Collaging Complexity:

Youth, HIV/AIDS and the Site/Sight of Sexuality

by

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Using collage as a methodological and conceptual framework for re-conceptualizing knowledge in HIV/AIDS education, this thesis attends to young women’s understandings of HIV/AIDS and sexuality. Through engaging in the process of making collages, what stories do young women tell about HIV/AIDS? What discourses are produced when collage and narrative are used as methodological tools to address participants’ understandings of HIV/AIDS? By responding to their own collage texts, as well as the collage texts of others, how are issues of representation addressed? Using narrative and post-structural discourse analysis, this study explores how participants’ complex and contradictory understandings of HIV/AIDS diverge from the content and form of current school-based HIV/AIDS curriculum. Whereas the curriculum presupposes a rational and linear subject, participants’ reflexive understandings of HIV/AIDS shift throughout the study, varying as a result of roles performed, the context of the collage or image being discussed, and the dynamic interchange between participants.
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And thank you to you, reader, who may pick this text up, thump through the pages, and travel with me and my participants through a collaged journey about HIV/AIDS.
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Chapter 1:  
Introduction

In April 2009, I attended the annual Canadian AIDS and HIV Research conference in Vancouver, British Columbia. This interdisciplinary conference showcased upcoming research on HIV/AIDS across four tracks: basic science, clinical science, epidemiology and public health, and social science. While I am doubtful as to whether this conference was truly interdisciplinary, this experience brought home the importance of one’s theoretical orientation in conducting research. More specifically, I learned that the placement of critical social science, and cultural theory in particular, within the Canadian HIV/AIDS field exists on the periphery.

My pronouncement of discipline or field (education, at best, and sometimes if intrigue persisted long enough, curriculum studies) was frequently met with bewilderm. I became well-versed in explaining not only the relevance of my work, but curriculum and cultural theory’s place in making sense of the epidemic. After all, to understand the epidemic we must not only study the biological make-up of HIV/AIDS but how individuals understand, or make sense of HIV/AIDS in relation to their everyday lives. To echo cultural theorists on HIV/AIDS the pandemic is both biological and ideological (Lather 1997; Oppenheimer & Reckitt 1997; Patton 1996, 2002; Roth & Hogan, 1998; Treichler 1999; Watney, 1990; Wilton 1997).

When it comes to prevention and education, these understandings are paramount. As Sears (2005) writes, "real learning is not just acquisition, it is transformation; we are changed by it. Knowledge is not a thing we pick up, but a way of seeing the world and living our life" (p. 45). Cultural theory has changed the way I view the pandemic, and as my participants frequently expressed, often unprompted, the un-packing of meaning has shifted the way they
understand HIV/AIDS as well. At the conference, once I dropped the word “prevention” people began to nod their heads; they could finally place my work within the field. But, while prevention is certainly important (crucial, in fact), this work attempts to move beyond HIV prevention 101 to a more complex understanding of young people’s perceptions and desires. Because how to use a condom, where to get tested, or how to transmit HIV, while necessary, is simply not enough.

Later, in conversation with another graduate student, I spoke of my struggle with writing this introduction. The young man gaped with puzzled eyes. He responded that he didn’t understand; his thesis introduction was a paragraph at best. What could I possibly say in eight pages about my theoretical orientation and approach to doing HIV/AIDS research? A lot, I replied.

This study uses collage to explore young women’s visual and discursive readings of the current HIV/AIDS epidemic, as well as the connections they make to their own lives. How one reads the world impacts what can be seen, heard, and interpreted in one’s daily life. These readings, as one participant noted, are multiple. In response to the question, “If you were a researcher, how would you describe what you observed during the research process?” Makayla aroused conversation and murmurs of agreement from the group. She explained,

I thought, um, what was interesting for me -- how everybody, um, had their different, like, when they looked at their collages, how their opinions of the collages were so different from everybody else’s and um, I just found that was interesting. Like, I don’t know. How, how like, people think when they look at something, how differently they look at an image.

Makayla’s words also apply to research and data analysis. The following pages of this chapter will provide what Sears (2005) calls a “conceptual zoom lens” for interpreting my work by
providing a brief overview of this thesis, including its conceptual and organizational framework (p. 50).

Overview

According to the Public Health Association of Canada (PHAC) (2007), youth (aged 10-24) account for 3.5% of all HIV/AIDS cases in Canada and half of all HIV infections worldwide. While the Canadian statistic is low, this number is growing, particularly among young women. For example, in 2006, youth (aged 15-19) accounted for 1.6% for all positive HIV tests. In contrast, youth (aged 20-29) accounted for 25.3% of all HIV positive tests. Within this category, young women aged 15-29 are one of the fastest growing risk groups for HIV infection in Canada. As well, compared to other age groups (women 30-39, 40-49, or over 50), the proportion of positive HIV test results attributed to females is highest among youth aged 15-29 (40.9%).

Despite rising numbers, current studies on HIV/AIDS education and prevention have demonstrated that existing curriculum models are inadequate for addressing the HIV/AIDS epidemic (Adams, 2006; Coleman & Roker, 1998; Hunter 2004; Larkin & Mitchell, 2004; Mayer, Santos, De Oliveria et. al, 2006; Patton, 1996; Vander Schee & Baez, 2009; Wilton, 1997). Conventional HIV prevention campaigns and sex education curriculum relies on discourses of victimization, morality, and fear as well as neoliberal notions of the self-governing, rational individual (Adams 2006; Bay-Cheng 2001, 2003; Bay-Cheng et al, under review; Coleman & Roker, 1998; Holland, Ramazangolu, Scott & Thompson, 1994; Moore, Rosenthal & Mitchell,1996; Raimondo, 2003; Spencer, Maxwell & Aggleton, 2008; Vander Schee & Baez, 2009). As I will discuss in chapter 2, my analysis of the Ontario Curriculum’s Healthy Living Unit reveals how underlying positivist notions of objectivity and liberal individualism frame the
Ontario sexuality education curriculum. These underlying notions promote the use and adoption of gendered binaries in the execution of the curriculum and ignore the social, historical, and political contexts that shape youth responses to HIV/AIDS. This limits possibilities for critical engagement and narrows the scope of “knowing” in the context of youth sexuality education. Given the high number of Toronto youth who identify school as the primary source of their sexual health education (Flicker et. al, 2009), the Healthy Living Education unit gives insight into the types of curricular experiences that Toronto youth may encounter within the classroom.

Innovative HIV/AIDS curriculum models are needed in order to provide alternatives to the present curriculum. Educators and scholars have responded to this need by committing to explore alternative approaches to sexuality and HIV/AIDS education for youth. In particular, scholars such as Gendering Adolescent AIDS Prevention (GAAP) (2009), Glik, Nowak, Valente, et al., 2002, Norris, Mbokazi, Rorke, et. al, (2007), Mitchell and Larkin (2004), Mitchell, Walsh & Larkin (2004), Mitchell & Smith (2001, 2003), Mitchell, Walsh & Weber (2007), and Wang (1999) have promoted and explored the use of the arts as one particular methodological and pedagogical strategy for addressing HIV/AIDS with youth. Unlike their more traditional counterparts, these education and research efforts strive to explore the complex and often contradictory lived experiences of youth sexuality by positioning youth as “knowers,” living and acting within social, political, and cultural contexts. Nonetheless, despite the recent promotion of arts-based research and education in the HIV/AIDS field, little work has been done to explore the use of arts-based pedagogical and methodological strategies in HIV/AIDS education through cultural and curriculum theory.

In response to the above critiques of current HIV/AIDS curriculum, I extend the call for more innovative approaches to arts-based HIV/AIDS curricula, which incorporate both
curriculum and visual methodology theory. I argue that this curriculum should promote alternative ways of knowing that differ from the present Ontario Ministry curriculum which presupposes a way of “knowing” premised on the notion of the rational, and fully autonomous individual. In incorporating these theoretical frameworks, I propose the use of collage as a theoretical as well as methodological entry-point into re-imagining new forms of HIV/AIDS curriculum for youth. I define collage as a non-linear, multi-vocal, contradictory and fragmented genre; collage is composed of found materials and images (newspapers, magazines, advertisements, etc) and is often pasted together to create one fragmented, and yet whole image or message. Consequently, in response to critiques of contemporary HIV/AIDS curriculum as based on positivist, neo-liberal notions of the rational, autonomous and coherent individual collage may function as a generative metaphor to theorizing youth sexuality and knowledge in light of HIV/AIDS education. Furthermore, within this context, collage functions as an interesting method to learn more about youth narratives on HIV/AIDS.

This thesis has been incited from my own experience as an arts-based HIV/AIDS educator. As an arts-educator and activist, I have used collage to explore issues around youth HIV/AIDS narratives. As a graduate student, I have also used collage to reflexively explore my positionality in relation to my research. In both cases, I have explored how collage might inform my pedagogical practice and research process. Through these experiences, I have come to question the role of collage in shaping meaning-making in the context of HIV/AIDS education for youth. While I have witnessed youth collage counter-hegemonic narratives on HIV/AIDS, I have witnessed an equal number of hegemonic narratives, founded on dominant discourses of victimization, morality, goermentality, fear and the “free will” of liberal individualism. Often, generative discussion can emerge from these works. However, as Ellsworth (1989) reminds us,

1 These critiques will be further explored in chapter two and five.
the idea of a completely dialogic space, where everyone is free to speak his/her mind is an illusion. In the context of curriculum where youth voices are honoured as legitimate and authentic sources of knowledge, what problematic discourses go un-checked? What are the limits of collage?

Since I am interested in what is learned through the making of collage texts and less in the actual aesthetic qualities of the collage texts, this study attends to the actual curriculum at work in the creation of meaning-making. Rather than seeking to present an authoritative view on youth sexuality or youth responses to HIV/AIDS, I am interested in the way five young women, negotiate their understandings of youth sexuality and HIV/AIDS in the context of this research project. Chapter 3 outlines my theoretical and methodological orientation to this work. My research questions are attuned to the way in which subjectivity and meaning are constituted through verbal and visual representations, as well as the roles performed within the research process. My participants are five young women, aged 18 to 24, who are currently studying at the undergraduate level at a local university. Using feminist poststructuralism as theoretical scaffolding, my study attends to the following questions:

- Through engaging in the process of making collages, what stories these young women tell about HIV/AIDS?
- What discourses or narratives are produced when collage and narrative are used as methodological tools to address participants’ concerns and/or experiences of HIV/AIDS?
- By responding to their own collage texts, as well as the collage texts of others, how are issues of representation and subjectivity addressed and interpreted by participants?
After setting up my methodological and conceptual frameworks, I address my data analysis in chapters 4 through 6. Chapter 4 speaks to the ways in which young women conceptualize risk (and hence, risk groups) as a constructed process erected at the intersections of gender, race, class, sexual orientation, and geography. In this chapter, participants engage in the process of reading images and speak to the ways in which visual constructions of risk map onto a gendered and racialized other. In contrast, chapter 5 moves inward as participants chart their own concerns and experiences with risk. These conversations include the influence of alcohol, the impact of romance as risk, and lastly, issues of monogamy and double standards within and outside of youth relationships, therefore addressing key risk factors, as identified by participants, as well as participants larger conceptions of risk. Tying each section together, however, are participants’ underlying fears or apprehensions around sexuality itself, as articulated through the language of losing control, the fear of consequences, and the fear of being blamed.

Lastly, chapter six speaks to participants’ (in)articulation about the shame, silence, and regulation experienced in their own lives. Rather than speaking directly to the connections between HIV/AIDS and their lived experiences, participants use HIV/AIDS as a sign to transfer their own fears around sexuality, including their experiences of regulation. This is evidenced by slips in tongue and moments of transference evidenced by paralleled readings of images, read to be HIV positive young women. This chapter also notes participants’ ambivalent and conflicted responses when questioned whether or not they believe young women were at risk for HIV.

I conclude this work in chapter seven, where I discuss implications, and next steps. When taken together, these chapters heed the call of scholarship and education discussed in chapter two. Participants’ readings of risk suggest that current sexuality education, informed by neo-
liberal principles, is inadequate for addressing the current HIV/AIDS epidemic. In fact, participants’ apprehension and internalization of dominant discourses might even suggest that current sexuality education (or lack thereof) may hinder the development of healthy sexual subjectivities in young women. Although participants were quite knowledgeable on the epidemic (likely due to their involvement in undergraduate courses, as discussed in chapter three), the stories charted in chapters five and six suggest that scoring the right answer on a test is just not enough. Furthermore, participants articulation of different forms of knowledge, through their performed roles as student (academic knowledge), or youth (personal knowledge) significantly impacts their perception of what knowledge ‘counts’. After all, as I will explore throughout this work, all participants, regardless of academic knowledge level, experience real risks when it comes to sexual health.
Chapter 2

The Healthy Living Unit: A Case Study in Liberal Individualism

Implicit in the banking concept is the assumption of a dichotomy between human beings and the world: a person is merely in the world, not with the world or with others; the individual is spectator, not re-creator. – Paulo Freire, Pedagogy of the Oppressed, p. 75

Like many social texts, curriculum documents are rich sites for investigating power and knowledge construction (Apple, 2004; Bannerji, 1994; Sears, 1994). Recognizing that all experience is shaped through the language of everyday institutions and cultural texts, the language in these documents can be critically analyzed as an “interactive activity mediating linguistic and socio-cultural knowledge” as well as constituting important sites for identity construction (Wilkinson, 1995, p. 3). For example, a feminist post-structural discourse analysis (Fraser, 1998; Gavey, 1989; Whetherall, 1995; Wilkinson, 1995) of the Ontario Curriculum’s Healthy Living Education Unit demonstrates the socio-cultural values embedded in curriculum. Curriculum documents, as connected to governmental institutions such as schools, can be viewed (through a Foucauldian analysis) as governing apparatuses, which regulate and monitor bodies. Hence, through sexuality curriculum, one can investigate the apparatuses which contribute to the formation and surveillance of the subject (Vander Shee & Baez, 2009). This document analysis will function as a frame for the chapter, as I map out relevant literature for this study, and situate my work within curriculum studies, and field of HIV/AIDS.

2 By curriculum documents, I mean official and unofficial written documents pertaining to the teaching of course material. These documents may include learning objectives, lesson plans, course mandates, evaluation methods etc. However, within this study, curriculum refers to informal and formal exchanges of knowledge.

In this curriculum document, underlying positivist notions of objectivity and liberal individualism construct youth as non-gendered, rational, and fully autonomous thereby limiting the possibilities for “knowing” in the context of youth sexuality education. These same underlying notions support the use and reproduction of gendered binaries such as expert/non-expert, objectivity/subjectivity, and mind/body; this de-contextualizes the way in which gendered bodies are positioned in society, resulting in the abstraction of everyday lived and embodied experiences. This results in a curriculum, which seeks to Convince responsible individuals to subsume control of their health, for their own sake as well as for the socio-economic good of the nation. Devices of empowerment, for example, entice the autonomous individual to take control of their own health trajectories. [...] [These] devices “instill self-regulation of desire and action” and in Foucaudian terms are thus “simultaneously totalizing and individualizing” (Caughlan, Qtd. in Vander Schee & Baez, 2009, p. 36).

These rationalizing processes as described by Vander Schee & Baez (2009) are displayed through the way the official curriculum takes up the notion of “consequences” and violence against women, as addressed later in the chapter.

Lastly, I refer to this curriculum document as evidence of the types of educational experiences Toronto youth undergo in schools. Because there is no specific HIV/AIDS curriculum within the Ontario Ministry of Education (OME), the Healthy Living Education curriculum can be used a representative sample of the HIV/AIDS curriculum formally used in schools. For example, a recent study by Flicker et. al (2009) revealed that Toronto youth cited HIV/AIDS as a frequently discussed topic in their sexual health classes. And yet, despite this, HIV/AIDS was still listed as one of the top three things youth still wanted to learn more about. Furthermore, a 2005 study by the Canadian Association for Adolescent Health reported that 62% of youth, aged 14-17 experienced barriers in finding answers to questions about sexual health
(PHAC, 2007). This suggests that the education they are receiving on HIV/AIDS is inadequate for youth needs.

The Privileging of Reason: A Gendered Phenomenon

The language used in the Healthy Living Education document exemplifies the privileging of reason and objectivity in the curriculum and by extension, in the classroom (e.g. Trimble, 2009). For example, the overall framework of the curriculum sets out measurable outcomes for students to achieve. The curriculum outlines some of the following expectations: “students will [...] identify the developmental stages of sexuality through life,” “describe the relative effectiveness of methods of preventing pregnancies and sexually transmitted diseases (e.g. abstinence, condoms, oral contraceptives,” and “demonstrate understanding of the pressures on teens to be sexually active.” (OME, 1999, p. 10, italics added). These outcomes, as addressed by the expectation that students “identify,” “explain,” “demonstrate,” and “describe,” imply that the purpose of HIV/AIDS education is to guide students to discover or uncover objective and pre-determined responses, rather than explore experiential, subjective, and multiple truths. Like many curriculum documents, the Healthy Living curriculum is structured using a behaviourist approach to education (e.g. Tyler, 1949). Critiqued by scholars such as Apple (2004), and Freire (1970), this underlying principle of objectivity creates a dichotomy between the expert (teacher) and non-expert (student). When applied to sexuality education, this creates a structure whereby youth are presumed to be “non-knowers” in the context of their own sexuality (See also Aggleton & Campbell, 2000; Mitchell & Larkin, 2004; Mitchell & Smith, 2003; Trimble, 2009, Spencer et. al, 2008). Furthermore, alongside the promotion of teacher as expert, the absence of concrete personal experiences reifies numerous gendered binaries such as expert/non-expert, truth/non-truth, victimized/victimizer and self/other. As Thiele (1987) explains, dualisms, which
often line up with a male/female divide, are positioned as logical contradictions (A/not A), “order[ing] the entire universe, known and knowable” (p. 38). 4

In addition to the use of gendered binaries, gender is de-contextualized as real people and experiences are abstracted from the curriculum text thereby eliding the influence of gender, race, sexual orientation, religion or class on youth conceptions of self and sexuality. 5 Students are expected to “demonstrate understanding of how to use decision-making and assertiveness skills effectively to promote healthy sexuality” but are not expected to discuss how power relations might affect one’s ability to use such decision-making skills (OME, 1999, p. 10). Furthermore, the OME defines “healthy sexuality” through examples: “e.g. healthy human relationships, avoiding unwanted pregnancies and STDS such as HIV/AIDS.” While the document does not define or model what a “healthy human relationship” might look like, the document implies that an unhealthy relationship is one which involves “physical and non physical abuse.” Students are to “describe the specific types of physical and non physical abuse (e.g. manipulation, intimidation, sexual harassment, verbal abuse)” (OME, 1999, p. 10). In each of the above quotes, gendered experiences such as pregnancy, STI risk and sexual harassment are discussed without explicit reference to gender. And yet, while gender is never explicitly mentioned, it is always present. Given the socio-historical regulation of women’s bodies, and the naturalization of the “normal” body as white, able-bodied, and heterosexual (Garland Thompson, 2002, 2007), it is fair to assume that the ministry envisioned a particular student in the conception of the Healthy Living Unit. As Patton (1996) tells us, as with early HIV/AIDS coverage on youth, the adolescent of AIDS discourse was the ‘normally abnormal’ hormone-besieged body of the white working/middle class youth. The “at risk” teen was either gay or a member

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4 For a detailed discussion of these dualisms, and their impact on constructing “sexual knowing” within the field of curriculum, please see Trimble (2009).
5 Again, this is not only an issue of sexuality education, but can found across all curriculum documents, constructed using Tylerian logic (e.g. Tyler, 1949) of behaviourism, and technical rationalization (Apple, 2004; Slattery, 2006).
of the black/latin urban underclass and was presumably involved in drugs and prostitution. Understood as autonomous groups of young people, the “at risk” teens were represented as a source of danger and not a site of innocence. (pp. 42-43)

While we will never know who the ministry imagined as student, social locations such as gender, race, ethnicity, sexual orientation, religion, class, and ability implicitly shape youth sexuality and the stereotypes that accompany it.

For example, in debates over state-legislated abstinence-only education, a US study by Fields (2005), revealed that rhetoric used by activists, policy makers, and educators’ positioned low-income, African American young girls as hyper-sexual, and requiring either guidance or control. Here, as in Patton (1996), ideas of race, and gender intersect in marking young women’s bodies. Field couches her argument in the work of curriculum scholars such as Apple (1999) and Ferguson (2001), whose work documents the way racialized thinking seeps into state-run institutions, such as schools. Field (2005) writes

Youthful innocence proved to be just as versatile an ideological code in Southern County: both those advocating abstinence-based sexuality education and those promoting abstinence-only instruction located their fears in threats to childhood innocence and argued that their respective positions reflected the best interests of "the children." Though the identities of those children and the proposed strategies for their protection differed, preserving the sexual innocence of Southern's children was at the rhetorical and ideological center of the county's TAUM debate. Gender stereotypes persistently informed notions of the sexual innocence of "Southern's children," and race consistently functioned in this debate as it does in other contemporary debates about education: as an "absent presence" informing the debate but never formally acknowledged. (p. 560)⁶

In a cultural landscape of competing and circulating meanings on HIV/AIDS, one must ask, how do educators and youth read their own bodies and the bodies of others? By excluding the impact of social location on sexuality and sexual decision-making from the formal curriculum, the discussion of social location on sexuality becomes optional, at best. Left in the hands of teachers

who may or may not be attune to the gendered nature of sexuality (Wight & Buston, 2003),
curriculum structures environments to exclude particular voices and to limit what can be said and
heard within classroom discussions, particularly in relation to bodies, and sexuality (Fine, 1988;
Honeychurch, 1996). And yet, as Fine (1988, 2006), Bay-Cheng et. al (under review) and
Luttrell’s (2003) work tells us, youth and young women in particular, are very attuned to the
influence of gender on their sexual and reproductive health.

As Wendy Luttrell (2003) noted in her observations of pregnant teens, girls’
conversations pointed to “links between sexuality, identity and self understandings, including
whether one is ‘good’ or ‘bad’ was of particular interest to the girls – and yet these multi-varied
and complex meanings, ideas and values that constitute sexuality are eclipsed in schools and,
where it exists in sex education” (p. 141). Erasing personal experiences, as Williams (2001) tells
us in her account of auto-ethnography, is an integral means of dividing passive subjects from
active objects and thus, maintaining the status quo. Thus, the insertion of personal narratives into
curriculum is a direct challenge to both the academy and the modernist, worldviews that shape it
(Connelly & Connelly, 1990; Pinar, 1998; Slattery, 2006).

**Situating Youth Experience**

This has particular implications for HIV/AIDS education. Much research has been done
on the importance of examining youth sexuality in the context of situated experience (Coleman
& Roker, 1998; Luttrell, 2003; Larkin & Mitchell, 2004; Walsh & Mitchell, 2004; Weis &
Carbonell-Medina, 2000) as well as attending to how underlying, value-laden assumptions on
gendered ways of being construct youth identities and subjectivities in particular ways (Fine,
1988; Meyer et. al, 2006). Since youth HIV risk does not exist in isolation from social meanings
(De Oliveira, 2000; Dowsett et al, 1988; Treichler 1988), we must examine the way in which
culturally constructed notions of gender, sex, and sexuality intersect to increase young people’s vulnerability to HIV/AIDS and other related risks. As long as the dualisms between mind/body and objective truth/personal experience are at work, sexual knowledge will always be represented as achievable through rational thought, thus obscuring many of these complexities. For example, a study by Tolman (1996) showcases how these dualistic discourses often work their way into young women’s perceptions of themselves as sexual actors. In her interview with a Puerto Rican young women, Inez, describes that she “knows she is feeling desires ‘when my body says yes’.” And yet, this young woman describes the relationship between her mind and her body as follows: “My body does not control my mind. My mind controls my body, and if my body gets into the pleasure mood, my mind is goin’ to tell him no. And it can happen, because I said so, because I control you, and my mind is lookin’ towards my body” (p. 262).

Similar to the young women in Luttrell’s study, who are concerned with being (viewed as) “bad” or “good,” Inez’s words do not exist in a vacuum. Curriculum plays an important role in shaping identities and subjectivities (Apple, 2004; Bannerji, 1992; Fine, 1988; Greene, 1971, Grumet, 1981). For example, similar to the young women in Luttrell and Tolman’s studies, as discussed in chapters five and six, my participants view themselves as invested in acts of “self control” as they ward off the “consequences” of sexual decisions. Such similarities point towards the larger implications of dominant discourses in sexuality education, on the bodies and minds of young women. As Luttrell (2003) notes

sex education is highly fragmented, often focusing solely on health-related behaviours and risks. Sociologically speaking, by not directly addressing the contradictory pressure girls face about how to act as women, sex education mistakes as “personal” what is also a deeply cultural and social conflict regarding gender, race, and class relations of power. This does a disservice to youth, but especially to girls. (p. 141)
Revisiting Consequences

The construction of youth experience through dualisms, which divide mind from body or good from bad, is also at work in the Healthy Living curriculum. In the curriculum text, students are expected to “explain the consequences of sexual decisions” (OME, 1999, p. 10). In the context of a curriculum where reason is equated with knowledge, then lack of reason or irrationality produces “consequences” such as disease or pregnancy. In Britzman’s (1998) analysis, when curricular knowledge is constructed as certainty, subjects are constructed as presumed-to-know. Consequently, when so-called “consequences” do arise, youth are positioned as having made poor decisions, or acting without reason; this presumes that decisions relating to sexuality can be achieved in purely rational, autonomous terms – outside of power relations and the subconscious, desiring body. This emphasis on consequences, or the danger of sexuality was also found in a study by Bay-Cheng (2003) on U.S. school based sexuality education and will be of importance to my study as mapped out in chapter five.

This emphasis on consequences and the “subject presumed to know” is particularly problematic in the case of educating youth on sexual health, HIV/AIDS and violence. The curriculum document discursively reproduces neoliberal notions of the individual as a fully aware, autonomous and self present agent (e.g. Adams, 2006; Bay-Cheng, 2003; Sherwin, 1998; Vander Schee & Baez, 2009). For example, the OME (1999) asks students to demonstrate the following:

Identify strategies to minimize potentially dangerous situations (violence);
Describe specific types of physical and non-physical abuse (i.e. manipulation, intimidation, sexual harassment); Identify the causes of violence; Demonstrate understanding of how to use decision-making and assertiveness skills effectively to promote healthy sexuality (i.e. healthy human relationships). (p. 10)
In presuming that sexual knowledge is premised on reason, these expectations elude the social, political, economic, unconscious, and historical contexts of sexuality and by extension, violence against women.⁷ These expectations presume that an *awareness* of types and causes of violence will protect them from dangerous situations. When potentially dangerous situations arise, young women are expected to “minimize risk” by using their mind to develop an understanding of how to use assertiveness skills. Similar to the young women of Luttrell (2003) and Tolman’s (1996) study, young women must use their rational mind to control the unruly body – either their own, or the body of their (presumed-to-be) male partner. The curriculum expectations do not identify *why* students should practice assertiveness skills or investigate what assertiveness even looks like in the context of youth relationships. Nor does the curriculum explore the *systems* of violence which shape students’ vulnerability to violence.

This analysis reaffirms Fine’s (1988) findings in her analysis of heteronormative sexual health education which limits what can be said about young women’s sexuality. In her analysis, contrary to the actual experiences of youth, young women are discursively constructed as potential victims (to pregnancy, disease, or violence) without any agency or sexual subjectivity. The gendered dichotomy between young men as aggressive predators and young women as sexual victims discredits real experiences of sexual violence, while silencing non-victimizing pleasures. Similarly, Fine reports that the regulation of female sexuality amounts to young women “spend[ing] an enormous amount of time trying to ‘save it’ or ‘lose it’, convince others that they have lost it or saved it, or trying to be ‘discreet’ instead of focusing their energies in ways that are sexually autonomous, responsible and pleasurable” (p. 132).

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⁷ Although the targeted audience in this excerpt is not explicitly mentioned as female, given the history of violence against women, it can be presumed that young women are being educated to develop strategies to avoid sexual and physical violence.
Fine and McClelland’s (2006) recent follow-up work suggests that many of these discourses are still in operation, if not worsened by the effects of neoliberalism. For example, conventional sexual health education, like the Healthy Living Unit, becomes a unit in “[sexual] education as a responsibility” (Luttrell, 2003, p. 23). It is the responsibility of youth (and young women in particular) to learn to reactively position their neutral bodies as assertive instead of working to change the discourses and structures which allow for violence to exist in the first place.

Emphasizing the body in HIV/AIDS education is an important step in shifting the focus away from the liberal individualist notions currently privileged in the curriculum’s approach to knowledge and sexual health. Rather than representing the “body-in-isolation,” a sexual health curriculum that explores “bodies-in-connection” (Pitts, 2003) would acknowledge and represent how bodies are socially situated in the context of social, political, economic, historical and unconscious processes (Britzman, 1998; Clare, 2001; Garland Thomson, 1997, 2002; Pitts 2003). From a pedagogical standpoint, integrating an analysis of bodies into curriculum, as Garland Thompson argues (1997), asks students to analyze how bodies are interpreted in society and the social relations of power which underpin student’s analysis. A queered reading would push students to examine how bodies are constituted through normalizing practices within curriculum, and call for a queered approach in rejecting epistemological certainty (Honeychurch, 1996; Britzman, 1998)

By ignoring our bodies, the Healthy Living Education unit not only obscures opportunities for understanding oppression, but actually reproduces problematic discourses and gendered binaries concerning youth sexuality. Moreover, when it comes to the lives and experiences of LGBTQ youth, their sexualities are entirely ignored. If new identities and
subjectivities are discursively formed through curriculum as Bannerji (1992) explains, what are the implications of these discourses for young men and women as they constitute new, evolving identities as sexual subjects within society? How do these identities merge with dominant discourses of being? By erasing power differentials and discursively reproducing Enlightenment and dualistic notions of the rational, autonomous individual, the curriculum ‘naturally’ maintains unequal and exploitive relations of gender, class, sexual orientation, ability and race. For example, Bay-Cheng’s (2003) study on school based sexuality education in the US revealed that in addition to positioning youth sexuality as inherently dangerous (through the proliferation of fear-based messages), the curriculum reinforced compulsory heterosexuality, avoided the interplay of gender, race, class, sexual orientation, and lastly, reified racist, sexist, and classist notions of sexuality. As Bay-Cheng (2003) writes

SBSE [School Based Sexuality Education] was originally championed as a way to supplement the presumably deficient moral education provided to lower class youth by their parents (Trudell, 1993). Although class is presently discussed in far more coded and discreet terms, it most certainly plays a significant role in SBSE. In debates surrounding types of SBSE programs, for instance, it has been proposed that comprehensive curricula are most appropriate for lower income districts in which teens are expected to be at greater risk of engaging in partnered sexual activity, and that abstinence-only curricula are best suited for middle- and upper-class districts (Kirby, 1994). The underlying twin assumptions here are evident: lower-class teens are expected to be moral failures; middle- and upper-class teens are expected to adhere to a more stringent standard of social (and sexual) behavior; or perhaps it is that middle-class teens have something worth ‘saving.’ (p. 70)

Bay Cheng (2003) continues and alludes to other studies whereby gendered, classed and raced assumptions about sexuality manifest themselves in school curriculum.

