POSITIVE SPACE: A CURATORIAL PROJECT ON HIV/AIDS

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POSITIVE SPACE: A CURATORIAL PROJECT ON HIV/AIDS

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ABSTRACT

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Thesis Supervisor: Prof. Sibel Irzık

Keywords: HIV/AIDS, research-creation, traumatic affect, queer, curatorial research

This thesis uses research-creation methodology which integrates an aesthetic component as an integral part of the study. In 2018, I curated a contemporary art exhibition on HIV/AIDS in Istanbul with the participation of dominantly local artists, and this exhibition lays the ground of my research on HIV/AIDS. This written component of the research-creation, as separate but co-composed with the exhibition, doesn't accept that facing HIV/AIDS as a traumatic event is a pre-given and natural reaction, and it analyzes the traumatic construction of HIV/AIDS. During the 1980s, HIV/AIDS was experienced for the first time as a collective and transnational trauma, and, as I argue, the historical traumatic affect structured during this first crisis still has a crucial influence on the contemporary subject. Regardless of the medical progress which made it possible to repress the HI virus, traumatic post-memory challenges the contemporary experience of HIV/AIDS in myriad forms including stigma, phobia, denial, and willful ignorance. Not only people living with HIV/AIDS but also queers born after the 1980s, who are historically thought to be the most affected people and vectors of the virus, are experiencing HIV/AIDS as a predetermined and structured affect. The first part of this thesis analyzes Turkish media discourses on HIV/AIDS and homosexuality during the 1980s to provide a glimpse of the genealogy of the trauma construction. The second part is interested in analyzing and challenging the contemporary traumatic affect of HIV/AIDS through personal experiences and readings of the artworks exhibited in Positive Space.

ÖZET

POZITIF ALAN: HIV/AIDS ÜZERINE KÜRATÖRYEL BIR PROJE

ALPER TURAN

KÜLTÜREL ÇALIŞMALAR YÜKSEK LİSANS TEZİ, MART 2020

Tez Danışmanı: Prof. Dr. Sibel Irzık

Anahtar Kelimeler: HIV/AIDS, araştırma-yaratma, travmatik duygulanım, queer, küratölyel araştırma

Bu tez, estetik bir bileşenin çalışmanın ayrılmaz bir parçası olduğu araştırma-yaratma (research-creation) metodolojisini kullanmaktadır. 2018 yılında, HIV/AIDS üzerinde çoğunlukla Türkiyeli sanatçılar tarafından üretilen sanat işlerinin gösterildiği bir çağdaş sanat sergisi olan Pozitif Alan'ın küratörlüğünü yaptım ve bu sergi HIV/AIDS üzerine yaptığım araştırmanın da temelini oluşturmaktadır. Sergiyle birlikte ve onun aracılığıyla oluşan, araştırmanın yazılı bileşeni olan bu tez, HIV/AIDS'le yüzleşmenin doğal olarak travmatik bir olay olduğu fikrini kabul etmeden, HIV/AIDS' in travmatik yapısını analiz eder. 1980'lerde HIV/AIDS ilk kez, kolektif ve ulus-ötesi bir travma olarak deneyimlendi; ve tez boyunca savunduğum gibi, bu ilk kriz sırasında yapılandırılan tarihsel travmatik duygulanımın çağdaş öznelerin üzerinde hala önemli bir etkisi var. HI virüsünü baskılamayı mümkün kılan tıbbi gelişmelere rağmen, stigma, fobi, inkar, kasıtlı cehalet dahil olmak üzere sayısız biçimde tezahür eden travmatik post-hafıza, HIV/AIDS'in günümüzde nasıl deneyimlendiğini etkiliyor. Sadece HIV/AIDS ile yaşayan insanlar değil, aynı zamanda 1980'lerden sonra doğan ve tarihsel olarak virüsten en çok etkilenen ve virisün taşıyıcaları olarak gösterilen queer özneler de HIV/AIDS'in önceden belirlenmiş ve yapılandırılmış etkisi altında yaşıyorlar. Bu tezin ilk bölümü, 1980'lerde Türk medyasının HIV/AIDS ve eşcinsellik söylemlerini, travma yapısının kökenine bir göz atmak için analiz etmektedir. İkinci bölüm, Pozitif Alan'da sergilenen eserlerin okumaları ve kişisel deneyimler üzerinden HIV/AIDS'in günümüzdeki travmatik duygulanımını analiz etmek ve sorgulamak ile ilgilenmektedir.

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I should also thank the anonymous hero of the project, who gave me the precious gift in the form of a virus in the first place.

TABLE OF CONTENTS

LIST OF FIGURES

1. INTRODUCTION

1.1 HIV/AIDS in Turkey

With no precise beginning nor predictable end, starting as an epidemic and becoming quickly a pandemic, AIDS has transgressed the established institutions from family to medicine. Since its appearance forty years ago, AIDS hasn't been a simple biomedical phenomenon for the last forty years. Turkey met the word "AIDS" simultaneously with the western globe through the internationally mediatized, sensational AIDS cases of the US. However, until the first known AIDS case of Turkey in 1985, it was mostly regarded as the problem of foreign others. Disclosed to the media by his medical doctor and launched as "Here is the Turk with AIDS," Murtaza Elgin's case generated weeks-long public sensation; he was the first local victim of AIDS. However, the perpetrator was not AIDS itself but the media and medical authorities. As a matter of fact, from the very first day of AIDS' emergence, it was more problematic as a social disease than as a medical one. Since Elgin, the representation of HIV/AIDS in the media has always been related to a scandal. Without a scandal, there has never been any information on or representation of HIV/AIDS, nor any public figure disclosing or verbalizing her status. Even in LGBT circles or among friends, "being HIV+" is still an open secret, as secret and restricted in knowledge but widely known. No matter how significant medical progress has been over the last two decades, the virus still mystifies the public, causing internal and external stigmatization of people diagnosed in Turkey.

No matter how Elgin's notorious case created public interest in the 1980s, HIV/AIDS did not enter mainstream discourse in the health policy field in Turkey until the early 2000s. Due to low or most probably the unknown numbers of HIV and AIDS cases, the topic was ignored. Between 1985 and 2000 there were about 200 people registered with HIV. According to Zülfikar Çetin, who works on HIV/AIDS policy

in Turkey, one of the main reasons why HIV and AIDS could not find a place in activist discourse was the repressive political atmosphere in Turkey after the successful coup d'état in 1980 which slowed the emergence of new social movements, including the LGBT movement (Çetin 2017). The first reaction to HIV/AIDS came from the Ministry of Health out of a need to protect the population, and the second reaction was shaped by self-organization initiated not by HIV positives but medical doctors or lawyers, and "these associations viewed HIV and AIDS primarily from epidemiological and medical perspectives" (Çetin 2017). The first organizations explicitly devoted to fighting HIV/AIDS were founded in 1991 in Izmir as AIDS ile Mücadele Derneği (Association for Combating AIDS) and in 1992 in Istanbul as AIDS Savaşım Derneği (The Association for the Fight Against AIDS). In 1994, the National AIDS Commission was founded under the direction of the prime minister. The commission is based on the general principles of human rights and on the protection of people with HIV from discrimination and stigma. Unfortunately, the commission has not been able to accomplish any effective work and did not even meet between 2007-2015 (Çetin 2017). In 2015 the members met due to the enormous increase in HIV cases in Turkey. According to a participant of this meeting from the WHO Regional Office for Europe, the increase was 467% between 2004-2013 (*Pozitif Yaşam Derneği Ulusal AIDS Komisyou 23 Şubat 2015'te toplandı* 2015). Turkey is experiencing high rates in new infections (Bakanlığı 2020). It is reported that there are almost 15 000 registered people living with HIV (PLWHA) in Turkey, but there is a possibility that that number could be as high as 30 thousand due to the lack of sufficient monitoring and taboo nature of HIV/AIDS; thus the exact number of people living with HIV is still unknown. In 2005, the first community organization in the history of HIV and AIDS policy in Turkey, Pozitif Yaşam Derneği (Positive Living Association) was founded, and through the years some others were added to the list. The state takes an intersectoral HIV and AIDS policy approach, but that policy is mostly directed toward prevention and not necessarily interested in individuals living with HIV. There is still an essential lack in the state's human rights policy concerning PLWHA according to Pozitif Yaşam Derneği (*Pozitif Yaşam Derneği Ulusal AIDS Komisyou 23 Şubat 2015'te toplandı* 2015). Despite the ever-increasing numbers of PLWHA in Turkey, HIV/AIDS remains a social taboo and stigma because of a lack of social awareness.

Only a handful of studies on HIV/AIDS have been done so far in Turkey, and each has been an empirical analysis conducted either by medical or public health departments attempting to make sense of the characteristics of HIV/AIDS and the possible reasons behind the recent increase of cases in Turkey. A point of speculation in this research is the common way of HIV transmission in Turkey; based on statistical

data collected by the Ministry of Health, it is widely believed that unlike many other countries, in Turkey the main transmission route is heterosexual intercourse[1]. However, according to these statistics, in 47.7% of cases, it is reported that the transmission path is not known. Given that homosexuality is as taboo and secretive a subject as or more so than HIV/AIDS, these data are by no means showing the reality.

Outside of the public health concerns, only two psychological studies have been conducted on stigma, self-stigma, and depression experienced by people living with HIV. According to Analysis of "HIV/AIDS-Related Stigma and Discrimination in Turkey", in 2017 the rates of HIV-related stigma/discrimination and violation of human rights were 23.1% and 30%, respectively (Gokengin, Calik, and Oktem 2017). In another study on stigma, depression, and anxiety, while levels of depression and anxiety seem moderate, there is a significant difference between the disclosed and non-disclosed groups in terms of anxiety levels, which indicates that the disclosure of HIV status improves the anxiety and mood of PLWH (Demirel et al. 2018). When it comes to self-stigma, it was significantly higher in the group of people who did not know the mode of transmission, which can again indicate how the homosexuality taboo might impact the self-image of PLWH, though this conclusion is speculative and based on blind interpretation (Demirel et al. 2018).

In 2017, remarkable research was done by Prof. Zülfikar Çetin, who as a part of the EUROPACH project which explores HIV activism in five different European countries, made an ethnographic survey of HIV activism in Turkey which was compiled into a book (Çetin 2017). This study is still, however, only available in German, and no matter how engaged it is with the experience of people living with HIV, its main focus is on professional organizations. Despite the fact that these organizations are the only places in Turkey providing proper knowledge and psychological support for PLWHA, I, like many others, am critical about these organizations' visibility and LGBTI politics. They accept the stigmatizing nature of HIV as pre-given, instead of fighting it, they encourage their counsels to hide their serostatus, and since they are aiming at erasing the "gay cancer" label from HIV which gives them the opportunity to receive state-funded support, they shy away from affiliation with any LGBTI group. In 2008, the Positive Living Association published a book titled Pozitif Yazılar (Positive Writings) which exposes the sensationalism of HIV/AIDS news published between 2000-2007. The book contains eleven interviews with HIV-positive people conducted by journalists who had taken an HIV/AIDS conscious-

[1] www.ecdc.europa.eu/sites/default/files/documents/HIV-annual-surveillance-report-2019.pdfEuropean Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2019 – 2018 data. Stockholm: ECDC; 2019.

raising course provided by the association. This project was one of its kind; however, each HIV narrative in the book is related from a highly dramatized point of view. In 2018, the book HIV Stories from Turkey by the Kurdish LGBTI Organization was published. This time the HIV stories were narrated from as first-person narratives and with the goal to provide less traumatic life-stories of people living with HIV. In 1996, with the discovery of Highly Active Antiretroviral Therapy (HAART), HIV ceased to be a death sentence and became a chronic syndrome and a repressible virus, though it was and still is not a curable infection. However, the "knowledge" about the virus that society absorbed during the first crisis in the 1980s and the social panic created concomitantly are still persistent, so much so that the experience of HIV/AIDS is still as traumatic as the very first days of the epidemic.

This thesis, without accepting that facing HIV/AIDS is a traumatic event as a pre-given and natural reaction, analyzes, first of all, the traumatic construction of HIV/AIDS. How two decades after the emergence of antiretroviral therapy can HIV/AIDS still be perceived not as any other chronic syndrome but as alarming, life-transforming, and stigmatizing? National and international HIV/AIDS activists advocate for the dissemination of proper medical knowledge which is expected to demolish the stigmatization and traumatic resonance of HIV/AIDS. However, as I argue over these pages, knowing empirically the possible transmission routes or that thanks to life-saving medicine an individual with HIV can live as healthy and as long as an individual with seronegative status, is not solely capable of normalizing the virus/disease in the face of the constructed traumatic effect of HIV/AIDS.

As someone living with HIV for seven years now, I wanted to provide an account of HIV from the perspective of a person who is sex-positive queer and who discloses her serostatus as much as possible as part of her individual activism seeing the inexistence of tangible testimony, anonymity face of HIV in Turkey. While doing that, I wanted to have accomplices, and as an admirer of the artistic interventions of many international HIV/AIDS activist collectives during 1980s, I wanted to initiate a collective *artivistic* response to the ongoing HIV/AIDS crisis, its invisibility, its traumatic affects, and the many structured cultural meanings of HIV/AIDS, which was "an epidemic of significations", as Treichler (1999) says. As a result, I curated a contemporary art exhibition with the participation of fourteen local artists, one local video collective, one foreign artist duo, and one researcher.

1.2 What Can We Learn from AIDS *Artivisim*?

Aesthetic engagement has been part of militant AIDS activism since 1987 in New York with the initiative of activist group ACT UP, and the movement has been defined by its aesthetic activism as well as by its specific goals and broader claims (Kates 1991). Since HIV/AIDS had not lost the "gay cancer" stigma it gained back then, it became fuel for anti-queer rhetoric, which would segregate the community even deeper. Without much help from the government, activists and artists would often hold fundraisers, raise awareness, and call upon the public to "act up". Artistic and activist collectives were meant to reach the general public, providing a space to build community, mourn, and spread education about the AIDS epidemic.

In 1987, ACT UP created an installation in the window of the New Museum. The installation, "Let The Record Show...", consisted of six cardboard silhouettes depicting public figures (including Ronald Reagan) set against a photograph of the Nuremberg trials. Above their heads, there was the now iconic SILENCE = DEATH logo and its corresponding pink triangle in the form of a neon sign. This installation was only one of the emblematic artistic productions. Another essential example of an artistic activist project was the NAMES Project AIDS Memorial Quilt, a large quilt containing thousands of panels that commemorate those who died of AIDS. The panels include the name or an anonymous nickname and tell no narrative other than remembrance. The anonymous collectives such as Gran Fury within ACT UP took the emphasis away from any individual and reinforced the idea of collective efforts towards ending the crisis by bringing to light the issues that society grappled with such as homophobia and discrimination against people with AIDS. The group often faced censorship; thus, in order to reach a wider audience, they posted their work on city streets.

It was essential to construct a communal voice for those who wanted to raise general awareness around AIDS and to bring about a public discourse. To focus, however, on the intimacy of AIDS, the stories and experiences of individuals told through their own voices and minor narratives constitute a robust strategy to achieve an individualized and balanced grand activist narrative. Artist Felix Gonzales-Torres addresses his questions through a loving, domestic lens and brings the discussion about queer identity and the AIDS epidemic into the more public space of the art gallery by referencing his personal and intimate experiences, without offering direct sociopolitical commentary concerning AIDS. Keith Haring, David Wojnarowicz, Robert Mapplethorpe, and Felix Gonzalez-Torres were lost to the disease. There

were scores of lesser-known artists, such as Ray Navarro, Hugh Steers, and Robert Blanchon, who also left their mark with art that documented, protested, memorialized, and reinterpreted the devastation of AIDS.

Founded in 1988 and based in New York, an arts organization committed to raising AIDS awareness and creating dialogue around HIV issues today, VISUAL AIDS still produces and presents visual art projects, exhibitions, public forums, and publications while it preserves and honors the work of artists with HIV/AIDS and the artistic contributions of the AIDS movement. In the United States, there has been a notable increase in the exhibition of HIV/AIDS in recent years, including but not limited to "Activism, Art, and the AIDS Crisis" between 1987 - 1993 (Art AIDS America), resulting in deep engagement with viewers and impacted communities around the ongoing epidemic. Just some months ago, the Whitney Museum in New York opened a retrospective exhibition of David Wojnarowicz, whose multimedia practice viscerally expressed experiences of abuse and the horrors of the AIDS crisis. In Europe, there have been many recent AIDS exhibitions as well. In Germany, "LOVE AIDS RIOT SEX 1: Art AIDS Activism 1987–1995" was exhibited in 2013, "LOVE AIDS RIOT SEX 2: Art AIDS Activism 1995 until Today" in 2014, and "AIDS After a True Story" in 2015. In Ukraine, "Where There Is a Will, There Is a Way" was organized in 2015. The EUROPACH Project, initiated by the Institute for European Ethnology of Humboldt University, constructed an online archive (the European HIV/AIDS Archive) of virtual documents and objects including artworks. The research project that I joined as curator organized an exhibition on HIV/AIDS activism in the summer of 2019 at Schwules Museum of Berlin, which is travelling around European cities during 2020. The Museum of Civilizations of Europe and the Mediterranean in Marseille is also preparing an exhibition on AIDS to open in 2021.

Writer, organizer, and artist Theodore Kerr, whose work focuses on HIV/AIDS community and culture, has suggested that recent curatorial developments are part of a larger phenomenon called the AIDS Crisis Revisitation, in which there has been an increase in the cultural production, dissemination, and conversation around HIV/AIDS, specifically looking back at early responses to the crisis in the USA in the 1980s. He suggests that this comes after the Second Silence, a period coming after the 1996 release of life-saving medication, when cultural production around HIV dropped as did dissemination and mainstream media conversation. Borrowing from trauma studies, I may argue that like every other collective and individual trauma, people who lived through the first AIDS crisis needed to have a lacuna, a silence lapse after the first fatal trauma to break that silence, in order to address the silence and talk about the trauma. Nevertheless, what would take three decades

for museums or the art world in general to recognize was not the traumatic silence but the controversial, marginalized characteristics of this unique epidemic.

1.3 Positive Space: Research-Creation as Curatorial Project

In Turkey, there have been only a few cultural productions made so far in relation to HIV/AIDS: two movies and one painting. The first movie is titled merely "AIDS," which was shot quite early in 1985, right after the scandalous case of Murtaza Elgin. Elgin's case must have influenced the film industry, which was, like the media, looking for dramatic stories. This "arabesque"[2] movie narrates the story of a male singer who becomes infected after receiving a blood transfusion from a queer friend. The second film, "İncir Reçeli" (Fig Jam) was made in 2011 and is based on the impossible love story between a seronegative man and HIV positive woman who got the virus from her malicious father and refuses to take her medicine for an unknown reason; she dies at the end. The catharsis of the movie is the scene showing our loving couple (unable to touch each other) imitating a kiss on either side of a glass window. The only painting dealing with HIV was made in 2009 by Leyla Gediz and has never been exhibited in Turkey until our exhibition, "Positive Space." This lack of cultural and social scientific production, accurate representation, public visibility, and satisfying activism, not to mention the lack of information, led me as a queer HIV+ individual to think about taking action. What can be the possibilities, ways, and tools of rendering HIV/AIDS visible? How can one produce an alternative to ongoing HIV activism's rhetoric in Turkey? How can the unrepresented (a byproduct of collective trauma and of the hegemonic discourse that imposes invisibility by making subjects stigmatized, ashamed, fearful, and anxious) be exhibited? How can the vulnerability of people living with HIV/AIDS be transformed into resistance?

As Crotty (1998) suggests, choosing a methodology should be the first step in the research process. I chose a practice-led methodology, research-creation which "integrates typically a creative process, experimental (Chapman and Sawchuk 2012, 6) aesthetic component, or an artistic work as an integral part of a study". In research-creation approaches, which is a new category within the social sciences and humanities that speaks to new modes of knowing, "the theoretical and creative as-

[2] Arabesque is a popular genre of music and cinema which was at its peak during the 1980s. Frequently looked down on by intelligentsia, radio and tv authorities, arabesque is seen as self-expression of problems and longings of migrants coming from rural Turkey to big cities.

pects of a research project are pursued in tandem, scholarly form and decorum are broached and breached in the name of experimentation" (ibid, 6). As Chapman and Sawchuk put it, "Generating situated forms of knowledge, combined with new ways of developing and disseminating that knowledge, research-creation helps reveal different contexts and methods for cultural analysis" (ibid, 11). As (Barrett and Bolt 2013, 13-15) states, arts-based methods can be employed as a means to create "critical awareness or raise consciousness"; they are useful for "identity work" and can help "give voice to subjugated perspectives" and "promote dialogue".

Research-creation describes myriad approaches and activities, which means that each unique project taking creation as the center of its research should organize itself according to different unique paradigms; however, as Chapman and Sawchuk (2012) enumerate, there are four common coupling ways of research and creation: "research-for-creation", "research-from-creation", "creative presentation of research", and "creation-as-research". I may be benefiting from some or all of those above mentioned approaches in this project, but overall, the method I have adopted is a mixture of "research-from-creation" and "creation-as-research". In research from creation, research is not only part of developing art projects that stand on their own, but to use the project as a way of generating research data that can be used to understand different dynamics (Chapman and Sawchuk 2012, 16). Creation-as-research "involves the elaboration of projects where creation is required in order for research to emerge." In other words, even though the knowledge is being drawn out from the process, research itself is the end goal, which is the result including the creative production (Chapman and Sawchuk 2012, 6). As an exploration in the experimentation of analysis, critique, theory, and method, produced knowledge within creation-as-research is expected to be a creative work itself, "not simply [its] through their analysis and interpretation." Since the creation itself may not be reducible to discursive systems "constructed in and through language" (Barrett 2007, 4), it may operate not necessarily on the levels of content, function, form or technique but as an affective event, a bodily experience. Bearing this in mind, my ambition is, without separating mind from body, to think and feel with, through, and in the art without discarding all the affective eventfulness and materiality nor manifold discursive potentials. Unlike many earlier research-creation projects, the creation at the foundation of my research is not artistic but curatorial, which means I am not the author of an artwork which is in sync with a research but the one who mediates different individual works by bringing them together while researching not on but with them. Just like research-creation, there are myriad ways of curating, and each project creates its own methodology per subject-matters, actors involved, participants, time and space. Curating as a technique, in its very similitude of

research-creation, necessitates thinking in movement; that's why it is processual, emergent, and constantly reinventing itself.

Taking curating as the creative part of the research has the motivation of initiating a contemporary, lively, local, and collectively-organized production on HIV/AIDS. This was an attempt to place the field of exhibition-curating within a context of collective production to render HIV/AIDS visible and *exhibitable* through the power and freedom of artistic practices and to create a "positive space" where this invisible issue can be on display in a dialogic, relational, discursive, affective, and eventful manner. Thus, I invited contemporary (mainly) local artists (HIV+, HIV-, or with undeclared serostatus and self-defined queer, gay, and cis-heterosexual) either to produce new artworks questioning and exploring the issue or to show earlier works which could be re-organized in this context. The curator's inescapable task of artist selection, as deciding who to include and exclude, is not an easy nor always justifiable mission. First, I talked with the artist of the only artwork I know made on HIV/AIDS in Turkey. I already had some artist friends who are living with HIV, and I reached out to them. Some of them were already enthusiastic about working on HIV, while some did not want to participate in this exhibition. The next step was to spread the word among local queer artists; again, some joined, some declined, and some recommended other fellow artists with whom I got in touch immediately. After this, I expanded on possible keywords related to HIV/AIDS in the Turkish context to connect with some artists whose practices have been concerned with any of those keywords, such as denial, taboo, sickness, contagiousness, body, liquids, death, etc. While there was no open call for the exhibition, I tried to reach as many as people as possible to let them know about the project. In the end, I had a list of fifteen artists, one art collective, one artistic duo, and one independent researcher/archivist; among them, there were not only friends, lovers, and partners, but also the people with whom I have had an HIV comradeship. One participant even was someone from whom I thought I contracted the virus, and another was someone who rejected me because I am HIV positive. Thus, it is fair to say that this list was libidinally and intimately organized as well as professionally and research and result-oriented.

The list of artists participating in the project:

Leyla Gediz

Onur Karaoğlu

Pınar Marul

Can Küçük

Sadık Arı

Artık İşler Collective

Iz Öztat

Ünal Bostancı

Furkan Öztekin

Nihat Karataşlı

Güneş Terkol

Sadık Arı

Sabo Akdağ

Ceren Saner

Serdar Soydan

Elmgreen & Dragset

The exhibition, which opened on December 1, 2018 and closed on February 2, 2019, was put together in a gallery space called "Operation Room" situated on the main floor of a Turkish private hospital, American Hospital. The aim was to transform the traumatic experiences many seropositive individuals have at this site and also to capture the attention of medical professionals whose attitude toward seropositive individuals can be in some cases quite problematic. In this way, creating positive space under the roof of the hospital was a way of interrogating the medical gaze, which has struggled with seeing the social aspects of the infection. As an already operating exhibition space, the Operation Room gallery was an autonomous, heterotopic white cube which can be easily seen as detached from the hospital environment. However, while first proposing this exhibition to the gallery manager, the idea of enacting this exhibition on HIV/AIDS under the roof of a hospital was triggering for me. Hospitals, as full-force disciplinary institutions, are not just places for healing, being born, and dying but are "mega-structure[s] for bodily surveillance and the production of medical representations and scientific knowledge about the human body and national population" (Preciado 2013, 559).

Inside this castle of regulatory biomedical force, creating this positive space for HIV/AIDS and also for queer sexualities through "looking for new contamination technologies" as I wrote in the exhibition text, was a radical and symbolic intervention. As I detail later on, some of the artworks directly speak to the hospital through

challenging safety, sterility, hygiene by using and exhibiting materials including bacteria, human blood, or knives which are strictly invisible or out-of-reach for patients in medical environments; medical authorities commonly deal with these things during operations. Beside the possible power of those interventions, the particularities of "Operation Room" regarding its central location and its high number of visitors possibly enabled the exhibition to attract a wider audience, including people who may not have been specifically interested in seeing an exhibition on HIV/AIDS.

In this curatorial project, I attempted to create an alternative to what I have found problematic in activist organizations centered around HIV/AIDS in Turkey. First, I decided to define my audience, especially the HIV positive individuals, by refusing to create an informative platform for seronegative individuals to gain awareness of the ways the virus is transmitted or how medicine has advanced. Thus, Positive Space does not aim to transmit knowledge on HIV/AIDS in the long-established manner of activist circles. Local and international HIV activism sees disinformation or lack of information as the primary source of the stigma as if once the public grasps the contemporary medical reality, all the stigmatization and socially constructed transgenerational trauma will be automatically dissipated. The exhibition, by consciously not offering positivist knowledge, in a sense dares to ask, "What if the virus were still irrepressible and highly fatal?", "What if we, the queers, sexual deviants, family structure-transgressors, immoral people, spread the virus as a political weapon?", "What if we transmit the virus through bare touch as the 'ignorant' still think we did/do?", "What if we take HIV/AIDS as a "gay cancer" and think and embrace it as a biopolitical weapon that queers are entitled to have?"

As opposed to HIV activism in Turkey, I gave precedence to the participation of artists from the queer community without limiting the exhibition entirely to their works. While the NGOs' primary motivation in making (homo)sexuality absent from their activism is to erase the "gay disease" label from AIDS, I gave privilege to the participation of self-defined queer artists in the project with regard to both HIV/AIDS's ongoing, expansive, and tangible impact on the community and its traumatic remainders in the collective postmemory. The exhibition feels comfortable using HIV/AIDS to talk also about queer sexualities, drawing on the experiences of the 80s generation in which queer communities in the west united in the struggle against HIV/AIDS. They fought for their sexual freedom and culture, their lifestyles, and against the discrimination and marginalization caused by societal hostility to sexual and gender nonconformity.

Among the participants of the exhibition, there are artists whose personal experiences with HIV were known to me beforehand, but inviting only HIV+ artists

to the exhibition did not seem to be a good strategy. In addition to the fact that segregating seropositive artists would have been problematic for those who are not open about their status, I don't think that HIV is a problem only for those who have it. Rather than opening up a platform only for those who have close personal experience with HIV, my motivation is to deconstruct the meanings of HIV through the lens of individual and collective artistic production. Following Treichler (1999), who brilliantly exposed the discursive dichotomies inherited by HIV/AIDS, such as self/not-self, perpetrator/victim, vice/virtue, love/death, sex/death, science/not-science, knowledge/ignorance, doctor/patient, guest/host, virus/victim, I wanted to add more, such as positive/negative, sterile/abject, vulnerable/protected, risky/safe, information/disinformation, monster/victim, stigmatized/stigmatizing, secret/disclosure. The hetero-serostatus setting of the exhibition's participants facilitated discussion around these dichotomies from different perspectives and put them in porous dialogues, and this variety of perspective nurtures the artworks exhibited, some of which tackle the issue as a sociological and anthropological phenomenon, while others offer an intimate confessional experience. Some artists explore what it is like to be an HIV+ individual and how to relate to this issue as a seronegative; others feel the urge to advocate for HIV+ people, wanting to say what has not been verbalized, show what has not been visible, and present what is contagious, monstrous, and abject. What was in common among all the participating artists was the desire to take or contribute to action. Just like the artists who faced the AIDS crisis, they addressed the collective spirit to create another level of aesthetics which makes visible heretofore unintelligible social and political forms; the artists involved in this project also created what Rancière (2009) calls an aesthetic of a being-together:

> "What the artist does is to weave together a new sensory fabric by wresting percepts and affects from the perceptions and affectations that make up the fabric of ordinary experience. Weaving this new fabric means creating a form of common expression or a form of expression of the community... What is common is "sensation". Human beings are tied together by a certain sensory fabric, a certain distribution of the sensible, which defines their way of being together; and politics is about the transformation of the sensory fabric of "being together." (Rancière 2009, 56)

To see art as creating sensory and social fabrics is to cease seeing it as an autonomous aesthetic realm and to recognize that it is embedded in cultural and historical specificities. If we can see works of art as subjective but complexly cultural and social

products, we can analyze them as social objects. From this perspective, the multiple points of view generated by the exhibited works support my research and inform it in myriad ways. Bearing in mind the fact that art and the artist are "objects" as agents of culture, I am in favor of understanding knowledge generated by art not as a result but as a process, since art is good to think and experience with:

> "The role of art is unique in its ability to create conditions for knowing, experientially. Theorizing from the work of Guattari (1995), Bourriaud (2002:101) defines art as "a construction of concepts with the help of percepts and affects, aimed at a knowledge of the world," aimed at producing relationships with the world through signs, forms, actions, and objects. Art is a "relational" activity. However, this relational aspect of art is not limited to discursive networks of signs and symbols but is active on a much more essential level. Artworks involve affective intensities; they engage us "bodily." Art reaffirms the body as a key instrument of knowledge: "a knowledge that embraces the totality of our sensual perception and experience rather than intellectual activity alone" (Schneider and Wright 2006: 16). Artistic encounters reunite mind and body such that the 'experience' can become "knowledge." (Sutherland and Acord 2007, 126)

To take art as the node which inherently binds mind and body and operates in the registers of knowledge and experience was essential for my project, and this positioning of art is self-evident in each phase of this research-creation, which as methodology inherently evokes a reunification of split arenas. The processual nature of the method brings forth experience and knowledge "in-the-making," which is not about reflection or fixing (Springgay and Rotas 2015, 556) or what has happened but about "mark[ing] the processual co-presence of a self-creating subject of experience with what will prove to have been its objects, together in the making" (Massumi 2011) as cited in (Springgay and Rotas 2015, 556).

In the exhibition, which should be taken not only as the first presentation of the production but also the process, we showed twenty-one artworks including videos, paintings, installations, archival material work, collages, text-based work, and costumes; fourteen of the pieces were new productions made especially for the exhibition. This means that until the opening day of the exhibition, I did not know fully how the exhibition would look. Even though I was working closely with the artists while they were conceiving their works, the exhibition was not finished nor ready to be seen or to be read critically for their essential connections. Commissioning new artworks as a curator and seeing the exhibition as the practical component of the

research-creation, I actually split the distribution of my authority as a researcher. In other words, I shared my research with the participating artists and let my research be guided and led by the artists' individual productions. Thus, from the idea of an exhibition to its realization, it was a collective action and knowledge and experience-production process. I can say, therefore, that this research is not only my work but collectively produced.

