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Coming into focus: Posters, power, and visual culture in the history of medicine

Die Macht des Plakats: Visuelle Kultur in der Medizengeschichte


Schlüsselwörter: Gesundheitsposter – visual studies – AIDS – Allan Brandt – Susan Sontag – Sander Gilman – Paula Treichler – Michel Foucault

Summary: This paper investigates why, during the 1980s and 1990s health posters moved into focus in Anglo-American intellectual culture. It argues, that this cannot be explained simply by the fact that more posters came to be produced during the “time of AIDS”. It suggests the greater importance of broader shifts in socio-political life and epistemology. Through reference to works dealing with posters, two shifts in particular are highlighted: understanding the nature of power in society with an emphasis on the human body, and the increasing visualisation of all aspects of modern life.

Key words: health posters – visual studies – AIDS – Allan Brandt – Susan Sontag – Sander Gilman – Paula Treichler – Michel Foucault
Introduction

If the visual has had a place of little significance in Anglo-American history of medicine, it is not because its practitioners have been blind. Until recently, there had been no need for them seriously to heed the visual, let alone express “anxiety” over its objects.\(^1\) This paper reflects on why that was so, and how over the past decade circumstances have changed so as to render the visual both intellectually interesting and, for the history of medicine, something of a disciplinary challenge. If only because advocates of “visual studies” remind us that “visualizing has had its most dramatic effects in medicine, where everything from the activity of the brain to the heartbeat is now transformed into a visual pattern by complex technology”\(^2\), it seems a not inappropriate moment for historians of medicine to take stock – take stock, we submit, of what it is to be interested in the visual.\(^3\)

But while the study of everything from X-rays to post-1995 DNA microarray technology for the visual transcription of “gene expression” can prove historically productive,\(^4\) for the historiographical concerns of this paper a consideration of health posters serves better, specifically those posters dealing with sexually transmitted diseases (STDs). Because various approaches have recently been made to the study of these objects, and public battles have been conducted over some of the images they present, they more readily facilitate reflection on the reception of visuality itself, as opposed merely to commentary on medicine’s imaging technologies. Furthermore, we can effectively contrast their relative absence from historical discussion before the mid-1980s with the attention they began to receive thereafter. This paper argues that the “age of AIDS”\(^5\) was crucial to their coming into focus, not simply because it brought health posters back into their own as one of the most relied upon means for the public transport of health information,\(^6\) but also, partly through this medium, because it contributed

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3. On the status of ‘the visual’ in cultural history of medicine see the paper by Hofer/Sauerteig in this issue.
6. According to Studinka (2002), 5, never before was so much money, aesthetic effort, and psychological marketing put into this particular medium on the part of voluntary bodies, national governments, and international health agencies. For illustration of AIDS/HIV posters see Rigby/Leibtag (1994); Field/Wellings/McVey (1997); Field/Wellings (1996); Döring (1996);
to bringing visuality itself into intellectual focus. Integral to this focusing, we submit, was a fundamental shift in the understanding of power in society, with the human body becoming central to it. It is this shift that this paper explores.

The first section reviews the limited attention paid to health posters before the mid-1980s in order to comment on how the intellectual climate then prevailing did not provide the space for exercising views on the visual. We draw on the work of the American social historian of medicine, Allan Brandt, and the essayist and arts and literary critic, Susan Sontag to elaborate this point. In the second section, we explore the reshaping of the intellectual landscape in the context of AIDS in the West; how this connects to heightened sensitivity over the visual; and how, in turn, some scholars (notably Sander Gilman and Paula Treichler) came to comment on AIDS posters within this emergent landscape. In our concluding section, we draw out the implications of this for the future of the visual in the history of medicine.

This paper is not therefore a contribution to the history of a particular medium in health education. Least of all is it concerned with the question of the possible impact of STD posters on social policy or popular behaviour. Although such posters might operate by evoking a controlled form of fear and anxiety that can be channelled to the rational governance of personal and/or national life, it remains an open question how far this or any other emotional response to them can be generalized, either in terms of the intent to instill it on the part of their producers, or in terms of spectators’ reactions. Nor do we endeavour to legislate on how, historically, one ought to interpret or use such visual objects. Our attention is directed, rather, to the repertoires or discourses available at any moment in time for their discussion (or not), together with the wider context within which these discussions were situated, constituted, and reconstituted in the English-speaking world. For descriptive purposes, “discourse” serves us rather better here than “ideology”. Referring to bodies of knowledge that both define and limit what can be said of anything, “discourse” avoids the over-discrete implications of “ideology” when used to refer to “the implicit structure of political values and class interests that lie beneath a history of practices.” As we shall see, the history of the practice of analysing health posters in these more structuralist terms was effectively challenged during the time of AIDS. “Discourse” is further ad-

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7 Mitchell (1982), 612.
vantageous for our essentially epistemological historical task in that it does not refer to a language separate from a “real” material world in which objects are located. Instead, it refers to organizing sets of signifying practices that cross the boundary between “reality” and language and convey meaning through form as well as content. We regard health posters as material objects functioning in, and constitutive of, discursive realms that change over time and place. The primary purpose of this paper is to outline that change and expose those discursive realms from the 1970s to the start of the twenty-first century.

Posters and Health Posters in History

Health posters – a variant of what are “essentially … large announcement[s], usually with a pictorial element, usually printed on paper and usually displayed on a wall or billboard to the general public” – have been the subject of surprisingly little comment. It might be argued that this is because they are quintessentially ephemeral objects, intended to make an impression and then disappear (as, indeed, many of them have). It might also be argued that their relative neglect by scholars reflects that health education itself has tended to be a Cinderella subject in the history of medicine when set next to the heroic tales of great doctors and great achievements. Whatever, all that exists are a few coffee-table books on health posters in which these often visually arresting mass-produced objects are further reproduced. The posters shown in these books are usually assumed to speak for themselves requiring scant, if any, textual support. In fact, however, they do not speak for themselves, but rather to a narrative of public health progress, which is simply taken for granted.