In her content analysis of college-level SBSE texts, Whatley (1994) discovered a more disturbing trend than the omission of substantive considerations of race and ethnicity: the photos included in sections focusing on normative adolescent sexual development most frequently featured white teens, whereas more pictures of teens of color were included in sections on risk and danger, such as pregnancy and disease. SBSE also must attend not only to the ways in which race and ethnicity impact sexuality, but the ways in which race and ethnicity play a role in the SBSE classroom itself. (p. 71)

Bay Cheng’s (2003) findings were not unique. To reiterate, as addressed by Fields (2005) and Patton (1996), dominant ideas about race, class, sexual orientation and gender converge to
impact public conceptions on youth sexuality. While the above excerpts look at race, and class in isolation, it’s important to note that social locations intersect in complex ways.

The Ontario Curriculum has a long way to go if it is to affirm the experiences of young men and women, as sexual, knowing, and agentic subjects. The current model premised on objectivity, liberal individualism, and bodies-in-isolation significantly limits the creation of new subjectivities and identities which might equip youth with the necessary tools and critical thinking skills to make sense of their own sexuality, and sexual decisions. HIV/AIDS education must not only resist but challenge positivist notions of objectivity and liberal individualism, which de-centre bodies as complex sites where both oppression and subjectivity are manifested. This is imperative if we are to begin shifting sexual education from a banking model to an active model in the name of transformation (Freire 1970). After all, information about sexual health should not be imposed by top-down curricular forms. Knowledge about sexual health will always be actively processed in light of pre-existing beliefs (Lupton, 1999; Wilton, 1997). The following section maps out new possibilities for re-imaging HIV/AIDS education, and the limits which new models may employ.

A Call to Action: Innovative Approaches to HIV/AIDS Education

In response to the “one-size-fits-all” model of HIV/AIDS education, arts-based HIV/AIDS educators have continued to advocate for alternate curriculum models, which centre youth “as knowers” in relation to their own lived experiences. An arts-based approach may create spaces for youth to speak to the multiple, complex and often contradictory ways in which youth experience sexuality and HIV/AIDS (Mitchell & Smith, 2003). As Treichler (1988) notes, “AIDS is a nexus where multiple meanings, stories, and discourses intersect and overlap,

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8 While I am a strong proponent of critical pedagogy, it’s important that we move “beyond missionary position” to quote ----. (1996/1997).
reinforce, and subvert one another” (p. 32). It has been the task of educators and researchers to develop new strategies to tap into this nexus. Walsh and Mitchell’s (2004) work has been important in laying a groundwork for the use of visual methodologies in the HIV/AIDS field. In discussing arts-based HIV/AIDS work, Walsh and Mitchell note that it is a necessity to situate youth at the centre of cultural production – as the producers of messages related to HIV and AIDS, and to provoke them to define their own responses and needs. Youth culture already exists as a potentially rich artistic space for arts activism in relation to body and sexuality. Youth culture is the core of adolescent “society”, and the types of images and messages that exist in that terrain will define, supplant and inform the way their social network functions. (p. 193)

While I would agree with the importance of connecting youth and cultural production, as well as the influence of circulating images and messages on social networks, I am cautious of Mitchell and Walsh’s conflation of “Youth culture” and the “arts.” After all, what is “culture” anyway? What is “art”? And who is allowed to own it or speak for it?

While research is beginning to document the success of particular arts-based projects in challenging traditional forms of HIV/AIDS education (GAAP, 2009; Glik et al., 2002; Martin, 2004; Mitchell & Larkin 2004a, 2004b; Mitchell, Walsh & Larkin, 2004; Mitchell & Smith, 2001, 2003; Mitchell, Walsh & Weber, 2007; Norris et. al, 2007; Wang 1999) it is important to remain cautious to the ways in which the arts and arts education have actually reproduced power inequities (Chalmers,1999; Gaztambide-Fernández, 2008a; Siegesmund, 1998; Tavin, 2003). The conceptions “art” and “culture” are socio-historically contingent and have taken on different meanings at different times. It was only until the 19th Century that the two terms became intertwined and emerged as mutually reinforcing domains of human value (Williams, 1976; Clifford, 1988). Ideological and institutional systems continue to reinforce what gets constituted as art and culture, often with help from capitalist markets and at the expense of subjugating certain people and associated art forms as less authentic (Clifford, 1988). Through these
processes, constructions of so-called “Art” have been produced through ideological notions of “high” and “low” culture, which in turn has been connected to social positions of gender, race, and class (Bordieu 1993; Zolberg 1990). Given the role the arts have played in maintaining dominance, such as ‘civilizing’ projects of modernity (Chalmers, 1998; Gaztambide-Fernández, 2008a), we must be careful not to make authoritative claims on what is, or is not “art” or “culture,” when speaking to what art can ‘do’ in the context of social change.

Arts education, even when used with the intention of social change, is not an “easy beauty” (Dewey, 1934). Watching a play on HIV/AIDS may be an educational experience in itself, but it is not Theatre, as a genre, which provokes the audience’s response, but rather, the way in which theatre is used which influences the outcome.\(^9\) If we are to critique conventional HIV/AIDS curriculum for reproducing modernist, liberal discourses of the individual, we must remain critically attentive to the way that these discourses also function in arts education. We must not replace one form of domination with another. For example, Gaztambide-Fernández (2008a) has explored the way in which liberal, humanist discourses have contributed to views of the bourgeois, male artist as genius. These discourses reify essentialist views of the arts (a suprasocial source of aesthetic order or value) and the artist (talented, solitary genius), thereby limiting not only what constitutes art but who constitutes an artist. These discourses have historically constructed gendered, raced, and classed bodies in particular ways. This view maintains that static boundaries and distinctions between binaries – good art/bad art, artist/audience, male/female, subject/object, body/mind – are pre-determined, unquestionable relationships instead of discursive constructions which maintain and control power relations.

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\(^9\) For a useful discussion of how appeals to the arts are often caught up in justifying the arts, prima facie, without more carefully unpacking their employment, see Gaztambide-Fernández (2008b)
In response to this critique, Gaztambide-Fernández (2008a) argues that arts curriculum must engage young artists with the complexities of cultural production and the various public roles they may be expected to fill. While arts-based HIV/AIDS education differs from arts education, it is still important to engage youth with these issues, particularly as arts-based HIV/AIDS projects often engage specifically with issues around meaning-making, representation, and cultural production within a democratic society. But in deconstructing prevailing discourses on what it is to “know” or “create” in the context of the AIDS pandemic, why limit ourselves just to art? Can’t we use another word?

Paul Willis (1990) advocates for the use of a different term when working with youth: symbolic creativity. As Willis explains, most youth are not involved with the Arts as we know it, and yet are constantly involved in creating and contesting expressions, signs and symbols, as a means to express themselves and their identities. A sensuous and dynamic process rather than a formal aesthetic feature, symbolic creativity constitutes an integral part of the human condition, rather than belonging to select individuals. Symbolic creativity moves beyond encompassing only capital-A “Art”, to encompassing the way in which symbols operate in every day “common culture.” However, this is not just about democratizing the arts and making them more common. The idea of bringing the arts to marginalized communities can imply that these communities have no art forms of their own. If we are truly to free ourselves from the rigidity and institutionalization of the arts, we must also be willing to let go of possibly dominating conventions. “An approach which won’t discard the conventions makes assumptions which presuppose effects […]. If it is to be free, creative activity must be allowed to be what it is, and to lead where it will” (Willis, p. 5).
Such a radical task entails not only shifting the way we view HIV/AIDS or art but shifting the way we conceive of our selves and the construction of knowledge. As Gablik (1991) stresses, to speak to end autonomous individualism – as connected to the self in ultimate control – would involve a “revolution in consciousness as far reaching as the emergence of individualism itself was during the Renaissance” (p. 176). As we shift our view of the individual and disembodied artist to the artist as defined relationally by collaborative engagement, we alter the very way we think of the individual and collective identity: “The essence of ecological thinking is not linear, but finds its identity in a continuous flow of mutually determined interactions: the self-in-relationship” (p. 173). Here, Gablik draws on Levin for support. Levin notes that by defining the self as relational rather than contained, we move from an observing consciousness to a participating consciousness. In doing so, we strive to open up a “radical relatedness” as we realign social margins to centre and distance ourselves from notions of objective knowledge which serve to maintain power and domination (p. 177). But what would this artful “revolution in consciousness” look like?
Chapter 3

You are Here

She is willing ... to make herself vulnerable to foreign ways of seeing and thinking. She surrenders all notions of safety, of the familiar. Deconstruct, Construct. She becomes a nahual, able to transform herself into a tree, a coyote, into another person
– Gloria Anzaldua, La Conciencia de la Mestiza, pp. 104-105

In preparing to write this chapter, I had to continuously ask, where does my conceptual framework end and my methodology begin? This process, guided by rough notes and multi-coloured concept maps was not an easy one. In the end, I realized that the two are inseparable. My philosophical orientation to doing research, as discussed below, stems directly from my critique of current sexual health curriculum – a curriculum guided by positivist notions of objectivity and neoliberalism. Hence, in calling for a non-linear, fragmented, and non-rational approach to sexuality curriculum, in both thinking about and creating curriculum, it should not be surprising that I turn to a philosophical framework which theoretically embraces all that collage, as methodological and pedagogical method, has to offer. My research draws from feminist poststructuralism and will be conducted under a qualitative, interpretive research paradigm. These theoretical actions parallel my call for action in the previous chapter: in promoting innovative curriculum, such as arts-based approaches, we must defy and challenge positivist trends rather than relying solely (and uncritically) on the arts, as a genre, to undo that which we seek to create. As I explained previously in my work, art is not liberatory in and of itself. It is what we do with art that makes the difference. As I turn to collage as a conceptual and methodological framework for re-conceptualizing youth sexuality, in the context of HIV/AIDS education, and ask youth to create collages to represent their own experiences and/or

10 This title references the work of Sears (2005) and the importance of theoretical orientation in positing research.
concerns on HIV/AIDS, my method is the phenomenon which I wish to study. I will explain the underlying reasoning behind these methodological decisions as well a grounding literature below. I begin this chapter by speaking to my own attraction, desire, and interest in collage, as a medium and method. Following this, I draw connections between the overarching frames which guide my research: qualitative research, feminist methodologies, and feminist poststructuralism. I will connect collage to poststructuralism, its grounding in arts-based or arts-informed research, its conceptual and methodological frame, and lastly, collage as a form of cultural production. The latter half of the chapter will chart out logistics: recruitment, a detailed list of my methods for data collection, and the analytic tools I used to make sense of the data. I conclude this chapter by introducing my participants.

**Beginning with Myself: My Experiences as a Collage Artist**

Since the age of seven, I have been fascinated by collage. It began with homemade birthday cards and expanded to a thick collage journal that I kept as a teenager. Collage was the only way I felt comfortable working through and representing the incongruities I felt as an outwardly political adolescent, in an outwardly conservative social environment. As an undergraduate student, I began experimenting with collage as a way to work through academic theories and to situate myself within my work. As I began to conduct educational workshops, collage played a prominent role in allowing me to break from dominant conventions of Capital A art, resting on youths’ familiarity with the medium and the accessibility of working with ‘found’ images. After all, it’s just cut and paste, right?

Once acquainted with the ropes of the academy, it was my experiences using collage to inquire into my own reflexive process as a graduate student that introduced me to the nuances of
collage as a methodological tool and to the way in which we work both consciously and unconsciously. As a methodological tool, collage includes honouring our attraction to certain images as part of the process. This was a key learning. It was often not until after I had created a collage piece that the meaning emerged. As collage-researcher Butler Kisber (2007) notes, “the researcher works intuitively and in a non-linear way, choosing disparate, visual fragments and arranging them in ways that suggest unconscious, metaphorical associations and connections” (p. 269).

Collage allowed me to question my preoccupation with certain images or materials as well as my insecurities about what it means to create art, to be not “good enough.” After all, the collage process honours the serendipitous nature of stumbling across an image, while simultaneously recognizing that our eyes, minds, and hearts are guided to particular images and found materials for particular reasons. This form of visual inquiry represents my ways of seeing, being and attending to the world (Thomas, 2007); collage encouraged me to resist falling back upon conventional ways of seeing and knowing, as based on a search for certainty or singularity of essence, meaning or reality – ways of knowing conveyed by conventional HIV/AIDS or sexuality education. As I played with found materials, fingering the stickiness of glue and the jagged edges of crumpled maps, I was temporarily transported between my past experiences, present musings and future dreams. I reflected on my first experiences of collage, moments of reckoning in which I realized that it was okay not to make sense, that pieces of myself could jab and thwart one another. That I could be committed to class and anti-racist struggles, despite my own class and race privilege. That I could remember walks in the woods, where secrets were bared and dark nights where tears would not stop, without allowing both experiences to interfere with my research and my relationship with my participants. Once I learned that I need not be
consistent, whole, and unified, that it was acceptable to grapple with one’s sexuality, I felt stronger. This was my act of resistance.

In my experience, these processes of sorting, selecting, and later affixing and collaging found materials became a process of meaning-making in itself. Collage, as Mullen notes, “honours the unconnected and inexplicable […] by providing multiple possibilities for reseeding [sic], relocating, and connecting anew” (Qtd. in Butler-Kisber, p. 266). During this self-reflexive process, I wrote, “I collage as a way to self-reflexively research my positionality, and to process the complex and often contradictory ways language and images shape our experiences of sexuality, body, and self. We are not fixed entities; rather, we are always in the process of becoming” (Switzer, 2008, p. 28). In challenging the status quo of accepted academic rationalist language, I began to loosen my grasp on certainty and awakened myself to possibilities of regaining what has always been mine: the intimate and blossoming knowledge(s) of the self.

My collage practice facilitated my engagement with what Pinar calls, a “returning home” (1985/1994). For Pinar, the act of “returning home” is a psychological journey in the discovery of self. How do we come to know oneself? How do we come to know the world around us? How do we come to know our research, and our positionality within our work? I envision my own process of knowing, as a fluid, dynamic and shifting act of creation, intersected by complex perceptions of my multiple selves. As a young, white, able-bodied, researcher, how did my social location impact the way in which I consciously and unconsciously experienced the world, and my research? How did my past experiences with arts-based HIV/AIDS education guide my eyes to particular findings? After all, while I began exploring the links between HIV/AIDS and collage at twenty-three, my age, and my access to resources and social capital, has shifted over this time. While I still identify as a youth, I recognize that at twenty-six, I straddle the
boundaries of “youth”. Last, as a young woman now living in a heterosexual relationship, and as a survivor of violence, how did my own insecurities and preoccupations lead me to interpret data in particular ways? I suspended these questions in front of me as I conducted my research, and analyzed my data. And, I hold these questions in my hand as I write.

**Qualitative, Interpretive Research**

As a researcher, I am committed to and deeply invested in meaning. While Qualitative Research, as a paradigm, is generally concerned with meaning and interpretation (Denzin & Lincoln, 2000), I want to highlight the interpretive nature of my research, as well as draw attention to the wide net cast by the umbrella term, “qualitative.” Recognizing that all meaning is socio-culturally and historically contingent as well as co-constructed between researcher and participant (Mishler, 1986), this study attends to the ways participants collectively construct meaning about HIV/AIDS, including their perceptions of the epidemic and their positioning of selves in relation to it. More specifically, participants constructed collages as a way to work through their understandings of HIV/AIDS. Through this process of making and responding to their own collage texts as well as the collage texts created by others, interpretive qualitative inquiry allowed me to examine the way participants visually and discursively mapped HIV/AIDS and its relation to their own lives. Furthermore, this analytic orientation allowed me to penetrate the surface of what was happening, through an attention to salient analytic categories and ways of looking which are pertinent to critical educational research (Denzin & Lincoln, 2000). With the help of the frames, methods, and analytic tools discussed below, qualitative research helped me attend to my research questions: Through engaging in the process of making collages, what stories do my participants tell about HIV/AIDS? What discourses or narratives are produced when collage and narrative are used as methodological tools to address my participants concerns
and/or experiences of HIV/AIDS? By responding to their own collage texts, as well as the
collage texts of others, how are issues of representation and subjectivity addressed and
interpreted?

**Feminist Methodologies: An Orienting Approach to Research**

Much scholarship has attended to whether or not there is such thing as a Feminist
Methodology (e.g. Harding, 1987; Ramazangolu & Holland, 2002). I recognize the
methodological crossover between disciplines (e.g. cultural studies, critical race studies,
disability studies, etc) and am aware that there are multiple ways of doing “feminist research,”
which may or may not use so-called “feminist methodologies.” Nonetheless, with these
disciplinary debates in mind, I choose to position my research within a feminist approach to
methodology and epistemology. This methodological and epistemological framework will be
discussed further throughout this chapter. However, for the purpose of clarity, I will briefly touch
upon some of its guiding principles for how I view and hoped to carry out my research.

In summary, this feminist approach attends to the following: an ongoing positioning of
the researcher within the research through a process of critical self-reflexivity; a commitment to
challenging positivist binaries such as objectivity/subjectivity; an attention to intersectional
analyses by looking at the complex and interconnected ways gender, sexual orientation, race,
class, ability, and geographic location interact to shape both social identity and voice; an analytic
awareness and representation of knowledge as socially situated; and lastly, an ongoing
commitment to challenging systems of power, as they often connect with knowledge (See
2003; Pitts, 2003; Ramazanoglu & Holland, 2002; Sandoval, 2001; Thiele, 1987; Williams,
2001). This feminist epistemological and methodological stance intersects with a queer perspective which “as a category of contradiction” offers a recognition of both heterogeneity in, and the possibilities of mutual identifications across, difference … The suggestion of a queered alternative is not merely an interest in the addition of the previously excluded to dominant epistemologies and research practices that otherwise remain unaltered. A queered position requires an ontological shift comprehensively resistant in its exceptions to dominant normativity. (Honeychurch, 2004, p. 111)

Hence a queered position challenges “who may be the known, who may be the knower, and how knowledge has come to be generated and circulated” (p. 111). Consequently, in honouring youth voices, it is not enough to merely “give voice” to those who have traditionally been subjugated (Gaztambide-Fernández & Switzer, in press); queer and feminist theory demands that participants must play an active role in defining their realities and subjectivities.11 Walkerdine et. al (2000) ask that we stop trying to "know" the other or give voice to the other. Rather, we must listen to the multiple, and contested voices of those “othered” as constructors and agents of knowledge.

However, the possibility of finding (or representing) a ‘true’ and ‘authentic’ voice, shaped solely by the participant is an impossibility. As Fine (1992) reminds us, drawing on Foucault, all voices contain and negotiate power relations. Fine critiques the popular romanticization of subjugated voices, where voices are viewed as relatively ‘uncontaminated’ by dominant, or power-laden perspectives (p. 219). After all, circulating discourses constitute youth subjectivities, just as youth actively create new discourses to define themselves as social actors

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11 It should be noted that a queer perspective towards research is not dependent on the variable of queer participants. While my participants will ideally occupy a diversity of sexual orientations, this queer positioning of research actually transcends sexual orientation. As Sedgwick (1993) notes, the “most exciting work around ‘queer’ spins the term outward along dimensions that can’t be subsumed under gender and sexuality at all: the ways that race, ethnicity, postcolonial nationality criss-cross [sic] with these and other identity-constituting, identity-fracturing discourses” point to very roots of what it means to ‘queer’ something. It means to move across, or traverse difference (Qtd. in Honeychurch, p.111)
(Fine, 1988; Walkerdine et. al, 2000). While simultaneously recognizing the larger discursive voices at play in shaping and constructing youth narratives on HIV/AIDS, this research provides a space and an interpretive frame where youth may “position themselves through both authoring and authorizing experience” (Honeychurch, 2004, p. 111).

An Over-Arching Framework: Feminist Poststructuralism

Because of its interest in issues of power, knowledge, subjectivity, and discourse, poststructuralism is an apt philosophical framework to guide my research. A reaction to modernist ways of thinking such as liberalism, poststructuralism is both analysis and philosophical orientation. It emerges from, as well as challenges structuralism. As Slattery (2006) explains, whereas structuralism focuses on the systems that create meaning, “poststructuralism dismantles the systems in order to expose the variable and contingent nature of systems” (p. 195). Put in other words, poststructuralism challenges the notion of a fixed or unified truth and looks to discourse as a way to map how these so-called ‘truths’ get constituted (Foucault, 1980). Britzman’s (1992) definition of poststructuralism is also useful. She urges:

[r]ather than appeal to a timeless and transcendent human nature, poststructural thought traces “the constitution of the subject within a historical framework” (Foucault, 1980, p.117). There is a concern with how subjectivities become configured as an effect of history and how they are then produced … In poststructural analysis, meaning is never fixed or stable. Nor is reality, in any sense, understood as objectively “out there” or simply apprehend through language. Instead, meaning becomes the site of departure, a place where reality is constructed, truth is produced and power is effected [sic]. Poststructuralist approaches are concerned with the inherited and constructed meanings that position our understanding of social life. (p. 25)

In the case of my research, the “understanding of social life” includes youth understandings of HIV/AIDS. In working outside the binary systems of certainty, I commit myself to the task of grappling with the complexities, and contradictions of an irrational virus in an irrational world.
De-bunking the myth of Futility: Postmodern Resistance

I often hear people speak, in frustration, of the paralysis spurned by postmodernism and associated ways of thinking about research or social action. One evening over dinner, an acquaintance threw up her hands in irritation, strongly asserting, “Well with postmodernism, you may as well commit the world to an era of doing nothing! If postmodernism means nothing means anything, then we’re backed into a corner of apathetic futility!” While I recognize that these counter arguments exist (e.g. Ramazanoglu & Holland, 2002), postmodernism does not necessarily equate theoretical abstraction with lack of action. In contrast, a postmodern orientation which foregrounds oppositional or critical theory at its centre is first and foremost concerned with the perpetual re-checking and re-fashioning of meanings, the honouring of voices, the shifting construction of identities forged through difference, and the creation of oppositional consciousness (Gaztambide-Fernández & Switzer, in press; Giroux, 1991; Lather, 1991; Sandoval, 2000). In fact, according to Chela Sandoval (2000), it was US feminists of colour who advanced one of the first essentially ‘postmodern’ resistance movements – US third world feminism – by speaking to the de-centered subjectivity and violence which results from master narratives of progress, exclusion, colonialism, and neo-imperial regimes.

In striving for accountability and to social change, I follow Patti Lather’s (1991) guide to conducting Research as Praxis. Informed by a postmodern way of attending to the world, Lather’s feminist post-structural approach to research is a direct challenge to positivism. Her noteworthy text, *Getting Smart: Feminist Research and Pedagogy With/In the Postmodern*

12 While it is recognized that is difficult to pin point a definition of postmodernism (rather, we have postmodernisms), Lather (1991) defines postmodernism as a way to “simultaneously use and call into question a discourse to both challenge and inscribe dominant meaning systems in a way that constructs our own categories and frameworks as contingent, positioned and partial” (p.1). Lather, like many other scholars (e.g. Slattery, 2006) recognizes the common conflation between postmodernism and poststructuralism, and distinguishes the two as follows: postmodernism is used to refer to the larger cultural shifts of a post-industrial, post-colonial era, whereas poststructuralism is used to refer to the “working out” of these shifts within the academy (p. 4).
(1991) explores a key issue in my work: how our very efforts to liberate may often perpetuate relations of dominance. As Apple notes in Lather’s (1991) introduction, “To make something available for discussion is to make of it an object. This suspicion of the intellectual who both objectifies and speaks for others inveighs us to look closely at our own practice in terms of how we contribute to dominance in spite of our libratory intentions” (p. ix). Lather sets out to explore the ethical dimensions of doing research, marking pragmatic, methodological ways of turning critical thought into an emancipatory action by situating participants as key players in the knowledge-making process. I will return to Lather’s criteria for emancipatory social research later, when I discuss specific methods for data collection.

Poststructuralism and Collage

Given poststructuralism’s interest in both discourse, the fracturing of self and knowledge, and the interrogation of the value-laden nature of inquiry, it is no surprise that Lather (1991) begins her work by conceptualizing ideology as “the stories a culture tells about itself” (p. 2). Ideology, like discourse, does not exist “out there” but rather, “in here.” It inhabits us, our actions, our words, and our stories. In his chapter, “Toward creative solidarity in the ‘next’ moment of curriculum work,” Gaztambide-Fernández (2009) explores some of the pitfalls of ideology in creating social change. Drawing on Huebner (1975), he argues that we must be aware of our past and the language we use to do our work in order to move forward into the future. As Huebner notes, “[W]/Man and [h]is language […] form a paradoxical relationship. [S/]He is inevitably caught up in it, yet as creator, [S/]he can seek to transcend its confines, but in doing so, [S/]he builds new snares which are equally confining” (Qtd. in Gaztambide-Fernández, brackets original, p. 5). What are the snares that I build, and how might I escape them? It would be ignorant of me to claim neutrality in my research. In fact, my
philosophical orientation forbids it. As an HIV/AIDS activist and educator, I am interested in seeing new stories, new narratives, new discourses that challenge conventional and problematic ways of thinking about HIV/AIDS and youth sexuality. And yet, I am aware of the murkiness of ideology and language that Huebner references. After all, we can only speak from what we know. Again, I ask, as researchers and educators, “how can we recreate without re-circulating domination?” (Minh ha, 1990, p. 32)

While I am skeptical that any genre or tool is free from “re-circulating domination,” when approached critically, collage may be used as a methodological, conceptual, and pedagogical means of shifting ways of “knowing” in the context of HIV/AIDS education. By critical, I rely on Burns’s (2004) definition:

To take a critical approach to the making of art as research is to be aware of the contexts in which the work is situated, to acknowledge the fact that other contexts and perspectives exist, to take into account how they relate to one another and to identify the implications and consequences of those relationships – lingering, linking and layering. (p. 219)

Here, questions of representation, knowledge, power and meaning - key issues for poststructuralist theorists - are taken up theoretically and methodologically as I engage with the messiness of collaging narratives on HIV/AIDS.

Collage: Arts-Informed or Arts-Based?

Before discussing collage as method and methodology, it is important to situate this approach within emergent trends of using the arts in Qualitative Research. As evidenced by the recent publication of Knowles and Cole’s (2008) Handbook of the Arts in Qualitative Research, the arts are gaining attention not only within educational research, but across disciplines, such as

13 As methodological tool, collage may speak to the nexus of complex and often contradictory meanings and narratives which form our public and private conceptualizations of self (Garoian and Gaudelius, 2008; Luttrell, 2003; Butler-Kisber, 2007) and HIV/AIDS.
in medicine, anthropology, sociology, and women and gender studies. This academic shift can account for the growing trend of arts-based HIV/AIDS research as discussed in chapter two. This research tends to be divided into a number of camps, mainly arts-based (e.g. Barone & Eisner, 1997), visual ethnography (e.g. Pink, 2007), and arts-informed (e.g. Cole & Knowles, 2004, 2008) research. While arts-based research tends to be applied as an umbrella term, arts-informed research gets taken up in very localized academic contexts (i.e. at OISE, UBC and McGill).

Furthermore, these camps tend to be disciplinary, as well as field-based. For instance, arts-based and arts-informed research are used primarily within education, while visual ethnography is used in anthropology and sociology. Rather than locating myself firmly in any of these academic traditions, I choose to borrow elements from each of the traditions, to suit different needs. For instance, “arts-based” as a methodological approach is gaining significant attention, across disciplines in the field of HIV/AIDS research.\(^\text{14}\) Much of the arts-based HIV/AIDS educational research has been influenced by Wang’s (1999) work in photovoice which used photography as an alternative means of probing discussion on social issues and meanings related to health. Because of the recognition of “arts-based” research in my field, my alliance with arts-based approaches is strategic. Because arts-based work is relatively new to the HIV/AIDS field, it is important that I situate my work amongst other arts-based HIV/AIDS scholarship, so that it is recognized and taken-up.

However, my work borrows from many other traditions, or camps. From Arts-Informed Research, I borrow the role of the arts in forging a strong coherence between the content and

\(^{14}\) This is evidenced by the panel, ‘Arts-Based Approaches to HIV Research, Support and Prevention’ held as a Special Session at the 2008 10th Annual Ontario HIV/AIDS Treatment Network Research Conference. This panel focused on arts-based approaches to treatment, prevention and care, within HIV/AIDS research, across numerous disciplines: education, community-based research, environmental studies, and medicine. This panel was the first of its kind at this large conference.
form of representation in the research. For example, as Weber (2008) argues, visual images in arts-informed research furthers both the representation and the content of the research:

an image can be a multilayered theoretical statement, simultaneously positing even contradictory propositions for us to consider, pointing to the fuzziness of logic and the complex or even paradoxical nature of particular human experiences. It is this ability of images to convey multiple messages, to pose questions, and to point to both abstract and concrete thoughts in so economical of a fashion that makes image-based media highly appropriate for the communication of academic knowledge. (p. 43)

Lastly, similar to image-based research, visual ethnography focuses on the visual (mostly photography and film) and has contributed to my analytic approach of foregrounding the participants’ interpretations of their collages as my main data source. Pink’s (2007) work focuses not only on the visual content (i.e. the collages themselves), but how different producers and viewers of images give subjective meanings to their images; attention to participants’ descriptions of images can reveal the workings of particular ideologies, worldviews, histories, or identities in their reading, comprehension, or creation of images. This work fits most closely with my philosophical orientation.