Since the summer months of 2018, I have been working for and with the exhibition Positive Space. The long pre-exhibition period consists of framing the exhibition, reaching out to artists, communicating with the exhibition space, working on individual artworks together with artists, designing the space, positioning the artworks in the space, and installing the exhibition. After the opening on December 1, 2018, over two months when Positive Space was open, I took care of the maintenance of the exhibition while introducing the works to visitors, leading exhibition tours, and organizing public events with participating artists. This period was essential to my experience of the exhibition, during which I met with the audience and finally got to see the exhibition as a whole, to start making sense of it and to find new ways of seeing and feeling with the individual works but also in their relations with each other.

After the exhibition closed one year ago, I continued thinking with the exhibition for the written component of the project, namely this thesis. This was another kind of journey. As a general problem of practice-led research, it can be difficult to transform practice into a written (discursive and symbolic) format, and I had a hard time finding a way to extract a thesis out of the exhibition. Curators, who are generally expected to write an introductory framing text for an exhibition which often serves as a guide and translation of experience into disposable signs, are in the position of telling what is intelligible. Resisting and problematizing this authoritarian position of the curator, whose "activity stands for the act of pointing (Martinon 2013, 26) and saying "Look! ...This is how it is!" as Mieke Bal once observed (Bal et al. 1996, 4), I did not write a thesis akin to a long curatorial text by explaining the works and evaluating the exhibition, eventually translating the artworks into a verbal language. The right formula I found at the end was to combine both my positions as curator and researcher thinking with the artworks with that of a queer living with HIV who was affected by the artworks. This amalgamation comes with the prerequisite of building up another space within the margins of the thesis instead of attempting to copy the exhibition space itself onto pages. This also means assembling another narrative that is born out of the exhibition narrative; both narratives are connected with blurred edges (Wittgenstein 2009, 38e), thus it is not possible to make clear distinctions. This approach understands the exhibition and the written component

as two different but co-composed productions.

Once each artist finished envisioning their works, with the exhibition designer Doruk Çiftçi's laudable support and know-how, we started conceiving the exhibition space. Sifting through each artwork in terms of their materialities, sizes, mediums, discursive and affective potentials, colors, patterns with their particular constraints and degrees of openness, we drew up many alternatives of spatial exhibition narrations which varied according to different schemes of each work's installation. Even though there are some overlaps in style, material, tone, or motivation, each work points out a different aspect, opens up new terrain, experience, and affective process; thus, each artwork needs a custom analysis. These decisions were not safe from the constraints of the gallery space or the production budgets or various logistic prerequisites. Even the narration of the exhibition was not structured autonomously by me and the designer but was very much dependent on, contingent to, and shaped by various factors.

In the end, we created three different spaces by dividing the gallery into two areas: the first area upon entering the gallery was a white cube with white walls and bright lighting which reminded one of the hospital environment in which the gallery is located and, within which, of biopolitical modernist disciplinary areas of examination, surveillance, and treatment. The second area was a dark space that was separated from the white cube with the help of a wall and some of the artworks themselves. This darkness evoked an interiority, intimacy, and secrecy in contrast to the outer space, made possible with little to no lighting, by painting the walls black, and by covering the ceiling with dark veils. The third space was the liminal space in between the white and black; it sat between the outside and inside, the social and individual spaces. This space included the black and white sides of the median wall and some artworks which served as a separator between these two areas. When we were designing the exhibition plan, I had to enumerate each artwork to specify each work and to give each caption information in detail. In the case of an exhibition visitor who wanted to see the exhibition by consulting this map, she had to go back and forth between the white and black spaces, going in and out to social and intimate zones by repeatedly negating the limits of these areas.

Figure 1.1 Exhibition Plan of Positive Space, designed by Doruk Çiftçi

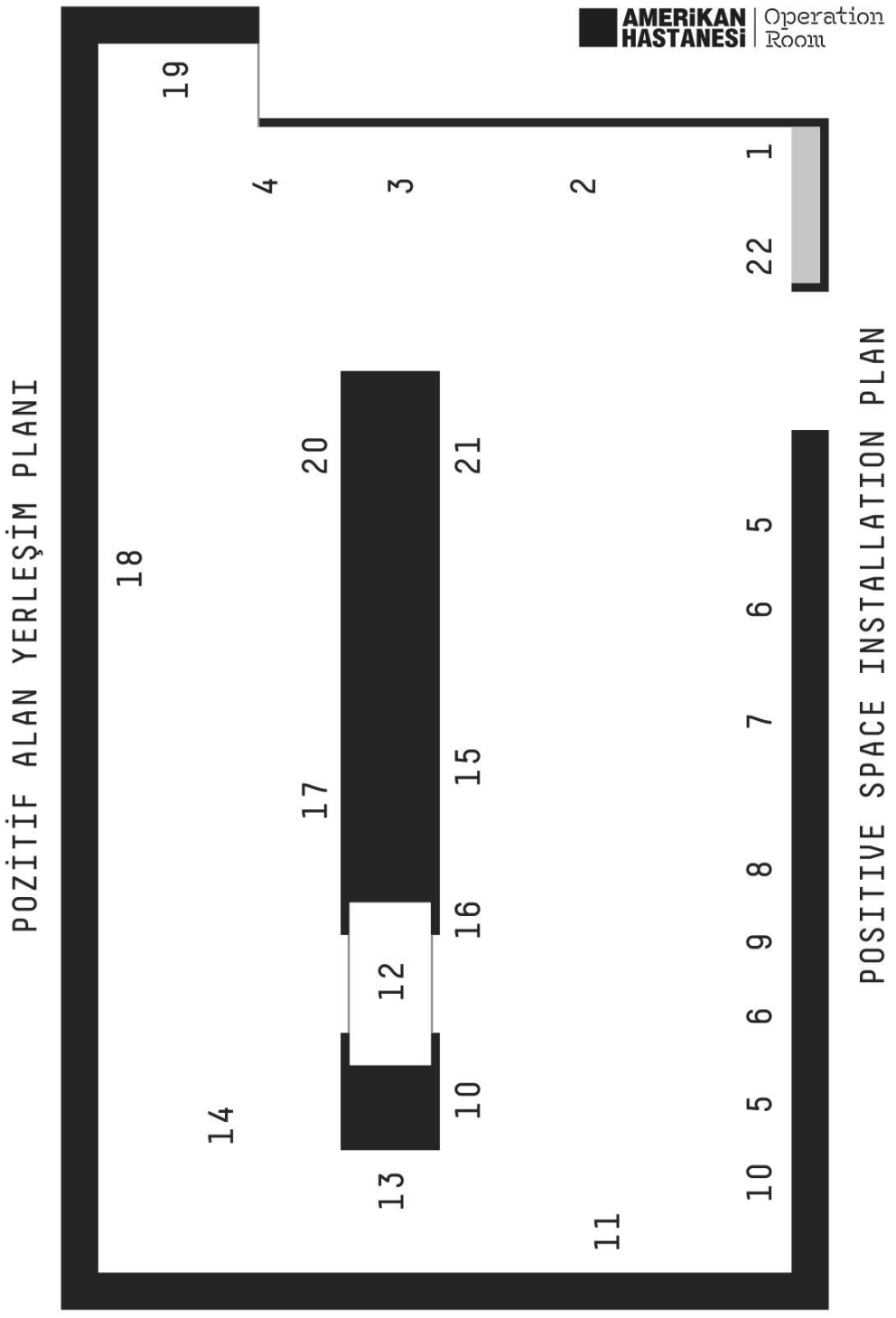
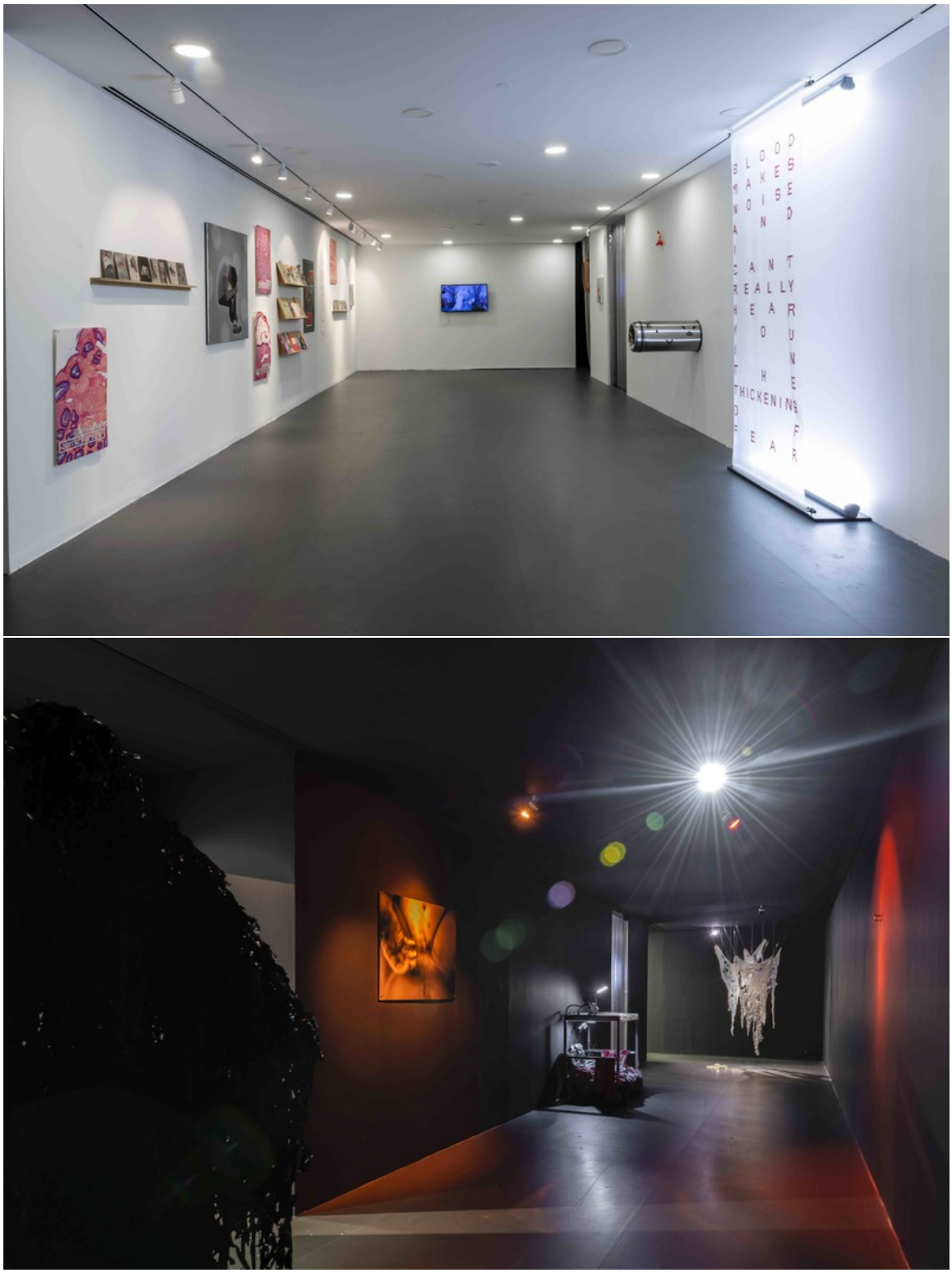


Figure 1.2 Exhibition shots from white, black and liminal areas



As mentioned above, contingently organized spaces and narration of the exhibition eventually helped me to organize the narration and space of written thesis, although the latter is a different, autonomous production with different concerns born out of the exhibited artworks and the knowledge they disseminate.

According to Foucault, art is a different form of knowledge, which allows us to signify what is not narrated within a historic structure of knowledge. Art can reveal the obscure, the excluded, and what cannot be articulated within a specific field, not by "showing the invisible, but rather showing the extent to which the invisibility of the visible is invisible" (Foucault 1972, 219). If knowledge is expected in scientific terms to be objective and absolute, artistic practice contributes from a singular and ambivalent position, which can destabilize a power position. The exhibition is an assemblage of collectively formed singular positions taken in the question of HIV and the ambivalent interrelated knowledge of it within the context of Positive Space. Thus, every artwork and its creator will serve as informants in my study; I attempt to "think with" the artworks, their positions, the knowledge they offer, and I meditate on the fields opened up by the works. This knowledge extraction from the artworks does not operate exactly as it does in a curatorial reading of the exhibition; as any curator does, I will be borrowing from critical and social theories as well and will utilize the appropriate concepts while talking about each work. However, my analysis hopefully differs from a descriptive curatorial text at the point where I leave behind my curator-self and experience the individual works and the exhibition constellation as a queer person living with HIV. While working through the artworks and the topics opened up by the artworks, I also give some insights from my personal experience with HIV. In this sense, the position I took is akin to an auto-ethnographer who extracts "meaning from experience rather than to depict experience exactly as it was lived" (Ellis and Bochner 2000, 270) and who "puts the "autobiographical and personal" in conversation with the "cultural and social" (Ellis 2004, xix). Seeing the whole project as a form of artivism also, this auto-ethnographic tone is essential, bearing in mind that there has been no public face of HIV, no accurate and thorough representation or testimony of seropositivity. With this self-reflexive auto-ethnographic lens, I will add my personal anecdotes hopefully without overt self-indulgence.

Eventually, this thesis is not about or on the exhibition but contains research from and with the exhibition. The written part of the research-creation engages with the exhibition as a site of knowledge and affective experience. My refusal to adoption of impersonal tone incorporates different selves of mine: a curator, a researcher, and a queer individual living with HIV. However, these selves are not separated from one and another with clear-cut boundaries. While I was constantly changing hats during the whole process, it should not be forgotten that they are all connected , again with "blurred edges" (Wittgenstein 2009, 38e).

At the end of the whole process ("end" is a fuzzy word here and it implies the very moment I am writing this sentence, although "end" is always open-ended when it

comes to the process), including the pre-exhibition, exhibition and post-exhibition periods, what I undertook was a distillation of the exhibition through the lens of trauma epistemologies. Among various questions the Positive Space exhibition may bring up, I picked the one which concerns me the most as a researcher and queer living with HIV: "Why and how does HIV/AIDS still have a traumatic affect in 2020? And how might this trauma be link its contemporary subjects to the first AIDS crisis of the 1980s?" Given these concerns, this thesis tackles predominantly the question of trauma and the traumatic effect of HIV/ AIDS while leaving the remaining questions to further analysis.

1.4 Individual and Collective Experiences of Trauma

As Roger Luckhurst argues, today's world is "saturated with trauma," (Luckhurst 2013, 2), trauma which should not only be associated with cumulative responses to catastrophic events of the contemporary era and the recent past but also the emergence and a surge of interest in trauma and memory studies over the last forty years and trauma (re)presentations in literature and art. Since Freud, for whom trauma is absent from memory and repressed in the unconscious, psychoanalytically-informed trauma studies explain trauma as an unprecedented event, too overwhelming to be processed and assimilated into symbolic meanings, falling out of conscious but present in repetitive hauntings which possess its subject with its unknowability and unrepresentability (Luckhurst (2013), Caruth (2016), Felman, Laub et al. (1992)). Trauma constitutes a belated event, which implies that it is repressed only until it is reactivated by repetitions; it only then becomes available in fragments and remains incomplete through a deferred action of understanding and interpretation (Leys 2010, 20). Thus, what makes an unintelligible experience traumatic is dependent on its interpretation and conferred meaning as traumatic by its subject.

For (Caruth 2016, 5), a prominent and oft-cited scholar of trauma, trauma is a "symptom of history', suggesting a direct and inaccessible link to the past with the belatedness of the traumatic event, and affiliation with history in terms of the operations of both: "A history can be grasped only in the very inaccessibility of its occurrence [...] what trauma has to tell us—the historical and personal truth it transmits—is intricately bound up with its refusal of historical boundaries; that its truth is bound up with its crisis of truth" (ibid 8). Both knowledges of history and trauma are constructed only with their inherently ungraspable truth and through

this ungraspability can we attempt to make sense of them. As an event and a condition (Atkinson and Richardson 2013, 100), trauma is a symptom of the past, but it is "resolutely an issue of the present" (Bennett 2005, 40) because of its constant implications on here and now; trauma is not, in other words, remembered as a past event but is relived in the present. However, these repetitions and returns of the traumatic event do not only occur in an instant but over time, as processual. According to La Capra, the past returns via traumatic scenes, and the future is blocked by loss and melancholy; the unclaimed experience of trauma or "disarticulate relations, confuse self and other, and collapse all distinctions including that between present and past" (LaCapra 2014, 21). In a sense, trauma is a transgressor of past, present, and future and a condition blurring the boundary between self and other since the traumatized self is always split and hereby stuck in the realm of the unknown other.

Possessed by trauma, the subject, forced by life and death drives, forgets and recalls the traumatic memory at the same time; she tries to make sense of and symbolize the event by repeating it and transforms the healing purpose of repetition into a libidinal object of enjoyment. Brennan (2004) who makes a distinction between the responses of the body and consciousness to trauma, says:

> "The body knows that the freedom from trauma only comes when it is repeated in such a way that its affective direction is reversed, by which energy the direction or disposition the trauma established is canceled out. Personal consciousness can learn from the trauma and expand itself. But it cannot release itself without the intervention of one of the strange tongues of the body. . . . (T)he body insists on joy sufficient to its suffering before it can negate that suffering." (Brennan 2004, 201)

Both an object of joy and suffering, compulsively repetitive trauma can be cured by working through it according to Freud (2014). According to another early trauma critic Janet (Janet, Paul, and Paul 1926), it can be overcome by finding a way to narrativize the memory and to organize the fragmented remains by integrating them into one's personal life story . Onega, a contemporary literary theorist who highlights the healing nature of literary writings on traumatic events and conditions by bringing together the bodily experience and consciousness within the notion of affect, that what constitutes traumatic experience is "the repression of affects" and "the desire to express affective knowledge" (Onega 2012, 83). Still, any attempt to represent and narrativize trauma itself as it is would be a failed project because of trauma's elusive and unsymbolizable character; this is why a trauma narrative

can only "build their impossibility into textual fabric, performing the void instead of anatomising it." (Onega, Jaén, and Ganteau 2011, 10). Thus, trauma with its impossible narrativization and expression always constitutes an unrepresentable experience.

Despite this unrepresentability, trauma is still communicable, and it is not necessarily a phenomenon taking place in the individual psyche and body but can operate on collective bodies and across generations. Moreover, while individual traumatic memory cannot be narrativized in a language without the failure of language, collective trauma can be constructed and propagated in discursive systems cumulatively among members of the community. As La Capra mentions, traumatization of the past among communities can forge identities in the present (LaCapra 2014, 174). According to La Capra, "founding trauma" is "the trauma that is transformed or transvalued into a legitimating myth of origins"(xii), which "become[s] the valorized or intensely cathected basis of identity for an individual or a group rather than events that pose the problematic question of identity" (23). Since trauma carries "the truth of an event and the truth of its incomprehensibility" (Caruth 2016, 153), it may lead to potential mystification and sacralization of trauma in various political interventions. Trauma can be massively felt when a trauma experienced by a group in the historical past is experienced by an individual living centuries later who shares a similar attribute of the historical group or when individual trauma is passed to others of the same group and the traumatic experience of the individual and group become one (Balaev 2014, 152). For Erikson (1991), trauma has a "social dimension" that allows for the development of a community based on shared traumatic conditions or events, or that trauma can have the opposite effect and instead damage the "texture of community." According to Jeffrey Alexander, resonating massive trauma, or "cultural trauma" "occurs when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways" (1). Rejecting psychoanalytic theory, Alexander argues that nations and imagined communities adopt traumatic narratives when there is a crisis of collective identity, through which trauma is instrumentalized as revenge and violent retribution. Collective, cultural, massive or historical trauma which related to the belated effects of past events implies a way of transmissions, communication, and propagation of contagious trauma across generations. Some theorists imply transmission occurs in familial structures, while others contend that it is possible through hegemonic master narratives; an identification process with the victim of historical trauma is, however, generally present.

1.5 HIV/AIDS as Traumatic Affect

The first international AIDS crisis starting in 1981 until the discovery of the life-saving medicines in 1996 produced traumatic memories for millions of individuals who faced the virus and survived the disease, or for those who have lost their loved ones to the pandemic. HIV/AIDS as a violent threat to body integrity, a sign of a sickening, disfiguring, helpless body, a stigmatizing mark on the body which made bodies be seen to be contagious, marginal, asocial, dirty, perverse, shameful and so on, had and has enough reasons to be experienced as trauma. Considering the tremendous effects of this first crisis on queer communities, lifestyles, collective consciousness and individual psyches all over the globe, it can be defined as a collective, cultural or historical trauma within different conceptualizations. However, it should not be forgotten that the HIV/AIDS pandemic constitutes an ongoing global crisis in contemporary time, and especially for underprivileged countries and/or marginalized communities who do not have access to medicine, it is still highly fatal and traumatic. Nevertheless, expanded access to antiretroviral therapy (ART) and a declining incidence of HIV infections have led to a steep fall globally in the number of adults and children dying from HIV-related causes. According to the World Health Organization, "the estimated 770,000 [570,0001, 100,000] people dying from HIV globally in 2018 were 56% fewer than in 2004 (the peak) and 33% fewer than in 2010".[3] Since the experience of people living with HIV and dying with AIDS from underprivileged communities or non-western countries in 2020 is unknown, neglected and ignored in the west, it is easy to affirm that the AIDS crisis is over.

Nevertheless, seeing the ever-improving and accessible medicine's capacity to repress the virus and to prevent infection, measures taken by global and national level public health organizations, and a global fall in the numbers of infections, the contemporary tableau of HIV/AIDS is rather optimistic compared to the past when the HI virus was still untreatable and mysterious (although, it is still incurable and still a mystery in many ways), always necessarily fatal. When the prevalence of infection was increasing rapidly, authorities were reluctant to address to the issue, and the unaffected public was unaware of the crisis and thereby silent, populations the most affected by HIV/AIDS were systematically marginalized and discriminated against - there was not one single country in the world which legally recognized and granted rights to LGBTIs. Bearing all of this in mind, even though the crisis is not over yet, it should be remembered that I am speaking from a rather privileged position

[3] www.who.int/gho/hiv/epidemic$_s tatus/deaths_t ext/en/$

as I have free access to medicine in Turkey and I share this privilege not only with high- or mid-income countries but many low-income ones; it can be said that now HIV/AIDS no longer necessarily means a death sentence, and it is a chronic syndrome controlled by daily medicine. I am wondering, however, whether HIV/AIDS ceases to be a traumatic experience. Are contemporary individual experiences of HIV/AIDS still connected to the belated, inter-subjective, inter-generational, historical experiences of trauma generated from a collective past and its ambiguous narrations?

At the epicenter of this thesis lies the project of resisting the idea that facing HIV/AIDS is a traumatic event that is most commonly perceived as a pre-given and "natural" reaction to this postmodern virus/disease couple. It seems like having a positive ELIZA test result means much more than having diabetes or any other chronic syndrome. One possible reason might be that with this new, permanent guest in the body, an individual must come to terms with past actions which are immediately demonized and thereby positioned within an irrational cause and effect relationship; this introduces new ideas of responsibility, the necessity of caring strangers, and the acknowledgment of the body as a contagious entity with destructive but also empowering potential. But why is this process so traumatic?

This thesis tried to answer this question by taking HIV/AIDS trauma not as an individual experience but as an always necessarily collective one. When an experience is encoded in the group consciousness as traumatic, and collectively and cumulatively narrated as such, it tends to get stabilized and stuck in the collective narrative which is to be transmitted to individuals across generations not always through explicit narrations or images, but sometimes with silences, taboos, and amnesia in untraceable, ungenealogical constructions. This project sees the individual's response to HIV/AIDS as already constructed as an individual's psyche is constantly under the influence of collective consciousness. While acknowledging HIV/AIDS is an ongoing and global crisis which is susceptible to generating many different forms of collective and individual trauma narrations varying according to certain groups, cultures, generations, and geographies, I argue that the first AIDS crisis in the 1980s was formative in the construction of this trauma on the trans-national level. With all the mediatized scandals, speculations, fears, uncertainties, silences and deaths, the crisis of the 1980s must have created the traumatic effect in global consciousness which was distributed among nations and generations. I believe the individual response given to HIV/AIDS is constructed not only collectively before an individual's unique experience of it, but also that it is constructed in the past, during the 1980s, and transmitted to the coming generations. This historical construction of trauma often operates by ignoring the changing nature of HIV/AIDS, developing medicines

against HIV, and the maximized life-standards of people living with it.

To better understand the contagious nature of the trauma, and to better respond the transmission of it even when there is no narration, testimony, representation or image of the trauma, I am using the affect which "allows exploration of the prospect that trauma may not be inherently, or merely, a discreet subjective experience, but rather it might primarily be a cultural and trans-generational operation" (Atkinson and Richardson 2013, 15). Borrowing from Atkinson and Richardson, I will be defining my understanding of HIV/AIDS as a trauma with "traumatic affects" which can "be understood as the mode, substance and dynamics of relation through which trauma is experienced, transmitted, conveyed, and represented," and which "cross boundaries between personal and political, text and body, screen and audience, philosophy and culture" (Atkinson and Richardson 2013, 12).

Caruthian formalization of trauma has been mostly critiqued for its generalized and totalized explanation of an experience (Leys (2010), Ruti (2018). The psychoanalytic analysis of trauma is also problematic for it sees trauma as a pathology which hinders understanding of its potential constitutive affects; by way of describing trauma as a unique, unprecedented, extraordinary catastrophic event, it remains blind to everyday, banal, uneventful but also systemic and prolonged traumas (Ruti 2018, 217). Cvetkovich (2003), taking a distance from psychoanalytic paradigms, explores trauma as an everyday event of affective and social experience on account of studying "how historical experience is embedded in sensational experience and how affective experience can form the basis for the culture (285). In her queer and depathologizing lens for understanding trauma, she refuses "the normal as an ideal or real state" and offers that trauma is not necessarily a self-devastating experience and "may need not be healed" (121). In her study *Archive of Feelings*, she brings together life stories, artworks, and performances to offer the specificity of individual trauma stories which offers, unlike rigid, frozen collective narratives of traumas, narrations of agency.

In the similar vein with Cvetkovich, I will not be considering trauma as an individual pathology but as a social and cultural affect and category. I will not be dealing with understanding the trauma itself but I will be engaging with the repercussions of its construction as a negative affect while attempting to offer a story of the agency which disrupts this frozen, collective, constructed, and negative narrative of HIV/AIDS trauma. This story will serve as a "better story" which gives its permission to go on living by putting the self over the "collective imaginaries, histories and identities," as a better story than the one which pre-defines the experience of HIV and is in search of a better alternative to the solidified narrative as a means of coping with

collective historical trauma (Georgis 2013).

I have been frequently asked if the first positive result of the antibody test I had was a traumatic event, even though I would not particularly define it that way. Back then, I had found the right formula to describe how I was feeling about my first encounter with HIV. Though it is not quite possible to critically remember now how I was actually feeling, I do remember how I described that feeling: "As if things were gliding over me beforehand, but now I feel like for the first time I realized things could be stuck in me." Years later, when I said this to a psychotherapist, he found within it a narration of trauma. However, what I thought I was feeling was more like Guy de Maupassant's first reaction to being diagnosed with syphilis which would bring him frenzies and untimely death:

> "You will never guess the wonderful discovery my doctor just made [...] The pox [...] I have the pox, well the real one, not the miserable hot-piss, [...] I'm proud of it, woe [...], I have pox, so I'm no longer afraid of catching it."[4]

Being proud of having something *real* was of course a romanticization of the trauma, both for my childhood hero Maupassant and me; however, years later, during a conversation I had on HIV's affect again with a stranger living with HIV, he told me how he is *"actually feeling queerer with HIV"* which, as I could interpret, connects him somehow to the speculative legacy, to the nostalgia of the first generation of AIDS activism, to the days when being gay was not yet officially assimilated with homonormativity, and when there were joined forces against one enemy. I shared his thoughts. Nevertheless, I shared more whole-heartedly Maupassant's twisted logic on the fear of syphilis because I remember very clearly many moments of complete anxiety, panic, and irrational thoughts about being HIV positive before I ended up with HIV. And when I learned I was HIV positive, it was sort of a relief. Becoming positive was not traumatic, but its construction as negative affect had been.

Taking Maupassant as a guide, I think it is worth remembering another example of Maupassant's similarly twisted logic to think about it together with the question of AIDS fear and trauma. As a much-cited anecdote describes, Maupassant was one of the 19thcentury Parisians who did not like the Eiffel Tower. He often ate lunch in the restaurant at its base because that is the only place he could avoid

[4]My translation of Guy de Maupassant's letter to Robert Pinchon, 2 March 1877. The original version: Tu ne devineras jamais la merveilleuse découverte que mon médecin vient de faire en moi [...] La vérole [...] J'ai la vérole, enfin la vraie, pas la misérable chaude-pisse[...] j'en suis fier, malheur [...], j'ai la vérole, par conséquent je n'ai plus peur de l'attraper.

seeing its unavoidable presence (Barthes 1997, 1). If we let the tower stand for trauma, I can question my position as someone living with HIV who dwells upon its traumatic experience. Can I be critical enough to see it while I "have my lunch" inside of it? Or, just because of its immense presence, am I taking refuge in it? Said differently, will I ever be able to critically engage my experience with HIV? Or is it because it's impossible to narrate my own trauma of HIV/AIDS that I constantly and systematically deny that it is an actual personal trauma and so focus on the construction of the trauma as collective? In any case, what I am doing in this thesis is replacing a negative construction with a positive one: I am offering a better story.

Considering trauma's refuge in the Real and its resistance to representation, I did not provide an account in the Positive Space exhibition of my subjective trauma with HIV, although, as Cvetkovich (2003) would argue, I am also more concerned with "trauma as a collective experience that generates collective responses. I am compelled by historical understandings of trauma as a way of describing how we live, and especially how we live affectively" (19). In retrospect, I see the exhibition Positive Space as a collective response to the trauma, and as a curator, my voice was restricted to that of a facilitator, not as an artist. Thus I did not try to find a way to represent my trauma, since I was not a creator but a mediator. I tried to make sense of the trauma with all the works made by others in the exhibition; this is also what I am trying to do here.

1.6 Structure of the Thesis

In the first chapter of thesis, I start by restricting my auto-ethnographic and curatorial voice in order to historically contextualize both the exhibition and this written form of research. I will begin by discussing Furkan Öztekin's collage work to conceptualize my study in this chapter. I will then do a discourse analysis of media coverage by focusing on the case of Murtaza Elgin through whom Turkish general society was introduced to HIV/AIDS in 1985, during a period in which HIV/AIDS was publicly perceived as traumatic. Without attempting to make a genealogy of traumatic construction of HIV/AIDS in Turkey, within the mediatization of Murtaza Elgin, I want to exemplify how the seeds of traumatic affect were spread during the 1980s. The second section of this first chapter will concentrate on media discourse around homosexuality during the 1980s in order to see if and how HIV/AIDS discourse affects homosexuality discourse in Turkey. To think about how homosex-

uality was removed from HIV/AIDS rhetoric in Turkey, I will briefly engage with Elmgreen & Dragset's installation, who are curiously the only international artists in the exhibition.

