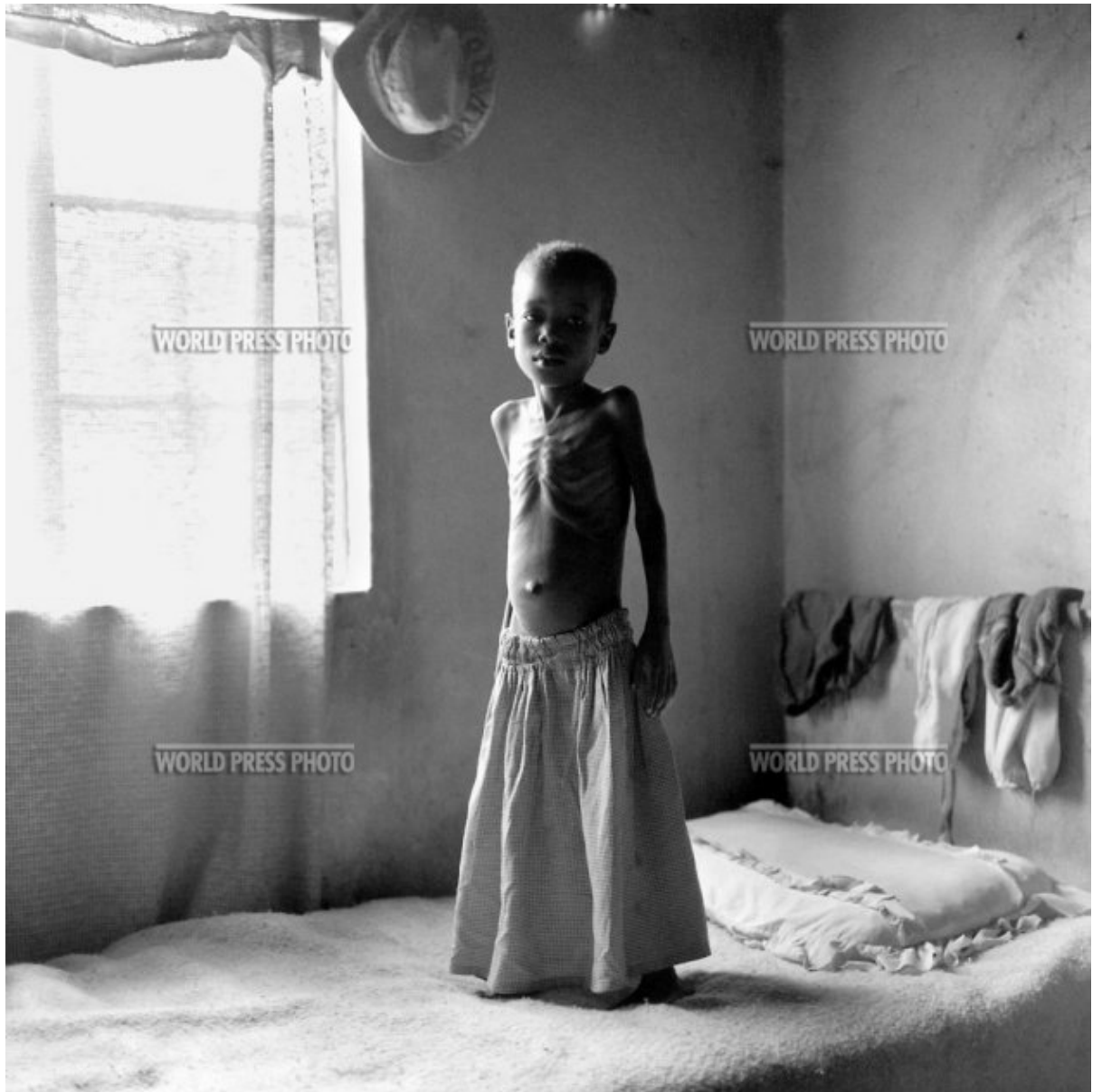


Figure 14 – Kirsten Ashburn, 2002 - *Portraits stories*, 3rd prize. (World Press Photo, 2013)

'outsiders'. Kirsten Ashburn's 2002 portrait image (see Figure 14) plays on this culmination of fear, resulting in stigmatisation of the infected and affected by HIV/AIDS. Although the caption of the photograph encapsulates the disease at large, the photograph looks at the microcosmic face of the disease. The image shows a small child, standing alone on a bed, dressed only in a skirt. The child's body is emaciated, with protruding bones, a swollen belly and frail shape. These are recognised visible markers of illness, and stereotypically of HIV/AIDS. The fear of the disease, contagion, associated stigma and finally a fear of death, is what perpetuates an emotional reaction to, and representation of the disease.

Consequences of HIV/AIDS-related stigma can be viewed along a timeline of mild reactions of silence and denial, to ostracism and finally ultimately to violence (SA Medical Research Council, 2012). "The way in which individuals discover and disclose their HIV status to others, as well as how they cope with their HIV status, is influenced by cultural and community beliefs and values regarding causes of illness, learned patterns of response to illness, social and economic contexts, and social norms" (SA Medical Research Council, 2012). This ostracism, rejection, discrimination and avoidance of PLHA, is the product of such stigma. "Compulsory HIV testing without prior consent or protection of confidentiality, violence against persons who are perceived to have AIDS or to be infected with HIV, and the quarantine of persons with HIV" (SA Medical Research Council, 2012) are just a few examples of such stigma. Such acts of stigma inflict suffering on individuals and interfere with attempts to fight the epidemic of HIV/AIDS.

The ostracism, rejection, discrimination and avoidance of PLHA is a global reaction, as Lu Guang's 2003 image, which won first prize for the Contemporary Issues category, depicts (see Figure 15). Guang's photograph shows a poor peasant couple in the Henan province, a wife caring for her dying husband (World Press Photo, 2013). The image, although primarily a portrait, still reflects the over-arching concept of ostracism, rejection, discrimination and avoidance. The wife's hand covers her hanging head; presumably she is saddened, perhaps shamed by her husband's HIV/AIDS status. The emaciated face of the infected individual is the focal point of the photograph, as his protruding cheek bones and gaunt face is lit centrally in the photograph. The image reflects the stereotype of fear and shame, and mainly the contagion, as the visible markers of illness are not only highlighted, but also emphasised by the other reactions, interactions between the two figures, in the image.



Figure 15 – Lu Guang, 2003 - *Contemporary Issues*, 1st prize. (World Press Photo, 2013)

These visible markers of illness are taken advantage of in the representation of the disease of HIV/AIDS. Walter Schels 2003 pair of photographs (see Figure 16) taken in Berlin Germany, play on these visual cues as identifiers of illness that are both substantiated and reiterated by HIV/AIDS-related stigmas. Schel's photographed six individuals, both near the end of their battle with HIV/AIDS and again once they had passed away. These photographs, while shocking and perhaps morbid, are pivotal as they visually illustrate such markers of illness, and the shame and fear of contagion associated with illness. "The practice of palliative hospice care in Germany goes back only to the 1980s" (World Press Photo, 2013) and this practice has grown in response to the increasing number of patients suffering from AIDS-related illnesses. In this pair of photographs (see Figure 16) the visual cues of illness are present and are focal points in both images; in the photograph on the left, the oxygen tube acts as a marker of illness, and in the photograph on the right, the gaunt and sunken face of the corpse acts as a marker of illness in its voidance of life. Stigma is entrenched in these stereotypical markers and is used to signal fear of such infection. This ever-present and persistent stigma even occurs in areas where HIV/AIDS prevalence is high and "makes it an extraordinary important yet difficult attitude to eradicate" (SA Medical Research Council, 2012).

The relationship between morals and stigma is closely reiterated by visual representations of HIV/AIDS, and specifically the representations of those infected by the disease. Per-Anders Pettersson captured one such immorally-anchored image (see Figure 17) in 2006 in the Democratic Republic of Congo. "At age nine, Esther Yandakwa smokes a cigarette while her friends help her with her hair. Esther is homeless and earns money as a sex worker, charging her clients as little as US\$1. Conflict, internal displacement and HIV/AIDS have long disrupted life in the DRC" (World Press Photo, 2013). Making the connection in the photograph's caption between child refugees, war orphans, abandoned children living on the streets, and HIV/AIDS reiterates such stigma associated with immoral actions and associated individuals. The image itself is disturbing and depicts an 'immoral' occurrence, as a nine-year-old girl child sits smoking, while two older girls fix her hair. These images are fraught with blame and stereotypes in an effort to reiterate stigma associated with the disease, and in turn make such stereotypes recognisable as representations of the disease. The relationship between HIV/AIDS related stigma is found in "images meant to 'elicit pity or blame': photos of dying gay men; rail-thin, hollow-eyed often looking scared and alone" (Intrabartola, 2012). HIV/AIDS can be perceived as bringing shame upon individuals, family or communities, and this is where the stigma comes in. Furthermore, discriminatory ideas "such as the belief that 'AIDS is an African disease', are persuasive in communities,



Figure 16 – Walter Schels, 2003 - Contemporary Issues Stories, 2nd prize. (World Press Photo, 2013)



Figure 17 – Per-Anders Pettersson, 2006 - *Contemporary Issues*, 3rd prize. (World Press Photo, 2013)

and such beliefs cause a misunderstanding that perpetuates such stigmatised perceptions. These “discriminatory beliefs and stereotypes such as these reinforce the need for greater HIV/AIDS awareness which may result in positive attitudes and behaviour patterns” (Saib, 2008: 1).

UNAIDS views stigmas as being a vital attitude in the way that it feeds the infection rate (2008), “as it is associated with denial, which often fuels the spread of the epidemic” (Saib, 2008). It can then be said that HIV/AIDS is “as much about [a] social phenomena as it is about biological and medical concerns” (UNAIDS, 2000). The description of HIV/AIDS as the “epidemic of fear, stigmatisation and discrimination” (UNAIDS, 2000) it has in effect undermined the ability for individuals, and societies to protect and educate themselves about the disease. Goffman reiterates, through the investigation of HIV/AIDS-related stigma, how stigma is used as a social control mechanism by “marginalising, excluding and exercising power over individuals who display certain traits” (UNAIDS, 2000), producing a perceived threat. Such infection rates are fed by stigmas and stereotypes that are played out in images such as Pep Bonet’s *Noor for Positive Live* (see Figure 18), which was taken in 2008 at San Pedro Sula, Honduras. Society fears being labelled as a part of the segregated immoral and infected, and thus perpetuates the epidemic of fear. This epidemic of fear, stigmatisation and discrimination is depicted in the fifth photograph of the series, which depicts Freyi, a transgender sex worker (World Press Photo, 2013). This connection to immoral acts of prostitution, dangerous lifestyles and transgender association substantiates stereotypes and stigmas that are used repeatedly to represent the disease.

The disease has become perceived as a perversion, and those who are infected are in turn punished. PLHA are victimised and blamed while social divisions are reinforced and reproduced (UNAIDS, 2000), with social laws, rules, policies and procedures resulting in the continual stigmatisation of infected individuals and their associates. “People’s experience of HIV/AIDS-related stigmatisation and discrimination is affected by commonly held beliefs, [and] forms of societal stigmatisation” (UNAIDS, 2000), which make it impossible to separate stigma from the disease. Even within the home space the fear of rejection and stigmatisation is felt by PLHA. This ‘felt stigma’ plays out in both textual and visual representations of the disease, as they not only stand alone as stereotypical representations of the disease, but work together to substantiate such representations.



Figure 18 – Pep Bonet, 2008 - *Portraits stories*, 2nd prize. (World Press Photo, 2013)

Beyond the lack of information surrounding HIV/AIDS, there is also the aspect of denial. "We still get people who don't know what HIV is and who believe it doesn't affect them. They are in denial and they don't want to know," van Oordt explains and adds, "it's a very bleak picture" (in Palitza, 2010). As UNAIDS explains, denial about the virus exists on both a personal and societal level, with many people still believing that HIV/AIDS is an issue of the 'other' (2004: 11). Stigma and discrimination have been identified as primary barriers to effective HIV-prevention (Parker, 2005: 4), and this fear of stigmatisation and discrimination is a breeding place for denial. "Denial creates 'comfort' zones where commitment and responsibility to address the epidemics are neglected, and, by doing so, creates ideal conditions for the disease to spread" (Lesko, 2005: 30). Denialism not only affects the efficiency of HIV/AIDS prevention plans, but also the individuals living with the disease. "A very common response to HIV/AIDS is for people to deny that they have it, or that a family member has it, or even that it exists in a community" (Campbell, 2005: 11). Denialism is a form of protection from the isolation and disgrace that HIV/AIDS-related stigma brings upon those who have, or are associated with, HIV/AIDS (Campbell, 2005: 12). "Denial is such a powerful response to HIV/AIDS that even those who acknowledge its existence often avoid using the word (sic) 'AIDS'" (Campbell, 2005: 13). Denialism not only feeds stigma associated to the disease but perpetuates it and continues to spread it.

What is often taken for granted, or ill-considered, is the context of the visual representation. When, what, where, who and how are vital aspects the visual representation. This context is two-fold in its character, as one part comprises the social context, and the other part made up of the relating stereotypical context. The social context and the stereotypical context inform the reading of the image, the visual representation. The broader context of visual representations anchors the space and time of the image, opening for a clearer reading of images that are not 'taken out of context' but understood 'in context'. Such prominence is placed in context as this is pivotal to understanding the image, as well as the representations that the image is a collective part of.

