The Innocent and the Implicated:
Chastity and Promiscuity in an Epidemic
Gender Portrayals in AIDS Literature

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Abstract

The AIDS epidemic has deeply impacted every form of art in the United States since the 1980’s. The overwhelming literary response to the epidemic reflects its influence on society’s attitudes in multiple areas; not only did the epidemic fuel American homophobia and paranoia of contagion, it also revolutionized attitudes towards the sexual liberation of the 1970s. A large motivation of the artists who produced work in response to the epidemic was to promote awareness and dispel untruths about the virus, as well as to commemorate loved ones lost to AIDS.

This thesis explores four popular literary responses to AIDS and examines the success of these works in regards to their intentions to promote socially progressive ideas and to ‘get out the word.” Specifically, I will examine how each work represents people with AIDS and break down their portrayals by gender roles. I will argue that popular works with these socially progressive intentions actually perpetuate societal stereotypes of gender: femininity is repeatedly associated with chastity and morality, whereas masculinity is hyper-sexualized, promiscuous, and represented in a negative light. Consequently, although these works make an effort to raise awareness about AIDS to the public, they do not challenge conventional norms regarding gender nor do they dispel many misconceptions about the virus.

I will introduce the topic with a brief history of the epidemic and review trends in popular literature written in response to AIDS. In my first chapter, I will explore the portrayals of femininity in four popular works of AIDS Literature, using Susan Sontag’s short story, “The Way We Live Now,” Jonathan Demme’s film Philadelphia, Alice Hoffman’s novel At Risk, and Randy Shilts’ account And the Band Played On. Moving on to discuss masculinity in my second chapter, I will focus specifically on two of the four works, Philadelphia and And the Band Played On.

The representations of genders in many literary responses to AIDS are polarized and peculiar. Looking at these representations of females and males in the literature reveals that it is not only biological sex which influences their consequent portrayals, but gender roles constructed by society which dictate their characteristics.
Short Titles


An Introduction: Perpetuation of Stereotyped Gender Roles in AIDS Literature

In 1986, Susan Sontag’s short story, “The Way We Live Now” appeared in the popular literary magazine *The New Yorker*. Sontag’s story about AIDS brought to life a series of multi-narrative voices, representing the quiet whispers, ardent discussions, and pervasive sentiments of the later part of the decade at a time when AIDS was instigating great fears and many were concerned about the contagion of the virus. Written during a decade when AIDS was just becoming a commonly known acronym, the story never actually names the epidemic; instead, subtle allusions slowly clue the reader in, likening the reader’s gradual awakening about the topic of the story to the realities of society’s slow understanding of the epidemic. A passage from Sontag’s story raises a true and penetrating observation, a thought which captures the fears of many at the time: “Well, everybody is worried about everybody now, said Betsy, that seems to be the way we live, the way we live now.” Betsy’s observation in this passage reflects a deep societal change in the 1980s. Suddenly, there is an atmosphere of fear; sex has become riskier and “everybody” is at risk.

The CDC first identified outbreaks of what later became known as the AIDS virus early in 1981 after numerous gay men started developing a rare type of cancer associated with AIDS. It took several years for scientists to develop a test for the virus and understand how it was transmitted between humans. Believed to have originated in Africa, AIDS has become an epidemic, infecting tens of millions of people worldwide. The acronym AIDS stands for Acquired Immune Deficiency Syndrome, a fatal infection caused by the Human Immunodeficiency Virus, or HIV. The virus and the infection itself are known as HIV, the term

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AIDS is used to mean the after-stages of an HIV infection. It is transmitted from one individual to another through body fluids, such as through specific kinds of sexual contact, and may also be transmitted from mother to infant, or by direct blood to blood contact. The effects of the virus are gruesome: it causes the body to lose its capacity to ward off infection and makes the host more susceptible to certain types of rare cancers such as Kaposi’s sarcoma, and also to opportunistic infections such as pneumonia and meningitis. In many early cases of the virus, doctors were baffled by its effects on the immune system and helpless in preventing young victims from succumbing to untimely deaths.

Yet, as Dorothy Nelkin, David Willis and Scott Parris observe in their essay, “Cultural and Institutional Responses to AIDS,” “AIDS is more than a devastating disease, it is freighted with social and cultural meaning.” The impact of AIDS on American culture extends beyond its physical realm; it has raised new questions about the responsibility of government in funding research for science, instigated and challenged sentiments of homophobia, and revolutionized the free-love, careless attitude toward sex from the 1970s. AIDS is also often associated with a psychological factor of guilt other diseases are not usually complicated by. As Susan Sontag writes in her book *AIDS and Its Metaphors*, in contrast with other diseases, like cancer, “the unsafe behavior that produces AIDS is judged to be more than just weakness. It is indulgence, delinquency, addictions to chemicals that are illegal and to sex regarded as deviant,” adding also that “with AIDS, the shame is linked to an imputation of guilt; and the scandal is not at all

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obscure” (AM 24). Society’s judgments are often unforgiving, and people infected with AIDS often face additional prejudices associated with the virus.

Perhaps one of the largest measurements of the impact of the epidemic in American society was the overwhelming response of literature and production from the arts community. In comparison with other epidemics in history, the reaction to AIDS in the production of drama, film, literature, and art has been prolific. As Richard Goldstein writes in his essay, “The Implicated and the Immune,”

Though epidemics have played a major role in shaping American society, artistic production in response to devastating periodic outbreaks of yellow fever, cholera, and influenza (not to mention consumption) has been all but indifferent.⁷

Other epidemics have not yielded nearly the same response from the arts community, which leads one to wonder why AIDS has become so influential. Perhaps its deep permeation into society’s sense of “risk” is the cause of its mass representation. Richard Goldstein proposes that:

The mere fact that many artists are affected does not account for the profusion and appeal of these works. A fuller explanation may lie in the distinct anxieties this epidemic aroused. AIDS arrived in the midst of a moral (and political) panic over sexuality…AIDS anxiety was hardly confined to the infected (II 305).

As anxiety spread through the population faster and wider than the virus itself in the 1980s, the uncertainty surrounding the nature and course of the virus combined with a lack of medical solutions caused irrational fears toward those infected. Analysis of more than 50 national public

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opinion surveys showed that, in 1988, between 21 percent and 40 percent of the public preferred to isolate persons with AIDS from public places and their neighborhoods. Additionally, 29 percent of individuals in a national survey taken in the late 1980s favor a tattoo for persons who are seropositive for the virus (DAP 1022). These sentiments are echoed in much of the representation about AIDS. In Johnathan Demme’s Academy award winning film Philadelphia, actor Denzel Washington plays a lawyer named Joe concerned about the contagious factors of the virus. In a scene after he meets Andy Beckett, a gay man with the disease, he expresses his fear and disgust in even touching Andy and expresses his concern to his doctor:

Yeah, but Doc, isn't it true they keep finding out new things about this disease? So you tell me, today, there's no danger, and I go home, and I hold my baby, and six months from now I hear on the news: "whoops! We were wrong.' You can carry it on your clothes, your skin, and now I've got to worry about my kid.

Joe’s concern in this case reflects a wider fear about the unknowns about the virus; furthermore, his reaction is not uncommon and is representative of the thoughts of many who held misconceived beliefs about AIDS.

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Susan Sontag and Johnathan Demme’s works are only a few of many literary responses to AIDS. As the AIDS epidemic shook America in the early 1980’s, the culture responded with a flux of literature about the topic and genre. As Richard Goldstein observes in his essay, “The Implicated and the Immune:”

When AIDS first penetrated American consciousness back in 1981, few cultural critics were prepared to predict that this epidemic would have a broad and deep impact on the arts. But then years later, it is possible to argue that virtually every form of art or entertainment in America has been touched by AIDS (II 295).

The vast body and span of this genre extends over a large range of various medias. The motivations of the artistic community for their creations are often to raise awareness about the virus or to create a commemoration of friend or loved one with AIDS. Michael Feingold, editor of an anthology of AIDS plays explains it as, “Sharing our losses creatively, we can begin to share our hope.”

If hope for a better future is a creative incentive, one would expect resulting works of the genre to portray people with AIDS in a light which creates positive social change. Judith Pastore, author of Confronting AIDS Through Literature would agree, asserting that “one of the earliest tasks literary AIDS took on was combating the multiple untruths and prejudices surrounding the disease.” However, critic Richard Goldstein distinguishes responses from the “arts” community and those from popular media. He argues, “The arts attempt to tell the “story” of AIDS from the inside out,” and within the “arts,” “the protagonist is presumed to be innocent and is seen, if not

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in isolation, than in the solitude of a heroic relationship…” This differs from his view of more popular media, which focuses on “the immune” and represents a vastly different view of AIDS (II 298-299). Indeed, “mass media” at the time did demonize male homosexuals and IV drug users; they also sensationalized atypical people with AIDS such as Kimberly Bergalis, a young virgin who contracted AIDS from her dentist and Ryan White, a child of only eleven; a hemophiliac who received tainted blood in a transfusion.