In the second chapter of the thesis, I will be thinking with some of the artworks exhibited in Positive Space by critically reading them with appropriate concepts and personal experiences. I will start with the question of how HIV/AIDS is perceived as traumatic and is constructed as a traumatic affect. Then I will question the power of and over-reliance on medical knowledge when it comes to this negative affect. While reading Ardıl Yalınkılıç's testimonial work, I will think about the traumatic resonance of HIV/AIDS which resists grasping the medical reality of the virus, a resonance which even affects a queer individual born after 1990. I will attempt to see how HIV-denial, HIV-stigma, HIV-phobia, and HIV/AIDS as taboo are generated by the traumatic memory of HIV/AIDS and within its traumatic affect. Can Küçük's participatory work will help me to think about stigma, while Onur Karaoğlu's video installation will exemplify the unspeakable tension of HIV/AIDS. I will locate the origin of the trauma in the first international AIDS crisis of the 1980s which continues to shadow the experience of HIV/AIDS today. To think about the ways of transgenerational traumatic memory transmission, I will draw from Didier Fassin's concept of the embodied past, Marianne Hirsch's postmemory, and Meere Atkinson and Abraham and Torok's understandings of trauma transmission. With Özgür Erkök Moroder's installation, I will conceptualize the queer body as an archive, and knowing and remembering body across generations and nations. I will see the installation of Can Küçük as an embodied form of unconditional hospitality embracing ethical and radical openness to HIV/AIDS, which is my proposition against HIV/AIDS's traumatic affect. In the last section of this chapter, I will talk about the questions of danger, risk, and dirtiness some artworks in the exhibition tackle by challenging the notion of bodily danger with the help of Ünal Bostancı, Nihat Karataşlı, and İz Öztat.

Throughout the thesis, I will try to subvert and reverse the conventionally negative associations of HIV/AIDS such as virus/disease, but also death, trauma, sickness. I will attempt to do this similarly to how the formerly pejorative word "queer" became honorific with its embrace by queers, unlike the semantic transformation of the word "gay" where the word "gay" emphasized happiness and cheerfulness start to define an identity. "Queer" suggests a continuing, although possibly transformed experience of stigma and shame (Edwards 2008, 63).

I acknowledge that the correlation between HIV/AIDS and "queer" is dangerous and problematic. In international HIV/AIDS activism and studies, the overlooked

experience and lack of representation of women and the black community have been widely discussed. HIV/AIDS activism has been memorialized and remembered by the engagement and through the perspective of white western gay males, even though the the struggle against HIV/AIDS was by no means limited to gay males. When I was invited to talk about Positive Space in Migros Museum last October, a curator among the audience rightfully hijacked the QA session and criticized the moderator and me for being white males talking about HIV/AIDS. All the same, I found it legitimate to give priority to queer artists (not necessarily gay males) in the exhibition, and I made sure there were as many female artists as male participating. When it comes to written part of the research, I am particularly interested in the already neglected and erased position of queers in local HIV/AIDS discourse (as in every other discourse), and again I want to focus on the impact of HIV/AIDS on the sexualities of queer subjects born in the generations following the 1980s AIDS crisis.

2. CONTEXTUALIZING AIDS AND "HOMOSEXUALITY" IN THE 1980S IN TURKEY

2.1 AIDS Images

In this chapter, I will analyze the Turkish popular media discourses of AIDS via the case of Murtaza Elgin, the first locally mediatized person living with AIDS, and of *homosexuality* to see if constructed AIDS narratives have shaped the discourse on homosexuality, and if so, how. I will be focusing on the 1980s since this period marked both the emergence of AIDS globally and hypervisible sexual categories in Turkey. This period is particularly important for my research (both this written component and the exhibition), which attempts to locate the historical context of HIV's continuance as a traumatic phenomenon today.

In the same vein as my ambition to highlight the negative narratives surrounding, embodying, producing, and reproducing HIV/AIDS as an intergenerational trauma, Furkan Öztekin's collage work in the exhibition Positive Space brings together images of AIDS in a series of poetic collages. Tab Series records online searches for AIDS visuals in Turkish-language websites. Furkan opens tabs on his computer with the sensational, informational, symbolic, indexical, or iconic images of AIDS he finds in Turkish popular printed press archives, in the KAOS GL[1] online magazines, and on websites of local HIV/AIDS organizations. Then he merges found images with drawings and photographs he has taken from inside and outside of the hospital where the exhibition also takes place. Copied, recorded, and created images come together and contaminate each other; in losing their indexical or descriptive elements, they become as neutral as a virus. Furkan hides faces and identities in these images, accentuating invisibility. He mixes positive and negative spaces of the conventional

[1]The magazine of the oldest LGBT organization based in Ankara, founded in 1994.

visual composition by underlining the name of the exhibition. In this monochrome work, he uses the color grey, which both resists white's associations as pure, clean, and safe, and black as impure, dirty, and dangerous; images are integrated in the form of collage.

Figure 2.1 Furkan Öztekin, Tab Series, (detail), 2018, Courtesy of Ali Betil

Figure 2.2 Furkan Öztekin, Tab Series, (detail), 2018, Courtesy of Ali Betil

As avant-gardist Group Mu's manifesto from 1978 puts it:

> "Each cited element breaks the continuity or the linearity of the discourse and leads necessarily to a double reading: that of the fragment perceived in relation to its text of origin; that of the same fragment as incorporated into a new whole, a different totality. The trick of collage consists . . . of never entirely suppressing the alterity of these elements reunited in a temporary composition." as cited in (Brockelman 2001)

Likewise, with his collages Furkan breaks the continuity of linear time by incorporat-

ing variously dated AIDS images, none of which are outdated and, on the contrary, still contribute to public perceptions of AIDS. As with double readings of fragments he uses, through the fragments of the historical media images and their incorporation into a whole new image, the series points out the origins of those fragmented images as well as their relevance to the contemporary era through the new collaged whole of fragments. However, unlike what Group Mu defines, Furkan's collage series is not ephemeral or fragile as they could be; they are composed of two dimensional papers stiffened on cardboard. By emphasizing the subject-matter's hereditary nature, its transmissibility across generations and nations, these solid collages are solidified and objectified as remnants of old times which are here and with us.

2.2 Contextualizing AIDS and "Homosexuality" in the 1980s

International AIDS activism since the '80s has exposed AIDS to be the construction of discourses ranging from cultural, political, medical and sexual, through which society at large has come to understand the epidemic. As an emergent and alarming concept in the 1980s, with no specific beginning or end, and for a society that does not yet have sufficient and reliable knowledge about it, AIDS cannot be anything beyond its construction and cannot exist apart from "the practices that conceptualize it, represent it, and respond to it" (Crimp 1988). Furthermore, the media coverage of AIDS, in cooperation with the biopower that claimed the right to represent the "real of the disease, its irreducible materiality," (Waldby 2003) was crucial in those constructions all around the globe.

Seen widely as the problem of foreign Others, namely the debauched west, AIDS had been a scary but not threatening phenomenon for the general Turkish public—nothing more than a virulent set of four letters mentioned in clippings solely under the rubric of the international news until the mid-80s. However, even before the risk might have seemed to be getting closer and prior to a publicized local example of AIDS, discourses with moral undertones constructed within and onto AIDS by the media and medical authorities had determined perceptions of the disease internationally which had already been transferred to Turkey via global news. A microbiologist, Özden Anğ from Istanbul Medical Faculty, wrote articles titled "Homosexuality and Sexually-Transmitted Diseases," "Homosexuality and Contagious

Intestinal Diseases," and "Homosexuality and Resistance to Diseases" for *Milliyet*[2] during the summer of 1981. In his third article written densely in medical jargon, he announced for the first time the new strange "problem" recently seen among homosexuals in the west. Turkey's Minister of Health, when asked about the country's social health policy to combat AIDS at the beginning of 1985, answered by saying, "It is said that it is seen mostly in homosexuals; our customs and traditions, religion, morality, and robustness of our family structure are our advantages against this disease"[3]. Thus, AIDS, already introduced as an homosexual problem, was described as the enemy and transgressor of customs, traditions, religion, and family. On August 19, 1985, Bedrettin Dalan, the Mayor of Istanbul, said, "AIDS is the wrath of God for homosexuals."

On September 2, 1985, only two weeks after Dalan's comment, while there were still speculations if there really was AIDS in Turkey, Milliyet newspaper reported that the swimming pools in Istanbul were emptying out due to the emerging fear of AIDS[4]. A fight even broke out between swimmers and a "homosexual-looking" man insisting on getting into the water despite the other patrons' panic. Milliyet defined this man as "homo suspect"[5].

In this first chapter of the thesis, I would like to start by looking closely at the representations of HIV/AIDS in Turkish media during the first local crisis in the mid-80s in order to lay the ground for the rest of the study. I have chosen to focus on printed media because it played an essential role in shaping opinions as well as setting agendas at this time, especially given that the modern internet did not yet exist and televisions broadcast only one channel. As Gerbner et al. (1986)Gerbner has shown, the media have a far-reaching impact on audiences, initially small, and become much more influential over time as a result of the repetition of images and concepts (17-40). As we can see from the above mentioned examples in the media, before AIDS became a local issue, Turkish society had already formed a structured idea about AIDS with its conceptualization as a "gay disease" and through the force of repetitions.

To understand how HIV/AIDS started to be constructed as traumatic, it is crucial to analyze the story of Murtaza Elgin, the first publicly visible case of AIDS in Turkey as told by the media, both to see how Turkey met HIV/AIDS "in the flesh" for the

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[2] 4 July 1981, 10 August 1981 and 20 August 1981, *Milliyet*

[3] "Örflerimiz AIDS'e karşı en iyi önlem" Cumhuriyet, 28 January 1985

[4] "AIDS Korkusu Istanbul'un Yüzme Havuzlarını Boşalttı" 2 September 1985, Milliyet

[5] In Turkish: "Homo Zanlısı"

first time and how it dealt with Murtaza and his "body with AIDS." Examining both will reveal the effects of how media coverage in those days constructed public perceptions of AIDS that extend up to the present day through the use of constant reproduction of the same set of misconceptions, moral codes, and scandalized tones. I believe that the first seeds of HIV-trauma and phobia, which still exist today, were planted during this period, and that the reasons why HIV+ diagnosis is still a traumatic and stigmatizing event are rooted in those days. In the first part of this chapter, I will treat Murtaza Elgin's media appearance as a case study and try to read the discourse of media narrations. To grasp the local source of the collective trauma of AIDS, I will use the archival materials of five different daily newspapers: *Hürriyet, Milliyet, Tan, Yeni Asır, and Günaydın.* Some of these newspapers are essentially tabloids with short articles, have puns in headlines, and use more populist and informal language, while others are broadcast sheets with longer texts, political analysis, and which use a formal style; however, in many cases, it is impossible to make distinctions among them.

Since my main ambition is not to provide a comparative and empirical analysis of media representations per se but rather a micro-level analysis of AIDS discourse collectively produced by the media and biopolitics, I will not compare different undertones of different publications. I will confine myself to highlighting the "movers and shakers" of AIDS discourse. The analysis of discourse in the Foucauldian sense, in inherent relation with power, helps us to consider and trace how we know what we know and how we accept as true only the information that comes from privileged positions. While analyzing the newspapers with a critical eye, I will not be interested in questions of factuality, realness, accuracy or gossip, allegation, or speculation in relation to the media narrations on AIDS, Murtaza Elgin, homosexuality, and so on. In the newspaper clippings presented below, for example, either via the utterances of medical doctors or journalists, AIDS has been defined, explained, and commented on in a myriad of ways, and I will not engage in determining "what happened" or what is medically "real" but lay bare how AIDS discourse was structured. In doing so, I will bear in mind that the media never possibly present "a completely impartial, accurate and full account of an event [but rather] offer representations of events, as well as certain people's perspectives or opinions, over others" (Baker, Gabrielatos, and McEnery 2013). As I argue, these media narratives, regardless of their factuality, lay the ground for the traumatic affect of HIV/AIDS. There are not many possible ways of looking back at the history of HIV/AIDS in Turkey considering that the first self-organization was founded as late as 2005. The taboo, invisible, and untraceable nature of the subject also has made it almost impossible to do an oral history study with the generation who experienced HIV/AIDS during the

1980s. The only narratives I can consult are those of the media which only reproduce hegemonic discourses. However, for my particular interest, media narratives are exactly what I am looking at, with their capacity to construct and disseminating traumatic knowledge and affect. Still, this media analysis is not enough to construct the full genealogy of HIV/AIDS trauma in Turkey. The media clippings I point out are only giving us some hints about how these narratives could have traumatized the people living with HIV in the 1980s and 1990s through to today.

Notwithstanding that during the first three years after the 1980 coup, intense pressures, night curfews, and silenced politics dominated the social atmosphere, the second half of the the decade with the new government brought with it a liberalizing economy, rising consumer culture, the emergence of the advertising industry, and fact-transforming best-selling news. With the introduction of liberalism, the Turkish press learned to make a profit by selling sensationalist stories; this became the sole motivation of the media patrons who became richer than ever before. Gurbilek (2013) defines the 1980s as a period in which the personal became publicized at the cost of coming under surveillance. The ideal of Kemalist modernism collapsed, new cultures with minuscule "c" emerged, once-humiliated Islamic values became heightened, Kurdish identity gained cultural visibility, and the provincial converged with the urban. What was previously intimate and suppressed penetrated the surface through different possible cracks. This division and proliferation of hegemonic national identity is, of course, related to the new orientation of the liberal economy to individuals more than the masses. Sexualities, as one of the repressed-returned subjects, were provoked by the media, so to say. Gürbilek observes that this sexuality explosion produced willing narrators who were responding with great appetite to the interrogations of newspapers and journals that sought new domains to explore in their coverage. In this new way of journalism, images come before the story itself. The name is put first, inside of the designed image, and life stories with which the public is already familiar and associates with certain images are then placed in this verbal or visual framing (Gurbilek 2013). Thus, information is replaced by images and narration which ultimately produce culturally modeled, publicly visible figures; these figures are manipulated by this new media and continuously modulated according to the repercussions of sensations among the society, becoming the byproducts of a neoliberal system based on offers and demands. Mürtaza Elgin was one of those figures to be consumed by this society of the spectacle, which coped with the dangerous proximity of AIDS by withdrawing itself from the factuality of the epidemic and turning it into a spectacle one could watch from one's safe zone. However, Murtaza's image, as a product of the media's textual narration, was not a familiar one; since he was the first and most consumable face of AIDS, his media-

tized life narration went beyond the expectations and imaginations society. He left pretty much everything about him in an ambiguous state: his serostatus and sexual orientation were never found out.

After examining media representations of Murtaza Elgin, I will also do a similar analysis on media coverage of *homosexuality* either through or separated from AIDS, again by focusing on the 1980s to understand how "AIDS" and "homosexuality" as discursive categories were constructed interrelatedly at the beginning and eventually became distinct. As Gurbilek (2013) mentions, the '80s can be seen as a complex period where intimate life became public, which led to the emergence of public sexualities in Turkey. This emergence, first exposure, and even provocation of non-conforming sexualities did not escape more silencing, repression, and inspection. While during the first half of the decade, all sexualities transgressing the heterosexual matrix had been seen as homosexual sexualities, which in many cases actually referred to transsexuality or cross-dressing, after 1985 we can start to see some people talking about transsexuality as a separate category as well as bisexuality, lesbian sexuality, and even heterosexuality. This taxonomic knowledge production and new discourse of "perverted" sexualities were directly related to the repressive discourses which "had the effect of constituting seemingly perverse forms of sexuality as possible and even as desirable (since forbidden) forms of behavior" (Mills 2003). Repression comes with its cracks, its own room for resistance. Both in the case of Murtaza Elgin who was forced to be the face of AIDS and some examples of transsexuals living with HIV who were thought to be the vectors of the disease rather than people affected by it, there are moments of resistance, of subverting the vulnerable positions, of changing the game in a queer fashion.

2.3 The Spectacle of AIDS: The Case of Murtaza Elgin

A body in sickness already offers a model of social disharmony, conflict, and disintegration. In addition, Mürtaza Elgin's body with AIDS also offers a model of social panic and scrutinizing interest, a site of speculations, and an object of spectacle. The announcement of the first AIDS patient in Turkey was made through Prof. Dr. Hüseyin Sipahioğlu's disclosure of Elgin's medical information to the press, which violated Elgin's privacy and a doctor-patient confidentiality agreement. At the risk of outraging patient rights advocates, Sipahioğlu, an embodiment of medical authority, legitimized this violation of his patient's rights by claiming to announce the

presence of a public health enemy. The narrations shaping perceptions of AIDS in general society had already laid the foundation of collective fear and trauma that HIV/AIDS still creates among individuals. These media discourses supported by current politics ultimately adopt a moralistic tone in the face of a threat whose medical and social body are seen rightfully dangerous, infectious, and contagious as a result of non-normative "sexual life-styles," culturally translated as sexually deviant, promiscuous, and extramarital.

In November 1985, after years of the transfer and translation of international AIDS news, the Turkish media finally found its local tangible object of display and pity, judgment and curiosity, inspection and fear. On November 2, *Hürriyet*'s banner headline was sharp and direct: "Here is the Turk with AIDS"[6]. This targeting phrase echoed that of a New York Post headline about the widely believed "patient zero" in America: "The Man Who Gave Us AIDS." That man was a Canadian globe-trotting, sex-positive homosexual man, Gaétan Dugas, who supposedly contracted HIV and spread it to the whole continent before his death in 1984. Dugas's body was selected to be the guilty "zero," while Mürtaza's body became the site of public interest.

Mürtaza's doctor, Hüseyin Sipahioğlu, who later, ironically, became the chairman of an AIDS association in the Turkish Mediterranean, became known as the professor who taught AIDS to Turkey. The impact of Sipahioğlu's act was so penetrating even for the following generations that a quantitative study made by KLIMIK on HIV/AIDS-related stigma and discrimination in Turkey in 2018 shows that the fear from "the disclosure of HIV status to third parties without the consent of the patient by healthcare professionals" still constitutes a major problem. In the case of Murtaza Elgin, AIDS discourse, aligned with sensational media, was initiated, established, and shaped by a medical authority figure, Sipahioğlu, who served as porte-parole of biomedicine which, as stated by Waldby (2003), "has successfully established its right to represent the *real* of the disease, its irreducible materiality". However, we cannot expect biomedical knowledge to be safe from non-scientific ideas about sexuality, social order, or culture. In the sample case of Mürtaza, the *real* of AIDS has been perpetually challenged between biomedicine and the subjective body, media and the social body, moralism and the sexual body. Nevertheless, at the end of the day, the *real* of AIDS is doomed to be established by Dr. Sipahioğlu's and other medical doctors' accounts.

In the first news about Murtaza, Hürriyet abbreviated the name of this "Turk with AIDS" to "M." Photographs of Elgin were published, however, with thin black stripes

[6] "İşte AIDS'li Türk!" Hürriyet, 2 November 1985

over his eyes barely concealing his face. The caption under one photo reads "the photo of the first victim."[7] It seems that although Elgin's name was concealed, all other information about him was loud and clear: his profession (he worked with İbrahim Tatlıses, a folk arabesque superstar, and Hasan Bora, a prominent organizer and agent); his affinity with famous celebrity figures of the day such as Sezen Aksu, Hülya Avşar, and Ahu Tuğba; and his marital status (Elgin was married to a woman who was 25 years older than him, and this information was seemingly shared to emphasize the "abnormality" of their marriage). While Elgin had been launched as the victim of the "disease of the century," Hüseyin Sipahioğlu was portrayed in the article as a winner, proud to have detected this curious disease in Turkey.

The next day, on November 3, the "Turk with AIDS" was mobbed by more hunter-press competing to highlight the juiciest details about the life of "M", or more precisely, "Murtaza" or "Murti." While some newspapers confined themselves to mentioning him by the initial "M," others saw no harm in explicitly using his full name. The headline of *Günaydın* was "The procurer of society has AIDS"[8]. *Yeni Asır* reached Mürtaza's mother who did not know about her son's *disease*. Upon learning the news, Fatma Elgin allegedly said, "I do not have a son called Mürtaza anymore!"[9]. But why? Why on earth does a mother reject her son because he got infected by the virus? Seemingly, or theoretically, even though Elgin's mother did not know the serostatus of her son, she already had a clue and had formed a judgment about AIDS, which to her was a disease to despise and run away from.

When it came to the question of homosexuality, which dominated the international AIDS rhetoric of the day, it seemed like local newspapers were mostly reluctant to openly discuss Murtaza's sexual practices. However, they employed some cultural codes to connote his *abnormality* and *debauchery*, which ultimately and expectedly made one "end up" with AIDS. "M" was "full of the joys of spring and colors"; he wore "modern clothes" and was always "high-spirited", according to *Günaydın*, which was the only newspaper that made Murtaza's alleged homosexuality explicit by narrating the tale of a decadent. In *Günaydın*'s narration, Murtaza was an eager and dissatisfied youngster, "leaving the suburban family home to come to Istanbul" with a heart full of big dreams. In this promising megacity thought to be paved with gold, this sensitive man was "amazed by vibrant nightlife," started to hang out with celebrity figures and to work with popular erotic movie stars. He was glued to his "whiskey glasses," fond of his clothes "made especially of silk," and frolicked between

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[7] "İşte AIDS'li Türk!" Hürriyet, 2 November 1985

[8] "Sosyetenin muhabbet tellalı AIDS'li çıktı", Günaydın, 3 November 1985

[9] "Gazino dünyasında AIDS paniği!" Yeni Asır, 3 November 1985

nightclubs. "His attitudes and appearance became feminized, and he could not hide his homosexuality anymore."[10] The article's didactic tone made it evident that this visible, feminine, and dangerous sexual body was to be cursed and would inevitably have to disappear. Homosexuality, understood widely by AIDS commentary as the "cause" of AIDS, was categorized as the menace that would infect the population and threaten the family, which is modern Turkey's solid institution guaranteeing healthy populations. The deviant body was to be punished with the help of AIDS. Murtaza never answered affirmatively when asked about being gay: "No, I am not," he said, and he adds,"AIDS is not only found in homosexuals."

Ultimately, from November 3nd onward, the direction of the AIDS narrative forked in all newspapers in question, and the arrows of suspicion were directed toward Murtaza's entourage since it was believed that anyone in their immediate circle could have contracted this mysterious, contagious virus. The medical conditions of Murtaza's celebrity entourage, who reportedly cut ties with him, became the mystery of the November 4th press. On that day, *Milliyet* managed to interview Murtaza, who had secluded himself from the press and society after the first allegations were made on November 2nd. In the interview, Murtaza maintained that he did not have AIDS and showed that there was no bump on his neck, since this was known to be a prevalent symptom of AIDS[11]. Upon such a traumatic disclosure of his status, whether the allegations were factual or not, Murtaza Elgin was drowned to perform a compulsive denial since AIDS had already been narrated as an ultimate stigma and un-absolvable guilt. In order to shatter his asocial status and regain his sociality, he denied his seropositivity and denounced Sipahioğlu by saying, "No one has the right to stigmatize me!"[12]. Simultaneously, on November 4th, Prime Minister Turgut Özal commented for the first time on AIDS claiming that "an evil example is better than precept"[13]. On that day, again through the initiative of Sipahioğlu, the official denunciation of AIDS was issued to the Ministry of Health, which called for an immediate warrant for the arrest and segregation of Murtaza Elgin who still waited to be absolved of the accusation. The next day, while other newspapers' headlines were fully concentrated on the announcement of the ministerial order and Mürtaza's consecutive visit to Ankara to get tested, *Günaydın* made another claim that changed the direction of the flow of the discourse. The newspaper stated that Hüseyin Sipahioğlu had detected the *original* guilty person and actual patient zero of

[10]"Gazino dünyasında AIDS paniği!" Yeni Asır, 3 November 1985

[11]"Ben AIDS'li değilim" Milliyet, 4 November 1985

[12]Murteza: Kendimden Kaçıyorum" Milliyet, 6 November 1985

[13]"Bir Musibet Bin Nasihattan İyidir" Hürriyet, 4 November 1985

Turkey, the Eve of the story: a French woman who is said to have been going about with libertine men and women and homosexual males and females – the sex stars of the day. According to Sipahioğlu, she was the one who brought the virus from France to Turkey and had given the virus to the Mürtaza in the first place[14]. When that beautiful, captivating woman came into the picture, the guilt and shame of AIDS became shared between a so-called promiscuous, dangerous, sexually deviant woman and an effeminate man. On November 6th, *Milliyet* interviewed Murtaza who stated, "Not only from the community, but I am also escaping from myself." He goes on to say that since he did not rely on the tests in Turkey, nor the doctors who might design a conspiracy, he wanted to go abroad to have his tests. But when he tried to board the plane, a group of passengers provoked other passengers and started a protest to avoid traveling on the same plane with a passenger with AIDS[15].

On the same day, *Yeni Asır* enacted a strategic shift in the narrative endorsing heteronormativity by putting on the cover a black and white photograph of supposedly Mürtaza kissing an anonymous "young lady" outside a nightclub in the summer of the same year[16]. "That Woman Is At Risk" read the caption, transferring public concern onto the doom of this passionate kisser. Was she infected? Did she now spread the virus as well? These two images of promiscuous women showed the expansiveness of Mürtaza's sexuality, which now ceased to be limited to same-sex couplings as had been implied. At that point one could not curse only homosexuality but also all the sexualities taking place outside the modern family institution. This new rhetoric solidified the central command of conservativeness: a sexual being could only be protected if she was under the control of family ties, thought to be grounded necessarily on a conforming, heteronormative, monogamous, and monolithic sexuality. Thus, a sexual body, not necessarily that of a homosexual, was a dangerous body and would ultimately be disciplined by AIDS. And, according to this new rhetoric, the only cure was to take refuge in the traditional family structure. Accordingly, *Yeni Asır* continued to report Dr. Sipahioğlu's words, who now claimed that the *real* first patient with AIDS was Galip Işılak, "a teacher and a father of two and who has been living an extremely steady family life" who had apparently just recovered from the virus thanks to his family and the treatment(!) Sipahioğlu offered him. Sipahioğlu provided this story as a lesson to Mürtaza, who had to "pull himself together," and take refuge in family life. The promise of treatment was also intended to fool Mürtaza, who was attempting to flee to Europe to

[14]"AIDS Türkiye'ye Fransa'dan Geldi" Günaydın, 5 November 1985

[15]"Türkiye'de Tahlil Yaptırmam" Milliyet, 07 November 1985

[16]"Bu Kadın Tehlikede" Yeni Asır, 6 November 1985

avoid quarantine.

Nevertheless, on November 7th, Murtaza was captured by the vice squad and quarantined in the "AIDS Treatment Ward" of Haydarpaşa Hospital[17]. Police officers guarded the door of his ward. Seventeen hours later, Mürtaza was released from the hospital with photojournalists waiting at the door. This short amount spent in isolation proved his "innocence", at least to Murtaza. Interpreting his release as the official sign of his seronegative status, he posed for the cameras as a national hero with vivacious people circling him. For Murtaza, Sipahioğlu was wrong, and he was proven right: he did not have AIDS. Nevertheless, the Ministry of Health was not satisfied and confined Murtaza to his house. On November 8th, the report (named the "M Report" by *Hürriyet*) arrived to reveal that Murtaza had indeed contracted the "AIDS virus" but it might not have reached its advanced stage yet; thus, it was "not lethal at that precise moment but it is certainly contagious"[18]. *Hürriyet* came up with a verdict: "He must stop having sex."

After his release from the hospital, Murtaza posed several times for the camera smiling , seemingly enjoying the public interest, he was not caring about the report on Hürriyet, he was sure that he had no HIV, he was a victim of a doctor who wants to promote himself. Simultaneously, a married couple in Edirne commited suicide by leaving a note behind saying that they have AIDS, instead of dying in shame, they decided to take their own lives. Later on it turned out that they were actually HIV negatives, they were just panicked by all the narrives. On November 11th, Murtaza rightfully claimed that Hüseyin Sipiahioğlu was responsible for the joint suicide of a couple suspected of having HIV. Murtaza called these suicides a glaring example of the influence of the AIDS-panic created through Sipiahioğlu's exposure of Murtaza's status, and states, "A doctor's delusion caused a catastrophe in Edirne"[19]. Murtaza's postal address had been published by one of the newspapers a couple days earlier, and he had started to receive letters. It was a familiar image for superstars of the time to pose for the press while answering fan letters; similarly, Murtaza posed smiling with his supportive letters, for they were his only morale booster. Taken as a sign of his "purity," Murtaza did not display any symptoms of illness such as rapid weight loss; in fact, Murtaza tried to prove that he gained two pounds in four days by posing on top of a scale. Likewise, photos showed him exercising, eating two slices of cake, and drinking whiskey, images in service to the narrative that he was healthy and normal.

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[17] "Devlet Murtaza'ya El Koydu" Milliyet, 7 November 1985

[18] "M Raporu" Hürriyet, 8 November 1985

[19] "Bir Doktorun hezeyanı Edirne'de Facia Yarattı" Milliyet, 11 November 1985

In many instances, Murtaza stated that he would not only sue Sipahioğlu but also the newspapers that published false reports about him in attempts to repair his broken honor, since, with these allegations, he had "lost all his familial relationships and friendships overnight"[20]. However, nine months later, in the case brought by Murtaza, the court decided against prosecuting Sipahioğlu due to a lack of evidence (!), and Murtaza's request for compensation was rejected.[21]

On November 16th,*Cumhuriyet* interviewed Murtaza who recounted the whole story from his point of view. He told reporters that he had fallen ill after having sex with a female sex worker in Germany; being paranoid about AIDS given its rising frequency as reported in the press, he consulted Hüseyin Sipahioğlu, whom he has read about in the papers. Murtaza said that he and his wife had made suicide plans just like the couple in Edirne earlier that week, and that he was still thinking about it. It had already been two weeks since the first news, Murtaza reported, and both the owners of his neighborhood grocery store and his neighbors had cut him off. Since he could not use public transportation, he had had to go to work by taxi. He said he had heard that mothers scared their children by saying, "We will give you to Murtaza!" "Let us say I got rid of AIDS – being a pimp and homosexual is stuck on me. How do I get rid of them?" he asks.

On November 19th, there were already three AIDS-suspects in Istanbul, including a six-month-old baby. Murtaza was ready to go to Germany having received medical permission to leave the country for further examinations[22]. Antibodies in his blood had been found by state medical authorities, but Murtaza maintained that the presence of antibodies did not necessarily mean he had AIDS; this sample had been sent abroad for a verification test, and the results were pending[23]. Impatient, Murtaza finally managed to take the plane to Germany, where he was followed by the German press who reported how he walked with a t-shirt in the winter cold as if defying the disease[24]. On December 19th, Murtaza received a report from Germany showing that his blood tests were clean[25]. From then on, Murtaza became a hero in his terms, since he could finally scientifically prove his innocence. However, newspapers did not report on the results of state-controlled blood tests sent

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[20]"Murtaza Elgin: AIDS Değilim" Cumhuriyet, 19 December 1985

[21]'AIDS Doktoruna Takipsizlik" Milliyet, 01 August 1986

[22]"Endişe dolu bekleyiş" Milliyet, 19.11.1985

[23]"Murtaza'nın Kanı Yurtdışına Gönderiliyor" Milliyet, 12 November 1985

[24]"Murtaza Sevinçten Havalara Uçuyor" Milliyet, 29 November 1985

[25]"Murtaza Temiz Raporu Aldı" Milliyet, 19 December 1985

abroad for verification, and until Murtaza's death in 1992, his HIV status remained ambiguous to the public.

In the meantime, Sipahioğlu wrote a book and gave public lectures on AIDS all around Turkey. He also wasn't immune from and received his share of AIDS-phobia, a byproduct of the mythic discourse he had provoked. At a conference, he shared the story of a post office employee's fear of contracting AIDS by handling letters traveling to and from Sipahioğlu[26]. *Hürriyet* reported on November 20th Sipahioğlu's comments at one of the earliest AIDS conferences: he stated that homosexuals "necessarily have this AIDS virus" and advised that "the ones who have been in contact with homos and their relatives should get tested"[27]. Sipahioğlu unsurprisingly targeted homosexuals by labeling them the vectors of AIDS, but what is more, he failed to address homosexuals directly in his rhetoric. He warned "the ones who have been in contact with" homosexuals and their "relatives," but never homosexuals themselves. Even on the level of language, Sipahioğlu did not embark on a direct relation with homosexuals, since he did not consider them people affected by the disease but vectors of it.