Such is the case of Darcy Padilla's 2011 Contemporary Issues stories collection, *The Julie Project*, shot in Palmer Alaska. Padilla documented Julie Baird's life for 18 years, after meeting her by chance in San Francisco when Julie was 18, HIV-positive, with a new-born baby and a history of drug abuse (World Press Photo, 2013). Looking at the ninth photograph (see Figure 19), in the twelve-piece series, Padilla photographs Julie as she lies on a bed with her small daughter Elyssa next to her. Julie is visibly weakened by AIDS-related conditions, as her body starts to give in even though she takes 35 pills a day



Figure 19 – Darcy Padilla, 2011 - *Contemporary Issues*, 2nd prize stories – *The Julie Project*. (World Press Photo, 2013)

in an attempt to maintain her health. With the intention of "provid[ing] an in-depth look at poverty, AIDS and other social issues by focusing on one woman's struggle" (World Press Photo, 2013), Padilla records Julie's life as an infected HIV/AIDS individual. The context is key as it both displays and exemplifies the stereotypes and stigma associated to certain contexts, such as poverty ridden homes, rural areas and worn beds. In this photograph specifically, context is the key factor in stereotyping the representations of the disease. The context is that of a poverty-level house, in a rural setting almost "30 kilometres from the nearest town and has no running water or electricity" (World Press Photo, 2013), the worn bed that Julie is lying on as the focal point. In the centre of the 'context', is Julie's emaciated figure lying almost lifeless on the bed. This representation uses context, as well as the image and the caption, to substantiate and reiterate HIV/AIDS-related stigma.

Mendel's visual representations of the disease of HIV/AIDS is intrinsically linked to the social context of the image, and the stereotypical context is linked to the social context. For example, during the "1999 garlic and beetroot" context of HIV/AIDS in South Africa⁵, stereotypes of uneducated victims and ill-informed politicians played out in the photojournalistic images of the time. The images reflected the social context of miscommunications between medical doctors and politicians, fear of the 'coloniser-constructed' disease of HIV/AIDS, and those who were infected by the virus were merely unhealthy individuals who did not eat enough fruit and veg. These stereotypes were reiterated in photographs that illustrated angry medical practitioners, fearful politicians (being mocked by medical practitioners and international voices) and sickly, lower-class, uneducated victims of HIV/AIDS. A clear understanding of a visual representation, especially when regarding the ever-evolving entity of HIV/AIDS, cannot be made without a strong pointer to the social and stereotypical contextual characteristics of an image. "Context, then, is a key factor in determining meaning" (Lester, 2006).

Photographers can play a role in reducing or perpetuating the prejudice, stigmatising of and discrimination against people living with HIV/AIDS (Warren, 2006: 11), by giving them a space in the visual realm. Although there is a clear medical sense of the correct course of successful prevention for HIV/AIDS, the disease is often caught up in religious and moral arguments about sex, behaviour and ideas. Interpretations of HIV/AIDS, specifically in Africa, typify how media sources visually produce and reproduce such discriminatory, prejudicial and stigmatised stereotypes. "Since the early years of the

⁵ A period of time when Dr. Manto Tshabalala-Msimang pushed her unsubstantiated treatment plan of the epidemic with vegetables, rather than with western antiretroviral medicines, [which] was the subject of international criticism (SAHO, 2012).

HIV/AIDS epidemic, western science and modern media have constructed a concept of 'African HIV/AIDS' that is closely linked to the colonial heritage and its mystifications of Africa" (Bleiker, 2007: 144). Approaches of photography that use such representational practices support such stereotypes, in what Campbell calls an "iconography of anonymous victimhood" (Campbell, 2003). Patton (1990: 83) demonstrates how images of Africans suffering and dying from HIV/AIDS-related illnesses seamlessly fits into such conceptual stereotypes of "a wasting continent peopled by victim bodies of illness, poverty, famine" (Bleiker, 2007: 144).

These stereotypical images are epitomised by assumptions surrounding the sexual characteristics of transmission of HIV/AIDS. Rather than relying on scientific data, perceptions of HIV/AIDS in Africa have been dictated by moral judgments and social prejudice. Furthermore, Sontag demonstrates that many diseases that are linked to sexual 'faults' tend to "inspire fears of easy contagion and bizarre fantasies of transmission by non-venereal means in public places" (Bleiker, 2007: 145).

Padilla's 2012 Daily Life series *Jason and Elyssa* shot in Alaska, United States (see Figure 20), shot as a follow up to *The Julie Project*, is an example of this perpetuating prejudice, stigma and discrimination of PLHA. Sontag explains that, with many diseases, ideas linked to "fears of easy contagion and bizarre fantasies of transmission by non-venereal means in public places" (Bleiker, 2007: 145) are pivotal to the representation of the disease. Such a representation of the disease is captured in the first image of Padilla's series. Elyssa is pictured standing in front of her home, surrounded by debris and discarded trash, in a poverty stricken and rural space. This plays into the fear of contagion and bizarre fantasies of transmission as even though the disease is not transmitted through such unhygienic situations or degrees of cleanliness, the context talks to an unclean and disorganised space, which perpetuates fear of contagion and transmission.

From the first diagnosis of the disease, there has been a "shifting process of meaning related to how HIV/AIDS has been situated within society, how it has been addressed, and how people have been directly, indirectly and disproportionately affected" (Parker, 2005: 5) by the stigma associated to the disease, and specifically the visual representation of the disease. The HIV/AIDS-infected body represents a "conflation of pathology and social process" (Hodgson, 2007) and the stigma associated with the disease is a global element with "significant numbers of [individuals] in South Africa [who] just



Figure 20 – Darcy Padilla, 2012 - *Daily Life* , *Honorable Mention stories* - Jason & Elyssa. (World Press Photo, 2013)

don't want to be with HIV-affected people" (Hodgson, 2007). The mark of the stigmatised may well be invisible, yet it is the visual representations of this mark that perpetuate the associated stigma. This visual mark of the disease contributes to the textual and visual representations of the disease as it continues the stereotypical nature of addressing the disease. Photography involves "finding, or rather constructing, observable" (Campbell, 2008) markers of stigma that can be recorded. Campbell asks how a concept such as the global pandemic of HIV/AIDS can be "made real through traces recorded by an individual with a camera in a particular place" (2008). Diseases are most commonly "pictured through portraits of the suffering patient, which become images of the disease anthropomorphised" (Campbell, 2008). In the context of HIV/AIDS, one does not merely represent a disease but rather what Campbell describes a "security issue, in which the fear of generalised collapse is regarded as a threat to the security of the identity of the self" (2008). In the case of Stirton and his 2012 World Press Photo image shot in Kryvyi, Ukraine, such markers of the disease are displayed in the photograph of Maria (see Figure 21), "a drug-addicted sex worker" (World Press Photo, 2013). Stirton constructs HIV/AIDS as an illness associated with immoral actions and unhealthy acts as he shoots the portrait of a sex worker as she waits to see her next client. This sex-worker's figure is emaciated, she is visibly injured (in the case that her leg is injured and bandaged and covered in bruises), smoking, and dressed and posed provocatively. Stirton pictures the disease, specifically the infected, as someone who is 'to blame', which has inflicted this disease upon herself. This perpetuates social stereotyping and stigmatising as such infected, and affected, individuals are pushed to the outskirts due to fear of contagion, and other fantasies of transmission. The representations of the disease is both made up of the visual and textual stereotypes at play, which culminate in stigmatising products. 'How' the disease is constructed goes hand in hand with such representations, which manipulate socially constructed stigma associated with HIV/AIDS.

The following chapter will consider the reading of photographs to read text. It will investigate various research methodologies and paradigms in order to construct a template for this analysing of text through image. This will in turn set up a way of reading Sontag's text, *AIDS and Its Metaphors*, through a selection of Mendel's photographic images from *A Broken Landscape*.



Figure 21 – Brent Stirton, 2012 - *Contemporary Issues*, 1st prize singles - Kryvyi Rih. (World Press Photo, 2013)

Chapter Four

Reading photographs to read texts

When considering the type of methodology⁶ that can be used to analyse images, and specifically photographs, qualitative research comes to the forefront. Shank, cited in Ospina (2004: 1), defines qualitative research as “a form of systematic⁷ empirical⁸ inquiry into meaning”. “Qualitative research is a form of social inquiry” (Holloway, 1997: 2). The nature of qualitative research plays out in its combinations of a number of different research traditions and disciplines, resulting in varied attitudes and approaches toward qualitative research, which often conflict with each other. While there is a great variation in qualitative research approaches, Ospina focuses on the following two features, namely interpretative and naturalistic features, that emerge across various approaches (2004: 1). Interpretive qualitative research “focuses on understanding the way people interpret and make sense of their experiences and the world in which they live” (Holloway, 1997: 2), while naturalistic qualitative research “studies social phenomena in their natural settings” (Malterud, 2001: 398). The aim is to examine the meaning of social phenomena through the experience of individuals or groups (Malterud, 2001: 398).

Common paradigms in both qualitative and quantitative research methods are rooted in philosophical traditions with various epistemological⁹ and ontological¹⁰ assumptions. However as much as one may consider the epistemological, ontological and methodological underpinnings of various paradigms, it is not critical to identify with only one paradigm. Various paradigms include interpretivist, positivist, critical or subtle realist, critical theory and feminist. Most qualitative research develops from the interpretive paradigm.

⁶ Methodology refers to the “body of practices, procedures, and rules used by those who work in a discipline or engage in an inquiry; a set of working methods, the study or theoretical analysis of such working methods and the branch of logic that deals with the general principles of the formation of knowledge” (Farlex, 2013). Methodology is how we gain knowledge about the world or “an articulated, theoretically informed approach to the production of data” (Farlex, 2013).

⁷ Systematic can be explained as “characterised by, based on, or constituting a system. Carried on using step-by-step procedures. Purposefully regular, methodical. Of or relating to classification or taxonomy” (Farlex, 2013).

⁸ Empirical can be understood as “relying on or derived from observation or experiment: empirical results that supported the hypothesis. Verifiable or provable by means of observation or experiment: empirical laws. Guided by practical experience and not theory, especially in medicine” (Farlex, 2013).

⁹ Epistemological paradigm is “the branch of philosophy that studies the nature of knowledge, its presuppositions and foundations, and its extent and validity” (Farlex, 2013). It is the philosophy concerned with or arising from epistemology (of a philosophical problem) requiring an account of how knowledge of the given subject could be obtained (Farlex, 2013). How do we know the world? What is the relationship between the inquirer and the known? (Farlex, 2013).

¹⁰ Ontological philosophy is philosophy “of or relating to ontology, to essence or the nature of being” (Farlex, 2013), while considering the existence, the assumptions and beliefs that are held about nature, being and existence” (Farlex, 2013).

Methods that are commonly used when carrying out qualitative data include observation, interviewing and collecting texts and artefacts. Observation is a "systematic data collection approach" (Cohen, 2006), with researchers using all of their senses to study and scrutinise people in "natural settings or naturally occurring situations" (Cohen, 2006). Cohen contends that methods of observation can involve "prolonged engagement in a setting or social situation, clearly expressed, self-conscious notations of how observing is done, methodical and tactical improvisation in order to develop a full understanding..., imparting attention in ways that is in some sense 'standardised', recording one's observations" (2006). Interviewing "involves asking questions and getting answers from participants in a study" (Cohen, 2006). Collecting texts and artefacts can be used "when studying a culture, social setting or phenomenon... and analysing the texts and artefacts produced and used by members can foster understanding" (Cohen, 2006). Several types of documents could be helpful in the collection of data, such as "documents in the public sphere (e.g. pictures, articles, documentaries, educational material, books) that may have been produced by or used by members of a culture or social setting" (Cohen, 2006), files, records, noted minutes, emails and other correspondence, manuals, posters and memos. Cohen further explores how "when analysing texts and artefacts, the researcher may focus on how and for whom the artefact is created, what is included and not included in the document, and how the document is used" (2006).

When considering such methods for data collection, one should also deliberate various approaches for analysing data. There are a number of commonly used analytical approaches in qualitative research, namely content analysis, narrative analysis, the constant comparative method of grounded theory and approaches to the analysis of interaction between parties. Cohen describes content analysis as a "developed quantitative method of analysis" (2006), as a way to methodically and 'objectively' analyse various content. This type of content analysis uses standardised measurements to gauge, group and compare texts (Cohen, 2006). Graneheim and Lundman (2004: 105) explain, "qualitative content analytical approaches focus on analysing both the explicit or manifest content of a text as well as interpretations of the 'latent content' of texts - that which can be interpreted or interpolated from the text, but is not explicitly stated in it". This can take place in the reading and interpretation of photographs and writing, and the various layered content of such texts, which may be visual or verbal.

Looking at context is pivotal to reading both image and text, especially to avoid ambiguity. Signorile cites Langer, who suggests that "the context which gives meaning to a symbol is not the raw physical

environment of that symbol, but rather the cluster of other symbols with which it is associated, all serving each as a context" (1987: 281). Taken as a product, the sentence and the paragraph, "is embedded in a concatenation of other sentences" (Signorile, 1987: 282). Context makes the various elements of image and text mutually informative, with both verbal and visual "meanings resonat[ing] in the larger context of symbolic meanings" (Signorile, 1987: 282). While considering the act of meaning creation, this study explores the visual medium as a primary source of meaning. Signorile supports this notion in asserting:

"Even in its own domain – language – the original speech mode of the verbal had to accommodate the visual in the advent of writing. Writing is not merely a visual copy of speech, but represents rather something like a symbolic transformation. Derrida (1976) suggests that writing was purely visual from its beginning. The conceit that saw the origin of writing as a groping attempt to reproduce speech – as "a sign of a sign" – was, in his estimation, seriously mistaken" (Signorile, 1987: 282-3).