Serious studies of posters in general are also relatively scarce. Until recently, most of the little that had been written on them (as propaganda for politics, for war, or for the sale of commercial goods) had been orientated to the history of

8 On this view for language, see Fissell (2004), 378ff.
9 Hutchinson (1968), 1.
10 AIDS posters are the notable exception; in addition to the sources discussed below, see, for example, McGrath (1993).
12 Most are devoted more to illustration than text; among the most informative on the history of poster production are Hutchinson (1968); Barnicoat (1996, 1972); Rickards (1971); Hillier (1969); Gallo (1975).
13 Rickards (1970); but cf Thompson (forthcoming); Sauer (2006).
14 Rawls (c.1988); Hardie/Sabin (1920); Rickards (1968).
15 Gallo (1974); but cf Helfand (2002).
art with all its implicit assumptions of art as a higher form of human awareness. Such studies often struggle to find a place for the poster somewhere between art for its own sake, on the one hand, and popular mass-produced products for the sake of consumerism, on the other. As one such study politely submits, posters “bridge the gap” between “high art” and “pop art.” Overwhelmingly, the emphasis has been on the supposed aesthetic value of these objects. When this is not explicit, it is implicit in the posters selected for reproduction. A recent volume, *The Power of the Poster* (1998), for example, produced by the Victoria and Albert Museum, invites us to investigate posters in their full “intellectual and physical context”, but concentrates above all on their visual “effect” and selects images appropriate to the exercise.

When occasionally health posters appear in these books, a further ambivalence emerges between a supposed “vulgar” commercial world of advertising and an assumed “humanitarian” world belonging to medicine and health – a legacy of the dichotomy asserted by medical humanists in the eighteenth century.

It is perhaps not surprising therefore that, until recently, it was exceptional to find health posters referred to or deployed in histories of health and disease. Unusual, in this respect, was Allan Brandt’s *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880* (1985). Some twenty posters are reproduced in this study of how American concerns over venereal disease centred on a set of social and cultural values related to sexuality, gender, ethnicity, and class. Most of the posters were issued by government departments during the two world wars as a means to combat sexually transmitted diseases in the military and civilian population. Brandt’s choice of these posters, as well as the captions he attaches to them, reveals how he thinks pictorial evidence supports his argument that at the heart of efforts to combat venereal disease there was a view of it both as a punishment for sexual misconduct and an index to social decay.

An example is Brandt’s illustration 18 (fig.1), a poster which, he states, “was the most widely circulated during World War II.”

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20 Brandt (1985), 168.
innocent young woman smiling at the onlooker. In the left hand corner there are
three small male figures, a sailor, another uniformed soldier and a male civilian
who are turning their backs to the onlooker. They seem to be taking a casual
stroll and their faces are turned toward the young woman. Across the poster is
the warning: “She may look clean – but”, with the “but” highlighted in red. At
the bottom is the reminder that all “PICK-UPS ‘GOOD-TIME’ GIRLS [AND]
PROSTITUTES SPREAD SYPHILIS AND GONORRHEA”. In red at the very
bottom of the poster the onlooker is drawn to the emergency that the poster seeks
to address: “You can’t beat the Axis if you get VD”.

Brandt does not describe the poster or engage with its imagery; he seeks simply
to summarise it with the caption, “This popular poster asserted that even the
woman who appeared ‘pure’ could pose dangers for the soldier.” The choice of image and Brandt’s caption replicate and exemplify the argument that he makes a few pages later, that during World War II the military changed their health educational strategy. Instead of targeting prostitutes, they came to focus on the innocent-looking girl next door. The poster, Brandt argues, repeats the historically “sorry association of ‘cleanliness’ with chastity, [and] impurity with disease,” and reinforces the prevailing opinion about such women which (he quotes a federal committee) were “‘more dangerous to the community than a mad dog. Rabies can be recognised. Gonorrhea and syphilis ordinarily cannot.’”

Brandt’s caption – indeed, all the captions to the posters he uses in No Magic Bullet – serve to draw the reader’s attention to the alleged core message of the poster, a message that, perhaps Brandt fears, his reader/viewer may not immediately understand at first viewing. The poster with its caption is thus meant to provide unmediated access to the historical narrative. It serves not merely as illustration, but as a vital part of the “truth” of Brandt’s reconstruction of venereal disease in American history. What the reader/viewer is supposed to receive is visual evidence of the “real” moral concerns circulating within and (according to Brandt) dominating American society around the time the poster was produced. Invoked is the truth about social reality and medical practice that Brandt depicts. For him, the poster and social reality are one; the image serves instrumentally as evidence for the other.

There is nothing unusual in this. It is an instance of the common practice among historians of using pictures as if they were documentary evidence for textual arguments, a use criticised by Ludmilla Jordanova as the “documentary fallacy.” It is the means, as Sander Gilman has noted, by which the historian says to the reader/viewer: “You can see the truth of my statement for yourself, as you too have this objective window into history as it really was.” The image and the caption thus operate to effect a form of narrative closure, erasing any ambivalence or space for contestation in the historical interpretation. The image makes the historical narrative look complete rather than partial. Closure is further effected in Brandt’s case by his absence of commentary on the contemporary viewing public(s) for the posters he reproduces; conceivable differences between audiences are not of his concern.

21 Ibid.
22 Ibid.
23 Jordanova (1990), 91. For a different criticism, in terms of this type of historical use of images serving only a “discourse of appearances”, see Delaporte (1994).
Historians can only suppose their readers’ acceptance of their authority if they also assume a priori that their readers/viewers are homogeneous in their understanding and reading of such images. The reader/viewer needs further to share the historian’s unspoken assumption that historical veracity can be crafted from an image, and that images in themselves speak unproblematically to the historian’s construction of truth. Inherent to this construction of historical truth is a perception of power as an instrument of repression and constraint in whose service the visual is presumed to act. Just as health posters in Brandt’s narrative are tools of state propaganda for national health, so in his social history of venereal disease the use of the poster is taken to be a tool of persuasion on the reader. Implicitly, Brandt assumes that his reader/viewer shares the same regard of the image as viewers of the image did a half-century ago. What is historically understood but never stated on the operation of the power of the visual is thus assumed to be reproducible in the reader of his history.