Collage as a Conceptual and Theoretical Framework

Since I am interested in what is learned through the making of collage texts, and less in the actual aesthetic qualities of the collage texts, my research attends to the actual curriculum at work in the creation of meaning-making. It should be made explicit that I will not be analyzing the collage texts created by youth. Such an analytic action would privilege my voice, as “master of truth and justice” over the participant’s own interpretations (Foucault, 1984, p. 67). After all, my task is not to reveal a truth but rather, create a space that displays an interaction among perspectives – the participants and mine. After all, as Visual Culture theorists Hall and Evans (2006) explain, meaning is not constituted in the visual image itself but rather, in the “articulation between viewer and viewed, between the power of the image to signify and the
viewer’s capacity to interpret meaning” (p. 46). Through discussions with participants, what can be learned about youth’s concerns and/or experiences of HIV/AIDS? What stories do youth tell when they engage in the process of creating collage? And, from analyzing these narratives, what can we learn about concepts such as identity and representation? I am interested in my research participants’ articulations, responses to, and analyses of the collage texts created by themselves and others. Here, I see meaning as something which emerges between the viewer, and the viewed, rather than inherent in the image or collage itself. I return to this later in my discussion of visual culture below.

As a theoretical framework, by simultaneously honouring multiple voices and refusing to make whole what is fragmented, collage speaks to the myriad of ways in which youth conceive of sexuality. As an “artistic” and “postmodern” method, collage is a non-linear, multi-vocal, contradictory and fragmented genre. Historically, collage has been used by the Dadaists as a method that juxtaposed unrelated elements in order to break with rationalist, modernist thinking (Paley, 1995). Participants created collages out of found materials and images (newspapers, magazines, advertisements, bus transfers, coffee sleeves, etc), that are removed from their original context, and pasted together to create one fragmented and yet whole image or message. Returning to Treichler (1988), “AIDS is a nexus where multiple meanings, stories, and discourses intersect and overlap, reinforce, and subvert one another” (p. 32). Constructed in part by circulating narratives and ideologies, often informed via symbols and signs in popular culture, these (visual) narratives influence the ways in which we construct our ideas and identities in relation to HIV/AIDS and with others.\(^{15}\) Taken literally, collage is a physical representation of Treichler’s words; through collage, an individual works with these circulating narratives to read

\(^{15}\) Much work has been done on analyzing visual representations of HIV/AIDS. For examples of this work, see Treichler (1999), Gilman (1997), Wilton (1997), Roth & Hogan (1998), and Watney (1987).
and then re-construct collages on HIV/AIDS. My experience using collage as a pedagogical tool has taught me that through the process of linking, lingering, and layering (Burns, 2004), participants may insert meaning, often via personal narratives, in the spaces between images and found objects as they inscribe their own experiences onto the images. As Burns (2004) notes, “Gaps between layers act both as spaces of potential and limitation” (p. 218). In collage, this becomes a physical process as materials are physically selected, sorted, and re-arranged according to their intellectual, sensory, aesthetic, and emotional resonance and context.

Following the work of Lather (1997) on the connection between the cultural narratives that surround us and our understandings of HIV/AIDS, I argue that we must use the same visual images and materials (newspapers, magazines, advertisements, etc) which shape dominant discourses on AIDS to unpack and possibly overturn them. After all, popular culture does not inexorably impose ideologies of cultural values on passive audiences (Buckingham, 2003; Tavin, 2003). As Tavin (2003) notes, popular culture shapes consciousness via complex processes that can conform to and or resist other forms of identity construction. Media or popular culture is read by audience members according to various social, cultural, educational, class, and experiential backgrounds (Cover, 2000). In other words, these narratives and ideologies are never ‘put on’ as whole entities. Rather, they become fragmented as we piece them together with personal experiences, and other juxtaposing narratives or ideologies. This can be a metaphor for both the way in which we perceive ourselves in the world and in relation to HIV/AIDS, but also as a representation of the collage process in general.

16 Here found objects, may not only be physical but metaphorical, as in found narratives. For example, Luttrell (2003)’s work with collage and pregnant teens explored the interplay between what the girls created, and the narratives or images which they “found” within dominant culture (p. 44).
Collaging Conversations: The Cultural Production of HIV/AIDS Texts

Research has shown the importance of integrating popular culture with the arts when working with urban youth (Gallagher 2007; Gaztambide-Fernández 2007). Because of the influential role media and pop culture plays in youth lives, popular culture can become a key site/sight for production and exchange (Buckingham, 2003). Through collage, youth may “perform” on cultural texts through active interpretation, as they reorganize cultural symbols and signs through conscious and unconscious processes. That is, “[i]t is in the exchange of representations and ideas that identifications are constructed and transformed, often simultaneously” (Gaztambide-Fernández, 2007, p. 36). By framing the creation of collage texts as a form of cultural production, I will observe the participants’ (co-)construction of meaning on HIV/AIDS, representation, and identity as they respond to the collage texts created by themselves and the group. As a pedagogical and methodological tool, I was interested in the narratives that were produced when students were asked to attend to their processes of meaning-making. Moreover, I was interested in how youth articulate their understandings of, and connections to HIV/AIDS, representation, and identification. Here, the process of meaning-making, through the construction of a collage and the reading of images is particularly important.

This interpretation of collage texts is made available through the theoretical lens of visual culture. Framing arts-based HIV/AIDS education as engaging youth in visual culture would mean attending -- theoretically and methodologically -- to how the images used and created in the research process are situated in particular relationships. How were the images produced? How were they received by research participants (Mirzeoff, 2006, p.120)? What are the cultural conditions which allow certain meanings/analyses of a visual representation to exist (Evans and Hall, 2006, p. 45)? What are the “complex set of relations between visual phenomena, meanings,
and actions” (Stanworth, 2002, p. 107)? After all, as Weaver and Daspit (1999) explain, our relationship to popular culture is a “layering process in which meanings are altered and always already contested by the very fact that popular culture is being interpreted or read […] . Identities are not only shifting but the meaning of [the] texts constantly shift also as [students] read them” (Qtd. in Tavin, 2003, p. 200).

Furthermore, the concept of visual culture provides a generative lens for exploring the way in which the discursive and the visual operate in unity and in tension to create meaning about the epidemic (See also Mirzoeff, 2006; Evans and Hall, 2006).^{17} Within each collage, participants select, order and juxtapose images to present a specific message. Meanwhile, each image connotes a pre-existing meaning; this meaning is not fixed, but rather exists in a continual process of re-negotiation and re-articulation between other images, discourses, and between the viewer and the viewed (Evans and Hall, 2006). My research seeks to make visible these processes, in both data collection and analysis.

This practice and conceptual framework challenges the very underpinnings of many conventional HIV/AIDS efforts, such as the Healthy Living Unit curriculum – a curriculum that presents youth sexuality as being discovered through rational, coherent, and linear processes, when in actuality, sexuality is much more messy. Dynamic and variable, youth sexuality is multifaceted and bound up in confusing expectations, fears, and anxieties; it is also related to geographic, historical, and social contexts (De Oliveira, 2000; Dowsett et. al, 1998; Walsh & Mitchell, 2004). We need innovative curriculum that literally and figuratively displays the incongruities of HIV/AIDS, youth sexuality, and self.

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^{17} Visual culture allows for analytic attention to the diverse way images are constructed, read and received by participants. These readings are dependent on identities, experiences and socio-historical contexts (Mirzoeff, 2006). Visual Culture also allows for an exploration of the “limits of intelligibility” (Britzman, 2002), or how certain discourses become intelligible and thus articulated within the visual. These discourses are never fixed but rather, are constantly shifting and operating in relation to dominant forms of knowledge.
By filling these previously loaded images (signs) with new meaning, what post-colonial feminist Chela Sandoval (2000) calls “meta-ideologizing,” collaging found materials becomes a technological form of (postmodern) resistance and ideological weaponry, in the generation of new ethical and political standards for democratic social change. Sandoval’s work calls for the emergence of a solidarity based on differential consciousness in which difference is honoured over commonality in the fight for social change. Solidarity is hybridity and multiplicity.

Alongside Gaztambide-Fernández’s (2009) notion of Creative Solidarity, as “solidarity in a constant flux of invention and reinvention” (p. 90), collage may be viewed as a way of prioritizing difference and fragmentation as a means of collectively working through difference both within communities and ourselves.

Data Collection: Recruitment, Method and Analysis

The following section maps out recruitment strategies, methods for conducting data collection, and analytic strategies for coding, and analyzing data. After outlining each section, I will also touch on how strategies or tools impacted possible outcomes of the study.

Recruitment

I recruited participants through an arts-based HIV/AIDS initiative, Exploring HIV/AIDS and Gender (EHAG), at a large urban, elite public university. This initiative was selected for a variety of reasons. First, because I had worked with this initiative in the past, the initiative became a useful and accessible research venue. Second, because students involved with EHAG all had varying knowledge levels around HIV/AIDS, but were explicit in their interest, it allowed

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18 The following excerpt is taken from the initiatives mandate: EHAG brings together youth, community based service providers, policy makers, students, and researchers in Canada and South Africa on projects that use participatory approaches to working with young people in relation to sexuality, HIV prevention, and AIDS awareness. Our overall goal is the creation of innovative, gender-sensitive HIV education programs that work for youth.
for an explicit focus on HIV/AIDS. I began recruitment in November 2008 at EHAG’s annual orientation. Recruitment continued via postings on their listserve and through an announcement delivered to an introductory women and gender studies course. This course was selected due to students’ familiarity, and participation in previous activities hosted by EHAG – influenced by the course instructor’s role in the initiative. I provided interested participants with an information sheet to complete, requesting information such as name, age, and an open-ended self-description (Appendix 3). I also asked participants to rank, on a scale of one to five, their level of HIV/AIDS knowledge. This scale was included in order to ensure diversity of self-perceived knowledge levels across the group. At the time of recruitment, I hoped that this scale would assist me in creating a diverse group.

Recruitment yielded five participants who continued with the study. My participants were young women aged eighteen to twenty-four and self-identified with a diverse range of racial, linguistic, classed, and ethnic identities. Participants identified as either heterosexual or non-identified. In addition, while some participants discussed experiences with testing, no participant disclosed that they were HIV+. As will be explored in my limitations section, in chapter seven, this meant that the range of sexual orientations and experiences of HIV/AIDS represented in the study was limited. However, because one of my participants actively chose not to identify, it does suggest that one of my participants may have been questioning or grappling with her sexual orientation. Furthermore, while recruitment did not specify working exclusively with young women, recruitment through EHAG made recruiting young men difficult, as the number of young women greatly outnumbers young men within the initiative. As participants comfort with one another increased during the focus group, the space filled with

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19 While I initially recruited eight participants, three participants were unable to begin the study due to work and/or school commitments.
laughter and personal stories. Had young men been present in the study, the discussions would have likely been different and perhaps not as open. Having a woman-only spaced allowed me to pursue certain questions about femininity and sexuality that I may not have been able to pursue in a mix gendered group. However, this gender dynamic also means that the study was unable to explore how individuals who identified as men, experienced or understood various dimensions of masculinity as it relates to youth responses on HIV/AIDS, nor was I able to account for the experiences of trans identified individuals. Lastly, participants’ disciplinary background and familiarity on HIV/AIDS issues (self identified) also varied, as participants’ involvement in EHAG and extracurricular HIV/AIDS work varied considerably. In addition to the performance of particular knowledge-based roles (i.e. smart undergraduate student), participants involvement in EHAG (albeit varied) might have led students to feel as if they all must perform the role of ‘HIV/AIDS expert’ for each other and for me. As mentioned above, participants’ pre-existing familiarity with HIV/AIDS impacted the data considerably, through participants’ performance in the role of young woman or undergraduate student. This issue will be discussed below, as well as throughout chapters four through seven. Data collection took place between February and April 2009 at the University.

Methods

This study required the following methods to attend to my research questions: collage, (written) narratives, focus groups, and individual interviews. Each strategy informed one another, as participants were equipped with multiple tools to express themselves thereby providing multiple data sources.

In the first session, I asked participants to create collages that represented their personal experiences and/or concerns with HIV/AIDS and related issues, so that I could observe how
youth engage in the process of making collage texts on HIV/AIDS (See Appendix 1a). I distributed index cards to each of the participants and lay a selection of materials (found advertisements, mainstream and alternative magazines, old posters, etc) across the table. My decision to use index cards was informed by past experience; In my workshops, I found that students often found larger surfaces (i.e. matt board) overwhelming. They felt that they needed to ‘fill the space’ by the end of the workshop. However, after delivering the instructions, my participants quickly informed me that the index cards I had brought simply would not work. They needed more space. Their declaration sent me out of the room to search for more suitable materials. I had assumed that participants’ investment in the research would be similar to my previous students’ investment. However, I had not attended to how the context of a workshop would be different than a research study. Thus, their demand for new materials could be read as an act of assertion of their need for both space and voice.

Once created, these collages informed each subsequent method, as participants responded to the collage texts through written narratives, interviews, and focus groups. Once participants completed their collage texts, I asked them to write a brief narrative explaining the piece and how they constructed it. All participants opted to bring supplies home, so that they could complete their collage and narrative in the privacy of their own space. (Also, because participants chose to use larger materials to complete their collages, they required more time).

Throughout the research process, I stressed that participants’ collages and narratives were not final. Recognizing that one moment can never be truly representative of a subjects’ understanding, participants were invited to re-write and/or re-construct their collages at any point during the study. For example, after the focus group and interview, Makalya decided to re-create her collage, using her original collage as a base. Her new collage [Figure 2] built on her
previous images and differed in it’s aesthetic layout. Because the original images are kept intact, Makayla’s final collage is included within the main body of the thesis. Her original collage, used for the focus group and interview, is included in Appendix 4b [Figure 12]. Participants’ written responses (narratives) to their own collage text(s) constituted an additional data source to help me understand how my participants’ understood their own representations on HIV/AIDS. This was particularly useful when discrepancies occurred between the written narrative and what we discussed in focus groups or interviews.

In the second session, the participants analyzed and discussed the collage texts created by other participants in an audio recorded focus group (Appendix 1b). Before the creator of the collage text presented her written narrative on the collage, participants analyzed and discussed each collage text in relation to HIV/AIDS and their experiences. The creator of the collage text then had the opportunity to verbally respond to the group’s interpretation of the collage. By analyzing youth narratives which were produced during the focus group, this focus group helped me make sense how youth co-construct meaning on HIV/AIDS, representation, and subjectivity.

After the second session, I conducted brief, semi-structured interviews with each research participant in order to gain insight into their narratives on the above (Appendix 2). I audio-recorded these interviews. I approached these interviews with an understanding of the key role that the researcher plays in shaping the interview through the construction and delivery of questions, power dynamics between researcher/researched, and the shared meanings and understandings created within the interview (Mishler, 1986).

After I conducted preliminary analysis of the data, we met for a third time. In this second audio-recorded focus group, I presented participants with a preliminary analysis of the data and asked them to respond to the findings (Appendix 1c). This focus group was organized using
focus group questions, as well as an interactive line-spectrum activity whereby participants were asked to position themselves on an imaginary line in response to a series of statements I delivered (e.g. Nakkula & Toshalis, 2006). One end of the line represented strongly agree whereas the opposite side represented strongly disagree. The statements represented tensions found in the data such as the representation of guilty and innocent victims, the idea that AIDS does not discriminate, and lastly, the tension between whether or not the young women saw themselves and their peers as at risk for HIV (Appendix 1c). While I continued to qualify and add to my analysis after the last focus group, this focus group allowed me to check in with participants, as well as continue to gather data on points of disconnection or perplexity. This focus group was also a space for youth to review their written narratives and view their collages as reproduced and framed as an exhibition. At the end of the focus group, we worked together to order the exhibition and narratives. For example, participants decided that they wanted the narratives to stand apart from their collages, so that the reader and/or viewer could develop their own interpretation of the work. For this reason, the narratives are included in Appendix 5.

These methods are outlined in strict adherence with Lather’s (1991) criteria of Reciprocity, as essential for emancipatory research as praxis. According to Lather, reciprocity is the mutual negotiation and recognition of meaning and power between the researchers and the researched (p. 57-61). While reciprocity can manifest itself in many ways, I echo Lather’s call for the use of research to helping participants make sense of their lives. More broadly, I hope that participant’s understanding of HIV/AIDS, as a pandemic of circulating stories and meanings, will change the way in which participants’ relate to both the world and to the Canadian HIV/AIDS epidemic. Furthermore, this is evidenced by my theoretical attention to meaning-making as a joint effort during interviews and focus groups; I made use of strategic interview techniques, such as
offering my interpretation of participant's words back to the participants as a way to find holes in my analysis and share in the joint production of meaning. Similarly, my last focus group was centred on participants’ reading and analysis of my preliminary data, as a key stage in the research project for both collective meaning making and analysis. This also follows the work of Delgado-Bernal (1998), who argues for incorporating participants in the analytic process in order to make them creators of knowledge, versus subjects of research. Following this, I will attempt to “give back” to my participants by finding spaces and opportunities for their collage work to be exhibited and have offered to circulate upcoming HIV/AIDS related opportunities to my participants.

Analytic Strategies

Bridging on the photo voice work of Mitchell and Larkin (2004) and Wang (1999), which uses photographs and written narratives to elicit meaning from participants on the social determinants of health, this project turns to narrative analysis as a key analytic strategy. This is in keeping with Lather’s (1991) principal of dialectical theory-building versus theoretical imposition.

Using a strand of narrative analysis promoted by Mishler (1986, 1999), Riessman (2002), and Lather (1997), I analyzed the focus groups, interviews, and written narratives by focusing on how youth constructed their narratives of meaning-making on HIV/AIDS. This approach holds the following assumptions: First, interviews are viewed as dialogic processes situated in particular contexts and therefore co-produced. Narratives are social acts and hence in speaking, we perform our identities (Mishler, 1999).

Second, as outlined by Riessman (2002), participants narratives are viewed as an evolving set of stories framed in and through interaction with myself and other research
participants. By focusing on the narratives that are produced through the creation of collages, this follows the trend of visual ethnography promoted by Pink (2007) and Luttrell (2003), who critique forms of visual ethnography that treat the image in itself as a tool to obtain knowledge. In the focus group discussions and interviews, participant’s collages functioned like “visual spaces” (Pink, 2007, p.122) in which a number of different meanings, ideologies, histories or identities can be invested. These visual spaces were places for visual stories. For example, Lather (1997) justifies her use of narrative when working with women living with HIV by noting:

people make sense of their lives via storylines or narratives that are available at particular cultural moments. No life line fits neatly into any one plot line and narratives are multiple, contradictory, changing and differently available, depending on the social forces that shape our lives. In sum, the ‘self’ gets constructed and reconstructed across various times and places, sometimes simultaneously, in complex ways that are more or less open, more or less chosen, more or less stable. (p. 125)

Creating and then discussing collages – a creative reconstruction of self – allowed me to tap into the stories youth tell about HIV/AIDS and the connections between the epidemic, their lives, and their conceptions of self.

Third, Lather’s work fits nicely into Riessman’s (2002) and Mishler’s (1999) tasks of analyzing narrative as performances. Riessman recognizes that informants negotiate how they want to be known by the stories they develop collaboratively with their audiences. Informants do not reveal an essential self as much as they perform a preferred one, selected from the multiplicity of selves or personas that individuals switch among as they go about their lives. (p. 325)

Hence, as participants produce meaning about the collages, they simultaneously produce meaning about themselves. Because I am interested in subjectivity and representation (another form of public performance) as analytic categories, the concepts offered above are compatible with my research aims. Furthermore, because identity exists as a plurality of sub-identities (Mishler, 1999), there were multiple opportunities for participants to re-present themselves
differently (i.e. individual interviews, focus groups, written narratives). For this reason, focus group and interview questions remained the same in order to allow participants to develop or shift their thoughts over time. Furthermore, when multiple and contradictory representations occurred in the data, I sought not to view them as incongruous with research aims. Rather, I viewed variability as the norm in my research; narrative analysis challenges the assumption that the meaning of a story depends on its coherence (Mishler, 1999).

This idea is grounded in feminist non-unitary subjectivity and self-representation. As Le Guin (1985) eloquently writes,

The story is not all mine, nor told by me alone. Indeed I am not sure whose story it is; you can judge better. But it is all one, and if at moments the facts seem to alter with an altered voice, why then you can choose the fact you like best; yet none of them are false, and it is all one story. (Qtd. in Bloom, 1998, p. 61)

Lastly, I relied on the following analytic tools to guide my narrative analysis: reliance on and presentation of detailed transcripts of interview excerpts and focus groups; analysis of the co-production of narratives through the exchange between interviewer and participants; and comparative orientation to interpreting similarities and contrasts among participants’ narratives (Riessman, 2002, p. 322). Analytic attention was placed on creation of written narratives, focus group discussions, and interviews, so that like Luttrell (2003), I was able to trace thematic and episodic patterns in the associations the participants made between images and other collage texts, their identification with certain images, discourses, and dilemmas they expressed with their representation. This also included the overall interpretations of the works, while recognizing that narratives are produced spatially, temporally, and relationally (Reissman, 2002; Mishler, 1999). In the focus groups, each collage text was interpreted differently by the producers and viewers of the image, functioning as “bridges” between participants’ differing realities and experiences (Pink, 2007, p.122).
On Validity

Recognizing that I can never truly “know” a research participant’s concerns, I employed particular strategies in order to seek validity in the research. In order to remain consistent with Lather’s (1991) concept of Validity, I used several methods to conduct my data. For example, in addition to the methods discussed above, my interpretation was aided by comprehensive field notes taken before, during, and after each session. Furthermore, in unpacking the language used by participants in the focus group discussions, interviews and narratives, I analytically attended to what was said/not said, participants’ breaks in narrative, verb usage, interruptions, and the specific way in which conversations were co-constructed by the group.

These strategies assisted me in marking important moments to probe analytically (Luttrell, 2003; Mishler, 1999; Riessman, 2002). As Luttrell stresses, “What is said and what remains unsaid and perhaps unsayable [sic] depends upon what can be held in a memory and re-imagined as a story to tell, which further depends upon the listener’s responses” (p. 163). My role as researcher is not to provide an authoritative account of how youth perceive HIV/AIDS, but rather, to draw out the complexity and breadth of the participant’s responses, opening a window into whether or not alternate approaches to “knowing” (i.e. collage) in the context of HIV/AIDS curricula, produce alternative youth narratives.

Lastly, in ending with the final aim of research as praxis (Lather, 1991), I am aware that if I am committed to challenging the status quo I must be accountable to creating a more equitable and empowering approach to generating knowledge. In this aim, I maintained a journal during the study where I jotted thoughts, feeling, questions and reactions during and after each session, focus group, and set of interviews. I continued this journal during the analysis process. This helped me to engage with a process that Michelle Fine (1994) describes
as “working the hyphen” as a means to work against the colonizing impulses of research and acknowledge and account for the power relations between researcher/participant (Tuhiwai Smith, 1999).

As I analyzed my data and attended to the way youth narratives connect with larger discourses on HIV/AIDS, I attended to how dominant narratives on HIV/AIDS connect with past realities, such as colonial and imperial legacies, the reproduction of risk, and the historical regulation of women’s bodies. While I do not claim the status of historian, it is important to note the way in which discourses have been historically situated, and to work against what Arendt and Geertz call “truth cults” (Qtd. in Dillabough, p. 189). Within a product or change-driven field, where each research project promises best practices and behaviour change, to challenge the idea of a pre-given truth is a significant challenge.

Lastly, during the research process, I produced my own collage texts as an ongoing way to document my subjective responses and the power dynamics I bring as a white, able-bodied, middle class researcher (Appendix 4b, [Figure 10]). Again, these are feminist, post-structural concerns. How do I position myself vis-à-vis participants? How do I balance my own voice with the voices of my participants? If all “stories are situated re-tellings” (Mishler, 1999, p. 51) how do I situate my self as researcher, without becoming the primary storyteller? I include this collage and excerpts from my collage journal in Appendix 4a and b, [Figure 8-10]. These collages were away to keep track of my own subjectivity and were not analyzed by participants.

On Roles and Research Performances

I close this chapter with a theoretical note on roles. The roles that participants perform within this research study will be discussed throughout the next four chapters. As the participants storied their responses to HIV/AIDS through the unpacking of collage texts, they
continuously shifted roles from every day to assigned roles, from undergraduate students at a highly academic institution, to youths, and to research participants. Each role constituted multiple subject positions from where they chose, consciously and unconsciously, to speak. Since I argue that the subject must be understood as a discursive creation, as in the process of writing itself and of being interpreted by others, the attendance to roles performed, is integral to my analysis. Each ‘role’ dictates the limits of intelligibility or what can be said at any given moment. (Britzman, 2002; Brown, 2003; Gallagher, 2007).

For example, as addressed above, I recruited participants through EHAG, an initiative which uses innovative approaches to explore HIV/AIDS education and research with youth. While experience and knowledge level varied in relation to previous HIV/AIDS work, each young woman had expressed interest in HIV/AIDS – by virtue, even, of signing up for the study. Furthermore, each of my participants had been enrolled in at least one university course which addressed HIV/AIDS, in varying degrees. My five participants would have responded very differently had I conducted interviews and focus groups in a local community center, church, on the street, or in the homes, where they did not have to negotiate the role of smart undergraduate student. (Of course, with new sites come new roles). It’s also important to note that during the study, at least two out of five participants approached me about future opportunities in the HIV/AIDS field. Thus, it’s likely that participants may have been trying to impress me as researcher and gatekeeper to future opportunities.

However, the playing of roles is not an active or rational process. Subjects are produced, often unconsciously, by the narratives and discourses which position them in any given moment (Walkerdine et. al, 2000; Fine 1988). Similar to Kathleen Gallagher’s (2007) work with participants in drama classrooms, the young women in my study acted both as "informants" to
the research topic (youth responses to HIV/AIDS) as well as "representatives" of the research, in their role of youth artists, or youth representatives on a topic (p. 57). In my analysis, youth expressed themselves in two distinct ways: participants’ concerns and/or perceptions about the epidemic were expressed either directly through seemingly ‘objectively’ comments or concerns or indirectly through personal stories about family, relationships, and self. For example, as seen in chapter four, participants discussed the role of the Other in HIV/AIDS, through a distant, seemingly objective academic rhetoric. These discussions often took the form of concerns or issues they held about the epidemic. However, these discussions often contrasted with some of their personal narratives in chapters five and six which manifested through personal stories about their lives, and experiences. Here, youth navigated the roles of “representative” and “informant” as they shifted from viewing knowledge as "out there" (issues and concerns) to knowledge as "in here" (personal stories). During the focus groups and interviews, youth responses were often contingent on how the youth perceived their ‘role’ (representative or informant, university student or youth) in any given moment. I elaborate on this discussion of roles throughout the following chapters, and more specifically in chapter seven.

Introducing the Participants: Situating the Self and the Slippery Slope of Subjectivity

*It should be stated that this [collage] was done through, you know, a specific person and their life. Like, it shouldn’t just ‘this is this is what, you know, HIV/AIDS represents blah blah blah’. It should be stated that you know, it comes from a perspective of this woman, who is Korean, who lives in a very conservative family, just so that they know where this is all coming from.*

– Abigail, in response to the question “Should this collage be exhibited, and if so, how?”

Following Abigail’s request that stories and collages be situated, a feminist post-structural orientation to research demands attention to the way that social and historical contexts
shape stories and research spaces. The research participants decided how they wanted their work to be framed in the research. Each participant selected a pseudonym and wrote a small introductory paragraph on their identity. For their introduction, identity markers such as gender, race, class, sexual orientation, etc. were suggested but not required. These introductions are provided below to contextualize moments of dialogue in my analysis by pointing to the way identity shapes what can be seen or heard in any particular space.

While this includes references to particular identity markers, I am attuned to the fact that identity markers are shifting and not fixed. I do not wish to essentialize identity nor suggest that certain markers guarantee access to a particular experience (See also: Gallagher, 2007). And yet, this is not an easy task. How do I contextualize youth stories without fixing their identity or words in a given moment? How do I represent a research environment with contradictory and contested voices within the context of a research document that must de-contextualize the data, and then select, order, and prioritize it? Throughout the following chapters, I carefully map my data analysis around particular collages and images. This way, participants responses do not exist in isolation but rather, in relation to a specific image or comment. Secondly, I make note of participants slips, contradictions, and turns, not as means to “catch them” but rather, to point to the slippery nature of subjectivity. But who are these wise young women that I speak of?

**Abigail**

I am a woman of colour who was born in South Korea and immigrated to Canada at the age of three. I am a heterosexual female from a middle class family. I am currently finishing up my first year at university in general Arts and Sciences. I speak English and Korean. Although I have spent my whole life in Canada, I was raised within a very traditional Korean household. I was interested in participating in this particular research
because this topic is very taboo in my family. Hence, I wanted to share my personal perspective as well as to listen to how others with different backgrounds perceive and handle the issue of HIV/AIDS.

Rachel

I am a 24 year old, heterosexual female. I am of Indo-Guyanese descent but I live in [large suburban suburb] with my family. Sometimes as a girl in an Indo-Caribbean family, there are two things that are very important to accomplish: getting your education and finding a boy. I went to a Catholic high school and used to be in church every Sunday, so my teenage sexual education was very limited. Hence why most of the images (and/or words) are usually of heterosexual couples, are fixated on ‘looking for love’ or convey naivety (immature, just like my sexual education and views on love given my religious and cultural backgrounds).

Solene

Born on the island of Jamaica and raised in the inner-city, Toronto community of [inner-city neighbourhood], my love for diversity is rooted in the multi-racial heritage of my own family. After taking a course on HIV/AIDS I initiated and organized HIV/AIDS seminars for inner city youth at high schools, community centers and youth based organizations. I enjoy working with youth and hope to continue HIV/AIDS advocacy as well as to branch off into youth-based HIV/AIDS research. Female, Multi-racial, heterosexual, middle class.

Makayla

Female, heterosexual, 19 years old and from Guyana, South America. Currently living and studying in Canada as a first year student.
Raha

I'm a third year science student (nutrition and human physiology). Coming to university, I had a strictly medical (and in my opinion stereotypical) understanding of AIDS. However, taking women studies and equity studies courses during my freshman year significantly broadened my understanding of AIDS in its cultural, historical and socio-economical underpinnings. Although my science schedule has not allowed me to take further interest in the field, these courses have very much sparked my interest in learning more about, and having a positive role about issues surrounding race, sexuality, and human rights. I was born in Iran, and moved to Canada as a child.