Yet, though Goldstein’s astute observation of difference between the realms of the “arts” and “mass media” is notable, it is impossible to separate the two entities entirely. For example, Goldstein defines commercial films as “mass media;” however, the film Philadelphia is an example of a work that blurs the line between his definition of “art” and “mass media.” Philadelphia is an Academy Award winning film, recognized by the industry as an exceptional work, but also is very popular and has a large range of audience. There are additionally many other serious representations defined by Goldstein as “mass media” which aim to have the same social responsibility as the “arts” and share the same motivations in raising awareness and commemorating loved ones. Consequently, Goldstein’s distinctions between “arts” and “mass media” are too binary; there is a definite overlap in the intentions between the two realms.

Thus, knowing that a motivation behind a serious representation written in response to the epidemic is meant to raise social awareness, one would expect the works to be socially conscious. However, whether this is successful is debatable in some of the works. Examining four representations in particular, classified as “popular” but with serious intentions, yields some surprising results: Susan Sontag’s story “The Way We Live Now,” Johnathan Demme’s film Philadelphia, Randy Shilts’ account And the Band Played On, and Alice Hoffman’s novel At

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12 Kimberly Bergalis’ virginity was disputed, other sources believe that she may have actually contracted AIDS through her boyfriend; however, the media focused on and sensationalized the dentist theory.
Risk all articulate various challenges of AIDS; however, they are not completely successful in dispelling societal stereotypes and often fail to challenge convention, especially in regards to gender. These four works each come from a different type of medium and they all fall somewhere between what Goldstein describes as “art” and “mass media.” Sontag’s story is a work of art itself, beautifully written and interesting in concept and form. Yet, it was published in a work of “mass media,” and widely distributed in a popular magazine. Philadelphia is similar in screenwriter Ron Nyswater and director Jonathan Demme’s efforts to dispel myths and prejudices about people with AIDS and highlight the cruelty of homophobia, emphasizing a serious goal for a mainstream film. Randy Shilts’ journalistic account, And the Band Played On, is a strenuous effort to produce an account of the AIDS epidemic, chronicling the developments and unfolding of the virus. Finally, At Risk is a novel which attempts to show the story of a young girl infected with AIDS from a routine operation. Library Journal wrote a review claiming that At Risk would “probably destined to become the first best-selling novel about AIDS.”

Looking at these four works is revealing in that they each represent a particular facet of the genre; each medium portrays AIDS in a different method. However, they have a few things in common. For a collection written by socially conscious artists, the representations surprisingly re-enforce constructed gender stereotypes, specifically in relation to sexual promiscuity and resulting perceptions of risk. In these resulting works the protagonist is only “innocent,” as Goldstein asserts, if the protagonist is female.

One aspect Goldstein does not distinguish in his discussion of the “protagonist” in the AIDS genre is his or her sex, which greatly alters the perspective of the resulting portrayals. The protagonist in many works about AIDS is often a gay male with AIDS, the author implicates him

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with a guilty, deviant sexual act, representing and re-enforcing a promiscuous stereotype of masculinity. He may be likable, but is all but “innocent.” In contrast, the representation of females with AIDS in the genre are of one type: they contract AIDS in atypical ways and are the true, “innocent” ones because their sexually chaste representation does not implicate them with guilt or heave upon them the societal stigma of sexual deviancy. This representation is largely inaccurate to the realities of the female contraction of AIDS. In 1986, females were twice as likely to contract AIDS through heterosexual sex as through blood transfusions.¹⁴

The divergent representations of the different sexes in the genre, the distribution of gendered characteristics, and the resulting implications are the central focus in my thesis. The first chapter of the thesis will focus on female roles within four popular works of different media in the genre, examining the rarely represented females in the literature. In this exploration, comparisons of these figures to traditional gender roles will be discussed, specifically in relation to women’s perceptions of risk, both in their overwhelming portrayals as "innocent" and in others’ views of their potential threat. Another dimension I will address in my first chapter is femininity in the male characters of the genre. This will transition to an exploration of gender roles that is not limited to biological sex.

My second chapter will move to a focus on masculinity, and I will examine both female and male characters to explore this gender role, concentrating on Demme's Philadelphia and Shilts' And the Band Played On. Do the dominance of male roles account for the lack of the female roles in the literature? How does the predominance of gay males in this literature affect perception of the gay community at large? Looking beyond the male sex in this chapter, I hope to address

these questions from a gendered perspective to examine not only why females are missing from this genre but also to analyze the effect of the saturated use of masculinity in the literature.

The overwhelming literary response to AIDS is touching and remarkable in its reflection of how the epidemic impacted society at the time. These resulting creative works often have specific intentions of raising awareness about AIDS and commemorating loved ones, but their consequent portrayals of people with AIDS seem to be merely perpetuating conventional stereotypes in regards to gender and sexuality.
Chapter 1: Chastity and the Female Perception of Risk:  
*Portrayals of Femininity in AIDS Literature*

Throughout much of the 1980s, AIDS in the United States was perceived to be a “gay disease,” affecting only “sexually active gay men, single white males, of Christopher Street in Greenwich Village and the Castro district in San Francisco.”¹⁵ This association was founded in the high proportion of urban gay males who first contracted the virus in the early years of the decade; however, as the epidemic progressed, the demographics of the victims also expanded. By 1986, the number of women with the disease numbered over one thousand, comprising slightly less then 10% of all affected, but by 2002, the number of females with the virus nearly equaled that of homosexual males (*API*).

Although a high proportion of gay males within the affected population in the early decade may explain a focus on the gay community in AIDS literature, the virus also affected heterosexual women in increasing proportions throughout the 1980s. Yet despite this expansion in the demographics of people with AIDS, women’s representation throughout the decade remained consistently marginalized and largely “untainted” even as the number of infected people grew. Instead, both women with AIDS and supporting female characters are polarized within the popular American works of the genre, repeatedly represented as one of two extremes. For the female with AIDS, a characterization of a “type” of “victim” is developed, denoted by a combination of innocence and foreignness, which in turn creates a rift between common American readers and those with AIDS. The women presented in Susan Sontag’s “The Way We Live Now” (1986), Alice Hoffman’s *At Risk* (1988), Randy Shilts’ *And the Band Played On*  

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(1988), and Johnathan Demme’s *Philadelphia* (1991) are all “victims” of tainted blood transfusions and therefore blameless for their infection. The resulting portrayals of women in the works uphold traditional gender stereotypes; through this shaping, the literature reiterates notions of chastity and innocence, representing the female population as those who have a minimal chance of contracting AIDS through sex. These generalizations suggest that those who are “feminine” have a lower risk of getting the disease than those who are “masculine.”

The other role females occupy in this literature is that of the caregiver: a woman on the sidelines who takes care of the sick. We see women in these works usually as family members of those with AIDS, specifically as mothers and sisters who have little presence or importance in the larger context of the story. Again, even these marginalized roles re-enforce gender stereotypes, as these females have little function outside of administering care to the male with AIDS, and act almost as if they were purely backdrops.

The portrayal of women in AIDS literature leads to many questions about biases in women and men and the consequent perceptions of risk. As Judith Howard writes in her essay, “Gender Differences in Sexual Attitudes:”

Many gender differences…appear to reflect the historical and still prevailing patterns of patriarchy. The most consistent pattern of gender differences is found on the first and largest factor, labeled sexual permissiveness.\(^{16}\)

In Howard’s survey of attitudes towards sex, women surveyed responded in a more conservative direction than did men on every item regarding sexual practice. She found that men are freer to treat sex instrumentally; for women, sex is more likely to be bound up with commitments and

relationships. Thus, the idea of femininity as a sexually conservative gender seems to be largely
a social construction reinforced by many female responses. Correspondingly, AIDS literature
promotes ideas of femininity that fit comfortably under these societal norms, as the literature of
the late ‘80s parallels responses from the study. Yet, this quiet conformity to societal norms is
curious and strange for a genre which by its very nature is “socially progressive,” emerging in
intention to promote a greater awareness about a virus which affects a minority of the population.

To begin, a discussion about notions of femininity warrants the distinction between the
groupings of gender and sex, neither of which are pure categories. As Judith Lorber discusses in
her article “Believing is Seeing: Biology as Ideology,” in “Western societies, we see two discrete
sexes and two distinguishable genders because our society is built on two classes of people,
“women” and “men.”¹⁷ This in turn, leads us automatically to associate gender with biological
sex; however, this is largely a social construction which already assumes differences between
them and similarities among them (BIS 569). A specific point of difference between gender and
sex is whereas the former qualities may often be exhibited in both sexes, the latter is restricted
based to biological limitations.¹⁸ Femininity then, may cross sex boundaries and can be exhibited
in male characters in the genre.

Thus, my approach to examining the resulting portrayals of women will fall under the
broader scope of femininity in the genre of literature, and will not be limited to the confines of
biological sex. Although drawing lines between the sexes is an interesting way of looking at the
topic, an exploration of gender would perhaps probe more strenuously into the question, pitting
societal constructions against biological certainties. Firstly, I will look the different roles of

in text with prefix “BIS.”
¹⁸ The terminology in this chapter regarding femininity relates to the corresponding gender role, whereas female and
male designate biological sex.
women and men in the literature through the difference in their sex, looking at the implications assigned to each in Susan Sontag’s “The Way We Live Now.” Then, moving on to Alice Hoffman’s At Risk, and Jonathan Demme’s Philadelphia, the focus will be on the role of women in AIDS literature in a work published in 1986 and one from 1993, attempting to separate and examine “types” of portrayed women and analyzing the effect and designations of their roles in the larger context of their environment. Then, I will cross the sex boundaries and discuss a “distributed femininity” in the male sex in Randy Shilts’ And the Band Played On as a way of reconciling the absence of females, exploring gender norms and figuring out if perceptions are based purely on a sex or gender role. Overall, I will contend that females are portrayed repeatedly as the “innocent” victims, and accordingly, the trait associated with the gender femininity is chastity.