In his analytic commentary on the media representations of homosexuals in Britain during the 1980s, Watney (1987) uses the term the "spectacle of AIDS", which is:

> "carefully and elaborately stage-managed as a sensational didactic pageant, furnishing "us," the "general public" with further dramatic evidence of what "we" already "know" concerning the enormity of the dangers that surround us on all sides and at all times. It provides a purgative ritual in which we see the evildoers punished, while the national family unit - understood as the locus of "the social" - is cleansed and restored." (Watney 1987, 80)

The spectacle of AIDS, for Watney (1987), operates as a "public masque" under which there has been the corporal punishment of the "homosexual body." In the Turkish context, however, the body to be punished may not be restricted to this easy categorization. Regarding the allegations of Murtaza's sexual practices, his marriage status, and his relationship with the French *femme-fatale*, the dangerous body was not limited to the wicked homosexual but the uncategorizable, undefinable queer, a non-conforming body. Nevertheless, the antidote to both homosexuality and queerness was the same in Turkey as in Britain: the family. As we have seen earlier,

[26] "AIDS Konferansı" Cumhuriyet 8 December 1985

[27] "AIDS Profesörü Halka Açık Konferans Verdi" Günaydın, 20 November 1985

the Ministry of Health, prior to the announcement of the first AIDS case in Turkey, had stated that the only reliable preventive of AIDS was adherence to Turkish morals – that is, already solidly established family morals. Thus, society was urged to revive and uphold these[28]. Despite the fact that the Turkish family structure left no space for any sexual transgression, homosexual or otherwise, some months later, a Ministry of Health notice provoked a witch-hunt. The notice announced the following: "Whoever abstains from reporting individuals with AIDS will be fined!"[29].

On December 30, 1985, a columnist condemned Sipahioğlu's transgression of medical ethics. He also summarized the past months by stating that AIDS had infuriated the public since it was known as a homosexual disease, and it was shameful that a homosexual was publicly insulted because he had AIDS. The columnist came to the conclusion that with the popularity Murtaza had gained over the past months, he could even become a singer![30]. Seven months later, the columnist's prophecy was fulfilled, and *Milliyet* announced Murtaza's first stage performance. During that time, the media found itself new histories to dig up, and Mürtaza appeared less and less in the press. However, public interest in Murtaza remained. Almost a year after the week of headlines declaring him a victim/guilty, HIV-positive/negative, homosexual/heterosexual, sexually deviant/married, Murtaza got on stage at the İzmir International Fair, a popular trade show and temporary exhibition site in Turkey which hosts a series of simultaneous festival activities. This was the very stage where Bülent Ersoy, a hypervisible transgender singer, had revealed her new breast implants to her curious and enthusiastic audience six years earlier. This public performance of the ambiguous body was one of the reasons she would be banned from Turkish stages until 1987. The stage as a liminal space between private and public has worked as a ground for queer subjectification for many Turkish queer performers, including Zeki Müren, Huysuz Virjin/Seyfi Dursunoğlu, and Bülent Ersoy (Selen 2012). According to Selen Eser, these performances on stage enacts a "disembodiment in which these performers sacrifice their queerness offstage to be able to perform the queer onstage" (733). In the secular state of Turkey where Sunni Islam forms an integral part of national culture and identity, the stage represented the only arena for queer public expression despite the fact that the act of being on stage as an object of entertainment also came with the willful ridiculing of that queer subjectification (Selen 2012). By taking advantage of his status as a public figure, Elgin made a spectacle of himself and his body with AIDS, challenging the

[28]"Örflerimiz AIDS'e Karşı En İyi Önlem, Cumhuriyet, 28 January 1985

[29]"AIDS'liyi Ihbar Etmeyene Ceza Var" Günaydın, 5 November 1985

[30]"Canan Barlas Diyor Ki" Milliyet, 30 December 1985

fear that his queer body in reputed sickness was expected to spread. We have limited knowledge about what really happened on that stage apart from the fact that Murtaza sang his own songs and appeared to enjoy the curious crowd[31]. However, I find this strategic move to benefit from his scandalous popularity by turning the "shameful" into pride and profit a very queer shift in a way, regardless of the fact that the stage served also as a platform of his queer subjectification (as in Ersoy's, Virjin's and Müren's case).

When Murtaza died of an HIV-related opportunistic infection in 1992, it appeared that no progress had been made in the dissolution of AIDS panic and phobia since his diagnosis; in fact, reactions to his death suggested an increased fear. On May 5, 1992, *Milliyet* announced Murtaza was near death with a picture of him lying unconscious, reminiscent of the familiar and problematic images of AIDS in the United States. When Murtaza died, the forks, knives, cups, and bed linens he had used in the AIDS clinic where he stayed in his last days were burned. The hospital also prepared written instructions for the special methods to be used during the washing and burying of his body:

- Before washing the body, the washer will wear thick gloves and thick rubber boots and wear thick masks and goggles. Ten percent sodium hypochlorite (bleach) will be added to the water to be used in the washing process.
- The body will be put in a thick nylon bag and coffin.
- The burial site where the body will be buried will be opened to a depth of at least 2.5 meters, and plenty of quicklime will be poured into the ground.[32]

During his funeral, no one wanted to carry his casket to the grave out of fear of contamination, so his body waited hours in a funeral coach; some attendants eventually showed mercy and carried him. The ambitious project of biomedicine and the media had served its purpose: Murtaza had lived segregated, asocial, and lonesome years until his death: there were three people at his funeral.

Bio-power tells us that in order to protect and sustain life, it is necessary to eliminate it. The death of the dangerous, useless, and diseased is what makes the life of biopolitical subjects cleaner and healthier. Building upon Foucault's work, Mbembé and Meintjes (2003) defines sovereignty as "the capacity to define who matters and who does not, who is disposable and who is not". Human beings are subjects not only through self-care and biopolitics but also through the challenges that surround

[31] "Murti, Aydoğan, Tatlıses Üçlüsü" 31 Ağustos 1986, Milliyet

[32] "Murti İçin Özel Cenaze Talimatı" Milliyet, 17 June 1992

their confrontations with death within the sovereign's rules of necropolitics, which Mbembé and Meintjes (2003) conceptualizes as "subjugation of life to the power of death". While Murtaza's body was not killed by the hands of State but by the disease of the century, he faced of exposure, discrimination, and abjection. His life was within the exceptional zone where the lines between citizen, outlaw, law, violence, life, and death are blurred; his life was destined to be a death-in-life. The ultimate necropolitical violence took as its object Murtaza's dead body – this violence targeted the dead body by way of desecration, dishonoring, by making it over-infectious via over-sanitization. This necropolitical violence was not only an act of redundant and unreasonable protection of the biopolitical "healthy" subjects of the population but also an act of disciplining the living through postmortem punishment of Murtaza. It was a mediatized and medicalized spectacle of a moral sermon to those thought to be at risk of AIDS. This necropolitical violence was the ultimate act to disseminate AIDS-phobia and fear, which was then crystallized as AIDS-trauma in the collective memory for existing and coming generations.

Figure 2.3 Courtesy of *C*ourtesy of Hürriyet. Image manipulated by Umut Altıntaş

Independent researcher Serdar Soydan, the only non-artist participant of the exhibition, collected and exhibited archival materials on HIV/AIDS including books and brochures published during 80s and 90s on AIDS written by very diverse AIDS specialists (!) including medical doctors, radiobiology specialists, religious studies professors, and cult leaders. An image of Murtaza he introduced to me showed him at the moment he was released from hospital segregation on 8th November. The end

of his quarantine meant a victory for Murtaza, and he smiles at the cameras with his two arms wide open in the air as if demonstrating his innocence to the public. We put this photo on the outer windows of the gallery printed in a large format so that Murtaza could salute both the exhibition and hospital visitors.

2.4 Homosexuality as a Disease and Contagious Category: Homosexual Discourse in the 1980s

AIDS only recently emerged on the agenda of LGBTI activism in Turkey, since the rate of prevalence had seemed low and stable until after 2010. Unlike Western historicization of LGBTI movements, Turkish LGBTI history has never been explored with a certain parallelism to HIV/AIDS. In this part of the chapter, I want to touch upon the complex interrelationship and intersection between AIDS and homosexual discourses before, during, and after the first local AIDS crisis embodied in the example of Murtaza Elgin. This minuscule analysis is intended mostly to pose questions about whether and how AIDS shaped the public image of homosexuality reified by media representations.

After the first years of the global social panic around AIDS, local biopolitics must have learned the possible harmful outcomes of AIDS discourse as "all utterances would be potentially splintered, formally open to contradictory uses" (Frow 1985, 206). In 1987, Turkey's Ministry of Health forbade anyone but ministry authorities to talk about AIDS under the logic that talking would lead to the global stigmatization of the country.[33] Only a couple days later, a columnist observed how the "madness of AIDS"[34] (a.k.a. AIDS discourse) was transforming the taboo of sexuality in public discourse; sexuality was being discussed in the media through various related issues such as condom-using, adultery, and homosexuality. Within the same week in February 1987, the Ministry of Health announced the opening of the first AIDS research center, with the official number of AIDS cases at 16; there is, however, strong opinion that the official numbers of HIV/AIDS cases are unlikely to reflect real numbers due to the high rate of stigma and self-stigma. As *Milliyet* declared, "the first local victims of the era's disease were, unlike Western examples,

[33] AIDS'e Yeni Kurban, Milliyet, 24 February 1987

[34] AIDS Çılgınlığının Getirdikleri, Milliyet, 27 February 1987

not homosexuals but housewives, kids, or 'normal' people."[35] It is true that until 1987, printed media had introduced cases and suspects of AIDS with various profiles to the public, including small children, foreigners, women, sex-workers, and family men. Yet the media had also narrated the stories of many homosexuals with AIDS and always with moral undertones. For example, *Hürriyet* announced "the first Turk who died of AIDS" two months prior through highlighting the victim's sexuality as an exemplary story of the fatal end of a homosexual, whose reported last words were "I am in shame!" The way AIDS discourse had over-emphasized homosexuality had apparently become a problem, so it had to be controlled and regulated in order to protect norms. The international AIDS news, which had been belatedly translated and localized since 1981 and targeted, stigmatized, but eventually focused on homosexuals, ultimately establishing AIDS discourse, now needed to restore itself by including the general public and excluding homosexuals. The deliberate amnesia of the media over years can be seen as an act of unrecognition of a homosexual presence on the level of language, politics, and remembrance. Homosexuals had been kicked out of AIDS discourse in a twofold manner: firstly, by raising the general or more precisely *straight* public's awareness of AIDS, people who might have felt secure so far only by absenting themselves from homosexuality; and secondly, by protecting the population not from AIDS but from homosexuality. Since being or being labeled as homosexual was relatively more disreputable for the population than being diagnosed with HIV/AIDS, a heterosexual at risk of infection would most likely choose not to get tested or receive treatment. By opting out of testing and/or treatment, that heterosexual could easily put more people at risk. For that reason, discursively speaking, homosexuality should still not be affiliated with anything that can be in direct relation to the heterosexual majority; in other words, being in the same sentence with homosexuality may "contaminate" heterosexuality, the preset standard of biopower's healthy, normal body. What is infectious is not only AIDS, but also the discourse itself, which is always necessarily a zone of contagion. Thus, after this discovery of discursive contagiousness, what we found in the media which provides less and less coverage on AIDS over time was a partial dissolution of the conventional equation of AIDS and homosexuality. The dissolution was partial because the controlled exclusion of homosexuality from AIDS discourse in attempts to shatter the previously constructed "gay disease" label was not easily achievable for this shared, widely distributed assumption already embedded in the discourse. While homosexuals are excluded from regulated AIDS discourse on the symbolic level, their existence in the discourse remains phantom-like; uttering their name is less and less possible, yet they haunt the discourse.

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[35] Türk AIDS Araştırma Merkezi, Milliyet, 22 February 1987

Here can be a good point to open up a parentheses to talk about the work of the artist duo, the only international participant of Positive Space. Elmgreen & Dragset's Powerless Structures, Fig. 19 (1998) is a sculpture work comprising a couple pairs of jeans and underpants left crumpled on the floor. These are objects "that wouldn't belong in a gallery, because it looks like two guys just dropped their pants and rushed off to have sex" (Herbert, Butler, and Yablonsky 2019). Exhibited in many group shows in different contexts and in solo surveys of the artists around the world, *Powerless Sculpture*, Fig. 19 is part of a life-long, ongoing series of dominant large-scale public sculptures subverting the utility of everyday objects with various strategies. As this piece was situated right at the entrance of the exhibition space, these seemingly forgotten pants and underwear were the only visible work to passerby entering or leaving the hospital building. In the exhibition, this powerless sculpture referred not to materiality but to absence, the absence of the homosexual body which has been made into a vanished body, an invisible body. These phantoms echo the forceful disappearance of queers from local AIDS discourse.

Figure 2.4 Elmgreen & Dragset, *Powerless Structures*, Fig. 19, 1998, Courtesy of the artist.

As I mentioned in the Introduction, the formula that has reinforced the idea that "AIDS is for all and everyone" has been strategically used and favored by AIDS activism in contemporary Turkey, which keeps itself quite detached from LGBTI activism and their agendas. While there is nothing wrong with this degendered and

desexualized understanding of AIDS, and by no means am I arguing that AIDS is a homosexual disease per se, I found this strategic move in the discourse something worth revisiting and thinking about. What seems appropriate to me is to look at the homosexual discourse of the 80s, which eventually shaped but has been distanced from AIDS discourse.

In the western context, AIDS both stigmatizes homosexuals through phobic discourses and consequently stimulates queer struggle through activism. No matter how enormous and persistent the tragedy of AIDS was during the first AIDS crisis in the west, especially in the US where the number of people diagnosed was the highest, activism attempted to "make sense" of the tragedy, calling for biopower's recognition of the plague, searching for right ways to mourn, and taking on urgent responsibility with an agonizing awareness that there was nothing to do but insist loudly that this was a matter of life and death. This moment of crisis constituted a groundbreaking point in international queer history as well as LGBTI movements. United by AIDS, and by vulnerability and resistance, gay men, lesbians, transgender people, sex-positive feminists, sex workers, and drug users fought against HIV/AIDS, discrimination, and marginalization, and *for* their sexual and cultural freedom, as well as choice of lifestyle. After the Stonewall Uprising, which was the first major queer uprising against state-endorsed violence, sexual identity categories were established, enjoyed, and glorified. However, the critique of identity politics that emerged in the 1980s came from a collective response to AIDS since "public discourse early in the epidemic aggressively stigmatized groups of people that first manifested AIDS mortalities" (Dean 2003). Politicians and the media characterized AIDS as "a disease of identity" (Dean 2003), especially the five H's: "homosexuals, hemophiliacs, Haitians, heroin IV drug users, and hookers (Brier 2009). From this crisis of identity came the arrival of the queer as a strategy of resisting biopower's categorization as a method of inspection and social control.

While taxonomic differentiation of alphabetical enumeration (a.k.a. LGBTI) was poised to dissolve into ambiguous, undefinable "queer" in the west during the 1980s, the western conceptualizations of gay, lesbian, transsexual, and bisexual were still quite foreign to Turkish discourse. Prior to the western division of sexualities until the second half of 1980, namely during the emergence of AIDS in Turkey, "homosexual" was mainly used as an umbrella term to describe every possible taxonomy of sexual deviance, ambiguity, or undefinability. The book *80'lerde Lubunya Olmak*[36] (Being a Faggot in the 80s) historicizes trans women's experience and outlines the homosexual perception: "During this period, 'homosexual' was a fictitious entity

[36]The book was created by İzmir-based trans women's association Siyah Pembe Üçgen (Black Pink Triangle).

that could not be described exactly. In fact, this imaginary being was called homosexual with the effort of further detaching, removing, and expelling it from society. They called everyone homosexual whom they could not put into the 'normal' category. Whether one had a mustache or a trans had completed her operations, it did not matter to the Turkish media"(Gürsü 2013)

Although this categorically resistant and alien figure of *homosexuality* came closer to queer, this partial and fluid conceptualization of homosexuality did not include women's or non-conforming sexualities, which had been taken out of the picture. Homosexuality, from the view of the media, police, military, and medicine referred solely to feminine body performativity, which was predominantly translated in public as the *male biological* body in female packaging. While general society did not recognize the self-perceived and self-desired gender of subjects within any legal, representational, or everyday discourse, it kept insisting on redefining the undefinable through the prism of the male or female dichotomy and permitted no position in-between or beyond the binary (Gürsü 2013).

The despised feminine image in the cultural coding of the heterosexual matrix (Butler 1990) and double standardized definition of homosexuality, which has been less grounded on sexual acts than on gender performativity and its manifested visibility in Turkish society, have been the subjects of many kinds of research. Reproducing the dominant idea that homosexuality is only the problem of males, much of this research does not take women's experience into account and supplies historical classifications of male homosexual activities dependent on the "active" or "passive" dichotomy with its "implications for the social status of each role" (Cardoso 2009). According to Tapinc (2002), who categorizes three homosexual behaviors among men, only the passive role" is socially identified as homosexual. Used widely as a putdown curse by speakers of heterosexist language, the Turkish term *ibne* stands for the one who enjoys passive intercourse "like a woman" (Necef 1992) and is derived from the Arabic *ubna* referring to "hidden illness" of passive homosexuality (Rosenthal 1978, 59). This passive role the ubna takes in sexual positioning is the one of the effeminate who is a "maid or slave" and necessarily young and lower-class, according to the medical monograph of Ar-Razi (865-925) (Dunne 1990, 60).

In Arabic and Turkish traditions, in the past and contemporary translation, the body of the *ibne* is always at the bottom of society for its positioning is in contrast to the ideal hegemonic masculinity. During the 1980s in Turkey, the image of the homosexual was strictly tied to this passive position, and the male body was bottomized, devalued, ridiculed, and despised as well as passive-fied, objectified, and instrumentalized only by its *feminization*. Homosexuality was a euphemism for *ibne*

in the press in all her feminine performativity and the primary subject of state level oppression during '80s.

After the 1980 coup, the junta regime, which was disturbed by the visibility of homosexuals in the urban areas of mostly Istanbul and İzmir, placed transgender individuals and effeminate homosexuals in the category of the "objectionable" and exiled them to much less-urbanized and populated Eskişehir or Bolu by forcefully confiscating their houses, bars, and roads (Eşsiz, Çakırlar, and Delice 2012). The governor of Istanbul banned homosexual performers, who had been quite visible and successful until then, by announcing, "No homosexual can conduct social activities in Istanbul" (ibid). He reported later on how this decision was very much welcomed by the public. A similar decision was made in İzmir, and entertainment places were purified of homosexuals. Homosexuals coming to Istanbul from different cities were collected and detained by the police. According to *Milliyet* in 1981, one of the detained homosexuals said, "We became homosexual to get onto the stage."[37] As discussed, borrowing from Esen's article, the stage had been the only publicly visible area of queer subjectification and gender performativity until this point, but this sole area was now closed as well. During the heyday of homosexual bans, columnist Mehmet Barlas pointed to the power of the discursive system: "Didn't we the press create homosexuals?"[38] It was widely believed that homosexuality was as contagious as a disease; the more one saw homosexuality and its representation, the closer she was to becoming homosexual. It is far too obvious that, just like today, homosexuality was perceived as a disease in the 1980s. The discourse of homosexuality produces its own subjects, which is pretty much in line with the Foucauldian conceptualization of discourse. Years later, when Iranian President Ahmadinejad asserted, "We don't have homosexuals like in your country... We do not have this phenomenon," he also meant the existence of the discourse which would produce its subjects. Massad (2008), echoing Ahmadinejad in his controversial book *Desiring Arabs*, writes that international gay activism constituted the "Gay International" whose discourse produced certain categories of homosexualities that were not identities but sexual practices. Massad's argument, however applicable it may be to the Turkish context for later generations, what we find during the first half of the 1980s is not an internationally organized discourse but a local emergence of homosexuality as a fluid category far too vast to create particular identities, as well as group of people who came together by the force of queer desire and shared sexual practices, or the shared experience of having been defined and targeted as perverse, sick, dangerous, and objectionable. As (Foucault 1972)Foucault argues,

[37] "Sahneye Çıkmak için Eşcinsel Olduk" Milliyet, 16 July 1981

[38] "Eşcinseller" Milliyet, 22 June 1981"

homosexuality is invented as a distinct category only by which to set the boundaries of normal, healthy, desirable heterosexuality, which could only be discovered after the emergence of homosexuality as a category. A comment on a statement made by Dr. Arslan Yüzgün, a leading figure in the second half of the 1980s and author of the book *Türkiye'de Eşcinsellik, Dün, Bugün (Homosexuality in Turkey: Yesterday and Today)*, illustrates the different public consciousness of the sexual categories:

> *"(While commenting on a TV program discussing AIDS in 1985)* Dr. Çavuşoğlu [says] "AIDS can be seen in homosexuals, heterosexuals, and bisexuals." Naturally, the public often understood the word homosexual. They don't really know what other words mean. So again, it became the fault of homosexuals." (Yüzgün 1986)

I argue that 1985 is a turning point in the discourse of homosexuality in Turkey, which started to produce its own subjects in the negation of repression by existing power relations. A new article added to the "Law on Duties and Powers of the Police" *(Polis Vazife ve Salahiyat Kanunu)* in June 1985 gave the police great powers against people whose behavior did not conform to moral values and social traditions. Homosexuality was not mentioned in the law, which again reaffirmed the exclusion of homosexuality from juridical discourse but not from oppressive practice. However, Interior Minister Yildirim Akbulut spoke of homosexuals in parliament:

> "The new law ... authorizes us to detain persons suspected of homosexuality for 24 hours. ... [Regarding] the anti-sociality of homosexuality ... We do not believe homosexuality is not one of the anti-social trends. The number of such people is increasing day by day. No part of our society endorses those who have such thoughts and tendencies." (Schmitt and Sofer 1992, 77-81).

It is not easy to understand if this new law or, more precisely, its new practice had any relation to the accelerated suspicion and panic surrounding AIDS in Turkey, but it is clear that after the junta regime, the power the military held was transferred to the police. Consequently, dangerous bodies were to be rendered "readable" by way of the legitimized power of police who from then on had the right to fingerprint and photograph every person they identified as homosexual. This new law was annulled on November 15, 1986 by a lawsuit filed by opposition deputies, but the Constitutional Court gave this note when announcing its decision:

> "If the article only included homosexuals whose attitudes and behaviors were not approved in terms of public order, as stated in the justification, it could be said that the provision of the clause was justified on the basis of public health." (Constitutional Court 1985/1986, in Schmitt and Sofer (1992)).

However, this annulment did not stop police operations. The police gathered homosexuals from homes, streets, and bars, detained, fingerprinted, tortured, and raped them, and forcibly cut their hair, thereby exposing the violence inflicted to the public and the press-. Homosexuality as a contagious disease had been an object of state oppression since 1981, but the new AIDS panic must have contributed to the concerns of *public health*. During this period, the biggest collaborator of Public Order was the Venereal Diseases Hospital, which was known in homosexual nomenclature as "*Can Can*" (Life Life), which became "more like a prison or madhouse where homosexuals and prostitutes were forcibly locked up" (Yüzgün 1986, 356). Hasan Cemal, the Chief of the Istanbul Moral Police, said that in their violent operations, they only helped the Ministry of Health in the fight against homosexuality[39]. The forceful exile of homosexuals also continued. The İzmir Police Department said, "There is no place in İzmir for these people who are the source of all kinds of diseases"; this department organized operations one after another sometimes upon receiving notices from citizens, and homosexuals were forcibly taken to health centers[40].

Another interesting thing happened during the second half of the 1980s, which staged the categorizations of homosexualities. In this pre-LGBTI and *Gay International* period, homosexualities started to be diversified by means of new narrations of homosexuality in the media and through the coverage of recently emerging and leading figures of the homosexual community. According to Gurbilek (2013), in the second half of the '80s, the press provoked homosexuality, sexual tendencies were classified, homosexuality was put under observation by word-of-mouth (as in Foucauldian confession), and some experts made efforts to make homosexuality not a crime but a disease.

Newspapers interviewed homosexuals, asking questions especially about hidden homosexual cultures, entertainment venues, crazy parties in Turkey, and eventually, if they wanted to be "normal" again. In one interview, a man said that he was undergoing treatment as a homosexual; a psychologist was keeping him under ob-

[39] İstanbul'da 500 Bin Eşcinsel Var, Milliyet, 27 July 1986

[40] Güzel Buket 'Kamil' Çıktı, Milliyet, 25 July 1985

servation for two and a half years, and he believed he would soon be saved[41]. These interviews are important in establishing the idea in the public that homosexuals and transsexuals were members of two different categories, which entailed, eventually, that every homosexual did not perform femininity, and so in a sense implied that homosexuality could be invisible to the naked eye. One of the homosexual "specialists", Pınar Çekirge, who has written on homosexual subjects and homosexuality since 1985, contributed to this emerging distinction in public categorization. She even provoked hatred between homosexuals and transsexuals: "Homosexuals do not approve of transvestites and transsexuals who imitate and caricature women and strongly criticize their interpretation as women wannabes. For most gays, gay people should definitely not deny the sex they belong to"[42].

In 1987, a group of transsexuals and homosexuals started to organize under the roof of the Radical Democratic Green Party Initiative, which aimed at bringing homosexuals, bisexuals, transsexuals, feminists, greens, anti-militarists, and atheists together. Despite the abundance of various radical groups in the initiative, homosexuals, and transsexuals got more coverage than others. In May 1987, the group went on a hunger strike to protest police violence, and sat with roses and carnations in Taksim's Gezi Park, which now has a very different public memory. Since this was an organized public and political act of queers, the police did not allow them to sit in the park, and protesters were forced to disperse (as they always do); the strike, however, continued at homes[43]. n the same month, the group sent a small delegation to Ankara. These representatives wanted to meet with the prime minister first; once their request was declined, they went to all the political parties one by one and demanded to meet with the party heads. They managed to speak to one secretary-general.[44]. Later on, they said that if the pressures continued, they would set themselves on fire[45]. The establishment stages and some meeting notes from the Radical Party, often named the "queer party" in the media, were also published in newspapers. Some of their demands continue to be relevant in today's Turkey:

- Homosexuals should be given the rights granted to other sexes
- Compulsory military service should be abolished
- There should be no gender indication in the birth certificate

[41] "Pişmanım... Tedavi Oluyorum...Kurtulacağım." Milliyet, 29 September 1985

[42] "Eşcinsellik işkence" Milliyet, 26 May 1991

[43] "Eşcinseller Dağıtıldı" Milliyet, 01 May 1987

[44] ''Eşcinseller Anıtkabir'de" Milliyet, 16 May 1987

[45] "Baskılar Sürerse Kendimi Yakacağım" Milliyet, 3 May 1987

The Radical Party, however visible through the media, which now seemed to employ less hateful and ridiculing language, could not resist police violence; the founder of the initiative, İbrahim Eren was detained and tortured in custody. Without a leader, the party maintained its visibility mainly through its founder. Eren had left Turkey after the 1980 coup and come back to work for the party in 1985, bringing in values drawn from the west. Apart from the fresh political ideals and new conversations it brought to the media, the Radical Party also provided visibility to various sexualities: lesbians, homosexuals, transsexuals, and bisexuals earned distinct categories. This pre-LGBTI movement eventually de-feminized homosexuality through its openness to more taxonomic sexual categorization, which would lead to the emergence of sexual identities. This de-feminization of homosexuality also introduced its *sanitization*, which would become the dominant policy of the LGBTI movement, which advocated for freedom but only through normalizing social and political acceptance. When the Council of Europe Parliamentary Assembly's Green member Uli Fischer came to Turkey from Germany in 1986 and made statements to the press, he said: "Homosexual rights are inseparable from human rights."[46] With this, the first seeds of the marriage between human rights and homosexuals were planted; after this point, homosexuals were human as well. In June 1987, TRT, the supposedly independent state-governed TV channel and at that time still the only available channel for Turkish audiences, broadcasted a discussion program focusing for the first time on homosexuality. The particular episode is titled "Chronic Depression" and featured only a limited number of transsexuals and some specialists and medical doctors. Gürbilek (2001) comments on the program:

> "Ertürk Yöndem, with all his moralism and judgment, is the voice of a pressure we are accustomed to at first sight. But he is a new figure for this society in terms of presenting sexuality, which he defines as a case, to the knowledge of sexuality that has been known, recognized but not pronounced in public, forcing it to speak, making it the target of persistent prosecution and vulgar interrogation. The method fulfills what is expected of traditional power. But he tries one more thing; he tries to get it to accept itself and turn it into a treatment law. The prohibition we expect from traditional power has been replaced by a kind of word provocation." (43).

While this word-provocation is not new in printed media, Turkish television saw for the first time a discussion on homosexuality; however, it reflected state moralism and judgment. Another rubric of the dominant homosexual discourse of the day,

[46] 'Eşcinsellerin de Hakları Var" Milliyet, 4 July 1986

as was seen on the program, was that the treatment promised by psychologists and *specialists* presented homosexuality as a curable disorder. With this promise, medical experts were able to conduct experiments on homosexuals, applying hypnosis and electro-shock treatment.

'Homosexuality is not a disease" was also uttered for the first time in the media during this period. After Yüzgün (1986) published his book on male homosexuality in 1986, which compiled and analyzed 223 interviews, he became a leading figure advocating against police violence, moral judgments, and problematic representations of homosexuals in the media. Yüzgün was one of the first to state that homosexuality was not a disease but an orientation, much earlier than even early LGBT activists who tended at their early days of activism to define homosexuality as a preference. No matter how minor the repercussions of this new definition at the time, it was an attempt to sanitize homosexuality, thereby helping to lay the ground for*natural, normal, acceptable, normalized* to become the main arguments of the future generation's sexual identity politics. While he skirted questions about his own sexuality, he wrote and published other books dealing with homosexual experiences. Unsurprisingly, his books, *Türkiye'de Eşcinsellik (Homosexuality in Turkey), Uçurum (Abyss)*, and *Mavi Hüviyetli Kadınlar (Women with Blue Identity Card)* were found to be objectionable by the Board of Mischievous. Afterwards, Yüzgün published a new book called *Writer-to-Burn* which expounded on his struggle against the board and contained the board's reports and legal petitions.

All of his books, however, were declared "obscene" by the Board and had to be sold in plastic bag, a common method of the day to indicate "objectionable" contents. The use of the plastic bag for the protection of society evokes how condoms became the national and international symbol of safety from AIDS. the bag also evokes the plastic wrapped around Murtaza's dead body. As said in *80lerde Lubunya Olmak* (Being a Faggot in the 80s), "Official ideology at that time saw homosexuality as mischief to be bagged in plastic."

The accelerated police violence against homosexuals, and more specifically hypervisible bodies with "feminine performativity," happened simultaneously with the case of Murtaza Elgin and media coverage of the other first AIDS victims, as well as the mushrooming of AIDS "specialists". AIDS and homosexuality discourses had intersected until it was understood that AIDS did not solely target homosexuals; homosexuals then became the phantom of public AIDS discourse by their necessary exclusion. As these two discourses continue their existence separately from one another on a symbolic level, AIDS continues to haunt homosexual discourse. The readability of the homosexual body through fingerprints and photographs, the

sovereign police's increasing cooperation with the medical apparatus, a new affirmation of homosexuality as a disease, a consequent discussion on and "treatment" of homosexuality, and subsequent attempts to de-feminize and sanitize homosexuality can all be read as the direct and indirect effects of AIDS on homosexual discourse in Turkey during the 1980s.

No matter how large an emphasis has been put on female subjects in AIDS discourse to demonize prostitution and extramarital sex since 1987 with the identical motivation of securing family norms and morals, the queer body, being inherently dangerous, dirty, and contagious, has always been closely tied to AIDS in the public eye. To close this chapter with an example of a resistant queer body with HIV who uses her body as a weapon in a way akin to Murtaza but more radically, I will make a temporal jump to the millenium.

