

POLICING DESIRE

PORNOGRAPHY, AIDS
AND THE MEDIA

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Chapter Three

Moral panics

In 1941 the English novelist Sylvia Townsend Warner wrote to an American friend comparing the German propaganda machine to “a clown with homicidal mania – ludicrous and terrifying both at once”.¹ However we may personally respond to the general sleep of reason surrounding Aids, we are nonetheless obliged to try to make some wider sense of the social climate in which we find ourselves. Writing in *London Portrait* earlier this year, John Withington described the number of people with Aids in the United States as “fairly small” (16,000), a figure which in itself offers a profound and significant underestimate. The 300 British cases were regarded as “small beer” compared to the notorious influenza epidemic which killed some twenty million people worldwide after the First World War. Such judgements and comparisons are all the more odious for the casual, matter-of-fact way in which they are presented, as if Aids and the influenza epidemic of 1918 co-existed in some timeless dimension of abstract medical statistics, as well as mischievously conflating the very different issues of infection and contagion. Withington suggests that the HIV virus “seems to behave completely differently” in Africa where, we learn, it “seems to affect men and women equally”, concluding that “perhaps the virus just behaves differently in the tropics.”

It is nonsense such as this which makes up the greater part of Aids commentary in the West, with an ideological stethoscope stuffed firmly in its ears to block out any approach to Aids which does not conform in advance to the values and language of a homophobic science – a science, that is, which does not regard gay men as fully or properly human. Thus, according to Peter Seitzman, a Manhattan doctor, American

“hospital policies have more to do with other patients’ fears than a concern for the health of Aids patients”.²

Five years into the epidemic, the “commonsense” of Aids commentary continues to register endless concern at the (non-existent) threat of infection by casual contact, to the complete disavowal of the real and constant threat which other sick people in hospitals present to people with Aids, whose damaged immune system render them so

dreadfully vulnerable to other people's disease. Thus, commentary produces expectations, and expectations fan out into lived experience.

"An eighteen year-old Coventry man, who thought he had caught Aids after drinking from the same bottle as a gay man, punched and killed him, Warwick Crown Court heard on Friday."

The man received a three-months sentence in this "wholly exceptional case".³ "Theatre cleaners are threatening to boycott a group of gay actors because they are frightened of catching Aids".⁴ Such stories are invariably accompanied by denials that Aids can be contracted via casual contact, but their framing is always top heavy, focusing on fear rather than allaying it, dramatising anxiety rather than alleviating it.

The most widely favoured explanation amongst lesbian and gay commentators of the social climate surrounding Aids lies in the theory of moral panics. Drawing on the influential school of "new" criminology from the 1960s, which tried to explain the social context of crime and "deviance", Stanley Cohen described in 1972 how societies

"appear to be subject, every now and then, to periods of moral panic. A condition, episode, person or groups of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylised and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people; . . . Sometimes the panic passes over and is forgotten, except in folk-lore and collective memory; at other times it has more serious and long-lasting repercussions and might produce such changes as those in legal and social policy or even in the way that society perceives itself."⁵

For Cohen the mass media provides "a main source of information about the normative contours of a society . . . about the boundaries beyond which one should not venture and about the shapes the devil can assume."⁶ The mass media is understood to construct "pseudo-events" according to the dictates of an unwritten moral agenda which constitutes newsworthiness. Thus "rumour . . . substitutes for news when institutional channels fail",⁷ and in ambiguous situations "rumours should be viewed not as forms of distorted or pathological communication: they make sociological sense as co-operative improvisations, attempts to reach a meaningful collective interpretation of what happened by pooling available resources."⁸

Subsequent writers such as Stuart Hall have opened up this debate about the representational strategies behind different types of moral panic, arguing that they are indicative of how people are persuaded "to experience and respond to contradictory developments in ways which make the operation of state power legitimate, credible and consensual. To put it crudely, the 'moral panic' appears to us to be one of the principal forms of ideological consciousness by means of which a 'silent majority' is won over to the support of increasingly coercive measures on the part of the state, and lends its legitimacy to a 'more than usual' exercise of control".⁹ Hall's work on the historical structures of British racism has encouraged him to develop a "stages" theory of moral panics, leading to ever increasing punitive state control (although he would be the first to admit that it is not only the state which is involved, however loosely we may define it). This is equally a problem for anyone trying to analyse the representation of homosexuality in terms of available theories of moral panic, since the entire subject is historically constituted as "scandal", with subsequent calls for state intervention.