The Way We Live Now

By 1986, the release of scientific studies had established that the AIDS virus could be transmitted heterosexually, and documented a history of cases involving women. Even in 1982 the very acronym used was intentionally gender-neutral in origin, as “staffers at the Center of Disease Control…argued that any references to ‘gay’ or ‘community’ should be dropped and something more neutral be adopted.”

Yet, this adoption of neutrality does not tie over to the many of the works about AIDS, as discussions of risk seem to be biased from a traditional gender interpretation. One example of this partiality is evident in a reading of Susan Sontag’s 1986 short story “The Way We Live Now,” which first appeared in the November 24th edition of the New Yorker. As “One of the first

short stories on AIDS to appear in a mainstream periodical, it is still-by far- the best known story on the subject.” The short story brought AIDS to the pages of a popular literary magazine, and consequently to the thoughts of intellectual American readers. Though at this time, AIDS was already recognized and well-known to the public through the death of the popular actor Rock Hudson, the epidemic was still nervously new, and many people were frightened by the possibilities of contagion. Written with a distinctive multi-narrative voice, Sontag’s 1986 story revolves around conversations of a group of men and women who share a friend: one un-named male with AIDS. Discussions among these friends center around topics of sexuality, promiscuity, and fears about AIDS. It is an early example of the consequences of the “unknown,” and also brings a new, intriguing dimension to light: the perception of risk for AIDS in women, and how it differs from that of men.

Within much of AIDS literature, there exists a pervasive trend which suggests that women in the works are perceived to be less susceptible to AIDS then men; this perception is particularly strong from a male point of view. “The Way We Live Now” presents an example of this belief, as in the following passage, a woman named Ellen participates in dialogue with her male friend Quentin about the links of sexuality:

Everyone is at risk, everyone who has a sexual life, because sexuality is a chain that links each of us to many others, unknown others, and now the great chain of being has become a chain of death as well. It’s not the same for you, Quentin insisted, it’s not the same for you as it is for me or Lewis or Frank or Paolo or Max, I’m more and more frightened, and I have every reason to be (WWLN 47).

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Here, the connecting clauses of Ellen’s sentence echo her metaphor of a “chain” in a broad, democratic concept of contagion; however, Quentin does not agree with Ellen’s assertion of an equality of risk for “everyone.” Instead, he declares a distinction between himself and Ellen, saying it’s “not the same for you,” implying that there are qualities which differentiate them. He proceeds to name a series of all male names: “Lewis, or Frank or Paolo or Max” which has the effect of concentrating the fear onto a more individual level, bringing the idea of contagion to identify more specifically with males. The fact that he names all males in a series suggests that one difference between himself and Ellen is sex; there may additionally be another level of difference in their sexual orientation. In either case, he asserts that these differences diminish her risk from the “great chain” of sexuality she describes; and elevate his own group’s risk.

The specific names Quentin uses as examples oppose Ellen’s broader statement and challenges her assertion in its magnification. Quentin’s reasoning directly acknowledges the differences between them, and consequently his phrase reflects a male’s perception of his higher risk over a female’s. Quentin changes the equality of Ellen’s use of “everybody” and divides the issue into groups defined by sex and perhaps sexuality which diminish Ellen’s risk and those like her. Quentin’s insistence on the disparity of risk genders Ellen’s neutral “others” in the chain of sexuality, and divides the issue into categories of sex and sexuality.

This example in Sontag’s story is one instance of a male downplaying the role of a female, and shows how some perceive women to be less at risk. Women become seen as unsusceptible to the virus: a dangerous and false conception. As Tamsin Wilton writes, in her book *EnGendering AIDS*, “It is undoubtedly the case that the HIV/AIDS-related needs of women are marginalized, ignored and denied, and that women’s subjugation to men is both reflected in and reinforced by the ways in which the pandemic has been gendered (EA 2).” Here, Wilson
extrapolates upon Quentin’s assertion in the short story to be a systematic and institutionalized practice, not just an individualized point of view. Thus, the problem of the subjugation of women’s risk in AIDS is affected by designations of gender. However, women’s oppression is somewhat misleading because it may be characterized by a complexity and by ideology that defies simple deconstruction: “Biologically, women are more likely- studies suggest anywhere between two and three times more likely- then men to acquire HIV infection through heterosex.” Furthermore, “women’s relative powerlessness in heterosex is largely determined by the material inequalities,” which can make them feel that they do not have the power to ask to have safe sex with their partners (EA 29). Although literature portrays women to have less risk than men for AIDS, the reality of that construction is neither true nor simple, as women are indeed “at risk” for AIDS through sexual intercourse despite what the literature portrays.

Another pair of female characters in Sontag’s story is Kate and Hilda, two women who discuss their instincts towards their friend with AIDS. Through their discussion, one is able to discern a discrepancy between gender attitudes toward sex. Furthermore, Sontag’s representation of these two women is intriguing because it explores the emotions and thoughts behind their observations.

In “The Way We Live Now,” Kate’s character is moved to take on a protective role through the actions of her promiscuous male friend before he contracts AIDS. As Kate reflects on a memory of the two of them at a club aptly named, “The Prophet,” she recalls how she felt concerned about his careless sexual practices. In this flashback, Kate remembers an instance where, before “toking up for their next foray onto the dance floor,” she asks him to be more prudent:

She said it hesitantly, for it felt foolish asking a prince of debauchery to, well, take it easy, and she wasn’t keen on playing big sister, a role, as Hilda confirmed, he inspired in many women, are you being careful, honey, you know what I mean (WLN 29).

Though Kate insists here that she “wasn’t keen on playing big sister,” she does, nevertheless, issue a cautionary warning to her friend. The fact that Kate feels the need to advise her friend here reveals her wariness of his licentious behavior and reveals her own more conservative stance on sex. Asking him to “take it easy” translates as a desire to protect and take care of him; in addition, urging him to be careful is an attempt to impose her own, more cautious attitude onto his careless practices. Furthermore, Hilda’s remark about the role of big sister “inspired in many women” extends this idea, and implies that a multitude of women are naturally inclined to want to protect men from promiscuous behavior.

The response from Kate and Hilda’s male friend to Kate’s warning also re-enforces traditional gender attitudes toward sex, as he simply states in response to Kate: “No, I’m not [being careful] I can’t, I just can’t, sex is too important to me, always has been (WLN 29).” The juxtaposition between Kate’s feminine prudence and her male friend’s voracious appetite for sex is powerful; it emphasizes a woman’s caution and hesitancy even after the sexual liberation in the 70s, simultaneously diminishing the perception of female sexuality. The contrast between the two extremes is further emphasized with the term, “prince of debauchery,” as Kate, the female here is portrayed as chaste and her male friend as promiscuous. Kate is not conservative toward all things, as evidenced by her “toking up,” implying consumption of marijuana, but contrastingly, is much more careful when it comes to sex. There is indeed something of a
prophetic nature in Kate’s warning, as her worries seem to reflect an instinctual knowledge about the dangers of promiscuity.

The largest component of Sontag’s story is the multi-narrative structure; through this, the reader hears multiple viewpoints and is offered many opinions from all different sides of the spectrum. Sontag makes these voices the propelling force in her story, and brings their observations and opinions to light through dialogues. Specifically, Sontag’s example of Ellen’s discussion with her friend Quentin is a way of showing both sides of the argument. Although a first impression of the dynamic between the characters leaves the large idea of a male asserting his perception of his own “larger risk” over his female friend’s, Sontag’s writing is deliberate and conscious, and her story does not advocate one side over another. Critic Roger Platizky would agree, as he asserts that “no single point of view in this multivocal narrative is privileged over any other.”^23 Rather, as Shannon Warner writes in her article, “The Way We Write Now: The Reality of AIDS in contemporary Short Fiction,” “surely, one of Ms. Sontag’s intentions was to “pass on the news” to the reader” (WWWN 491). Indeed, it appears that Sontag did write with intent to inform; thus her inclusion of this interaction is purposefully controversial and democratically didactic in an effort to bring Kate, Hilda’s, and Ellen’s voices to the forefront and have them be heard equally among others.

Thus, although Sontag does not distinctly portray socially progressive female characters in her story, she does draw attention to certain objections and inequities for women in this epidemic. The equality of narration could perhaps most be supported by the fact that “The Way We Live Now” was later adapted into a play, with different readers for the interspersing phrases in the story, ultimately creating the effect of overhearing a conversation, and projecting the voice

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of women among men. Sontag’s story is the closest among the works examined to being socially progressive in that it equates females and male voices through its style and structure; however, it ultimately falls short of creating female characters that challenge convention and stereotypes.