One needs to consider too the manner in which the reading of an image shapes or influences the constructs of gender, race, sexuality and socio-economic factors. The place from where the viewer reads the images – their own social and cultural site – is "concerned with the production and exchange of meanings – the 'giving and taking of meaning'" (Hills, 2011: 42). The "effect of the image is always embedded in social practice, and is negotiated by the audience of the image" (Hills, 2011: 41). One may contend that the audience (or the reader) is the most significant creator of meaning, rather than the author, production or image itself (Rose, 2007: 11). Who bring with them their own way of reading, knowledge and understanding that sustain their own way of making meaning. There is more than a single correct way to read or understand an image. Meanings are made by the author as well as the viewer, and are not stagnant but evolving over time. The "interpretation of meaning is a contested ground; one's reading of the image needs to be based on the practices and signification used in the image, and what meaning they seem to be producing" (Rose, 2007: 2). Visual texts, such as photographs, "present a non-linear narrative to be read through combining and presenting signs in different ways as codes, communicating intricate and often abstract concepts" (Hills, 2011: 47).

Often images are combined with titles, or other forms of explanations, in order to guide the reading of the visual text. Barthes discusses this idea of anchorage when text is used hand-in-hand with a visual image, "allowing the reader to choose between the possible meanings" (in Hills, 2011: 51). The internal

and external narrative of the image, and the way this influences the reading of the image is key, as it is "impossible to record an image, [or read it], without interference" (Mason, 2009: 331).

Signorile describes how "one can quite validly isolate the image and consider its purely visual properties in determining its meaning" (1987: 284). In the same manner, one can look at the purely grammatical elements of text to understand its meaning further. Yet when considering the manner in which words are traditionally used to read images, perhaps there is an abdication of this process towards using images to further understand words, such is the saying 'a picture is worth a thousand words'. In *Ways of Seeing*, Berger comments, "It is hard to define exactly how the words have changed the image but undoubtedly they have" (1977: 27-28). If words can manipulate the reading of images, this study suggests that images can influence the interpretation of text. One can question whether there visual experiences that defy verbal description and on the other hand, whether it is possible for one to visualise everything that can be expressed in words (Signorile, 1987: 287). Regardless of the equation of using one medium to read another, whether it is text to read image or image to read text, meaning is accomplished either way.

Signorile elaborates on the mistaken belief that images are replications of things (1987: 288) and that one must think on the "parallel between words and pictures as strictly analogous" (1987: 288), just as words can be connotative, images can also interpret concepts in the mind. The image is a symbol, or marker, rather than a replication of what it represents. Goffman (1976: 13) adds that a caption has an effect on one's reading of the image. For example, if the caption states, 'This is a picture of (x)', Goffman demonstrates how "the term 'of' could refer either to the *subject* of the picture or the *model* for the picture" (1976: 13). However, whichever way it is read, the caption reflects only one of limitless possibilities of interpreting the image (Signorile, 1987: 290). Thus, if the interpretation of an image can be narrowed by text, perhaps the interpretation of the text can be redefined by the image.

Penn suggests a three-step system for the analysis of images, specifically the visual representation of the body, (2000: 233). The initial interpretation of the objects represented in the image is followed by "coding the images in accordance to the themes (or subjects) they addressed" (Penn, 2000: 233), and "carrying out this coding process separately, and afterwards in conjunction, to elaborate on the meanings and themes analysts understood were portrayed in the images" (Penn, 2000: 233). This third and final step is clarified as analysing more complex degrees of meaning (Penn, 2000: 233). The

decoding of images substantiates the idea that images are carriers of meaning that embody the opinions and agendas of their authors (Varas-diaz, 2003) and those that read them. Images have a strong sense of possibility, once they are included in modes of mass communication and in turn shape and mould the opinions of those who are exposed to them (Varas-diaz, 2003). Using this threefold strategy to read images, one can in turn refine the reading of text if it is read through an image.

Semiotics is pivotal in reading both images and text. Semiotics has three main areas of study: "the sign itself, the codes into which signs are organised, and the culture within which these codes and signs operate" (Hills, 2011: 45). The sign can be understood in two parts: that which is signified (an entity or a concept) and the signifier (the sound or image linked to the signified) (Hills, 2011: 45).

Furthermore, three types of signs can be distinguished by the relationship between the signified and the signifier, namely iconic, index and symbolic (Hills, 2011: 46). "In iconic signs the signifier represents the signified by having an apparent likeness to it; it looks like the 'thing' it represents" (Hills, 2011: 46), such as the identity photograph of an individual as carrying a likeness to the individual, becomes a representation of that person (Hills, 2011: 47). The connection between the signifier and the signified in symbolic signs is socially conventionalised but still disconnected (Hills, 2011: 47). The meanings carried by socially and culturally rooted symbolic signs are learned and in turn carry emotional interpretations, such as the case of iconic or referencing signs (Hills, 2011: 47). Signs can be labelled as to how symbolic they are, either being denotative, referring to something, or connotative, carrying significant meaning (Hills, 2011: 51).

"Visual methodology largely agrees on three sites of an image where meaning is made; the site of the image itself, the site of production and the site of its audience" (Hills, 2011: 32). Reading images from these three sites of context ties in with semiotic explanations about the production of meaning as being two fold; firstly the visual and textual relationship between the image and its audience, and secondly, the focus on the social modalities of reading images (Hills, 2011: 41). The viewer reads the signs and symbols of the image in relation to what is being illustrated, as well as the social context of the viewer's understanding of such signs. To be read and understood, all signs depend on the presence of a specific audience, whose systems of belief carry meaning for these signs explains Williamson (in Hills, 2011: 41). The viewer makes sense of what he or she sees in the images, what the image is made up of as 'the sum of its parts seem greater than the whole' rather than the power being in the whole image

itself. "The meanings that signs make are very complex, often multiple meanings are created, this goes to say that signs are polysemic" (Hills, 2011: 41), and in turn the reading of images can often be polysemic Barthes (1964: 43) suggests that "the signified of the word ox is not the animal ox but its mental image". In this example, Barthes refers the nature in which the image is used to read, or rather further understand the word as the meaning lies in the visual rather than in the verbal. The visual unlocks the verbal meaning.

Reading images and text

The research for this study has relied on interpretative research approaches. It has concentrated on observation techniques and the collections of texts in order to carry out the content analysis and narrative analysis, the incorporation of constant comparative method of grounded theory¹¹, as well as the analysis of interaction between image and text. While the methodological approach is made up of a combination of using semiotics and various discourse analyses, it is founded in an investigation of how meaning is constructed and the various politics of representation.

Making use of photographs either as data or as a medium to create data, one needs to understand how the viewer engages with and understands images (Schwartz, 1989: 119) as well as the way in which images in turn shape the textual representation of the subject. When images are viewed as works of art, the author is seen as the maker of meaning, whereas viewed as records, images or photographs are considered as reflecting an unbiased reality as seen through the lens of a camera (Schwartz, 1989: 120). Whether one looks at photographs as being works of art or reflections of reality, the meaning is "conceptualised as being contained within the image itself" (Schwartz, 1989: 119) as the photograph becomes a vehicle from which the viewer derives meaning. The interaction between the photographer, the image and the viewer is dynamic and meaning is actively formed rather than passively received (Schwartz, 1989: 119). Barthes (1964: 33) characterises photographs as being double-coded, or capable of producing multiple meanings in the viewing process. Schwartz suggests that the image is raw material for the construction of an infinite number of different meanings that each viewer may interpret (Schwartz, 1989: 120). Being the raw material for meaning, the visual can in turn reveal understandings around manners of reading the verbal, the textual.

¹¹Grounded theory is a "systematic qualitative research methodology [...] emphasizing generation of theory from data in the process of conducting research" (Martin, 1986: 141)

Photographs that attempt to capture a society and in the case of HIV/AIDS, a significant historical moment, lend themselves toward the concepts of visual anthropology. Visual anthropology "is concerned solely with the visual representation of culture" (Mason, 2009: 328) and has influenced photography that has attempted to capture a slice of social history. This has developed in a manner focusing on the analysis and interpretation of photographs and the meaning contained therein (Mason, 2009: 328) as well as understanding society or culture through pictures versus understanding something about pictures (Bohnsack, 2008: 26). Theory, methodology and research around visual images turns toward a position "to no longer explain pictures through texts, but to differentiate them from texts" (Bohnsack, 2008: 26). Images can possibly even disclose textual meaning.

Mitchell considers how constructing the world through images is a double sided coin; the first understanding only takes into "consideration *interpretation* and *explanation* of the world as essentially applied in the medium of iconicity" (Bohnsack, 2008: 26), and alternatively also includes the prominence of images for their practical application, providing orientation for ideas and social practice (Bohnsack, 2008: 26). Social behaviour, and in turn social acts and ideas surrounding stigma, are learned through the reading and understanding of mental images, which are visualised through actual images. The image is the primary site of making meaning, with the textual being a secondary subsidiary of making meaning.

These mental images are founded to a great extent on iconic socially constructed knowledge (Bohnsack, 2008: 26). "Tacit knowledge is also imparted through the medium of text and through the genres of narrations and descriptions in the form of metaphors, of metaphorical, meaning image-based depictions, of social settings" (Bohnsack, 2008: 26), and is almost inherently learned and understood as part of the reading of images. The shift from interpretation from explicit knowledge to tacit or theoretical knowledge is a shift from iconography to iconology (Bohnsack, 2008: 26). This shift from the 'seeing view' to the 'recognising view' is key in the reading of the photographs, and furthermore key in the reading of text through photographs.

When reading the images, one must always move through the level of iconographical or connotative code, which leads the viewer, to what Barthes calls, the obvious meaning of a thing (Bohnsack, 2008: 26). 'Visual literacy' substitutes traditional 'print literacy' (Varas-diaz, 2003) and what the viewer see is

more powerful than what he or she reads. A powerful quote that substantiates this reads: "There can be no words without images," as said by Aristotle (in Lester, 2006: 50).

Visual literacy plays out in the "ability to interpret (read) and produce (write) images" (Connors, 2011: 72) as the reader uses images to 'read' and understand text. Lester describes how when an adult writes words, it is in essence simply another drawing (2006). Text "is a picture, different than a face or a house, but it is still just another image drawn with a colored pencil on white paper" (Lester, 2006). These 'word-pictures' (Lester, 2006) can be used as catalysts for other images in one's mind. A word is just a sign for something else.

It is almost as though adult life has taken away the naivety of reading both images and text, interchangeably as signs or symbols entrenched in associated meaning. "To a child, there is no difference between words and pictures – they are one and the same" (Lester, 2006). Text seems to have a quality about it that heightens its importance above that of images. In many societies, individuals have been taught to read stories and yet not how to read images (Lester, 2006). Signorile contends that the "verbal/visual dichotomy is a function of the biological division of the brain into a 'verbal' left lobe and a 'non-verbal' right one" (1987: 296) and as a primarily written education progresses the individual turns towards words abandoning images. This however is perhaps changing.

One meaning carrier is not more important than another, one does not carry more meaning than the other does, yet the two are ranked differently. Words can be misunderstood, taken out of context, or not understood at all, causing them not to linger in one's mind. Whereas images are easily recognisable (especially in the case of the photographic image, due to its nature of production, and its inherent link to reality) (Lester, 2006). Society clings to visuals as a way of communicating, or of establishing social order. "Words are repressive while pictures are fascinating, easily understood (...) and can be made personal mediums of expression" (Lester, 2006). Images form a language that has no rules. Images do not adhere to a specific syntax, as language does, and visual messages can be read as inclusive in that they do not have clear definitions that lend toward the exclusion of meaning due to the limitless ways various readers can read them (Lester, 2006). However, as with any form of communication, if one does not know the language, one cannot understand the words (Lester, 2006). This semiotic methodology to visual communication "stresses the idea that images are a collection of

signs that are linked together in some way by the viewer" (Lester, 2006), read together as their own cohesive visual text. This visual data is then used to read a verbal text.

"One of the most distinctive features of the 21st century is the dominance of the visual and its relationship to multiple modalities of communication" (Kendrick, 2011: 395). This is substantiated by the use of images in traditional media (e.g. newspapers and publications) as well as more contemporary sources of visual media (e.g. the internet, email and digital cameras). Kendrick suggests the human experience has become "more visual and visualised than ever before" (2011). As communication is becoming more and more anchored in the visual, "living in a mediated blitz of images" (Lester, 2006), Western society is becoming more a visual society. "A communication medium in which words and pictures have equal status may be a result of the recent explosion of pictures" (Lester, 2006). This refers to the ideas associated with semiotics, as images that carry meaning are perhaps becoming the primary source for reading and understanding our world.

People are now navigating and understanding the world through images rather than words (Lester, 2006), and philosopher Hardt credits television culture to the replacing of words in the conversation of social communication (Lester, 2006). Subsequently, "the distinctiveness of visual apprehension from verbal processes is evident in the visual's lack of negativity" (Burke, 1968). Burke explains that linguistic language is negatively characterised, whereas within the visual realm an image is neither true nor false, with these associations being reserved for written captions or labels (Goffman, 1976: 14).