In an important essay on Aids, Jeffrey Weeks relies heavily on moral panic theory, explaining how its mechanisms

"are well known: the definition of a threat to a particular event (a youthful 'riot', a sexual scandal); the stereotyping of the main characters in the mass media as particular species of monsters (the prostitute as 'fallen woman', the paedophile as 'child molester'); a spiralling escalation of the perceived threat, leading to a taking up of absolutist positions and the manning of moral barricades; the emergence of an imaginary solution – in tougher laws, moral isolation, a symbolic court action; followed by the subsidence of the anxiety, with its victims left to endure the new proscription, social climate and legal penalties."¹⁰

Gayle Rubin also sees special "political moments" in the history of sexuality, observing that,

"moral panics rarely alleviate any real problem, because they are aimed at chimeras . . . They draw on the pre-existing discursive structure which invents victims in order to justify treating 'vices' as 'crimes' . . . Even when activity is acknowledged to be harmless, it may be banned because it is alleged to 'lead' to something ostensibly worse . . ."¹¹

Dennis Altman also discusses Aids in terms of moral panic, but modifies the notion against local and national factors. Thus, "the

Australian panic is not only a product of homophobia but is also tied to the ... belief that they can insulate themselves from the rest of the world through rigid immigration and quarantine laws" and "a less sophisticated understanding and acceptance of homosexuality than exists in the United States".¹² Calls for draconian legislation in such disparate societies as West Germany and even Sweden, lead him to conclude that "the link between Aids and homosexuality has the potential for unleashing panic and persecution in almost every society."¹³

Whilst such analyses offer a certain descriptive likeness to events, they also reveal many severe limitations, which suggest the inadequacy of the concept of moral panic to the overall ideological policing of sexuality, especially in matters of representation. To begin with, it may be employed to characterise *all* conflicts in the public domain where scape-goating takes place. It cannot, however, discriminate between either different orders or degrees of moral panic. Nor can it explain why certain types of events are especially privileged in this way. Above all, it lacks any capacity to explain the endless "overhead" narrative of such phenomena, as one "panic" gives way to another, or one anxiety is displaced across different "panics". Thus one moral panic may have a relatively limited frame of reference, whilst another is heavily over-determined, just as a whole range of panics may share a single core meaning whilst others operate in tandem to construct a larger overall meaning which is only partially present in any one of its individual "motifs". Clearly there is not (yet) a moral panic in British or American government circles, compared to their public profiles over, for example, immigration, pornography or abortion. But this is only to say that the theory of moral panics makes it extremely difficult to compare press hysteria and government inaction, which may well turn out to be closely related. In both instances we are facing symptoms – symptoms of sexual repression which manifest themselves across a spectrum which ranges from stammering embarrassment to prurience, hysterical modesty, voyeurism and a wide variety of phobic responses. In other words, the theory of moral panics is unable to conceptualise the mass media as an industry which is intrinsically involved with *excess*, with a voracious appetite and capacity for substitutions, displacements, repetitions and signifying absences. Moral panic theory is always obliged in the final instance to refer and contrast "representation" to the arbitration of "the real", and is hence unable to develop a full theory concerning the operations of ideology within all representational systems. Moral panics seem to appear and disappear, as if representation were not the site of *permanent* ideological struggle over the meaning of signs. A particular "moral panic" merely marks

the site of the current front-line in such struggles. We do not in fact witness the unfolding of discontinuous and discrete "moral panics", but rather the mobility of ideological confrontation across the entire field of public representations, and in particular those handling and evaluating the meanings of the human body, where rival and incompatible forces and values are involved in a ceaseless struggle to define supposedly universal "human" truths.

What we are dealing with in such phenomena is the public forum in which modern societies and individuals make sense of themselves. Together with the increasing industrialisation of this forum, we should note its centrality for political debates where interest groups attempt to bypass the traditional structures of democratic process in order to force the enactment of laws in the name of the "good" of a population which is never actually consulted. This is precisely what the mass media were invented to do, since they have evidently never responded to the actual diversity of the societies which they purport to service. We are looking at the circulation of symbols, of the basic raw materials from which human subjectivity is constructed. It is not in the least surprising that those attempting to manipulate conscious attitudes should play on themes which possess deeper, unconscious resonances. Hence the danger of thinking of newspapers or television as being primarily concerned with "news" values, as distinct from entertainment, or drama, or sports coverage, or advertising, or whatever. For all these categories of production share an identical presumption about their audience, which is projected across them in different genres as a unified "general public" over and above the divisions of class, age and gender. This subject audience is massively worked on to think of itself in the terms which familiarity has established through repetition. The very existence of homosexual desire, let alone gay identities, are only admitted to the frame of mass media representations in densely coded forms, which protect the "general public" from any threat of potential destabilisation. This is the context in which we should think about the crisis of representation with which Aids threatens the mass media, understood above all else as an agency of collective fantasy. Aids commentary does not "make" gay men into monsters, for homosexuality is, and always has been, constructed as intrinsically monstrous within the entire system of heavily over-determined images inside which notions of "decency", "human nature" and so on are mobilised and relayed throughout the internal circuitry of the mass media marketplace.