These young women, their stories, and collages fill the proceeding chapters with insight, laughter, and narratives about their own lives and complex understandings of HIV/AIDS. As Britzman (2002) stresses about her own participants, "Their voices create a cacophony and dialogic display of contradictory desires, fears, and literary tropes that if carefully 'read' suggest just how slippery speaking, writing, reading and desiring subjectivity really are” (p.32). Hence, I ask that you, as a reader, keep this in mind as you traverse the following chapters. For while the conventions of academic research demand that I situate these participants in a somewhat frozen fashion, participants and their responses were much more dynamic. As noted above, and throughout the following chapters, participants frequently shifted roles; these roles often determined what could be said or what image could be read, in any given moment. Hence, while I provide these introductions for you to contextualize participants words and collages, I ask that you use these introductions as a starting point and allow their understandings of themselves, both conscious and unconscious, to gain more depth as I move along. I now move towards my data analysis as unfolded in chapters four through six.
Solene’s Collage, *Welcome to Delusionville*, [Figure 1]
Makayla’s Collage (Revised), *Untitled*, [Figure 2]
Chapter 4

The Safe Body and Other Tales: HIV/AIDS and the Other

I think it’s uh, I think it’s sort of uh wanting to uh break the stereotypical view that sort of AIDS is only out there (Sarah: Out where?) sort of out in the, out in Africa. [...] Yeah, in the third world because she has a picture of India here but there’s also Chicago, and the United States and Canada, just the first world, so it’s like, yeah, it’s right here too. I mean it’s everywhere.

- Raha, in response to Solene’s collage [Figure 1]

Setting the Stage: The Safe Sex Talk

I begin this chapter with a moment from the first focus group. Makayla had just finished reading her narrative, a story relaying her uncle and family’s battle with AIDS. As the conversation began to settle, Rachel raised her voice.

Rachel: Actually I want to bring up something really interesting. (Sarah: Yeah, go for it). When, when my family went to Guyana, we were staying in [inc], the country-side, that’s when my dad decided to tell, like my dad basically gave my brother the little sex talk, like, “make sure you use protection” (Sarah: Hmm) (Makayla: yeah, yeah). That’s like the first and only time he, he told, like he told my brother to use protection if you’re going out with your cousin [Rachel laughs].

Sarah: And what do you think about that?

Rachel: Um, well I’m not sure if it’s just because like, this, like this was the first vacation when my brother was 16. So I guess my dad probably figured “okay, his hormones are raging and he’s going out with his cousin alone.” But I just thought it was interesting that he waited until we went to Guyana to tell him that, (Makayla: yeah) (Sarah: uh hm) instead of telling him that here. [Rachel laughs again]

I probe, “What do you think is operating there?” . Rachel responds

I don’t know, well like my parents, my parents have been here for thirty years almost and you know how you [Makayla] were saying, in the Caribbean everything about sex is hush hush. My parents are very open with that, like obviously they don’t tell me everything. They’re very open with us about it now, because they realize that the way they grew up is not how, how like, you raise your children here. It’s very different. (Makayla: uh hm). It’s a bit more open on issues like that. I don’t know why, I think cuz my dad did know more of the statistics like you were saying, (Sarah: hm) (Makayla: Yeah) so that’s why he probably gave out the speech. [Rachel laughs again].
This story set the stage for the remainder of data collection as participants looked beyond risk groups, to the dichotomies of us/them, to Othering, and lastly to the way that dominant discourses on HIV/AIDS affect the way we perceive risk, and the way we read certain images. Rachel’s story functions as a window into the three pertinent themes in this chapter: the construction of risk as located in other bodies and places (in this case, Guyanese women in Guyana), the idea that AIDS can affect anyone (why speak of safe sex only in Guyana?), and lastly, participants’ reluctance to discuss their own sexuality, desires, and the impact of HIV/AIDS on their lives. Rachel’s story was one of the few moments in which participants’ related discussions of AIDS as Other to their own experiences. I propose one reasoning for this connection at the end of the chapter. For now, I use this narrative as a backdrop for the conversations which follow.

Using the “safe body” and Solene’s collage [Figure 1] as a focal point for analysis, this chapter highlights participants’ discussions and visual readings of risk as a socially constructed process, dependent on the idea of a racialized and gendered Other. Through the reading of what one participant deemed, “The Safe Body,” I highlight participants’ understandings of risk and HIV/AIDS as visually constructed at the intersection of gender, race, ethnicity, class, geography and sexual orientation. In discussing the “safe body” and dominant perceptions of risk, participants critiqued essentialized risk categories as they deconstructed dichotomies of us/them and self/other. These discussions often revolved around participants’ critiques of safety or risk as lodged in particular bodies and places, as well as readings of HIV/AIDS as linked to particular images within participants’ collages.

However, rather than seeing risk as contextual and themselves as ‘at risk’, participants distanced themselves from the epidemic and its implications. In order to position themselves in
opposition to the Othering discourses they critiqued, participants relied on the rhetoric, “AIDS does not discriminate,” or “AIDS affects everyone.” After all, if AIDS was not essentially tied to a particular body or space, then it must be everywhere and in everyone. I argue that this universalizing rhetoric allowed participants to position themselves as critical, without actually exploring the impact of the epidemic on their own sexuality, desire, and identities. These efforts represented participants’ conscious and unconscious attempts to keep their vulnerability and understandings of themselves as sexual actors at bay, resulting in moments where participants Othered, even as they critiqued the way Othering operates.

**Othering, HIV/AIDS and the Production of Difference.**

Columpar (2002) asks, how is difference produced through the art of looking? Theorists have explored the processes by which individuals and communities become a meaningful site for the production of difference, through the fixing of an Other (Bhabha, 1990; Brown, 2003; Fine, 1994; Razack, 1998; Todd, 1997; West, 1990). Bodies are discursively and visually constituted by the meanings participants assign to them. Gatens’s (1996) concept of the imagined body is useful here. Conceived through dynamic body images of the Other, the imagined body becomes constructed at the shared site of language and institutional discourses (such as HIV/AIDS, education, or medicine) which act on and through the body (p. 12). These processes of Othering and difference are critical to understanding the way in which participants negotiate and construct understandings of risk and risk groups.

The connection between HIV/AIDS and the construction of the Other has been well documented (See Farmer, 1993; Patton 1996, 1997, 2002; Treichler, 1999; Raimondo, 2003; Watney, 1990; Schiller, 1992). In tracing HIV/AIDS discourse through tropical thinking to epidemiology, Patton (2002) explains how colonial discourses prefigured and set the stage for
current thinking on the pandemic.

Tropical thinking superimposed its value-laden here/there view of civilized and non-
civilized space on the geo-medical and thus fixed disease in place. These diseases, which
are regulated by national medical establishments but which are also regulating – of those
who have them – doubly but asymmetrically mark space: Where there are tropical
diseases, there must be lack of civilization (tropics), and where there is civilization there
must be lack of (tropical) disease … Epidemiology reversed tropical medicine’s concern
with who might fall sick by removing disease from the natural environment (the native’s
body constituting part of nature) and placing it in the body of the displaced Other. (p. 42)

Hence, as will be explored below, participants comment on how certain bodies become visually
marked as “safe” (and hence, “unsafe”) in the context of HIV/AIDS. As a concept, safety also
extends to particular places. Simon Watney (1990) describes the ideological correlation with
AIDS and Africa as part of Western “AIDS Commentary,” which signals the link between the
current pandemic and colonial beliefs, targeted as an (assumed) white reader. Watney (1990)
defines AIDS Commentary as “the complex discursive field in which AIDS is used to signify the
interests of many different institutions, from government to press: commentary that may be
characterized by: its repetitions, its slippages, its omissions, its emphases, its ‘no-go’ areas, its
narrative patterns and so on.” (p. 90). As Watney continues, “African AIDS” tells us little or
nothing of AIDS in Africa, but “much about the West, and its major strategies of self-knowledge,
rooted in systems of difference and Otherness” (p.95).

These regimes are aligned with colonial histories, and what Bhabha (1999) describes as
“fixity” in the ideological construction of Otherness (p. 370). Because the stereotype is a
discursive strategy always in need of re-articulation, visual images are key sites for the
maintenance of difference. As Keenan (2006) notes, the production of racial thinking begs the
question, “different from what or from whom?” (p. 115). Since racial and ethnic identities are
often “imagined, constructed, theorized, naturalized and personalized” in the realm of the visual,
the construction of risk groups as raced, classed, and gendered identities must be read as a visual project (Alcoff, Qtd. in Kahn 2007, p. 327).

This visual articulation of difference can be traced in HIV/AIDS representations since the beginning of the epidemic. For example, in the late 1980s, media campaigns and news features shifted representations of HIV/AIDS as homosexual disease to a heterosexual disease. As Gorna (1997) and Treichler (1999) argue, once HIV/AIDS became identified in the public realm as a disease that could impact heterosexual men and women, representations significantly shifted. The refrain (as seen below), “AIDS does not discriminate” became a popular slogan, in attempts to normalize AIDS and remove it from the diseased and other body of the homosexual or injecting drug user. Campaign posters reading “Now no one is safe from AIDS” lined news shelves. Such re-positioning (“the heterosexual scare”) was also influenced by Magic Johnson, basketball icon; Johnson announced that he was HIV positive and was retiring from the game (Treichler, 1999, p. 73-74). And yet, at the same time that popular media declared “everyone was at risk,” ideas of safe and unsafe bodies, or normal and abnormal practices circulated across the press. For example, a 1988 article in *Cosmopolitan* (a popular young women’s magazine) insisted that the only way “normal” heterosexual women might come into contact with AIDS, was through engaging in ‘devious’ practices (Treichler, 1999, p. 236; See also Gorna, 1997; Treichler & Warren, 1998).

Binaries of us/them, self/other, safe/unsafe circulate through, under, and across visual readings of HIV/AIDS. Through maintaining and erecting moral boundaries, media helped to police certain bodies and certain places, as well as reify historic dichotomies of pure/impure, safe/unsafe, healthy/diseased, here/there, and us/them (Patton, 2002; Ramoindo, 2003). As Anzaldua (1987) notes, borders “are set-up to define the places that are safe and unsafe, to
distinguish *us* from *them*” (p.3). As manifested through the rise of race science, colonialism and patriarchal systems of power, these binaries bear heavy significance on the epidemic.  

Reading Risk as Other: The Safe Body and the Cartography of Risk

“Photographs are already immersed within complex systems of signs, symbols and referents; their ability to evoke reactions from viewers relies precisely on their alluding elements of the familiar and the strange” – Twomey (2007), p. 297

Conceptions of risk and risky bodies are invested with discourses of morality and normality (Rhodes, 1997; Patton, 2002). In focus groups and interviews, participants often opened up the subject of risk, refusing to see it as fixed but rather, as a product of dominant discourse. As such, participants spoke to the way in which dominant narratives on HIV/AIDS situate risk and HIV/AIDS in the body of a racialized, and often gendered, Other. For example, the idea of risk as a racialized and gendered construct emerges during a conversation and reading of an image of Brad Pitt, and his daughter Zahara [See Figure 1].

Rachel: Well, I was just telling her, like, I love that picture because it’s like –

Sarah: Which picture?

Rachel: The one with Brad Pitt (Sarah: Okay) and his African kid. Because if a lot of people look at it, they’re automatically going to assign, this kid to having like HIV/AIDS and him being like the savior or something [Rachel laughs].

Sarah: Why does Brad Pitt become a savior?

Rachel: Because of his status here.

Sarah: What else?

Rachel: And because of the colour of his skin.

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20 For a larger discussion on how discourses of the Other work its way into concrete realities, such as the scientific framing of HIV virus types, see Patton (2002).
Here, the ‘safe body’ is a white body: a familiar, heterosexual and hyper-visual body. Brad Pitt is instantly recognizable. He is also a clean body. As a “saviour” he is a civilized and civilizing body. Rachel explains that an average viewer would “automatically” “assign this kid to having HIV/AIDS”, referring to the way larger discourses on risk impact our visual readings. It’s important to note that Rachel does not “assign” HIV/AIDS to Brad Pitt; he is read as “safe.”

However, this body does not exist without consequence; the “safe body,” is intricately connected to an image of (the strange) Other. In this image, Rachel comments on the dominant reading of Brad Pitt in relation to the Other, his “African kid.” His daughter (the Other) is not safe, not clean, not civilized, and not white. Furthermore, the connection between Brad Pitt’s “status” (class, and celebrity status), race, and position as savior evokes the history of a colonial or ethnographic gaze, and the bodily demarcation of what Columpar (2002) calls, a “site/sight of difference” (p. 40). Brad Pitt exists as savior in relation to the infantilized (female) Other, who as Solene discusses later, becomes knowable by virtue of her relation to a (male) North American icon – what Raha deems, the “safe body [...] the morally right, sort of.”

Solene and Raha build on the concept of the “safe body” as they crystallize their ideas on risk, risk groups, and Othering. As Solene responds to participants’ readings of her collage, she extends Rachel’s comments, noting that the safe body cannot exist without an Other. This binary relationship of safe/unsafe and us/them is integral to participants’ dominant understanding of risk.

And I like the fact that Raha, you talked about the safe body, which you know, there is this hierarchy with race and there is this hierarchy with sexuality and female sexuality and beauty is at the top of that, it’s at the top of that chain, so. That is, you know, very resonate in my culture, in my own culture and like you have lips and sexual poses all over the place. [...] And then um, you talked about Brad Pitt - like, we actually know the name of this girl, it’s Zahara, it’s his adopted daughter (Sarah: Oh is it?) yeah, but other African kids they’re you know, like they’re ambiguous and that’s sort of like, because I know that, it doesn’t mean that everyone knows that, but it’s just another African kid to most of
us (Sarah: Hmm). But we all knew Brad Pitt’s face so, but a kid is sort of like - (Makayla: Yeah, right). So, it just speaks to a lot of things.

Solene stresses the relevance of Raha’s term “the safe body” to her work by implying that “the safe body” is aligned with “a hierarchy with race” and a “hierarchy with sexuality and beauty is at the top of that chain.” This argument of racial hierarchy extends to her comment about Brad Pitt’s “adopted daughter,” Zahara, underscoring her adopted status. Zahara is not white, therefore, she cannot be read as Brad Pitt’s biological daughter. Without Brad Pitt, she is read as “just another African kid to most of us.” Although not stated explicitly, Solene makes a comment about how deeply racialized our ideas of risk really are. Solene suggests that although Zahara’s adopted (read legal not biological) relationship to Brad Pitt allows for her tenuous reading of status and recognition, this reading is dependent on this very relationship. After all, as Solene mentions in her interview, without Brad Pitt, people might assume Zahara was an “ambiguous you know, uh, African child who needs help”. In contrast, Brad Pitt is an “identifiable figure”. And then, “you’re playing with those roles again that we have, and these preconceptions [about HIV/AIDS] that I think we have.”

In her written narrative, Solene expands on this idea of racial, and gendered hierarchies, by aligning gendered beauty norms with representations of black diseased bodies. Solene writes,

“I wanted to speak to the contradiction of a sexually saturated culture where sexuality and Caucasian standards of beauty are glorified and commodified yet disconnected from the sexually transmitted disease, HIV/AIDS […] Further, the media portrays white bodies as this ‘healthy’ standard and white beauty as an ideal to be desired, which helps to make HIV/AIDS a problem of ‘the others’ who live in regions like Africa or South East Asia.

The same systems which create a gendered, and racialized Other promote the white body as the healthy and beautiful standard.

As suggested in Solene’s written narrative, these representations are also tied to geographic regions. From her discussion of Brad Pitt and Zahara, Solene continues: “Those are
just a couple of things, and then origins, whether it’s the city or the monkey, I don’t know!” She throws her hands up, the group laughs, and she continues, by pointing out the word “the Others” etched onto the bodies of three African children in her collage. Here, the concept of the Other is inscribed directly onto the bodies of a racialized and infantilized Other, also marked by geography, ethnicity, and class. Aided by often racist debates over the origins of AIDS these children will always be Other. References to the “city” and the “monkey” linguistically and visually link HIV/AIDS to the Other body, as connected to debates around origins.21 Here, the Other body is assumed to be African (“the monkey”) or a gay white man (“the city”); this visual iconography gets constructed at the colonial site of race and geography, and the moral borders of normative heterosexual domesticity (Patton, 2002; Raimondo, 2003).

The idea of risk as lodged in particular places (i.e. African AIDS) depends on the concept of the Other (see Patton 2002; Treichler 1997; Watney 1990). As Raha explains of Solene’s word-choice, “I think that word, the ‘others’ sort of speaks to that, that sort of, AIDS is those racialized bodies, it’s them, it’s out there, it’s not us.” In Raha’s statement, the words “them” and “us” are positioned alongside a geographic and psychic “out there” and the implied (although not uttered) “anywhere but here.” Participants’ readings are influenced by a knowledge of colonial and ethnographic histories, thus seeing race and geography as intricately

21 Debates and conspiracy theories surrounding the origins of HIV/AIDS are variously tied to national governments, such as the US, as well as particular continents, such as Africa (see Treichler, 1999; Bogart and Bird, 2003; Ross et. al 2006). For example, Solene’s reference to the monkey calls up the widely-held belief of transference between the SIV virus in African primates and people residing within the continent of Africa. Here, the allusion to the “monkey” represents the idea of origins as tied to black bodies and rural Africa. Speculation over the transference of SIV in African primates to humans is argued by the popular text, The River: A Journey to the Source of AIDS by Hooper and Hamilton (2000). While the text argues that SIV has been scientifically linked to both strains of HIV-1 and HIV-2, many of Hooper and Hamilton’s arguments have been disproved (Worobey et. al, 2000) and critiqued (Monto, 2001). In contrast, Solene references the “city” as an alternate source of HIV/AIDS origins. While the image of an industrialized cityscape is less explicit, Solene may have been referencing the presence of the HIV/AIDS in New York and San Francisco’s gay community during the early years of the epidemic.
connected. By noting that “it’s out there, it’s not us,” Raha implies that perceptions of AIDS as ‘out there’ rub up against our notions of self as protected. The Other always threatens contagion.

In drawing attention to Solene’s image of the map and cityscape, Raha furthers her argument by connecting the idea of “out there” to the continent of Africa.

I think it’s sort of, uh, wanting to uh, break the stereotypical view that sort of AIDS is only out there (Sarah: Out where?) sort of out in the, out in Africa (Sarah: okay) (Makalya: sort of other places, yeah) yeah in the third world because [Solene] has a picture of India here but there’s also Chicago, and the United States and Canada, just the first world, so it’s like, yeah it’s right here too. I mean it’s everywhere.

As Raha speaks, Makayla nods, and utters sounds of agreement throughout. According to Raha and Makayla, AIDS not only exists “out there … in Africa […] It’s right here too.”

“AIDS does not discriminate” and “AIDS affects everyone” … but me.

“The consequences for some, and not for others” - Rachel

The expression “AIDS does not discriminate,” or AIDS is “everywhere”, as seen in the above quote, was commonly used by participants during data collection. This refrain emerged out of participants’ critique of the production of risk, or AIDS as Other, as articulated in the previous section. If AIDS is not Other, and not rooted in a geographical place or particular body (Patton 1996, 2002), as participants argue, then the inverse must be true: AIDS must “not discriminate,” and must be “everywhere.” However, as I will demonstrate below, this refrain was articulated with irony. Even as participants argue that “AIDS affects everyone,” participants struggle to engage with and implicate themselves in the epidemic, by speaking to their own experiences, desires, and identities as sexual actors. For example, the personal stories expressed in chapter five are never articulated as justification for why “AIDS affects everyone.” Rather, when participants do speak about risk it’s done apart from any reference to HIV/AIDS.
For example, Solene uses the rhetoric, “AIDS does not discriminate” as a means to distance herself from racist and colonial views that essentialize risk. She explains that ideas of the Other influence our:

preconceptions of who has HIV/AIDS, what they look like. We also, you know, um live in a really sexually saturated culture um, and you know, HIV/AIDS is not a thing, it’s not a disease which discriminates. But we automatically discriminate when we think of who has HIV/AIDS. As long as you know, whenever, whoever they are, they are not me or us, or we and so the minute we do that, we separate [AIDS] from ourselves and disconnect ourselves from it. […] And that, we, you know don’t’ know the origins, there are no others, there’s just us.

In order to move away from essentializing views of risk, Solene must re-situate HIV/AIDS as affecting all of us. Solene’s reading is consistent with critiques of epidemiological thinking, which function to distance individuals from the epidemic, leading them to believe that they are not at risk, as if to say “I’m not one of those” or “I don’t live/go there” (Patton, 2002, p. 120). And of course, this is important. These “preconceptions” influence what Rachel describes as “factors that would make us reconsider condom use.” “You think AIDS is displaced from you, because you only see kids from Africa with AIDS” and hence, choose not to use protection.

However, I want to direct attention to Solene’s use of the pronoun “us.” In her interview, focus group contributions, and written narrative, Solene speaks to the impact of visual media on the creation of “The Others” and on dominant understandings of the disease. However, in Solene’s interviews about her collage, she rarely references her own experiences or identity. As she critiques society’s tendency to “separate [AIDS] from ourselves and disconnect from it.” Solene engages with the epidemic from the safe place of academic discourse. In fact, Solene surprises herself when she realizes her collage “actually reflects a lot more about me than I’d, I’d wish.”

For example, Solene briefly engages with the realization that her collage reflects
some of my own insecurities and the things that I deal with like marriage. That is something that my parents are, you know, they haven’t ever been divorced ever. I’ve lived in a pretty you know, nuclear household with the mom, dad, sisters and brothers and those are just conventions that I don’t see myself [Solene laughs] living up to.

Solene laughs frequently during this brief expose. I read her laughter as an expression of discomfort. However, this short foray into her personal experience does not last long. Solene quickly moves on to discussing Raha’s reading of her collage, and her critique of the media. During this switch in content, her intermittent laughter ceases as she retreats to less vulnerable topics of conversations and the distanced voice of critical thinker and smart undergraduate student. Here, Solene must negotiate her multiple roles within the research study: her role of youth, research participant, peer educator, and intelligent, critical, and socially progressive undergraduate student, specializing in HIV/AIDS.

However, Solene is not the only participant who relies on this rhetoric. The phrase “AIDS does not discriminate” also surfaced in other collages. In Abigail’s collage, participants took interest in an image of tiny hands and feet. Like her peers who argue that “AIDS does not discriminate,” Abigail suggests that the image represents “all of them just coming together, and yeah being affected.”

Rachel: And then you see the babies too. I like how it’s consequential here, and then you see the babies underneath. […]

Solene: Yeah, and I like the fact that it’s like there are many of them, and it’s generic. There’s no faces, it’s just hands, so. […] Solene: Um, just the fact that, that there’s no faces to these hands, it’s just hands, and they’re from, they’re different shades of pink or whatever, whatever colour, I see orange, so different shades so it’s just sort of like, I think symbolizes to me that there are no, like it’s not, AIDS doesn’t discriminate, it’s not about faces, you know, it’s just, yeah and it’s un-gendered in this picture as well, so.

I ask Solene if the collage stays un-gendered throughout the piece. In response, she cites a comment by Raha, noting how Abigail’s collage showcases women’s vulnerability, the
regulation of female sexuality and “the need to address the issue in a gendered way.” This contrast in language parallels the underlying tension in participants’ use of the refrain “AIDS does not discriminate.” After all, HIV/AIDS does not affect “everyone.” Certain communities are impacted more than others and discriminatory socio-structural factors increase HIV an individual or community’s risk (Farmer, 1999; PHAC, 2008; Ship & Norton, 2002; Tharao & Massaquoi, 2001). Participants were well aware of these discriminating factors; participants frequently spoke to the discriminatory nature of the virus, while towing the line that AIDS affects “everyone.”

Participants remained committed to this line of argumentation until I probed this refrain directly in the last focus group. When I questioned participants about its use, participants offered up mixed responses. I asked participants to align themselves on a line in response to the statement, “AIDS does not discriminate.” Participants chose not to locate themselves on either end and rather, chose to cluster in the middle. Solene, a strong proponent of the phrase, argued that AIDS may not discriminate on a “biological basis but certainly, when you consider all the socio-economic factors and (Makayla: yeah) racial factors, yeah.” Like Solene, all participants agreed that AIDS did not affect everyone equally, and yet each participant relied on this rhetoric at some point during data collection. Consequently, since participants believed that AIDS does discriminate, their frequent and consistent use of the refrain “AIDS does not discriminate” must be read as a rhetorical device. As suggested earlier, participants reference this phrase in order to situate themselves as oppositional to colonial and racist ideas of risk. This positioning can be read alongside participants performed role as smart and socially progressive undergraduate students. The refrain also functions as a means of self-protection or, as a distancing mechanism.
As long as “everyone’s affected,” participants do not need to talk about the specificities of their own experiences.

This distancing is further emphasized by the participants’ strategic claims around transmission. For example, Solene clarifies that AIDS does not discriminate on a “biological basis.” In reality, HIV and AIDS does discriminate biologically. Women, for instance, are more biologically susceptible than their male peers. Certain forms of sex, such as anal sex, are more biologically likely to transmit HIV infection, where present. And, HIV transmission increases with the presence of STI’s, or open sores. As a peer educator, who lists her HIV/AIDS knowledge as high, Solene likely would have known that biology impacts HIV transmission. However, in this moment, it remained important to remain consistent in her line of argumentation. Similarly, Abigail responds to an image of “two guys kissing” in Makayla’s collage, to suggest that “It’s not just like a heterosexual thing, it’s also including the homosexuals” [Figure 2/12]. While Abigail rated her HIV knowledge as low, it is likely that Abigail was aware of the presence of HIV/AIDS among gay men.

Lastly, in reading two Venus symbols, denoting the presence of two women [Figure 1], Raha notes

I think the stereotype of homosexuality and AIDS has always sort of been synonymous with gay sex as in men, and not as in lesbians (Sarah: uh hm) or at least the way I’ve been exposed to it. So I think it’s really interesting to see the sign here, and just realizing that you know, women having sex with women are also as just as great a risk” (emphasis mine).

Raha speaks to the lack of epidemiological and prevention information on women who have sex with women (Patton, 1994; Fethers et. al, 2000), by critiquing the common notion that AIDS is “synonymous with gay sex as in men, and not as in lesbians.” However, women who have sex

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22 Makayla decided to revise her collage. Figure 12 (See Appendix 4b) contains her original collage. Figure 2 represents her revised collage.
with women are not “just as great a risk” as men who have sex with men. While there is no way to discern whether or not Raha knows this, Raha might not have repeated the statement in a different context. As a science student very interested in HIV/AIDS and vocal about her understanding of it’s biological factors, it’s likely that Raha would know the increased risk involved with msm (men who have sex with men).

I point these moments out, not to suggest that I have “caught” participants in a linguistic slip, but to note that at any given moment, context shapes what can and cannot be said. For example, although Solene relies on the “AIDS does not discriminate” rhetoric most frequently, she is also the most vocal about young women’s increased risk for HIV, even when all other participants retreat from the topic. After all, the rhetoric served a particular purpose. This argumentation allowed participants to present themselves as ‘smart’ undergraduate students, who could counter what they perceived as oppressive ideas about risk. Thus, it became important that participants remained consistent in their line of reasoning.

Understanding when and how participants use the refrain, “AIDS does not discriminate” allows for a more nuanced view of Rachel’s response to the rhetoric. For example, Rachel was the only participant who challenged this rhetoric. While discussing Solene’s collage, and more specifically, the effects of media on sexual education, Rachel spoke to what’s at stake in suggesting that HIV/AIDS affects “everyone.” She argues, “But in the western world too, the consequences aren’t as harsh for us, if you were to go to a quote -un- quote developing or underdeveloped country.” When I asked Rachel to expand on her thoughts, she responded: “Well like this story about My Brother [a memoir by Jamaica Kincaid], we could, or most people in North America could afford the symptoms of HIV and that stuff and also, in terms of STI’s, they have the medication available that would also ease those symptoms whereas if you go to other
countries, you wouldn’t get that. The consequences for some, and not for others.” Given the
discussion above, it’s noteworthy that Rachel refrains from re-articulating the rhetoric of her
peers. While Solene and Raha use this rhetoric frequently, they infrequently reference their own
experiences. In contrast, Rachel willingly speaks to her own experiences of risk behaviours and
what she deems as “the consequences” in chapter five, thereby suggesting a correlation between
its use as universalizing rhetoric, and its use as distancing strategy. As long as AIDS affects
“everyone,” and “does not discriminate,” personal stories for justification can be viewed as
unnecessary.

Reading AIDS as Visually Other: “I definitely see a lot of Africa”

But what do we make of these consequences? And what is at stake, if we only view
consequence as existing in the global south, where AIDS has become hyper-visual? While a
危机 looms large “over there”, we must not forget that we have consequences here, too. As
participants speak critically of dominant narratives that locate risk in particular bodies and
places, participants continued to Other HIV/AIDS by attending to some images, readily
identified as connected to HIV/AIDS, while ignoring others. Cultural memory or record of
HIV/AIDS means that certain images (such as condoms, sadness, or African children) are more
likely to be associated with HIV/AIDS than others.²³ For example, in discussing Makayla’s
college [Figure 2/12], Abigail argues that the collage does not “really come to me as HIV/AIDS”
because there are images of people “smiling, they look happy”; there are also no condoms in the
collage. And yet, out of all collages, Makayala’s collage addressed HIV/AIDS the most, through
a concrete personal story of her family’s experience with AIDS.

²³ For literature on the representation of HIV/AIDS in the media, see Treichler 1997; Schulman, 1990; Watney
1987; Wilton, 1997; Gilman, 1997; Roth & Hogan, 1998
The following exchanges offer a window into the operation of participants’ selective reading of images. Here, Solene discusses the focus group discussion of her collage, focusing on discrepancies between her intended meaning and participants’ other readings. As Solene explained,

During the focus group someone said there’s a lot of African people, in the, um in my collage. And I didn’t think there was a lot of African people [laugh] but there are, you know, there are, you know [one image of] some, some children that are obviously from, from the region, from the continent of Africa. And it says you know ‘the others’, and I just sort of want to exhibit like how we might portray or picture HIV/AIDS. […] So, it’s like social othering of who has HIV/AIDS and these are usually the faces that come in mind.

In discussing Solene’s collage, participants focus their discussion of risk as Other on the images of the three African children, Brad Pitt and Zahara, and an “African looking woman.” Images such as the city, models from the global north, and a North American map are only and always referenced in relationship to images of the Other. Meanwhile, images such as Rhianna, or the thin white male body are ignored entirely. Eventually, participants shift their reading of Solene’s collage, however, this is done only once initial discussions about AIDS as Other are exhausted.

By reading Solene’s written narrative and comparing it with participants’ interpretations above, one sees how her collage or series of images could be read differently by participants. Solene writes,

In this piece, I wanted to speak to the representations of sex, sexuality and HIV/AIDS I am bombarded by through the media. I wanted to speak to the contradiction of a sexually saturated culture where sexuality and Caucasian standards of beauty are glorified and commodified yet disconnected from the sexually transmitted disease, HIV/AIDS. Further, the media portrays white bodies as this ‘healthy’ standard and white beauty as an ideal to be desired, which helps to make HIV/AIDS a problem of ‘the others’ who live in regions like Africa or South East Asia.

