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# Interdictions & Benedictions – AIDS Prevention Discourses in Vancouver Canada

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**Abstract:** *AIDS education has brought discourses regarding (homo)sexuality into the mainstream. This study of prevention-related artifacts from Vancouver analyzes key discursive aspects of local AIDS prevention programs.*

## Purpose of the Study

When Acquired Immune Deficiency Syndrome (AIDS) first appeared in Vancouver, the question posed by public health officials was “how can we prevent gay men from spreading AIDS?” Re/researching technical strategies for preventing the sexual transmission of AIDS would not be particularly elucidating; the answers to this technical, “how to” question haven’t changed in the last 15 years. But how these strategies are articulated certainly has. Explication of changes in communicative strategies help us better understand how knowledges related to AIDS and sexuality might have been re/constructed.

Michel Foucault wrote at length about the intersection of knowledge, power and sexuality in *The History of Sexuality Volume One: an Introduction* (1990). Foucault posited that institutional knowledges – reified by the academy and the state – are benedicted, usually at the expense of local – subjugated – knowledges. Such knowledges are often interdicted – excluded or silenced – when proffered outside their local milieus, usually for not meeting inappropriate, proscribed rigours of “validity”. Foucault saw this dynamic as being in no one’s best interest. As a researcher committed to grassroots activism, Foucault’s ideas regarding this interactivity intrigued me. With significant animus between early gay male AIDS activists and public health officials during the nascent epidemic (Shilts 1987; Majoribanks, 1995), an examination of artifacts from AIDS prevention strategies could explain to what extent any subjugated, gay-male knowledge regarding sexuality existed. In delineating these different knowledges, the nature of their interaction with the knowledge-regime (manifest as medicine, specifically public health) could be examined. What power relations were at work in AIDS prevention education in Vancouver, as evidenced in artifacts used in local AIDS prevention programs?

## Research Design

Searching for “instances of discursive practice” (Foucault, 1990a, p.12), I examined over 200 publications used in grassroots AIDS prevention program. Data collection occurred at venues throughout the City of Vancouver, including gay bars and bathhouses, private physician’s offices, public health clinics, and community centres; sites where one could reasonable expect to secure AIDS prevention materials. Using an emergent design, document analysis was initiated with the classification of materials, in terms of why, when, by whom and for whom each was created. Materials were coded for format (pamphlet, poster, wallet card, display kiosk, booklet, pamphlet, web site, or sticker) and origins (grassroots groups versus medical/public health entities). Both graphic images and text were analyzed to identify representations and discussions of sexuality, AIDS transmission, and prevention methods. Given the brevity of most documents (usually less than 100 words), quantifying words, phrases or concepts within individual documents was not particularly illuminating. Instead, the entire collection of materials was considered a singular “canon” of AIDS prevention literature. Discursive trends were then identified.

## Materials and Their Analysis

Seven discursive trends emerged from the analysis of the materials. Most common was a medical discourse, which used the terminology and language of medicine to communicate how one becomes infected with HIV, and the means by which to reduce one’s risk of infection. Virtually every document I reviewed incorporated some medically-framed discussion of AIDS prevention, though often in conjunction with at least one other discursive trend. Additionally, many of the documents seemed purposeful in their use of a quotidian discourse with respect to sexuality. Normative in urban gay male

milieus like Vancouver's West End, examples of this vernacular include "fucking ass" (versus "anal intercourse") and "sucking cock" (versus "oral sex", or "fellatio"). Among gay men, these terms had no pejorative meaning – they were merely descriptive. This closely paralleled a gay male discourse, in which a plurality of expressions of male-male desire (including monogamy, promiscuity, onanism and sado-masochism) were celebrated. Phrases such as "between men", "when two guys", and "rubbing your cock against his ass" are additional examples of how sex between men was represented in a manner which presumes male-male sexual desires to be normative.

Materials that did not posit sexual activities within the realm of a specific sexual orientation constituted a contextless, neutral discourse. However, a heterosexual discourse, whose materials described normative sexual desires as sex between men and women (in the language of the medical discourse), appeared shortly thereafter. And within this heterosexual discourse, an unique and informative sub-discourse was also embedded: heterosexually-focussed materials used qualifications about AIDS being "not a gay disease". This "not a gay disease" discourse was employed to persuade heterosexuals that they too were at risk for HIV.