It is the central ideological business of the communications industry to retail ready-made pictures of "human" identity, and thus recruit individual consumers to identify with them in a fantasy of collective mutual complementarity. Whole sections of society,

however, cannot be contained within this project, since they refuse to dissolve into the larger mutualities required of them. Hence the position, in particular, though in different ways, of both blacks and gay men, who are made to stand outside the "general public", inevitably appearing as threats to its internal cohesion. This cohesion is not "natural", but the result of the media industry's modes of address – targeting an imaginary national family unit which is both white and heterosexual. All apparent threats to this key object of individual identification will be subject to the kinds of treatment which Cohen and his followers describe as moral panics. What matters is to be able to understand which specific groups emerge as threats to which "societal values and interests". Moral panics do not speak to a "silent majority" which is simply "out there", waiting to listen. Rather, they provide the raw materials, in the form of words and images, of those moral constituencies with which individual subjects are encouraged to identify their deepest interests and their very core of being. But in so far as these categories are primarily defensive, in so far as they work to protect the individual from a partially perceived threat of diversity and conflict, they are also themselves vulnerable. Hence the repetition of moral panics, their fundamentally *serial* nature, the infinite variety of tone and posture which they can assume. The successful policing of desire requires that we think of "the enemy" everywhere, and at all times. This is why there is such a marked conflict throughout the entire dimension of Aids commentary between the actual situation of people with Aids, and the model of contagion which they are made to embody.

We are not, in fact, living through a distinct, coherent and progressing "moral panic" about Aids. Rather, we are witnessing the latest variation in the spectacle of the defensive ideological rearguard action which has been mounted on behalf of "the family" for more than a century. The very categorisation of sexuality which I described in Chapter One is part of this same action. How we respond to it is therefore of the greatest importance, since at this point in time our liberties and very lives are being put increasingly at risk. We need precisely to be able to *relate* phenomena which present themselves, in terms of the theory of moral panics, as discrete and unconnected. Thus we may draw a significant parallel, for example, between local American state decisions to enact laws which refuse confidentiality to those who have tested positive to HIV infection (despite the clear advice and recommendation of the Centers for Disease Control that confidentiality should be a priority), and the recent decision of British police to arrest the singer Boy George at the clinic where he was being treated for heroin addiction. In both instances a "moral" agenda has permitted punitive actions which are positively counter-productive,

both to limiting the spread of Aids and helping drug addicts. On the one hand, few if any gay men are likely to undertake a test which might immediately render them liable to the loss of civil liberties if the results are not kept confidential and, on the other hand – as George's doctor pointed out – retroactive charges for the past possession of drugs are unlikely to encourage addicts to come forward for treatment.¹⁴ The *Village Voice* reported in May, 1986, that since the state of Colorado introduced identification record requirements for people wanting HIV tests, applications at gay men's health clinics have dropped by 600 per cent in only three months. In both cases actual practice at local state and police levels flies in the face of clearly stated medical and governmental policies. Both cases also illustrate the danger of identifying individual "moral panics" in a simple one-to-one relation to their ostensible targets. This is why I prefer to think in terms of Aids commentary, rather than assuming the existence of a unified and univocal "moral panic" over Aids.

A similar problem occurs if we try to explain away all the variations and nuances of Aids commentary as epiphenomena deriving from a single source. This, however, is very frequently the case, and the source most readily identified by lesbians and gay men is "homophobia". This is hardly surprising when *The New York Times* feels sufficiently at liberty to print a long article by the American darling of the New Right, William F. Buckley, which concludes, after acres of drifting around, that,

"everyone detected with AIDS should be tattooed in the upper fore-arm, to protect common-needle users, and on the buttocks, to prevent the victimisation of other homosexuals."¹⁵

The last time people were forcibly tattooed was under Nazi rule, when millions were slaughtered because their politics or race or sexuality, or combinations of these, did not conform to the master plan of a totalitarian state. Such prescriptions remain unthinkable in relation to any other category of American citizen. But Buckley clearly regards gay men as so far "outside" the body politic that no measure is too extreme to contemplate. What is so very remarkable about such pronouncements, however, is that they are announced *on behalf* of gay men and, at the same time, are "balanced" on the same page of the newspaper in question by another article which eloquently insists that "those who have a stake in using AIDS to prove the morality or immorality of any particular lifestyle, should be deemed disqualified from the scientific debate."¹⁶ This may, in some respects, be naive, since presumably all scientists subscribe to some system of moral

judgement or another; nonetheless, as the writer points out, "the flow of solid data should not be polluted by personal moralism".

In Britain last June (1985), the *Times* gave its editorial space over to one Digby Anderson whose headline blazed "No moral panic – that's the problem".¹⁷ Anderson begins where he intends to end, with an inflammatory invitation. "Excuse me, may I have the pleasure, would you care to panic?". Aids, he notes,

"is causing considerable consternation among sexually and politically progressive persons, as well it might. But the prime cause of concern is not the threat of incurable illness and death of persons progressive or otherwise. The major matter for concern is that the consternation of non-progressive persons about Aids may inconvenience 'the gay community' and damage progressive efforts to 'liberalise' public attitudes. The unenlightened populace might succumb to a 'moral panic' which increases their latent 'homophobia'."