Ironically, while Solene intended to display representations of North American beauty as co-dependent on dominant images of Africa, the first public reading of her text yielded the
opposite.\textsuperscript{24} Africa was hyper-visualized, and the images of North American models ignored. In response to my question “What do you see here?,” the response “I definitely see a lot of Africa” accomplished precisely what Solene attempted to critique. The infantilized image of Africa as Other (and synonymous with HIV/AIDS) became intelligible through its \textit{unseen} relationship with the colonial image of ‘us.’

But perhaps this is the point: AIDS becomes visually African, at the emptying out of all meaning and its establishment as a taken-for-granted entity. The socio-historical processes which constructed AIDS alongside Africa evaporate. As Barthes (1999) argues, when the image “becomes form, the meaning leaves its contingency behind it; it empties itself, it becomes impoverished, history evaporates, only the letter remains” (p. 55). Dominant discourses on HIV/AIDS make visible certain readings and images while rendering other images and meanings invisible. When they are discussed, such as the image of Rhianna briefly alluded to, they are discussed in the shadow of other images and discourses which are more readily available. Hence, the dominant reading of the African image can only exist at the suppression of all other images, meanings, and histories.

However, because these systems of meaning (or myths, as Barthes might call them) are already complete and read as common sense, the overt reading of images becomes useful analytically. Like many participants, despite Raha’s critique of Othering and the creation of

\textsuperscript{24} For more information on the representation of healthy/beautiful bodies in AIDS advertising, see Gilman (1997). Gilman’s (1997) text speaks to representations of HIV/AIDS in the early epidemic, through their reproduction of dominant discourses about illness as danger, and health as beauty. In HIV/AIDS campaigns, the person at risk (but uninfected) by HIV is healthy (and therefore beautiful and erotic). As a result (s)he poses no threat to the nation’s moral boundaries. However, once infected with HIV, this person becomes the locus of anxiety over death, decay, contagion, and immorality. For example, Gilman’s analysis of a HIV/AIDS prevention poster from Vienna illustrates the marked, and unmarked bodies of differently racialized gay men. The men who do not use condoms are highly disfigured thus suggesting a racially-loaded passage from beauty to ugliness, which underscores the dangers of crossing cultural borders. Here, “just as masculinity is shown to be at risk, so is male beauty” (p.115). While dated, Gilman’s analysis sheds insight on Solene’s narrative which traces North American representations of purity, beauty and health, as antithetical to representations of darkness, and disease.
us/them binaries, she still engages in the very discourses she attempts to critique. I do not seek to blame Raha for this. Rather, it’s to point out the messy and entangled way which discourse operates. We do not exist outside discourse. Rather, we constitute discourse just as we are constituted by it (Britzman, 2002; Fine, 1988; Walkerdine et. al, 2000). Furthermore, Raha’s willingness to vocalize her readings allows for rich analytic opportunities.

For example, Raha’s initial interpretation of Solene’s collage (“I definitely see a lot of Africa”) helps to contextualize a subsequent reading, where she views an image of a topless, perhaps racially ambiguous woman, located amidst images of Western models, as an “African woman.” In describing the layout of Solene’s collage, Raha explains,

I think it’s a very, you can see contrast perhaps between sort of AIDS as them, and then AIDS here, here with us because I think she has like a picture, sort of maybe an African or like, looking woman, perhaps having AIDS but then, she also like – (Sarah: Let’s see?) But [Solene] also has like Calvin Kline and the models here, so I think there’s a lot of contrast between over there and here, sort of it’s in both places.

Raha critiques the idea that AIDS can be fixed, or located in one geographic centre or body. However, she mounts this argument by fixing regional and racial identities onto certain bodies.

She argues that AIDS moves across borders, but people, like the “African looking woman” presumed to be HIV+, do not. Here, the image of the top-less woman is read in contrast to “Calvin Kline [ads] and the models” who are also top-less, and slim. This “African or like looking woman” is not one of the models; the woman is read as other, as different, as not us. In the focus group, I questioned Raha’s reading. This led to an open discussion about the way we read race:

Sarah: Is this the woman you’re referring to?

Raha: Yeah, Like her and her, and sort of –

Sarah: How is this body marked as African in this one, and non-African? [I look at Makayla who appears confused] Is that what you [Makayla] wanted to know?
Makalyla: Yeah. Because she doesn’t really look –

Raha: Um, uh, she just seemed malnourished.

Sarah: Okay

Rachel: Ohhhh. [uttered as if she now understands Raha’s reasoning. A few participants laugh]

Raha: If, I don’t know. She’s probably non, she’s probably from a [some more laughter] magazine right here but.

Sarah: She could be a model. [Raha and myself laugh]

Raha: Probably!

Rachel: Because she’s so malnourished [The group erupts in raucous laughter].

As the conversation unfolds, Raha realizes her mistake; the woman she’s pointing to may just as likely be a Western model, similar to her Calvin Kline counterparts. It’s likely that Raha’s original reading (“I definitely see a lot of Africa”) influenced her subsequent reading of the model’s race and ethnicity as “African”. This points not only to the practice of looking as socially contextualized (by the collective and individual readings), as well as the fluidity of race and ethnicity. After all, this discussion was dependent on a group to offer multiple readings as well as on the availability of an image to deconstruct. As participants laughter suggests, they too realized the slippery nature of binaries: between the Calvin Kline models “here” and the “African looking woman” over “there.” After all, both the “African looking woman” and the “model” are “malnourished.” As an African body, the word “malnourished” calls up discourses of disease, contagion, and dependence on the west, through a colonial and imperialist history of foreign aid, famine, war, and international crises. But what does it mean when applied to the body of a Western model? If Raha was to identify the woman as ethnically African on account of being
malnourished (with implied reference to the above discourses) what does this say about our reading of North American models, who as Rachel aptly notes, are also malnourished? The language changes, but the image stays the same.

In her interview, Solene discusses this moment with great interest. Solene infers that constructions of risk and risk groups connect to the way in which we read both images and bodies, such as the “African” woman in her collage. These readings are influenced by our own perceptions of the world and the bodies that inhabit it.

I was looking at this lady here. [...] Raha had pointed out that she had an African body (Sarah: Yeah) and to me it was the complete opposite. And it wasn’t, well she didn’t say it in a negative way either, she just said that that was an African body, and I had nev – I didn’t see that at all. [...] And maybe that just goes back to people’s you know, different reflections on race, you know. (Sarah: Yeah) Because I see a Latin or a you know, Hispanic woman or you know, European (Sarah: uh hm) or something like that and she saw African. So maybe, that just sort of reflects on our perceptions of race which are also conventions right? [...] I think Raha doubled back because it reflected on something that she didn’t know was like, inherent in whether her perceptions of the world (yeah) and as well as mine. There were certainly things, like during the focus group, where I doubled back and I was like, ‘wow I didn’t realize that I you know, had had intended’ that which is really what I had intended when I was like, when I was referring to this little girl that Brad Pitt’s holding. Had she had been any other kid that he was holding, I wouldn’t know her name (Sarah: Right) and I would totally overlook the picture and only see Brad Pitt (Sarah: Right). So it’s sort of like, it’s interesting.

This reflection of Solene and Raha’s reading of images is reminiscent of the work done by poststructural feminists who affirm that there is no such thing as innocent reading (e.g. Britzman 2002; Columpar, 2002). Solene suggests that pre-existing ideas about race, sexuality, and health confer risk onto racialized and gendered bodies; these conceptions of risk come full circle, and continue to reify ideas about race and HIV/AIDS, as seen in Raha’s reading. As participants all recognized, the “visual is contested, debated, transformed as constantly challenging place of social interaction and definition regarding raced, gendered, classed, and sexualized identities” (Mirzoeff, 2006, p. 123). Just as in the focus group, the race and ethnicity of the “African
looking woman” was read differently by different participants, while other bodies were not contested. Despite sky-rocketing HIV/AIDS rates in South Africa, no one commented that the white Western models might be South African.

Of course, Africa is not the only image that gets discursively and visually linked to HIV/AIDS. In the focus group, Raha justified her large image of a white, muscular male body with the world dirty pasted across the torso, as being representative of her original perceptions of HIV/AIDS in high school [Figure 7]. “I think I learned AIDS within a context of homosexuality, so like, I was thinking AIDS I was thinking gay. […] They were sort of synonymous. So I guess that’s, and then the dirty, sort of.” During her interview, Raha stresses the importance of her transition in knowledge from viewing HIV/AIDS as a bio-medical disease, to an epidemic that’s constructed alongside larger structural factors and fuelled by stereotypes and ideas of us/them. Here, binaries of clean/dirty, moral/immoral or safe/unsafe connect to gendered and homophobic norms.

Similarly, Makayla focused on AIDS as gay, through the discussion of her uncle’s death from an AIDS related illness. However, whereas Raha sought to undo binaries of clean/dirty, moral/immoral and safe/unsafe, as it related to HIV/AIDS, Makayla’s comments often reified them, even as she spoke passionately about the need for prevention and education campaigns to reduce stigma, silence, and homophobia in Guyana. Makayla expresses feelings of anger at “the most the, the, the most significant thing that affects me (Sarah: uh hm) is his children not knowing.” Because her cousin (her uncle’s son), is a good friend of Makayla, Makayla must deal with the secret, that “To this day, he still doesn’t know, up to this day, that that was the reason why he [his father] died.”
Like Raha, Makayla othered even as she critiqued the way that othering operates through homophobia and intense stigmatization. As she noted, “And you know, people hide it and then people who go around and they, they just spread the diseases and, they - that’s just how it is. And people, they don’t try to prevent, you know, passing it on. And I just find it really, really disappointing. I get really upset about this.” While she argues that stigma accounts for people who “go around and they just spread the disease,” the narrative of guilty AIDS victims “spread[ing]” the disease, especially as linked to gay men, is one which dominates public narratives and misconceptions around HIV/AIDS.

However, unlike Raha’s collage, which documents her ideas about the epidemic, Makayla’s collage must be read for what it is, a personal story: “Just you know, and just that’s a real situation where you could, where I could express you know, what I know about AIDS. I mean, I don’t have that much knowledge of HIV/AIDS because we, unlike Canada, in Guyana we’re not educated as much.” In dealing with her own experiences of HIV/AIDS, Makayla is not afforded the luxury of critical distance, which informed Raha’s collage. To echo Rachel’s phrase above, “the consequences for some, and not for others.” On the other hand, although Makayla’s collage focused on a “real situation,” Makayla’s preoccupation with AIDS as linked to homosexuality (risk as Other) hindered her from making connections between young women and HIV. This distancing was surprising, given the high HIV prevalence rate for young women in Guyana. That being said, with the exception of Makayla’s collage, and one image in Raha’s, the discussion of homosexuality was largely missing from focus group discussions. This is

25 According to UNAIDS (2009), 2.8% of young women, aged 15-25 were living with HIV/AIDS. This in contrast to a 0.9% prevalence rate for young men. According to a recent article on the launch of the Carribbean Coalition on Women, Girls and AIDS, violence in the among young women in the Caribbean is pervasive. “According to a regional study, 47% of adolescent girls’ first sexual experience was ‘forced’ or ‘somewhat forced’” (Halcon, et. al, cited in UNAIDS, 2009, n.p.).
noteworthy given the high prevalence of HIV in the gay community and the socio-historical conception of AIDS as a gay disease. This absence may point to shifting representations of HIV/AIDS in media and public discourse as expressed by Raha in her transition in understanding the epidemic. This absence, as I discuss in chapter five and six, may also bring home the use of HIV/AIDS as a platform for participants to discuss their own fears and apprehensions around female sexuality. Nonetheless, while the bodies may shift from gay to black, or from New York to Africa, AIDS continues to exist in the body of an Other.

The above excerpts point to the murkiness of meaning which surrounds HIV/AIDS and the articulation of difference. How is difference produced through the art of looking (Columpar, 2002)? For if HIV/AIDS is intricately bound up in conceptions of the Other (the Other body, the Other continent, the Other risk practice) and notions of the Other are articulated in relation to conceptions of Self, then what does this say about HIV/AIDS education and prevention? About the need to protect one’s self? Does the protection of the self from HIV/AIDS necessitate the creation of an Other? How does one negotiate one’s relationship with the body within visual culture as a site of risk? Even as participants speak to risk as constructed through the Other, and the importance of breaking down us/them binaries, they struggle to vocalize how they might be implicated. What are their desires and experiences as sexual actors? How do they construct their own identities along the lines of gender, race, and class? How have their bodies been read?

I return to the narrative with which I initiated this chapter. In contrast to many of the readings and comments above, Rachel’s understanding of “the safe body” as discussed throughout the chapter, was informed and articulated through her own experiences.

Sarah: Does any one else have any thoughts on that? On the safe body? Who is the safe body? And what does that even mean? [long pause] Perhaps it connects to the story you were talking to earlier, Rachel, in Guyana.
Rachel: Oh yeah. Um. that’s true because I’m pretty sure, my dad’s like eyes the safe body were here in North America and the more unsafe bodies – sorry Makayla! [Rachel Laughs]

Makayla: No, it’s fine. It’s fine. That’s how it is.

Sarah: But these are all constructions, right? They’re not real? [Rachel and Makayla talk over one another]

Rachel: Yeah.

Makayla: Yeah. They’re not, exactly. That’s just how everybody would you know, perceive a safe body to be, you know?

Rachel’s reliance on her own experiences enabled her, with prompting, to draw connections between the theoretical concepts offered by Raha and Solene (“the safe body”) and her own life.

Reading the body through social theory is useful in understanding the way risk and risky bodies are constituted both within and outside of the data. Participants’ visual reading of a “safe body” or unsafe place (i.e. Guyana) exists in relationship to historical and contemporary systems of white privilege, colonialism, natural history, ethnography (Cumpmar, 2002) and the continued disenfranchisement of the global south within the AIDS pandemic. These systems make certain visual readings and understanding possible or intelligible (Britzman, 2002).

Similarly, participants’ use of the refrain “AIDS does not discriminate” emerges in historical relation to the wave of fear and anxiety over heterosexual infection in the 1990’s. Thus, participants’ articulation and constitution of a “safe body”, “African AIDS”, and “AIDS does not discriminate”, as addressed in the narratives above, are already constituted and initiated, before they are taken-up in dialogue by participants (Butler, 1993). They exist prior to being pasted in a collage, prior to a newspaper lay-out, prior to an interaction on the street. These

26 This also relates to Butler’s (1993) concept of the “constitutive outside” – “the unspeakable, the unviable, the non-narrativizable that secures and, hence, fails to secure the borders of materiality. The normative force of
readings enter into our minds, our classrooms, and our bedrooms.

Conversations about the construction of the other are integral to understanding HIV/AIDS and situating oneself within the epidemic. To borrow from Ahmed (2000), the subject “is not, then, simply differentiated from (its) other, but comes into being by learning how to differentiate between others” (p. 24). As the above narratives highlight, constructions of the Other have real implications for how individuals understand, learn about, and act within the epidemic. But not all participants were able to reflexively engage, as Rachel did above. What were the conditions that enabled Rachel’s understanding and as I will discuss in chapter five, Abigail’s connection between her own experiences and HIV/AIDS? As I mentioned above, what limits Solene, Raha, and Makayla from making similar connections? As I argued above, perhaps Makayla’s familial experience with AIDS prohibited her from reflexive and critical introspection. But what about Solene and Raha?

Playing the role of undergraduate students, each participant had completed at least one critical social science course (equity studies or women’s studies) at a highly competitive and elite university. Solene and Raha both referenced undergraduate courses, volunteer experience and extra-curricular activities in explaining their level of HIV/AIDS knowledge on the initial recruitment survey. Having been enrolled in these courses during my undergraduate degree, I understand the pressure to prove your intelligence and radicalism via your degree of criticality. In fact, reflecting upon my previous experiences with HIV/AIDS research, as a research participant during my undergraduate degree, I experienced a similar pressure to say the right thing, looking to the researcher for nods and smiles in order to present myself as both intelligent and politically progressive. Like participants, I too reverted to what McWilliam (1997) calls, a

performativity- its power to establish what qualifies as “being” – works not only through reiteration, but through exclusion as well“ (p. 188). I will return to this in chapter seven, when I discuss the relevance of Kristeva’s theory of the abject (Zivi, 1999) on HIV/AIDS.
set of “ritualized and repetitive incantations around a Holy Trinity of ‘gender-class-ethnicity’” in order to prove my commitment for change.

However, while articulate in one field (articulating the construction of risk), the negotiation of one’s relationship with the body is precisely where Raha and Solene found themselves inarticulate. While Abigail and Rachel also struggled to vocalize their bodily experiences, desires, and identities, Abigail and Rachel lacked the knowledge-base around HIV/AIDS of their peers. Consequently, because they could only rely on their own experiences and feelings, they were less likely to hide behind a security blanket of academic rhetoric, or ‘student speak.’

As I briefly explored in my methodology chapter, the way participants perceived themselves (and myself) influenced the unfolding of the research process, especially in group settings such as the focus group. As I will explore in chapter five, Rachel was often the most vocal about her desires, experiences, and identity. In her interview, she spoke confidently and openly about her sexuality, her education, her experiences, and their impact on her identity as a sexual actor. However, in the focus group, she performed a quieter, more reserved role. While this is speculation, I suspect that when confronted with highly articulate (read: ‘smart’) women, with much to say about the AIDS pandemic, she questioned her own knowledge. I turn to this issue in the next two chapters when I unpack what happens when participants ‘roles’ as undergraduate students merge with their roles as youth and more particularly, young women as they discuss risk and desire.
Rachel’s Collage (1), Condoms: To Use or Not to Use, [Figure 3]
Rachel’s Collage (2), Condoms: To Use or Not to Use, [Figure 4]
Rachel’s Collage (3), *Condoms: To Use or Not to Use*. [Figure 5]
Chapter 5:
Making Connections

And how does this relate to you? Your own Identity? Your own lives?
- Sarah, Interview and Focus Group Prompt.

Solene eyes Rachel’s collage and attempts an interpretation. She stresses that condom use is not the only issue affecting young people’s vulnerability to HIV and other STI’S. Looking at the images in Rachel’s collage [Figure 4], Solene notes,

There are like, little embedded messages of STDs and AIDS – it almost, like reminds me of my mind [Solene laughs]. Like it’s sort of like, yeah there are little embedded messages of STIs and HIV/AIDS but then all of these other things sort of like bombard you, like ‘rockin’ and those are the things that sort of – like they’re huge and so they’re maybe, those are the things that are most important. Like Trojan, the one condom image that I can see anyways, is really really small and in this large gasp of everything else, the idea, the ideologies, the alcohol, those are you know, larger images.

The following excerpt, taken from the data, exemplifies the ways participants speak about, and conceptualize risk within the study. Such a reading suggests the importance of pushing prevention further, beyond condom use to include larger structural issues such as “the little embedded messages of STIS and AIDS.” Like her “mind,” these words and phrases, cut and pasted from magazines compete for your attention. Rachel’s visual articulation of risk as contradictory, messy, and ambivalent represents much of this chapter’s landscape, as participants chart their understandings of risk in response to the question, “And how does this relate to your lives? To your experiences? To your identity?”

In contrast to chapter four on risk as Other, this chapter turns inward as I chart participants’ personal stories and evocative tellings on sex, relationships, and risk. When asked to make connections between HIV/AIDS and their own lives, participants shed their role as ‘smart’ undergraduate students, opting, albeit cautiously, for a more personal role, as youth.
While participants never use the word ‘risk’ specifically, their stories and readings speak to the various ways in which sexual autonomy may be compromised. Hence, each section speaks to participants substantive and conceptual understandings of risk as it connects to both sexuality, and HIV/AIDS: First, the influence of alcohol and risk through the language of self control, second, the influence of romance as risk and the tensions between risk and desire or risk and self agency, and third, issues of monogamy and double standards within and outside of youth relationships. These factors are both direct (i.e. the inability to negotiate condom use) or indirect (i.e. gender norms) and speak to participants’ experiences and concerns as sexual subjects, as well as the “common thoughts that are always going through our heads and everything” (Rachel).

It’s noteworthy that the data quoted in this chapter does not reference HIV/AIDS directly. And yet, many of the stories and evocative tellings emerge at the moment that I push participants to make connections between their comments on HIV/AIDS and their own lives. As the following stories showcase, participants grasp that the issues and concerns around HIV/AIDS connect to their own lives, however their own apprehensions around sexuality limit them from making these connections. This apprehension manifests itself through participants’ reluctance to discuss themselves as sexual actors, Rachel’s preoccupation with the “consequences” of sex and other participants’ anxiety over losing control and lastly, participants concern over the gendered constraints within youth relationships. In order to frame my argument, I begin by re-situating some of the literature on risk, as discussed in chapter one.

Re-situating Risk

In the context of chapters five through six, I define risk or risk factors, as the socio-cultural processes that impact participants’ sense of sexual agency. These processes are governed
within a larger network of expert knowledges and are upheld through apparatuses and institutions such as schooling, sexuality education, and larger principles of neoliberalism. This model of risk follows a Foucauldian framework of govermentality, whereby risk is understood as a strategy for monitoring and regulating sexual behaviours of individuals and communities (Lupton, 1999; Vander Schee & Baez, 2009). I outline the way schooling and sexuality education function to monitor and regulate women’s bodies in chapter one, through neo-liberal principles of the rational, de-contextualized, autonomous actor (Adams, 2005; Moore, Rosenthal & Mitchell, 1996). This regulation is furthered through the discursive construction of a female sexual subject, taught to fear victimization and neglect desire (Fine 1988; Holland et. al, 1994). To echo my critiques of the Healthy Living unit, risk is not always calculated by rational, autonomous actors, but rather emerges a set of complex, contextual, and contradictory processes operating in multiple and simultaneous ways (See also Adams, 2006, Bay-Cheng et. al, under review, De Oliveria, 2000; Lupton, 1999; Rhodes, 1997).

More specifically, this chapter speaks to the limits of neo-liberalism and its impact on young women’s conceptions of risk and (ir)responsibility – a key term that emerges within this chapter. Neoliberal principles such as the meritocracy of free market competition and equal opportunity creates the expectation that individuals take full responsibility for their successes and their failures (Adams, 2006). Within this logic, there are rich rewards for excellence and natural consequences for inadequacy; in short, one gets what one deserves. This creates a dichotomy between victimization and agency whereby a victim is read as weak or unable to stand up to one’s oppressor, rather than being seen as enmeshed in an oppressive experience (Mardorossian, 2002; See also Bay-Cheng et. al, under review). I will refer to these principles throughout the
chapter, as they come to bare on participants’ subjectivities and understandings of risk. I ask that you keep these critiques, as well as the Healthy Living curriculum unit in mind, as you read the apprehensive voices below. How might this curriculum model address or provide space for dynamic and shifting sexual subjectivities and personal stories?

Under the influence: alcohol, risk and self-control.

In focus groups and interviews, Solene, Makayla and Rachel reference alcohol as a key factor in young women’s decision-making capacities around sex. In Solene’s collage, an image of a red cup, often used to hold beer at parties and clubs, becomes the subject of conversation. Makayla explains:

I think she’s [Solene] referring to uh, you know, to club life, alcohol and um, and that’s another thing what alcohol does, when you’re, when you’re intoxicated, and if you decide that you’re going to have sex with somebody, you are less likely to think about you know, putting on a condom.

With signaling nods from Rachel, Makayla discusses alcohol and the culture of “club life” as a concern for youth sexual health. Makayla expands on this concern in her interview, when she describes her plan for “the other collage that I wanted to get on to, but I couldn’t do”:

I really wanted to um, focus on um, like, um, drinking (Sarah: okay) in Toronto and the effect that it has on girls (Sarah: hmm) and I’ve seen this first hand, and that was another shocker to me [small laugh] (Sarah: yeah) yeah, and you know, them getting to that point where they have no idea what they’re doing, and then they just go and have unprotected sex, and the next day, they’re, they’re like “woahh, I can’t believe I just did that!” And you know, and then, the whole thing is where “ohhhh I have to go and get tested, but I’m scared” and you know that that whole .. that whole situation [she stumbles on her words]. I was just shocked (Sarah: hmm). I couldn’t believe it, and you know, I wanted to do a collage on that (Sarah: yeah), you know, repli - like showing how it is in Toronto (Sarah: hmm). The whole drinking thing.

While this concern is echoed by other participants, Makayla’s discussion of the impact of alcohol is unique. First, in contrast to other participants who see alcohol as an issue they must all deal
with, Makayla views alcohol and its associated concerns as something other young women encounter. Her comment comes from a place of “shock” and “disbelief.” However, it’s not drinking that Makayla is critical of, but rather, the fact that “they have no idea what they’re doing […] they [girls] just go and have unprotected sex.” Makayla criticizes her female peers for not acting rationally (not thinking) and for loosing control. Within a neoliberal logic, losing control or acting without thinking is perhaps the worst thing one can do, as it suggests poor judgment, or inadequacy of character. But what about their partners? Makayla openly critiques and announces her “shock” over the behaviour of her female peers but avoids any comment about the role of young men in these encounters.\textsuperscript{27}

This connects with a moment in Makayla’s interview, when she expresses the following:

people take risks not thinking - well maybe, obviously thinking that okay, this is a risky thing to do (Sarah: uh hm) if they go unprotected - and it’s possible that they could, um get HIV/AIDS and possibly die but um, I don’t know, someone just don’t, they, I don’t know, maybe they try to blank it out or something, like that.

While Makayla occasionally offers personal anecdotes or feelings (as in the conversation about monogamy below), these moments are infrequent. Rather, as in the excerpts above, Makayla speaks to other people’s irresponsible behaviour. The practice of other-blaming as a means of displacing risk has been noted by other scholars (Bay-Cheng et al, under review; Larkin & Mitchell, 2004; Patton 1996, 2002). Perhaps Makayla’s concern with others operates as a coping mechanism to displace attention from her own life and the many risks she may encounter daily.

In contrast to Makayla’s view of alcohol, Solene, Rachel, and Abigail view drinking as a real issue they must negotiate alongside their peers. Rachel highlights a bottle of Azure liquor in her collage as one issue which impacts condom use [Figure 3]. Later, during a specific

\textsuperscript{27}While it’s possible that Makayla’s friends may be having casual sex with women, participants’ tendency to speak about young women’s role in protection, and not young men’s suggests that she is referring to heterosexual sex.
discuss discussion about HIV/AIDS and young women (as will be discussed at the end of this chapter), Abigail attributes alcohol and the culture of “club life” as a key factor for increasing prevalence rates among 20-29 year old young women.

So I agree with both of them [Solene and Makayla]. Twenty – twenty-nine is like a prime time. They just want to get at, people are going clubbing [group laughter] (Sarah: Prime time! I like that [laughs]). You know, coming to university, the pub nights, the club nights (Sarah: for sure) everyone is always drunk, 2 am to 2 pm they’re, “let’s going drinking!” “Oh I have lecture!” “Who cares?” [Abigail mimics dialogue and Raha laughs]. So we’re always trying to engage, more interaction, more like sexual, we’re like, sexually um, um, uh (Raha: more active). Yeah, more active [group laugh] at this stage in life than any other period.

While she is not explicit, Abigail implies that “the pub nights, the club nights” and drinking leads to “more interaction” and sexual activity. The fact that “everyone is always drunk, 2 am to 2 pm” also suggests a degree of excess, or the pressure to conform and perform in front of one’s peers.

In Solene’s interview, I ask how her personal experiences influenced the production of her collage. In response, she points to “the red cup” as an image that relates to her own experiences. However, she struggles to articulate the connection between alcohol and her own life:

Um, yeah, I think it also, goes to, like, I think uh, yeah, I think uh, well, I , you know, I think it also goes to, I guess maybe some of my, like you know, the other things like alcohol, uh for example plays into that. (Sarah: Is that the cup?) Yeah, that’s the cup there. You’ve got like two cups of alcohol. I think, um, just sort of, I think every, everyday things that I think kids my age [she laughs] um are sort of bombarded with. Whether it’s drinking, and we, and it’s just things, decisions that we make and we don’t think or twice about them. Cuz’ HIV isn’t always you know factor into our sexual experiences because again they’re not us. You know, it’s usually, we don’t usually attribute it to ourselves. Um, and I think that’s really what I wanted to represent in this. (Sarah: hmm) I think, just sort of like, the lack of consciousness about the issue in our .. in our, in our, in our world, (Sarah: right) in our, that we don’t internalize it. Yeah . [Solene quietly trails off].
This excerpt also suggests that concerns around alcohol, stem from a fear of loosing control:

“Whether it’s drinking, and we, and it’s just things, decisions that we make and we don’t think or twice about them.” Drinking prohibits one’s ability to make rational decisions. But, like all participants conceptions of risk, alcohol and other risk factors cannot be isolated. Rather, multiple factors impact one’s decision, “whether it’s drinking,” or “the lack of consciousness about the issue in our [...] world,” or “that we don’t internalize it.”

Furthermore, like her discussions about monogamy and marriage in chapter four, Solene struggles with this disclosure, as evidenced by the stuttering and breaks in narrative as she begins to speak. Also, note how Solene’s use of pronoun shifts. She begins (with difficulty) by using the pronoun I. She then shifts to “kids my age,” and finally, settles on “we” and “our”. Solene is unable to position herself as vulnerable or at risk. It is not until she safely locates herself amongst a group, such as youth (“our world”) that Solene’s speech clears up. However, this is not about distancing or othering oneself. In fact, Solene makes explicit her concern that we don’t “attribute it [HIV/AIDS] to ourselves.” Rather, in keeping with Solene’s comfort in academic rhetoric and her struggle to discuss her insecurities around marriage (chapter four), I suggest that Solene’s fear of making herself vulnerable relates to her apprehensions around seeing and presenting herself as a sexual subject. After all, in the role of ‘smart’ undergraduate student, Solene has no difficulty articulating her thoughts. She speaks with confidence. It is only once the content of her speech turns inwards that her speech begins to falter. Since she is speaking to me in a private interview, the power dynamics between researcher and participant may also account for this discomfort or anxiety.

**Romance as Risk**

When asked how an image or a statement related to their own lives, participants often
cited their experiences with or expectations of Romance. This included societal expectations as well as actual experiences with intimate relationships. Rachel’s collage incited the bulk of this discussion [Figure 3-5], however, the image of the wedding ring in Solene’s collage [Figure 1] sparked conversation through the discussion of monogamy and double standards. Before discussing conceptions of monogamy, I first chart out the concept of Romance as Risk, as articulated by Rachel and other participants in the reading of her three collages.