Each document's year of issue proved critical for my analysis. Consideration of the materials' chronology facilitated mapping AIDS prevention in Vancouver as an evolutionary process. Juxtaposing the year of creation for materials grouped in a specific discursive trend facilitated my analysis of how these different characteristics impacted upon prevention efforts. For example: why were there so few materials that used the quotidian discourse to describe sexual activities in 1983? In whose interests (and from whose perspectives) did this strategy develop? And why did this quotidian discourse appear in AIDS prevention publications circa 1984? Could there be a connection between the choice of language to describe sexual activities and the nature of the organization that produced them? Can a consistent differentiation be claimed between public health and NGO-produced materials?

### **Findings**

Chronologizing the materials helped me determine how each publication may have represented specific knowledges. In the gay male-specific materials, representations of gay male sexuality and desire were

explicit, a direct challenge to their interdiction in the medical discourse. Depictions of gay men engaged in a variety of sexual activities were common. Sex between lovers, with anonymous partners, in public venues such as washrooms, group sex and sado-masochism all appeared in materials created by gay men for their peers. These contextualizations were utilized with little controversy. Juxtaposing the materials which target mainstream society with those directed towards gay men illustrated a striking contrast between two very different knowledges regarding sexuality.

Framed initially as a "gay" disease, the appearance of AIDS among heterosexuals led public health officials to look at targeting non-gays in their prevention programs. With this development came the "AIDS is not a gay disease" discourse. In many materials created for mainstream society, qualifications of heterosexual risk for AIDS included this sort of caveat. Images of male-female couples also began to appear where previously only single (viz. gay) men appeared. When concerns began to be articulated by some constituencies about the exclusivity of these two primary sets of prevention publications, materials for specific ethnocultural groups appeared. Materials targeting women, sex trade workers, and injection drug users followed shortly thereafter.

Why did AIDS prevention programs in Vancouver evolve as they did? In the absence of any relevant or effective strategy from public health officials, gay men deemed it necessary to identify for themselves, AIDS risk reduction techniques, and this eventually progressed to the formation of committees and organizations for disseminating prevention information. Though more mainstream (government-sponsored) programs also developed, these gay-specific endeavours found more immediate success. One common trait – and probably a primary reason – for these constituency-specific strategies' acceptance seems to have been their candour with respect to sexuality and sexual practices. The effective weaving of the benedicted medical discourse with their interdicted quotidian discourse about sexuality was widely welcomed by gay men.

### **Subjugated Knowledges**

Homosexual desires were consummated long before they were permitted under the Criminal Code of Canada. But with the acquisition of some civil

rights for homosexuals, these desires were discussed more candidly. Immediately prior to AIDS, gay men in Vancouver were exploring sexual activities, customs and relationships without and within the monogamous norms of mainstream society, as were many of their peers across North America were (Shilts, 1987; Seidman, 1993). The candour with which issues relating to sex and sexual relations were discussed among gay men did not substantively change as the AIDS pandemic manifested itself. Today in Vancouver, this discourse on sexuality continues to transgress the mainstream medical discourse on sexuality.

Whereas the knowledge-regime critiqued, ghettoized and silenced homosexuality in the public sphere, its medical discourse on sex was unable to subvert the local knowledge about sexuality which had already taken root among gay men (Foucault, 1980b, p.81). Pre-AIDS, this local knowledge's most fundamental component was that male homosexual desire was to be celebrated, not loathed. In challenging mainstream interdictions against homosexuality, a subsequent examination about other aspects of romantic and sexual relations was a reasonable next step taken by many gay men. Many men's assumptions about love, relationships, monogamy, promiscuity, intimacy, and other aspects of sexuality were subject to scrutiny, adaptation, acceptance or rejection. The resulting articulations of unique and individual moralities about sex and relationships was an integral component of "coming out" (e.g. revealing oneself to be homosexual) for many gay men. Under the shadow of AIDS, its resilience is remarkable.

The successful integration of this local knowledge into gay male specific AIDS prevention strategies necessitated the development of risk reduction strategies which were non-judgmental about the various contexts in which sex between men occurs. The overall message was that gay men needn't abhor their sexuality in the age of AIDS, regardless of how these desires for other men were expressed. Men were instead encouraged to protect themselves and their sex partners from AIDS – always.

Any mainstream discourses in which AIDS was inferred to be a punishment for homosexuality's immorality were rejected. Entreatments within the gay male constituency to ignore homophobic mainstream messages were indeed "insurrection(s) of

subjugated knowledges" (Foucault, 1980b, p. 81), particularly in their refusal to moralize about sex.