In seeking to elaborate the history of venereal disease in terms of a “persistent tension between a rational, scientific program and a behavioural, moralistic approach,” Brandt engaged with one of the most influential contemporary polemics on the power of disease, Susan Sontag’s Illness as Metaphor (1977). Brandt commends her essay for using literary techniques to focus attention on the social and cultural dynamics that contribute to the specific meanings of particular diseases. The essay, he says, demonstrates “that disease has throughout history attracted metaphors and symbolic language that reveal implicit beliefs about the disease and its victims.” But, rightly, Brandt also criticises the essay for its underlying assumption “that once a disease is [scientifically] understood and treatable, the metaphors will wither away.” In Brandt’s view, the stigma of disease can probably never be broken (only historically re-constituted), for illness is always something that society identifies and negotiates; it is not, as Sontag positivistically believed, something that value-free objective science will one day lay naked, freeing it from its baleful stigmatising metaphors.

More interesting from the perspective of Brandt’s use of the visual in No Magic Bullet is the attention that he does not pay to a 1970 essay by Sontag entitled Posters: advertisement, art, political artefact, commodity. Brandt of course had no need to engage with what was actually an introductory article for a book on Cuban political posters. For us, however, it is important for disclosing a context for thinking about posters that can be shown to be in fact shared by both Sontag and Brandt. Virtually unique from the point of view of its substantial engagement

26 Ibid., 193, note 7; see also Brandt (1991), 204.
with the history of posters and the mass media, Sontag’s eloquent essay is also useful to us in revealing the same general line of argument that she was to reiterate in *Illness as Metaphor*, and in its sequel, *AIDS and its Metaphors* (1988).

For Sontag (1933–2004), just as for Brandt (b.1953), posters are simply footnotes to bolster a particular historical narrative, whether specific or general. Whereas for Brandt this is the narrative of public health, for Sontag it is the history of Western industrial capitalism. Posters, she writes, originate “in the effort of expanding capitalist productivity to sell surplus or luxury goods”; they could not exist before the specific historic conditions of modern capitalism. Sociologically, the advent of the poster reflects the development of an industrialized economy whose goal is ever-increasing mass consumption, and (somewhat later, when posters turned political) of the modern secular centralized nation-state, with its peculiarly diffuse conception of ideological consensus and its rhetoric of mass political participation.7

Posters, Sontag maintains, serve the purpose of aggressively pushing consumption, or, in politics, of the selling of national identities. Indeed, they presuppose “the modern concept of the public” as well as “the modern concept of public space – as a theatre of persuasion.”8 This regard of posters, as “aim[ing] to seduce, to exhort, to sell, to educate, to convince, to appeal,”9 is predicated on a view of advertising (of any sort) as psychologically dangerous – a belief that was much strengthened in the 1960s by concerns over the manipulation of people’s drives and emotions through new subliminal methods in advertising.0 Thus Sontag sees posters as blinding people to “reality”. Like the “distorting” metaphors of illness of which she would later write, they are tools for creating “false-consciousness”, or corruptions of “truth” wrought through capitalism.1

Hence, behind posters, as behind metaphors of disease, there is assumed to be an unmediated or “pure” form of reality/power; one has only to break through the constructions of reality mediated by language or by images to experience “the direct understanding of the world through one’s senses and perceptions as both reliable and real.”2 Once the clouds of propaganda and illusion have been dissipated, the argument goes, people will be enlightened, led to some clearer, cleaner, more rational stage of seeing.

7 Sontag (1970), viii.
8 Ibid., vii.
9 Ibid., viii. For Sontag’s intellectual and political context, see Sturken/Cartwright (2001), 151-178.
10 The major text, critical of these methods, was that by Packard (1957); see Gibbons (2005), 55.
12 Ibid., 252.
This view of the power of posters on “passive” spectators and consumers is therefore comparable to Brandt’s view of the power of the health poster and the visual in general on the passive reader/viewer of history writing. Further, like Brandt’s reader/viewer, Sontag’s “public” is perceived to be homogeneous; she never considers that buying into the metaphors of disease or the messages of posters might not be a universal experience, or that different “spectators” might understand differently. Inasmuch as she conceives posters only as propaganda for capitalism, she is also like Brandt in providing a closed reading, with image and text mutually reinforcing a historical (meta-) narrative. Finally, she is like him in regarding the exercise of power through the visual as something external, and only related to those who use it (the visual having no power in and of itself). Hence, images are self-contained objects merely waiting to be neatly sorted into the categories of social analysts. For Sontag, power is a top-down force that operates more or less instrumentally on individuals and groups through “propaganda” which, as Brandt claims too, excludes and stigmatises.

From the point of view of the place of the corporeal in popular culture articulated later in the twentieth century, it is interesting that in her 1970 essay Sontag never once alluded to health posters. Putting aside the specific occasion for the writing of her article (Cuban revolutionary posters), the omission is doubtless in part because at that time health posters – especially on infectious diseases – were not the commonplace objects on buses, billboards, underground trains, and doctors’ offices, that they were to become twenty years later during the time of AIDS. But this is explanation only in part; for Sontag in 1970 these objects could not possibly be construed as other than adjuncts to the purpose of manipulating the human body to some political end (as by the state, for example). For her, power was produced by rational “minds” and imposed upon the minds of others so as to falsify their consciousness. Bodies in any other sense were irrelevant.

From the perspective of visual studies today (which we will discuss in more detail below), Sontag’s essay is also telling in that it does not challenge a view of posters as “low art”. On the contrary, for Sontag “aesthetically, the poster has always been parasitic on the respectable arts of painting, sculpture, even architecture […] As an art form, posters are rarely in the lead.”33 In this respect, as much as in her concentration on minds over bodies, Sontag reveals her indebtedness to the Frankfurt School of Marxist critical theory with its inherently elitist emphasis on the inculcation of false-consciousness among the masses through the cheap mass-produced products of industrial capitalism.34 Like Frankfurt School

33 Sontag (1970), ix.
34 Jay (1973).
theorists, Sontag holds to a pessimistic view of the effects of the culture industry of modern capitalism on a public conceived as passive and homogeneous.