An example of the power of the photographic image is that of Sam Nzima's iconic photograph of the June 16th Soweto uprising, picturing an injured Hector Pieterse being carried in the arms of his screaming friend. This image, taken in 1976 during the apartheid uprisings, is an iconic image in the manner that it carries, and conveys meaning to the reader. "You can never forget the image" (Lester, 2006), and "if you have seen the picture, you remember it not only because it is a highly emotional image, but because you have thought about the image in your mind with [your own] words" (Lester, 2006). Living in a "visually intensive society" (Lester, 2006), it is not that the image carries or conveys meaning more successfully than the text, but rather image too can act as the primary carrier for meaning. Images are representational, signs within a greater composition, which are not as tightly controlled as text is. So images can be universally understood as pointers to and carriers of meaning to help to decode text.

Lewis Hine, a documentary photographer who often coupled his images with text once said, "If I could tell the story in words, I wouldn't need to lug a camera" (Lester, 2006). It is not even a question that image and text are of two different animals, yet each possesses a language that some can understand and read easier than others (Lester, 2006). Gernsheim states that photography is the only visual language understood globally, connecting all societies and cultures (in Lester, 2006), then could not the photographic image be used as a tool to understand text, to 'read' text. Photography supplies information without being weighed down by a language of its own (Berger, 1977: 97), "quot[ing] rather than translating from reality" (Berger, 1977: 97). Barthes describes a chain of associations that make up a picture narrative (Barthes, 1977: 97).

Photojournalism intrinsically links text and image. As photographs are captioned and linked to titles and articles, the text signals the significance of common indexes illustrated in the image (Lester, 2006). The coupling of image and text should be a considered decision (Lester, 2006). "Both symbolic systems have enormous impact upon the reader" (Lester, 2006). Barthes notes "The text loads the image" (1977) along with the image unlocking the text. Lester continues to reiterate that "for the most successful communications" (2006) images and text need to work together to carry and convey meaning, work together for the viewer to read meaning. When bold typography is used to write out the word '**bool**', it starts to disconnect from the "writing of the word itself" (Lester, 2006) taking on the character of an image as it starts to embody its meaning through visual representations. This metamorphosis occurs too in the image when key signs, symbols objects and elements are used to 'tell a narrative' visually rather than verbally.

An image remains inclusive in the possibilities for interpretation of meaning. It does not exclude certain readings or understandings as it has no strict guidelines. Text, on the other, hand is restrictive in its reading, specifically guiding the reader. Alone they are half of the question answered, yet used to understand each other they produce a guided, yet unrestricted understanding of a message. Lester substantiates this notion, stating:

"In the relation between a photograph and words, the photograph begs for an interpretation, and the words usually supply it. The photograph, irrefutable as evidence but weak in meaning, is given meaning by the words. And the words, which by themselves remain at the level of generalisation, are given specific authenticity by the irrefutability of the photograph. Together

the two then become very powerful product; an open question appears to have been fully answered" (Lester, 2006).

"If verbal expressions are indexical, then they are indexing nonverbally" (Signorile, 1987: 305) and it would be clearer to read through the visual rather than to read the visual. The reading of images to interpret text is one side of a coin. Relying on text as the main conveyer of meanings is perhaps an outdated methodology, and a consideration should be given to the option of the image taking primary role as meaning carrier. The image too can act as an explanation of text, rather than the contrary.

Chapter Five

Using A Broken Landscape to read AIDS and Its Metaphor

Consumer culture and the media have created and promoted a 'strict' image of the ideal human body. "This body is healthy looking, active, able to be dressed with the most current fashion trends that evidence an up to date body and therefore an appropriate individual [and] bodies that deviate from these norms are subject to stigmatisation due to negative conceptualisations attached to them" (Varas-diaz, 2003). This conceptualisation of the 'perfect body' occurs in society on many different levels and descriptions, and it plays out in how HIV/AIDS is represented, visualised and understood. "Images operate as signs to persuade and evoke a particular kind of distribution of market-led power and social authority" (Grierson, 2009: 1), and this relates directly to the construction of the healthy body image. The perfect body, which is disseminated through images in the media, has become a goal for individuals to achieve in order to feel a part of the mass socially accepted group (Grierson, 2009: 1).

Even though this ideal body image is constructed as part of the mass, it has created what Foucault refers to as "a locus for self-identification in the individual and social group" (in Grierson, 2009: 1). There is a connection between society's "utopian body image" (Gallagher, 1986: 85) and the individual, between the social constructs of the community and the single physical body.

The body is a socially produced entity through which individuals fashion their individual identity. Various signs "inscribe the social body" (Grierson, 2009: 3) with meaning and the individual reads these signs in the amalgamation of their identity. A viewer reads these visual representations of the body in the context of how they understand their own (socially accepted) body. The body is not just another social object, "but as the vehicle through which people experience and constitute social discourses, and therefore social life itself" (Varas-diaz, 2003). This social body is utopian in every case, ultimately healthy with markers indicating such healthy characteristics. While determining the ideal body does provide one definition, another way to define the ideal body is to understand what it is not; the healthy body is defined by what it is not – an unhealthy body.

The unhealthy body is also a social construct and is identified by its physical markers as such. Social constructs of the HIV/AIDS body continue "to stigmatise those embodied in them" (Varas-diaz, 2003), as

the representations of the human body make up the core of discourses around the disease, and visual and textual representations of the infected body. HIV/AIDS related stigma is key as it pre-empt's reactions to images illustrating the disease.

The bodily markers that indicate presence of the disease are captured in images of the body and thus cannot be disconnected from the disease, or from the stigma associated to the disease. The unhealthy body image is a carrier for metaphors associated with ostracism of the diseased. "Illness experience is articulated through metaphors that are grounded in – and constrained by – both bodily experience and social interaction" (Kirmayer, 1992: 323). Those who are marked as ill are excluded from the social group, ostracised and stigmatised. Goffman stresses the significance of the visibility element of societal stigma (1990) and its visual manifestations in the photographs. The marked, and in turn stigmatised body, then becomes the face of the disease. Stigma is played out in alternative and marked bodies, with images of these "abominations of the body" (Varas-diaz, 2003) being understood and recognised as the face of HIV/AIDS.

"Social exclusion is at the very heart of AIDS-related stigma" (Varas-diaz, 2003) and is substantiated in the imagery and textual works of the disease. As much as society constructs boundaries within the norms of social groups, the marked HIV/AIDS body is also constructed by society "It is a socially constructed body that lives within discourses of stigmatisation collectively created" (Varas-diaz, 2003). The way individuals view their own bodies, and the way others view it cannot be avoided. The body is the tool through which the individual interacts with society.

Images and texts of the body are "reflexive of a production process" (Varas-diaz, 2003) and the conceptualised idea of the marked body is an example of this production. This segregation process is a way of dealing with the presence of a (marked) body that is not included in the norm group (Varas-diaz, 2003). The "body begins to lose its absolute value" (Gallagher, 1986: 103) as it is marked and stigmatised. "Injury or alteration of the body changes not only the content of thought, but also its form" (Kirmayer, 1992: 336), it excludes it from the mass group by its visual differences.

Mendel and Sontag

Mendel was born in 1959 in Johannesburg. He describes himself as a contemporary photographer and a social commentator who has documented HIV/AIDS in Africa for the past 16 years (Hattingh, 2012: 5). In 1993, Mendel had a turning point when he witnessed what Gubic describes as "the moment from life to death" (2009: 3). Mendel recalls how, as he was witnessing the death of an HIV-positive individual, surrounded by his family, he asked himself "are there some moments that are sacrosanct where a camera cannot go" the doctor forced him on saying, "Come on man, do your job" (Gubic, 2009: 3).

His first in-depth exploration of the impact of and the human reaction to HIV/AIDS was in the published collection, *A Broken Landscape* (2001). This collection of photographs portrays several stories that the photographer followed over many years across seven African countries. "The aim of his work was to educate" (Gubic, 2009: 5) by photographing individuals with whom he forged intimate relationships having gained their trust. The medium of documentary photography has fashioned Mendel into what Hill (2011: 43) describes as a figure that characterises a particular discourse, specifically that of someone capturing a slice of social history played out in the midst of HIV/AIDS.

Susan Sontag was born in New York in 1933 (Susan Sontag Foundation, 2010). From receiving her graduate degree at the College of the University of Chicago, and later studying at Harvard University and Saint Anne's College in Oxford (Susan Sontag Foundation, 2010), Sontag went to write some of the most influential texts about illness, stigmatisation and social constructs of identity of the 20th Century. Sontag writes about the representations of disease, investigating the stigma of cancer and the way this stigma has since transferred to HIV/AIDS. Sontag explores how attitudes to disease are formed in society, with attempts to deconstruct them at their metaphoric bases. HIV/AIDS has taken over the judgments and social 'meanness' once associated with diseases such as cancer, Sontag suggests, and now HIV/AIDS patients suffer the same, or worse, judgment and stigmatisation. This perception of HIV/AIDS is what seems to spur social angst over the disease.

Sontag's *AIDS and Its Metaphors*, described as "one of the most liberating books of its time" (Susan Sontag Foundation, 2010), focuses on how metaphors stigmatise those who are ill, with the patient's illness perceived to be the patient's fault because of the unsafe habits associated with contracting HIV/AIDS. Sontag looks at the two-fold metaphor that is created in the construction of the disease,

which is also illustrated in Mendel's photographs. Metaphor gives a comparative name to something it is not, and in this study, illustrates the many different versions of understanding given to HIV/AIDS. When metaphor is used in relation to the body and illness, it is typically rooted in military notions of attack, infusing descriptions of the medical disease with such violent metaphors (Sontag, 1988: 95).

Society needs to have an illness to identify with evil and attaching blame; to those now seen as 'victims' (Sontag, 1988: 101). HIV/AIDS has adopted this dual metaphoric genealogy, described on one hand as an invasion, and on the other, as being morally connected to individual acts when the focus of the disease invokes the metaphor of pollution (Sontag, 1988: 103). HIV/AIDS is the progressive disease of our time, swinging between the rebuke of life to the need to manage the disease. The most emotive metaphor explored regarding HIV/AIDS is the "shame linked to an imputation of guilt" (Sontag, 1988: 110) of the infected.

As with other sexually associated diseases, HIV/AIDS arouses feelings of shame and guilt, and is often kept secret to avoid stigmatisation and discrimination. It is within this realm of shame and guilt that photography assumes the task of truth telling through visually representing the patient and the societal stigmas linked to the disease. As the 'patient' is photographed, he or she throws off the shawl of secrecy and guilt, and exposes himself or herself and his or her story, which assists in enabling the education of the epidemic and dismantling the associated metaphors and stigmas. Sontag explores the idea of the foundation metaphor of the epidemic.

Humanity "views AIDS metaphorically – as plague-like, a moral judgment" (Sontag, 1988: 146). The idea that HIV/AIDS is a form of punishment for immoral behaviour has not only enabled the metaphor of the plague, but has also justified the invasion and shaming of the patient. The uncertainty of this epidemic and the manner in which it has spread stimulates the fear that is at the epicentre of the public discourse of HIV/AIDS, causing continued spaces of social stigmas. These various metaphors however neglect the fact that "the AIDS virus is an equal-opportunity destroyer" (Sontag, 1988: 168).

"Photography has long been a mouthpiece for social and political agendas" (Hattingh, 2012) and this is the preface stressed when considering the function of documentary photography. This type of photography became labelled as 'documenting' during the 1930s (Hattingh, 2012), although there is a resistance to narrowly define the nature of photography (Hattingh, 2012). The concept of

photographer, photographs and photographed varies with the multiple power relations invested. The point of view that is captured in photography is defined by the institutions and agendas of those who commission it (Hattingh, 2012).

This type of documentary photography is intended to alert the upper class and shake them into action "to create social change for the impoverished" (Hills, 2011: 14). These photographs fall in a photojournalistic discourse that is intended to stir an emotional response from the viewer that results in action (Hills, 2011: 16). Yet one may consider whether these images perpetuate a particular kind of stigmatised reaction. What good is the reaction of stigma if it only perpetuates negative stereotypes based in the fear of contagion? Even though such images capture the slices of history that are representative of our visual understanding of HIV/AIDS, a balance needs to be addressed as "cameras miniaturize experience, transform[ing] history into spectacle" (Hills, 2011: 18). Once HIV/AIDS is conceptualised as a spectacle, all sense of reality and impartial visual representations of the disease lose momentum as they are not as attractive, moving or recognised (Hills, 2011: 22). In an era when HIV/AIDS was the 'hot new story', it was to some degree justified that photographers built such visual language of HIV/AIDS, yet these images linger, and the slate cannot be wiped clean. The commonplace person reads these images as *the* visual language of HIV/AIDS rather than the start of the visual language. These images of "skeletal people dying from AIDS" (Hills, 2011: 35) have become part of the mainstream HIV/AIDS discourse.

