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WORKSHOP 1

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POWER, PRESTIGE, PROFIT-

Production of information on AIDS - new forms of  
control of homosexuality

Martti Grönfors and Olli Stalström  
University of Helsinki  
Department of the Sociology of Law<sup>W</sup>  
Eteläesplanadi 10, room 735  
00130 Helsinki, Finland

Social control of sexuality

The manipulation of the means and resources for satisfying the basic needs of human beings is a particularly powerful tool in social control, [the value of which has been discovered from the dawn of humanity]. Direct control of food and shelter have a more or less direct impact on people's welfare. Control of sexuality and sexual behaviour, while it could have a more or less direct impact also, is more often hidden ~~into~~ other issues, given other names, etc., until it is difficult sometimes even to discover that what is being controlled is sexual behaviour. Put in another way, an examination of a society's sexual norms and attitudes towards sex-related issues can tell in an important and **effective** way something essential about that society, its structures and power relationships. When attitudes towards, and attempts <sup>at</sup> ~~of~~ control of homosexuality are examined, these general points about the social control via sexuality become apparent.

One branch in tracing Western attitudes towards homosexuality leads to the Judeo-Christian heritage of our culture. The

<sup>nature</sup>  
patriarchalism/ of the traditional Jewish culture became sanctified in the Old Testament, and has affected the ~~sexu~~ secular spheres of life, especially attitudes, laws and the general culture of Western people.

The development of laws has not been quite linear. When, for ex. the power of the Church declined, as it did during the Enlightenment in ~~the~~ 18th century France, the attitude towards homosexuality also changed, and for a period it was decriminalised in the Napoleonic Code. Similarly, the overwhelmingly secular Russian Revolution in the early 1900s initially decriminalised it, together with many other so-called moral offences.

It appears to be a recurrent characteristic that when social control of sexuality and sexual morality as a tool for furthering the interests of the prevailing power groups is reduced or removed attitudes towards matters related to sexual behaviour relax momentarily, only until a new interest group discovers its potential for its own power-pursuits. This aspect can be highlighted in examining the attitudes towards homosexuality.

The period of Enlightenment with respect to homosexuality continued in several European countries mostly affected by it from the early 1800s until the advent of industrialisation in the mid- and late 1800s, when capitalism for its own interests saw the control of sexuality as one tool to support capitalism and its needs (see e.g. Weeks 1977,23). An ideology to support and legitimate that was necessary. Consistent with this was an ideology which supported male supremacy, where women's role was firmly in the home producing and caring for the new

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industrial labour, children. Women relieved the men from the ~~bound~~ burdens of the home to be able to put all their energies to the service of ~~industrial~~ industry. A sharp distinction of what was the home and what was the place of work was made.

Against this background it is rather easy to see why homosexuality fitted rather poorly in the early labour-intensive capitalistic scheme of things. Homosexual behaviour was naturally considered non-productive in that it stood in sharp contrast to the idea of sexual production, hence it had to be controlled. The prevalent attitude toward sexuality in the mid-1800s was the so-called "absolute sexual morality", which condemned all sexual activity outside marriage, and for the first time the laws specifically defined sexual acts between members of the same sex, and countries passed in rapid succession laws which condemned homosexual behaviour.

Homosexual behaviour between consenting adults in private has, in the main, been decriminalised in the Western countries (Denmark 1930, Sweden 1940, England 1967, Finland 1971, Norway 1972). A thorough analysis of the reasons why decriminalisation was timed the way it was, remains to be done. On the basis of what is known about earlier criminalisations and decriminalisations, certain assumptions could be made. Firstly, it would be logical that some basic changes had occurred in the structures of societies, which then would have affected the attitudes towards sexual behaviour as well. It may not be too far-fetched to imagine that the state of industrialisation had progressed to a stage where reliance on labour no longer was paramount. Hence, the ground was more ready than earlier for the relaxation of certain laws connected with sexuality, including homosexuality.

Alongside lawmakers, the <sup>2</sup>medical profession has also been concerned with sexual behaviour, and with the rise of psychoanalysis in the 1800s, there ~~has been~~ <sup>remains</sup> a continuous interest in discovering the "causes" and "cures" of homosexuality. This interest ~~achieved~~ <sup>led</sup> in creating a new category of people, the "homosexuals", when attention was shifted from acts to people committing these acts.

It seems evident that in this age of professionalism, the medical profession has taken the role of the guardian of sexual normality. As a concrete example of this, we shall have a look at the way in which a part of medical profession is currently attempting to monopolise sexual behaviour and make judgements not traditionally belonging to its competence and attempting to subordinate other interest groups in the discussion and decision-making. This is most evident in the issues surrounding the ~~Aids~~ <sup>Aids</sup> panic.