When Sontag did come to refer to health posters, in *AIDS and its Metaphors*, her outlook on their meaning and function was indistinguishable from that in her essay on political posters. To indict the ideology of consumer capitalism was the whole point of her reference to public health media campaigns, such as the famous British one of 1987 on “AIDS – Don’t die of ignorance” – a one-million pounds mixed-media campaign which featured posters of threatening icebergs and intimidating black tombstones. After all, Sontag believed, it was capitalism that had celebrated recreational, risk-free sexuality in the name of individual liberty. It was all a part of “the culture of capitalism” which, she noted, was, “guaranteed by medicine as well.” She predicted, therefore, that AIDS would not lead to a re-casting of the role of the state in relation to public health and individual liberties, as some commentators (such as Allan Brandt) were coming to claim. Instead, in Sontag’s view, AIDS would simply strengthen the existing capitalist system of consumption and its celebration of individual freedom. Public health education campaigns like these, by creating anxieties over the issue of AIDS, would only encourage the production of commodities such as condoms to ally these anxieties. Moreover, this allying process would, she believed, “require the further replication of goods and services.” Hence, “the culture of consumption may actually be stimulated by the warnings to consumers of all kinds of goods and services to be more cautious, more selfish.” For Sontag, then, talk of the “danger of AIDS” could only serve the economic interests of commodity capitalism. Here was an echo of the famous motto of the Frankfurt School, that “the whole world is made to pass through the filter of the culture industry.” Caught in this filter as much as everything else, Sontag believed, was our social perception of diseases such as AIDS and, hence, our stigmatising regard of its victims.

Before moving on to different perceptions, it is worth noting that Sontag’s 1988 prediction seemed to be fully realised – and only a few years later. In 1992 the Italian fashion knitwear company, Benetton, ran its highly controversial and worldwide *Shock of Reality* campaign at a cost of 70 million US dollars. At the

35 Sontag (1991), 161. For the history of this campaign, see Berridge (1996); Field et al. (1996); Field et al. (1997).
36 Sontag (1991), 163.
38 Sontag (1991), 165.
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hand of Benetton’s Creative Director, Oliviero Toscani, award-winning photographs on burning social issues of the day were appropriated to the business of selling sweaters. Race, poverty, and pollution were among the images turned into billboard advertisements, and so too was AIDS. The now iconic Benetton poster-ad, “Dying on AIDS” (fig. 2) appeared early in 1992. The image of the dying (or dead) American AIDS victim, David Kirby, in the arms of his father, surrounded by his grieving family, had originally been published (as a black and white photograph) in Life magazine. For Toscani, who tinted the photo, this was the most powerful of the images in the Shock of Reality campaign – “a real Pietá”, he declared, and “one of the most moving photographs of the whole decade”. As an advertisement, it demonstrated, he thought, how a global corporation was “open to the world’s influences and engaged in a continuing quest for new frontiers.”

Advertisements like this, he claimed, revealed the commitment of commercial organisations to contemporary global political and social issues. Toscani chose

Fig. 2: “Dying on AIDS” (1992). A billboard advertisement designed by Oliviero Toscani which appears to support Susan Sontag’s claim of the appropriation of AIDS by the culture of capitalism. By permission of Benetton.

41 Toscani (1997), 58.
42 Gibbons (2005), 79.
“Dying on AIDS”, he said, in order explicitly to “fight against the exclusion of AIDS victims.”

The poignancy of the picture was indisputable, but whether a global company had the moral right to use it for selling fashion knitwear was another matter. An enormous furore was generated over it: in Germany it was taken to court; in France billstickers refused to post it; and, in Britain, The Guardian (the first newspaper to run it as a full-page ad) was inundated with letters of complaint. In addition to those disturbed by its apparent blasphemy, were those outraged by what was regarded as a particularly aggressive form of cultural and economic imperialism. To these persons, the truth of Sontag’s indictment of the capacity of worldwide capitalism to intrude into the most private spheres of human life and suffering simply to increase the sale of meaningless consumer goods seemed only too obvious. This was exactly how the American AIDS Coalition to Unleash Power (ACT UP) responded to the image. They then themselves appropriated it to further their campaign against passivity around AIDS. In so doing, they not only consciously revived traditions of using art for political protest, but explicitly sought to hijack the advertisements of big brands in order to talk back to them and to re-conquer city space. Thus they “piggybacked” on the “Dying on AIDS” to write beneath it: “There’s only one pullover this photograph should be used to sell” – and pictured a condom. Below this they inserted their own, by then iconic logo, “Silence = Death.” Here, so it was claimed, was the subconscious of the Benetton Shock of Reality campaign X-rayed to uncover not only its opposite meaning, but also, the deeper truth lurking behind the layers of advertisement euphemism.

Intellectual Manoeuvres

Between them, Benetton and ACT UP confirm Sontag’s prediction that AIDS would become caught in the totalising webs of Western capitalist culture. Yet at the same time, this example connects to a postmodern temper increasingly at

43 Toscani (1997), 58.
45 Klein (2000), 279-309; also Lasn (2000); Schiller (1989). This practice was coined as “cultural jamming” in 1984 by the San Francisco audio-collage band Negativland. ACT UP was established in New York in 1987.
46 The ACT UP poster, designed by Andrew Dibb, is reproduced in Beckett (1992), 5.
47 Klein (2000), 281-82.
odds with Sontag’s outlook. For one thing, the hostility to “Dying on AIDS” serves as illustration of the increasingly dominant and powerful place of the visual (and the worries over it) in everyday life – a realisation that in the 1990s would come to challenge the lingering elitist framework in the study of the visual. If only because the pictures that flowed from commercial studios like Toscani’s, or from giant Madison Avenue advertising agencies were highly sophisticated, graphically as well as psychologically, it was increasingly difficult to sustain the artifice between “high” and “low” art.