He then proceeds to dismiss the efforts of moral panic theorists to turn attention to the ways in which the media construct particular kinds of events, such as "mugging" in the 1970s, showing that street violence is by no means a modern phenomenon, and that its victims are in fact mostly blacks and Asians – members of the very groups which the press "blames" for muggings in the first place. He is particularly critical and disparaging of groups like the London Gay Teenage Group, and seems extremely upset at the exposure of "heterosexism in the school curriculum", though he displaces his own impatience with such attitudes back on to the sociologists who have studied them.

Irony is heaped on irony in order to belittle medical and sociological supporters of gay teenagers and gay identity as such. His aim is to show evidence of a deafening chorus of encouragement for the situation of lesbians and gay men in contemporary Britain.

"In fact," he concludes, "there has not been a moral panic about Aids – headlines of course, but only sociologists take headlines that seriously . . . What there have been are various attempts by political activists, academics and assorted unappointed spokespersons for 'the gay community' to politicise homosexuality, relativise moral standards, make homosexuality not only tolerated but regarded as just as normal as heterosexuality, to remove obstacles to it and thus, inevitably, extend the incidence of homosexual practice."

This is the nub of the matter. Like the author of the 1960s sex education handbook quoted earlier, Anderson clearly dreads what he regards as the possible "extension" of homosexuality. He dreads the actual sexual diversity of his own readership, which he addresses in a compact of presumed collective heterosexual scorn for positively identified gay men. He can cope "at a personal level" with "homosexuals among my friends"; what he recognises is precisely the distance between the cowed subservient identity of the "homosexual" and the scandalously affirmative presence of the gay man.

"Should not those within Judaism, and Christian churches, Islam and among half-churched but traditionally inclined parents, and the many homosexuals who do not approve of homosexual proselytisation, start to be concerned? In short, what we need is a little *more* moral panic?"

So the piece moves full circle, from a blanket dismissal of those who have drawn attention to the problems of contemporary Aids commentary, to a blanket injunction against gay culture. Aids does not concern him in the least, save as a platform from which to launch an anti-gay invective.

Whilst Buckley's calls for tattooing and "more drastic segregation measures" are based on totally spurious and dishonest notions of risk from infection by casual contact, which *The New York Times* had itself dismissed earlier in the year,¹⁸ Anderson's moralising speaks from an older position which stands against sexual diversity as such, in the name of "relativism". Both voices lock together in the knowingly world-weary tone affected by those who feel it their painful but necessary duty to enforce "standards" which should – in their vision of a "decent" society – be beyond debate. But the sheer range of such voices, the accents with which they speak, and the institutions from which they proceed should alert us to the danger of immediately rushing to qualify them all as "homophobic". The concept of phobia derives from the image of Phobos, a Greek deity painted on masks and shields in order to frighten away one's enemies. In clinical terms, it is used to describe attitudes and behaviour which enable individuals to *avoid* what they are frightened by. Phobias are essentially defensive mechanisms, whereby the unconscious projects out onto some object or class of objects anxieties which are in fact internal and instinctual. This presents obvious problems for most of the phenomena commonly characterised as "homophobic", since far from avoiding a taboo and terrifying object, they appear to rush to confront it directly.

The notion of homophobia was initially conceived in the United States in the immediate wake of Gay Liberation, as both a disease and

an attitude "held by many non-homosexuals and perhaps by the majority of homosexuals in countries where there is discrimination against homosexuals."¹⁹ It thus has to describe both homosexual and heterosexual attitudes towards homosexuality. In effect, the term merely reversed the widespread tendency to pathologise all forms of homosexual desire and acts as symptoms of a single underlying "perversion", whilst accepting and reinforcing the authority of medical, psychiatric and legal institutions to define "the perverse". It remains most unlikely that we shall find a single "cause" which might explain the entire range of hostile responses to homosexuality, any more than we might find such a single "cause" for the entire range of homosexual desire itself. Ironically, the discourse of "homophobia" turns out to be as reductive as the explanations of homosexuality which it ostensibly seeks to counter.

Unsurprisingly, the spectrum of attitudes towards homosexuality is informed by attitudes towards sexuality as a whole, which are dictated and directed by much larger and more complex historical issues than the concept of phobia can address on its own. This is not, however, to conclude that we can simply collapse together social and psychic factors as if these were subject to the same determining forces. Thus, however similar they may appear, we should not identify the specific local cultural framing of homosexuality, with individual psychic responses, as if they were aspects of the same phenomenon. Otherwise we will merely confuse conscious hostility to homosexuality, which is rooted in religious, moral or political codes and values, with other forms of unconscious displaced misogyny, gender anxiety and, on occasion, repressed homosexual desire turning back compulsively against its own forbidden object.