In explaining her collages – all pertaining to condom negotiation – Rachel explains that two of the collages were most representative of her own lived experiences [Figure 4 and 5].

Well, this one was more of my, yeah, more of my um personal one [Figure 4]. And like, the ‘I wish I had known’ cuz like, the aftermath ‘I’m like, man, I wish I had knew that like, getting pregnant is not the only thing you can be worried about!’ (Sarah: uh hm). And um, I never thought, I never thought it could happen to me like. Once again, um yeah and .. this one, like I said, because I didn’t have like as much of the sex, sex education and I was very like um, very immature when it came to relationships and like sex and everything. So like, I, I was like looking for the prince charming, like being blinded by like, the fact that I’m like, [quiet] yeah looking for the prince charming (Sarah: hmm) that I would just, not make responsible decisions so, and um, these are just like kinda things that that reminded me of those times. Or, like, or that would kinda get up in the moment so like, I think this guy’s beautiful [pointing to image] [we both laugh while talking at the same time]. I would get caught up (Sarah: The body and soul guy?) I would get caught up in the moment with him, and like um [Rachel speeds and tone changes] yeah, I was saying, one of the guys would always take me for sushi (Sarah : hmm) so I put sushi on there and.. yeah.

This excerpt maps out numerous factors that Rachel felt influenced her ability to “use condoms” or make “responsible decisions”, revealing the complexity of participants understandings of risk. These factors include sex education, misconceptions around sexual health (i.e. pregnancy and STI’s), desire, and the search for “prince charming.” Amidst these factors, romance featured prominently in Rachel’s accounts of her collage, evidenced through stories about intimate relationships, and comments about “Disney”- like ideals, discussed in the focus group. Here, the pressure or influence of romance led Rachel to become “caught up in the moment.”

However, romance was not discussed without tension or contradiction. Discussions about
romance (suggestive of desire) were loaded with references to risk: consequences, “irresponsible” decisions, and “the aftermath.” “I feel that, I was losing myself because like yeah, it’s, it’s your safety involved and, and you’re just so, like you lose sight of yourself and you don’t realize like, the aftermath (Sarah: uh hm) what it can cause, you know what I mean?”

Here, Rachel expresses the emotional toll of unsafe sex on her conception of self as an autonomous actor. She implies that her real self (“you lose sight of yourself”) would engage in protected sex but ideas of romance get in the way. This suggests a false dualism between one’s real (read agentic and fully protective) self and one’s false or “naive” self. This dualistic self is presented as temporal. In both the focus group and interview, Rachel commits to presenting herself as fully in control, speaking to her struggles with condom use, and the “consequences” as events committed by a past, “immature” or “naive” self. In contrast, Rachel’s present self engages in self-directed sex education via the internet, thus inferring that her current self poses the knowledge and experience, which might lead her to act differently in the future.

Furthermore, Rachel’s use of the word “naive” can be read in the context of self-blame. A study conducted by Bay-Cheng et. al (under review) noted that adolescent girls used the word “naive” as a way to shift blame or fault for unprotected sex on to other girls, and imply (by contrast) that they possessed the knowledge and skills to make different decisions. Nonetheless, studies document that the correlation between one’s intentions and one’s actions, or between one’s knowledge and application of it (ie. condom use) is minimal (Mitchell, 1998; Moore et. al, 1996). Thus, Rachel’s intension to engage in safer sex cannot predict future behaviour change.

The need to present oneself as in control, educated, and agentic is an important observation. For example, in explaining her collage, Rachel makes an effort to convince the
group (and more likely, herself) of her independence, self control, and agency. She notes, “I tried to think what like led me in the past to have unprotected sex. And I think it was more like my, like I was just very naive and I was looking for the prince charming and everything (SS: hmm) and then I realized, I’m my own saviour!” The group affirms her for this comment: Solene shouts, “yeah!” as she finishes speaking. It is only in her (private) interview that Rachel discloses the impact of these “consequences” (an STI infection) on her understanding of self. To connect this analysis to the discussion of neoliberalism above, the pressure for responsibility means that these participants were weary of admitting that they had been taken advantage of or duped into unsafe sex. Under neoliberal rhetoric, such an admission might reflect poorly on their moral or educative character. After all, when not acting as youth or young women, participants hold tightly to their roles as smart undergraduate students, who must perform coherence, political correctness, and the role of the always-knowing, or ‘smart’ student. Thus, Rachel’s act of taking full responsibility for previous encounters may be read as an attempt to perform coherence, rationality, and autonomy. For example, other than discussing dates with specific partners, Rachel never discusses her partners’ need for sexual education or their role in negotiating condom use, preferring to blame herself by suggesting that she got “caught up in the moment” (did not think), or lacked the knowledge to act differently (“I wish I had known”).

However, Rachel’s response was not unique. Another study of undergraduate women and unwanted sexual advances (Bay-Cheng & Eliseo-Arras, 2008) revealed that young women were more likely to blame themselves then admit to feeling disempowered by sexist norms. This study reinforces the pressure to take responsibility for one’s actions, and places participants’ performance of themselves as knowledgeable, self-determining, and freely-choosing, neoliberal subjects, within a gendered context (Bay-Cheng & Eliseo-Arras, 2008; See also Schee & Baez,
This feeling of responsibility can also be read in the context of larger representations on HIV/AIDS and women. For example, Wilton (1997) compares HIV/AIDS prevention campaigns for gay men and women. Her study shows how ads targeting gay men frame sex as a source of pleasure (and sometimes responsibility), whereas ads targeting women only reference responsibility; this includes responsibility for themselves, their partners, their families, and their unborn children.

Rachel was not the only participant impacted by the rhetoric of neoliberalism, and the need to perform coherence and control. For example, in reading Rachel’s collage, Solene speaks to the influence of romance as a risk factor, while making careful attempts to ensure she is still read as independent. And yet, as discussed below, the unrealistic expectations and the cultural story of Cinderella, that “everybody knows” is difficult to ignore.

Solene: Yeah, like I mean, the story of Cinderella, everybody knows that. Just like, maybe like I see this as also very gendered obviously, because it’s coming from, like you know, magazines coming from young girls, so the whole Cinderella, you know, slipper thing. Um you know, having your prince coming for you – which is such bullshit – but I mean [everyone laughs] you’re, you’re prince --

Sarah: Why is that bullshit? [I laugh]

Solene: [The group continues laughing]. Just cuz like, that’s not my, in my world, I save myself. (Sarah: Right). There is no prince charming and so yeah. […]And so that’s, so like this is sort of like the dreams (SS: Hmm) and hocus-pocus stuff that doesn’t exist. And so you come to terms with it. You get married, and you believe in it, and then, it screws you over. [Solene laughs] That’s what I think.

As Solene speaks, she laughs alongside the group. As evidenced in other moments, framed by raucous group laughter, participants often laughed at moments when the conversation resonated strongly with them. Here, it may be the influence of Cinderella stories or the need to assert oneself as independent from the sway of romance (“such bullshit”). However, as evidenced by the group’s reaction to Rachel’s collage, the societal expectation for fairy tale romance looms
large in mainstream media and in the lives of these participants. And while participants stress that they don’t need a prince or princess charming, they recognize the pull of their desire for fairy tale romances and the eventual fall-out: “you believe in it and then, it screws you over.” Here, the subtext suggests that the only route to safety and security is to not engage at all – to avoid one’s “prince charming” at all costs. Don’t get caught up in the magic.

In keeping with this study, Rachel’s and Solene’s desire to prove themselves as agentic and independent, of being their “own saviour” exists alongside their preoccupation with consequences (“and then it screws you over”), and or getting “caught up” in the “hocus-pocus stuff which doesn’t exist.” Participants suggest that safety, sexual health, and agency can only exist by thwarting desire and romance. This creates a false dichotomy, between desire and consequences, or desire and risk. Rather than feeling empowered to negotiate condom use, or difficult issues within relationships, participants suggest that their only path to protection, is through self control, avoiding desire and romance at all costs.

In Rachel’s collage, this tension between risk and desire hollers at the reader [figure 4]. Phrases like “self control,” “I wish I had known,” “she needs to be kissed,” “just for one night,” “why do fools fall in love” and “STDS – Are you next?” overlap on the page, suggesting a conflicted sexual subjectivity, where one internalizes dominant discourses of risk and lessons learned, while fearing what might happen if one engages with one’s desire. In reading Rachel’s collage during the focus group, Raha noted this tension between risk, sexual agency, and desire. “There’s definitely a lot about sort of, falling in love and relationships and ‘do you trust him?’ and ‘self control.’ ” When probed, Raha explained

I think it talks to relationships, like, the trust in the relationships and perhaps in [the] need for relationships. […] It says ”why do fools fall in love” so um, and […] “She needs to be kissed”. (Sarah: Oh right here). So, maybe that sort of inner desire for everybody to have sex, or be in a relationship.
Raha speaks to the influence of romance on youth lives and the complicating factors which come with relationships, such as the issue of trust and the “inner desire for everybody to have sex, or be in a relationship.” Yet, this conflicts with the need for “self control.”

**Monogamy and Double Standards**

What do youth relationships look like? When it comes to relationships, what do participants desire? What do they fear? Participants addressed the subject of monogamy, promiscuity, and the double standards for young men and women within focus group conversations. The topic was first discussed in Solene’s collage [Figure 1] when participants read into an image of a wedding ring as synonymous with infidelity. Rather than representing love or support in relationships, the ring represents that “you could have an affair […] and like, even though you’re married to the person, you wouldn’t think to use a condom (Sarah: hmm) but they could be having an affair too.” Rachel continues, noting that the ring (monogamy) represents “No more condoms.” When probed to connect the issue of monogamy to their own lives, the conversation erupts in laughter. Makayla laughs, and explains, “That’s how we’d like them to operate!” Rachel adds, “Exactly, but it doesn’t always work like that!” before Makayla continues, “because you know, that’s how we’d like it to be but you never know.” When I ask participants why there’s so much laughter, Rachel explains that monogamy, or the idea that “you’re safe,” “doesn’t exist for youth.” Participants recognize the disconnection between the concept of monogamy, and how it plays out in relationships. But what do I make of participants’ laughter? On one hand, participants’ laughter signals accord with each other’s statements and suggests that the conversation resonates with their own experiences. On the other hand, the laughter may be a way to displace participants’ fears around risk and what might happen when
“trust” is broken.

After all, within the focus group, youth relationships are only discussed in relation to breeches of monogamy, trust, and the fear of the unknown. Relationships are not discussed as a space to explore one’s sexuality, self, or desire. This link between monogamy, HIV/AIDS, and youth sexuality lies in the fear of “never know[ing].”

Sarah: How does [monogamy] connect to HIV and AIDS for youth?

Raha: There’s a higher risk because you never know.

Makayla: Yeah, you never know and then at that age, you obviously, you trust the person that you’re committed to and you know, and it’s also difficult to bring up a subject like that (Sarah: hmm) in a relationship, in a young relationship.

Sarah: A subject like what?

Makayla: Like are you cheating on me? Are you sleeping with somebody else? [Makayla laughs] and then if they have the mutual trust and they have unprotected sex and then one partner goes out and does something and then you, you never know (Sarah: hmm) and then maybe, and then from the beginning -- and then that’s another thing, I actually, I was surprised. I found out from two people that I met that when they, when they start a relationship they make sure that they take their partner to get tested (Sarah hmm) before. So, I found that interesting because that doesn’t happen in Guyana.

While Maklayla defaults to speaking about other people’s decisions and experiences (versus her own), her comments suggest that monogamy may actually be a risk factor for HIV. Because monogamy operates under a pretext of “mutual trust”, partners “have unprotected sex,” thus leaving themselves vulnerable when “one partner goes out and does something” or when someone is infected “from the beginning.” Makayla’s comment reflects HIV/AIDS literature that looks critically at ABC models of HIV prevention (“Abstain, Be Faithful, Condomize”). This literature (Campbell, 2003; Welbourn, 2002) suggests that prevention must look to the underlying structural factors of increased HIV risk. Just as abstinence is an unrealistic prevention
strategy for most people, being faithful does not necessarily protect one from infection as partners may enter into relationships without getting tested or disclosing their status. After all, while Makayla cites the importance of communication between partners and testing, participants’ continued discussion suggests that while this is ideal, “it doesn’t always work like that.”

Lack of communication and double standards within relationships continue to put young women at risk for contracting STI’s and HIV. Raha recounts a story from as a student-run sexual health information centre on campus where she volunteered.

Just in response to what you were saying about, not only cheating, but sort of, at times putting on a condom, or different STIs not being talked about in youth relationships. I was a, I was a sexual counselor at [a student-run sexual health centre] and then there were several times when, well, for me all I did was girls coming in, and in this case it was herpes, and she thought that she was in a monogamous relationships but apparently not, so, I mean, it’s just, to trust him […] And what was interesting in that situation was that, um, what, even though her boyfriend was also herpes positive, she was having frequent outbreaks but her boyfriend wasn’t having any symptoms. So, he was dumping her because like to him (Makayla: hmm) it was it was (Rachel: her fault). It was her fault. Because she was having symptoms, even though .. (Makayla: Right).

During Raha’s story, participants are eager to co-create Raha’s narrative, thus suggesting the applicability of this story to their own lives. As Raha speaks, Makayla interrupts to ask about STI statistics in Canada. Furthermore, Rachel offers her reading of the situation. Even if Raha may not have intended to continue the sentence with “her fault”, her use of Rachel’s words suggests agreement with Rachel’s interpretation or co-construction of the story.

This story also marks the focus group’s first (and only) reference to a (male) partner’s role in STI or HIV prevention. As the above excerpt demonstrates, young women are doubly stigmatized. The participants’ sexual subjectivity is constructed through apprehension: fear of desire, fear of relationships, and fear that if one does contract an STI, it will always be the woman’s “fault.” Given the emphasis on sexuality as danger in sexuality education, perhaps this
should not be so surprising (Fine, 1988). Young women are taught to ignore desire in order to prevent being labeled a “slut,” or taking the blame of unsafe sex and possible STI’s, as seen with Rachel’s earlier comments. As Raha notes, it’s “sort of being your fault, I think un-safe sex and being a slut for women. […] So don’t have sex, you know, if, as if it’s your fault wanting to have sex.”

Different rules govern different bodies. While the double standard is not new (see Holland & Eisenhart, 1990), participants’ narratives suggest that the issue still exists. As Makayla argues, double standards around sexual behaviour both in and outside of relationships have become “reality” for most young women.

The whole idea of when a, when [Raha] was talking about women being promiscuous, the whole idea that women are always labeled – well if they are promiscuous they will always be labeled as a slut or a whore and always degraded and men when they’re promiscuous, you know - (Raha: They’re a stud). Exactly! They’re a stud! [The group laughs]. They’re you know, the men that we should be with and yeah, and in that sense, that’s just reality now.

Participants are undivided in their agreement with Makayla’s statement. “I definitely agree to that! Amen to that one!” Solene shouts, and the group erupts in laughter once more. Participants are well aware that consequences for sexual behaviour extend beyond contracting STI’s to include social repercussions.28

But this is not an open discussion – these issues, as Raha suggests, are “not being talked about in youth relationships”. She points to the lips in Rachel’s collage, as representative of this silence: “the lips, not speaking about it”. This theme of silence, particularly around issues relating to female sexuality and sexual health was often discussed in focus groups and interviews. Participants frequently noted that even though sex was “everywhere”, discussions

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28 See also Bay-Cheng et. al (under review). Drawing on Travis (2006), Bay Cheng argues that young women bear both the physical burdens of sexual risk (pregnancy, STIS, etc) but also the social, material and emotional burdens of risk. Also, it’s interesting to note how this double standard cuts across class as well as racial and ethnic differences. For instance, it is well documented in elite schools (Gaztambide-Fernández, 2009).
around HIV/AIDS and STI’s were still “hush hush”, in the media, in classrooms, in their families and in relationships.

Conclusion

Rachel’s collage and participants’ reading of it, stands as an excellent counter to the linear and rational risk model posed by the Ontario Healthy Living Curriculum, described in previous chapters. In the focus group, participants noted that there was “a lot going on” in these pieces and rightly so. To return to the beginning of the chapter, Solene laughed and said the piece reminded her of her “mind.” Rachel echoes this thought, explaining that the “expressions” are “so much more powerful” because they’re “like common thoughts that are always going through our heads and everything.”

What would sexuality or HIV/AIDS education look like if it embraced a model of risk and sexual subjectivity similar to that of Rachel’s collage [Figure 3]? As cluttered, messy, and inconsistent? If, like participants, sexual education acknowledged the role of the media, gender norms, and societal influences in shaping our contradictory perceptions of romance, relationships, and risk? Unfortunately, the data expressed above fits all too well into current sexuality curriculum. The apprehension of sexuality and the tensions between risk and desire, or risk and agency (maintaining control, doing the right thing, etc) parallel many of the dominant discourses on youth sexuality addressed in chapter one.29 For example, Rachel’s preoccupation with “consequences,” participants apprehensions around desire, and Raha’s insistence that women will always be at “fault,” represent the dominant discourse of sexuality as dangerous (Fine1988; Fine and McClelland, 2006). To recap, as Fine (1988) argues, sexual education discursively constitutes the female subject as lacking desire; young women are constructed as

29 In summary, formal sexuality education relies on the discourses of victimization, fear, scare tactics and the missing discourse of desire (Fine & McClelland 2006; Fine, 1988; Tolman, 2002, Bay-Cheng et al, under review , Bay-Cheng, 2003).
either victims to male advances dangers to society thus requiring protection from victimization, or hyper-sexualization.

As Bay-Cheng et al. (under review) argues, with the support of Lesko (1996) and the American Psychological Association (2007), apprehension over youth sexuality and its presumed negative consequences reflects many of the contradictions within a society that objectifies and fears youth sexuality. Young female bodies are increasingly sexualized and objectified within popular culture; they are profiled and marketed as sexualized consumers while they are simultaneously taught to thwart desire and keep their legs shut. Hence, present discourses of risk construct young women as both vulnerable and socially culpable thus creating a landscape of tension and contradiction.

The participants in this research echo these findings. They don’t need a research study to know that young women are contradictorily positioned. As participants noted, mainstream media often gives out contradictory information, encouraging young women to be safe while at the same time ‘loose oneself’ and have fun. For example, Rachel’s collage – created out of women’s magazines targeted at older teens and young women – visually articulates this contradiction. Large headings snipped from articles shout “I never thought it could happen to me,” “Don’t be too square,” “She needs to be kissed,” “Forget-me-not,” “Looking for Love” and “Pregnant.” Smaller headings whisper “Excitement,” “How do you use it?” “STDS – are you next?” “Just the two of us,” “Sexually transmitted diseases won’t be your problem (emphasis original), “How well do you know him” and “Self-Control.” Participants are conscious of this contradiction and recognize it as a challenge they must navigate.

Solene: It [media] teaches us about sex (Makayla: Uh hm) and like, that’s it though. It’s sort of like (Makayla: Yeah) we ooze sex and that’s about as far as we go.

Makayla: And they’re advertising sex.
Solene: And we don’t talk about other things that you know, that are part of it.
Makayla: But they don’t talk about the consequences of sex.
Rachel: Yeah.
Solene: Or the other parts of it.

After all, as participants stress, the media “oozes sex” without addressing the “consequences” or “other parts of it” like healthy relationships. But if the media and (formal) sexual education won’t deliver, then what avenues remain for young women to learn about sexual health?

In an environment where discussions about HIV/AIDS and STIs are so “hush hush” as Rachel notes, there are limited opportunities for young women to discuss their experiences, concerns, needs, and wants in a comprehensive, sex, queer, and youth positive way. Desire, or “thick desire” as Fine and McClelland (2006) write, twenty years later, encompasses more than one’s sexual decisions and includes one’s desire for education, freedom from violence, economic security, and healthy relationships. While my participants often struggled to directly articulate their desires, this is likely because they have not yet exercised this muscle. Spaces must be created for youth to explore desire in its multiple forms. However, this does not mean that participants never expressed desire. They did so, as seen in the section on romance, with tension. And, as seen in the section on monogamy, participants often expressed desire indirectly, by expressing what they didn’t want.

Incongruities, tensions, contradictions and inconsistencies mark these collages, verbal exchanges, and written narratives. What has been said and what remains unsaid? In the above stories, participants rarely reference sex. Rather, sex is alluded to through discussions of “irresponsible” behaviour, and heterosexual relationships. What counter-stories could be told? In the context of the above stories, sex and (un)safe sex were often taken for granted as having fixed meanings. However, sex and sexual experiences certainly go beyond vaginal-penile
penetrative intercourse. Safe sex for one individual may be conceived as unsafe sex for another.

For example, is sex safe if it involves a condom but doesn’t involve trust? What about oral sex or anal sex? After all, decisions are often contextual; a “bad” decision may be a perfectly “good” decision at the time.

As I read and re-read this chapter, I reflect on previous drafts and the comments of other graduate students reading this text. Readers have been taken aback by participants responses and stories. And yet, I take participants’ stories as common place or expected. It’s noteworthy that my first reading of the data yielded only stories of resistance; perhaps, this is what other readers are expecting. After a second, more reflexive reading, participants’ anxiety over sexuality began to emerge as underlying theme. Perhaps, my desire for their resistance was so strong that it lead me to ignore the nuanced elements of their conversations.30 Perhaps, I recognize myself in their stories. I wonder what collage I might have created had I been in their place. My own hesitation to admit to past mistakes, (or even label them as such), and my initial desire to see participants’ boundless resistance (even if unrealistic and simplistic) suggests that I too am impacted by the heavy hand of neo-liberal rhetoric. As I move on, I continue to map participants’ contradictory trajectory, as I postulate why participants might waver on views of sexuality and risk. Chapter six reveals how HIV/AIDS becomes a sign for participants’ apprehension of sexuality by focusing on how participants project their experiences of regulation onto the bodies of HIV positive young women. However, even when participants recognize themselves in these images, they do so with trepidation. Despite their reading of HIV positive young women in particular images, when asked if young women were at risk for HIV, some participants deferred to stereotype and othering, insisting that young women could not possibly be at risk.

30 Of course, participants resist in many ways. This resistance will be explored in chapter seven.
Abigail’s Collage, *Art with Heart*, [Figure 6]
Raha’s Collage, *Sex, Politics and Celestials*, [Figure 7].
Chapter 6:
“The Caged Female Sexuality”

I love absolutely love the fact that you have this behind [the netting], like religion and sex and you have all these things behind, like, it’s almost like a cage. Like, that might be a cage upon the individual. [...] Whether it’s her sexuality which has been caged or the, it’s been caged by religion or all those sorts of things that could be going on in there. – Solene, in response to Raha’s collage.

When we make people “other” we group them together as the objects of our experience instead of regarding them as fellow subjects of experience with whom we might identify. If you are “other” to me, I see you primarily as symbolic of something else – usually, but not always, something I reject and fear and that I project on to you – Susan Wendell, 1989, p. 271.

Fear of loosing control, of getting caught up in the moment, of consequences, of being blamed. These underlying anxieties in participants narratives speak to the constrictive and regulatory nature of female sexuality, what one participant described as “the caged female sexuality,” and in particular, the conflicted sexual subjectivities of the research participants. As I will demonstrate below, participants frequently spoke to this topic through Abigail’s and Raha’s collages [Figure 6 and 7], narrowing in on specific images and projecting their own worries of stigmatization, shame and silence onto the images. These images of young women were visually read as HIV positive young women. First, I look at Abigail’s direct and indirect connections between the images in her collage and her experiences and identity as a young Korean woman, growing up in what she describes as a religious and traditional family. Second, I look to participants paralleled reading of shame, stigma, and regulation across two collages. Both Abigail’s and Raha’s collages contain images of young women, which participants read as representing regulation. By comparing participants readings of these two images, both interpreted as HIV+ women who have “lost their face” or “sexuality”, I trace thes way in which
these particular images (and HIV/AIDS in general) comes to stand in, as a referent, for participants own feelings of regulation, shame, and silencing. This is in keeping with the underlying feelings of fear and the apprehension of sexuality and desire that lined comments about risk in chapter five, and discussions about the Other, in chapter four. Once unraveled into a series of competing meanings, HIV/AIDS becomes a “Site/Sight of Difference” (Columpar, 2002) for participants to project their fears, apprehensions, and insecurities. This act of transference can be explained by psycho-analytic theory on learning and desire, as explained below.

However, when asked if participants thought young women were at risk for contracting HIV, participants’ anxiety became palpable. While Abigail and Makayla resorted to misconceptions and stereotypes, Rachel and Raha attempted to qualify the question, thus avoiding discussion about their own implication. Suddenly, the conversation shifted direction and participants reversed their responses: young women were at risk, after all. I propose that HIV/AIDS and the images read as HIV+ women became a sign for participants’ apprehensions around sexuality. Hence, when asked directly to engage with the possibility of themselves as being at risk for HIV/AIDS, participants buckled, resulting in conflicting responses. I begin this chapter by offering a psychoanalytic reading of the data, with help from literature on psychoanalysis and learning, as well as Zivi’s (1998) theory of AIDS as abjection.

Fearing Desire, Fearing AIDS: HIV/AIDS and the Unconscious

Scholars such as Todd (1997), Felman (1997), Briton (1997), Britzman (1998), Harper (1997), and Zivi (1998) explore the connection between desire, pedagogy, and the unsaid. Using psychoanalytic theory to explain and unpack the production of knowledge is particularly useful when it comes to making sense of how these participants understand and articulate desire and
their own fears. When applied to pedagogy, psychoanalytic theory views the “temporality of learning” as a process that proceeds,

not through linear progression, but through breakthroughs, leaps, discontinuities, regressions, and deferred action, the analytic-process puts indeed in question the traditional pedagogical belief in intellectual perfectibility, the progressistic view of learning as a simple one-way route from ignorance to knowledge (Felman, 1982/1997, p. 23).

As previous chapters demonstrate, participants understanding of HIV/AIDS, and its connection to their own lives, is marked by many of the leaps, discontinuities, and breakthroughs described by Felman. As described below, when participants must directly respond to HIV/AIDS as a personal threat, fear, or the process of abjection takes over (Zivi, 1998).

Zivi defines Kristeva’s theory of abjection, as the “process through which subjectivity, identity and social order are constituted” (p. 35). This process, which begins in the realm of the psyche, is wrapped up in how one demarcates self from other. Using this theory, she argues that AIDS, as abject, functions through the mechanism of separation and exclusion (through the creation of an Other), and through a fixing of identity (gender, race, class, ethnic, sexual, or geographic). Hence, if AIDS is abject (the “not-yet-object”), AIDS discourse ensures that AIDS, and the abject being (a person living with AIDS, or presumed to be at risk), must be always excluded or othered in order to preserve social (and psychic) order (p. 39-40). However, because order can never be fully achieved, either within the HIV/AIDS epidemic or the individual, the subject must continually resurrect borders in order to partake in a fantasy of coherence and unity.

This connects well to the larger principles of neoliberalism discussed in chapter five. Thus, this process of abjection or Othering is “in fact recognition of the want on which any being, meaning, language, or desire is founded” (Kristeva, in Zivi, p. 37). It is this want or desire that “beseeches” the subject, even as it threatens to “pulverize” them (p. 37). If we take Zivi’s
application of abjection seriously (as I think we should), participants’ tenuous struggle to situate themselves within HIV/AIDS discourse must be read not only at the socio-historical intersection of AIDS discourse, but at the psycho-social site of social order and the unsaid, what Felman (1982/1997) describes as “unmeant knowledge” (p. 24).

Borrowing from Lacan, Felman stresses the importance of the unconscious in understanding subjectivity:

What, indeed, is the unconscious, if not a kind of unmeant knowledge which escapes intentionality and meaning, a knowledge which is spoken by the language of the subject (spoken, for instance, by [hers]/his “slips” or by his dream), but which the subject cannot recognize, assume as [hers]/his, appropriate; a speaking knowledge which is nonetheless denied to the speaker’s knowledge?” (Brackets Original, p. 24).

While this chapter will not engage with participants’ dreams, participants’ linguistic slips and stumbling points will be particularly important in understanding how participants entangle themselves in an act of transference, projecting their own feelings of shame or silencing onto the bodies of HIV+ young woman.

“A Corner Full of Shame”

Abigail’s interview, written narrative, and focus group contributions offer a useful study of the intricate connections, conscious and unconscious, between participants’ personal experience, identity, and their collage. Like Rachel, as seen in chapter five, Abigail spoke openly about personal experiences and the meaning she associated with images. She arrived at the focus group, collage completed and narrative in hand, prepared to tell all about her experiences of silence and regulation as a young woman growing up in a “strict family with many watchful eyes in the community in which I belong”: 
This collage shows how media, family, friends, and school has shaped my perspective about HIV/AIDS. Being in the centre of attention and potential gossip, as long as I can remember, my parents always told me to watch my behaviour in the public. Pride and prestige run my parents to extremes and also had them impose their ideologies on me. A boyfriend in high school was out of the question, so could you imagine what they would say to sex before marriage? Therefore, being diagnosed with HIV, presumably after sex would bankrupt them of their status. They would not be able to stand in front of their friends or family. Shame, rather than seeking help or comfort. I would be in a corner full of shame, like the girl in the right corner of my collage. However, I would like to reach out to the people who may feel as I would, and help them through their rough times. This is what I learned about myself in doing this collage.

However, while Abigail’s written narrative suggests a reflexive awareness of the connections between her collage and her own life, it’s likely that her collage represents more about her lived experiences than she consciously admits. When Abigail reads her narrative in the focus group, she diverges from her written account. She reads,

Pride and prestige run my parents to extremes and also had them impose their ideologies on me and so having a boyfriend in high school was out of the question. Um, so like, what do you think they’d, if, if I, to um, to um, sex before marriage. I mean, that’s ridiculous.

Abigail stumbles as she reads the line about sex before marriage and adds, “I mean that’s ridiculous.” Abigail’s difficulty in speech suggests anxiety over being perceived as a sexual subject. The additional line affirms this anxiety; premarital sex is inconceivable. Abigail continues, “But I’d like to reach out to the people who I feel, who feel as I do, and yeah, I’d like to help them”. In comparison to the written narrative above, Abigail shifts her verb tense from the conditional (“I would”) to the present (“I do”). While Abigail’s written narrative speaks of a hypothetical situation – how she “would feel” if she were HIV+, here, Abigail slips, revealing that the only thing hypothetical about her situation is her sero-positive status. Abigail’s feelings of shame and regulation around her sexuality are very much real.