When we come to 2003, B.T. (print media has started to prioritize privacy and uses initials rather than full names), a minor trans woman (the media starts to use "trans" or "transvestite" instead of "homosexual"), who has been detained in Bursa after setting her mother's house on fire and taken to the police station, cuts herself with broken pieces of glass at the police station; she also wounds eight police officers and sprays her own blood onto the wounded officers. Freaked out by the idea of contracting AIDS, they test B.T.'s blood for antibodies. Especially when the ELIZA test turns out positive (B.T also got to know her serostatus after this forced test), the wounded officers panic and start prevention treatment for 40 days: "We are very afraid, we can't kiss our kids, we can't sleep with our wives," they say. As for B.T., she is not satisfied with the panic she has created; she wants more revenge for the countless times she has been detained by the police for doing sex-work: "Officers are my enemy. I will bite each and every police officer from now on," she says.[47] With uninhibited violence B.T. chose to use her body as a weapon: before knowing whether or not she had HIV, she chose to attack her oppressors with her blood, which was always already considered threatening, dirty and dangerous.

[47] Polisleri Isıracağım, Milliyet, 08 December 2003

3. POSITIVE SPACE

3.1 Why is HIV a bad thing anyway?

In this chapter, I will be questioning the contemporary phenomenon of HIV/AIDS traumatic affect which gives rise to, I argue, willful ignorance, denial, HIV-phobia, HIV-anxiety, stigmatization of HIV/AIDS, and serosorting. This chapter tries to understand how HIV/AIDS is perceived as traumatic within this construction of a negative affect, both for people living with the disease and people living *under its threat* as part of so-called risk groups. I examine this constructed traumatic affect with the help of some artworks from the exhibition Positive Space, utilizing the concepts of embodied past, intergenerational trauma, and body as archive. After the second half of the chapter, again by thinking and feeling with the artworks, I venture to propose "better stories" on HIV/AIDS to shatter this negative affect.

I am using trauma to define the affective disposition of HIV/AIDS, and I am referring to collective and historical trauma of which transmission occurs by way of the negative affect of HIV/AIDS to which individuals for generations both contribute and become subject to. Furthermore, the idea I put at the center of this project is that today's experience of HIV/AIDS incorporates the deathly, alarming, life-transforming, antisocial, and traumatic affect of HIV/AIDS, which emanated in the 1980s during the first AIDS crisis. It is widely assumed that the high stigma of HIV is what makes HIV a traumatic virus, not vice versa, as I propose. According to local and international HIV/AIDS activism, this stigmatization process will only be resisted by acquisition of contemporary medical knowledge of the virus. While it would be ridiculous to deny the power of this knowledge's distribution and absorption by society, I am more intrigued by challenging and reorganizing the ever-present negative affect of HIV that is beyond medical knowledge's scope.

The predominantly media-focused discourse analysis of HIV/AIDS and homosexuality covered in the previous chapter, topics previously unexplored in conjunction nor as distinct categories, is essential to think through how HIV/AIDS was constructed in Turkey as traumatic affect during the 1980s and is transmitted today to new generations, to those who did not experience the first panic directly though are affected by it. To illustrate not only the trans-generational but also trans-national character of HIV/AIDS as traumatic affect, I will give examples from international contexts while keeping my focus on Turkey by using the artworks in Positive Space produced by artists from Turkey. I will also give auto-ethnographic details as someone who was born in the 1990s into a world where AIDS trauma was already constructed and its affect was already being disseminated. I do accept the relevance and urgency of the topic in Turkey (also, and maybe even more in Eastern Europe, in the MENASA region, or South America due to higher prevalence); however, I do not think HIV/AIDS is traumatic only where it has been a hush-hush subject and not in places where the dissemination of medical knowledge, support, and care have been standardized, where HIV is normalized under state control and the trauma surrounding it potentially seems like an irrelevant and anachronistic topic. A white European might not be expected to lose her job because of her seropositive status today, but she can continue self-stigmatizing and face various exclusions regardless of national anti-discrimination policies. Similarly, HIV can still have immense destructive effects to the extent that it can be seen as the cause of a massacre; for example, some allegations called the Orlando massacre an act of revenge against the shooter's HIV-positive partner.[1]

I am defining the traumatic resonance of HIV/AIDS as affect, which is both generated within individuals and is the fruit of experience and history; therefore, I am implying that affect is transmissible and social. Teresa Brennan details the ways in which affect might move around by drawing from a social constructivist view of subjectivity and outlines the transmission of affect as "a process that is social in origin but biological and physical in effect" and also states that "(t)he origin of transmitted affects is social in that these affects do not only arise within a particular person but also come from without" (Brennan 2004, 3). In the same vein, but from the perspective of trauma, (Caruth 1995, 11) asserts, by emphasizing the collective circulation of trauma, that one's own trauma is always tied up with the trauma of others. Within this collectivity, HIV/AIDS as traumatic affect with its social and cultural luggage precedes encounters with the virus and/or disease. This premature

[1] "Omar Mateen's 'gay lover' claims Orlando shooting was revenge against HIV-positive partner" in The Telegraph, 22 June 2016 (accessed on 22 January 2019): https://www.telegraph.co.uk/news/2016/06/22/omar-mateens-gay-lover-claims-orlando-shooting-was-revenge-again/

knowledge of HIV/AIDS constructs it already and necessarily as a trauma long before an individual's subjective experience. Someone who belongs to the generations following the 1980s is born into HIV/AIDS discourses which shape one's experience of it. HIV/AIDS as a traumatic affect is collectively produced and reproduced as the derivative of historical discourses of the '80s in Turkey, which reverberate in contemporary time and space through word of mouth, new media scandals, misconceptions, lack of representation and testimony, and discrimination. The script, to use Atkinson (2017)'s term, proposes to understand affect as bound to trauma (pp. 14); and the script of HIV/AIDS traumatic affect includes myths of virus, disease, contagion, death, disfiguration, social threat, sex, safety, protection, stigma, discrimination, disclosure, denial, vulnerability, guilt, shame, victimization, perpetration, dependence on care (by medical authorities, medicine, insurance, money, state), and more, which produce more signs to be turned into new signifiers, as in Barthes conceptualization of myth which is a second-order signification.

Organizing an exhibition on HIV/AIDS was galvanized by the idea of producing an alternative affective disposition of HIV/AIDS while laying bare its hegemonic negative character. When the exhibition was being imagined the only local artwork dealing with HIV I knew was Leyla Gediz's canvas work dated 2009. Despite the artist's prominence and popularity in the Turkish contemporary art scene, this work had never been exhibited in Turkey. I only knew of the work second-hand from fellow artists. This traditional oil-painting composition is a portrait of a male sitting with his forehead resting on his clasped hands; white fabric winds up his neck and flows over his head. According to one art critic, this is "a moment of silent desperation. The hunched figure's gloom seeps into the surrounding colors; globes with the staff of Aesculapius inside them float in the background" (Genç 2019).

Figure 3.1 Leyla Gediz, *Cocoon*, 2009, Courtesy of Leyla and Arif Suyabatmaz

Again, thanks to hearsay, I knew that this painting was a depiction of another contemporary artist who was not verbal about his serostatus and who was also initially one of the participant artists in Positive Space; he decided to withdraw from the show a couple of months before the opening due to personal and professional concerns. Nevertheless, he visited the exhibition, took a picture of himself in front of his own portrayal, again by covering his face with the help of a scarf. He posted this photo on his Instagram account only to delete it some weeks later; he had conflicting ideas about disclosing his serostatus by publicly identifying himself with the figure in the portrait.

In Gediz's explanation of the work during an exhibition tour led by participant artists, she narrated the night her friend disclosed his recently changed serostatus, at the end of which Gediz saw her friend sitting with hunched back in the corner

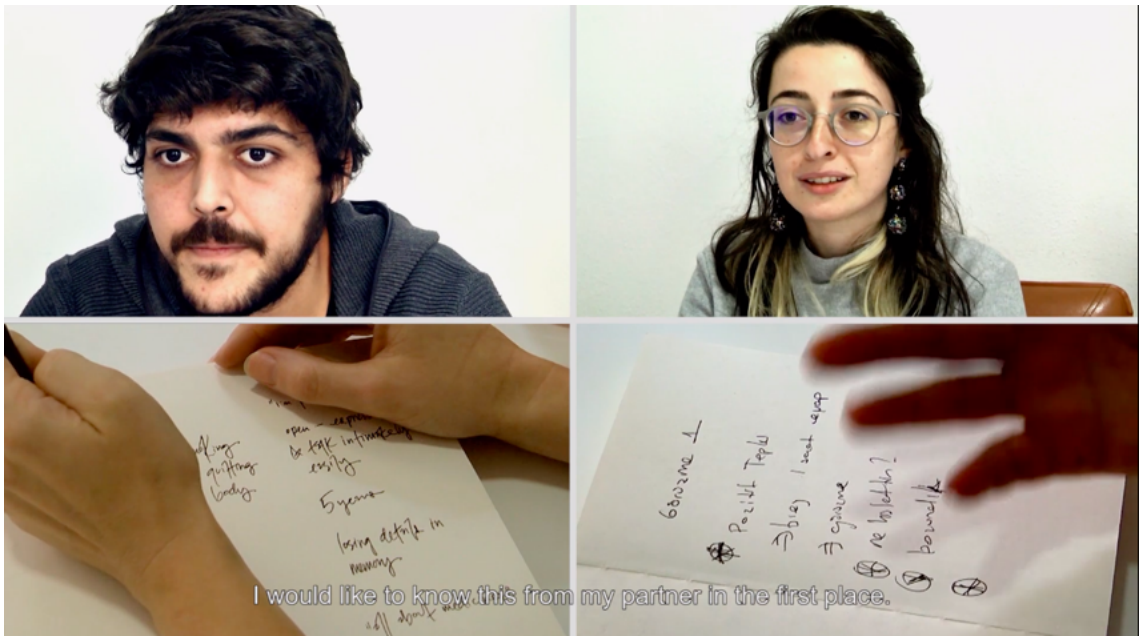
alone. She photographed the moment and transformed the picture into *Cocoon* with oil paint on canvas. As was the case in Genç's review, Gediz's portrait is commonly read as a moment of desperation, and this "depressed depiction" was criticized by a visitor who found the inclusion of this painting in the exhibition to be problematic because it shows and reproduces HIV positive people as helpless, desperate, and powerless. In advocating for making visible our vulnerabilities which potentially opens up spaces of resistance, I found it necessary to include this painting *regarding the pain* of others; more than its status as the first and only previously known HIV/AIDS artwork in Turkey, it has the capacity to interrogate how HIV was seen as devastating by Others and constructed as traumatic affect within shared assumptions. That is, with *Cocoon*, I ask if the posture of the figure or the choices of color make this portrayal depressing, or do we, the viewers, judge this painting with our pre-assumptions of HIV as devastating? Is *Cocoon* emitting HIV as a traumatic affect rather than, say, a moment of reflection or liberation, or might our assumptions keep attributing this negative affect already inscribed in us?

Another criticism of the exhibition came much earlier than its vernissage, from an art professional also living with HIV who disapproved of the symbolic entrapping of an exhibition on HIV/AIDS inside of a medical structure; he problematized realizing the exhibition under the roof of a hospital when AIDS was more of a social than a medical disease. He also added that an exhibition like this should be pedagogical and give reliable information on HIV today. This was a valuable and intelligible critique; however, my aim was not to deny the medical aspect of HIV/AIDS but to challenge the inescapable, all-inclusive authority of biopower by operating inside of it as a virus-spy.

One of the founding frames of the exhibition was a consensus among participants that any of the individual artworks wouldn't give information about the medical progress made since 1980, how HIV had become a chronic syndrome and repressible virus, and how AIDS ceased to be necessarily fatal.

In brief, we defined our primary audience as HIV positive people, and in this positive space, we abstained from offering security to seronegative others by sanitizing HIV/AIDS, since what we were not interested in was articulating that "We are not dangerous anymore."

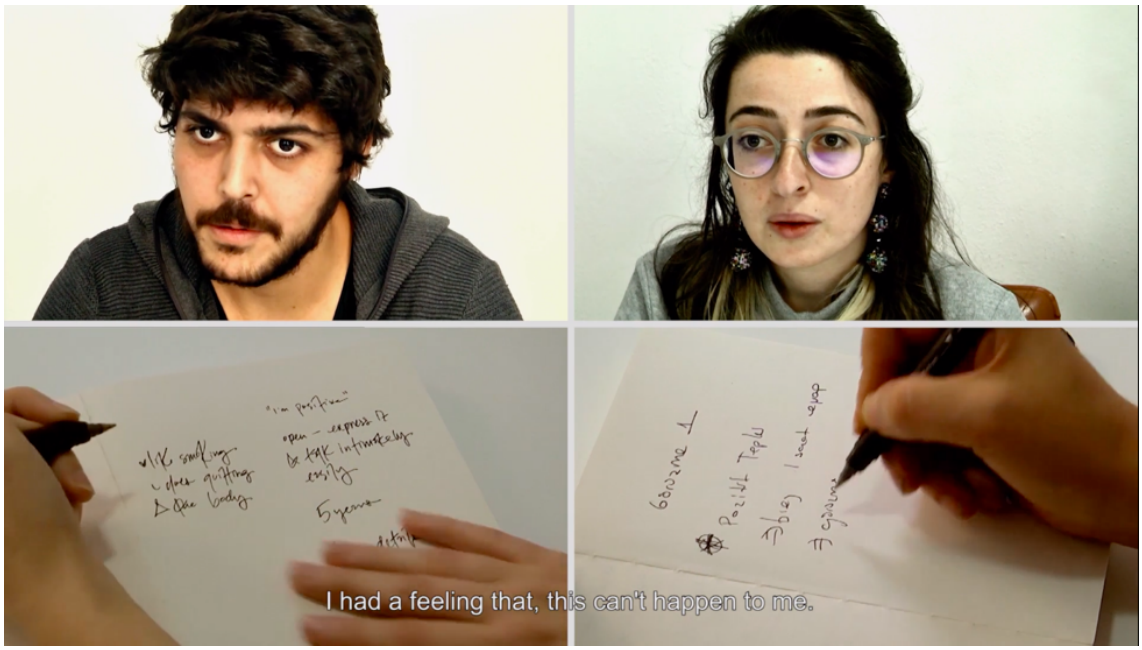
Figure 3.2 Artık İşler Collective, *Don't Get Me Wrong But May I Ask You Something?* (screenshot), 2018, Courtesy of the artist



What we aimed to problematize was not only medical knowledge but also ethnographic knowledge. The video work by Artık İşler, a video collective, shows four "interrogation" sessions cut and edited together and dividing the screen into four frames. In the video, we hear the questions asked to an HIV positive person by two artists who have been using interviews as a methodology in their art and two activists who have worked on various "othered" subjects. As a twist of the ethnographic subject, we do not hear the answers or remarks of this person living with HIV – we never even see her face. The ethnographic gaze is reversed, so we look at the faces of those asking the questions and making their notes. We watch an experiment on asking questions, engaging in dialogue, interviewing a stranger, and being politically correct. This work conforms with the exhibition's non-pedagogical general statement on not giving information. Many exhibition visitors expressed their frustration at not being able to hear the answers, but revealing the answers was precisely what the video tried to avoid. The motivation of the video was not to reduce HIV to an individual experience which would ultimately lead to specific generalization if there were also the answers of interviewee, as if her personal experiences were the only *real* of the HIV. Instead, the work was to focus on the perception of HIV, and to trigger an "emphatic response" from the viewer that ideally leads to critical inquiry which transcends the limits of any given answer (Bennett 2005). The questions mostly reflected and reproduced the general assumptions of seronegative others, which fall short of engagement; the interview set-up was another handicap preventing the possibility of seeing an HIV positive interviewee as someone beyond a

”case”. The questions, the tones of which vary from politically correct cautiousness to judgmental, include the following: ”Let’s say your partner is positive, and you learn this while you are having sex. What would you do?”; ”I know a lot of Turkish people who want to leave Istanbul; is your status a reason for you to leave Turkey?”; “How did you perceive the illness before you got it?”; “What was your perception of sexuality before becoming HIV positive, and has this perception changed?”; ”What is the one question you hate people asking? What is the one question you wish people were asking? Are there many people asking you questions?”; ”When do you prefer sharing this information (serostatus), or in which conditions would you share this?”; ”I would like to know from my partner first thing”; ”I have the feeling that it (HIV/AIDS) can’t happen to me.”

Figure 3.3 Artık İşler Collective, *Don’t Get Me Wrong But May I Ask You Something?* (screenshot), 2018, Courtesy of the artist



On numerous occasions, whenever I bring up the subject of HIV/AIDS in a conversation with a stranger while talking about what I am *working on*, I realize that many have a memory of HIV/AIDS. Either they have gone through the traumatic experience of antibody testing, or they have an*anonymous* friend who has HIV, or they suspect the death of someone was AIDS-related. If not a memory, they have an opinion or a feeling about it: ”I think there is a cure for AIDS, but pharmacology companies do not want to share it,” is one very common opinion. ”Agh. Even hearing its name makes me shiver,” is another common reaction. As a person who has lived with HIV/AIDS for six years, each time I disclose my status to a stranger or a group of strangers, in intimate conversations or in classroom environments, I feel like people look at me expecting to see me tear up. Under that expectation, my

voice is forced to falter, and I feel the pressure of assumption and the projection of the negative affect in my body. I am questioning if the trauma is an inherent part of HIV or if it is the result of constructed affect.

3.2 Ignorance=Fear? The Problem with Medical Knowledge

Since the iconic conscious-raising poster project of "Silence=Death" in 1987 of ACT-UP, the AIDS Coalition To Unleash Power, AIDS activism in the west has always had a strong emphasis on breaking the silence by way of collectively speaking out about AIDS. The strategy to be vocal about AIDS was initially channeled toward capturing the attention of political and medical authorities as well as society at large who were failing to adequately respond to the epidemic. The goal was to increase awareness of the fact that AIDS was happening and that affected communities were being ignored. Two years after this poster, an alternative emerged by the hands of pop artist and activist Keith Haring, who produced another iconic poster: "Ignorance=Fear". This new emphasis on knowledge referred certainly to medical authorities in the position of informing society about the limits of the virus and the potentials of the disease. Now that science had determined the transmission routes of HIV, there were certain behaviors considered risky, such as unprotected sex or needle sharing, and other behaviors considered safe, including kissing, coughing, hand-shaking, and safe-sex. Haring's call to know the virus and to be persuaded by what medicine had observed, to acquire knowledge about what was safe and what was not, was a call to end the stigmatization thought to be the direct product of ignorance now equated with fear.

The power of positive knowledge was most accentuated during the panic of AIDS while it was still considered untamable and irresistibly fatal. By 1996 when HIV finally managed to become repressible if not eliminated, the knowledge the public had to grasp shifted to the progress made in the pharmacological industry, the success of the life-saving Antiretroviral Therapy (ART), a combination of different drugs used for the ongoing treatment of people living with HIV. From then on, contracting HIV did not equal a death sentence, and instead HIV became a chronic syndrome if kept repressed daily with the help of medicines that could possibly make the virus's viral load undetectable. By the 2010s, medical authorities had officially acknowledged that having an undetectable viral load meant there was no risk of transmitting the virus. Knowledge was still essential, though, since one had to make sure to take medicine regularly, which was the only way of staying non-

contagious. Again in the 2010s, the approval of pre-exposure prophylaxis (PrEP) was another revolution; it enables one to prevent contracting HIV in the first place, which, along with the formula U=U (Undetectable=Untransmissable), puts an end to the more than 30-years-long prescription of safe sex, which dictated that being safe meant treating everyone as if they were HIV positive. Now one must know who is on PrEP or who has an undetectable viral load (who is safe) and who is not on PrEP or whose viral load is detectable (who is still risky).

Knowledge of HIV/AIDS has been ever-expanding with the discovery of new medicines, but the power of knowledge and of medicine remains intact. Medicine and knowledge, however, have not been homogeneously and equally distributed. While U=U was already acknowledged years ago in the west, where HIV positive people with undetectable viral loads have been allowed to enjoy unprotected sex, medical doctors in Turkey are still either unaware of the formula or skeptical of its hundred-percent efficacy; thus, safe sex is still thought to be vital to preventing transmission. Organizations working in the field of HIV/AIDS in Turkey only recently translated this U=U formula and announced it to their counselees. In terms of prevention technologies in Turkey, unlike many western countries, PrEP is not easily accessible to the public. While with general health insurance HIV positives can get their ART free of charge, an HIV negative individual at risk of contracting HIV cannot have Pre-exposure prophylaxis without paying for it. This policy is understandable if one thinks that ART is meant to repress the virus in one body who is already infected to protect the rest of the population by making the virus untransmissible; PrEP, although it is also an effective way to prevent transmission, it is not to protect the populations but only an individual (a sexual, apparently non-monogomous, probably queer) who in under the risk of infection. That is to say, biopolitics in Turkey takes care of you if you are a risk to society, but it does not take care of you if you are at risk.

Medical knowledge has also been internationally redefining and updating what AIDS is: authorities call the disease the "4H-disease", in reference to heroin users, homosexuals, hemophiliacs, and Haitians, "GRID", which stands for gay-related immune deficiency, "HIV disease", or "acquired immune deficiency syndrome". In addition, medical authorities have various ways to describe *risk* ("AIDS risk", "risk factors", "risk behavior", and "populations at risk") or what is available to prevent and/or treat AIDS (NNRTI, HAART, ART, PrEP, PEP). Again, it is medical knowledge that constructs and underlines the dichotomies of pure/impure, safe/unsafe, seropositive/seronegative, and undetectable/detectable.

It is indisputable how medical knowledge has been a loyal accomplice of political

and cultural sovereigns who use and abuse this knowledge to transmit her own moral ideals (i.e, for Ronald Reagan, when it comes to preventing AIDS, medicine and morality teach the same lessons). This echoes many more similar sentiments internationally and, as illustrated in the previous chapter, in the Turkish context. From matters of life and death all the way down to areas of intimacy and sexuality, medicine has been the only reliable and determinant epistemology since the AIDS outbreak. However, it is crucial to see how this knowledge is shaped by cultural codings, received through various filters from religion to habits, distributed always through certain rhetoric, and how it remains the single point of reference, a divine power of know-how, the only locus standi forming who we are, how we communicate, and how we live.

In the contemporary era, Turkish AIDS activists translated the Keith Haring's iconic slogan into "HIV öldürmez, önyargılar öldürür" (HIV does not kill, but prejudices will) or "HIV öldürmez, bilmemek öldürür" (HIV does not kill, not knowing will). Indeed, opposite prejudice or ignorance, what these slogans refer to is the new *real* of the virus/disease, the tangible, provable, and scientific knowledge of it. More specifically, what these slogans imply is that new knowledge is meant to erase, overcome, and falsify the knowledge constructed during the 1980s, which was distorted by the popular media and used as a political weapon. The standard policy of the HIV/AIDS organizations is ostensibly to de-traumatize HIV/AIDS in the collective (un)consciousness of society. Nevertheless, I keep asking, is knowledge enough to make one feel *safe*? Can knowledge tear down the traumatic affect, or can it make trauma less traumatic?

Greco (2019), in her keynote presentation at the EUROPACH project's closing conference titled "Living Politics: Remembering HIV/AIDS Activism Tomorrow", gives two examples of resisting the power of medical knowledge. The first drawing from Mark Satta and Lacey Davidson's longitudinal study of over 4000 HIV-negative men who have sex with men (MSM) conducted in US cities, which found that over one-fifth of the seroconversions that occurred were "accounted for by unprotected receptive anal intercourse with partners believed to be HIV negative" (Davidson and Satta N.d.). Greco, with this example, questions our reliance on information on the positive or negative results of antibody testing, which often fails to capture the existence of a window period between contraction of the virus and the ability of the test to provide a reliable result. As our ultimate point of reference, the epitome of the medical knowledge-provider, these antibody tests construct not the dichotomy of HIV positive and HIV negative but that of those who believe they are positive and those who believe they are negative. The second example Greco provides is the case of AIDS denialism in South Africa, a counter-epistemic community of "AIDS

dissidents," led by then President of South Africa Thabo Mbeki, who "denies that HIV causes AIDS, or that AIDS even exists" (Youde 2005, 425). Mbeki claimed that AIDS was but "a convenient label for a host of problems that have plagued the continent of Africa for years," from poverty to malnutrition to poor sanitation (ibid). This counter-epidemic, for anthropologist Fassin (2008), is an extreme case of a phenomenon observed in other parts of the world previously subject to colonization and directly affected by the radical doubt of public health interventions, which were embroiled in implementing and justifying colonialism. Fassin proposes the notion of "embodied past," which is the "psychic past trace left by memory in terms of the interpretation of the social world and its course, in terms of individual and collective narratives reconstituting local truths" (Ibid, 317). In the case of South African denialism, this counter-epistemic phenomenon is a coping mechanism for not only the colonial past and neocolonial present but also for AIDS itself.

3.3 *"As if it happened. . . "*: AIDS and Willful Ignorance

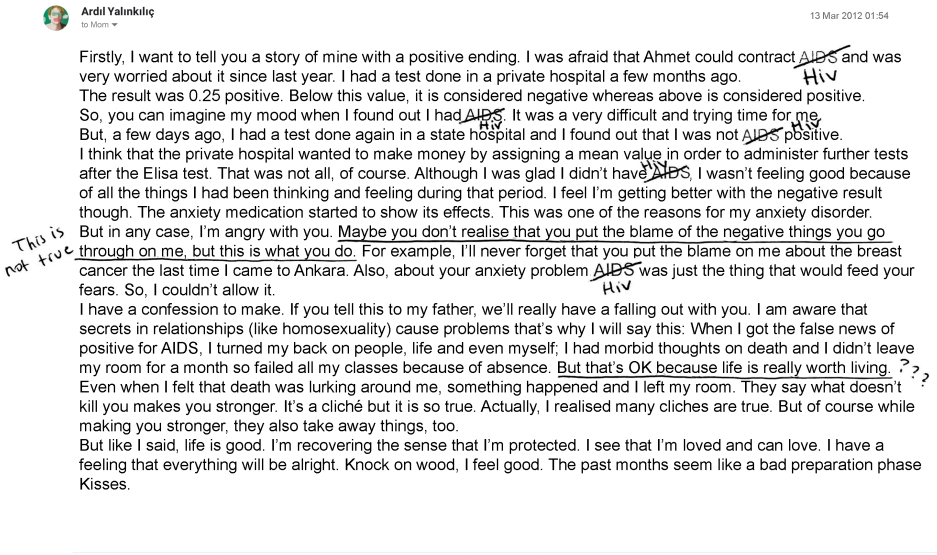
Ardıl Yalınkılıç's text-based artwork in the exhibition illustrates another kind of counter-knowledge which is rooted in the constructed trauma of AIDS. Ardıl, in his confessional art piece titled *Dear Mum,* probes his personal history through displaying email correspondence with his mother in 2012, which he merely prints out, edits, and annotates. As his piece is personal archival, confessional, and textual work, I will treat it as a text full of direct insights on the traumatic disposition of AIDS.

Upon learning his serostatus at the age of twenty, Ardıl isolated himself for months and slipped into a long depression, believing that there was no treatment for AIDS and that he would die soon. After months of self-segregation, he found out that he was, in fact, HIV negative. Despite the fact that this was a "false alarm", the experience was no less alarming since HIV is a common traumatic combination of three initials. The emails between Ardıl and his mother began when he found out his actual serostatus; his "relief" allowed him to rebuild a conversation with his mother, who had been ceaselessly trying to reach him.

Ardıl and I were quite skeptical about putting this correspondence on display since it might have offended some HIV+ individuals; the emails are highly dramatized, politically incorrect, and even HIV-phobic, containing statements full of *disinfor-*

mation and obvious exaggeration.. When the bitter reality epitomized in these conversations was taken into consideration, however, we realized it was necessary to exhibit these reactionary testimonials crossing two generations. The artist offers evidence of what it can mean to have an easily repressible but perceived to be fatal virus in our contemporary era, when it is easy to take action, find help, and get up-to-date information on AIDS, especially over the internet or through active HIV organizations. In reality, however, a millennial effectively shuts down his information-gathering capacity.

Figure 3.4 Ardıl Yalınkılıç, *Dear Mum*, (detail), 2018, Courtesy of the artist. The original language of the correspondence is Turkish, and the artwork was displayed in the Positive Space exhibition in its original language.



Ardıl Yalınkılıç
to Mom

13 Mar 2012 01:54

Firstly, I want to tell you a story of mine with a positive ending. I was afraid that Ahmet could contract ~~AIDS~~ Hiv and was very worried about it since last year. I had a test done in a private hospital a few months ago.
The result was 0.25 positive. Below this value, it is considered negative whereas above is considered positive.
So, you can imagine my mood when I found out I had ~~AIDS~~ Hiv. It was a very difficult and trying time for me.
But, a few days ago, I had a test done again in a state hospital and I found out that I was not ~~AIDS~~ Hiv positive.
I think that the private hospital wanted to make money by assigning a mean value in order to administer further tests after the Elisa test. That was not all, of course. Although I was glad I didn't have HIV ~~AIDS~~, I wasn't feeling good because of all the things I had been thinking and feeling during that period. I feel I'm getting better with the negative result though. The anxiety medication started to show its effects. This was one of the reasons for my anxiety disorder.
This is not true But in any case, I'm angry with you. Maybe you don't realise that you put the blame of the negative things you go through on me, but this is what you do. For example, I'll never forget that you put the blame on me about the breast cancer the last time I came to Ankara. Also, about your anxiety problem ~~AIDS~~ Hiv was just the thing that would feed your fears. So, I couldn't allow it.
I have a confession to make. If you tell this to my father, we'll really have a falling out with you. I am aware that secrets in relationships (like homosexuality) cause problems that's why I will say this: When I got the false news of positive for AIDS, I turned my back on people, life and even myself; I had morbid thoughts on death and I didn't leave my room for a month so failed all my classes because of absence. But that's OK because life is really worth living. ??? Even when I felt that death was lurking around me, something happened and I left my room. They say what doesn't kill you makes you stronger. It's a cliché but it is so true. Actually, I realised many cliches are true. But of course while making you stronger, they also take away things, too.
But like I said, life is good. I'm recovering the sense that I'm protected. I see that I'm loved and can love. I have a feeling that everything will be alright. Knock on wood, I feel good. The past months seem like a bad preparation phase
Kisses.

Mom
to me
13 Mar 2012 16:32

Ardıl, if there is a God or a supreme power, may He not make me suffer your loss and give you what's left of my life. How did you carry such a heavy burden, son? I beg you not to hide anything from me. We'll do whatever we can. I cannot get rid of the pain even though the result is good. I experienced it as if it happened. These were just the things that worried me. Please go to a university hospital again, son. Oh, Ardıl! I am so sorry for everything you hid from me, for all the risks you've taken, for the possibility that it can happen. Of course I won't tell anyone. School is not important. You can complete your courses later. Don't you tell anyone either, everyone will turn away from you. Son, all these things will come to pass. Just make sure to survive. Write to me the results so that I can ask other doctors. Son, although I make mistakes, I can do anything for you. Don't you forget that.

I apologise for the breast issue. We'll talk about the reasons later. Maybe I did it so that you felt more responsible towards me. Of course you're not responsible. Nothing even may happen after all. I'll go in for a follow up in June. Even very young people get it. It is very common nowadays. But especially after what you've written, I really don't care. Everything will be alright. We just need a little bit of time. I'm trying very hard. You try hard, too, son. Don't give up. I want to visit you. When can I? Could you let me know the time? You must choose the time. Could you send an email to Aysel and Gökçe? They will write back to you. I embrace you. Please make an effort to be well.

Mom

Reply Forward

Ardıl Yalınkılıç
to Mom
13 Mar 2012 16:39

Mom, they ran all kinds of tests at the hospital. Besides Elisa, some combo tests and some blood tests, all came out negative! So, don't worry. I didn't want you to worry and that's why I wasn't going to tell you but I did, so that you could understand. Only a few friends knew and were very supportive. We're having a ball right now! They were the ones celebrating
Also, my worry was based on possibilities. Based on the possibility that Ahmet contracted ~~AIDS~~ HIV, even though we used protection, I imagined ridiculous scenarios. It's all because of my worrisome nature, of course. When I get a little better, you can come visit me in Izmir. What I didn't want you to tell Dad was that I flunked. You talk a lot with Dad and I don't want that he knows.