To begin with, we may fairly detect specific "structures of feeling" in both Britain and the United States over the presence of homosexuality in both cultures. Historically, concern has been focused on individual sexual acts, proscribed in law and theology. Thus, in Britain public torture and executions for sodomy persisted well into the nineteenth century, in ways which had not been equalled elsewhere in Europe for more than 200 years.²⁰ Public attitudes towards homosexuality evidently sustained a xenophobic cultural tradition which had, in the Reformation period, redirected the traditional Roman Catholic persecution of heretics towards Roman Catholics themselves, seen as agents of hostile foreign powers. The sheer scale of the persecution of homosexuals in Britain suggests that this virulent strain of British nationalism found a new focus in the course of the seventeenth century on those who could similarly be identified as "enemies within", threats to the unity of a political dominion which was in any case unstable. The unity of the United

Kingdom has, after all, always resulted from the economic exploitation and political domination by the English of their confederated neighbours: the Scots, Welsh and Irish. Thus the prosecution of the "sodomite" was one aspect of an intensely aggressive nationalism which turned an equally ferocious attention to gypsies, witches, Christian sectarians, Jews and other social groups whose styles of life remained distinct from their host society. The significance of the relations between racism and anti-homosexual attitudes amongst the "respectable" middle classes of England and other modern Western nation states right up to the present day remains in urgent need of explanation by cultural historians. It is, however, safe to conclude that the structures of modern national identity, as they are lived out in the course of everyday life, remain massively dependent on an ideological framework which is able at any point to draw instant analogies between the individual family unit and the nation, understood as a familial entity. In this context we might consider the role of the Royal Family in Britain, which provides both a glamorous "human" face for abstract national identity, and an ideal and supposedly timeless object for emulation for individual subjects. The image of the American Presidential family plays a similar role in the United States, appearing as both the face of government and at the same time an ordinary family, supposedly very much like any other.

That lesbians and gay men are still so universally excluded from ordinary cultural pictures of family life does not help the process of identifying us as national subjects, whether British or American. This in turn can lead to frightening consequences in relation to the treatment of people with Aids, as implied in a recent interview with the Scottish Health Minister, John MacKay, who argued against the distribution of disposable syringes to drug users, which would make needle sharing impossible, on the grounds "that heroin addiction is wrong, and that we ought not as a government – as a country – be encouraging it by giving people the means".²¹ That people do not appear to have any difficulty in obtaining needles without government support seems not to have occurred to him, nor that IV drug-users are as fully citizens of the UK as anybody else, and in need of particular help at this time. Blaming the spread of Aids on gay men, he commented that,

"we are going to be asked to spend a lot of money on a disease which could easily be prevented by people changing their lifestyles... I think this is a straightforward moral issue."

Were there a cholera outbreak in Glasgow he would doubtless show the same "common sense" by recommending local residents to give up the filthy habit of drinking water. Similar attitudes are rife in the United States where, for example, the Reverend Enrique Rueda (who courageously "posed" as a gay man during his researches) has written of homosexuality as a "reservoir of disease", and gay couples as "a form of cancer", whilst concluding that the "homosexual community could be considered a diseased portion of the body politic".²²

Such opinions clearly denote the active legacy of moral and theological debates which entirely pre-date the modern period, yet which remain available to make sense of any aspect of contemporary life in a far from fossilised discourse of disease and contagion. We should recall that the very notion of "the homosexual" as a distinct type of person, defined primarily in relation to particular sexual acts, emerged in the last century at the interstices of a host of overlapping discourses concerning sickness, contamination and genetic throw-backs, and was regarded as the most concrete evidence of the results of indecency, depravity and uncleanness. The category of "the homosexual" personified such concerns, revealing an unhealthy sexual appetite in an unhealthy body, doubly threatening because not so readily identifiable as other agents of filth and degradation – prostitutes, the poor, the mad, blacks, the physical and moral delinquents of every slum in Europe and America. Hence the implication, so clearly evident throughout Aids commentary, that the modern gay man belongs to a particular order of felony – that of the wanton, deliberately self-degrading and disgusting degenerate. To describe such attitudes as "phobic" is, in a sense, to lend them a spurious psychological dignity which they do not deserve. The situation of those who suffer from clinical phobias is generally extremely unpleasant and debilitating, and beyond their conscious control. What we hear in the garbage spewed forth by men like MacKay is mere bigotry, however interesting it may be to future historians of late twentieth-century moral and sexual hypocrisy.

Such attitudes should be distinguished from those motivated by gender anxieties, which are an inevitable by-product of the psychic violence involved in the processes which attempt to homogenise all children towards the fixed identities of adult heterosexuality. It is easy to detect a variety of specific defences against what are understood as "passive" sexual acts, on the part of men whose sense of self is constructed around notions of sexual "activity".²³ Such obsessions result from attempts to resolve psychic conflicts due to ambivalence, in which one contending emotion or wish is inflated whilst the other vanishes. The result is what Freud calls a "reaction-

formation",²⁴ which is frequently rigid and compulsive, and in relation to explicit hostility towards homosexuality, often leads directly to results quite opposite to those consciously intended. This is the situation of "queer bashers", whose actual violence often leads to a suspicion of connection with the objects of their exaggeratedly hostile behaviour. As Laplanche and Pontalis have argued, "does not the housewife who is obsessed with cleanliness end up by concentrating her whole existence on dust and dirt?"²⁵ We must, however, distinguish between such obsessional behaviour, which may become pathological to the extent of taking over an entire personality, and strictly phobic behaviour, where, as Freud points out,