Secondly, in view of the reactions to “Dying on AIDS” and the responding visual politics of ACT UP and other AIDS activists, it was difficult to adhere to the opinion that the viewers of such pictures were either passive or homogeneous. Victims of AIDS, for example, took a far from passive interest in their visual representation in media campaigns. For them, and in particular for the emergence of a gay culture that had only recently “come out”, there was reason to panic – not over world-wide capitalism, but over being forced into socio-cultural categories (such as the older medicalised one of “homosexual”) transmitted through image-laden public health messages – messages, moreover, that sought to inculcate “family values.” For UK AIDS activist, Simon Watney, AIDS presented an even greater challenge. Writing in 1987, it seemed to him that it involved “a crisis of representation itself, a crisis over the entire framing of knowledge about the human body.” In the same year, the American cultural theorist, feminist, and AIDS activist, Paula Treichler famously declared that “the AIDS epidemic – with its genuine potential for global devastation – is simultaneously an epidemic of a transmissible lethal disease and an epidemic of meanings or significations.” Indeed, for Treichler, AIDS was the premier symbolic battleground of our times where war will be waged incessantly, where language and reality will continually shape each other, where women’s futures – all our futures – will in part be determined, and where the health-care system in its unacceptable entirety should be challenged and transformed for good.

As this suggests, the third main difference with Sontag’s worldview, was the emphasis on the body in relation to power, and to ways of knowing, accessing, and constructing “reality”. AIDS was not of course the cause of this epistemological shift; nor should it be thought that older (Sontag-like) preoccupations with the production of knowledge and its relationship to power were simply swept aside. They were not; lest we forget, a part of the intellectual discourse was the widest-
pread sense of the disappearance of a “genuinely democratic space under the thickening blanket of privatisation and the declining welfare state.”

But AIDS, because it could not be explained, appeared to render arbitrary the conventional distinctions between the cultural and the biological, as well as the disciplinary boundaries historically separating sociology, ecology, and biology. Thus it encouraged new modes of thinking about knowledge and perceptions of power. In particular, AIDS gave strength to the post-structuralist epistemology most closely associated with the writings of Michel Foucault (1926-1984), himself, sadly, an early victim of the strange disease phenomenon.

Since the 1960s, around medical knowledge and medical institutions especially, Foucault had developed a concept of power (and methods to investigate it) that centred on the micro-management of individual human bodies through various disciplinary techniques. Power did not derive simply through social and political institutions, he argued, nor did it function merely by coercion. Rather, it operated through, and was inscribed upon, the body, which was “directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs.”

Foucault argued that since the late eighteenth century innumerable systems had been put into place to encourage people to self-regulate without any active threat of punishment. People internalise a managerial gaze that watches over them, he contended, and this gaze makes them behave and conform. Surveillance, whether it is active or not, produces conforming behaviour – “docile bodies” – which act exactly as they are expected without being forced to it. As important (although less apparent in Foucault’s earlier work) was his understanding of modern power as a productive agency, rather than (as in Marxist thinking) simply a negative or repressive force. Modern power in its constitution through somatic discourse, he argued, produces corporeal knowledge that simultaneously generates new mechanisms of control.

Foucault’s notion of a power/knowledge nexus in and around the body stimulated an enormous amount of scholarship aimed at identifying and exploring these invisible, yet most powerful technologies of “life” itself. The history of mental

52 Davis (1990), 304.
54 Davidson (2001).
55 Foucault (1979), 25.
56 Sturken/Cartwright (2001), 97; see also Burchell et al. (1991); Dreyfus/Rabinow (1982).
57 Rose (2007).
illness, human sexuality and the female body in particular became prized targets of scholarship.\textsuperscript{58} Public health education, too, came under scrutiny. Its discussion moved away from structuralist-functionalist models of coercion vs consent (as, for example, in the narratives of Brandt and Sontag) to a notion of citizens whose relationship to the state was “made-up” by their own biology, yet who were nonetheless capable of autonomy and a “kind of regulated freedom.”\textsuperscript{59}

All of which is to say that at the same time as ACT UP and other AIDS activists were conducting their “street fights” over posters and other representations of AIDS victims, many academics (often themselves activists) were also trying to come to terms with the time of AIDS. They sought to find vocabularies seemingly more appropriate to describe what they were perceiving and experiencing. To greater or lesser degrees these efforts were informed by Foucault’s body-centred notion of “biopower “and “biopolitics” (the knowledge-producing “processes through which institutional practices define, measure, categorize, and construct the body” and somatically shape all experience, meaning, and understanding of life).\textsuperscript{60} Indeed, to a considerable extent, for many academics, AIDS provided a testing ground for Foucault’s ideas, with some, such as the art historian and cultural theorist Douglas Crimp, specifically targeting health posters in their Foucaultian deliberations around AIDS.\textsuperscript{61}

Prominent among those in the history of medicine working on this front was Sander Gilman (b.1944). From the early 1980s he had written widely on the social construction of representations of race, sexuality, madness, disease, and, among other “othered” subjects, the body of the Jew. In 1995, as a sequel to his \textit{Disease and Representation} (1988), he produced, \textit{Health and Illness: Images of Difference}, one of whose chapters offered a close reading of some forty AIDS posters drawn from the US National Library of Medicine’s collection, and reproduced in black and white, full page.

Taking his cue from Simon Watney’s view of a representational “crisis” of the human body, Gilman’s chapter, “The Beautiful Body and AIDS”, was centrally concerned, not with the effects of specific AIDS images on individual or collective behaviours, but rather, with the complex and often contradictory symbols