Ardil

Mom
to me
14 Mar 2012 18:59

Ardıl, you know what I've been thinking since I found out is that what if it was real. This makes everything pale in comparison. I don't know whether life is still trying to teach us a lesson even though I feel that I have already had plenty of lessons. Can you take me through the process? What did you do about school? But your health is what matters son, everything else can be taken care of later.

Reply Forward

Ardıl Yalınkılıç
to Mom
14 Mar 2012 22:00

Because to me HIV meant death and I was facing death for the first time

I also think so. Ezgi came and talked about her problems the other day. They felt so unimportant. Everything has become trivial in perspective. So, actually this experience has been very useful for me. I got a new set of priorities. I still take classes but sometimes I get these mood swings and cannot do anything. I am afraid that I may be becoming manic depressive. School doesn't make me happy this term. I won't do things that make me unhappy until my health gets better. Maybe I can go to Urla when it gets warmer. I feel that I have to do things that would make me happy and make some changes. I did not

seems like I was afraid of everything

Mom
to me
14 Mar 2012 22:57

Ardıl
Why were you suspicious of Ahmet? Why did it take you so long to get tested again? I don't understand it, Ardıl. How could you take it all, son, when even the possibility of a bad result affected me so much? How did the last year pass? Give me details. You're so reserved, son. Of course something like this upsets your equilibrium, I can understand that.

Reply Forward

This text-based artwork meets personal archive consists of six sheets of printed email correspondence pinned to the wall, starting with an email from the artist's mother, who has been tirelessly trying to reach her son over months. She asks, "What is going on? ... What is confusing you?" Ardıl responds by narrating his story of getting a positive result from the first antibody test he underwent after a year-long

suspicion. He felt that his ex-partner "could [have] contract[ed] AIDS" even though they used to have protected sex, and he "imagined ridiculous scenarios" because his ex "frequented some shady, squalid places in Istanbul." Yalınkılıç's result was "0.25 positive", which meant for him that he "had AIDS," and in effect of this trauma, he turned his back on people and life itself. He "had morbid thought[s] [about] death. [He] did not leave his room for a month, failed all his classes." This news, he writes, makes him stronger but "takes away things, too." It takes longer than a month to get the second test confirming that he was negative because "even while going for the first test, [he] wanted to get [out of] the taxi, but [his friend] Ezgi would not let him. So he could not bring himself to take the second test easily because he guesse[d] he want[ed] to crash the modicum of hope left in him." His mother asks "how did you carry such a heavy burden, son?"; she says that she "experienced it as if it happened," as if the result was "AIDS positive", using Ardıl's terms. She echoes much of what Ardıl relates feeling; he had also been living with AIDS's morbid reality until and *even after* it was falsified. His mother adds to this by reproducing the hypothetical reaction of society which necessarily stigmatizes those with AIDS: "Of course I will not tell anyone... Don't you tell anyone, either. Everyone will turn away from you." In a later mail, she writes in exaggeration: "You know what I have thought since I found out [...] what if it was real. This makes everything pale in comparison. I do not know whether life is still trying to teach us a lesson." Overwhelmed by paranoid questions, Ardıl wants to bring closure: "Don't bring this up again until I am over this trauma."

Critic Kaya Genç (2019) wrote of the work: "With its specificity of time and tone, the email thread appeared eternally unalterable, but Yalınkılıç countered this sense of immutability by, as it were, hacking into his textual past with his handwritten commentary". Ardıl, by annotating and editing in 2018 the original e-mails, corrects the *disinformation* of the past in accordance with scientific fact and political correctness: he crosses out "AIDS" and replaces it with "HIV", and he adds personal reflections from his more recent perspective in response to his 20-year-old self. For example, he writes, "Because to me HIV meant death. Moreover, I was facing death for the first time." In the last email he sent to his mother, he used the word "healing" next to his discovery of the negative test result, and he attempts to clarify what he meant by the word or what could have been the real healing in his new commentary: "*Healing* means restoring something to its previous state whereas [I] could not be someone who has not gotten the positive or the negative result." Thus, he expresses that it is not possible to go back to his previous self, who has not gone through this HIV or "AIDS" trauma.

As *Dear Mum* was the only textual and testimonial piece of a personal experience

with HIV in the exhibition, it consequently drew much interest and was very well-received. This can be seen as problematic given that the artist is not in fact living with HIV yet can still narrate its trauma; however, Ardıl's later annotations left his actual serostatus ambiguous in correcting "as if it were real" with "could be/have been real." Regardless of his serostatus, what is essential for me within this artwork is to see and illustrate how HIV as a traumatic phenomenon affects not only the seropositive but also the groups historically defined as most affected, especially homosexuals. It is interesting to see how Ardıl had "safe" sex while being so ignorant about HIV; namely, he was executing the practice which was historically taught to gay men during the first AIDS crisis in 1980, without actually knowing what he was endeavoring to be safe from. Sex for him (as it was for me) was already risky, dangerous, and dirty so that we did not question why we had to use condoms. AIDS was unconsciously already there, and we felt bad when we had unprotected sex but were not really aware of it. His work is important in that it reveals something about how sexualities of the generations after the 1980s have been shaped by HIV/AIDS. As mentioned earlier, while seroconversion constitutes only one part of this trauma, HIV anxiety and HIV phobia are also inherently related to the negative affect of HIV/AIDS which circulates and resonates globally regardless of upgrades in medicine.

One could argue that Ardıl and his mother have been traumatized by HIV due in large part to their ignorance regarding medical progress. Both Ardil and his mother's knowledge of AIDS was outdated, and their reactions were akin to those of society during the 1980s panic, which was apparently due to a lack of state-level consciousness-raising campaigns and sex and STI education as well as inadequate if not misrepresented and scandalous media coverage of HIV/AIDS. However, what is also going beyond general assumptions about the efficiency or adequacy of knowledge is Ardıl's resistance to know more about the virus in the first place. In the face of the traumatic discovery of a positive test result, his locking himself in his room and into morbid thoughts on death can be seen as what Satta and Davidson describe as an unwillingness to acknowledge or to educate oneself on current research on HIV transmission risk as a form of "willful hermeneutical ignorance", behind which reasons may vary, but connect one way or another to trauma (Davidson and Satta N.d.).

I argue, in the contemporary era, what is transgressing the power of knowledge and what leads one to take refuge in willful hermeneutical ignorance is the historically constructed traumatic resonance of HIV – both upon facing it through seroconversion and living under its threat as an embodied idea of being its target as a part of "risk group"— which is still not perceived as any other chronic syndrome, which is

still "encumbered by the trappings of metaphor" (Sontag 1989) as a sophisticated form of a contagious and a contingent affect necessarily read as something to avoid.

3.4 Not a *Temporary Tattoo*: HIV/AIDS as Stigma

This traumatic resonance of HIV, which operates hand in hand with stigmatization processes, can be so piercing, even in the US where HIV is not as much a taboo-topic as it is in Turkey or where medical information is more widely disseminated to society at large, that HIV positive men "sense fear among HIV negative men regarding HIV/AIDS and that many men avoid the topic of HIV and will avoid sex partners if the topic does arise" (Courtenay-Quirk et al. 2006). Stigmatization of HIV is still so high globally that men having sex with men (MSM) may not even be willing to discuss HIV prevention for fear that others will think they have HIV (Ramallo et al. 2015).

A recent intimate experience of mine made me rethink my personal history with HIV and the embodied fear from stigmatization. Last summer in a cruising club in Berlin, I met a German guy my age, and we had sex. Necessarily, as a preliminary talk, we exchanged our current serostatus, and luckily, there was no problem. After sex, we talked more about ourselves and I found that he was a PhD candidate in anthropology working on gay male intimacy in the time of PrEP. Surprised that we had so much in common, we exchanged numbers and a couple days later he sent me a text: "I wrote something about you." Of course I didn't assume he had written a poem for me, but I was not expecting to find a very surprising detail in his field notes in which I was a subject. Only when I read his notes, I realized or remembered that I had actually lied about my serostatus. I had said to him, "I am on PrEP," instead of "I am Undetectable." Since being undetectable already meant being as safe as while on PrEP, apparently I found it legitimate to tell this white lie even though there was no need for it. On a symbolic level, I got rid of HIV and showed myself *clean*.

As a queer person living with HIV for seven years now, both in Turkey and elsewhere, I have experienced many manifestations of rejection in sexual encounters that can be attributed to serosorting by HIV-negative individuals as a form of HIV stigma related to HIV trauma, which is, I believe, an international phenomenon regardless of HIV/AIDS policies. In many cases, even having an undetectable viral

load does not prevent these rejections due to what Satta and Davidson describe as "willful hermeneutical ignorance" (Davidson and Satta N.d.) or because medical knowledge itself is not enough for my partners to feel secure. "I do not doubt that you are undetectable and taking your meds ... but I have had dental work and am feeling quite neurotic." These were the words of a casual partner from South Africa who could not help but feel anxious despite knowing scientifically that "there is no concern." These anxious reactions to HIV often come with specific groundless fears or information: "I have read on the internet there is still risk even when you are undetectable!" one said, and another, a medical student, told me, "I know that in some countries you cannot work as a doctor if you are HIV positive, so it is risky for me." Rejection does not always take place in sexual encounters, and scandalous discriminatory attitudes toward HIV-positive people in Turkey are not new nor surprising. Recently, an orthopedist whom I consulted to have surgery to remove tibia implants, upon learning my status, said, "Oh, you are HIV positive! Do you really want to remove those screws? It is risky for me!" Enraged, I decided at first not to go through with the operation in which the surgeon would shy away from touching me. Some hours later, however, I decided to push him to do it with the sole motivation of scaring him further with my open bloody leg which he found dangerous. Both as a significant indicator and a byproduct of HIV trauma, HIV stigma illustrates how HIV is a traumatic entity for HIV negatives whose negative perception of and reaction to HIV contribute to the vicious circle of trauma.

Since an individual living with HIV in a contemporary era of post-life-saving medicine does not have any physical symptoms for the naked eye to detect, HIV is invisible in public, and its "visibility" depends on "disclosure" which is thought to necessarily come with stigma in Turkey. According to the results of the "Analysis of HIV/AIDS-Related Stigma and Discrimination in Turkey: Results of the People Living With HIV Stigma Index":

> "the rates of HIV-related stigma/discrimination and violation of human rights were 23.1% and 30% respectively. Being gossiped about (69%), being subject to verbal abuse, threats, and injury (46%) were the most common forms of stigma. Thirty percent of the participants lost their jobs due to HIV-related stigma, and 20% were denied health care services because of HIV positivity. Disclosure of HIV status to third parties by healthcare professionals without the consent of the patients appeared as another significant problem. [...] The survey also revealed high levels of internalized stigma among the participants." (Gokengin, Calik, and Oktem 2017)

Being open about one's seropositivity is very rare, almost non-existent in Turkey, which is a direct result of fear from stigmatization, or, more precisely, the established idea that stigmatization will always be the case if there is a disclosure, which can be translated as self-stigmatization. Three major problems indicated in the HIV Stigma Index in Turkey are vital to understanding more fully the mixed dynamics in HIV/AIDS and its dilemma: stigma, invisibility, and disclosure.

- The fear of serostatus disclosure
- The fear of contagion due to a lack of knowledge on the transmission routes of HIV
- High levels of internalized stigma among people living with HIV

I guess that these three major problems are interconnected in a complex way. The fear of disclosure, which means abstaining from disclosure, accentuates internal stigma, and the lack of disclosure equals a lack of testimony, which leads to further mystification and othering of the virus, resulting in a lack of knowledge to produce more stigma. Both the official and popular idea in Turkey is that HIV is always a stigmatizing virus which multiplies internal stigma, standing in the way of HIV-disclosure and proliferating distrust of the fact that verbalizing one's seropositivity might help uninformed others learn the medical reality of the virus. These factors are constitutive of HIV/AIDS as trauma which resists the de-metaphoric conceptualization of the virus in Turkish society.

In his seminal work on stigma, Goffman defines it as "an attribute that is deeply discrediting within a particular social interaction" (Goffman 2009, 12). Historically, stigma has been marked on the bodies of slaves and criminals to indicate that the bearer is somehow inferior, polluted, or corrupt. A participant of the exhibition, Can Küçük, by taking stigma's historical connotation and its physicality as subject matter, makes HIV stigma visible in his work titled "Temporary Tattoo."

Figure 3.5 Can Küçük, *Temporary Tattoo*, 2018, Courtesy of the artist

Upon entering the exhibition space, positioned on the shelf next to the exhibition texts and maps, are materials to be taken out of the white cube. Küçük's heap of temporary tattoos were modest gifts for visitors. Can takes the biohazard sign, used by some HIV positive people to announce their status by tattooing the symbol on their bodies, and turns it into a temporary tattoo, inviting everyone who entered this space to mark themselves ephemerally. Since the dawn of AIDS in the west, activists have chosen to don AIDS tattoos to remind others of their everyday existence in society. By self-stigmatizing they textualize their bodies' surfaces on which various productions take place, including the refusal to "internalize the shame of HIV infection, and intervention against the functioning of normative expectations about the appearance of health" and an invitation of "surveillance by institutions and people" (Brouwer 1998, 115). This process of transferring the already embodied presence of the virus into embodied and readable information suggests also lightening the burden of disclosure. Language, the conventional tool of disclosure, fades from the scene so that the body itself speaks and lays bare what it has in it.

Temporary Tattoo is reminiscent of Felix Gonzales-Torres' mass-produced conceptual and minimalist works centered mainly on HIV/AIDS that employ a viral strategy of contaminating spectators metaphorically by creating distributable pieces. One of the most famous pieces of his oeuvre, "Untitled (Portrait of Ross in L.A)" consists of a spill of colorful candies that the artist identified as symbolizing his lover Ross

Laycock who battled with AIDS. The spill began with an ideal weight of 175 pounds (Laycock's ideal body weight) and decreased as visitors ate the candies; by embodying AIDS itself, the spectators contribute to Ross' slow diminishment. As Ross's body is figuratively represented within each candy, spectators are also challenged to swallow "a piece of his body with AIDS" (Chambers-Letson 2009). Visitors also became active participants and metaphorically AIDS itself.

Can transforms AIDS tattoos, originally made as a permanent indication of the body with AIDS who announces the invisible even when the wearer remains vocally silent, into temporary markings in bitter irony. From the '80s to today, AIDS has not lost its permanency, whereas its rate of fatality has changed drastically. Both with the removable and disposable material itself and the title of work, *Temporary* implies the opposite of what it is: the ignorable ever-presentness of HIV/AIDS since the 1980s around the globe and its fixedness on the artist's own body. Situated at the entrance of the exhibition space, which is a *positive space*, with this sardonic call to empathy, Can's temporary work distributes the stigma, which suggests its disappearance when shared abundantly. The exhibition itself, with the participation of fifteen individual artists and two collectives, was a collective distribution of the stigma. At the same time, no participant was forced to share their status; by accepting to become a participant, however, artists also accepted an affiliation with HIV/AIDS, which might result in stigmatization.

This participatory aspect of tattoo work requires visitors' physical engagement to make the work function in full capacity. As in Gonzales Torres's works, the piece is intended to reach out of the white cube and to meet society at large beyond the walls of the exhibition. However, this distribution of stigma is filtered through a practice of aestheticization, which can be read rightfully as intended or unintended censorship or self-censorship. Thinking back to the traditional AIDS tattoos of the original wearers, which also included more text-based and straight-forward tattoos like "HIV +" or "Silence=Fear," Can preferred to use a more symbolic form over writing "AIDS'li" (have AIDS) in Turkish or "HIV+". Meditating on AIDS tattoos as technologies that make the body speak without the intervention of language, together with the symbolization of HIV with the biohazard sign, Can's work as semi- or censored disclosure opens up further discussion around HIV as an unspeakable subject.

Figure 3.6 Can Küçük, *Temporary Tattoo*, 2018, (The photo shows the artist who applied his tattoo work on his neck), Courtesy of the artist

3.5 Not AIDS, but HIV+, or Let's Not Talk About It

The Denver Principles were created and declared at the Fifth Annual Gay and Lesbian Health Conference in 1983, only a couple weeks after HIV was identified as the cause of AIDS. The statement made by the Advisory Committee of People with AIDS would lead to change in the global lexicon representing HIV/AIDS:

"We condemn attempts to label us as "victims," a term which implies

> defeat, and we are only occasionally "patients," a term which implies passivity, helplessness, and dependence upon the care of others. We are "People With AIDS." (Strub 2011)

This linguistic intervention to change the paradigm of victimhood, patient-hood, and stigmatizing name-tagging, acknowledges the Butlerian sovereignty and responsibility of language, which forms its speakers as much as is formed by language itself. The de-metaphorization of AIDS with the launch of the new term "People with AIDS" still constitute an essential place in activism's engagement with language, which is seen as an apparatus of interpellation. As Butler quotes in *Excitable Speech*, Nietzsche's statement "there is no 'being' behind doing, acting, becoming" expresses how one comes into being through the symbolic realm. This accepted gravity of language follows its arbitration through the divisions of right (acceptable, correct, politically correct) and wrong terms (derogatory, stigmatizing, otherizing). UNESCO in its guidelines on Language and Content in HIV- and AIDS-Related Materials (2006) made distinctions between problematic terms such as "vulnerable groups", "high-risk groups", and "AIDS plague", and to and preferred wording including "key populations vulnerable to HIV", "high-risk behavior", "AIDS epidemic", and "to become infected with HIV". In the extreme, "to fight against HIV/AIDS" is considered problematic because it may lead to the thinking that people living with HIV have to themselves be "fought" (UNESCO 2006).

UNESCO calls for the usage of "People living with HIV" to "encourage the best mental health possible for PLHIV" (UNESCO 2006).This new terminology has been adapted by Turkish organizations with its Turkish translation "HIV'le yaşayan(lar)" and favored due to its emphasis on life instead of death. In the video work of Artık İşler as previously discussed, an interviewer talks about her first encounter with this term, and questions its efficiency by asking the interviewee: "Do you use 'people living with HIV' or do you think this term is too naïve and too alienated from the subject itself?" Eschewing discussing its efficiency, I argue, all these reconceptualizations of terms associated with HIV/AIDS are the products of coping mechanisms for the traumatic resonance of AIDS. Local activist groups also advocate fervently against the interchangeable usage of HIV and AIDS, which by no means reproduces misconceptions. However, in the collective endeavor to erase the equation of HIV and AIDS, by establishing medical knowledge which says HIV is the virus which leads to AIDS if it is repressed by way of medicine and that AIDS is a *fatal* syndrome due to the inefficiency of the treatment, I find an underlying venture of de-traumatizing HIV while putting the negative pressure on AIDS. From another perspective, this understanding takes AIDS as legitimately traumatic because it is

deadly whereas HIV can be an everyday companion, which is to hide HIV's destructive potential. This distinction may also stem from the fact that AIDS is a stage where the body's viral load is at its peak, or where the body is in its most infectious phase, while HIV silently refers to the repressed and tamed form of the virus, which is actually the undetectable, namely, untransmissible, socially controlled version.

Despite the endeavor to distinguish between HIV and AIDS, both are fixed as traumatic in society at large, whether the terms are used interchangeably or as two different categories, through which trauma resists its representation. Years ago, a couple of weeks after my first antibody test (in Turkey's state hospitals, ELIZA test results used to take weeks, while in private hospitals they were ready in an hour), as I waited impatiently , I received a call from the clinic and a wobbly voice told me that I should go to give another sample. When I asked the reason, the only explanation I received was that they wanted to make another test. Panicked and restless, I went to another hospital, this time a private one. I gave my blood and started to wait, an hour passed, and the result did not show up. Eventually, the laboratory staff told me that it would come later. I would eventually learn that this is standard procedure in Turkey when the result is positive; they keep you waiting until your appointment with an infectious disease physician is scheduled in order to take caution about giving this traumatic news. In other words, one only learns one's status with an absence of information – these assumed traumatic three letters do not come into being as their representation is hindered. As someone who had had an ELIZA test before, which gave a negative result, I had to come to terms with my seroconversion when there was no test result.

In everyday conversation as well, HIV/AIDS is also not easily utterable. I remember how my father had a hard time *talking about* it when he was informed about my new serostatus by my mother. He struggled to open up about the subject for a while until he found the right word in this crisis of knowledge and representation: Sen şey mi oldun?" (While the proper translation might be "So you have this *thing* now?", in the Turkish language, we often use the verb "to become" when talking about "having a disease", which to say when one has influenza, one *becomes* influenza. Thus, when one has AIDS, one becomes, embodies, and identifies with AIDS.) This small moment of the unnamable thing was both a way of denying its reality by hindering its discursivity and the result of its trauma, which resists language and its representative tools. HIV/AIDS as stigmatized and taboo necessitating complete denial and circumlocution is an axiom in Turkish reality, and many times my mother came down on me when I verbalized my serostatus. She echoed Ardıl's mother's motivations, who had said, "Do not tell anyone, they will turn their backs." My mother did not accept that Positive Space was an activist project around the disclo-

sure of HIV/AIDS; for her, it was a social responsibility project for others but not me. Only a couple days ago, while I was working on this thesis, she silently flipped over all the books on my desk showing HIV and AIDS in their titles.

The recent publication (LGBTI 2018), "HIV Stories from Turkey," compiled by Kurdish LGBTI organization Hevi LGBT includes seven contemporary life-stories of seropositive people told first-hand. Thankfully, all the participants were inclined to embrace their status instead of cursing it, being ashamed of it, or feeling guilty or sorry for it. All the same, it was interesting to see how HIV is mostly perceived as a "life-transforming" experience just like surviving a serious accident. The very first subjective encounter with HIV, receiving a positive result from the antibody test, is always narrated as a traumatic event; only one participant announces that there was not much change after he learned that he was HIV-positive (215). Nevertheless, this participant curiously states later on in the text that "when a person has the virus in her body, when she becomes the subject of the virus, then she can easily accept things as they were," (216) which sounds very much like a substantial transformation. The same participant also talks about the difficulties she has been going through while opening up as an individual living with HIV: "Although you feel a great physical and mental affinity towards a person, you prefer not to share it. You become afraid to share. So, that closeness never occurs" (219). As I discussed in the previous section, disclosing HIV positive is persistently tricky.

I know from my experience that even HIV activists are reserved about their serostatus; being visible as HIV+ or encouraging visibility is not a part of their policy. A Facebook group initiated by an HIV organization, for example, only accepts users with anonymous profiles without personal pictures or information in order to create a safer anonymous platform for those who want to feel secure without the necessity of disclosing their identities. Likewise, at the end of a group meeting of another organization, the founder announced their politics of invisibility and warned the participants by saying, "If you bump into each other on the street, do not say hi to each other without being sure that he/she wants to talk to you in public." I was puzzled when I tried to imagine the possible cryptic winks gestures these PLWHA can use to be recognized or interpellated by each other. They were visible in the meetings, but thought to be invisible by default in public.

What is invisible is not only seropositivity but also the repressed, secretive homosexuality which accentuates the taboo nature of HIV. According to the statistics of Turkey's Ministry of Health, by the end of 2016, the rate of transmission by heterosexual sexual relations was 35.9%, and the rate of transmission among males having sex with males was 13.4%. In 47.7% of the cases, it is reported that the transmis-

sion path is not known. The statistics were calculated by the results of a simple questionnaire made by medical doctors at the first medical examination sessions of recently seroconverted individuals. It is unlikely that this questionnaire represents the reality given the high rate of "unknown" transmissions.

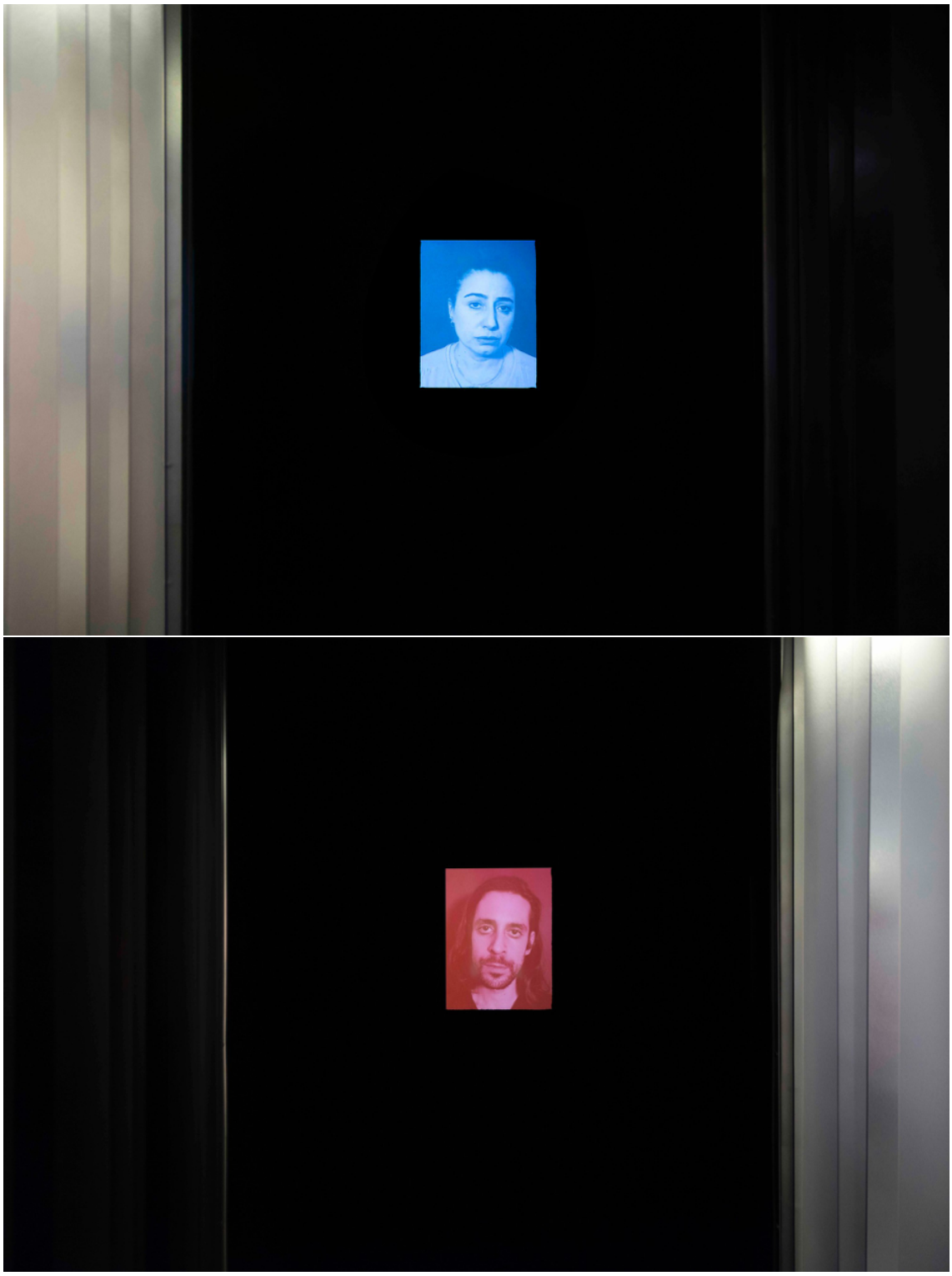
Based on initial research and the meetings I had with HIV and LGBTI organizations during the preparation phase of the Positive Space project, what I found quite problematic was the LGBTI politics of HIV organizations in Turkey and the impenetrable gap between these two activist circles. The three active non-governmental HIV organizations specifically define themselves as "non-lgbti organizations." Understandably, their ambition is not to reduce HIV to a condition concerning only homosexuals and to remove the "gay disease" label from HIV/AIDS in order to fight effectively against "prejudices." As I discussed in the first chapter, the exclusion of homosexuality from AIDS discourse after 1987 is still being used by these organizations strategically. Nonetheless, between the lines of this "non-lgbti" definition, there also lies the concern of reaching the general public who might feel uncomfortable being affiliated with LGBTI associations. Moreover, another reason for reproducing an underlying compulsory heterosexuality must be related to governmental and material concerns, because it is beyond question that government resources would not go to support any LGBTI-related activity. As evidence of this, one of the organizations in one of our private meetings admitted that although most of its counselees are homosexual males making this known would create slippery ground.

This accepted impossibility of disclosure, the tension surrounding the unspeakability of HIV/AIDS in Turkey, was cleverly manifested in Onur Karaoğlu's video installation titled *The Last Satellite To Fall To Earth*. Located in a liminal area between white and black spaces of the exhibition and composed of two head-size screens facing each other, this video installation invited visitors to stand in the middle of continually changing dialogues between two young males and one younger and older woman. These speaking heads throw visitors into the middle of a series of confrontations and conversations around an unspoken crisis. There is something going on, but the crisis never fully unfolds. Since we are in the context of an HIV exhibition, we are tempted to associate everything we hear with HIV, but we can never be entirely sure of the subject of any of the conversations. If we stay to listen long enough to these tension-filled conversations, we may only guess that one of the male characters recently got a positive test result and is confronting the other three but without mentioning this information. Besides that, anyone who listens to the dialogue for the average amount of time an exhibition visitor would spend watching a video becomes ultimately puzzled trying to guess who is who and the relationships

between characters since no one can be entirely sure if this failed disclosure of HIV takes place between a heterosexual or homosexual couple or between a mother and her son. The language used by these four characters switches from the dramatic to the melodramatic, disintegrates when faced with the unspoken, and metaphors get emptied. Again, a visitor who finds herself in the middle of a war between the spoken and unspoken is contextually called to imagine this staged performance as related to HIV and if the aim of the artist is to point out the overdramatized perception of the virus without uttering its name.

Without identifying who is telling what, and without presenting the dialogue chronologically, I want to exemplify some of the phrases which echoed throughout the exhibition space by way of these two screens: “Let’s not tell anybody anything. Let’s keep it between ourselves for now!”; “You want to punish me. You want to put the whole blame on me!”; “I don’t think I’ve done anything terrible. I’m just confronting the consequences of what happened to me. Maybe one day you’ll feel the same way”; “There is no going back now”; “It’s too late for everything”; “I don’t mean to harm anyone”; “Something happened...with someone... Now, I’m trying to figure out what to do”; “Right now, I cannot do anything or say anything or prove anything to anyone. I cannot do anything even for myself. How can I do it for others?”; “I feel so hard inside. Something terrible happened. Because you ignored someone’s life. You have to be a murderer to do that”; “...There is something in my mind that I cannot get rid of”; “Yes, I’m already ashamed!”; “Is it true, what I heard?”; “What you did cannot go unpunished”; “You won’t let me live?”; “We both have things to be ashamed of”; “Do you consider the consequences of your mistake?”; “You should decide whether to be innocent or a victim. You cannot play both roles!”; “Everybody gets what they deserve!”; ”Who are we gonna blame?”; “You live in a murder, and from a distance we look at you, thinking we need to dispense with you.”