### **Interdictions and Benedictions**

The materials offer substantive evidence to support Foucault's claim for the interaction between the knowledge-regime and subjugated knowledges. In the mainstream, the reality of such a group's existence is often maligned, silenced or ignored. To most, "those people" do not, or should not, exist. The dismissal, silencing and vilification of their local knowledges all seek to interdict any discourse that might challenge this dominant perspective. In juxtaposing the materials which were from the gay male milieu, with those from society at-large, critiques of male homosexual desire are easily discerned. These critiques, which often operate in collusion with a broad silence about homosexuality, permeate the public sphere. Heteronormative content, images and text which frame heterosexual desires as normal (and superior to homosexual desires), specify the benedicted desire in the mainstream. Interdictions against homosexual desires, or the absence of any acknowledgement of their existence, serve as further de facto benedictions of heterosexuality. But members of a subjugated group often prioritize their local knowledge over the knowledge-regime – especially when faced with a crisis like AIDS (Foucault, 1980b, p.81).

Foucault offers a new mode of inquiry related to analyses of competing knowledges which he himself employed to examine discourses about sexuality. "Instead of looking for basic interdictions that were hidden or manifested .... it was necessary to locate the areas of experience and the forms in which sexual behaviour was problematized, becoming an object of concern", he recounts in *The Use of Pleasure: the History of Sexuality, Volume Three* (1988, pp.23-24). For some, AIDS represented an opportunity to re-assert belief systems characterizing homosexuality as evil. Ironically, within the gay male milieu this served to reify local knowledges about desire and sexuality, and to disseminate them more widely. It can now be argued that male homosexual desires are less interdicted in the public sphere than they were prior to AIDS. Though explication of the specific practices inspired by male-male sexual desire remain largely excluded, tolerance of diversity with respect to sexuality, in principle, has diffused into the mainstream. This also supports Foucault's theory that

criticism's character is not limited to the local, but can impact upon other locales, or the mainstream (1980b, p.81).

One discursive trend deserving further examination was the public-health-driven "not a gay disease" discourse. To many gay men this discourse was seen to validate the AIDS-related homophobic backlash in the mid-1980s. But for heterosexuals this discourse was intended to clarify that AIDS is a disease which can affect anyone, not only gay men. In using this discourse to challenge notions of AIDS as only affecting homosexual men (and later, people in the Third World, and injection drug users) – to what extent does this discourse perpetuate homophobia? Should AIDS prevention strategies that do not challenge such biases be permitted?

Consider this: It is now apparent that AIDS was already endemic in much of sub-Saharan Africa by the early-1970s, more than ten years before AIDS exploded among gay men in North America. Had AIDS's early impact in Africa garnered the sort of media attention it had merited, what discourses might have occurred regarding AIDS in North America? Would AIDS have been perceived as a legitimate threat to (largely Caucasian) gay male constituencies in Canada and the United States? Had a prescient epidemiologist predicted how AIDS would travel from Africa to North America and kills hundreds of gay men, would many of these men have considered their risk for exposure to AIDS important enough to foster an immediate change in sexual behaviour? In such a scenario, as the number of gay men with AIDS begins to rise, might not an "AIDS is not an African (or Black) disease" discourse have developed?

While the tension here is conjectured, doubtless anti-gay and anti-African trends are rooted in prejudices (homophobia in the former, and racism in the latter). Discourses such as these do not demonize the constituencies named in them; instead they serve to challenge notions which are perceived to be significant barriers to many persons taking seriously their risk for contract AIDS. The "not a gay disease" discourse is of merit for mainstream prevention strategies because it reflects a contextual reality of the society in which it appears: homophobia was (and still is) used by heterosexuals to delude themselves about their risks for contracting AIDS. Just as strategies integrated into gay-milieu prevention programs were seen as offensive and disturbing elsewhere, so too must gay men (and lesbians) per-

mit those who plan mainstream programs to include elements which may offend some, but which are purposefully chosen for their perceived efficacy in reducing new HIV infections.

### **A Praxis for Effective Grassroots Education**

Foucault's theories of knowledge speak directly to the grassroots constituency worker experience. As a research method, discursive textual analysis has few operational barriers for activist/researchers, and no significant opportunity costs. Thus a greater potential for voicing grassroots experience is achieved. Most adult educators, particularly practitioners whose work is extra-institutional, can adapt these methods to a variety of contexts. In identifying more accessible research paradigms, these local knowledges can be integrated more readily into the knowledge-regime, enhancing the larger body of adult education literature.