\textsuperscript{58} See, for example, Duden (1991); Davidson (2001); Cartwright (1995); Treichler et al. (1998).
\textsuperscript{60} Sturken/Cartwright (2001), 350; Rose (2007), 50-54.
\textsuperscript{61} Crimp (1990, 2002). See also Miller (1992); Klusacek/Morrison (1992).
present in the posters themselves. Accepting that AIDS posters were products of advertising (and not primarily parts of educational campaigns of governments or voluntary bodies), Gilman aimed to decode them as “aestheticised” veilings of the ugly realities of death and dying. Unlike in high art, he contended, death cannot be dealt with in commercial advertising because it violates its very reason for existence: the continuous stimulation of human desire – and, ultimately, the perpetuation of the market. In order to sell any product (including health) advertisers must stimulate human appetites among erstwhile desirous humans. They need to sex-up life, not expose its liquidation. Hence, according to Gilman, instead of images or even suggestions of death and dying, AIDS posters played up the idea of “risk” – a legitimate expression of hope for life, as well as a harbinging to individual choice in a culture of consumption. Beautiful and often highly eroticised bodies “with/at risk with AIDS” therefore stand in the stead of the ugly reality of AIDS and the ravaged bodies of its victims. Referring to “Dying on AIDS”, Gilman argued that Benetton totally “misread the meaning of the representation of the body of the person dying from AIDS.” They miscalculated by trespassing visually on the reality of dying, against which “even the parent’s protection cannot shield.” Hence the hostile reaction to Toscani’s art work, he concluded – an interpretation conveniently overlooking that this reaction was precisely what Benetton wanted; it was a part of its calculated “anti-ad” strategy aimed at sophisticated and visually well educated consumers. Aestheticising death and dying was the very opposite of Benetton’s intentions in its Shock of Reality campaign.

Gilman reproduced his argument through the choice of posters for his chapter. For example, a Vancouver AIDS poster from 1986 (fig. 3), revealing two half-clad “beefcake” bodies, serves apparently to illustrate “the eroticisation of the act of safe sex”. Illness and death are absent from the image, we are told; the dangers and fears of AIDS are translated into “risk”, which is symbolically represented in the form of the enormous safety pin in the background.

Gilman’s interpretation aside, this was a far from instrumental (“propaganda”) reading of the power of health posters, at the same time that it was a rather different interpreting of the “crisis” identified by Watney. For the most part, Gilman’s “close reading” of AIDS posters (like that term itself) was a project adapted from literary and art criticism. Thus it was no concern of Gilman to provide a

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63 Ibid.
64 Ibid.
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socio-cultural background on the production and distribution of the posters he described. In this respect, he is not unlike Brandt, although for totally different reasons. And there is a further overlap between him and Brandt, inasmuch as Gilman also regards posters as serving the purpose of normativity (though, again, it was not his purpose to demonstrate this). With Sontag, too, there are connec-

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67 A virtually impossible task in any case, since the National Library of Medicine, the source of the posters, provides no such information.
tions, which we will touch on below. Overall, however, the differences between Gilman and Brandt and Sontag far outweigh any similarities in their regard of posters. Above all, this is testified through Gilman’s centre staging of the visual in the history of Western medicine and culture, and by the concluding remark in his chapter on “Beautiful Bodies” that AIDS posters “form the material for a new history of medicine rooted in the study of the visual image.” The visual that for Brandt and Sontag could be neglected because it did not in their view constitute any independent dynamic or “forming” force on the onlooker, was for Gilman – as for many other academics in the 1990s – a welcome means not only to decoding the “chimerical world of picturing beauty and health at the close of the twentieth century,” but for unmasking the hidden processes of normatisation, exclusion and “othering”.

Whether this permits us to label Gilman a “Foucaultian” may be a moot point; a careful reading of his chapter reveals the influence of many other thinkers. Nevertheless, like so many other academics then and since, Gilman succumbs to Foucault’s suggestive ideas on the functioning of modern power in Western culture – that is, everyone’s implicit participation in it, and the centrality of the body and its representations. However, in categorising health posters as products of advertisement and pop art, and in sharply distinguishing them (and their visual semiotics) from representations of AIDS produced by “serious artists”, Gilman belies an attachment as strong as Sontag’s to a conventional analysis of art and literature. Indeed, in maintaining that AIDS posters have “audiences, visual vocabularies and intended contexts other than the high art representations of AIDS during the same period,” Gilman is not unlike the authors of coffee-table books on posters. This is odd given that by the time Health and Illness was published in 1995, the distinction between “high” and “low” art had already become a much disputed practice. Since the 1980s there had emerged a new interdisciplinary field of study, “visual culture” (also known as “visual studies”), which sought to distinguish itself from traditional art history on precisely these grounds. Scholars working in this new field regarded all visual imagery as their remit, and justified their emergent discipline on its basis. It was through it all, they argued, that meaning was made in any cultural context. In the wake of anthropological and literary redefinitions of “culture” itself as “a whole way of life” (not just

69 Ibid.
70 Ibid., 117.
72 Raymond Williams, cited in Dikovitskaya (2006), 1; see also Hall (1997).
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the life of elites), scholars such as Nicholas Mirzoeff and W.T. Mitchell levelled high art.73

Some commentators in this new field of study, besides voicing dissent at the structuralist-inclined habit in art history of treating images in terms of semiotic notions of fixed meanings that with enough work could be decoded,74 were also beginning to perceive that much of what they construed as “meaning-making” in the modern world was negotiated through multiple emotional and intellectual responses to simultaneous, rather than single, visual impressions.75 As remarked in criticism of the tendency in visual studies itself to focus on discrete sites (such as the cinema, TV, art galleries, and popular magazines) neither the eye nor the psyche, it came to be argued, actually operated so tidy:

In the area of visual culture the scrap of an image connects with a sequence of a film and the corner of a billboard or the window display of a shop we have passed by, to produce a new narrative formed out of both our experienced journey and our unconscious.76

The implication of this non-elitist, non-hierarchical, and non-static approach to the visual was that objects such as health posters could no longer be considered (as in Gilman’s work) in isolation from the rest of the visual, material and ideational world.77 Instead, the ubiquity of objects like AIDS posters in public spaces in modern cities, and their use in conjunction with other media, such as TV or newspaper advertisements in health education campaigns, made them central, but not sole, foci in the “struggle for signification and meaning” around AIDS in Western culture. It was precisely this approach that Paula Treichler (b.1943) adopted in a number of searching essays written from the mid-1980s (gathered together in 1999 in How to have Theory in an Epidemic). In these, AIDS posters are discussed and reproduced, but they are deliberately scattered within the text alongside reproductions of newspaper advertisements, comic strips, pictures of TV commercials, and magazine covers, as well as pictures and charts from medical journals.78