Documentary photography attaches certain meanings to the image itself (Hills, 2011: 37) and this is intrinsically linked to the theory of semiotics. When one looks carefully at an image, one must consider the visual language it constructs regarding disease in the same way it constructs class, gender, race and sexuality. "How these visions articulate and construct social differences and relations of power" (Hills, 2011: 40) have a direct effect on how such images of disease are interpreted by the society that views them. "The discursive practices of HIV/AIDS as a terminal disease contributed to producing this meaning" (Hills, 2011: 58). Reading such HIV/AIDS images in isolation make it problematic to make a clear and preferred meaning of the image. Hill emphasises that the "site of meaning-making, at the image itself, is influenced by the social modality surrounding the production of that image" (2011: 74).

Mendel uses the power of authorship and photography to "represent his subjects in any way that he chooses" (Godby, 2011: 217). Godby elaborates how HIV/AIDS photographers evoke a sense of the

scale of human casualties of HIV/AIDS, in turn producing images of extreme human suffering to provoke the viewer (2011: 217). These mobilising images are aimed more at or intended for the outside viewer and once taken, overlook the subjects within them (Godby, 2011: 217). Such constructed photographs effectively disempower the subject "by assuming that they are incapable of taking any action on their own behalf" (Godby, 2011: 217).

Mr Justice Edwin Cameron remarked at the launch of *A Broken Landscape* at the South African National Gallery in Cape in 2002, that the collection of photographs aligns to "the reality that confronts his subjects and those around them" (Cameron, 2002). Mendel put together a collection of images that "shock us with their force and closeness" (Cameron, 2002) and "also makes a call to action" (Cameron, 2002). These are all characteristics of photography that elicit emotional responses, and reiterate the stigma associated with such images. *A Broken Landscape* not only illustrates the crisis of AIDS but also the "illness and suffering and dying" (Cameron, 2002) of the disease – not an unbiased take on the visual representation of the disease or those linked to it. These photographs capture what Cameron terms as the "struggle for life against workings of a viral agent" (*A Broken Landscape*, 2002), a perspective that is repeated in the photographs of bodies marked with HIV/AIDS. This commentary on contemporary social events is drenched in associated visual stigma, and is echoed through Mendel's photographs in *A Broken Landscape*.

Gubic considers the social concerns that *A Broken Landscape* addresses. Themes such as apathy and denial, compassion and stigma, and the labelling of individuals play out in the photographs of those infected and affected by the disease of HIV/AIDS. The "primary purpose is to conceptualise visually how individuals with HIV/AIDS experience stigma and to demonstrate how these experiences are affected by changes in the biophysical dimensions of HIV/AIDS" (Gubic, 2009: 27), the conceptualisation of the HIV/AIDS body. The stigmatising condition of the disease, due to its intrinsic link with illness, contagion and death (Varas-diaz, 2003) is paramount to understating both the visual representation of the disease, as well as the reading of images of the disease. The role of the HIV/AIDS body and its connection to stigma associated with the disease is on one hand captured by photographs of the epidemic, and on the other hand resultant of these same photographs.

Mendel's visual language and photographic representation of HIV/AIDS exemplifies the lapse between the genres of 'news' photography¹² and documentary photography, when images "may be understood as documenting the experience of people involved in the event" (Godby, 2011: 218). Trengrove-Jones condemns Mendel's photographic construction of HIV/AIDS in *A Broken Landscape* as being "fatality invisible" (through the repetition of well-known imagery of suffering), "inappropriate" and "redundant" (because of the presence of textual testimonies) (Godby, 2011: 220). Such images promote the stigmatisation of the disease, even when an alternative face of the disease accompanies the images (Varas-diaz, 2003); they are too entrenched in the social consciousness to be re-written or re-read. The body is portrayed as "a dangerous entity" (Varas-diaz, 2003) and substantiated as such as when supposed risks (some founded, some unfounded) of infection through the infected body are visually represented.

"The portrayals of bodies with HIV/AIDS as sick and fragmented entities, which are in a constant deterioration process contribute to the development of stigmatising attitudes towards them" (Varas-diaz, 2003). Photographs of HIV/AIDS that are presented in this manner are evidence that these notions "that the body with HIV/AIDS is inevitably bedridden, fragmented, infectious and therefore not useful in society" (Varas-diaz, 2003) are reinforced and perpetuated through society's reaction to the disease. Perhaps, more than any other contemporary disease, HIV/AIDS has functioned as a "powerful signifier for a range of cultural anxieties" (Persson, 2005).

The stigma associated with the disease illustrates how perceptions of HIV/AIDS have become based in its visibility (Persson, 2005), and this reflects the massive power that visual representations of the disease have on its viewers understanding of it both as a physical disease and social event. The disease, both physically and conceptually, manifests itself in a series of visual body markers that have "come to signify HIV/AIDS socially" (Persson, 2005). It is a way of seeing – and the foundation for 'seeing' HIV/AIDS is stereotypical, perpetuating stigma and hindering a movement away from living with HIV/AIDS *isolated from society*, to living a life with HIV/AIDS *cohesively amid society*.

Mendel, much like Sontag, plays with ideas and representations of metaphor. His photographs are not simply the documentation of an epidemic but rather a visual manifestation of the attitudes and stigmas towards HIV/AIDS, mirroring the way Sontag's writings represent these same social manifestations.

¹² Concerned simply with recording an event (Godby, 2011: 218).

Mendel's images are a useful tool through which to re-read Sontag's work as they are visual products of the social stigmas of the disease. *A Broken Landscape* illustrates these stigmas again, lending one to a re-evaluation of these stigmas and the manner that they are portrayed in the photographs.

Reading Sontag through Mendel

In looking at the photographic representations of HIV/AIDS, and those infected and affected, ten images will be 'read' in view of Susan Sontag's *AIDS and Its Metaphors*; namely photographs taken from pages 15, 16, 17, 43, 94 (top image), 95 (bottom image), 109, 131, 135 (both images) and 137. For ease of reference, these images will be referred to by their page number, and in the case of 135, the top image will be referred to as image 135a and the bottom image as 135b (Mendel, 2001).

Sontag's text *AIDS and Its Metaphors* considers the 'face' of the infected individual and how it relates to the representation and understanding of HIV/AIDS. "The face that illness is associated with the poor – who are, from the perspective of the privileged, aliens in one's midst – reinforces the association of illness with the foreign: with an exotic, often primitive place" (Sontag, 1988: 137). This stereotyping of a particular group who are likely to be infected is key to understanding the social stigma associated with HIV/AIDS. *Image 15* (see Figure 22) depicts an HIV-positive man, Joseph, carried by his mother Dorika. The image addresses these themes of the 'hopeless victim' that is reiterated stereotypically throughout photographic images of HIV/AIDS. The image of the mother carrying the grown son, who is skeletal and unable to walk, is emotional as it is not the natural progression of life. It is evident that he is ill because of his gaunt face and emaciated body. He is Sontag's face of illness (1988: 137).

The image is also coded to highlight Sontag's themes such as poverty and specific 'victim' associated socio-economic profiles. The inclusion of the external environment, the informal housing structure and surroundings reflects the impoverished economic status of both the infected son and his mother. This discourse is linked to the connection between low socio-economic status and HIV infection, which can be linked to the representation of the disease and the associated stigma. This victim persona is a concept that has been considered hand in hand with the representation of disease since the early 20th century, particularly as Sontag talks to the idea that HIV/AIDS is an 'other's' disease. This 'other' is typically represented, as in Mendel's image, as "from the perspective of the

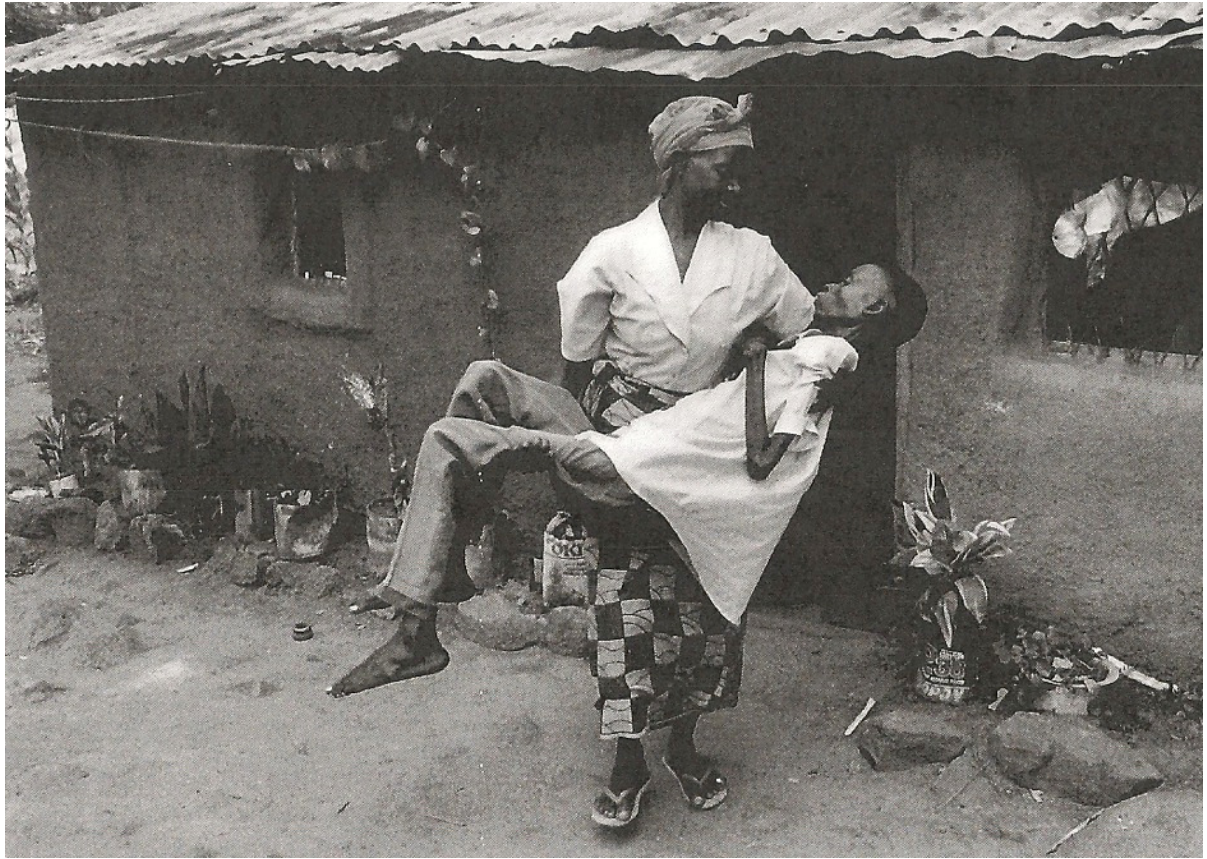


Figure 22 – Gideon Mendel, 2001 - *Image 15*. (Mendel, 2001: 15)

privileged" (Sontag, 1988: 137) upper class, white individual, as poor, poverty-stricken African individuals, and explains visually what is understood in such context of Sontag's text.

Mendel unpacks Sontag's connection between illness and various personas, circling back to ideas around identity and stigma. The signified is the portrayal of an elderly mother and her ill son, and this reflects the signifiers more encompassing concepts. Concepts are played out such as the weak male identity, elderly parents as caregivers, illness represented physically through sunken cheeks and emaciated arms, and a lurking contagion. The image helps to unpack the text as certain visual cues are used in the representation of the disease, that speak more about the disease than the text itself. As the text cuts off at the primary explanation of 'the face' of HIV/AIDS, the image remains seemingly 'un-cropped' and allows for a much wider and unrestricted understanding of Sontag's concepts.

Sontag continues to consider the identity construction of the infected individual and the social effects of stigma and shame that are a product of this identity. This identity is largely made up by what society considers markers of the disease, or "tell-tale symptoms" (Sontag, 1988: 107) that produce the physical characteristics of a diseased individual, and are intrinsically linked to their social identity.

Image 16 (see Figure 23) unpacks ideas of physical manifestations of disease, the "tell-tale symptoms" (Sontag, 1988: 107), which reflect physical markers and socio-economic signifiers of HIV/AIDS, as Joseph continues to be photographed seated, in worn chair, in an emaciated state. The 'hopeless victim' persona and imminent end is reiterated, as *The Bible* is included in the composition. Reading *The Bible* to an ill individual is connected to ideas of last rights and an impending sense of doom. The sense of shame associated with the disease is perpetuated by the inclusion of the shamed mother and on the onlooker, standing in the background, staring over his shoulder at the infected individual. These metaphoric associations of invasion, attack, fighting and surrender reflect a military association used traditionally with illness, and more recently with HIV/AIDS.

Sontag talks to this "military imagery" (1988: 180) as it "over-mobilises, it over-describes, and it powerfully contributes to the excommunicating and stigmatising of the ill" (Sontag, 1988: 180)". As Joseph's mother, Dorika, sits next to him, she holds her face in her hands, visibly upset and by hiding her face, perhaps shameful of the situation. This concept of shame is reiterated in the visual by the inclusion of an outsider in the background of the composition, standing, watching and pondering with his fist placed



Figure 23 – Gideon Mendel, 2001 - *Image 16*. (Mendel, 2001: 16)

on his chin, about the situation. Activating such military metaphors enables associations of the infected individuals being *invaded* by the disease, their physical body and identity being attacked, their long *struggle* and fight, and finally *surrendering* to the disease. The infected individual is immediately cast as the 'other', the enemy, with society stigmatising them and those associated with them. In this image, the connection between the persona of victim and the stigma is enabled by such military metaphoric imagery.