At Risk

Following Susan Sontag’s 1986 short story in the New Yorker, Alice Hoffman’s 1988 novel *At Risk* features a character with AIDS who embodies the stereotype of the non-sexualized female. A model of innocence and virginity, Amanda is only ten years old when she contracts AIDS through a blood transfusion in an operation for appendicitis. Hoffman’s example is a rare and extreme case, far away from associations tied to the perceptions of AIDS as the “gay plague;” instead, Amanda’s purity stands in direct contrast with the sexual debauchery and drug-using lifestyle of the ‘80s the public tied to AIDS at the time. *Music for a Closing: Responses to AIDS in Three American Novels* author Joseph Dewey notes that Hoffman “deliberately does not focus on the isolation and anxieties the disease has prompted within the gay community,” and “instead of confronting AIDS…manipulates its impact as a hot buzzword.” Accordingly, Hoffman does stray away from populations truly more “at risk,” and decides to present an atypical case, much like the later media attention directed toward the young and innocent such as Kimberly Bergalis and Ryan White.

The resulting novel features many unsettling scenes. As the story of a young girl with a fatal infection unfolds, the reader cannot help but feel that her contraction is strangely unjust and tragic. In Hoffman’s description of the young girl with AIDS, her character’s innocence stands out in a literal, physical way:

Amanda is wearing white jeans and a T-shirt patterned with clouds; her hair is pulled back with two barrettes shaped like Scotties…Amanda likes the earrings she wears, slices of silver moons that swing back and forth each time the doctor moves her head.\textsuperscript{25}

This picture of Amanda is rather unexpected in the genre; quite clearly, Amanda is the atypical person with AIDS. Her “white” jeans, combined with the t-shirt with clouds, and “slices of silver moon earrings” evoke an angelic image, as even her clothing reinforces the innocence of her appearance. These celestial references also function to make her appear “otherworldly,” distancing her from characters who are more realistic in the novel as well as from the reader, who perceives Amanda to be an uncharacteristic case of an already exceptional virus.

A conversation between Amanda and her doctor further reflects the rarity of her situation, as Amanda asks, regarding AIDS, “I don’t understand why kids get it” (\textit{AR} 67). The answer is, sadly, that usually “kids” don’t get AIDS. Contracting AIDS through a blood transfusion, although much more frequent during the unsupervised blood supply in the 1980s, was still an extremely rare occurrence, happening only about once per year in children (\textit{API}). Dewey says, “We are free to feel the anger and the sorrow of such an illogical stroke- Amanda is innocence intolerably violated” (\textit{MFC}). Her case is a sad exception, highlighted in AIDS literature perhaps because she is the last person one would expect to be infected, as her perception of risk as a non-sexual female makes her an unlikely candidate. Consequently, her infection is especially surprising and powerful because the reader already associates her “type” to be impervious to a disease so associated with the qualities of promiscuity and sexual deviancy. Although Amanda’s innocence excuses her from the associations with deviancy and a sense of guilt tied with those

\textsuperscript{25} Alice Hoffman. \textit{At Risk}. New York: The Berkeley Publishing Group, 1988. 61. Hereafter cited in text with prefix \textit{“AR.”}
who contract AIDS through sex; she is nonetheless, ostracized by her community, suggesting that the fear surrounding the virus trumps any feelings of sympathy toward the “innocent victims.”

Amanda’s otherworldly quality functions much like the qualities in other examples of females in AIDS literature, but the stereotypes of women as non-sexual beings seem to be formed in an extreme in Hoffman’s novel. Hoffman has been criticized for this decision because her portrayal of Amanda does not directly address realities in the AIDS epidemic. Instead, Hoffman writes “without exploring the effects the virus registers in those whose very identities—sexual, social political—have been threatened, the book reads as an uncomplicated exercise in the literature of doomed youth” (MFC). At Risk is a novel that does not challenge stereotypes surrounding the epidemic; raising awareness about the AIDS is perhaps second in Hoffman’s mind to her interest in portraying the dynamics of a family coping with a crisis. Consequently, the novel lacks the same level of intentionality and consciousness seen in Sontag’s “The Way We Live Now” in sending out a larger, significant message about the epidemic. Nonetheless, Hoffman’s story of Amanda, the young girl with AIDS, repeats the notion of females in the genre as a “type;” the chaste model she creates marginalizes the sexuality of females once again.

Philadelphia

Although the New York Times first reported on AIDS in 1981, Hollywood was much slower to dramatize the epidemic; not until the early ‘90s did the first mainstream Hollywood film come into creation.26 Jonathan Demme’s award-winning film Philadelphia, released in 1993, became a box-office hit and earned an Oscar for lead actor Tom Hanks. The film follows

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Andrew Beckett’s (Tom Hanks) discrimination lawsuit against his former-law firm who fired him after finding out he was gay and had AIDS. Although groundbreaking in its topic for a mainstream production, the film is itself rather conservative in some aspects; it grudgingly admits to Andy Beckett’s homosexuality, and does not even show a kiss between Andy and his boyfriend (Antonio Banderas). Coincidentally, “The filmmakers were still afraid to show Hanks and Antonio Banderas doing much more than discreetly dancing together,” (HHA) despite being lauded as a Hollywood response to political activism. This conservatism towards sexual attitudes continued to the portrayal of women, and Hollywood, like many others, chooses to present a female as an “innocent victim” named in one of the final scenes. Similar to Hoffman’s character of Amanda, Philadelphia’s representation of a female with AIDS is Mrs. Beckwith, a middle-aged woman who contracts AIDS not through sex, but through a blood transfusion while giving birth.

A peculiar Hollywood “white-washing” of screenwriter Ron Nyswater’s original Latino character “Maria Torres” into Mrs. Beckwith, the blond and blue-eyed woman in the film. This change in Ron Nyswater’s original intention to portray a ethnic woman with AIDS has a different tone and intention from the resulting film which, like many other works, ignores minorities.

Mrs. Beckwith testifies in Andy Beckett’s discrimination lawsuit as a previous employee of his boss. The difference in their situation is that Andy is fired, but Mrs. Beckwith is not. According to both Andy and Mrs. Beckwith’s boss, Kenton, Mrs. Beckwith’s situation is excusable, as she is “innocent:”

I felt, and still feel, nothing

but the deepest sympathy and compassion for people like Mrs. Beckwith, who have contracted this terrible disease through no fault of their own (PHL).

Mrs. Beckwith contacts AIDS through a blood transfusion while giving birth; the context is significant and ironic in that through her giving of life she consequently contracts of a virus that leads to death. Furthermore, the act of giving birth is the ultimate bravado for females, reinforcing favorable values and exonerating Mrs. Beckwith from any “fault.” The idea of “fault” however is not released from Andy, as in contrast, he contracts the disease through a casual sexual encounter in a gay porno theater. This will be discussed further in chapter two.

Mrs. Beckwith is treated and perceived differently because her case is untainted by sexual deviancy; the ways in which the two characters contract the virus strictly adhere to traditional notions of gender, once again with Mrs. Beckwith representing the “pure” and “innocent.” Although Mrs. Beckwith is “excused” by others, in the film she asserts that she does not want to be categorized as either “innocent” or “guilty” in a dialogue with the trial lawyer:

JEROME GREEN

Mrs Beckwith. How did you contract the AIDS virus?

MRS BECKWITH

During a transfusion. I lost
a lot of blood giving birth to my
second child.

JEROME GREEN
In other words, in your case
you happen to be an innocent
victim of the AIDS tragedy.

MRS. BECKWITH
Look. I'm no different from
everyone else who has this
disease: I'm not guilty, I'm
not innocent. I'm just trying
to survive (PHL).

Jerome Green, a male lawyer, tries to vindicate Mrs. Beckwith in the scene, emphasizing her innocence in a situation beyond her control. Jerome attempts to speak for Mrs. Beckwith in the interview, interjecting meaning “in other words,” which are really his own, and translates her simple reply into a plea of “innocence.” Additionally, his use of the words “victim” and “tragedy” suggest a sorrow and unavoidability that stand in contrast to what is portrayed as Andy’s “fault.” As a mother of two, Mrs. Beckwith represents the domestic woman who is sheltered from the type of lifestyle that Andy Beckett leads, and consequently is freed from accepting any agency in her “tragedy.” Yet, Mrs. Beckwith argues to free herself from being
categorized as a “victim”, as she says, “Look. I’m no different from everyone else who has this disease,” refusing to be labeled “innocent.”

And the Band Played On

The difference between the female sex and the feminine gender are more clearly evident in Randy Shilts’ work of non-fiction, *And the Band Played On: Politics, People, and the AIDS Epidemic*. Shilts, a reporter for the San Francisco Chronicle, first published the work in 1987, and it remained on the New York Times Best Seller List for five weeks. Douglas Crimp warns against its popularity, saying, “For anyone suspicious of “mainstream” American culture, it might seem enough simply to note that the book is a bestseller, that it has been highly praised throughout the dominant media, or, even more damning, that the book has been optioned for a TV miniseries…”28 Shilts’ account of the epidemic is researched and appears journalistic, yet is also interjected with observations and speculation that is not proven to be factual. Thus, in a reading of the account, one must be careful to distinguish Shilts’ fact from his fiction, and also keep in consideration the fact that Shilts’ framing of the epidemic includes omissions and selections which are biased towards personal ends and motivations in writing the work. As a person with many friends affected by the epidemic, he obviously had a vested interest in raising awareness about AIDS, and his writing was shaped by the world in which he lived.29 Shilts’ work is described by Crimp to be:

29 Shilts was later diagnosed with AIDS after the completion of *And the Band Played On*. 
Predicated on a series of oppositions; it is first and foremost, a story of heroes and villains, of common sense against prejudice, of rationality against irrationality; it is also an account of scientific advance versus political maneuvering, public health versus civil rights, a safe blood supply versus blood-banking industry profits, homosexuals versus heterosexuals, hard cold facts versus what Shilts calls AIDSspeak (*HHP*).