73 See the interviews with Mirzoeff and Mitchell in Dikovitskaya (2006).
74 The tension between older ways of thinking about images in “art” and newer ways of conceptualising the visual is central to visual studies. See, especially, Dikovitskaya (2006).
75 For the assertion of this view, Hall, “Introduction” (1997).
77 In the social history of medicine this narrowness was rarely the case; consideration of newspaper ads and comic books were not unknown. See, for example, Hansen (2004).
78 See, in particular, her articles “AIDS, Africa, and Cultural Theory”, and “Beyond Cosmo: AIDS, Identity and Inscription of Gender” both re-worked in Treichler (1999), 205-234, 235-277.
Treichler was among those in linguistic theory and cultural studies in the 1980s whose sensitivity to words and language increasingly reached out to embrace the visual. For them, this sensitivity was nowhere rendered more acute than in relation to visual representations of AIDS, which were perceived as exercising an enormous role in the construction of the syndrome and the politics around it. For Treichler, as for Crimp and other AIDS activists, the interpretation of the literal picturing of representations in AIDS posters was part and parcel of the engagement with the “crisis” around knowledge of the human body and its representation as identified by Simon Watney. Thus, very much around AIDS, the “cultural turn” in literary studies of the 1980s was imported into what was fast becoming the “visual” or “pictorial turn” in cultural studies. And largely through the syndrome came convergence around the notion of “the visual as a focal point in the processes though which meaning is made in a cultural context.”

But Treichler’s particular take on the visualization of AIDS, including its posters, continued to reflect her roots in linguistic theory, with its longstanding denial of the notion of access to reality through language. For her, unlike for Gilman, there was not and never could be a single way to comprehend the visualization of AIDS. Any visual engagement, moreover, could not be separated from language. AIDS, she insisted, must always be understood “in multiple, fragmentary, and often contradictory ways”.

[W]e struggle to achieve some sort of understanding of AIDS, a reality that is frightening, widely publicized, yet finally neither directly nor fully knowable. AIDS is no different in this respect from other linguistic constructions that, in the commonsense view of language, are thought to transmit pre-existing ideas and represent real-world entities yet in fact do neither. […] Rather the very nature of AIDS is constructed through language and in particular through the discourses of medicine and science; this construction is “true” or “real” only in certain specific ways – for example, insofar as it successfully guides research or facilitates clinical control over the illness. We cannot therefore look “through” language to determine what AIDS “really” is.

Thus, in her analysis of various media campaigns around AIDS, Treichler was not interested in distinguishing “true” representations from “false” ones. This was a futile exercise in her view. Posters, like other representations, function very much like “truth regimes”, she argued, borrowing a term from Foucault to describe the circular relation between truth, the systems of power that produ-

79 Treichler (1987), 292, note 8, provides a list of sources for her thinking on AIDS and visuality.
80 Mitchell (1997).
81 Dikovitskaya (2006), 1.
82 Treichler (1999), 2, points out that the arrival of AIDS coincided with a period of attention to language.
83 Ibid., 11.
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and sustain it, and the effects that power induces and, in turn, reconfigures. Truth, in this sense, is always power, Foucault had claimed. For Treichler, media accounts of AIDS conform to such regimes; they come to seem familiar, or true, because they “simultaneously reinforce prior representations and prepare us for similar representations to come.”

Treichler, then, in the wake of Foucault’s interrogation of the rules at work in a society that distinguishes “true” representations from “false” ones (an alternative to the Sontag-like pursuit of fighting for or against a particular truth), aimed at finding an “epistemology of signification” for AIDS. She wanted “a comprehensible mapping and analysis of AIDS’ multiple meanings – to form the basis for official definition that will in turn constitute the policies, regulations, rules and practices that will govern our behaviour for some time to come.”

Her concern was to link her postmodern epistemology of disease to the social practices around it, in fact to turn her “epistemology of signification” into a manifesto for all future social action. This agenda appears to stem from her realisation as an activist that there exists an uneasy relationship between the postmodern celebration of fragmentation and applied social policies which tend to build on rather fixed, stereotypical images of AIDS.

Thus Treichler argued that an epistemological rearrangement of social practice is urgently called for, especially in relation to AIDS in Africa because of the sheer scope of the problem there. In her article AIDS, Africa and Culture Theory she analysed the multiple meanings of AIDS through various visual materials, such as posters, brochures, pamphlets and other printed items issued by statutory and voluntary organisations in different African countries in the 1990s. She detected that these countries, very much like those in the West, were engaged in a fierce “battle of signification”. Hence she urged that the analysis of visual and printed materials be rooted in their specific local contexts of production and presentation, that is, within local traditions (including healing ones) and local practices of viewing. Ultimately, it is only such material conditions that give meaning to the various conflicting codes that are perceptible in any representation of the body in health and disease, she concluded, although she herself never left the discursive domain around representations.

This emphasis on closing the gap between postmodern epistemology and social practices was an ongoing concern in Treichler’s work. For example, in an earlier

84 Ibid., 139.
85 Ibid., 39.
86 Ibid., 223.
Beyond Cosmo: AIDS, Identity, and Inscription of Gender, she concurred with a colleague writing in 1992 that postmodernist fragmentation and dispersion do sometimes deflect attention from realities that should be brutally (rather than strategically) essentialized. [...] To embrace fragmentation uncritically runs the risk of duplicating the move to a market-driven consumerist model of human populations in which the fragmentation of conventional identities is a fine art.\textsuperscript{87}

In this we can hear an echo of Susan Sontag, but it is transmuted by a generation whose experience (and lament) was of a world dominated by commercialised visual media and whose intellectual coping with that world was heavily informed by Foucault’s body/knowledge notion of power.

### Conclusion

While it might be assumed that health posters came into intellectual focus in the 1980s and ’90s simply because there were more of them (especially around AIDS), this paper has argued otherwise. In explanation it has singled out two important shifts in the wider intellectual and cultural context of Anglo-American society during those decades. The first was a re-conceptualisation of power. Older notions, dominant among academics from the 1960s, based on Marxist theoretical agendas, were increasingly rivalled and rendered unfashionable through the elaboration of new concepts emerging mainly from the “archaeologist of knowledge,” Michel Foucault.\textsuperscript{88} Particularly important in fuelling new discussion (not least on normative “regimes of truth” around public health) was his body-centred notion of power as a positive, creative force.