Foucault described Western society's normative discursive practices around sexuality as "restrained, mute and hypocritical" (1990a, p.3). In its efforts to prevent the spread of a sexually transmitted and largely fatal disease, governments continued to resist any implementation of more candid discourses about sex. Since HIV has been transmitted in Canada mostly via sexual relations, why have the publications used in government prevention programs remained so vague in their discussions of sexuality? In seeking to prevent further spread of a fatal malady like AIDS, this continued pursuance of a "neutral" discourse is spurious.

Nieto states that "all good education connects theory with reflection and action...defined as praxis" (1992). Reflection on one's actions, one's position in the setting of practice, and one's relationship with those being assisted is complemented by consideration of theoretical and ideological underpinnings related to self and society. This integration allows grassroots educators to pursue local change as part of a broader agenda for a better society. In helping to improve the circumstances under which those on the margins of society live, benefits are realized by society as a whole.

### **Transferability of Study**

The findings of this study are of merit to any context where local knowledges are of importance in the planning of grassroots educational programs. How these local, subjugated knowledges can be differentiated from the knowledge-regime – and the

potential merit of any such determinations to one's practice – is to be determined by those living in the context, not outside "experts." But these findings should also be considered by those who direct public policy related to health promotion activities of government. In the last few years, a climate of fiscal austerity has seen a trend towards government support being channelled through a decreasing number of NGOs. This strategic action has been undertaken to reduce administrative expense incurred when organizations with similar mandates deliver overlapping programs.

This is not a policy direction we need our governments to take. According to a recent study from the BC Centre for Excellence in HIV/AIDS the expected average expense to provide medical care to each new person infected with AIDS in British Columbia is anticipated to be \$150,000. Concurrent estimates of per capita prevention expenditures for each averted AIDS transmission are approximately \$82,500 (Meagher et al, 1998). Grassroots, constituency-specific interventions have proven effective in preventing HIV infections (Health Canada LCDC, 1998), and are wholly inexpensive in comparison to the treatment costs associated with AIDS. For each infection that occurs due to this "economizing" of grassroots prevention programs, money will be lost, not saved.

And more women, men and children will become infected with AIDS and die.

### References

- Foucault, M. (1980a). *Body/Power*. In P. Rabinow (Ed.) *Power/Knowledge: Selected interviews and other writings*. (pp. 55-62). Toronto: Random House Canada.
- Foucault, M. (1980b). Two lectures. In P. Rabinow (Ed.) *Power/Knowledge: Selected interviews and other Writings*. (pp. 55-62). Toronto: Random House Canada.
- Foucault, M. (1988). *The care of the self: The history of sexuality: Volume 3* (R. Hurley, Trans). New York: Vintage Books.
- Foucault, M. (1990a). *The history of sexuality Volume 1: An introduction* (R. Hurley, Trans). New York: Vintage Books.
- Foucault, M. (1990b). *The use of pleasure: The history of sexuality: Volume 2* (R. Hurley, Trans). New York: Vintage Books.
- Health Canada, Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS, STD and TB, LCDC. (1998). *HIV and AIDS among men who have sex with men*. Ottawa: Health Canada.
- Majoribanks, B. (1995). *AIDS, the other plague: A history of AIDS prevention education in Vancouver, 1983-1994*. Unpublished M.A. thesis, University of British Columbia.
- Meagher, N.L., Hanvelt, R.A., Schneider, D.G., Copley, T.T. & Marion, S. (1998). Cost effectiveness of national investment for prevention of HIV: evaluation of Canada's investment using a simulation modeling approach. *XII International Conference on AIDS*. Geneva. 12:985 (abstract no. 44246).
- Nieto, S. (1992). *Affirming diversity: The socio-political context of multicultural education*. Toronto: Copp Clark Longman Ltd.
- Seidman, S. (1993). Identity and politics in a post-modern gay culture: Some historical and conceptual notes. In M. Warner (Ed.) *Fear of a queer planet: Queer politics and social theory* (pp. 105-142). Minneapolis: University of Minnesota Press.
- Shilts, R. (1987). *And the band played on: Politics, people and the AIDS epidemic*. New York: Penguin.

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