In her interview, Abigail also shifts between the conditional and present tense, despite
previously stated connections between her collage and her lived experiences. In describing her process of creating her collage, she notes, “I kinda got into what I feel as a person, so I’m saying, I would feel totally distorted, uh, from my emotional feelings, from my mental and physical state.” Abigail continues in the conditional tense, and again shifts to the present.

> Like this girl here who she’s like cut-up and distorted looking, I would feel this way because I wouldn’t know what to do. Um, everything around me would seem different and um, I wouldn’t know who to talk to about this kinda st-. Like, I mean I do, like I could go to centres (uh hm) but I don’t have that connection with them. I mean just (Sarah: yeah, absolutely) going up to a random person and start talking about your life, that’s a bit hard. (Sarah: Yeah, I hear you). Yeah and family also popped in and sister [see pasted words] also, and mommy. Um, that family was just something that I feel, that because my family, I know that they’re, you know, it’s hard for them to be there for me.

Abigail remarks that “I wouldn’t know who to talk to,” and that while she “could go to centres,” it would be difficult, because she doesn’t “have that connection with them.” Again, her tense shifts when she speaks about her family and their inability to provide support, as evidenced also in her written narrative.

> But is it just that HIV/AIDS is “hush hush?” Or rather, does HIV/AIDS stand in for something else? In her interview, Abigail speaks candidly to the connections between her collage and her experiences of living in what she identifies as a “traditional Korean household.” When I ask her if part of her collage speaks to her own experiences or identity, she zooms to the image in the centre of the collage, of a woman surrounded by silencing fingers, and the words “mother,” “sister,” and “family.” She explains that the image of the woman [Figure 6]:

who’s pretty much the center (Sarah: yeah) of my collage would, would be .. how I would feel, like this would be, this is what I would look like if I were to have AIDS (Sarah: okay) because well, my family is really, really, really conservative (Sarah: uh hm). They’re really, um, religious, to like you know, no sex before marriage (Sarah: right) and for me to have sex and then to have AIDS, that would be ridiculous. That’d be crazy. They would, like, they, I’m pretty sure they wouldn’t give me the comfort and the whole support that I would need at, at a position like that. They would most likely be more shamed, ashamed of me, um, like they wouldn’t even be able to look at me. Because it’s, it’s disgusting in their eyes, so, um and I wouldn’t be able to talk to anyone.
Abigail admits that she sees herself as the woman in the center. The words mother, sister, and family dangle between hushing fingers. And, as she speaks, Abigail draws closer lines, making connections between her parental rules around sex before marriage, and what she sees as a possible consequence of sexual activity (HIV infection). She repeats her line from the focus group, noting that “for me to have sex and then to have AIDS, that would be ridiculous.” While Abigail’s collage envisions a hypothetical situation, it also reflects her present reality, and her current fears about not only being sexually active, but in being discovered as sexually active by her parents. Thus, HIV/AIDS becomes a site/sight through which she can explore her current apprehensions about sexuality, and being ‘outed’ as a sexual being.

Abigail also uses HIV/AIDS as a site/sight to explore her current feelings of isolation, experienced as a result of her recent transition from high school student to first year university student. Note that Abigail also links the culture of student life, as being defined by drinking and sex (See chapter five). As we chat, Abigail reveals that she’s been going through like a phase right now (Sarah: yeah) where you know, coming to university and being out on my own (Sarah: Totally) and then feeling like as if I’m on my own but then again when I go back home, they’re like [inc] it’s like 11 and they’re like ‘you’re so late! (Sarah: hmm) this is not acceptable’ and just me going, you know I spend more time outside of the house now (Sarah: right) and they’re like ‘why are you always out?’. I’m turning 19 this Friday (Sarah: Oh Happy Birthday! [Abigail laughs]) and it just feels like I’m so trapped (Sarah: hmm), just everything. It’s, I know it’s a cultural and you know, religious like conflict but I just feel that .. I can’t really say that it’s wrong of them to do that (Sarah: uh hm) because you know, it’s, it’s the certain views that I have and the certain views that they have and I can’t say, you know mine’s right and your is wrong even though I’m put in a situation like this (Sarah: for sure). Because you know, yeah it’s just different per- perspectives and life. And um, even though I have them, they it’s just sometimes I just want to break free (Sarah: hmm) and I want to let them know like you know, this is the world that we live in now. […] So there are a lot of, we definitely - my parents and I definitely know we, we’re totally different. And we try not to talk about, like, it’s not that we try not to talk about it, but we just avoid it. Just we don’t really go on to the subject.

Sarah: Is that where, kinda, the fingers come in?
Abigail: Yeah, that’s definitely where the fingers come in, and one of the girls just by themselves in the corner. Um, and not being able to face the problem, um with like, with a bit of confidence in themselves.

Competing pressures such as the transition from high school to university are escalated by “certain views that they have and certain views that I have” such as attitudes on premarital sex, curfews, and youth relationships. Having enrolled in a first year women and gender studies course (with HIV/AIDS on the syllabus), it’s likely that Abigail may have been negotiating many of her new formed beliefs on social order with what she described as “really, really, really conservative” beliefs held by her family.

Abigail’s concern is in keeping with what Irigaray explains (1985) as the transition from adolescence to adulthood, as marked by a struggle of disappearance. For women “the very condition of their accession to their own subjectivity, to the consciousness of a self which is both personal and public is their unwitting acceptance of the law which limits their speech” (Qtd. in Harper, 1996/1997, p. 144). As Harper continues,

Considering that young women must negotiate their presence and identity in Western civilization and its language(s) and negotiate the loss of connection with parents and a search for substitute love objects at the time of qualitative and quantitative shifts in sexual impulses, it is not surprising that adolescence is often a traumatic time for them (p. 144).

Given Harper and Irigaray’s work on adolescence, it’s no wonder that Abigail’s transition from high school to university, at the dawn of her 19th birthday, leaves her feeling alone and unable “to face the problem, um with like, with a bit of confidence.”

This projection may explain Abigail’s initial reluctance to speak to her own life. At the beginning of her interview, Abigail refrains from referring to her life or identity, even though she had already revealed connections between her collage and life in her written narrative. In explaining the “message” in her collage, she expresses that
having like, HIV/AIDS would be very, very shameful, like it would be something that you can’t talk to anyone about (Sarah: uh hm) that’s why there’s people, like you know, who are telling this girl who, who is a character that has HIV and AIDS and she’s not able to say anything to anyone. And then, there’s also these girls here, and they’re like, they’re alone, um (Sarah: With the legs?) okay, with the legs and the face down turning, the like turning away from people, being alone and isolated, and feeling really um depressed and um, yeah, isolated from everything, from the world.

In light the above data (Abigail’s identification with the image discussed), “those people” become Abigail’s family, and this “girl” becomes Abigail. While it’s likely that Abigail was simply nervous, and feared making herself vulnerable, her initial framing of the central image, the “girl who, who is a character that has HIV” as someone disparate from her own life is telling. Had I not asked Abigail about the link between her collage and written narrative, Abigail may have continued using the “girl who, who is a character that has HIV” to field her own concerns and apprehensions over her sexuality.

Abigail continues to project her feelings of apprehension onto other images in her collage. For example, Abigail describes her decision to juxtapose two images [Figure 6] of a “girl and the guy whose very um, sexually appealing […] and gorgeous looking” to convey a message that even though he looks so gorgeous, he looks normal he, like anybody or actually, he’s above average, like he could have AIDS. And you know, you wouldn’t even expect that (Sarah: right) and this girl here, this just shows the how, how unsafe it is to be just flaunting away, not wearing a bra and just showing her sexuality without knowing what the consequences is (Sarah: hmm) and being really provocative.

My first reading of Abigail’s statement provoked a gendered reading. Whereas the “gorgeous looking guy” might “have AIDS” (so ‘be careful who you sleep with’), the woman is read as at fault for contracting HIV or STIs, as a result of “provocative” behaviour. Here, I read HIV as the “consequences” or sexual behaviour. But looking closer, “consequences” imply a double reading. What are the “consequences” of “flaunting away” and “showing” sexuality? Notice how Abigail connects danger to the evocation of one’s sexuality. Given the data discussed above,
“consequences” may be linked to being known or exposed as a sexual being, within the context of one’s family. For Abigail, who strongly asserts that she “feels” that women are more vulnerable to HIV, these gendered consequences, both biological and social, loom large. Thus, the consequences of a woman “flaunting away” or “showing her sexuality” may well include the images highlighted in her collage - images of silence, shame, and isolation. In keeping with the above argument on projection, Abigail projects her own feelings of shame onto being HIV positive. Since Abigail (presumably) is not HIV positive and still experiences shame in her own life, this shame becomes transferred onto her understanding of HIV/AIDS.

This same act of projection, or transference can be seen in other participants’ readings of Abigail’s collage. Other participants also read the images in Abigail’s collage as indicative of the silence, stigmatization, and regulation that might occur for HIV+ young women. For example, in reviewing Abigail’s collage, participants focus on two images: the image of “the girl holding her mouth like this, like if she’s you know, embarrassed or ashamed or maybe scared,” (Makayla) as well as the image of the young woman, “huddled in her little cocoon” (bottom right corner) [Figure 6]. Raha shares Abigail’s belief in the gendered nature of the epidemic and the influence of silence or regulation on young woman’s bodies. She notes that Abigail’s collage speaks to the need to address the issue in a gendered way like separately because men and women are affected in different ways [...] It’s mostly images of women, um, in terms of their sexuality and also, in terms of, the lack [of]ability to express themselves, sort of the, the women covering up her mouth (Sarah: okay) and the eyes, so.

For participants, both images represent a silencing of issues, and “a loss” of “sexuality”, or one’s “face” as a result of HIV/AIDS [Figure 6].

Solene: [...] And the fact that this person, you can’t see her face, it seems like she’s huddled in her little cocoon. And also, her back’s turned in that picture as well so yeah, it’s completely like everything is sort of like ambiguous so yes, you do have sexuality but then you have, a you know, a stripping of that - a stripping of faces.
Raha: [...] It may be that uh, after perhaps you, uh, you get AIDS, you sort of lose your face, essentially. You sort of have to disintegrate from your body and sort of - be bland. [...] I think it’s, it’s, it’s sort of this image is pretty strong here. It’s sort of like expressing your sexuality and then, it’s sort of just fades away after AIDS (Sarah: okay), so it’s sort of, the consequences of it.

Solene: I like the way you said, this girl has sexuality but as you go on, she looses that. And maybe that’s sort of like what people attribute with people with HIV/AIDS. Um, they usually think that maybe they don’t have, you know, sexuality. They’re just another, you know, like they lose their identity including their sexual identity. So, maybe that, like I sort of like can see that (Raha: uh hm) in what you were saying.

Here, the topics of silence and identity loss revolve around HIV/AIDS. Raha argues that to “lose your face” is to lose your sexuality and identity, while Solene attempts to debunk the myth that PHA’s (People living with HIV/AIDS) must divorce their sexual self. Furthermore, Solene’s emphasis on society’s fear of PHA’s suggests that one might also read to “lose your face” as to lose your reputation (“a stripping of faces”).

Abigail’s collage was the first collage discussed in the focus group. By comparing these comments to later discussions, participants’ (unconscious) act of sign-shifting becomes apparent. Through participants interpretations of particular images (read as HIV positive woman) participants use HIV/AIDS as a sign or a site/sight, to project their own apprehensions about sexuality. For example, the above comments closely parallel data highlighted in chapter five, when participants discuss the social repercussions of STI infection, within and outside of youth relationships. The above excerpt also connects to Abigail’s comment on “consequences” above, where she projects her own fears of being identified as a sexual being, onto the woman described as “flaunting” her sexuality.

Under the Cage

Participants eye Raha’s collage (Figure 7). Purple, textured netting ensnares participants attention. Because of prior social and familial commitments, Abigail and Makayla have left the
focus group early. Raha’s collage – a collage which, as Raha explains, visually tracks her transition in learning about HIV/AIDS, from being science-centered, to learning about the structural factors in her undergraduate women and gender studies courses – sits in the middle of the table. However, in contrast to Raha’s intended meaning, Solene and Rachel focus their readings on the silence, shame, and regulation encountered by the tiny image of a young woman huddled in the corner.

During Solene’s interpretation of the purple netting (what she calls the “caged female sexuality”) Rachel points to an image of three women whispering in the left hand corner, “the secretive stuff up here.” Participants string disparate images together, connecting each image to the regulation of female sexuality. For example, Solene associates this comment and image to a sketch of a woman crouching in the opposite corner.

And it seems like these guys are pointing their fingers at this girl who seems, like, to be crying. So like, I guess like, you know, this is the way that gossip and rumours are the, like the medium of, of you know, discourse about HIV/AIDS and then stigma and hate and all of these sorts of things also surface around whether it’s you know, we don’t' know if this girl has HIV or AIDS, it could just be her sexuality like and it is a girl, I do believe. Yes, at least it looks like one. It could be anything, she could be stigmatized as expressing her sexuality as Makayla pointed out – or who was it that pointed it out? Whores, and sluts.

This comment begins in the same refrain as previous comments. The young woman, presumed to be HIV positive, becomes a site/sight to discuss the regulation of female sexuality, as experienced by somebody else. However, unlike above, as Solene speaks, she shifts her attention away from the young woman’s sero-positive status, to the larger issue of regulation and stigmatization, as experienced by young women in general: “we don’t know if this girl has HIV or AIDS, it could just be her sexuality.” Such a slip implies that Solene understands stigma as precarious: “it could be anything” such as “expressing her sexuality.” As a young woman (and a young woman of colour at that), one does not have to ‘do’ anything out of the ordinary to be
stigmatized or experience shame on account of her sexuality (Fields, 2005; Patton 1996; White 1999). After all, as Rachel expresses, “Well being female, it’s always hush hush.”

Solene describes a similar feeling and experience of regulation, by drawing our attention back to the netting in Raha’s collage [Figure 7]:

I think for me, it was the fact again, this seems so much to look like a cage and also it’s almost like, for me, what I get from it, is the caged female sexuality whether it’s religion that plays in that, whether it’s you know, condoms could even represent the fact that your boyfriend doesn’t want to wear condoms (Sarah: that’s interesting), right? And social status and just, like to me as a female those are the things that I’d be caged by (Sarah: right) whether it’s a you know, a lower status because that affects what I know about the virus and all of those things sort of limit myself as a female.

Here Solene admits, albeit hypothetically, to feeling “caged” as a young woman. The metaphor of “caged female sexuality” speaks well to many of the issues and concerns raised by participants in chapter five: the stresses and pressures of alcohol, the influence of Romance as risk, and the double standards around monogamy and sexual behaviour within and outside of youth relationships. According to Solene and other participants, the feeling of being “caged” or silenced (“hush hush”), might constitute one of the largest risk factors in their development of healthy sexual subjectivities. Had Raha’s collage come first in the line of discussion, perhaps participants would have projected their fears as they did with Abigail’s collage. However, even though Solene speaks to regulation as something encountered by all women, she speaks of her own experiences of regulation as conditional: “And social status and just, like to me as a female those are the things that I’d be caged by.” But Solene never finished the condition sentence. “Those are the things that I’d be caged by,” … if what?

These similarities and divergences between collages suggest that participants may have used discussions about HIV positive women to project their own fears and concerns about the
shame and regulation they are experiencing in their own lives. To summarize, two factors operate within this chapter to suggest an act of transference, or projection: First, participants read HIV+ young women (note, not images of young men) as connected with shame. Second, the data suggests that participants also experience shame within their own lives. Coupled together, this suggests an unconscious act of transference of shame onto HIV/AIDS without recognizing the role shame and sexuality play within their own lives. Given participants reluctance to make or recognize themselves as vulnerable, this projection may have functioned as a means of self protection, or as a way to displace the risks which they encounter daily. Participants organized, selected, and excluded certain materials from their collages and subjects from their discussion in order to sustain a particular vision or reality. This reality was one where they could express their concerns without seeing themselves as fully implicated within a disease which is still Other. By viewing participants’ comments on HIV+ women as a possible extension of their own concerns, I am able to better understand participants’ fears and concerns around their own sexual subjectivities. Furthermore, by understanding the role of the unsaid on my participants’ lives, I am able to reflect on my own apprehensions and impulses around admitting to or silencing certain parts of my own sexual subjectivity.

But if these issues are so important, then why do they remain “hush hush”? Why not discuss them upfront? As neo-liberalism takes hold on government, social programming, and education, the liberal individualism continues to wage a war on women’s bodies. Neoliberalism erodes social services, deflects responsibility, and points fingers of blame, leading young women – these participants included – to look elsewhere when it comes to sexual risk (Bay-Cheng et. al, under review; Fine & McClelland, 2006). It can’t be me. I’ve got everything under control. I

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31 I do not wish to suggest that participants’ discussion of stigma is misplaced. HIV positive women have been doubly silenced, stigmatized and regulated since the beginning of the epidemic (Gorna 1997; Treichler, 1999; Zivi 1997).
“We’re just not” until we tell you we are: Participants negotiation of risk and HIV/AIDS

What is at stake for a young woman to identify herself as ‘at risk’? As addressed by chapter five, participants refrain from using the word risk and yet, their stories indicate they are aware of the way their bodies and minds are constricted by social pressures, gender norms, and dominant discourses around sexuality. In this chapter, participants also struggle with the language of risk, choosing to use hypothetical situations and images read as HIV positive young women to project their apprehensions about their own sexuality and the regulation they face. Yet, it can’t be for lack of knowledge. As highlighted in chapter four participants speak to the multiple socio-structural factors that shape and construct the epidemic -- just not in reference to their own lives.

After the second focus group, I was still unsure as to where participants placed themselves on the risk spectrum (Appendix 1c). I decided to ask them directly, using a series of agree/disagree exercises where participants were asked to position themselves along a line and justify their position in response to two verbal statements: “Young women, aged 15-29 are at risk for contracting HIV,” and “Young women, aged 15-29 could be considered a risk group for contracting HIV.” Because these participants’ age ranged between 18 and 24, they fit squarely within the demographic being discussed. Thus, responses to this statement can be read as indications of their own understandings of risk as it relates to HIV.

Participants’ responses reveal uncertainty and ambivalence. Raha disagrees with the statement: “I don’t think that particular age group, although I do strongly believe that women are in general, are in greater risk than men, but I don’t feel that that necessarily that age group is in
greater risk than any other age group.” Similarly, Rachel agrees that women are at risk, but like
Raha, qualifies her answer by noting that my statement “didn’t say that they’re the only ones
who are strongly at risk, they just, just said that they’re strongly at risk”. In contrast, Abigail
disagrees entirely, alluding to the power of being informed, and making rational decisions. When
I ask her to expand on this, she follows that “I believe that there’s a lot of people like us who are
well informed of the consequences and so they won’t engage in unprotected sex, (Sarah: okay) or
drug-use with like, sharing needles.” Compared with earlier statements, about vulnerability,
structural inequality, and risk, Abigail’s response seems out of place In order to refrain from
admitting vulnerability and risk, Abigail plays the Other card, the moral card, the AIDS is a
gay/junkie disease card (Patton, 1996).

As connected to many of the themes espoused in chapter four, Makayla follows suit,
suggesting that young women are only at risk in Other places, such as “Africa” and in “certain
countries” where women
don’t have rights […] But then over here, in North American countries - first, people are
[inc], we have rights, and we’re more educated and you know, we’re able to make wise
decisions. We’re able to make a decision and stand by it, and not be forced into you
know, [inc] which cause you to contract AIDS.

While education protects Abigail, making a decision and standing by it protects Makayla. When
I mention that HIV rates in Guyana are highest for young women, she retreats again, suggesting
that AIDS only exists within uneducated poor communities:

In Guyana there’s just, there’s a huge gap between the very rich and the very poor. The
very poor are uneducated. The very rich are educated. So it’s you know, in certain um,
areas, they’re the young women are like, I don’t think, it’s a risk group because uh, you
know, we’re [young women] just not. But the poor, in the poorer areas, yeah women are
in in they are considered a risk group by AIDS.

While a large gap between the “very rich and the very poor” exists and HIV infection certainly
corresponds with socio-economic factors such as class, Makayla’s statement is less nuanced.
Like Abigail, Makayla is unable to acknowledge that HIV may exist within her community – despite her uncle’s death from an AIDS-related illness.

And yet, as the previous chapter indicates, participants do see themselves as ‘at risk’ – if not for HIV, then definitely for STIs. And, recall participants earlier reliance on the refrain “AIDS does not discriminate,” or AIDS affects “everyone.” Thus, despite all the conversations that came before, when participants were directly asked to consider themselves at risk, their fears, insecurities, and apprehensions took over. They did what many other youth have done, blamed someone else, somewhere else (See also Bay-Chang et. al, under review; Larkin & Mitchell, 2004; Moore et. al, 1996; Patton 1996, 2002; Treichler 1999). Since HIV/AIDS became a sign for their own apprehensions, when directly confronted, or asked if they might see themselves as ‘at risk’, participants’ argument buckled, resulting in contrasting and conflicting messages.

As the conversation continues, participants reverse their stance, admitting that perhaps young women are a risk group. After Makayla speaks above, Solene challenges the group, making a comment that shifts the direction:

And to say that like, you know, to differentiate North American women from I think African women, that’s possibly a problem just because I think people might not realize that there is a risk here and it might not be as extreme but it still exists here. And I think by saying, “oh you know, we’re, we’re more educated,” but you know, as educated as we are – we, like not knowing that that risk is there is also part of the problem, okay? Like not realizing that that’s there.

Solene dispels the myth that education equals protection, reminds participants of earlier conversations about us/them dichotomies and leads Makayla and Abigail to reconsider their original stance (“oh yeah, that’s true”).
Perhaps Solene’s reminder is exactly what other participants needed. For example, when I read the next statement (young women as risk group), Abigail resituates herself on the imaginary line. When I ask her to justify her change in location, she explains,

I feel that women are in general are at a greater risk than any other group because well, I was just thinking of the situation that we were put in. Like even in Canada or in Guyana, wherever you are, us as females we’re associated with more caring, more submissive, passive to the males. Um, And even though we’re educated, like I still have friends, I know people in like Canada here that do um engage in unprotected sex and all that stuff. So um, um yeah because we have that characteristics of female feminine all that and being, passive with sex um, we’re more I think, we’re more emotionally attached to relationships and all that stuff, and with sexual behaviours, I think we’re more at risk.

While Abigail never refutes her original statement directly, her second response is significantly different. Here, Abigail moves away from her first response regarding education and offers up a more nuanced reading, concerning the experiences of herself and her peers. While Abigail may have reversed her stance in order to gain acceptance from the research group, this second response mirrors many of her earlier comments during the study (i.e. women as more vulnerable). But, if Abigail does “feel that women in general are at greater risk,” then what was happening when she dismissed HIV/AIDS as an epidemic of the Other, as seen above?

I am still unsure as to whether participants view themselves as a possible risk group for contracting HIV. In fact, inconsistencies and contradictions in the above excerpts suggest that they are still unsure. While participants’ comments about HIV/AIDS may appear negative, other comments throughout the study resisted such dominant understandings and spoke to the need of representing HIV/AIDS and PHA’s as individuals living successful and happy lives. Such an ambivalent understanding of risk makes sense, given the many tensions discussed throughout these chapters. How does Abigail move from a position where young women are well-informed (and therefore do not engage in unprotected sex) to the statement above, where young women are viewed as “more at risk?” How does a conversation shift so suddenly? What power plays and
insecurities are operating here? Drawing on Felmen’s (1982/1997) argumentation on knowledge, Makayla’s and Abigail’s shift can be explained through a shift from ignorance to knowledge. However, rather than seeing these two terms in a traditional binary (where ignorance is lack), ignorance must be understood as connected to the structure of knowledge. […] If ignorance is to be equated with a totality of the unconscious, it can be said to be a kind of forgetting – forgetfulness: while learning is obviously, among other things, remembering and memorizing (“all learning is recollection” says Socrates), ignorance, in other words, is not a passive state of absence – a simple lack of information: it is an active dynamic of negation, an active refusal of information. (p. 25, emphasis original)

This explains how participants can shift their stance, offering contrasting points of knowledge throughout the study. Hence, within this model, what might be read as a lapse in knowledge, is actually suggestive of Abigail’s comprehension. Because HIV is a sign for her own shame and experience of sexuality, to protect herself she must distance herself from it. Her risk is real. Furthermore, I do not wish to suggest that these young women’s contradictory stances are a fault. What is at fault is a mode of understanding which assumes that are subjectivities are coherent when in reality, our positions and performances shift with every new encounter, relationship or situation.

After Abigail speaks, the conversation shifts again. I read a statistic and participants speculate why young women (aged 20-29) may be more at risk than older women. Solene describes “our generation” as a “generation of hooking up,” while Abigail and Makalya cite “club life” and sexual experimentation as key factors. Solene ends on an interesting note about self knowledge.

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32 According to the Public Health Association of Canada (PHAC) (2008), young women aged 15-29 are the fastest growing risk group for HIV infection, in Canada. Compared to other age groups (e.g. 30-39, 40-49, or over 50), the proportion of positive HIV test results attributed to females is highest among youth, aged 15-29 (40.9%). This is in contrast with other age groups, which account for only 18 to 31% of positive test reports. Furthermore, by the end of 2006, youth in general, accounted for a quarter (25.3%) of all positive HIV cases in Canada (PHAC, 2008).
Maybe I think that has to a lot with knowing ourselves. We’re younger, and our generation, we may not necessarily know who we are yet (Makayla: Exactly) and we’re still trying to figure that out (Makayla: [inc] trying to find yourself and stuff like that). (Abigail: Yeah) [lots of double talk]. Yeah, which might have to do with why we engage with such risky behaviour. Behaviour that if we knew ourselves, we probably wouldn’t do that stuff, or we you know, we’d probably view sex quite differently.

Solene’s comment causes me to pause and reflect. Sexuality, risk, relationships and desire are complicated landscapes to navigate. In the last focus group, apprehension and insecurity merged with knowledge and the desire to appear self-determining and in-control. Hence, when asked directly about young women and rising HIV rates, participants bounced from denial, to apprehension, to reflection. I suspect that for many of the participants, this was the first time that these thoughts were vocalized. Graduate school has provided me with privileged opportunity to reflect and engage with my own sexual subjectivity. It has been both a painful, and rewarding experience. And prior to graduate school, my previous work with collage allowed for more introspection. However, much of this was done on my own time and in my own space. And I am still learning and unlearning, doing and undoing, charting and un-charting relationships with myself and with others. Where does one acquire the skills to negotiate relationships with others and with oneself? Where does one go to talk about these issues? To speak them aloud, so that the contradictions, their needs, fears, and desires become clear? To interrogate the production of difference?
Chapter 7

Conclusion

Whatever is unnamed, undepicted in images, whatever is omitted from biography, censored in collections of letters, whatever is misnamed as something else, made difficult-to-come-by, whatever is buried in the memory by the collapse of meaning under an inadequate or lying language -- this will become, not merely unspoken, but unspeakable.


The presence of the hybrid nature of culture develops out of the experience of dealing with a dominant culture from the outside. The artist who understands hybridity in this way can be at the same time an insider and outsider, a citizen of multiple communities, an expert in border crossings. He/she performs multiple roles in multiple contexts. [...] The presence of the hybrid denounces the faults, prejudices, and fears produced by the self-proclaimed centre. It reminds us that we are not the product of one culture – that we have multiple identities; we contain a multiplicity of voices and selves, some of which may be contradictory. It tells us that there is nothing wrong with contradiction and fragmentation. – Gómez-Peña in The Free Trade Art Agreement/El Tratado De Libre Cultura, p. 217

As we performed throughout the research process, we danced between questions and responses, between the role of student or youth, and researcher or peer. We tried on new masks, new facial gestures, and new articulations. Our conversations skipped across, over, through, and under images of sex, desire, bodies, relationships, romance, alcohol, and fear. This concluding chapter will offer a brief summary of the analysis, speak to important learnings, and discuss next steps and implications for both research and educational practice.

In January 2009, five young women constructed collages and written narratives about their understandings of HIV/AIDS and its relationship to their own lives. At the time, I knew that my understandings of HIV/AIDS, sexuality, and self were about change, however, I was unsure which direction such changes might route. Following the production of collage texts, I conversed with and interviewed these women, analyzed their words, referenced their collages, squinted my eyes, and flexed my mind. And, in the process, I learned as much about myself, as I did about
them. When asked to exhibit some of my collages, to be displayed within these bound pages, I cringed, I faltered, I popped my shoulders, and tensed my neck. How could I reveal something so intimate and personal as my sexual experiences and understandings of self? How could I reveal the secrets and insecurities which enshroud my work in HIV/AIDS? How could I go where I asked each and every one of my participants to go? Here lies the irony. I also fear becoming undone and un-composed. Throughout these chapters, I charted these participants’ insecurities, apprehensions, and concerns – in their contradictory and incongruous glory – with the knowledge that had I been in the ‘hot seat’, my responses would have been equally contradictory. I wonder where I would have projected my own fears and insecurities as I grappled with my own sexuality and desire for resistance.

But perhaps, as I will discuss later, contradictory is not the correct word. To suggest that one is contradictory is to speak poorly of their character. After all, as roles and contexts shift, our performances and self-representations shift as well. We are always shifting, always changing, always re-situating. This thesis, above all, is a work about context. So, in the aim of context, I return to chapters four through six, to summarize the findings of this work. However, as noted previously, while these chapters yield interesting analyses, they cannot speak to all youth; rather, they speak to the experiences of 5 young women, in the winter of 2009.

To summarize, chapter four discussed participants’ understanding of risk as, socially constructed through the idea of the Other. Here, the idea of the Other manifests at the bodily site/sight of race, gender, place, and sexual orientation, as well as geographic location. In keeping with their argument, participants relied on the refrain, “AIDS does not discriminate” in order to refute the idea of AIDS as Other. According to this logic, if AIDS is not lodged in a particular body or place, it must be “everywhere.” However, as participants deconstructed
images and spoke to the socio-construction of risk, they played the role of undergraduate student, offering reasoned, controlled, critical, and impersonal arguments. Thus, while their readings revealed an understanding of the way HIV/AIDS discourse racializes and genders risk, they were not willing to offer further connections to their own lives. In contrast, chapter five and six revealed a marked shift in participants’ language. Whereas participants’ discussion of risk as Other manifested itself through an articulate but distanced academic language (student speak), in chapter five, in chapter six, participants used personal stories, or what Denzin (1997) calls “storied events,” to discuss the implications of HIV/AIDS on their own lives. However, within that chapter, while participants had much to say about their experiences as sexual subjects, they still struggled to make direct links between their personal stories and HIV/AIDS. Participants worked to keep their vulnerability at bay as they articulated connections between HIV/AIDS and their own lives. These connections often rallied around feelings apprehension: fear of losing control, keeping it together, and not being blamed. Lastly, in chapter six, participants’ reluctance to speak about their own lives continued as they transferred their apprehensions of sexuality onto the bodies of imagined HIV positive women. Here, the imagined HIV positive young woman became a sign for their own anxieties around sexuality. In this chapter, participants shifted between roles, trying on the role of both student and youth as they spoke about young women living with HIV or AIDS.