Yet, for an author interested in the “politics” and “people” of the epidemic, as evidenced by the subtitle of the novel, Shilts’ social responsibility is questionable, as he blames the Reagan administration for much of the spread while neglecting to look outside society’s norms about gender perceptions.

Thus, Shilts’ introduction of the character of Grethe Rask, a doctor on the frontiers of Zaire who is an example of an early, pre-1982 case of AIDS is an interesting selection. The chronology of this example is notable, as Grethe is afflicted with AIDS before the virus is even given a name, and before its association with the gay community, or a specific gender was entrenched in American minds. A description of Grethe reflects an interesting combination of qualities that set her apart from average. To begin, her physical qualities are highlighted and specifically noted; she exhibits “the features one would expect of a woman from Thisted, high cheekbones and blond hair worn short in a cut that some delicately called mannish”(*ABPO* 5). Grethe’s trademark Danish ancestry separates her from her African environment, providing extreme and definitive qualities that distinguish her from the majority. This functions as an isolating factor, accentuating the already foreign and harsh frontier of Zaire’s “jungle hospital”(*ABPO* 5). Thus, Grethe Rask stands on a separate ground: she is a female, minority doctor, living in an “harsh” environment, and one who physically stands out from others. Although the career of “doctor” is commonly associated with men, it is one that blends feminine
and masculine gender associations, as the idea of “caretaker” is usually assigned to women, yet the role of “doctor” is perceived to be a profession more popularly held by men, tying it to ideas of masculinity. This resulting effect offers a connotation of distance: Grethe’s character is far removed, seemingly “foreign” for the majority of American readers, suggesting and perhaps further entrenching the idea that ordinary women are not at risk for AIDS.

Furthermore, it is interesting that Grethe’s physical features are associated with two words with opposite connotations, as her hair is “delicately called mannish,” referring euphemistically to her homosexuality. Dr. Rask’s femininity is complicated by her physical looks, and this further extends to her sexual orientation: “After all, as one friend pointed out later, the respect Dr. Rask was a lesbian who had never made any secret of her sexual orientation” (*ABPO* 117). This revelation comes one hundred pages after the introduction of Dr. Rask in the first few pages, and is surprising because it becomes clear she contracts AIDS in a non-sexual manner. Furthermore, the fact that she is a homosexual woman disassociates AIDS from the association of it as a purely “male” disease. Logically, this is powerful to perhaps eliminate the link between homosexuality and AIDS; however, this perhaps strengthens the link between masculinity and AIDS. As Dr. Rask exhibits many traditional “masculine” qualities, in taking larger risks, she is seen as more susceptible to the virus. This again, takes away from the consideration of risk in average women, as popular literature highlights the atypical woman with AIDS.

Furthermore, Shilts’ decision to highlight a case of a white woman with AIDS in Africa is again, atypical, and strangely rare; most of the women who contract AIDS in Africa are African. Although women of these races were more likely to contract AIDS, there are virtually no representations of women of color in any popular works of this genre. Though women are
marginalized in the discussion of AIDS, women of color are further ignored in their representation, despite their greater number in reality.

A lack of women in the genre could explain the subsequent distribution of the “pretty,” feminine physical attributes to the men in the literature; however, this is a rather superficial quality which does not override the masculine behavior patterns in relation to sex. This gendering of attitudes towards sexual liberation is apparent in another of Shilts’ pairings of two gay men:

Matt wanted to be married but Gary wanted to fuck around, so Matt would fuck around just to show Gary. To his psychologist’s eye, Joe thought it was typical male competition. But then, so much of the gay community’s sexuality, right down to the whole cruising ritual, seemed more defined by gender than sexual orientation...”(ABPO 89).

Here, the sexuality assigned to the feminine gender is suggested to be more sexually conservative, with Matt representing a “feminine role” and consequently yearning towards marriage and monogamy. This feminine yearning places Matt in a secluded environment, and isolates the risk that lies in having more sexual partners. In contrast, Gary’s promiscuity is represented as masculine, wanting to “fuck around,” a biting and vapid phrase which suggests a loveless detachment from the sexual partner. After the presentation of the couple, Shilts steps into an omniscient narration and makes a pointed commentary about the gay community’s sexuality. The emphasis here is on the different perceptions of sexuality associated with each gender. Even within the same sex, Matt, the more feminine one, is categorized as less promiscuous, and with seemingly less risk. Sexuality crosses purely physical boundaries and
functions in larger, gender roles, which complicates a traditional reading of gender and also perceptions of risk.

If one read only popular literature written about the AIDS epidemic without knowing the facts from the Center from Disease Control, one’s perception of the disease would be biased toward norms created and perpetuated by the majority. According to the four popular works discussed in the chapter, the AIDS demographic would be nearly all homosexual males; beyond that, a small scattering of women who contracted AIDS through blood transfusions. There would be virtually no women of color with the virus, and women would be perceived to have virtually no risk from heterosexual contact as chaste models. In reality, white women with AIDS were not the majority of females infected: “of the 126,964 women living with HIV/AIDS, 64% were black, 19% were white, 15% were Hispanic, and 1% were Asian or Pacific Islander.”³⁰ Additionally, though many married women are represented as at unsusceptible, the domestic enclave may present the most risk for women who are perhaps subjugated sexually, as “it is that privatized domain, the arena of the ‘domestic,’ of the family, which has been identified by much feminist research as the most dangerous place for women,”³¹ and furthermore, high-risk heterosexual contact was the source of 80% of these newly diagnosed infections (SR).

It is evident that the representation of women in the genre is marginalized, and portrayed in the light of exceptions and “tragedies.” However, what is more interesting and less obvious than women’s marginalization is the effect of their portrayals and the reasoning behind them. As Sontag intended to “pass the word” about AIDS along, she pointedly elaborated upon female-

male interactions to allow the voice of women to be heard. Similarly, Jonathan Demme had a shared interest in politicizing AIDS; however, the conservatism of a mainstream audience perhaps limited the boundaries of his representations and resulted in a timid message. Alice Hoffman had a seemingly different interest, and focused more on family dynamics in a tragedy rather than promoting awareness about the virus. Finally, Randy Shilts’ complicated it all with notions of gender which crossed sex boundaries but did not stray from traditional norms of gender attitudes towards sex.
Chapter 2: Masculinity, Promiscuity and the Perceived Threat of AIDS

In opposition to the non-sexualized portrayals of females in the genre of AIDS literature, masculinity is represented as a dominant and hyper-sexualized gender within the context of the same works. A particular trait of masculinity, sexual promiscuity, is focused upon as the main difference between the females and males with AIDS in the genre; this makes all the difference in the corresponding depictions of methods of AIDS contraction. While women with AIDS are portrayed as the innocent and tragic “victims,” never contracting AIDS through sexual contact, males within the same works have the dimension of guilt to cope with; a pattern of promiscuity stereotypes their method of contraction and forces a psychological sense of responsibility and guilt upon them.

Focusing specifically on examining male roles and masculinity in Jonathan Demme’s film Philadelphia and Randy Shilts’ And the Band Played On in this chapter, I will explore the hyper-sexualized portrayal of masculinity along with the consequent negative connotations associated with masculine qualities. The males in these two works are very different in personality, as one, Andy Beckett, is a likable, moderate gay male, and the other, Gaetan Dugas, is a sociopath, taking on a sexual rampage for vengeance in the gay community. Yet, both these characters are perceived as equally threatening, especially to other males, despite their vastly different temperaments. The equal amount of fear generated by these two characters suggests that temperament and character are not the determining factors of fear; rather, the stereotypes associated with masculinity and homosexuality dictate other males’ reactions. The two works seem to perpetuate these promiscuous, hyper-sexualized stereotypes of the gender, to an extreme in some cases, that almost rationalize the crazed panic and fear in reality.
Masculinity in Philadelphia

*Philadelphia* was introduced in the previous chapter as the first Hollywood blockbuster film to address the topic of AIDS. The previous chapter drew attention to a particular character, Mrs. Beckwith, a mother who contracts AIDS through a blood transfusion as a result of giving birth. As discussed earlier, Mrs. Beckwith’s feminine qualities label her as a “non-threat,” as she contracts AIDS in a non-sexual manner. Her status as mother and wife further seals her sexual conservatism in a hermeneutic “containment” of AIDS. Her boss even testifies to call her contraction of the virus a “tragedy.” Thus, the film re-enforces feminine stereotypes much like other popular works about AIDS.