"the ego behaves as if the danger of a development of anxiety threatened it not from the direction of an instinctual impulse but from the direction of a perception, and it is thus enabled to react against this external danger with the attempts at flight represented by phobic avoidances".²⁶

In this respect it seems likely that cases of extreme verbal or physical violence towards lesbians and gay men and, by extension, the whole topic of Aids, result either from reaction-formations developed to defend the individual against some repressed emotion or wish within him or herself, or else from other displaced and strictly speaking phobic anxieties projected on to gay men, about gender, sexual potency or even career prospects. In some cases, as I have suggested, this may be symptomatic of displaced mysogyny, with a hatred of what is projected as "passive" and therefore female, sanctioned by the subject's dominant heterosexual drives. In other cases an overriding sense of shame concerning excretory functions may be projected onto men (or women) whose sexuality seems to expose and even celebrate the object of disgust which, Freud reminds us, always also bears the imprint of desire.

Here we should stop to consider one particular aspect of Aids commentary which clearly intersects with obsessional attitudes towards homosexuality, namely the tendency to attribute Aids intrinsically to sodomy, and thence to the domain of the "unnatural". Anal sex, especially between men, causes widespread anxiety among many different people, including an American born again Christian follower of Anita Bryant, who counsels gay men against homosexuality on the grounds that the appropriate sexual parts do not "fit" between members of the same sex – a penis does not supposedly "fit" a mouth or a rectum (male or female in both cases).²⁷ Another influential moral majority spokesman in America claims that if the Centers for Disease Control "would just come out and make a list of

what homosexuals do, I think the public debate would essentially be over in a week", referring to calls for mass quarantining. He confidently assumes a shared public "disgust" equal to his own, which is, I suspect, typical self-deception on the part of neo-conservative, born again and moral majority campaigners alike. Criticising Dr James Mason, the Acting Assistant Secretary of Health and Human Sciences at the CDC, who had commented that he saw no difference between monogamous homosexuality and monogamous heterosexuality, he exclaims:

"Now, there's obviously something wrong with his biological training... the idea that a vagina is the same as a rectum, or vice versa... If homosexuals didn't drink urine, ingest faeces, and practise rectal intercourse and swallow faeces, probably [here he gave a big laugh] they wouldn't get very many diseases."²⁸

This man's imagination runs riot to the most extreme and bizarre aspects of human sexual behaviour in much the same way that other writers rush towards the most obscure and wildly extreme possibilities of HIV transmission. Paul Morrissey, for example, snatched away a Gay Pride poster at a public gay community meeting with the Mayor of New York, shouting "Shame, shame, shame", having claimed at a previous meeting about the New York gay rights bill that people were intentionally sneezing on him in order to give him Aids.²⁹ The endlessly repeated medical information that the HIV virus cannot be contracted like tuberculosis or smallpox via air-borne droplets clearly has no persuasive effect whatsoever on such states of mind.

In such cases a multiple disturbance is evidently taking place, involving symbolic social and psychic codes about the supposedly "correct" and "natural" uses of the body and, by extension, the entire social order. This degree of obsessive language and behaviour is inseparable from a particular type of sexual identity, regardless of its own object-choice, which can only consciously accept sex as the insertion of a penis into a vagina, within marriage, and preferably for the sole purpose of procreation. This kind of neurosis always involves a certain prosecution of the self, providing a clean moral and physical bill of health, a sense of privilege, solidarity, superiority and cleanliness which is significantly like the type of Nazi anti-semitism and homophobia that drew on similar anxieties about the dirty, the perverse and the degenerate.

In this context we should also place the writings of populist sociobiologists like Glenn Wilson, whom I take to stand for a wide and influential school of sexual commentators, and who does not

remain silent on the subject of homosexuality.³⁰ Lesbians and gay men are of particular interest to the "evolutionary theorist", he explains, because we supposedly exhibit "pure" sexual and gender characteristics, having no need "to compromise with the differing proclivities of the opposite sex". In this version of the world, gay men supposedly inhabit some kind of no-woman's land, completely untouched by, and unconscious of, the opposite sex. Dismissed on the one hand as "failed" heterosexuals, we are restored on the other as ideal demonstrations of unadulterated masculine and feminine sex-drives. Nor is he short on explanations of homosexuality, which apparently range from brain lesions to forceps delivery and infantile meningitis. You can take your pick. His own preferred theory is that when Mother Nature doles out "competitive", "aggressive" masculinity, some men "miss out" and find it "comfortable and convenient to assume certain aspects of the female role . . . Others, feeling a need for some kind of substitute, might find it easier to make contact with these submissive males rather than compete against the top men for the females". Thus "reproducing is left to those males with the most vigour and strength to contribute to the species". This staggering flight of sociobiological fancy is, he concedes, "rather insulting to homosexuals". But at least he does allow us some place at the foot of the evolutionary tree to be socially "useful", as artists and philosophers . . . Unfortunately, some aspects of this farrago of nonsense are echoed by some feminists, in particular the vision of gay men as somehow embodying "manliness" at its purest and most extreme, as in the work of Andrea Dworkin, for whom we represent the very apogee of patriarchal iniquity.³¹ But with Wilson we are back in the familiar world of homophobic science, where all gay men must be either "active" or "passive" because, apparently, that is the case for men and women. Here we are, in any case, already ideologically and psychologically down-wind of Belsen, when we read gruesome reports of "compulsive sexual deviations that have been surgically removed along with a focal epilepsy".³²