I stress that they spoke about this topic, as opposed to speaking to the subject. Speaking to, to borrow from Trin Minh Hah (1990), requires that one places oneself within the equation. Speaking about is to ignore one’s relationship to knowledge, or the position position from which one speaks. To speak about is to claim the stance of expert. While I do not claim to know participants’ life histories, participants never admit to knowing an HIV positive young woman.
Their discussion was always speculative and as I discussed in chapter six, likely a ploy, conscious or unconscious, to relay their own fears around sexuality and their experiences of regulation.

Perhaps this is not so surprising. Within HIV/AIDS prevention campaigns, knowledge is often equated with power. With the logic of neoliberalism, if knowledge is power then it becomes increasingly important to present oneself as knowledgeable. That being said, because participants often defaulted to ‘student speak’ in a possible attempt to protect themselves, it is also likely that participants were keen to display their knowledge, for my benefit (and theirs), as if to prove that they could take care of themselves. As Walkerdine et. al (2000) ask, critical reflexive research must continually ask "to which part or parts of me is the subject speaking? Who do I represent for the subject and who do they represent for me" (p. 190)? Stories are mediated by their listener and reader. There is no ideal situation where a story can 'accurately' unfold.

As such, in their role as student and youth, participants’ comments often called upon knowledge as a variable factor in HIV/AIDS prevention and positioned communities at risk (often in other countries) as needing more education. For example, when I asked participants to agree or disagree with whether young women might be considered at risk for contracting HIV, Abigail suggested that knowledge would protect young women, “us,” from contracting HIV. “Because I believe that there are people like us who are very well informed of, of the consequences and so, they won’t make irrational decisions like that. Like irrational decisions of like, having unprotected sex.” As students at an elite university, where knowledge is often

For an example of this, see the 411 Initiative for Change. This HIV/AIDS prevention and education campaign distributes post-cards which feature local celebrities. Words like strength, resilience and change mark the front of the cards, with the graphic, “Knowledge is power” stamped as a logo. On the back, the post-cards direct youth to their website where they can test their knowledge about HIV/AIDS.
bantered about as a form of social and academic capital, participants assumed that the need for education lay elsewhere, despite frequent comments on the importance of sexual education and safe spaces within their own lives.

In this work, I attempted to debunk the idea of a singular truth or a singular knowing for HIV/AIDS education. From the preceding chapters, I conclude that the closest one might come to a “singular truth,” is that there isn’t one. This process of understanding oneself and one's position in relation to sexuality and HIV/AIDS is very messy, fragmented, and contradictory. Hence, within the context of a sexuality curriculum which imposes a top-down, neoliberal model of responsibility, rationality, and coherence on the sexual subject, there's no space to truly explore this contradiction. And, despite the complexity of sexuality, HIV/AIDS, and self, these young women feel they must be in control, shoulder the blame, and have the 'right' answer even when it means ignoring their personal experiences and stories. But, where does this leave us and what is contradiction anyways? Sexual subjectivity is only contradictory if we impose a model of coherence.

**On Sexuality Education: Next Steps**

In reflecting on this study and mapping out its implications for HIV/AIDS and Curriculum Studies, I return to the Healthy Living curriculum, the incongruities between its curricular approaches, and the experiences expressed by these participants. This study not only confirms the importance of sex, youth, and queer positive spaces, but stresses the need for pedagogical approaches that honour multiple forms of knowing so that youth may speak to and represent their desires.

I return to Fine and McClelland’s (2006) concept of “thick desire.” The previous chapters demonstrate that Abigail, Raha, Solene, Rachel, and Makayla know what they want,
even when they struggle to articulate it. They desire safe relationships, access to condoms, freedom from regulation and spaces where they can speak their mind, where being female isn’t “hush hush.” They desire “education for me” which speaks to their needs, their concerns, their insecurities, their fears and their desires. Young people need spaces to talk about these issues, to articulate their wants and needs, and lastly, to negotiate dominant discourses with their personal experiences of risk. Without these spaces, it’s all too easy to retreat or to internalize the dominant discourses of victimization, consequences, immorality, and danger that circulate, especially within HIV/AIDS curriculum. The pressures of neo-liberalism are strong enough. We need to ensure that sexuality curriculum not only acts to counter neo-liberalist thought, but provides young people with the skills and resources to navigate this rocky landscape. Because sometimes things don’t add up; sometimes things don’t make sense; and sometimes, to borrow from Halpern (2008), sometimes a “bad” decision is actually a “good” one at the time.

As Dowsett et. al, (1998) urges, it’s imperative “that we reject young people as victims, as passive, as vulnerable lost souls on the brink of self-destruction, for ones that recognize the rich resources they actively draw upon, create and then bring to their own sexual pursuits and interests” (p. 306). In breaking down binaries between expert and non-expert, sexuality education and research must view youth as knowers with a central role to play in HIV/AIDS education (Mitchell, Walsh & Larkin, 2004). That being said, in positing youth as knowers, we must also attune ourselves to the,

failure of knowledge, the work of forgetting, the elusiveness of significance, the incidental, the coincident, the bungled action, and the psychic creativity of selves; how the self crafts its meanings of the self in the world, what these meanings do to the psyche, and what the psyche does to these meanings. Psychoanalysis interferes with education's dream of mastery, for, through its methods, it catches subjects in the fault lines of inattention: free association, wondering over the elusive significance of the thing furthest from one's mind. (Britzman, 1998, p. 10)
After all, as chapters four to six document, participants do not always say what they mean, or mean what they say. When it comes to sexuality curriculum, the lines between knowledge and ignorance, self and other, or risk and safety have powerful consequences. In framing our research, and our teaching, how do we negotiate these binaries, and the slippery nature of both sexuality, and self?

**Telling Sexual Stories**

As Minh-ha (1990) eloquently expresses in her exploration of narrative and identity, it is through the telling of a tale that the narrative unfolds. This is equally true for curriculum and the youth voices in my work. “A form of mediation, the story and its telling are always adaptive. A narration is never a passive reflection of reality” (Minh-ha, 1990 p. 328). Both collage and story-telling are dynamic processes of re-creation. Together, collage encourages us to examine new ways of telling (sexual) stories, so that we can shed old stories and embrace the new. As we create our stories through found materials, collage encourages us to resist falling back upon conventional ways of seeing and knowing, as based on a search for certainty or singularity of essence, meaning or reality – ways of knowing all conveyed by conventional HIV/AIDS education. What other opportunities exist for working with collage, both methodologically, and pedagogically?

Like the connection between collage as method and concept mapped out earlier in my work, this study seeks to re-frame how we view knowledge, stories, sexuality, and self through a “generative undoing” (Lather, 2007) of traditional research texts and sexuality curriculum. As a method, collage opens up new ways of seeing how the visual and discursive overlap, as well as new ways of attending to participants conscious and unconscious knowledges through looking at divergences between what is seen and what is said. As a pedagogical strategy, collage unites two
fields of study which are often not linked: media and sexuality education. Given the large role media plays in shaping young people’s sexual subjectivities (e.g. Bragg, 2006; Pearce, 2006), it becomes increasingly important to integrate visual and cinematic imagery into curriculum. I encourage educators to use collage as a way to incite dialogue amongst youth, using the study’s appendixes and participants’ collages for assistance. Of course, there is no one answer, no simple solution, no guide to ‘get it right’. This study, executed in a particular place, with particular people, using particular methods, yielded particular outcomes. Therefore, while I speak of the benefits derived from this study, this does not mean that collage, or other art forms will always yield similar outcomes.

What might the effect of narrative and storytelling be on youth’s local and global perceptions of HIV/AIDS? While this question is well beyond the scope of this research study, it is important to question, at least theoretically, the plausibility of sustained behaviour change through attending to the importance of narrative - an alternate mode of learning, and hence, an alternate mode of knowing. After all, we do not live in a world where things rationally make sense. And yet, if this is the case, why do we demand such rational performances from our students? As Leggo (2004) notes, we must create curriculum

with attention to postmodern perspectives that promote language as constitutive; the subject as a constructed matrix of identities, always in process; the interconnections between truth and fiction; discourse as personal and political; understanding and knowledge as fragmented and partial; critique and interrogation as committed to resisting closure; and all texts as intertextually connected. (p. 19)

We must continue to tell stories, both as they are, and how we imagine they should be.

Closing Thoughts

I look to the seven collages created by these five women, and I envision the many other collages that formed in their minds as we chatted, as they left the research site, and transitioned
home. This research bore many limitations: some participants left early during the second focus group, while others arrived late thereby affecting the full breadth and diversity of responses to all collages. Furthermore, because all participants had some interest in HIV/AIDS before joining the study, this study is not a representative “youth” sample. While knowledge levels varied significantly among all participants, participants appeared engaged by the study material; all participants had given some previous though to HIV/AIDS. Lastly, while not all participants self-identified as heterosexual, none of the five participants identified as lesbian, queer, bi or transgender. This is one of the study’s largest limitations, worsened by the fact that these voices are already marginalized and excluded within the curriculum. While sex was never discussed directly (but rather, alluded to) participants articulated hetero-normative understandings of sex and relationships. As a result, sex was only discussed in reference to vaginal-penile intercourse. In keeping with this, safe sex was discussed only in reference to using a condom. And yet, despite these limitations, there were many benefits. Participants, un-probed, spoke of the study as a positive experience. One participant called the process like “therapy”, while another revealed that creating a collage allowed her to engage with her younger sister on the discussion of safe sex and support.

Most importantly, if this study did anything, it created a space to speak, and it honoured the complexities and entangled moments of sexuality and HIV/AIDS. Given participants’ concern with the silencing of sexuality, their participation in the study, and their creation of collages can be viewed as an act of resistance. But even resistance, as a term, must be read in context. In understanding participants’ genealogies and histories, it is crucial to keep in mind that, as Foucault (1984) reminds us, "the world we know is not this ultimately simple configuration where events are reduced to accentuate their essential traits, their final meaning, or
their initial and final value. On the contrary, it is a profusion of entangled events” (p. 89). And, as I close, I ask that you keep these words in mind, honour these participants’ stories, and make room for them to breathe. After all, these stories and collages contain much more than what sits on the page. As Foucault continues, traditional history assumes that "words keep their meaning, that desires point in a single direction, and that ideas maintain their logic" (p. 89) I ask that you honour the inconsistencies of this work, these collages, and these ideas, as a way of stepping forward into a new way of conceiving knowledge, research, sexuality, and self. Because sometimes, things just don’t make sense.

Throughout the study, participants expressed contradiction, ambivalence, and hope on HIV/AIDS, risk, and their own lives. They offered articulate understandings of how dominant discourses around risk as Other, often linked to gendered and racialized stereotypes, colonial histories, and present media campaigns, impact young people’s ability to see HIV/AIDS as real issue. They discussed the challenges they encounter in intimate, familial, and peer relationships, charting the tensions between risk and desire and risk and agency. They spoke to the culture of club life and alcohol (the generation of “hooking up”), the pull of romance as risk, and double standards within and outside of youth relationships. And, while they sometimes internalized dominant discourses of risk, they also subverted them, speaking intelligently, openly, and passionately about their hopes and desires. I can identify numerous moments when each young woman broke a silence, shifted the discussion, or debunked a myth. All participants caught themselves in a web on contradictions, and all participants managed to entangle some web along the way. Perhaps that’s what research is all about – telling stories, untangling webs, and crossing bridges only to find oneself ensnared in a new set of questions, webs and bridges to cross, connections to make. Thank you, for journeying with me, and these participants.
Appendix 1a

Focus Group Prompts:
SESSION ONE: COLLAGE CREATION
January 30, 2009, 4:00-7:00

Step One: Collage Creation

Using the materials in front of you, create a collage which speaks to your concerns about HIV/AIDS. These can be personal, political, or social concerns. They can be global or local, as long as they relate to your life.

For example, in my workshops, other youth have addressed issues of representation, stigma, fear, difficulties around condom negotiation, globalization, etc.

Students may chat aloud while they work.
Students may bring materials from home.
Collages will be done on index cards
Your collage texts do not have to be beautiful.

Step Two: Narrative

On back, or separate piece of paper if you need extra space (affix), explain what this collage means/represents. This may also include how you got to this point (ie. process). You may also give it a title.

Step Three: Collection

Place collage and narrative into a marked envelope, with name.

- Participants have the choice to finish their collage, or create new collages at home. Participants who chose to do this, must bring the collages for session 2 (focus group).
Appendix 1b
Session Two: Focus Group in Response to Collages

February, 13, 2009, 4:00-7:00

2 a) **Focus Group Discussion Questions**

**Discussion I**

*To be delivered for each collage piece. Participants do not have to address a question if they have previously provided a response. For the group discussion questions, the creator of the piece being addressed should remain silent, until asked to respond to the piece, and the group.*

1. What do you see in this piece?
2. What do you think is going on? What does this piece represent?
3. How does this relate to HIV/AIDS?
4. Does anything you’ve noticed in this piece remind you of something from your own life?

*The creator of the piece may now read the narrative they wrote to represent their collage piece.*

2. Would you like to respond to anything the group noted about your piece?
2. Did the group discussion change how your viewed your collage piece? If so, how?

*After each of the collage pieces have been presented:*

This portion of the focus group will take 90-120 minutes, depending on participants’ eagerness and interest. The focus group will be moderated so that the group spends an appropriate amount of time on each collage. The amount of time spent on each collage will be configured according to number of participants and number of collages created.

**Group Discussion II**

1. What do all of the pieces have in common? How are they dissimilar?
2. What important issues are not addressed?
3. Should any, or all of these images be exhibited, and if so how?

This portion of the focus group will total no more than 30 minutes.
Appendix 1c

Session Three
Focus Group Questions: Presenting the Data, and Working out Tensions
April 17, 2009, 3:00-5:00

Part One: Data Analysis

For the purpose of this focus group, analyzed data will be organized into preliminary groupings or themes which facilitate easy comprehension, and are useful for discussion. Attention will also be placed on accessible language, as well as attending to the representation of any issues or analyses which I might deem sensitive to the participants. For the ease of presentation and accessibility, a hand-out will be prepared for participants (Appendix 1d). This handout will be for the purpose of the focus group only, and will be handed back at the end of the focus group.

In response to the presentation of preliminary data analysis:

1. What did you find interesting about the analysis?
2. What surprised you about the analysis?
3. Do you disagree with anything in my analysis?
4. Any additional thoughts?

Part Two: Line Continuum Exercise

Participants are asked to arrange themselves on an imaginary line, in response to the following statements. These statements were designed to gather more information on tensions which emerged in the data. One end of the line represents “Strongly Agree” while the other side represents “Strongly Disagree”. Participants may locate themselves anywhere on the line. After participants have selected a spot, participants discuss why they have selected their location on the line.

1. a) There are innocent victims in the AIDS pandemic.
   b) There are guilty victims in the AIDS pandemic.
   c) Literature shows that constructions of guilty/innocent victims correspond with the way we view “innocence”, as corresponding to age, race, gender, and sexual orientation (Patton, 1996).
2. a) AIDS does not discriminate.
   b) In 2007, according to the 2007 Epi Report (PHAC, 2007), 53.5% of positive tests were attributed to msm, 9.1% to IDU, 0% to blood transfusions, and 33.3% to heterosexual contact, and 2.7% unknown.

3. a) Young women, aged 15-29, are at risk for contracting HIV.
   b) Young women are a risk group for HIV.
   c) Part One: According to the 2007 Epi Report, by the end of 2006, there were 58,981 HIV positive cases with the following information about age reported to PHAC: 868 (1.5%) were among youth aged 15-29, and 14,911 were among people aged 20-29.

   Part Two: Compared to other age groups, the proportion of positive HIV tests attributed to females, is highest among youth, with 40.9% of positive HIV reports listed for females, aged 15-29. In contrast, women in other age groups (30-39, 40-49, and over 50) account for approximately 18-31% of positive HIV test results.

   Wrap Up: Exhibition and Narratives

   Participants are also asked to give feedback on the layout of exhibition, and review their written narratives for final changes.
Appendix 1d

(Hand-Out)

Collaging Complexity: Youth Narratives, Representation and HIV/AIDS

Participant Feedback, Focus Group: April 17, 2009

Key Questions

1. Through engaging in the process of making collages, what stories do youth tell about HIV/AIDS?

2. What discourses or narratives are produced when collage and narrative are used as methodological tools to address youths concerns and/or experiences of HIV/AIDS?

3. By responding to their own collage texts, as well as the collage texts of others, how are issues of representation and identity addressed and interpreted?

Emerging Themes

1. Negotiating Risk:

   This theme explores how participants conceptualize risk and risk groups. What constitutes risk? How is risk represented in the media or education? How are risk and risk groups dependent on the (racialized) “Other”? In focus groups and interviews, the group often questioned dominant narratives about how risk gets represented, and constructed. Examples from the Focus Group: The ‘Safe Body’, Safe Sex talks, Media representations, the ‘face’ of AIDS, etc.

2. Representation

   This theme explores how images are ‘read’ differently. In what moments did we read images differently? How does our own identity and/or experience impact the way we read images? How does risk or risk groups get represented or read? How does the reading of images connect to the reading of ‘risk’? In focus groups and interviews participants often discussed their process of reading visual images. This ‘reading’ was often connected to an issue or personal story an individual attempted to communicate, such as issues around risk (see above).
3. Gender and Sexuality.

What stories does the group tell about gender and sexuality? Often these stories involved the regulation or constrain of female sexuality. How did the group voice these concerns? How did these articulations map onto pre-existing narratives about female sexuality, and the representation of women in the HIV/AIDS epidemic. This theme explores the way gender and risk gets articulated in relationship to family, intimate relationships, silence, stigma, and the media. In comparison to theme one, these issues were often articulated through personal stories.

Questions:

1) Do any of these themes resonate with your experience of the research? How so? If not, why?
2) How do you understand these themes? Is there anything you’d like to add?
Appendix 2

Interview Questions

February, 2009

To be conducted individually with each participant. Interviews will be scheduled individually with each participant. A space will be selected for the interview, however, participants may ask to choose a space if previously selected space proves to be inconvenient. Participants do not have to address a question if they have previously provided a response. Hi (insert name here). I’m going to ask you six questions about your collage. At any point in the interview, feel free to go back to previous questions. Take your time in thinking about responses, and answering the questions. The purpose of this interview is to help me understand how you make sense of your own collage, and the issues the collage represents so feel free to give me as much detail as possible. Also, don’t worry if you feel yourself contradicting yourself. Just tell me how you understand it. Before we begin, do you have any questions for me?

1. What do you see in your collage? List the people, objects, images and places
2. What is going on in this piece? What does the piece represent?
3. How does it relate to HIV/AIDS?
4. Where are YOU in this piece? How does it relate to your life, or your identity?
   a. Can you tell me about an experience you had that illustrates this?
5. What was your process like when you were creating this piece? Describe feelings, emotions, and/or the connections and associations between images
6. What would you change about this piece if you were to do it again? Anything else?
7. Should the collage be exhibited and if so, how?*

* Question 7 will be used primarily as data analysis for investigating the way in which youth understand concepts such as representation, in the context of youth narratives on HIV/AIDS. However, this question will also be used to determine whether or not participants would like to have their collage exhibited. Regardless of the participant’s response, participants have up until one week after the last focus group to make or change this decision.
November 28, 2008

Dear Members of GAAP,

My name is Sarah Switzer, and I am Masters of Arts Candidate in the Department of Curriculum, Teaching and Learning at OISE/UT. I am also in the collaborative program in Women and Gender Studies. I am writing to gather interest, and recruit participants for an upcoming study, on arts-based approaches to youth narratives and HIV/AIDS.

The purpose of this exploratory study is to examine the use of collage as a method for gathering information on youth narratives on HIV/AIDS. As you know from your involvement with GAAP, there is a growing interest in arts-based HIV/AIDS curriculum, and research methods. I am interested in learning how we can better improve these curriculum models, as well as understanding how alternative approaches to learning and HIV may yield alternative perceptions on the epidemic. Ideally, this study will allow for a better understanding, or comprehension of the issues impacting youth, and put forward recommendations for new, and innovative strategies for affecting change.

For the purpose of the study, selected participants will be asked to attend a maximum of 3 sessions, and 1 independent interview, totaling no more than six hours combined. During these sessions, each participant will be asked to create a collage in response to their personal relationship to, or concerns regarding HIV/AIDS as well as a brief written narrative describing the piece. Participants will have the opportunity to create collage pieces at home if they feel more comfortable. After the completion of this process, collage texts will be discussed in a focus group setting, as well as addressed in an individual interview. The last session will consist of a short focus group discussion in response to a preliminary analysis of the data. All focus groups and interviews will be audio recorded.

To participate in this study, you must be between the ages of 18-24, and a present member of GAAP. Previous experience in HIV/AIDS work is not required as I am looking for a diverse group of participants. To help with this goal, interested participants are asked to answer a few questions provided at the bottom of this letter. These questions will aid in my efforts to create a diverse and more representative group. I will be selecting 6 to 8 participants.
Participation in this research is voluntary and you may withdraw from further participation at any point during the research process, up until one week after the final focus group. You may also choose to refrain from answering any questions at any point. All study participants will remain anonymous in order to ensure confidentiality. Furthermore, strict efforts, such as the use of pseudonyms and omission of identifiable information will be removed from the research for the purpose of presentation or publication of data. Participants who decide to use images or words (ie. a photograph) in creating their collages, that easily identify the participant, may choose to proceed with the collage, and waive their anonymity in the process. (Other markers of anonymity will still be kept, such as pseudonyms). Alternatively, participants may request that their particular visual representation (collage) not be used in the thesis or future presentation. However, in this case, the collage may be referred to through description, provided it does not identify the participant in anyway that may compromise their anonymity.

All of the data collected for this project, including field notes, documents, and all other information will be used primarily for the purpose of writing my M.A. thesis, which may be subsequently used for scholarly publications and presented at conferences, and related community events. Participants may choose to have their images submitted to the GAAP archives, and publicly shared via public exhibits. Participants have up until one week after the final focus group, to make or change this decision. If you have any questions or concerns about your rights as a participant in this exploratory study, you may contact the University of Toronto Ethics Review Office at ethics.review@utoronto.ca or 416-946-3273.

I welcome any questions or concerns you may have regarding this study. Please do not hesitate to contact me. You may reach me by email at sarah.switzer@utoronto.ca, and I can attend to your questions or concerns by email or phone.

Warm Regards,

Sarah Switzer
MA Candidate
Curriculum, Teaching and Learning
OISE, University of Toronto
For Interested Participants:

Please respond to the following, and submit your responses to Sarah Switzer at Sarah.Switzer@utoronto.ca.

Information provided by individuals in this form *who are not selected for participation in this study* will be immediately destroyed. Individuals who are selected for participation in the study will be required to sign a form of consent.

Name:

Age:

Contact Information:

How would you rank your familiarity with HIV/AIDS issues:
(Please use a 1-5 range scale with 1 being the lowest, and 5 being the highest)

1 2 3 4 5

Briefly tell me about yourself:
(If comfortable, feel free to refer to gender, race, class, sexual orientation, or ability)

Are you a member of GAAP  YES  NO
Appendix 4a: Collages

Beginning with Myself: Journal Excerpts
Personal Collage Journal, *Untitled*, [Figure 8]

Personal Collage Journal, *Untitled*, [Figure 9]
“Story,” because while deconstructing the myths about us, the silence, in our writing, we’re also involved in reconstructing the historically absent female subject. Story, because in the telling, a line of narrative is woven intertextually, encompassing elements of a community, past and present. (The story, they say, is 40,000 years old.) Story, especially (for me) because the form implies a certain magic leading to any possibility. (Scott, 1989, p. 73)
How do we see the world? How do I see my participants? My gaze is like a camera lens, panning, zooming, blurring in and out of focus. Research, is like a map, crossing over uncharted waters, forbidden territories, and rocky personal landscapes. This collage represents my thinking on the research gaze and my ongoing concern for ethical research. The routes on the map represent the many routes I could take with my research and my participants, as well as the paths I could follow. The box or frame represents the frame of my eye, or my subjectivity as I work with my participants and interpret their actions. The border represents rungs on a ladder – I take five steps up/over and then three steps down/over. Lastly, the collage, housed in a security bag used within Canadian airports, speaks to the way stories and our research becomes “contained” within a research site or within dominant paradigms. But this is a fallacy. Contents, like stories, are likely to spill and seep into unwanted places. Fixed borders and boundaries do not really exist. The “contents” of research cannot be “closed” and “resealed”, but rather are always changing, always shifting, and always seeping out.

Personal collage/narrative created during Focus Group 1, You are Here, [Figure 11].
Appendix 4b

Makayla’s Collage (Original), *Untitled*, [Figure 12].
Appendix 5

Written Narratives

Welcome to Delusionville: Population 529 million

In this piece, I wanted to speak to the representations of sex, sexuality and HIV/AIDS I am bombarded by through the media. I wanted to speak to the contradiction of a sexually saturated culture where sexuality and Caucasian standards of beauty are glorified and commodified yet disconnected from the sexually transmitted disease, HIV/AIDS. The contradiction lies in the fact that the powerful mass media oozes with sex but fails to provide sexual health information to its audience, thereby, perpetuating the North American mantra of sex with no consequences. This effectively silences discourse surrounding HIV/AIDS. Further, the media portrays white bodies as this “healthy” standard and white beauty as an ideal to be desired, which helps to make HIV/AIDS a problem of “the others” who live in regions like Africa or South East Asia. I wanted to speak to the representations of these regions, which I am confronted by daily. I wanted to speak to the ways in which citizens these countries are viewed by us as helpless beings completely devoid of agency and the opposite of the white ideals that permeate North American consciousness. This message is only furthered by celebrity bleeding hearts whose rich and famous lifestyles are a testament to the roles we all play in the global disparity that drives HIV/AIDS.

Narrative to [Figure 1], Solene
He had a family - a wife, son and daughter. He also had a secret. While living “happily” with his family, he was having an affair with another man. Living in Guyana's very homophobic culture, it was difficult for a homosexual man to 'come out of the closet'. So he took the risk and continued to have his affair but then found out a year after that he had AIDS. This then catapulted into a disaster of family destruction and society's spoken and unspoken words. He was ashamed and depressed and he suffered emotionally and physically, while his children suffered, thinking that he was dying from cancer. After praying and hoping for a miracle, he died 5 years later. To this day his children do not know that he died from AIDS.

Narrative to [Figure 2], Makayla.
Condoms: To Use or Not to Use? Why or Why Not?

When making this collage I had the following in mind: What factors lead people to sometimes reconsider condom use? What factors persuade you to believe that you do not need a condom? These factors vary. They could be ideas/beliefs/images. They could get one ‘caught up in the moment’. They could be ideas that we hold regarding sex and STD’s or they could even be ideas we hold regarding our love lives and subsequently our sexual actions.

1st Collage: A bit more of my general view of these factors; ‘the uncommon’ meaning that they are not necessarily common images or experiences that apply only to me. The thoughts/views the images represent do not necessarily speak to my own personal experiences or thoughts but also experiences and thoughts that may be ‘uncommon’ to me. For instance, I am not married, not on birth control, and I do not think that AIDS is a ‘far-away’/poor disease thus when I chose to not wear a condom, it is for none of those reasons (as it may be for some people).

2nd Collage: Words/phrases relating to the 1st piece and the 3rd. These are words that either reminded me of experiences where I did not use a condom and the thoughts that were going through my head (and the reasons I felt that lead me to not use it). The words also share some of the thoughts and reasoning’s of others.

3rd Collage: My personal perspective/experiences when reconsidered condom use. ‘Sex education for me’ meaning that this part is more personal- from those experiences this was a step I learned I had to take. Some of the images convey immaturity (milk, Disney castle etc): how I may have been regarding condom use and AIDS/HIV before. Some of the images are also reminiscent of those experiences for me.

Narrative to Rachel’s Collages, [Figures 3-5]
Having grown up in a strict family with many watchful eyes in the community in which I belong, this collage shows how media, family, friends, and school has shaped my perspective about HIV/AIDS. Being in the centre of attention and potential gossip, as long as I can remember, my parents always told me to watch my behaviour in the public. Pride and prestige run my parents to extremes and also had them impose their ideologies on me. A boyfriend in high school was out of the question, so could you imagine what they would say to sex before marriage? Therefore, being diagnosed with HIV, presumably after sex would bankrupt them of their status. They would not be able to stand in front of their friends or family. Shame, rather than seeking help or comfort. I would be in a corner full of shame, like the girl in the right corner of my collage. However, I would like to reach out to the people who may feel as I would, and help them through their rough times. This is what I learned about myself in doing this collage.

Narrative to Abigail’s Collage, [Figure 6]
My collage is a representation my initial understanding of HIV/AIDS as a 12 year old, and its evolution over the next decade with age, integration of new ideas, and coming to terms with my own sexual and racial identity.

The Left side of the collage represents what I deem the more “wide spread” attitude towards AIDS (such as its high prevalence among gay men, the tabooed nature of this illness and its association with promiscuity); the kinds of views that I was bombarded in my early teens.

The Right section of the collage represents what I consider a more multidimensional understanding of the issues surround AIDS; the kind of knowledge that I only had the opportunity to get exposed to later on in my undergraduate career. The net over a portion of the collage was meant to contrast the relative accessibility to the overt stereotypical views regarding AIDS as displayed by the media (on the left side) to the deeper socio-economical underpinning surrounding and augmenting the disease that are often neglected (on the right side).

Narrative to Raha’s Collage, [Figure 7]
Works Cited


Mitchell, C. & Larkin, J. (2004, June). “/Because you can be raped in this place .../”: Using photo-voice approaches to disrupt the silences around sexuality, the body and HIV/AIDS. The International Conference on Pleasure and Danger Revisited: Sexualities in the 21st Century, Cardiff, UK