An examination of the film’s portrayal of males reveals that the film also stereotypes promiscuity in the male sex; furthermore, *Philadelphia* depicts the masculine gender role in an extremely antagonistic light, resulting in an overall negative connotation of these masculine traits when they are exhibited in both males and females. Although females in many of works in this genre are marginalized, there is an exception in this particular film where a female lawyer, Belinda Conine, holds a strong presence. Yet curiously, Belinda exhibits many masculine qualities and her prominent traits are in line with traditionally “male” characteristics. Thus, in the discussion of masculinity in this chapter, the portrayal of the gender will be examined in both males and females to gain an understanding of how the works about AIDS represent the gender role beyond biological sex.

*Philadelphia*’s protagonist, Andy Beckett, is a young, gay male who works in a prestigious law firm. His contraction of AIDS and his homosexuality is kept a secret from his fellow lawyers until one day, a co-worker notices a lesion on his forehead. As his secret is
revealed, other males react strongly to both his homosexuality and the fact that he has AIDS. In comparison with Mrs. Beckwith, others regard Andy with much greater fear. Specifically, Andy’s boss, Mr. Wheeler, who was also Mrs. Beckwith’s employer, addresses their situations differently. While he is cold to both Mrs. Beckwith and to Andy, he excuses her contraction and calls it a tragedy; in contrast, he fires Andy from the firm.

To Wheeler and the other male lawyers in the firm Andy is regarded as a threat to both the institution of family and to their conventions of masculinity. Mrs. Beckwith’s contraction of the virus is met with compassion; however, with Andy, it is met with anger. Wheeler expresses this outrage to one of his colleagues:

Andrew brought AIDS into our offices, into our men's room.
He brought AIDS to our annual goddamn family picnic (PHL).

The fear projected toward Andy’s infection is magnified because he is both male and homosexual. This combination maximizes stereotypical perception of his threat as a person who could further spread the virus. To others in the film, these two qualities seem to double his likelihood of proliferating AIDS. In a discussion between two lawyers from Andy’s firm about his situation, it is evident that Andy’s sexuality plays a large part in their reaction about his infection:
SEIDMAN

For Christ's sake, where's your compassion?

KENTON

Compassion? Andy sucks cocks, Bob. He takes it up the ass.

He's a pervert (PHL).

In this conversation, Kenton uses Andy’s sexual orientation as an excuse for his attitude and lack of sympathy. It is an occurrence where, as Gregory Lehne writes in his book *Homophobia Among Men*, one in which “homophobia is a means of policing the boundaries of a traditional male sex role.” Kenton finds Andy’s homosexuality to be “perverted,” and uses this to assert his heterosexual authority in declaring Andy to be unworthy of “compassion.” This seems to imply because he is a “pervert,” he deserves to contract AIDS. This logic is an echo of religious extremists such as Reverend Jerry Falwell who declared that “AIDS is a lethal judgment of God on the sin of homosexuality.”

The differences in perceptions of threat between a female with AIDS and a gay male with AIDS to other males are polarized in the film. Although in this case both the female and male with AIDS are highlighted, the male’s threat is magnified, and seen as more threatening. As AIDS cannot biologically be spread through “men’s bathrooms” or at “the company picnic,” we may conclude that the Andy’s threat to the others appears larger than Mrs. Beckwith’s threat because of their homophobia. Andy’s sexuality is a paramount issue even though logically, a

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heterosexual female (Mrs Beckwith) is more likely than a homosexual male to have sexual contact with the heterosexual males in the film.

Jonathan Demme points out the ridiculousness and irrationality of the homophobia rampant among Andy’s coworkers by portraying them as insensitive, “macho” men and Andy as a moderate, likable character. These binary categories consequently classify the “macho” men as the “bad guys” and Andy as the “good guy.” Accordingly, one would imagine that Andy would, despite his virus, represent the antithesis of the stereotyped homosexual male to dispel these stereotypes and be the hero of the story. Indeed, in an interview with Philadelphia’s screenwriter Ron Nyswater, Nyswater confirmed that his intention in the creation of a character that would appeal to everyone was especially important to him. Andy’s “likability” is key in his hope that the viewer would see past “AIDS” to someone they could relate to (PHL). Yet the film only does this to a certain extent; Andy is still incriminated through his promiscuous actions revealed at the end of the film.

Despite Nyswater’s efforts to make Andy “likable” and appealing, others in the film still regard Andy as an extremist. To the other lawyers and even Beckett’s ally Joseph Miller, homosexuality is unacceptable, and is “disgusting.” As the viewer sympathizes with Andy, the portrayals of other males are antagonistic in comparison. Within these works, strong masculine traits in general are presented in a negative light; the characters who portray masculinities are clear antagonists in the literature. Additionally, nearly every example of a male is an extreme: when qualities of the gender role are exhibited, they are never subtle and quiet portrayals; rather they are often excessive and exaggerated, highlighting and magnifying stereotypes that the viewer or reader will not miss. The overbearing representations perhaps contribute to the negative, stereotypical associations in the representations of the masculine gender.
The strong reactions of the other male characters in the film to Andy are not surprising; they are constantly immersed in an environment of homogenous, hyper-masculinity where any deviation draws attention. This overabundant representation of masculinity is the most prominent at the law firm where Andy is employed. At Wyant and Wheeler, the firm is comprised overwhelmingly of males. This is not wholly unusual because law is a profession which traditionally employs more males; however, in the “city of brotherly love,” the stereotypes of these male lawyers are further magnified in the film. In an early scene, Beckett is led into an office which phallically towers over the city; the very location of the office suggests high class and power. The office is decorated in plush leather and dark wood paneling. There a scene awaits Beckett: a congregation of lawyers in tuxedoes, all smoking cigars in brotherly celebration. The tuxedoes that the lawyers wear are earned uniforms for their profession, and function to make them all appear extremely similar and indistinguishable, further aided by the homogeneity of their race and age. The males in the room do not stand out as individuals; rather, they represent a conventional stereotype of masculinity. Other scenes echo the masculinity of the office: a later event depicts the lawyers together watching a basketball game from their box seats, and together they yell and curse while drinking beer and patting each other on the back. Their interests in activities usually associated with masculinity (sports, cigars) bind them together and give a sense of assurance and validity to their values. Although there are a few women employed in the firm, they are absent in the scenes involving male bonding activities; their exclusion suggests that the firm’s recreational activity is not to encourage bonding among lawyers, but among men.

Masculinity is not limited to male characters in Philadelphia. One woman in particular exhibits very masculine qualities. Belinda Conine, the lawyer that represents Wyant and Wheeler in Andy’s trial, provides an example where a female exhibits extremely masculine qualities. The
move to use a female lawyer as representation for the mostly white, male law firm is an obviously calculated move; her sex reduces the firm’s overwhelming masculinity and makes them appear less like the discriminating company they are accused of being. Thus, the employment of Belinda by Wyant and Wheeler shows a self-conscious awareness of their image and a deliberate plan to use a woman as a tool to dispel this perception. Her very physical presence in the courtroom diffuses their intimidating air; Belinda’s skirt among the suits at the bench stands out and she uses this to her advantage. However, although Belinda is a woman, she is extremely aggressive and callous in her defense of the law firm. In the trial, she is the one who asks the most uncomfortable and probing questions to make her case, and though it is required for lawyers to be great spinners of stories, she is extremely unyielding and is depicted as a clear antagonist to Andrew Beckett, for whom the viewer has some sympathy. In our first impression of Belinda, she begins the trial in an abrasive, unsympathetic light:

Fact. AIDS is a tragedy...
Fact. Andrew Beckett is dying.
Fact. Andrew Beckett is angry.
Because his "lifestyle," his reckless behavior, has cut short his life... And in his anger, his rage, he's lashing out. And he wants someone to pay (PHL).
Belinda tries to be emotive in this passage and attempts to spin the jurors to Andrew’s perspective in her appeal. However, beginning each of her statements with the word “fact” makes Belinda’s phrases appear to be concrete and firm when in reality, the third statement is only an opinion. The rhetorical repetition of the word “fact” beginning each sentence makes the listener anticipate the pattern in a cunning method of persuasion that makes the third statement appear to be logical. This calculating method parallels Belinda’s callousness; her opening statements here are somewhat cruel and insensitive to Andy’s family and friends who are all watching; she emphasizes his approaching death and his reason for revenge. Belinda’s delivery in this scene is also very deliberate: she pauses after the word “fact” in an extremely dramatic manner to elongate the suspense of her accusations. Although slander can be seen as just a way to win a case, Belinda’s methods here antagonize her to the viewers who, theoretically, are on Andy’s side, and consequently see her as an adversary. Thus, her characteristics in the trial exhibit her stereotypically negative masculine qualities; her insensitivity, aggression, and ruthlessness stand out and allow her to be an effective lawyer and an excellent enemy.