The connection between victim and stigma in the case of disease is substantiated by *Image 17* (see Figure 24). Sontag writes how the "disease is seen as an invasion of alien organisms" (1988: 95) and how "what counts more than the amount of disfigurement is that it reflects underlying, on-going changes, the dissolution of the person" (1988: 127). The photograph depicts Joseph lying in a bed, being dressed by a helper. Joseph is again depicted as a skeletal, hopeless victim, the "disfigurement" (Sontag, 1988: 127) of the disease marking the individual physically. The photograph is entrenched in the concept of shame, as the composition reflects the two figures within a closed space are hidden from the outside world.

The photographer also seems to have taken the image from the other side of the door, startling the caregiver, who looks up surprised and wide-eyed. The image uses cues to signify themes and concerns of stigmatisation and contagion, clarifying Sontag's text. As Joseph lies emaciated on the bed, unable to dress himself, he is characterised as a victim, and as he lies in a darkened room hidden from society he is visually stigmatised. This image uses the idea of hopelessness theatrically, and talks to the social commentary acted out in the image. This image specifically reflects the social stigma and fear associated with the disease, as the subjects of the photograph are purposefully hidden from view, in a dark closed off space. The emaciated physical form "reflects underlying, on-going changes, the dissolution of the person" (Sontag, 1988: 127), which connects to fears of contagion and the 'lurking' infection that could affect healthy individuals. Military metaphors are substantiated because even though someone may not appear to be ill he or she may well be HIV-positive, which means that everyone could be under attack, or everyone is at risk of infection. The subjects of the photograph are almost embarrassed by the invasion of their privacy, shameful of their association to the disease. The visual representation of the disease is a mixture of social commentary, fear of contagion, stigmatisation and shame and explains Sontag's writing on the subject as these ideas are visually captured.

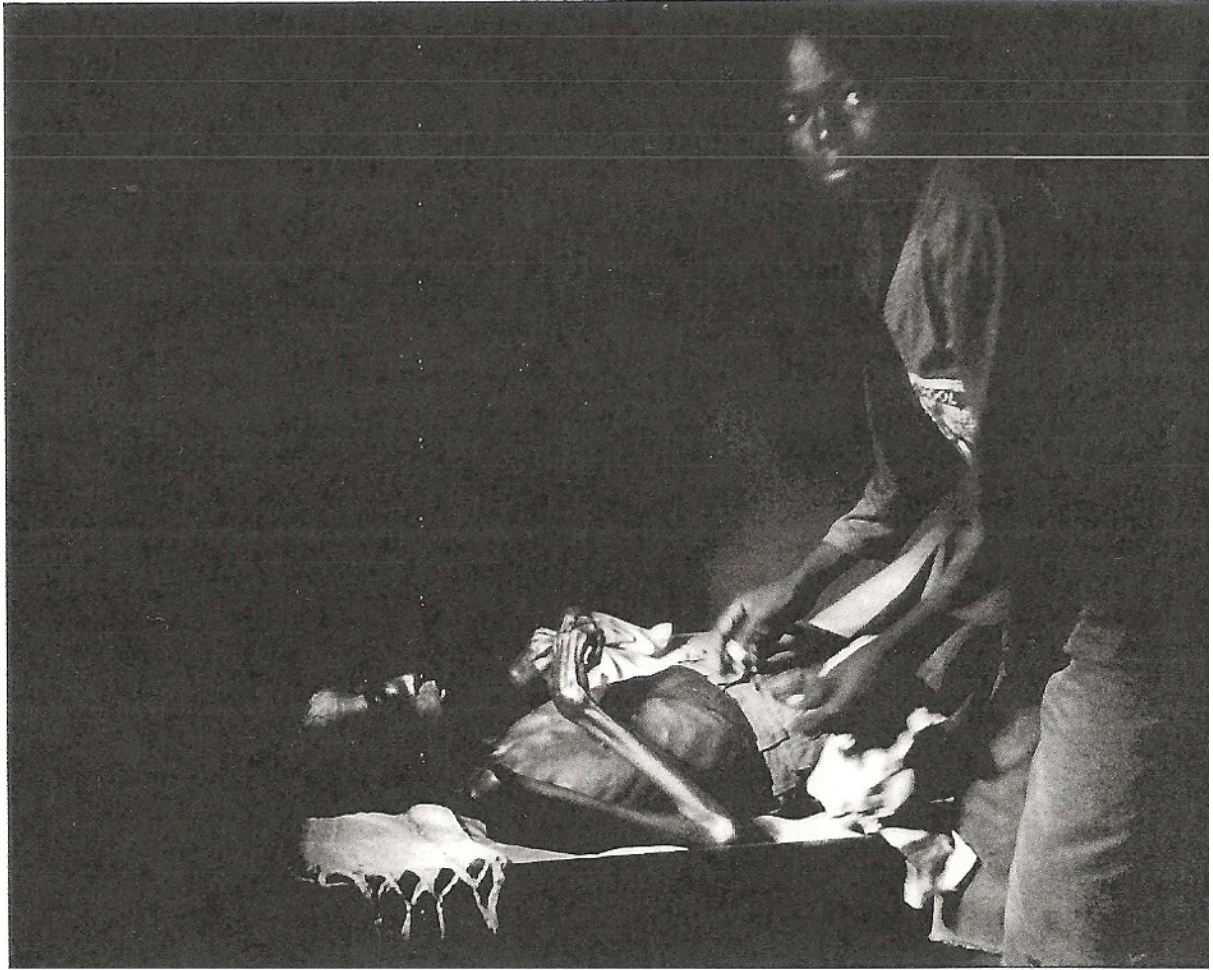


Figure 24 – Gideon Mendel, 2001 - *Image 17*. (Mendel, 2001: 17)

Image 43 (see Figure 25) is an image that displays the approach of death, and specifically the fear of contagion that comes hand in hand with an HIV/AIDS-related death, which Sontag unpacks when she considers the degrees of illness in regards to HIV/AIDS. “Construing the disease as divided into distinct stages was the necessary way of implementing the metaphor of ‘full-blown disease’” (Sontag, 1988: 115), which is viewed as inevitable, and this enhances the fatalism already in place (Sontag, 1988: 116).

While a mother clutches the limp body of her dying, if not already dead, son the photograph illustrates the fear and associated risk of disease. The infected individual has reached ‘full-blown’ AIDS, and the fatalism and stigma associated with this final stage. His mother is being pulled away from him by outsiders, almost as if they are fearful that she will be contaminated by his disease, if not physically then certainly socially. As the mother figure is pulled away from her dying son, an anonymous Caucasian hand, presumably the doctors, has entered the composition, confirming death.

The roles of each player in the scene exemplifies Sontag's previous sentiments around stereotyping of the disease being a ‘poor, black person's disease’¹³ – a myth perpetuated by such a photograph. A black patient, being treated by a white doctor, not only perpetuates the myth that this is a racially orientated disease, but also reiterates the socio-economic factor of the disease. There is a hopeless and fatal atmosphere to the image. The triangle between the individual of disease (the physical marked, infected individual), the place of disease (the hospital, the social construct of the disease), and the resultant level of disease (death) is jesting in the composition of the photograph.

This three-part representation illustrates Sontagian views toward the disease; firstly the “‘full-blown’” (Sontag, 1988: 116) stage based quality of the disease, secondly the “construing” (Sontag, 1988: 115) space of the disease, built on stigma and social fear, followed finally by the inevitability and fatality of the disease (Sontag, 1988: 116), regardless of whether the individual has reached the final and fatal stages of infection. The characters of the story are signified and the ‘who, where and what’ is identified. Visual signifiers propagates this three-fold relationship, and these are the elements that are intrinsically associated with these key characters: fear, poverty, racial discrimination and stigma. This photograph plays on the fear of contagion, the socio-economic and (seemingly hand-in-hand) racial

¹³ An idea formed during Mbekhi's Denialism period in South Africa, when the disease of HIV/AIDS was viewed as a constructed disease, something that ‘whites created to control black population growth’ (JournAIDS, 2013).



Figure 25 – Gideon Mendel, 2001 - *Image 43*. (Mendel, 2001: 43)

discrimination of the disease, and the overriding stigmatisation experienced with HIV/AIDS. The image does not have an associated title or caption; it stands alone and isolated much like the infected individual, and in doing so, captures Sontag's text rather than relying on it.

The narrative of *Image 94* (see Figure 26) takes a consequential turn as it addresses the result of this tri-factor (the who, where and what). The characters however have taken a metaphorical shift in shape, moving to a resultant nature of the individual of disease (the coffin maker), the place of disease (the coffin), and the result of disease (death). "'Metaphor', Aristotle wrote, 'consists in giving the thing a name that belongs to something else'" (in Sontag, 1988: 91) and metaphor is the crux in social understanding of intangible things, such as disease.

Although this photograph is void of any visible, physically ill individuals, illness is signified through the metaphoric. The image pictures two carpenters building coffins. This does not actually illustrate the physical death associated with the disease but it is signified through the metaphor of the coffins. The business, with which these two coffin makers are working, shows the increased demand for coffins, and in such the increased mortality rate. The final and almost most startling signifier is that of the size of the coffins being produced. These coffins are small coffins to encase the bodies of children. The coffins act as a visual cue and as a carrier of meaning for something that it is not actually shown as, a metaphor for the fatal disease of HIV/AIDS.

The shift in the character of death, as the narratives moves from that of an adult's story to that of a child's story, reflects the metaphor of the disease, as the smaller child-size coffin suggests the 'innocence' of the victims of an epidemic. The child-size coffin talks to the acquisition of the disease, the nature in which it is passed to children, and although it starts to highlight that this is often not related to sexual behaviour but blood and bodily fluid transitions, it embodies an eeriness and 'dooms day' atmosphere, associated to the death of children. The 'dooms day' epidemic is illustrated by the increased production of the small coffins and "it is usually [such] epidemics that are thought of as plagues" (Sontag, 1988: 131).

The increased death of the youth due to HIV/AIDS depicts the loss of the future, which is what many of HIV/AIDS photographs representing the epidemic capture. Because of the nature of a plague, there is again a sense of hopelessness that is explored in this photograph. Other issues such as the perpetuating



Figure 26 – Gideon Mendel, 2001 - *Image 94*. (Mendel, 2001: 94)

cycle of the disease, and (due to the fact that mother-child transmission of the disease can be avoided if the right precautions are taken) the role that uneducated ideas and stigma play in regard to the infected and those who judge them, help to substantiate the reading of Sontag's consideration of metaphor and plague.

Image 95 (see Figure 27) is also noticeably devoid of 'sick figures', playing rather on the aftermath of the disease (death) than the physical presence of it, using the lack of figures as a metaphor for the disease. "Disease is regularly described as invading the society" (Sontag, 1988: 95) and the graves are an illustration of this (military focused) invasion. The mass graves pictured are freshly dug. There are funeral proceedings happening at the same time, as a large group of the community looks on. These mass graves depict the physical product of the epidemic, and the large groups of mourners illustrate the impact that the disease has on communities as a whole. HIV/AIDS has *invaded* this social space (Sontag, 1988: 95) and the graves are a reflection of this invasion, they illustrate the collateral damage of this 'war'.

The epidemic, due to its increased infectious rate and rapid spread is in many contexts related to a modern day plague and Sontag reiterates as she explains that the "'plague' is the principal metaphor by which the AIDS epidemic is understood" (1988: 130). The graves are not in a manicured graveyard but almost look ramshackle and in a place not primarily meant as a gravesite. There are so many graves that need to be dug, that it is common for graveyards to spill over onto neighbouring open land. Urgency about the growing situation is illustrated. The demand for space to bury the dead is overwhelming, not only in reality but also in this photograph. This uncultivated landscape also talks to ideas poverty, as the land is not fertile or giving of its excess.

"Many want to view AIDS metaphorically – as, plague-like, a moral judgment on society" (Sontag, 1988: 146) and the barren land, numerous gravesites and fearful bystanders reiterate this idea. As most of the crowd stands slightly back from the graves it almost appears as if they are fearful of being too closely associated with death and disease, they are nervous of being associated with such 'judgement' and they attend the funeral but from a 'safe' distance. There is an attitude of shame surrounding these events. This shameful atmosphere is intrinsically linked to associated stigma, and the uneducated responses toward the disease of HIV/AIDS, from contagion to resultant death. The scene looks hopeless, with hanging heads and sad expressions. The photograph is reminiscent of apocalyptic landscapes



Figure 27 – Gideon Mendel, 2001 - *Image 95*. (Mendel, 2001: 95)

and pillaged war field landscapes of Renaissance paintings. The photographs signify the immense physicality of multiple graves, and in turn the lack of emaciated and 'marked' individuals. The photographs seems to capture the texts sentiments that there are too many to plan for, that there is an impending sense of doom, and finally that there is a need to protect yourself from this prevailing character of death.

"In the description of AIDS, the enemy is what causes the disease, an infectious agent that comes from the outsider" (Sontag, 1988: 103). Mendel addresses this prevalent concept of stigma in *Image 109* (see Figure 28), as isolation and discrimination play out in the photograph. The physically emaciated, and assumedly sick individual, is lying alone, isolated in a bare and dark space. Hiding away from society on one hand, and being shunned by society on the other, Janet (the women photographed in this image) has been physically divorced from society by her disease. "Like other disease that arouse feelings of shame, AIDS is often a secret, but not from the patient" (Sontag, 1988: 121) and stigma, has played out physically, not only in that her illness has marked her physically as an outsider, but as a carrier and associate of shame.