Whatever variant the "lock-and-key" explanation of human sexuality takes up, it always fails to recognise the fundamental diversity of sexual choice and behaviour, and the multivalence of all our body parts. As one commentator has observed, "sex is sexy because it's more than natural selection. It's sex."³³ Thus we may return to the American attorney involved in the failed attempt to challenge the state of Georgia's anti-sodomy statutes, who argued that the state cannot legislate "a catalogue of what body parts can touch".³⁴ This, however, is precisely the intention which lay behind the recent attempt by a prominent right-wing British politician to introduce new legislation controlling the exhibition of sex on

television – if

“it depicts visually, and in actual or simulated form, acts of masturbation, sodomy, oral/genital connection, the lewd exhibition of genital organs or excretory functions, cannibalism, bestiality, mutilation or vicious cruelty towards persons or animals”.³⁵

Whether they emanate from neo-conservatism, Christian fundamentalism, sociobiology or feminism, all these positions share a common aim to ground a narrow, normative theory of human nature in biology. Recalling the misery and anguish – and physical danger – which homophobia leads to for lesbians and gay men, we need to be far more sensitive to the assumptions our society makes about the supposed “nature” of the natural world, and what analogies are held to be relevant between human beings and members of other species. In this respect we can identify the whole of medical education as it trains doctors and nurses and affects their career prospects, as one major vector of homophobic science, together with all the other academic disciplines – criminology, social psychology, politics, and so on – which possess the power to institutionalise and disseminate evaluative sexual definitions and discourses. It is in this manner that obsessional neuroses and phobias towards homosexuality are constantly negotiating with the larger cultural and historical social forces that are always ready and waiting, fully armed and mobilised against homosexual desire.

We may thus begin to account for the *systematic misinformation* which is so widespread throughout Aids commentary, as we have already seen. It is also in this context that we must seriously consider the forceful argument of Dr Joseph Sonnabend that

“the rectum is a sexual organ, and it deserves the respect that a penis gets and a vagina gets. Anal intercourse is a central sexual activity, and it should be supported . . . Everybody’s too embarrassed to even contemplate this . . . In fact, it’s terribly important to actually do this, because anal intercourse has been the central activity for gay men and for some women for all of history. It’s not going to go away because it’s been declared unhealthy and unsound at this moment. It’s become unhealthy . . . It’s not the act itself, but the fact that it becomes a vehicle for infection . . . That’s an unfortunate hazard. What I’m trying to say is that we have to recognise what is hazardous, but at the same time, we shouldn’t undermine an act that’s important to celebrate,

just because it's under attack by the straight community. And this attack should not be joined by gay men."³⁶

This is not merely another reverse discourse, but offers a fundamental opportunity to re-think and re-evaluate our entire approach towards the human body and questions of sexual pleasure and identity. It also offers an important strategy of resistance to media commentators like the comedian Eddie Murphy, now notorious for his Aids jokes, who solemnly described to *Rolling Stone* in 1984 how,

"faggots . . . have nothing to fucking do but sit around with tight asses and feel like people are pointing at them . . . The way I feel about it is, what they did helped my album because the majority of the country is heterosexual, and they read that homosexuals don't like Eddie Murphy and they think, 'hey, all right' . . ."

We must actively support organisations such as the national Campaign for Press and Broadcasting Freedom in Britain, and comparable American institutions, to ensure that the finger felt to be pointing is ours. At the 1985 annual Gay and Lesbian Freedom parade in Columbus, Ohio, anti-gay protestors even hired a light aircraft to circumnavigate the day's proceedings trailing a banner which read "AIDS - God's curse on Homos". We have to be equally enterprising, to force our presence and our values on institutions which have hitherto felt confident enough to negate our very existence. We have to campaign and organise in order to enter the amphitheatre of Aids commentary effectively and unapologetically on our own terms. This is particularly important, since Aids commentary is also "news", and becomes internationally syndicated, "taking off" from its local origins into a much larger trans-Atlantic currency.