Figure 3.7 Onur Karaoğlu, *The Last Satellite Falling On Earth*, 2018, video stills, Courtesy of the artist



3.6 *Otozit-Parazit*: Trans-generational Memory and Embodied Past of HIV/AIDS

With the help of PrEP and the life-transforming formula of U=U, HIV is disarmed wherever the medicine is accessible; however, HIV's traumatic affect still stands. Only a couple of days ago, BBC shared the figures released by Public Health England, according to which HIV infections among gay and bi men fell by 71% in the UK, which has been attributed to a rise in the use of pre-exposure prophylaxis.[2] This rise in PrEP usage, thought to be similar around the western world, is both a victory in suppressing HIV itself but also the rigorous presence of HIV's trauma which resists suppression. The current pharmacological industry supplies two ways of dealing with HIV; one should either be HIV positive and on antiretroviral medicine to repress a daily already-present virus, or one should take PrEP, regularly if she has an active sexual life, to avoid infection. In both scenarios, individuals depend on a very similar drug load of almost the same ingredients with the same side effects. PrEP, however, as opposed to ART, which requires a life-long commitment, has different dosing routines and can be taken periodically until the possibility of a new risky behavior emerges; however, taking daily PrEP is recommended. Seeing that many seronegatives take medicine as regularly as seropositives, what makes PrEP so attractive is not this part-time dedication but its potential efficiency in keeping HIV - its trauma more than its materiality – at bay. A website that provides information on PrEP promotes it in the following way: "Be kind to yourself and try to remember to take your pill every day. Your peace of mind and release from the stress and anxiety that come with staying HIV negative are also hugely important. It is not just about sex; it's about your head and your heart too" (iwantprepnow.com, nd.). Recently, when an older friend shared with me that he recently started taking PrEP, I laughed at him presumptuously by saying, "If you are going to take the same medicine, why don't you wait until you contract HIV?" However, that logic was impossible for him; he was 47 and has seen how AIDS and sex, which should be safe in principle either with condom use or with PrEP, can be constructed as dangerous. The discovery and the proof of efficiency of both PrEP and U=U mark the time from the second half of the 2010s to today, and this should signal another phase of HIV/AIDS among gay men who now have official permission to have sex without a condom, a reminder of HIV-trauma. As Crimp (1988) writes in *Mourning and Militancy*, while AIDS trauma for gay men is acknowledged in the US public

[2] "HIV infections among gay and bi men fall by 71% in UK" BBC, 16 January 2020. https://www.bbc.com/news/health-51122979?fbclid=IwAR3x2XLI2gqLDF3l8KvQ4nC5rAGzdQtHi5cg5B75QqX–CRYdvHSr3pr8Hk Accessed on 19 January 2020.

sphere, unprotected sex as a collective loss is ignored.

This new revolution of unprotected sex will likely open up new discussions on intimacy, sex, and AIDS heritage soon, but it also has the potential to discard HIV/AIDS and the trauma surrounding it, which can create a third period of silence. PrEP and U=U came right after what Theodore Kerr (Kerr 2017)calls "the Second Silence" between 1996 to 2008 during which "the epidemic went from explicit due to the hard work of activists and people living with HIV to make it visible to implicit: from the public to private". Unlike the "first silence" which was characterized by the five-year-period between 1981 to 1986 during which the state did not recognize the gravity of AIDS, the second silence was marked both by the relief coming after the turning point of 1996 and the need to have a lacuna period after years of suffering and trauma in US; as Kerr adds, "within the Second Silence ... much happened that is difficult to render for public consumption and undertaking" (Ibid). Kerr suggests, after this second period of silence, a revisit to the AIDS crisis came, and this is "where we begin to see the creation and dissemination of art and culture about the early days of the crisis in the United States" (Ibid). However, this looking back has risky potentials of reducing the experiences of people living with HIV "by a focus on AIDS of the past. The stigma, health, and social realities that they experience were being ignored in lieu of a look back" (Kerr 2017).

Many queer studies published during or just before this "revisit" to AIDS propose practices of looking back to the first AIDS crisis. Castiglia and Reed (2012) comment on contemporary queer politics and culture which has been shaped by the AIDS epidemic but also by de-generational and traumatic un-remembering which includes the devaluation and forgetting of the ways of surviving and responding to AIDS as well as the sexual liberation project of Stonewall (pp. 40). However, the un-remembering of the traumatic losses and rising conservatism is "an incomplete eradication": "traumatic experience hovers, not forgotten but not remembered, on the edge of consciousness" (Castiglia and Reed 2012, 11).

Influenced by the AIDS crisis one way or another, if not worked directly on, many queer scholars, including Leo Bersani, Lee Edelman, and Jack Halberstam argue for a way of thinking in negative affects to contradict with toxic positivity, queer integration, and queer futurity. Likewise, Love (2009), in her book *Feeling Backward: Loss and the Politics of Queer History*, proposes embracing negative feelings as "a queer historical structure of feeling and as a model for queer historiography". In the time of queer assimilation and homonormativity where queers organized around pride and integration are compelled to focus on a brighter future without looking back, Love points out that "the central paradox of any transformative criticism [is

that] its dreams for the future are founded on a history of suffering, stigma, and violence" (Love 2009, 1). Although Love does not mention HIV/AIDS or trauma in her study, she focuses on the necessity to look back on old bad feelings such as despair, self-hatred, victimhood, failure, or shame, her theoretical frame leaves room for AIDS and its trauma. Ann Cvetkovich, on the other hand, takes trauma as her subject of inquiry and proposes it as an inherent part of everyday queer existence; without pathologizing but embracing and proposing creative responses to trauma, she proposes the body as an "archive of feelings" which is "both material and immaterial, at once incorporating objects that might not ordinarily be considered archival, and at the same time, resisting documentation because sex and feelings are too personal or ephemeral to leave records" (Cvetkovich 2003, 244). This corporeal queer archive quests for history as a psychic need and recalls the traumatic loss of memory that has accompanied sexual life and the formation of sexual publics. Thinking of the queer body as archive, which is marked by and formed from negative feelings inscribed in queer historiographies of memory, creates the potential to see trauma as an embodiment of collective history and its trans-subjective transmitted affects. This understanding of history calls for Fassin's notion of an embodied past.

If we go back to the South African example of AIDS denialism, this was in direct opposition to the notion of AIDS positives as "germ carriers ... human beings of a lower order ... natural-born promiscuous ... doomed to an inevitable mortality and devoted to the sin of lust" (Fassin 2008, 312). The South African leader's rejection of these metaphors which he imposed on the continent of Africa eventually led to the rejection of the existence of AIDS altogether. According to Fassin, this denial was rooted in the colonial past with its oppressive mechanisms, and it was a current manifestation of historical doubt toward western medicine through an embodied past. This "corporeal presence of memory" means "the way in which individual trajectories and collective histories are transcribed into individual and collective bodies, in terms of affects and emotions, disease and comfort, mourning and pleasure" (ibid). Fassin does not give many clues about the transmission of this memory, or if this transmission needs blood ties, physical participation or material presence within a community, or if this transference takes place across generations. However, the understanding of the body as an affective storage of contagious traumatic memory can be instrumental in thinking about HIV/AIDS's impact on generations.

Caruth calls trauma a "symptom of history", which is an inaccessible loop of the past resisting conventional historical narratives. I am more in favor of seeing HIV/AIDS as historical trauma, "a term that refers to events recognized as traumatic for a specific group of people. ... Any person or persons may identify with the victims of a historical trauma without experiencing anything directly traumatic themselves"

(Meek 2011, 32). This historical perspective of trauma also links to Caruth and Felman's theorization of traumatic memories as physical embodiments of the historical real. I should point out that my conceptualization of HIV/AIDS as a historical trauma might sound problematic, considering it is an ongoing crisis. Nevertheless, I want to stress that the contemporary (by which I mean the time after life-saving medicine discovery/development) phenomenon of HIV/AIDS as trauma is historically informed, since in this contemporary traumatic affect, there is a direct reflection of the time when HIV was seen as stigmatizing, defiguring, and fatal. The embodied past of HIV/AIDS can manifest in contemporary time twofold: first, the trans-national image of intense suffering and stigmatization until the discovery of the active formula to repress the virus was so influential that even the those who encountered HIV/AIDS after 1996 experienced it as agonizing and antisocial. Second, the official stigmatization of homosexuals until HIV/AIDS was publicly understood as a threat to society at large (but also after, more discreetly) was so powerful that homosexuals of the coming generations feel that HIV targets them specifically. A queer born during or after the first AIDS crisis, a member of one of the trans-globally defined *risk groups*, can quickly identify themselves with people living with AIDS. This crucial identification might be the underlying reason for what Castiglia and Reed criticize with their "traumatic unremembering" of the post-crisis generations.

Since Fassin does not explain how embodied trauma is transmitted, I think it makes sense to apply the concept of transgenerational trauma to think about the generational "contagiousness" of HIV/AIDS trauma. Used and theorized by Marianne Hirsh, postmemory mined the territory of intergenerationality. Similar to historical trauma, postmemory traces the relationship that the generation after "bears to the personal, collective, and cultural trauma of those who came before, to experiences they 'remember' only by means of the stories, images, and behaviors among which they grew up" (Hirsch 2019). However, what Hirsch adds to the conventional understanding of historical trauma is that postmemory is connected to the past through a mediation; thereby, memories are not remembered but imaginatively created, invested, and projected.

> "To grow up with overwhelming inherited memories, to be dominated by narratives that preceded one's birth or one's consciousness, is to risk having one's own life stories displaced, even evacuated, by our ancestors. It is to be shaped, however indirectly, by traumatic fragments of events that still defy narrative reconstruction and exceed comprehension. These events happened in the past, but their effects continue into the present." (ibid)

One significant problem hindering the application of Hirsch's conceptualization to HIV/AIDS trauma arises with her original stress upon familial interference. However, she gives evidence of affiliative transmission of memory via photographic images, mostly archival materials through which one can identify with the primary witness of the trauma. All the same, the very term "generation" connoting a patriarchal and heterosocial structure, as well as its implication on a linear understanding of time, might be thorny in describing queer transmission of memory. Nevertheless, just like Dion Kagan, I think of "generation" as a symbol through which we sense and envision our role in culture and society, and it is often inevitable that the ideology of generation is part of how we conceptualize life (Kagan 2018, 231). Within the same vein, bearing in mind the exclusivity of the prefix "inter-," I will be using "trans-generational trauma" to contemplate the transmission of HIV/AIDS trauma. In trans-familial transmission of trauma, according to Hirsch (2001), postmemory is a tool, in essence, to open the covered cracks, to penetrate very deep within the forgetting mechanisms, and to seek to see what is on the surface which both shows and forecloses (pp. 20).

However it has been characterized or interpreted mostly by the reparative potential of intersubjective space within which one radically remembers in structures of mediation and willfully identifies with the beholder of trauma to eventually sublimate the trauma, affiliative postmemory also has the theoretical capacity to make possible unfavorable identification with the victim, as it is in "embodied memory."

If we think about post-memory, which implies an imaginary witnessing as more of an intellectual activity, together with embodied memory, describing the corporal translation of historical or collective trauma into the present in excess of rationality, we can understand how HIV/AIDS affects a queer subject who comes into social and sexual being after the AIDS generation. Her radical remembrance of the collective trauma of the first AIDS crisis, her identification with the trans-nationally blamed and stigmatized community, her domination by trauma narratives, and her being haunted by images of dead, disfigured, and diseased bodies can all be crystallized in her body. This adopted traumatic legacy is, of course, solidified and multiplied by the reactions of current society, which also has similar kinds of transgenerational

remembering of AIDS which comes with traumatic affect. Through embodied and inherited postmemory, queer subjects of a new generation can easily resist the contemporary medical reality and experience the general society's irrational fear of HIV in her psyche and body. Thus the young queer subject can willfully ignore or doubt medical progress since the '80s, have severe HIV-phobia, HIV-anxiety, and denial until her traumatic bodily encounter with the virus itself, and if seroconverted, she might reject treatment and self-stigmatize herself.

For Caruth (2016) and many of the following trauma scholars, trauma is marked by its belatedness because the mind has no previous story through which to make sense of unprecedented horror, and the event is internalized as absence. But in the case of AIDS, the trauma is already constructed by an abundance of national and minor narratives. As Castiglia and Reed write:

> "With AIDS ... the trauma comes not from a lack of stories to convert loss into narrative (the long historical span of the epidemic ensures a horrifying number of such accounts) but from an abundance of memory confronting a technology of forgetting that forces unremembering upon those striving, in the face of many deaths, to retain a broader narrative of a continuity of cultural transmission." (Castiglia and Reed 2012, 149)

It is fair to say then that the queer in the west, filled with traumatic AIDS memories of the past decades, strives to unremember what it is traumatic to remember, while the queer body remains the embodied storage of the archive of what the mind tries to unremember. The traumatic memory of HIV/AIDS is transmitted to the generations coming after the crisis via postmemory and the embodied past and is shaped within an ongoing discourse of the nationally recognized trauma of HIV/AIDS. Queer embodiment in the *west* is absorbed by the abundance of minor and major narratives and cultural and artistic productions detailing and remembering the AIDS crisis. However, this understanding of transmission is not expected to be suitable for a country like Turkey where HIV/AIDS is a taboo subject, discourse of HIV/AIDS is secretive, public discussion is absent, disclosure of HIV/AIDS is very rare or even nonexistent, and narratives and knowledge of HIV/AIDS are transmitted never in public but only among friends and partners through whispers. As (Hirsch 2019, 22)Hirsch adds, drawing from media theorist Andrew Hoskins, memory in digital time is connective "through the flux of contacts between people and digital technologies and media". This connective transmission of international HIV/AIDS memory can reach queers in Turkey and contribute significantly to trau-

matic affect which is trans-national; however, I think that the secretive character of local HIV/AIDS discourse produces a different kind of traumatic memory which functions again secretively and calls for secretive transmission technologies.

When I was first diagnosed in 2013, I was desperately in need of attributing a "face" to the virus. My question was simple enough: "Who has HIV other than me now?" In my immediate circle, on the other hand, all that was known about the virus were just some rumors about some marginal wicked homosexuals who knew they had it and who were said to be having unsafe sex in order to spread the virus. The faces of these marginal homosexuals were blurred by this third-party information. Before my diagnosis, I knew that there was something called AIDS, but I did not know how and when knowledge about it had been transmitted to me. I was not willing to know more about it before I was tested positive; in complete denial, before knowing what it really was, I was soaked in its traumatic affect. I could easily comfort myself by imagining that there was no AIDS in Turkey since we did not see much of it, but I was already affected by it, even in its absence. The only people who got AIDS were international singers, artists, or philosophers from the past. HIV/AIDS narratives in Turkey are considered to be produced and transmitted outside of the family structure, although my oldest memory of AIDS was my mother's gossip about a friend of a relative who was really sick. No one could clearly articulate that person's disease, but my mother knew for sure that "he had AIDS."

Thinking back about the time before my diagnosis, I remember how my sexual coming-of-age was developed under the shadow of AIDS; No one talked about HIV/AIDS, but everyone knew that a condom was prerequisite; in case of unprotected sex, HIV anxiety haunted. When I got my positive result from the ELIZA test, I was lucky enough to have access to *reliable* sources where I could get information about the virus, but for quite some time, I was sure that this virus would still steal at least ten years of my life – I was not counting on what I was hearing or reading. Seeing the silenced, invisible, and taboo nature of AIDS in Turkey, fundamental knowledge about HIV/AIDS travels through rumors or theoretical assumptions. I remember being told the urban myth about the "contagious" needles left on seats in movie theaters by hateful, perverse, criminal, probably homosexual individuals in order to spread the virus. Even for us, who were born into a world where AIDS no longer had to be fatal, our world differed from reality. Thus, the traumatic resonance, independent of medical progress, remained with the infection. However, this lack of proper updated knowledge on HIV/AIDS nurtured the trauma. As I discussed earlier in this chapter, knowing the medical reality of HIV does not always come with the erasure of the traumatic affect. As Meere Atkinson and Michael Richardson describe, "even with little to no cognitive knowledge," without "specific

events or details" or "consciousness of traumatic legacy" trauma can be passed on (Atkinson 2017, 8-9). As Atkinson and Richardson propose in her poetics of transgenerational trauma, traumatic memory can be secretive; it does not always operate after an encounter with an image, exposure to repeated narratives of trauma, obvious stories, or easily decodable behaviors. By commenting on Abraham and Torok's work on phantom and secret, she asserts that secret is inherent in transgenerational trauma. She says, "For Abraham and Toroc, the secret is an entombed traumatic event or experience bound to an internal silence," and the phantom is "the manner in which the secrets of a previous generation embed in and haunt subsequent generations, with or without their awareness of traumatic events" (Atkinson 2017, 93).

As in the case of HIV/AIDS trauma in Turkey, traumatic memories of the '80s can be considered as embedded in the collective phantom, especially in a more secretive way considering the taboo nature of the subject in society. This traumatic memory was created in 1980 and embedded in phantom as a consequence of media coverage saturated with discriminatory, stigmatizing, and scandalous language and with a lack of proper medical expertise. The phantom of HIV/AIDS which resists medical knowledge keeps haunting generations with the affective negative disposition constructed and disseminated collectively. All this time, the secretively transmitted trauma of HIV/AIDS has been embodied in the next generations of queer subjects in Turkey, while queers have lived under its threat without knowing what it really is; society remembers HIV/AIDS from the '80s only through its traumatic affect.

Özgür Erdok Moroder's installation work *Otozit-Parazit* epitomizes all of the raised arguments in this section. This work was a large, acervate, and amorphous body, a parasitic twin made up of videotapes. Özgür, a visual artist and performer, created this costume in 2010 to be worn by him in many musical stage performances. Moreover, we put this costume on a queer mannequin, which has the upper body of a woman and lower part of a man's body without a penis; however, the mannequin was invisible to visitors since it was covered by meters-long VHS tape ribbon. Not initially intended to relate to HIV/AIDS, without reducing itself to words, Özgür's piece was an open work open to multiple readings, and in Positive Space, the artist permitted me to interpret his work as a body with a memory. This amorphous body was seen as a monster by many visitors; a friend commented on the work by saying, "What's that? A Halloween costume?" This interpretation was also favorable, in that an exhibition detailing HIV/AIDS needs a monster. However, for my point, it was queer statue of the embodied archive: an archive of collective, historical, individualized affects, traumas, and memories. The very material of videotape ribbon connects us to past times, particularly the 1970s and 80s, where VHS was a popular

storage device. The body made up of videotape transmitted the memory of those times. Elizabeth Freeman, in her "erotohistoriography" indexes how queer relations ultimately exceed the present; she looks not only at the forms in which queers remain removed from memory but also at the aspects through which they have penetrated society and recreated not only the present but also the past and the potential future. Özgür's work reminds us that the queer body *knows* the body in erotohistoriograpical un-time, remembering trans-nationally and trans-generationally, transmitting not only heydays of resistance and technologies of survival but also the trauma of loss, shame, and blame. The title *Otozit-Parazit* (translated as "Autosite-Parasite") refers to a parasitic twin that occurs when a twin embryo begins developing in utero but the pair does not entirely separate. One embryo maintains dominant development at the expense of its twin. While a twin that is incompletely formed and dependent on the body functions of the other is named the parasite, the independent other is called the autosite. I am not interested in what is parasitic (today or past or shame or pride), and what is auto-sitic (future or past or trauma or its opposite) in this interpretation of the work. In this dualistic view, which exceeds the binaries and incorporates two entities feeding each other, I see this living body of the archive as both subjective and social, both here and now and in the past.

Figure 3.8 Özgür wears Otozit-Parazit in a performance at "Pilot" Kaserne, Basel, CH, 15 February 2010

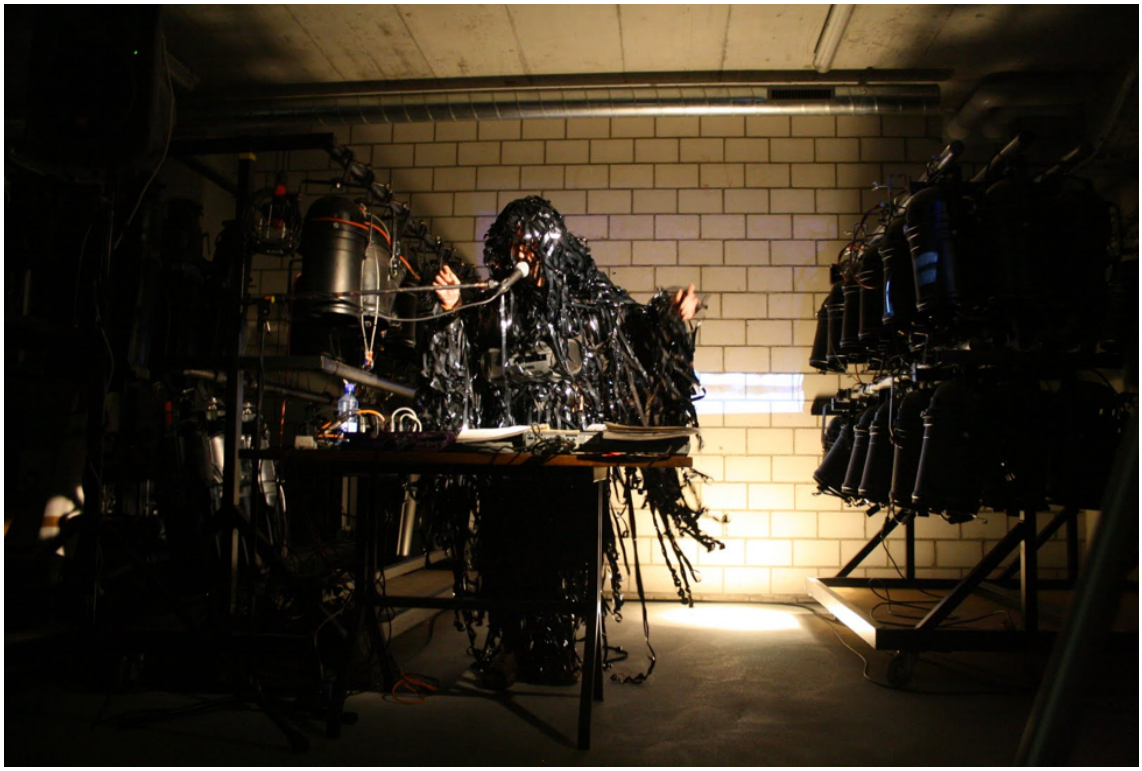


Figure 3.9 Özgür Erkök Moroder, *Otozit-Parazit*, 2010, Courtesy of the artist

3.7 The Body as Container, which is a Trash Can: Unconditional Hospitality

Besides the tattoo work, Can Küçük produced another work for the Positive Space exhibition, an installation titled *Container*, which proposes another image of a body. What we see is a stainless-steel trash can mounted horizontally on the white side of the middle wall of the exhibition space, which separates the white room from the black room. The hole, the receptive, penetrable open part of the can points toward visitors, and just like Temporary, it invites interaction with its open mouth, this time by penetration. Can, in his statement of work, defines the installation as his auto-portrait: this is a trash can called a container, and this body in the form of a container makes an ordinary trash bin into a recycling machine which accepts the trash that goes in it, circulates the trash and lets it sit, lets itself be transformed by the trash until it gets ejaculated. To better state it, the trash can is the artist's body, and Can mounts the bin on the wall at the height of his anus if the body was bending over. As one might see, the can in its horizontally positioning and with the hardness of the steel resembles a phallic object. Can corrects this interpretation and clearly defines the can as an erected rectum. Unlike traditional artworks, this one is not so fragile nor will it be damaged by penetration; thereby, the dominant rectum offers itself willingly to visitors with its ease of entrance.

The work in itself does not ignore the presence of danger in the desired case of physical contact, but instead highlights and embraces it in a call for shared hospitality. The visitor does not know if this container contains anything contagious inside. Likewise, the container body opens itself to all and does not question if the visitor herself is clean.

Figure 3.10 Can Küçük, *Container*, 2018, Courtesy of the artist

Figure 3.11 Can Küçük, *Container*, 2018, Courtesy of the artist

During three decades of internationally established, safe-sex education after the first AIDS crisis, sexual activities engaging purposeful HIV transmission were organized among men having sex with men. According to Tim Dean, who checks the impulse

behind this organized activity of infected semen sharing without pathologizing lexicon, either availability of antiretroviral medications or the popularity of illegal drugs is sufficient to account for barebacking (denoting having unprotected anal sexual intercourse, a term widely used by MSM). He sees in this Russian-roulette sex, which is either motivated by the desire to acquire HIV or solely being indifferent to infection, an "ethical exemplarity" which "raise questions that complicate how we distinguish life-giving activities from those that engender death" Dean 2009, 176-6. This unlimited intimacy, which "appears to be the least explicable from a rational point of view," on the one hand implies a counter-reaction to the domestication of sexual life, LGBT assimilation, and institutionalized sexual *identity* in exchange of sexual freedom. As Dean offers, through promoting and desiring the virus, the HIV-positive body is what is cut loose from the sanitization of sexuality:

> "In accordance with the commercialization of gay pride, you can now proudly market your body as a biological weapon, embracing the fears that many HIV-negative people harbor about those who are HIV positive, while advertising your dangerous availability to fellow barebackers." (Dean 2009, 21)

On the other hand, the barebacking subculture, for Dean, exemplifies an ethical openness to alterity considering both its diversity (race, ethnicity, HIV-status, body shape, age, class status) and "through its acceptance of risk and its willingness to dispense with barriers" (Ibid 30). This openness, thinking alongside what *Container* formalizes with its unconditional hospitality, echoes Derrida's understanding of radical openness, which he discusses in his theory of autoimmunity. Introduced to deconstruct the ideology of nationalism, Derrida uses autoimmunity as a subversive strategy:

> "Autoimmunity is not an absolute ill or evil. It enables exposure to the other, to what and who comes — which means that it must remain incalculable. Without autoimmunity, with absolute immunity, nothing would ever happen or arrive; we would no longer wait, await, or expect, no longer expect another, or expect any event." (Derrida 2003, 152)

Derrida, who uses the metaphors of contamination and contact, deploys epidemiological and immunological tropes and "develops autoimmunity into a full political concept" (Mutsaers 2016, 95). In Derridean terms, during the work of autoimmunity, the protective system of the body destroys itself by means of destroying the

immune system, by "immunizing itself against its 'own' immunity" (Derrida 2003, 94). Autoimmunity, in Derrida's usage, is misappropriated from medical discourse which defines the process of autoimmunity as the body's failure to recognize the "self" and the destruction of its organs but not the immune system. Surprisingly, what Derrida refers to with autoimmunity seems more similar to the process of HIV, which causes the immune system to destroy itself. Derrida also comments on AIDS in *Rhetoric of Drugs* with a stress on it as the all-encompassing unlimited inter-subjective capacity from which "no human being is ever safe" (Derrida 1995, 252). However, he does not intend to use AIDS as a political metaphor which can induce "the worst political violence" (Ibid 252). Nevertheless, as Andre Timár shows, there are many parallels between the immune system infected by HIV and Derrida's logic of autoimmunity: both Derridean autoimmunity and immune cells infected by HIV "protect [...] [themselves] against [...] self-protection by destroying [the] immune system (Timár 2015, 12). Constant mutation of HIV in infected cells make the virus unforeseeable, unidentifiable, and an anonymous terror similar to how Derridean autoimmunity make a body exposed; HIV, as living and reproducing itself within the body's immune system, exceeds "the boundary between self and other, friend and foe," to which precisely Derrida's "third term" between friend and foe refers (Timár 2015, 12). The biological body, in the face of the HIV terrorist, attempts in vain to destroy the virus just like the political body which destroys itself by protecting itself; the monstrosity will never be overcome but only feed itself with every attempt to eliminate it (Timár 2015, 13).

Derrida implies that a protective system always comes with the potential risk of infection, since the system is always already autoimmune; again, this system is fertile ground for a perversion and contact with an "Other." This perversion, according to Timár, is very much like "having unprotected sex and then welcom[ing] its risks: its potentially deadly or potentially happy consequences" (Timár 2015, 13).

Timár's reading of Derridian autoimmunity can be thought together with Derrida's writings on hospitality which necessitates an unconditional openness even when "unconditionality is a frightening thing" (Derrida and Bennington 1997) since hospitality should be infinite, offered to absolute others, without knowing the guest nor that the invitation has been made. Only with autoimmunity and unconditional hospitality will something happen or arrive. Coupling Derrida's autoimmunity, which implies that the self always already can destroy itself and thereby should be open to risks, and unconditional hospitality, which proposes the extinction of the categories and hierarchies between Other-guest and Self-host by welcoming strangers unlimitedly, with Dean's theorization of bareback culture as ethical openness to alterity by not tolerating the risk but either willfully desiring it or being indifferent to it can be

a radical way of thinking about subverting the traumatic affect of HIV/AIDS into a transgressive tool on the grounds of political and ethical openness.

It might be easy to shatter HIV's negative affect by shifting the perspective with the transvaluation of the virus from a bad object to a good object (Dean 2009, 53), seeing that HIV no longer means certain death but managed life, although it should be reiterated that this managed life is only possible in geographies where antiretroviral medicine is fully available. All the same, antithetical to the general assumption of AIDS, globalization rhetoric assumes that these geographies only include the wealthy global north, which is empirically false given that Turkey as well as South Africa and many other underprivileged countries provide ART freely to people living with HIV. Many wealthy countries, on the other hand, such as the United Arab Emirates, do not give residency or work permits to HIV-positive immigrants; moreover, it is widely known that many western countries make it considerably harder for HIV-positive immigrants to acquire citizenship and residency given the cost of welcoming a citizen with a chronic illness who requires life-long, daily treatment. Regardless of these discriminatory migration policies, HIV is seen as inherently dangerous for the general population, so its repression by medicine is a must; thus, despite the high cost of an HIV-positive individual, she is placed under the control of national biomedical mechanisms. Hence, being HIV positive today is not only still seen as biologically dangerous for society but also indisputably exploitative of national wealth.

HIV is not only considered an economic burden on the state but also prompts military exclusion in Turkey. A couple of weeks after my diagnosis, someone to whom I disclosed my status told me cheerfully, "It is great that you got HIV when you are 20 – now you are freed of military service!" The lack of proper medical knowledge or the HIV-anxiety of the military results in the exclusion of HIV-positive people from duty, which makes HIV always and already militarism-resistant. As a direct influence of the Turkish state's definition of homosexuality as a disease, the military apparatus excludes homosexuals from the compulsory military service imposed on every Turkish male citizen. Until recently, a male homosexual was supposed to prove his disease by supplying video and/or photographs explicitly showing him engaged in sexual intercourse with a man. As an extension of the assumed equation between homosexuality and assuming the passive/receptive position during homosexual intercourse, discussed in the previous chapter, the Turkish military only recognized one's homosexuality if he was in the passive, feminine position, so to speak. So the videos one submitted to the military were expected to portray one being penetrated and performing femininity. It was also compulsory for a homosexual to act feminine by shaving his body hair or by putting makeup on prior to the interview

with officers. Now that this tradition of "military porn" has ended, one must take a written *psychological* test called the "Minnesota Test" consisting of more than 200 questions asking, for example, the following: "If you needed to choose one thing to take home after work, would it be flowers or bread?" Thus, the mechanism of recognizing homosexuality has not changed since the 1980s and remains dependent on one's identification with feminine things, such as loving flowers. In order to avoid military service, I had two alternatives: I could either prove my homosexuality or my serostatus. I decided to use my serostatus as a tool to transgress the coercive military obligation and nationalistic order. Being HIV positive in contemporary Turkey automatically defines an individual as a risk to the population, a germ eating up the national wealth, and a danger to the military apparatus. In brief, with all the transgressive capacity of the virus, HIV as a positive object is what makes the HIV-positive individual anti-establishment, the queerest of the queer, the disease of the diseased, and a biomedical weapon.

Acknowledging HIV not as negative but as a positive object in the managed life-ART era necessarily comes, however, with a dependence on pharmacies, which keeps HIV as one way or another still toxic. Being both infected and not-ill necessitates resistance to normalizing technologies of being healthy while also acceptance of these technologies to maintain health. Dean opposes the idea that the presence of greater danger equals a greater emphasis on health; conversely, he argues, the more emphasis is on health, the greater our risk and subjection to danger, for our "increased knowledge about ... disease and medicine has not produced a greater sense of security but, on the contrary, a heightened sense of risk" (Dean 2009, 62). Thus, being open to HIV entails taking a step aside from the risk society, speculations of risk and danger, as well as health imperatives of neoliberal biopolitics.

In the same vein with Maupassant who was finally relieved from the fear of syphilis only when he contracted it, Dean, commenting on the manifestos of barebackers, says: "It seems more unhealthy to live in a state of permanent terror than to live a life that treats HIV as a sort of occupational hazard: HIV comes with the territory of being gay and sexually alive" (Dean 2009, 55). This understanding of HIV, the reality of having it, or the openness to contracting it as a way to cope with its traumatic affect can be used as another strategy, another shift in perspective.