The other shift, broader still, was that to the visualisation of virtually every aspect of human life. As a result of ever-more, and ever-more sophisticated, media technologies, contemporaries increasingly perceived modern life as “taking place onscreen.”\textsuperscript{89} Warranted was a new discipline (“visual culture”) to deal with the overkill that stemmed largely from high-powered global advertising companies, unshackled since the 1980s through the ideological promotions of the “open market.” Arguably, the visual marketing skills of these companies invaded, appropriated, and shaped all aspects of cultural life, including medicine and public health, two areas long perceived as outside the world of commerce – as

\textsuperscript{87} Ibid., 272.

\textsuperscript{88} Of course there were many other bearings on this shift, not the least important of which was psychoanalysis, especially as re-worked by Jacques Lacan (on whom see Sturken/Cartwright, 2001, 74).

\textsuperscript{89} Mirzoeff (1999), 1.
“humanitarian”, and reserved for state and voluntary bodies alone. Public uneasiness over this is reflected in the reaction to Toscani’s “Dying on AIDS” poster of 1992 to promote the sale of commercial goods.

It is this dual shift – that of power concepts and their focus on the human body, and the increasing visualisation of all areas of Western culture – that moved health posters into focus. They suddenly seemed a challenge, and around them intellectuals developed new vocabularies to bind them to discourses which simply did not exist in the 1970s when Susan Sontag wrote her essay on posters, and which were hardly countenanced among historians in 1985 when Allan Brandt published his poster-illustrated history of venereal disease. By contrast, in the work of Sander Gilman and Paula Treichler in the 1990s – but two representatives of the trend we have outlined – that discourse had become all but hegemonic, despite the substantial differences between these authors’ particular approaches to the visual.

Today, postmodern anxieties and theorisations over contemporary life no longer have the potency they had in the 1980s and ’90s when first put forward by Treichler and others – rather like anxieties over AIDS itself in the West. As an intellectual movement, postmodernity has probably suffered the same sterilising fate as other such movements before it. This does not mean, however, that we can go back on, or erase, the understandings gained through it. Nor does there seem any reason why we should, since many of the key features that postmodernists identified are all the more prevalent today, not least in relation to public health and commercial advertising. For example, the recently formed Joint United Nations Programme on HIV/AIDS, (UNAIDS) is largely constituted by major international media and entertainment companies whose job is to disseminate information on AIDS and reap company credibility thereby. Furthermore, where AIDS and STD prevention has not been commercially franchised, it has been devolved by governments to charities whose campaign publicity now often becomes indistinguishable from the slickest commercial advertisements (including the play with well-informed consumers). In 2006, to raise new awareness

90 As Annals historian, Marc Bloch, reflected in the 1940s (reproduced in Bloch, 1992, 13): “[sterility] is only the price that all intellectual movements must pay sooner or later, for their moment of intellectual fertility.”

91 At the XVI International AIDS conference on 14 August 2006, Bill Roedy, the Chairman of Global Media Aids Initiative (also President of MTV Network International) gloated over the public relations benefits to industries involved in such work. “Media have such a huge role to play in this fight,” he said, “and as a member of the media industry I can fully admit we’re not doing enough. (applause). Media can actually be a force of the good. When is the last time you have heard media can be a force of the good? Well, here media can be a force of the good.” http://www.kaisernetwork.org/health_cast/uploaded_files/081406_ias_media_transcript.pdf, 11.
to sexually transmitted diseases, Europe’s largest such charity, Britain’s Terrance Higgins Trust, ran a mix-media campaign which was conceptualised and produced by a professional advertisement company. The campaign included posters, of which Figure 4 is an example.

![Image](image_url)

Fig. 4: An illustration of the seeming collapse of the commercial and medical humanitarian aspirations in recent STD health promotion. By permission of the Terrence Higgins Trust.

According to the Trust’s chief executive, the campaign was the Trust’s most successful to date.

What has changed, then, is not the drift of “late-modernity” identified by postmodern commentators, but only the urgency of worry over it. We may have become

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92 The campaign can be viewed on [http://infections.chapsonline.org.uk/Home/](http://infections.chapsonline.org.uk/Home/).
93 Interview with Nick Partridge, 22 June 2006.
complacent with our lot, or have simply moved on to other pressing matters – “climate change,” “terrorism,” “globalisation”. Where then does this leave the visual in the history of medicine? This paper has sought to indicate that the use of such material must be guarded, but not because, as conventionally claimed, “looking practices” are different from “reading practices.”

Indeed, it should be clear from our discussion of Gilman’s choosing to unveil symbolic messages in AIDS posters, that the very notion of “reading” pictures is itself a construct of a particular (semiotic) agenda, which is riddled with all sorts of background (largely structuralist) assumptions about the nature of “reality” and the means for its “decoding”. Rather, historians seeking to use visual materials need to be aware that any instruction as to their use is a priori discourse laden. The coming into focus of health posters in the 1990s and visual culture in general as something of seemingly great importance, something for serious critical engagement, is but a perception of one particular socio-cultural moment (precisely that which we have sought to outline in this paper). It is a discursive regime, not a universal truth. Historians of medicine should by all means be encouraged to pursue the abundant visual objects in their field, and treat such objects in terms appropriate to the context of their production. A multiplicity of approaches is also to be encouraged. But they should do so with awareness of, and open candour towards, the historicity of the discourses around the visual from which their approaches derive. That is, they should be attentive to how their mindedness to the visual has been informed. Not to do so is to be in danger of practising the equivalent of retrospective disease diagnosis – a reading backwards from present medical knowledge, blithe to the positivist epistemology embedded in the exercise. In other words, the discourses around the visual need to be seen as just that, and not as objective tools or practises for historical analysis that can be taken up unquestioningly. The purposes to which images might be put in the history of medicine is less relevant here than cognisance of the epistemology of perception embedded in the claims for visuality. Without bringing these claims into focus, the visual in the history of medicine seems doomed to remain out of focus.

94 Posited usually as a challenge to the older view maintained in art history of only reading the visual from the visual. See Biernoff (2002), 3.
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