Thus, on the 8.00 news on BBC Radio Four one morning recently, I listened to a Dr Adrian Rogers, who had written to a medical journal calling for the "removal" of "Aids victims" to quarantine centres because, as he put it, "hundreds of people are going to die".³⁷ Needless to say he was not referring to gay men, as was made clear from his warning about "moral behaviour", claiming, against all the available evidence, that there is no evidence of changes in sexual behaviour. This kind of implicit ideological slippage from "homosexuality" to "promiscuity" to Aids is a commonplace of far too much Aids commentary. In the case of Dr Rogers, and so many like him, an overtly "moral" discourse articulates a social *and* psychological inability to accept that morality is not singular and universal, but a site of conflicting definitions and interests. In a similar vein Paul

Cameron, an American consultant to Republican representative William Dannemeyer, has described his concern that "this whole epidemic is being significantly mishandled . . . had a quarantine been imposed in '81 we probably would be looking at a very small expenditure". Expenditure of what, one might immediately ask, especially in the United States, which so conspicuously lacks anything remotely resembling an adequate public health programme. Medical profiteering from Aids in the home of "free enterprise" remains one of the single most nauseating aspects of the entire epidemic. I should, however, add that on a recent visit to Dallas I found that gay men in a community already devastated by Aids did not by any means agree on the need for a Medicare programme along the lines of the British National Health Service. However clearly the threat of Aids demonstrates that the one thing all human beings have in common is the fact of our common mortality, this does not automatically over-ride other political and ideological considerations of economic profitability, the "threat" of creeping communism, and so on.

It should be noted that Dr Rogers speaks on behalf of the far right Conservative Family Campaign, which was a major force behind the recent revision of the Education Act which took control of sex education out of the hands of teachers. Their intentions were clearly stated in *The Times* of 23 September, 1986:

"to save a generation from the immoral propaganda for promiscuity, homosexuality, anti-marriage views, fornication, and encouragement of children to experiment with sex, which has passed in far too many schools during the last two decades as health education".

As a result, parents may refuse to allow their children to attend classes concerning Aids or Safer Sex information, whilst individual headteachers can forbid sex education in its entirety from the curriculum of their schools. Hence Britain currently faces an extraordinary situation in which the Government attempts to educate the population about Aids through a massive national information campaign, whilst remaining steadfastly opposed to sex education in schools. In this context we should note that according to national figures published in the *Guardian* on 3 March, 1987, only 3.9 per cent of 649 women having abortions had even discussed condoms with their teachers. One of the major problems facing those involved in Aids information work in the coming years thus concerns not so much individual government policies, as conflicts and contradictions between different policies, and different ministerial departments. Many young people will die of Aids in Britain as the *direct* result of

the lobbying power of the Conservative Family Campaign and kindred organisations of the lunatic right, whose "morality" evidently prefers the spectacle of dead children to the reform of our appalling national sexual ignorance – an ignorance which is scrupulously maintained with the full force of law.

Fortunately, the same BBC news broadcast "balanced" the rantings of Dr Rogers with the saner voice of Dr Peter Jones from Newcastle, who pointed out that with an estimate of some five to fifteen million people infected by the HIV virus, according to the World Health Organisation, notions of quarantine appear somewhat ridiculous. All that is needed in the care of actual people with Aids is ordinary medical hygiene, he added, calling for people like Dr Rogers to come down from their moral pedestals and think for a moment what it is like to be infected. People with Aids, he insisted, need "to be loved, held and cherished". That is certainly the voice of sanity, but it is rarely heard above the general din of prejudice, hatred, obsession and phobia.

It is still probably more helpful than not to retain the notion of "homophobia", at least as a collective term referring to the whole range of negative evaluations of homosexuality *per se*, as long as this does not lead us to assume a single underlying and all-determining factor at work behind every example of irrational anti-gay prejudice. It is especially important for lesbians and gay men not to collapse social and psychic issues together, since this is what is so frequently done to us, either pathologising our entire culture in all its diversity as the product of neurosis, or suggesting that homosexual desire is merely learned, and therefore curable by enforced unlearning. That no such suggestions have ever been made about heterosexuality, except by the lunatic fringe of the women's movement,³⁸ remains, however, enormously significant. The full depth, extent, variety and virulence of homophobia in Western society passes all but unnoticed in all the major disciplines which purport to explain its social and psychic structures – sociology, anthropology, linguistics, history, cultural studies, medicine and psychoanalysis alike. All these disciplines share a normative, taken-for-granted assumption that the central cultural and social subject of their enquiries is exclusively heterosexual. This involves a degree of presumably defensive disavowal unparalleled in contemporary thought. And it is a disavowal which spills out into all the leading institutions which direct and govern our lives. We should not do this society the service of retreating into isolationist fantasies about the possibility of our own complete autonomy, when such fantasies merely echo, in reverse, the dominant attitudes and wishes of a vicious, ignorant and hypocritically concupiscent social order, with which we are obliged –

now more than ever – to contend. This is nowhere more pressingly the case than in relation to laws defining obscenity and indecency, which already clamp menacingly around lesbian and gay culture in all its forms, including the distribution of information about Safer Sex – at this moment in time our only protection against the ravages of Aids.

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