Andy’s law firm is not the only place where he poses a threat to other males. One of the most clear juxtapositions to Andy is the lawyer who defends him in the lawsuit against Wyant and Wheeler. Joe, played by Denzel Washington, provides contrast to Beckett’s unassuming demeanor; his character is an assertive representation of the traditional male role with exception to his race. The contrast between Beckett and Washington is obviously highlighted in the film; as Beckett is in the hospital for blood tests for AIDS, Washington is witnessing the birth of his daughter. These opposing scenes polarize the two men within the same space; as one man combats death, the other celebrates a new life. Although Joe becomes one of Andy’s greatest allies, even he shows fear about homosexuality and AIDS. The fragile, tentative relationship
between them is significant: Joe’s fears of homosexuality allow the audience to feel even greater sympathy for Andy, as it shows a circumstance in which even the person fighting for Andy may be wary of him, suggesting that there is little or no haven from prejudice and fear. Andy’s threat to Joe’s masculinity is clear in Joe’s conversation with his wife after his first encounter with Andy. Joe expresses his disgust for Andy’s homosexual lifestyle, and then says to his wife, “just call me a man,” to which she responds by calling him the “caveman” of the house (PHL). Joe’s request for his wife to call him “a man” reveals his need for the validation of his masculinity in the domain of his home as well as an acknowledgement of a control of his sexuality. The term “a man” in this case does not refer to sex, but is rather a gendered construction of masculinity, translating as an identity Joe views as normal. His wife’s reaction of calling him a “caveman” strengthens the base, primeval, and physical qualities of masculinity Joe seeks; however, she is also sardonically pointing out his thick-headed foolishness in his homophobia through an exaggeration of his request.

Furthermore, when a young gay law student asks Joe out on a date, Joe becomes extremely angry— even physically and verbally retorting in a derogatory way to assert his heterosexuality. His violent reaction shows an extreme aversion to being viewed, even accidentally as a homosexual— and it is clear that his defense of Beckett threatens his masculinity and heterosexuality.

Although Andrew Beckett does not naturally fit in with the other males in his law firm, he is forced keep in step to maintain social acceptance in his office. He participates in the trips to the racquetball club and keeps quiet when his boss tells derogatory jokes about homosexuals. This pressure to conform is additionally complicated by the politics of the office and Andy’s desire to ascend the ranks in his career. As Jane Ward writes in her essay, “Queer Sexism,” “Gay
liberationist discourses…. [assert] gay men internalize heterosexual norms and perform heterosexual sexism as a means of jockeying for power within a male hierarchy.”\textsuperscript{34} However, Andy’s efforts at “fitting in” result only in putting up a tenous façade; when questioned about a lesion on his forehead (Karposci’s sarcoma, a sign of AIDS) by one of his co-workers, he replies “raquetball,” substituting something suitably masculine in place of the truth— a truth that is unsuitably masculine. When others discover that Andy is both gay and a person with AIDS, they are threatened and nervous about the combination, making the movie about homophobia just as much as it is about AIDS. Thus, the reactions of Joe and Beckett’s law firm focus on Andy’s differences rather than his similarities because it is the differences that threaten them. Beckett’s threat seems to be exaggerated in other males’ minds, highlighting insecurities about their own masculinities. It is not only the fact that Andy has AIDS which makes the men uncomfortable: rather, they are doubly threatened by his sexual orientation; making the spread of homosexuality, something not contagious, just as menacing as the spread of AIDS. It is a stance, sociologist R.W. Connell summed up in the proposition that “to be ‘a man’ in contemporary American society is to be homophobic— that is, to be hostile toward homosexual persons in general and gay men in particular.”\textsuperscript{35}

However, whether Andy is truly threatening to his co-workers is a different question. To highlight the irrationality of the other male reactions in the film, Andy is portrayed as a very normal person, mostly unworthy of his firm’s paranoia. The depiction of Andy’s character in general is likable and charming; he is just as nice to his secretary as he is to his boss, and in the beginning of the film, is viewed no differently from the others. Accordingly, Demme takes care


to highlight Andy’s “domestic” qualities in the film, showing evidence that he is very much like everyone else. A home video of Andy’s family and house in the suburbs is shown, Andy is in a stable, long-term relationship with Miguel (Antonio Banderas), and wears a wedding ring in a symbol of commitment. In one scene Andy is even pictured holding a baby while sitting next to Miguel by the fireplace. In this instance he takes on a very paternal pose and appears familial. These qualities equate him to the majority of society to help him appeal to more viewers. Yet, as AIDS progresses in Andy, it becomes more difficult for him to fit in with the other males in his office. Andy’s deteriorating masculinity corresponds with the increasing fear of the other males around him. His physical appearance in the beginning of the film is very masculine; we first see him in a suit alongside Joe fighting a case. His hair is dark and full; he is confident and articulate. However, as AIDS progresses in Andy, his hair thins and turns white, he becomes thin and delicate: his overall appearance becomes much less virile, and he loses the confident masculinity he exudes in the beginning. The last scene depicts Andy unable to speak; this is a complete reversal from the first impression we have of him as in the very first scene of the film Andy’s way with words wins his case.

Jonathan Demme’s decision to call attention to Andy’s familial qualities allow the scenes in which Andy is victimized to seem even more shocking. The scenes in which Andy is “domestic” contrast greatly with the large, angry crowd outside the courthouse who shout “It is Adam and Eve, not Adam and Steve!” As viewers take in the amount of hate and intolerance directed toward Andy, even by those who are close to him in the case of his lawyer Joe, they are persuaded to consider the alternative reaction. Heterosexual people may even feel ashamed or shocked at their group’s own violence. As others’ ignorance is highlighted, the viewer becomes
more aware of his or her own prejudice, and as Nyswater hopes, unlike the other characters in the film, the viewers will begin to see more similarities than differences.

Despite Andy’s innocuous appearance and charm, his infection does stem from a devious sexual act, standing in contrast with the contained threat in females with AIDS. In this manner, Andy does not stand outside of a male stereotype even though in most other situations he is a moderate character, and is carefully crafted as not to be too extreme for mainstream audiences. Yet, the stereotyped “male promiscuity” is not challenged and the film reveals that he participated in risky sexual behavior, implying that he contracts AIDS from a casual sexual encounter. In the courtroom, Andy testifies to having a sexual encounter in a gay porno theater in 1985:

BELINDA

Were you aware in 1984 or 1985 that there was a fatal disease out there, called AIDS, and that you could contract it through sexual activity?

ANDREW

It is impossible to know exactly When or how I was infected with HIV.

BELINDA
But you were having anonymous
Sex in porno theaters in 1984
And 1985?

ANDREW
That happened once (PHL).

Here, Andy’s confession of participating in “anonymous sex” tarnishes his more domestic and moderate reputation, especially because the sexual encounter occurs when he has a serious live-in partner, Miguel (Antonio Banderas). The infection then, also involves a dimension of guilt which differs from the blameless Mrs. Benedict who contracted AIDS through a blood transfusion. Not only did Andy partake in a deviant sexual act, he also betrayed a long-time lover in an act which puts sex over love. It seems as though at this moment, all the sympathy gathered toward Andy is released, as is Belinda’s intention. Andy could have even infected Miguel with the virus. It makes no difference that this experience happened perhaps only “once,” Andy’s infidelity and promiscuity incriminate him, and the defense tries very hard to make this out to be “his fault.”

Although a review of Philadelphia in the Washington Post commented that it was “at the very least, a giant step forward for Hollywood, which tends to portray homosexuals as either psychopathic cross-dressers or the giddy fruitcakes who live next door,” the film still follows conventional stereotypes of women being the “innocent” victims while incriminating Andy’s contraction of AIDS through an act of sexual deviancy. Joe’s eventual turn-around at the end of the film is Demme’s way of reconciling his prejudice in the beginning of the film- this is his
“happy ending,” and his way of showing that Andy’s fight was not in vain. This change in Joe
mirrors a hope that the audience will also change their view of a homosexual character with
AIDS. Yet Nywater decision to incriminate Andy with AIDS through a surprising, out of
character event prevents the film from reaching its goal. There are seemingly many other options
that would seem to be better aligned with the message Nyswater wanted to spread in having the
public like Andy: perhaps Miguel could have infected Andy, or Andy could have had a blood
transfusion like Mrs. Beckwith in the film. Though others cite the film as ground breaking and
controversial, it stops just short of truly being so.

Although both females and males with AIDS in literature face hurtful responses and fear
of contagion, women are regarded as a “contained threat,” whereas homophobia compounds the
threat in males. In one of the first lines of the film, Andy describes a construction site as “messy,
but innocuous.” This description is fitting to describe himself: Andy is a nice guy who contracts
AIDS in a messy manner. Unfortunately for him, other males mark this messy manner as
unforgivable; it even exaggerates their fear of him.

And The Band Played On

In contrast, the likeability of Gaetan Dugas is questionable in Randy Shilts’ account of
the AIDS epidemic. *And the Band Played On* portrays Gaetan as a threat through his continual
sexual activity despite having what he knows at the time as “gay cancer.” In opposition to Andy
Beckett, Gaetan is relentless and lurid in his sexual exploits, and Shilts spends little time evoking
sympathy for Gaetan in his account. Rather, Gaetan is portrayed as a one note man: he is a purely
physical creature memorable for his good looks and promiscuous sexual activity. In this case,
Gaetan creates a sense of danger among other sexually active gay men, causing a ripple throughout the bathhouses.