This narrative of being divorced by society is played out as through the window of her isolated room, two other members of the community are shown, eating together and living socially. While Janet is alone in a dark room, other members of society are gathered together, sharing a meal, in the light of day. Janet represents the "outsider" (Sontag, 1988: 103) who is a carrier of the disease, and is presumed to be as such a primary source for bringing the disease into this social space. This accusation brings associations of blame and guilt. This visual out casting of an HIV/AIDS-infected individual reflects the heavily layered and complicated cultural beliefs around the disease, compounded in Mbeki's Denialism era

Sontag's text on the idea of isolation from society, through guilt, blame, fear and stigma, is unpacked in this image. The idea of the boundary, both physical and metaphorical, is also highlighted in this image and talks to Sontag's idea of the disease as being varied and brought 'in' from an outsider, as well as being something that is associated with shame. The wall is not only evident of the physically boundary between the sick individual and the community as a whole, but also the metaphorical boundary of stigma; the boundary between the accepted and the shunned, the insider and the outsider, the ill and the healthy.

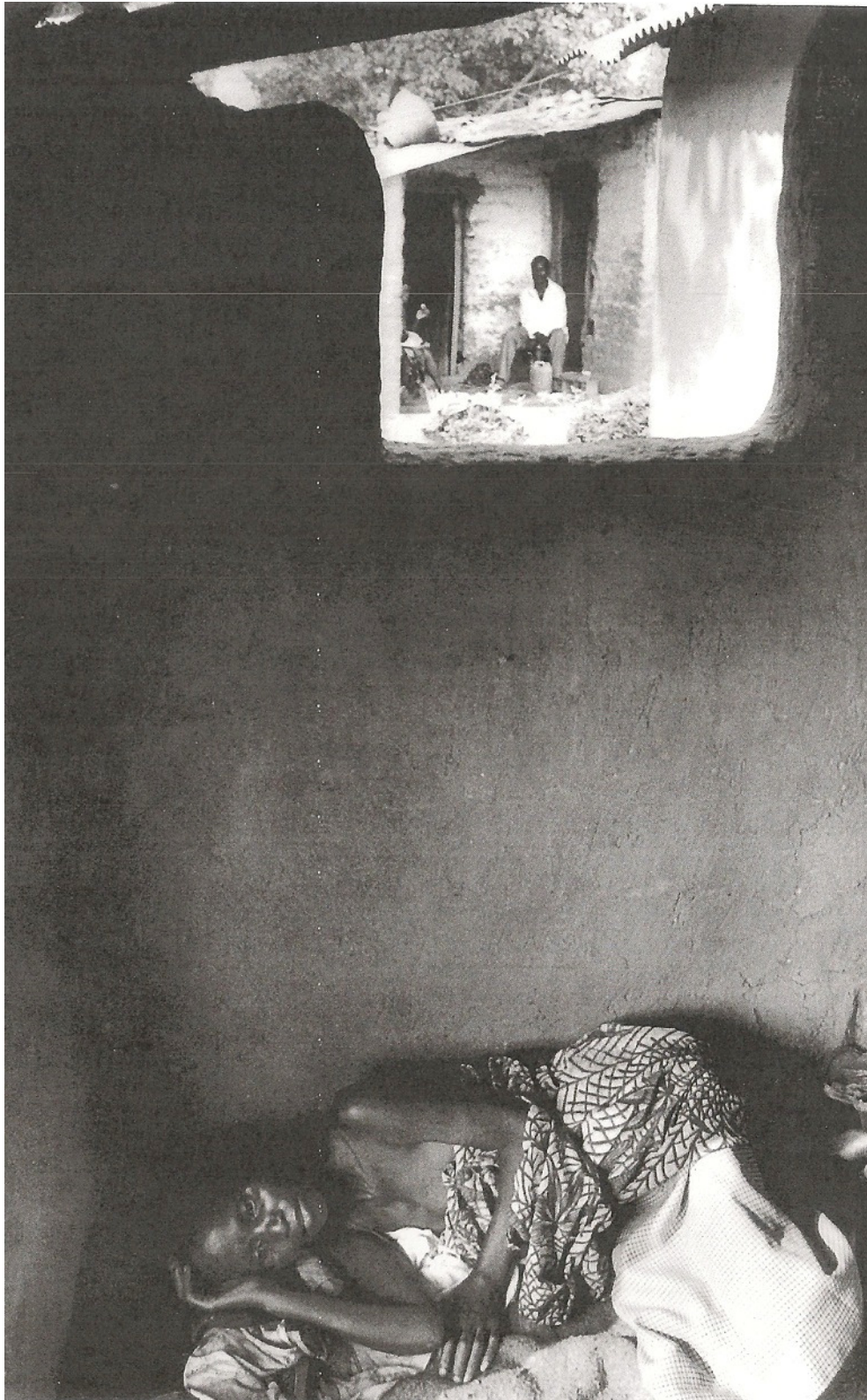


Figure 28 – Gideon Mendel, 2001 - *Image 109*. (Mendel, 2001: 109)

The after effects are felt in “seeing how much the very reputation of this illness added to the suffering of those who have it” (Sontag, 1988: 97), as well as those associated to it. The photographic story starts to explore these after effects of HIV/AIDS as it deals with grandparent-run households and orphaned children. *Image 131* (see Figure 29) shows an elderly female figure, pictured with two smaller children. These children are orphaned and are being cared for by their older family members, and this engages the family dynamic of the epidemic. The photograph also depicts ill children, as the disease has most invariably been passed onto the children via their infected parents. The children's symptoms present themselves as physical markers, as is depicted by the small boy's infected skin and marked body. These physical markers cause the small child to be stigmatised from society as a whole, both metaphorically and physically.

“The illness flushes out an identity that might have remained hidden from neighbours, job mates, family, friends” (Sontag, 1988: 110) and this is depicted in Mendel's photographic image. These visual markers of the disease act as a warning to the reader that this child is infected with disease. Even within the frame of the photograph, the small (marked) child is situated away from the other figures within the space captured. The grandmother and the girl child are placed further back in the composition, away from the marked boy child, leaving him isolated and segregated within the space. This is reiterated by the way the small girl child is embraced by the grandmother figure, while the small boy child is not. He has been isolated from society, and even his family. Small, orphaned sick children are signified in this image, going hand-in-hand with the abandoned child, as a metaphor for disclosure of identity and HIV/AIDS status. This substantiates the idea that once HIV/AIDS has visibly marked an individual, they are segregated from society. The “very reputation of this illness” (Sontag, 1988: 97) is illustrated in this image, as the status of the infected individual is disclosed, and he is thus stigmatised.

Photographs taken in the Children's ward in Ngwelezane Hospital, South Africa, depict the physical result of HIV/AIDS in small, often abandoned children. This visual explains the text that Sontag uses to address the idea of victims and innocence related to the disease, and specifically diseased children. “Victims suggest innocence” (Sontag, 1988: 97) and innocence suggests guilt and shame, and again those involved in the act of infecting the innocent (mother of unborn children, uneducated nurses giving infected blood transfusions) are stigmatised through guilt.



Figure 29 – Gideon Mendel, 2001 - *Image 131*. (Mendel, 2001: 131)

"The discovery that the virus can 'lurk' for years in the macrophages – disrupting their disease-fighting function without killing them" (Sontag, 1988: 105) is also key to the sense of fear associated with the disease, as even those who appear healthy may in fact be infected. A small, healthy looking and well-fed infant is lying on an examination table in *Image 135a* (see Figure 30). She *appears* to be healthy, uninfected, and unaffected by the disease. There are two other female figures within the composition: a nurse to the left and another figure (presumably) the mother to the right. The nurse takes blood samples from the small child, however neither is distressed.

The figure to the right, the mother, however is very distressed, hanging her head as she holds the infant's legs and feet. She appears to be forlorn and visibly upset. "And innocence, by the inexorable logic that governs all relational terms, suggests guilt" (Sontag, 1988: 97). The guilty figure is emotional and upset over the seeming infection of the innocent, the child. The HIV/AIDS disease seems to be hiding in the body of this seemingly healthy small child, and even though the physical symptoms have not yet presented themselves, they are causing distress to her caregivers. This *victim* of the disease is fighting a metaphoric war with the disease, keeping 'tell-tale symptoms' at bay while fighting HIV/AIDS. The visibility degree of infection unpacks the idea of the virus lurking for years without causing the infected ill health, or stigmatisation. This medical space, a space that can be connected to ideas of healing and caring, is now associated with a lurking illness, sly and undercover.

Why is the mother crying – from hopelessness, as there is no known cure for HIV/AIDS, because her infant is a victim fighting a losing battle of illness, or is the mother shamed by the diagnosis – as if the diagnosis is a dark secret that has now been let out of the closet? She hides her face (unless it was the photographer's choice not to reveal her face) and her identity is concealed – is this an act to prevent stigmatisation through association to the disease? Even though the markers of the disease have yet to show themselves, the fear, shame and stigma are impending. It certainly plays out as such in the image, explaining the text as it does so. Another consideration is that she is hiding her face because she has failed to protect her innocent infant from the disease, failing her motherly responsibilities. The mother becomes the hopeless victim, shrouded in stigma and shame, through and because of association with her infected infant. She can only hide her identity as an infected individual until the illness physical marks her victimised child, then she is visibility associated and identified with HIV/AIDS.



Figure 30 – Gideon Mendel, 2001 - *Image 135a*. (Mendel, 2001: 135)

This photograph is an oxymoronic combination of signifiers in that it depicts a happy, seemingly healthy infant in opposition to a crying, hopeless mother, a responsible mother bringing her small child to a medical space for tests in opposition to a mother negating protective responsibilities, a healthy infant in opposition to the medical apparatus that surround her, a happy face in opposition to an impending sense of doom.

The accompanying *Image 135b* (see Figure 31) is an 'after' shot of the infant child photographed, or perhaps another sick infant photographed at the same time, but regardless, it is the contrast between *Images 135a* and *135b* that brings the photographic conversation to life. "Now the generic rebuke to life and to hope is AIDS" (Sontag, 1988: 109). This text is further considered by the visual cues of death and looming doom linked to the image of a small, victimised child, innocent in his or her infection yet stigmatised by society.

This is recognised in the context of the two images. As much as the image is a photograph that stands in its own right, the way that Mendel has accompanied this photograph with the photograph above creates a specific narrative based on contrast. *Image 135b* pictures an ill, emaciated infant, with feeding tubes inserted into his or her nose and bandages covering and wrapping up his or her hands. Not only does this small child look visibly sick, marked by exposed ribs facial sores around the mouth and revealing bones poking through taught skin, but also the child is alone in the image, unaccompanied by a mother or nurse. "The body's own cells become the invader" (Sontag, 1988: 104) attacking itself, breaking down the victim's future. Perhaps an individual is standing just outside of the shot frame, yet the photographer chose to photograph this infant seemingly without anyone else around, alone. Is this small child alone because of the same reasons that the mother in *Image 135a* hangs her head in shame, hopelessness and associated HIV/AIDS stigma? This photograph portrays the infant as the abandoned victim.

The infant takes the role of the victim as he or she was most likely were 'given' the disease from choices that were not of his or her making (sexual behaviour of mother or father, breastfeeding, blood transfusions etc.). The child has also been abandoned as no one sits by his or her side, caring for this ill small child.



Figure 31 – Gideon Mendel, 2001 - *Image 135b*. (Mendel, 2001: 135)

The crucial concept that is visually elaborated is that of HIV/AIDS associated stigma, and it is signified by the emaciated child, who has visible skin wounds and physical markings of disease. These all talk to Sontag's text on the disease emulating itself physically through body markings, as well as the segregation that these markings cause due to their visibility, as a metaphor. These pointers reiterate that stigma is a culmination of things, something that is layered in societal fear and visual keys, and something that shows the identity of the infected, as well as those associated with it.

Finally, *Image 137* (see Figure 32), which was taken at Nazareth House in Cape Town, South Africa, acts out the culmination of *A Broken Landscape* visual narrative. Concepts such as stigma, fear, shame, and societal paranoia are substantiated in Mendel's visual collection, further verifying Sontag's text. "What makes the viral assault so terrifying is that contamination, and therefore vulnerability, is understood as permanent" (Sontag, 1988: 106), enacting Sontag's textual considerations visually.

This image pictures Josaphat who was abandoned in a hospital and brought to Nazareth house. Her body is riddled with physical markers, such as the skin rash, and she is cared for through the protective barrier of rubber gloves on because her skin is covered in a fungal infection. The disease has dictated this segregation of skin-on-skin contact. Fear, shame and guilt perpetuate such paranoia, and in turn the representation of the disease is visually reiterated. This photograph captures the last days of an emaciated and sick baby.

The latex gloves pictured not only reflect the advanced degree of this disease, but also visually represent the stigma and fear of contagion associated with the disease that Sontag debates. Visually, the gloves seem to represent yet another barrier between the infected and the healthy, the metaphoric barrier between segregation through association that Sontag discusses. These latex gloves visually convey ideas of contagion, fear and barriers (social, physical and psychological) when dealing with HIV/AIDS. "And even more promising than its connection with latency is the potential of AIDS as a metaphor for contamination and mutation" (Sontag, 1988: 153), as even though the baby doesn't appear to be in the final stages of the disease, she is seemingly infectious and gloves are used in a preventative manner by her caregiver.