This year on December 1st, International AIDS Day, I happened to see that many people shared the slogan of The Stigma Project, whose mission is to lower the HIV infection rate and neutralize stigma through education via social media and advertising, according to its website. Their slogan states the following: "I am not dirty, helpless, being punished, a victim, sick, an addict, a whore, dying, a stereo-

type, guilty. I am HIV positive"[3] This project apparently aims at dissolving the established metaphors of HIV/AIDS, still alive since the 1980s, by actually reproducing, highlighting, and generalizing their assumptions. What strikes me most in this strategy, however, is that how through the motivation of de-metaphorizing HIV, the slogan actually devalues and re-stigmatizes by legitimizing the stigmatization of being dirty, punished, victimized, sick, addicted, guilty, dying, a whore, and a stereotype.

After Sontag (1989)'s project on illness and its metaphors, Paula A. Treichler, in her semantic analysis of AIDS in 1987, writes "no matter how much we may desire, with Susan Sontag, to resist treating illness as metaphor, illness is a metaphor" (Treichler 1999, 32). Moreover, if we are talking about being open to HIV unconditionally, we should also extend this openness to its metaphors, which contribute to the construction of HIV/AIDS negative affects. A better version of the slogan can be, I propose, the following: "I am dirty, punished, a victim, sick, addicted, a whore, dying, a stereotype, guilty, and I am HIV positive."

3.8 Positive Space: Queer, Dirty, Dangerous

To emphasize, and to embrace the contagiousness, riskiness, dangerousness, and biopolitical transgressive potential of the queer body with HIV, we wanted to create Positive Space as an unprotected and unsafe place even though it was located in the hygienic hospital environment and trapped inside the modernist white cube.

A strategy we employed while building up the exhibition was not to use any protection materials such as frames, glass, or pedestals for the sake of obliterating any design element to shield the art object from visitors' possible interactions. Taking every piece as a virally loaded, contagious, and risky object, we were predetermined to drop the guards and traditional preconditions of the exhibition format, supposed to conserve art pieces while ensuring visitors' safety. As the verb "to curate" comes from the Latin "cura" meaning "care," my carelessness implies a rejection of the curator's essential duty. Within the contextual order of the exhibition, this understanding is a way to see the art objects as bodies with HIV and play with fundamental medical knowledge, underhandedly proving that HIV does not live outside the body, in the air, or on the surface. Much as the refusal to safeguard is a sym-

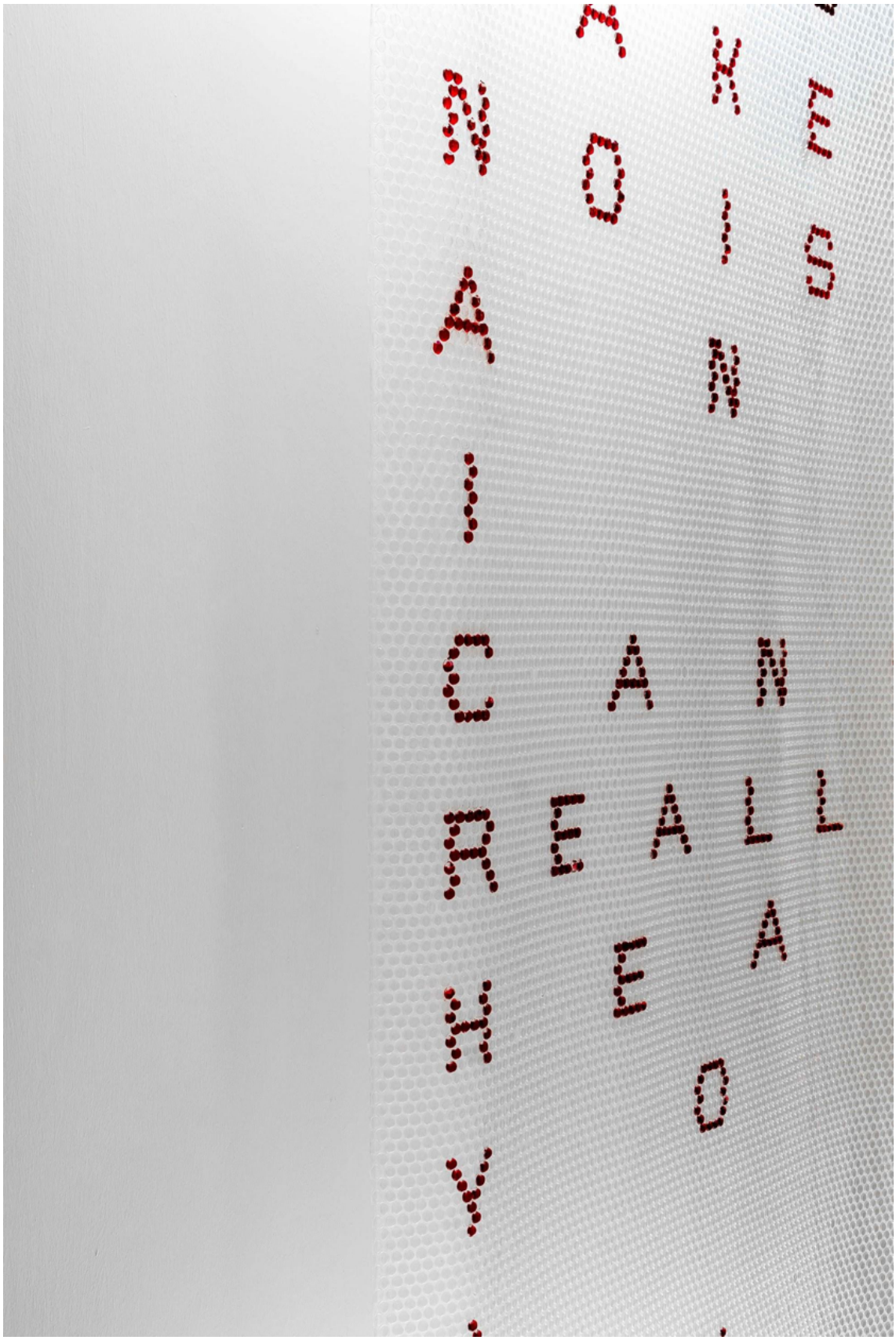
[3]The Stigma Project: https://blog.thestigmaproject.org/, (accessed on 20 February 2020)

bolic gesture made by many of the works in the exhibition, especially the videos and paintings which are conventionally perceived as not triggering sensory organs other than the eyes and ears, there were also pieces conceived to invite the visitor's physical interaction.

One of those art pieces was an installation by Ünal Bostancı, *Blood Makes Noise*. Hanging between the ceiling and the floor, this work is made out of a bubble wrap spelling out a text (*Blood makes noise, and I cannot hear you in the thickening of fear*, taken from the lyrics of a song by Susanne Vega). The text was written by filling bubbles with two different liquids: blood taken from an HIV-infected person with an undetectable viral load and synthetic blood used in theater plays or movies but also in ACT UP's legendary protests where protesters sprayed fake blood into the buildings of pharmacological companies or on the streets. The bubble wrap itself is chosen as a cheap alternative to store and carry medical samples in the third world and globally used to cover fragile objects as a protective shield. However, in this work its latter usage is discarded and even inverted: the bubble wrap containing real blood is likely to spread fear to those who think there is a risk of contamination.

Figure 3.12 Ünal Bostancı, *Blood Makes Noise*, 2018, Courtesy of the artist

Figure 3.13 Ünal Bostancı, *Blood Makes Noise*, 2018, Courtesy of the artist



The realization and showcasing of this work aroused many questions. Ünal's initial idea was to write the full sentence using human blood from four HIV-positive participants of the exhibition; these participants volunteered as a group to give their "dirty blood." However, over the course of two months, it was not possible to find a hospital or a laboratory which would accept taking our blood and giving it back to us. In the contemporary biomedical system, it was out of the question to be given back your blood sample. Blood can only be given to be tested and put in legal circulation inside of a medical structure, after which the liquid part of you ceases to be yours. When we finally found a private laboratory that agreed to realize the procedure, the amount they charged us for this *illegal* operation far surpassed our production budget for an individual project. In the end, Ünal found a smart way to realize his idea under the practical constraints: he wrote only the word "blood" with human blood taken from an HIV-infected participant of the exhibition and used synthetic blood for the rest of the sentence. This strategic move makes this work closer to early conceptual artworks made after the language-turn, which question artistic and linguistic representations and their relation with what they supposedly represent.

Another problem was the anxiety of the gallery director who was afraid in case of a probable *accident*, in which a visitor might puncture the bubble filled with HIV-infected blood and contract HIV. After I transferred the medical reality to her, she calmed down but was still anxious about what hospital authorities would think of the use of HIV-positive blood. That is why she insisted that the caption or printed exhibition texts did not indicate that the blood was "human blood taken from HIV positive person" as planned. Thus, the materials used in the work were listed simply as "human blood and bubble wrap."

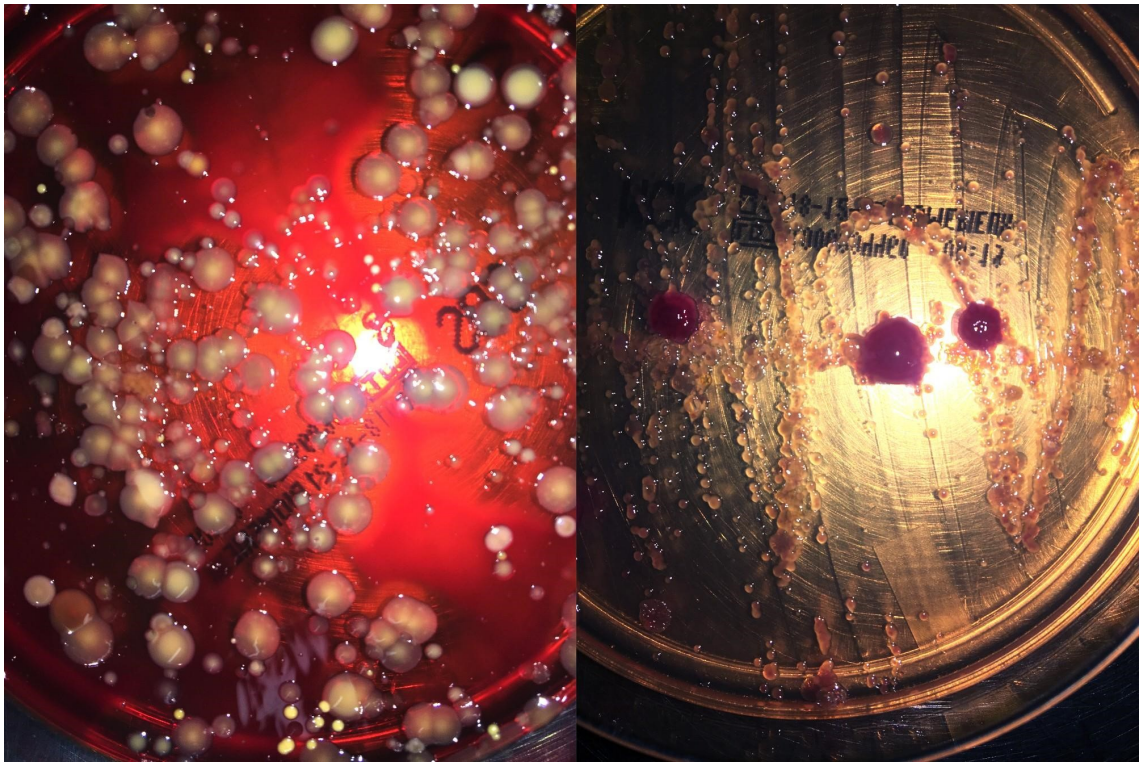
Nihat Karataşlı's work changed the focus from virus to bacteria. His multidisciplinary installation *A Microbiota of Desire (A bacterial map for Istanbul's hammams)* was an ambitious co-production of the artist, owners of Istanbul's underground gay hammams, and three microbiologists, Burak Aksu, Kübra Özgüler, and Melis Yavuzoğlu. Nihat, a queer artist working on queer virtual and physical spaces, made ethnographic visits to Istanbul's clandestine gay hammams. Traditionally gender-separated, Ottoman-Turkish hammams are already homosocial and homoerotic places, having been seen as public places appointed for homosexual interactions and intercourse since Ottoman rule. Hammams have "beardless young shampooers" (Delice et al. 2015, 115) known widely as "hamam oğlanı" (hammam boys) now, who used to work as prostitutes serving the needs of their male customers. It was even sometimes the case that hammam workers had a stamp on their calves indicating they were "catamite" to make it clear that they worked "in

the bath mostly as [...] sexually 'penetrated' sex workers" (Ibid, 129). Contemporary versions of the hammam tradition, with and without shampooers, can be found in hammams of many neighborhoods in central Istanbul; hammams continue to serve as unique sexual cruising areas for a wide range of males from different nationalities, ages, classes, and ethnicities. Alongside sex movie theatres, which are again exclusively populated by males and serving as public sex places, hammams have been raided by police and closed from time to time; however, these queer spaces have not been constantly under the radar of regulatory forces unlike their equivalents in western countries, especially in New York where once legal bathhouses and gay sex clubs were forcefully closed during first AIDS crisis and still cannot operate legally.

Nihat, during his first couple of visits to the Istanbul gay hammams, started collecting the used bath clothes; after a while, he bought fifty new pairs of bath clothes and exchanged the new ones with used ones in the hammams with the hammam owners' permission. Along with some air and water samples he took in the hammams, he took the clothes freshly used by hammam patrons to a university's microbiology laboratory where his microbiologist collaborators inspected the clothes and samples. Without identifying the bacteria found on the clothes and in air and water samples, they planted this myriad of bacteria in separate petri dishes filled with animal blood. Without revealing the names and characteristics of these bacteria, Nihat set the petri dishes onto a medical trolley and exhibited them under a microscope and above a pile of bath clothes. This bio-art permitted visitors to observe the bacteria and their movements, but its main purpose was to re-create the hammams, these underground queer spaces, inside of the exhibition space by means of their bacteria archive. No one knew what these bacteria were or if it was unhealthy to have contact with, breathe, or touch them. The only thing we knew was that this installation, with its invisible bacteria living and reproducing during the exhibition period, made the exhibition filthy as a queer space. Showcasing this kind of work in a public institution is almost impossible without taking necessary precautions and warning the visitors, or, in essence, overpowering the bacteria; however, we were lucky enough to make this project happen in Turkey, especially in a hospital environment without the intervention of hospital authorities. Nihat, after the *finissage* of the exhibition, wanted to show this work in Chicago where he was doing his master's, but it was not possible to cross the US border with Turkish queer bacteria. Even when he wanted to adapt this work in a US context by using bacteria taken from gay cruising clubs and saunas in Chicago, it was again impossible due to safety regulations.

Figure 3.14 Nihat Karataşlı, *A Microbiota of Desire (A bacterial map for Istanbul's hammams),*, 2018, Courtesy of the artist

Figure 3.15 Nihat Karataşlı, *A Microbiota of Desire (A bacterial map for Istanbul's hammams),*, 2018, Courtesy of the artist



The last work I wish to talk about is İz Öztat's untitled, minimalistic poetic work. İz has been using "geometrical abstraction to aid as a possibility when reality defies representation" in her practice (Öztat 2016). In her solo show *After* (2016) in Heidelberger Kunstverein, she referred to the continuity of political violence perpetrated by denial by putting a painted black square on paper (made by Zişan in 1923, the artist's alter-ego from the past) and calling it *Felaket* (Catastrophe). Expressing the impossibility of making sense of this violence with alphabetic language, she repeated the use of a geometric form as "abstracted ideas in space, on the skin and on paper" (Ibid). This time, for the exhibition Positive Space, she used a triangle.

Figure 3.16 İz Öztat, *Untitled*, 2018, Courtesy of the artist and Ali Taptık

This three-dimensional triangle, with each side equal to 8 mm, is made from a razor-sharp knife made by a knife artisan, Brac Knife, and it was mounted on the wall in a reversed position. The pink and reversed triangle was initially used in Nazi concentration camps as a badge to distinguish homosexuals. In the 1970s, the western gay liberation movement revived the symbol, and it became not just used as a memorial but also as a positive symbol of homosexuality. The "Silence=Death" poster included a pink triangle but inverted the triangle by turning it back to its original geometrical position. According to one of the designers of the poster Avram Finkelstein, they opted to use an abstract figure on the poster to be inclusive in terms of race, gender, and class, and they rejected the pink triangle because of its links to Nazi camps, but then "returned to it for the same reason, inverting the tri-

angle as a gesture of a disavowal of victimhood" (Finkelstein 2013). In İz's minimal work, the triangle was not pink but in the modernist colorlessness of stainless steel, and she turned the triangle upside down one more time, but this gesture is not to be confined to highlight victimhood. With the material of the piece itself, a razor-sharp knife, the reversed triangle resists interpretation as a symbol of victimhood; on the contrary, it embodies danger but still plays across the lines between victimhood and agency, vulnerability and resistance. Epitomizing the exhibition and this thesis's building blocks, the triangle knife refers to the past by transgressing the boundaries of generations and nations, and by connecting traumas. It symbolizes an embodiment of trauma and danger.

Before writing the exhibition text which was available for visitors at the entrance of Positive Space, I asked each participant to write a few words about their individual works so that I could interpret them within the limits of their statements. Based on my previous experiences with artists, I can say that it is hard for many artists to write about their own work. To force a translation of visual, affective, experimental, individual, and bodily production into grammatical, symbolic, traditional, socially structured language incites anxiety, especially since visitors commonly consult these texts upon wondering, "What does this artwork *mean*?" In many cases, this job of *Nom de Pere* is expected to be performed by the curators, so I wanted to share this difficult task with participants. When I asked İz to write some lines about her work, she sent me only one open statement, hospitable to various, even contradicting insights: "A fetish that cuts into danger, pain and pleasure, when handled." This work contains the potential of danger and pleasure, asks visitors to take the risk which has the capacity to bring forth pleasure and pain. As İz shared with visitors during an exhibition tour, this knife was not only an artefact objectifying an SM fetish but a fetish object she used herself and on her body. In a sense, by offering her fetish knife to public, she was not only creating a potential of danger and pain but also offering the bits of her body invisible to the eye.

This fetish triangle is the object of the *jouissance*, reminiscent of Bersani, Bersani et al. (1986)'s claim that sex is the tautology of masochism (1986), that sex is anti-relational and ego-shattering; not communicating, binding, or operated by the life drive. The enjoyment has a distressing, traumatic, and destructive impact on the ego, and the subject "momentarily plunges" into powerlessness with "ecstatic suffering" as constitutive of sexual pleasure in which the self is momentarily demolished (Bersani, Bersani et al. 1986). This conceptualization of sex as ego-shattering resonates in Bersani's other works on psychoanalysis-informed (homo)sexuality which marked the negative turn in queer theory. Written at the height of the AIDS crisis, in his provocative "Is the Rectum a Grave?" (1987), Bersani embraces the homophobic

perception generated by social hysteria about AIDS and gay sexuality of receptive anal sex as "feminizing, disempowering and self-annihilating" (Dean 2010), and reasons the potential of annihilating the self and its lust for power. By drawing a parallel between 19_{th}-century views of prostitutes and contemporary views of anal sex and gay men with their capacity of being recipient to uninterrupted and multiple penetrations, according to Bersani connote an "intrinsically diseased" female sexuality where both gay men and women "spread their legs with an unquenchable appetite for destruction" (Bersani, Bersani et al. 1986, 211). Bersani finds in phallocentric heterosexual sexuality, which attributes power to a penetrator male, a constant struggle of power which denies the power of women and leads to "all denial of the value of powerlessness in both men and women" (1987, 217). No matter how his views are still phallocentric, he proposes that the rectum, with its potential and its refusal of the finitude of climax, explains why it is "the grave in which the masculine ideal ... of proud subjectivity is buried" (Ibid 222). Thus, welcoming ego-shattering instead of ego-affirming sexuality which generates the phallic social order, the rectum challenges the status of power. Bersani, although he does not explicitly discuss it, accepts the homophobic views of gays as vessels of danger and the rectum as a grave during the heights of AIDS, and he proposes in a way that the rectum is not only a grave for its immense capacity but also in its being the home of HIV, which is an embodied danger.

Despite the anti-relationality of every sex, Bersani offers another kind of relational mode while thinking about but not reducing relations to homosexual. He sees in homosexuality a desire for a profound extention of sameness, but this homo-ness is more universal with its impersonal narcissism "in which not only the envelope of selfhood but the very distinction between self and other is undone" (Dean 2010). This impersonal narcissism "denotes the confrontation with a radically external and impersonal self out there, a self which is 'mine' without belonging to any 'me'" (Palm 2016). The disintegration of self accompanies identification with another sameness which is not that of the self-same; thus it leads us to move from "a relationality based on antagonism, difference, and separateness (i.e., phallic order) to one of correspondence, identity, and oneness with the world (homo-ness)" (Palm, 2016). This form of relationality, being open to oneness, connotes the ethical openness to alterity which is to be assimilated into self, as Dean finds in the position of barebackers who welcome HIV and which can be found in Derrida's unconditional hospitality and autoimmunity bringing forth the erasure of guest/host and self/not-self.

İz, by recalling trans-generational and trans-national traumas and struggles of the queer past within the form of a triangle, accepts the position of the vulnerable and

powerless. However, with the triangular queer hole at the center of the triangular knife, she proposes a symbolic rectum which is a grave of the phallic order, the proud subjectivity of the masculine ideal, and, in my view, traumatic affects of HIV/AIDS which are transformed into resistance weapons. With the material of the knife, she not only provides a fetish object to visitors but also a symbolic tool of "ecstatic suffering" to help visitors cut their egos and shatter their selves with the strokes of a knife in order to divide and multiply the selves to reach oneness through erasing alterity to make the past, present, other, self, pain, and pleasure become one thing.

Figure 3.17 İz Öztat, *Untitled*, 2018, Courtesy of the artist and Ali Taptık

4. CONCLUSION

This thesis, as a written component of a research-creation project, set off with the intention to understand the traumatic baggage of HIV/AIDS which resists societal normalization. Forty years after the emergence of AIDS, and twenty plus years after HIV became a chronic medical syndrome, how does HIV/AIDS still constitute an object of fear, trauma, and stigma? That was the salient question I endeavored to engage in this study. With its concomitant fatality, sickness, stigma, despair, uncertainty, silence, fear and so on, AIDS was rightfully experienced as a collective trauma during the first crisis of 1980s, and this period in which AIDS emerged and was narrativized within the discourses of various repressive, biopolitical apparatuses, including the media, medicine, and religion, was a formative influence on the perception of HIV/AIDS globally. As I argue throughout the thesis, this initial perception whose construction was highly saturated with misinformation, misrepresentations, metaphors, scandals, phobia, fear, shaming and stigma is still determining contemporary subjects' experience of HIV/AIDS. To better define this historically constructed narrative and its scope of influence and operation, I have turned to traumatic affect, a concept covering both the protocols of the body and psyche and describing intersubjective and intergenerational transmissions of trauma.

This study uses the methodology of research-from-creation and is an output of a contemporary art exhibition on HIV/AIDS. Rather than writing a thesis *on* the exhibition and employing a curator's description, meaning-making, and pointed tone to translate art into words, I have adopted a strategy of thinking and feeling with the exhibition which was inherently a collective production of knowledge and affect. The exhibition Positive Space can be read with various different sets of questions, perspectives, and concerns in mind and as many different conceptual and methodological tools at hand. Among all the possibilities, I chose to focus on the question of the traumatic affect of HIV/AIDS. In addition to being curator and researcher, I enacted this research from the position of someone living with HIV/AIDS, and so I felt the urge to include auto-ethnographic details, sometimes to clarify and support my arguments developed in line with exhibited works, and sometimes as a base from

which those arguments could be generated.

In the second chapter of the thesis, seeing the dearth of satisfactory academic work on HIV/AIDS in Turkey, I embarked on a discourse analysis of media narrations by focusing on Murtaza Elgin, the first known case of AIDS in Turkey. Rather than delving into the impossible genealogy of trauma construction of HIV/AIDS, I wanted to give some clues about how HIV/AIDS was introduced to Turkish society and how it was structured from the very beginning as traumatic affect in local conjuncture through my review of the scandalous news on Murtaza Elgin's case. Murtaza Elgin's body (allegedly with AIDS) was an object of inquiry, power dynamics, repression, and interest at the hands of media and biomedicine. However, Elgin's use and ways of profiting from his body with AIDS as an object of spectacle offers an empowering model of resistance. In the second half of this chapter, I made a similar analysis on the discourse of homosexuality during the 1980s; considering that my research was interested in the queer experience of HIV/AIDS, I found it indispensable to analyze how in a Turkish context homosexuality and HIV/AIDS infect each other. AIDS, unlike in western contexts, was barely mentioned together with HIV/AIDS in Turkey, and this was not done out of a need to protect homosexuals from stigmatization but rather as an effect of an ongoing concern of the state to repress homosexuality and make it invisible and detached from any public discourse. The media discourse of homosexuality in the1980s is important to analyze considering the fact that during this time definitions of homosexuality osciliated between crime and disease, preference and orientation (though hegemonic perceptions were and are still inclined to define homosexuality as a disease and a contagious one at that). The public categorizations of sexualities also took place during the same time, a process which was systematically violent and oppressive toward queer subjects. This chapter, despite its apparent link to the following chapter with its ambition to historically contextualize this research-creation project and to see the foundations of the traumatic affect, can also be seen as a separate study given the different methodology, tone, and positionality I employ.

The third chapter, the main body of the thesis, interrogates the contemporary traumatic affect of HIV/AIDS in seven subsections by an engagement with the artworks in the exhibition. I showed the inefficiencies of the medical knowledge, widely believed to be the only point of reference and the ultimate force through which HIV/AIDS stigmatization can be erased, in face of the constructed traumatic affect. Being concomitants of trauma, willful ignorance of medical reality and denial of HIV/AIDS are two exemplary cases where medicine is rendered impotent. While discussing the problem of stigma and taboo of HIV/AIDS, a byproduct of the traumatic affect, I proposed how being visible and verbal as HIV positive can be a way

of shattering them, seeing that stigma and taboo are canceled when they are shared. To think about the intergenerational and trans-national transmission of traumatic affect, I conceptualize the queer body as as an archive which performs, records, and spreads across temporalities and geographies. To think about the possibilities of the transvaluation of HIV from a negative to neutral or positive entity, I proposed a body that is radically open and unconditionally hospitable to the virus, and I mentioned some offerings HIV might present her hosts. I concluded with another project of transvaluation: I brought forward the possibility of embracing dirtiness, danger, and risk, words often pejoratively associated with HIV/AIDS.

Both the exhibition itself and this written part of the research-creation is a transvaluation project of HIV/AIDS from traumatic affect to something to embrace, to empower, and to appropriate as desired. It is a queer project of embracing "the negative, shameful and difficult feelings central to queer existence," (Love 2009, 515). Akin to the stage performance of Murtaza Elgin benefiting from the reputation he gained with his body with AIDS, or to B.T who uses her blood with HIV to attack police officers, this project aims at finding a *better story* to narrate the trauma, without canceling out altogether but replacing negative affect with positive (Georgis 2013).

This thesis and exhibition are not distinct productions, and the exhibition with its artists' contributions was the ground for my research. Each artwork poses a different question, and here, I attempted to give not an ultimate but a subjective response to each. However, these two are different projects. The thesis is not only missing some artworks and questions but also many aspects, perspectives, and affections; the exhibition, on the other hand, as a fluid space did not have arguments as clear-cut and categorized, nor a specific focus on the question of trauma.

To remind you for the last time: this thesis is not *on* the exhibition per se. That's why, the details concerning the exhibition process, the voices of the artists,audience responses, evaluations of the exhibition, its resonance on the public or on me as someone living HIV are missing in this thesis; these concerns still constitute undiscovered terrains. Still, within this epilogue to the thesis, I want to say a few words on my evaluation of the exhibition.

During every phase of the project, from the initial idea to the realization of the exhibition to writing the last words of this thesis, I have been questioning Positive Space's impact on and engagement with the public. In order not to limit the Positive Space to the voices of professional artists, I organized a workshop with one of the HIV organization's counsels. I began the workshop by showing some international prominent artworks dealing with HIV/AIDS to the workshop participants, who were

10 people living with HIV/AIDS. I then gave them blank paper and colored pens and asked them to write or draw a message to be distributed to the exhibition visitors. The papers were to be photocopied, stacked on a shelf at the entrance of the exhibition space, and handed out to visitors. During the workshop, I watched participants' attempts to forcefully produce and aestheticize slogans, in attempts to give me what I wanted. I felt terrible at the moment I realized how I was forcing them to give me content, to make this exhibition seemingly social and *conscious*, and to supply me social capital. Even though I had made the expected outcomes of this amateur workshop available and invited each participant to the exhibition, not one of them came to the opening. Some may have visited the exhibition when I was not there, but I never received any feedback from them. Seeing their papers next to the works of professional artists, workshop participants' contributions eventually created a ground of comparison between what is art and what is not, what is primitive and what is sophisticated, whose message was or was not to be taken into consideration, and I still feel guilty about creating this ground.

It is not easy to evaluate contemporary art's resonance in the society, to grasp the languages it may speak to its public. Contemporary art can rightfully be seen as a luxurious toy and belonging to the privileged and as both arrogantly over-sophisticated and ridiculously banal and useless; contemporary art is again inherently a western, foreigner discipline and always-already an object of the modernizing project. The location of the exhibition was in a hospital but one which is very upscale and expensive, which is located in central Istanbul but in a very posh neighborhood. Considering this, the exhibition was not altogether welcoming to all no matter how widely I tried to promote it. Bearing all the constraints of art which contents itself with its so-called social power, this exhibition, like many others, was always-already a failed social project, I can say. Thus, Positive Space can be seen as useful mostly because it created a discursive and affective ground for HIV/AIDS, offered many individual artistic renderings of HIV/AIDS and new ways of thinking and feeling about HIV/AIDS, and opened up a space for queer artists and subjects. This exhibition did not aim beyond its limits; instead it acknowledged and accepted them.

However, I formulated another way of thinking about the exhibition's engagement, which was silent, invisible, and undeclared. I remembered myself at the age of eighteen as a young queer who, wanting to break away from the banal, repressive everyday reality, used to take trains from Ankara to see exhibitions in Istanbul without having any idea of what they were about but with the inclination to take refuge in the affective charge of artworks creating utopic spaces. I also imagined myself at the age of twenty when I first found out I was HIV positive; an exhibition like Posi-

tive Space would have helped me a lot. Even though my initial idea was to be at the gallery as much as possible to talk with visitors, observe their engagement with the exhibition, and answer their questions, I realized that this "positive space" should be a space for individual reflection, and a visitor should experience the exhibition without the intervention, the gaze, or the interruption of questions from someone else. That is why, even when I was in space, I hid myself in a small corner behind the exhibition space in order to be invisible.

I realize that "audience response" is a fuzzy word; one never has enough tools to measure the impact one might create. However, during the exhibition and up until now, still I have heard comments and compliments on Positive Space by people who I didn't know beforehand and who visited and enjoyed the exhibition. Hearing those remarks gives me comfort and courage, seeing that communication is actually happening beyond the scope of my senses. Just like any production, it is an open, unpredictable process, an open letter with unknown addressee and one cannot grasp its impact; which is both good, thinking about the possible engagements it can generate, and uneasy, considering the immensity of responsibility you have as a producer. However, this must be the grounding feeling which makes one produce responsibly.

Only a couple days ago, while I was still working on the thesis, I received a WhatsApp message from an LGBTI activist friend from Ankara. She told me that she was establishing a new HIV organization with a group of activists, most of whom I have met and share discontent with active HIV organizations' policies, as I exemplified earlier in the thesis. My friend told me that they were deciding on a name for the organization and asked me if it would be okay to use the title of the exhibition. Of course I agreed and was incredibly satisfied to hear this. Even if only the name might be shared, it is good to know that I was able to make a contribution.

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