In physical looks Gaetan describes himself as the “prettiest one,” (ABPO 79) a superlative generally used to characterize females. However, his masculinity is not subjugated by this feminine quality: his voracious sexual appetite, a stereotypical masculine quality, reigns supreme in his significance in the epidemic and has exponential consequences beyond his lifetime. From memory, Gaetan reasons, “he figured he had 250 sexual contacts a year. He’d been involved in gay life for about ten years and easily had had 2,500 sexual partners” (ABPO 83). This astounding number of sexual contacts reflects the large epidemiological impact Gaetan had in the gay community; consequently, in Shilts’ account the CDC’s name for him is “patient zero” within the nebula of charted AIDS cases.

Furthermore, Gaetan seems to have little emotional connection with his lovers as even his most passionate lovers fade like “suntans” to him.

“He recorded names of his most passionate admirers in his fabric-covered address book. But lovers were like suntans to him: They would be so wonderful, so sexy for a few days, and then fade. At times, Gaetan would study his address book with genuine curiosity, trying to recall who this or that person was” (ABPO 22).

The number of Gaetan’s lovers reflects the high priority of his sexual life, but the blurring in identity of each individual reveals his flippant attitude towards serious relationships. In this passage, Gaetan’s reflection on his previous lovers spurs no regret or heartache; instead, this act is extremely self-indulgent. His act of re-visiting his address book, a physical record of his sexual conquests, functions to reinforce his self-satisfaction. Accordingly, Shilts’ portrayals of
Gaetan’s lovers are vague descriptions of their physical looks and are largely unmemorable; likening the reader’s experience to Gaetan’s.

Gaetan’s sexual freedom was, in part, spurred on by the San Francisco bathhouses, places where “promiscuity was rampant because in an all-male subculture there was nobody to say “no”- no moderating role like that a woman plays in the heterosexual milieu” (ABPO 89). As there are no female “moderators” to confine sexuality, the resulting environment is completely unrestrained. Although Gaetan is described with both masculine and feminine qualities, it seems as though his masculine qualities are the ones who put him, and those who sleep with him, at “risk” for AIDS. A lack of women in the genre could perhaps explain the subsequent distribution of the “pretty,” feminine physical attributes to the men in the literature; however, this is a rather superficial quality which does not override his masculine behavior patterns in relation to sex.

Sex seems to be vital to Gaetan. Even after he meets with a doctor named Conant who informs him of his condition, Gaetan asserts his desire to continue his promiscuous lifestyle:

> Of course I’m going to have sex, he told Conant, “Nobody’s proven to me that you can spread cancer.” Gaetan cut Conant’s rebuttal short. Somebody gave this thing to me,” he said. “I’m not going to give up sex” (ABPO 138).

In this passage, Gaetan simultaneously asserts that there is no proof that one can spread cancer, while maintaining that “Somebody gave this thing to me.” These contradicting statements seem to suggest that he is conscious of the contagious nature of “gay cancer” but nonetheless continues to have unprotected, careless sex. There is a tone of justification and vengeance in Gaetan’s tone, as he seems to imply he is deserving of some payback, or at least a maintenance of his previous lifestyle because someone gave him “this thing.” In Conant’s opinion, “Gaetan
Dugas was a sociopath, driven by self-hatred and inner turmoil”\textit{(ABPO 413)} However, Gaetan is not the only gay male with AIDS to hold this opinion in the work; in a discussion with another patient infected with the virus, Conant finds others have a similar attitude regarding sexual responsibility. He asks the patient, “Is it your responsibility not to spread this disease any further? At the very least, you should warn the people with whom you have contact.” To this the “patient bristled” and replied, “Anybody who goes to the baths is a goddamn fool and deserves anything he gets”\textit{(ABPO 413)}.

Accordingly, Gaetan’s following encounters in the bathhouses are callous and malicious: “Gaetan Dugas reached up for the lights, turning up the rheostat slowly so his partner’s eyes would have time to adjust. He then made a point of eyeing the purple lesions on his chest. “Gay Cancer,” he said, almost as if he were talking to himself. “Maybe you’ll get it too.”\textit{(ABPO 413)}.

Gaetan’s execution is dramatic and cruel (similar to Belinda); the lights are turned up slowly in a suspenseful way, revealing to his lover a potential, horrific future. Shilts sums up Gaetan’s character in one sentence: “At one time, Gaetan had been what every man wanted from gay life; by the time he died, he had become what every man feared”\textit{(ABPO 439)}.

The contrast between Andy Beckett and Gaetan Dugas is very clear. While Andy is portrayed as a likable, relatable character, Gaetan is extreme and even called a “sociopath.” Yet, their sexual promiscuity is equally incriminating. Although Andy admits to having only one random sexual encounter, and Gaetan thousands, they are both deemed “guilty” for these devious sexual acts. In the end, the number makes no difference in others’ perceptions of their guilt, as only one sexual encounter is necessary to contract AIDS. Their promiscuity is reduced to a single idea of a responsibility for their infection, which differs greatly from the blameless females with AIDS in the same genre. Males are seemingly unable to escape a stereotypical promiscuity in
this genre, and this quality trumps other possibly redeeming characteristics. Consequently, other males’ fears of contagion are magnified, as males with AIDS in this literature are hypersexualized and an uncontained threat.
Conclusion

AIDS is a virus that affects all demographics in the United States. Though now it may be controlled within the body through new, groundbreaking drugs and the virus is no longer necessarily fatal, at its emergence in the 1980s the virus caused widespread fear and anxiety. Part of the panic involving the epidemic was due to the idea that everyone who had sex was possibly linked to others who had AIDS. The fear was further spurred by the mysterious unknown factors regarding the course of the disease and how it was spread. The literary responses to AIDS in the 1980s reflected and captured this widespread fear, echoing sentiments of many at the time. Neighbors, co-workers, even friends and allies all suddenly seemed to be afraid of people with AIDS.

Yet, translating this fear of risk for “everyone” was not evenly distributed in the genre of AIDS literature. Homosexual males garnered the most attention, as they were the ones who were most frequently infected in the beginning. Yet females were also exposed and infected with the virus through heterosexual sex with males; however, their representation in the literature was much more rare. Looking at these representations of females and males in the literature reveals that it is not only biological sex which influences their consequent portrayals, but gender roles constructed by society which dictate their characteristics.

Femininity in the genre is strictly bound to its traditional stereotype as examples of females with AIDS in both the media and in the literature are blameless “victims” of AIDS who repeatedly seem to be chaste, non-sexualized characters. These characters are all still stigmatized because they have AIDS, but are relieved of the “guilt” associated with contraction of the virus through sexual deviancy. Consequently, according to the literature, females do not truly seem to be at risk for AIDS through sex; rather, the examples of their contraction make the event a
“tragedy” and removed from the everyday. The occurrence of contracting AIDS through a blood transfusion or working with patients in Africa is clearly more rare than contraction through heterosexual sex; yet the resulting portrayals of females with the virus are all atypical, seemingly removing the idea that women do have sex and contract AIDS through it at all. Consequently, with their chastity, female characters with AIDS are viewed as a “contained threat” as they seem to be sterilized and will not further spread the virus.

Masculinity has the opposite connotation in this literature from females. While femininity is associated with being non-sexual, males and masculinity are hyper-sexualized, and the gender role is associated with an overall negative quality where aggression and callousness reign supreme. Though a work such as Philadelphia tries to portray male protagonists with AIDS in a light that is likable with a socially progressive intent, it does not let go of the sexuality of males and why males are repeatedly “responsible” for their contraction of AIDS through deviant sex.

A possible explanation for the perpetuation of these conventional gender stereotypes is that they make the already controversial topic of AIDS easier to swallow. Through keeping these stereotypes constant, the authors are able to raise awareness and facilitate discussion about the epidemic within the existing structure of society. The ease with which the audience can fall into the familiar, gendered roles perhaps make it easier for the artists to slip in their message about challenges people with AIDS face without addressing all the realities of the epidemic.

Perhaps a middle ground between the two which would bridge the extremes of both genders is the quality of androgyny, where both gender qualities are exhibited and people with AIDS are perceived as “people” rather than a “male” or “female.” Susan Sontag’s story begins to suggest this may be key to looking at the epidemic as a whole as she blends voices of both sexes together and does not put one over another. There is also a moment in Philadelphia where Mrs.
Beckwith and Andy Beckett look into each other’s eyes and nod in a mutual understanding of the struggles they both face, transcending society’s perception or classification of them.

A further exploration of the effects of this literature would be interesting to study in a sociological perspective: did these popular works of literature contribute to increased female contraction of AIDS through heterosexual sex? The numbers of females who contracted the disease did increase throughout the decade; whether popular writings about AIDS influenced this trend would be interesting to investigate.

Though by nature of many responses in the arts to AIDS are meant to raise awareness about the disease and commemorate lost loved ones, most of the resulting works do not always challenge conventional stereotypes of females, or that of homosexual males. For the genre to truly represent all the dimensions of the epidemic, representations of people with AIDS should be much more diverse in a reflection of the realities of the epidemic and show how it has impacted many more people than the literature would suggest.
Works Consulted


Howard, Judith A. "Gender Differences in Sexual Attitudes: Conservatism or Powerlessness?" Gender and Society 2 (1988): 103-114.


<http://www.msnbc.msn.com/id/12856549/#storyContinued>