Figure 32 – Gideon Mendel, 2001 - *Image 137*. (Mendel, 2001: 137)

This image is as emotionally charged, as it is heart breaking that this baby cannot be held and comforted by human touch for fear of fungal infection. The visual signifiers of protective gloves and physically marked babies substantiate these core textual ideas. The baby, although being cradled in the hands of a caregiver, is the only face captured in this photograph, and in turn is alone as an identity in the photograph. Whether the child is in the final stages of HIV/AIDS is irrelevant, as it is the fear of contamination and persistent vulnerability that are the significant visual cues of the image. There is always a threat of "contamination and mutation" (Sontag, 1988: 153). While the baby is being cared for, affectionately touched and fed, the latex gloves pervade the composition and bring with them an impending sense of doom, something that overrides this photographic narrative as a whole.

Throughout the reading of Mendel's images used to unpack Sontag's text, one can note that they are specifically coded by manipulating composition, subjects and signifiers. The socio-documentary character of the images consistently perpetuates stigmatised ideas around HIV/AIDS that Sontag sets up in her text. These 'gallery'¹⁴ images, though divorced from the current (2012-3) context of the disease, show a stereotypical representation of the disease. This formulaic visual language, in turn, explains the ideas that Sontag grapples with in the same textual representations of a life *succumbing to* HIV/AIDS. As Schell suggests, the "images of devastation and starvation in Africa have helped constitute the continent ... as a habitat where humans are victims and disease and famine have the upper hand" (in Campbell, 2008: 37-38).

One must not forget the illusion of reality that the text can carry and recognise clearly as a consciously fashioned representational product. The "power of photography to bear witness" (Hills, 2011: 15) is shown repeatedly in *A Broken Landscape* as it visually illustrates the key ideas, concepts and relationships that are considered in Sontag's *AIDS and Its Metaphors*. The image reads the text, and in turn unlocks a deeper understanding of the elements that make up a particularly pivotal piece of writing about the understanding and representation of HIV/AIDS. Meaning can change, meaning is never fixed (Hills, 2011: 9), "meaning needs to actively be made through reading or interpreting an image" (Hills, 2011: 9). In order to find meaning in text, one needs to read the image, that is, to read text through the image.

¹⁴ Gallery photographs – when photographs are compiled to create a collective narrative, and are then displayed in the space of a gallery, a white cube, almost devoid from contextual frames.

Chapter Six

Conclusion

"Images are visual quotations" (Sontag, 2003: 22), they are what we understand about something in a visual form. They can illustrate how varied ideologies produce different social and public understandings of something, and in turn, reveal the way understanding about, and reactions, to the HIV/AIDS pandemic are generated (Bleiker, 2007: 140). Photographs are seen as having a truth value (Bleiker, 2007: 140), allowing the viewer to consider what is perceived as a realistic insight into the events and people depicted. Yet, despite a photograph's imitative reproduction of reality, it is no different from any other form of representation, such as text, which provides multiple avenues for interpretation (Bleiker, 2007: 140).

The way the photographer captures photographs, and the way in which they produce a way of thinking about what is photographed, is vital to the analysis of the HIV/AIDS photographic image. This is vital to understanding the way HIV/AIDS is understood by those who view these images.

The way HIV/AIDS has been visually represented in the past has formed an understanding of the disease that Western society has taken with it into the present and will likely perpetuate in future interactions with the disease. The photographs characterise the visual representation of how society already understands the disease and are thereby not considered 'new'. More so the visual representations of "those who are infected or affected by HIV/AIDS have come to be decisively shaped by how we represent what it means to live with the disease" (Bleiker, 2007: 159).

The way in which both textual and visual representations of HIV/AIDS are 'read' is paramount. This study explored how the HIV/AIDS epidemic is dealt with through the 'truth-telling' medium of Mendel's documentary photography, as well as the way in which Sontag considers the ramifications of a particular kind of representation and conceptualisation of disease. In analysing text through the use of images, rather than the traditional consideration of image through text, this study sought to compel a 're-reading' of such representations. Indeed, Mendel's photographic visual representations echo Sontag's metaphoric considerations of illness, disease and HIV/AIDS. The contexts of Mendel's photographs perpetuate social ideologies and thoughts surrounding the disease, perhaps hindering the

life and lifestyle of the infected individual. It is important to remember that it is not just the infected individual, but the affected individuals associated with HIV/AIDS.

Metaphors play an important role in the constructions of such representations, both textually and visually anchored. "Of course, one cannot think without metaphors" (Sontag, 1988: 91), and one needs to compare, associate and connect one thing with another in order to have full comprehension of a subject. In ancient Greece, at the outset of Western medicine, "important metaphors for the unity of the body were adapted from the arts" (Sontag, 1988: 93). This set the tone for the concept and representation of the "body as a factory, an image of the body's functioning under the sign of health, and the body as a fortress, an image of the body that features catastrophe" (Sontag, 1988: 94). This built a metaphoric foundation from which to understand and later represent the body, in health and in illness. The "war against disease" (Sontag, 1988: 96) has been 'fighting' since the first inception of the attack of the common cold. Sontag, along with others, persist that such "military metaphors contribute to the stigmatising of certain illnesses and, by extension, of those who are ill" (Sontag, 1988: 97). This has been shown in Mendel's visual representations of HIV/AIDS, and in turn Sontag's consideration of such representations in *AIDS and Its Metaphors*.

This study has unpacked ideas around photography, text, stigma, stereotypes, shame and fear, and epidemics. Representations of disease and, specifically HIV/AIDS, are primarily built on an accumulation of these factors, and therefore manipulate the social interactions with infected or affected individuals. "These metaphors are central to ideas about AIDS that distinguish this illness" (Sontag, 1988: 156) and are central to the relationship between text and image. The act of signalling out those 'marked' by the disease is paramount in recognising, and further appreciating the manner in which these relationships have been constructed. Images as visual representations of the disease encompass a sense of globalism and in their nature tend to encompass meaning rather than reduce it. Text on the other hand often 'crops' meaning, being too microcosmic or exclusive in its representations of an idea. Encouragement is then given to images as being primary meaning carriers, giving the viewer explanation to text rather than requiring the viewer to rely on it for explanations.

Photography is recognised in everyday life as having a quality of 'truth-telling' and is considered a "technology of visualisation" (Campbell, 2008). Photographs are unavoidably polysemic, and carry multiple layers of meaning association and understandings. Metaphors are used consistently and

persistently in these visual representations of reality in order to imbue these photographs with some meaning, to make them 'meaning-carriers'. When considering the text then, images can be the vehicle for this understanding.

Representations of HIV/AIDS have a strong link to the history and conceptualising of the disease. "AIDS occupies such a large part in our awareness because of what it has been taken to represent" (Sontag, 1988: 170), what metaphors it carries and the links that these metaphoric associations create. The way in which the disease is visualised, and even represented in text, is critical to developing an understanding about the strong relationships the disease has with social stigma, fear, shame and guilt. Mendel uses visual cues to connect to these key issues metaphorically, and in so doing unpacks Sontag's theory around the representations of disease. The different types of images and text, the manner in which they are constructed and the way in which the viewer receives them can influence these sorts of analysis. This study has used Mendel's photography as a 'tool' to dissect Sontag's writings on the subject.

The fact that Mendel's imagery is of a more recent 'time stamp' than that of Sontag's helps to illustrate this 'new' reading of text through image. Used as a template for unpacking complex concepts and constructions of representation in text, Mendel's photographs can be used through their visual construction – composition, visual cues, signifiers and metaphoric associations – to analyse and unload writings from almost two decades ago. Contemporary imagery is more accessible to contemporary society, and can thereby increase the accessibility of 'older' texts when used as a 'reader' for these texts.

Both image and text facilitate a different representation of disease, neither is more relevant nor successful than the other. What does however seem to be more tangible and relatable to a contemporary society is the manner in which medium is used to understand and unpack meaning. Text is now taking a back seat as the primary meaning maker, and with the accessibility of images, of photographs, concerns such as literacy and language barriers are becoming outdated. Images are the 'pictures in a story book', the words that have no language, no diction, no barrier.

The intrinsic relationship between image and text only makes for easier 'reading' and not only substantiates the reading, but the metaphoric meaning that is carried by both. Using text to read

image is becoming outdated and using image to read text is becoming 'easier'. The World Press Photo images are analysed in light of the multiple representations of HIV/AIDS. Reading photographs to read text introduces concepts around social constructs of images and text, and the resultant relationship between both tools of representation. Rather than relying on text as the primary vehicle by which to make meaning, this paper has illustrated the option of using images to decipher text. This facility to consider meaning primarily in the visual, and use it to unpack the secondary meaning maker of text, is perhaps what analytical schools of thought are lacking; this renegotiation of analysis of meaning, using images to own meaning, and in turn make clear the meaning of the non-visual realm of text.

List of Images

Figure 1 - Alon Reininger, 1986. *World Press Photo of the Year*. [electronic print] Available at:

<http://www.archive.worldpressphoto.org/search/layout/result/indeling/detailwpp/form/wpp/q/ishoofdafbeelding/true/trefwoord/year/1986> [Accessed 14.04.2013].

Figure 2 – Mike Goldwater, 1987. *Daily Life, Honorable mention*. [electronic print] Available at:

<http://www.archive.worldpressphoto.org/search/layout/result/indeling/detailwpp/form/wpp/start/28/q/ishoofdafbeelding/true/trefwoord/year/1987> [Accessed 14.04.2013].

Figure 3 – Jane Evelyn Atwood, 1987 - *Daily Life stories, 3rd prize*. [electronic print] Available at:

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Figure 4 – Therese Frare, 1990 – *Budapest Award, Individual awards*. [electronic print] Available at:

<http://www.archive.worldpressphoto.org/search/layout/result/indeling/detailwpp/form/wpp/start/2/q/ishoofdafbeelding/true/trefwoord/year/1990> [Accessed 14.04.2013].

Figure 5 – Frank Fournier, 1990 – *General News, 1st prize*. [electronic print] Available at:

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Figure 6 – Frank Fournier, 1990 – *General News stories*. [electronic print] Available at:

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Figure 7 – Steve Dykes, 1992 - *People in the News, 1st prize*. [electronic print] Available at:

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Figure 8 – Paolo Pellegrin, 1994 – *Daily Life*, 1st prize. [electronic print] Available at:

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Figure 9 – Stephan Vanfleteren, 1996 - *People in the News*, 2nd prize. [electronic print] Available at:

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Figure 10 – Gideon Mendel, 1997 - *General News stories*, 1st prize. [electronic print] Available at:

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Figure 11 – Nancy Andrews, 1998 - *People in the News*, 2nd prize. [electronic print] Available at:

http://www.archive.worldpressphoto.org/search/layout/result/indeling/detailwpp/form/wpp/q/ishoofdafbeelding/true/trefwoord/photographer_formal/Andrews,%20Nancy [Accessed 14.04.2013].

Figure 12 – Gideon Mendel, 2000 - *Daily Life*, Honorable mention. [electronic print] Available at:

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Figure 13 - Aleksander Nordahl, 2001- *Daily Life*, Honorable mention. [electronic print] Available at:

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Figure 14 – Kirsten Ashburn, 2002 - *Portraits stories*, 3rd prize. [electronic print] Available at:

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Figure 15 – Lu Guang, 2003 - *Contemporary Issues*, 1st prize. [electronic print] Available at:

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Figure 16 – Walter Schels, 2003 - *Contemporary Issues Stories*, 2nd prize. [electronic print] Available at:

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Figure 17 – Per-Anders Pettersson, 2006 - *Contemporary Issues*, 3rd prize. [electronic print] Available at:

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Figure 18 – Pep Bonet, 2008 - *Portraits stories*, 2nd prize. [electronic print] Available at:

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Figure 19 – Darcy Padilla, 2011 - *Contemporary Issues*, 2nd prize stories – *The Julie Project*. [electronic

print] Available at: <http://www.worldpressphoto.org/photo/2011darcypadillacis2-il> [Accessed 14.04.2013].

Figure 20 – Darcy Padilla, 2012 - *Daily Life*, Honorable Mention stories - Jason & Elyssa. [electronic print]

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Figure 23 – Gideon Mendel, 2001. *Image 16*. [photograph] (Gideon Mendel Collection).

Figure 24 – Gideon Mendel, 2001. *Image 17*. [photograph] (Gideon Mendel Collection).

Figure 25 – Gideon Mendel, 2001. *Image 43*. [photograph] (Gideon Mendel Collection).

Figure 26 – Gideon Mendel, 2001. *Image 94*. [photograph] (Gideon Mendel Collection).

Figure 27 – Gideon Mendel, 2001. *Image 95*. [photograph] (Gideon Mendel Collection).

Figure 28 – Gideon Mendel, 2001. *Image 109*. [photograph] (Gideon Mendel Collection).

Figure 29 – Gideon Mendel, 2001. *Image 131*. [photograph] (Gideon Mendel Collection).

Figure 30 – Gideon Mendel, 2001. *Image 135*. [photograph] (Gideon Mendel Collection).

Figure 31 – Gideon Mendel, 2001. *Image 135b*. [photograph] (Gideon Mendel Collection).

Figure 32 – Gideon Mendel, 2001. *Image 137*. [photograph] (Gideon Mendel Collection).

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