#### AIDS-panic and conflict of interests

It should be kept in mind that AIDS is not a mystical "gay" disease. It is related to leukemia and transmitted via sperm or blood by a virus known as HTLV-III. Had AIDS been taken seriously right from the beginning and not thought of as "gay plague", the virus could have been identified earlier, and remedial measures could have been taken, ~~earlier~~ and the lives of thousands of people might have been saved.

<sup>came to Finland</sup>  
News about AIDS in 1982, ~~came~~ primarily via two different avenues. The Finnish Gay Liberation Movement, SETA, received information through its own channels <sup>about</sup> of the developments in the USA, and attempted to inform and urge the Helsinki VD-clinic

to start preparations for the eventual appearance of the illness in Finland. No serious attention was paid to this. At the same time, the news media received sensational material from abroad, which were reproduced in tabloid press and men's magazines. The venereologists <sup>from their part</sup> contributed to the sensational material, <sup>by</sup> making statements about the diseases' origin in "homosexual rituals", etc. In 1983 (when there still were no cases of AIDS in Finland), a <sup>self-defined</sup> venereologist saw that as a suitable topic for an MD-thesis. 200 high-risk gay men volunteered for regular medical tests. Participation by sociologists and gay liberation activists was strongly opposed at the outset of this research. Normal ethical principles which govern the anonymity of the subjects and giving information about the findings were violated from the beginning. The collusion between the clinicians and the news media began. Thus the research fuelled the panic which resulted in Finland in the summer of 1983 when the first AIDS cases were found.

Seta urged the establishment of a broad-based ~~committee~~ committee with a broad agenda on the medical and social consequences of AIDS and the panic. The first committee was set up in 1984, composed solely of medical experts. <sup>and</sup> Its brief consisted of the study of <sup>the</sup> incidence and prevention of AIDS, but in reality the work was limited to planning treatment for those who had been discovered to have antibodies to the HTLV-III virus. <sup>By</sup> Delineating the problem only as a medical problem, support is sought for the status of one profession in this case the medical profession. Other problems, such as the social and emotional ones created by AIDS, would have meant sharing responsibility, and hence sharing the status of expertise.

Thus sociologists, psychologists, and gay liberationists, and especially gay people themselves, had to be kept out of the proceedings.

The position of medical doctors in prominent decision-making posts means that the interests of the medical profession were given priority over ethical considerations in information production and dissemination on AIDS. What would have happened if they had taken into account right from the beginning also the societal and emotional aspects of AIDS and had included representatives of all groups concerned in the working group? Instead of having been able to limit the issue to the level of individual medical problems the working group would have been forced to look at the situation of gays in the wider societal context as a discriminated and stigmatized minority, a position which would have been rather more complicated and ~~uncomfortable~~ uncomfortable for the state and the medical profession. It was simpler to keep the matter a purely medical problem. Persistent pressure finally resulted in the formation of a multi-disciplinary AIDS working group in March 1985. It comes after much of the damage has already been done.

#### Tactics in ~~status~~ status pursuits

Subterranean conscious or semiconscious tactics to maintain and increase the power and influence of the interest group, such as the medical profession in the AIDS-case, can be at least the following: secrecy, telling half-truths or outright lies, telling truths out of context or without context, withdrawal or release of information at strategic moments, giving false hopes, taking away hope, <sup>e</sup>demanding and attacking the opposition,

excluding the subjects involved, appealing to expertise, mystifying the role of the experts, appeal to even higher authorities (religion, morals, etc.).

Examination of the details of the developments around AIDS in Finland supports the interest-base analysis. Secrecy has surrounded the methodology of the research underway. ~~Publicity~~ <sup>Publicity</sup> is used instrumentally with selected information. ~~That~~ has resulted in the new stereotype created that all or most homosexuals are infested with huge numbers of sexually transmitted diseases or parasites and have hundreds of partners. The researchers, however, steadfastly refuse to make sufficiently clear that these speculations are made from clinical samples, heavily biased toward a self-selected high-risk group of men whose life-style incorporates a multi-partner, special-sexual-practices identity. The bias was increased by the fact that the participation in the research programme was the only way of being examined for AIDS.

~~The~~ The death of the first AIDS-victim was reported in the ~~press~~ <sup>press</sup> in July 1984. Because of the lack of controls on publicity, the wrong man was described <sup>as</sup> dead. In the same articles, the clinicians bemoaned that the AIDS-research had no finance to continue. This was strategically good timing to mention the lack of money for research. What was not told, however, was the fact that finance had been temporarily suspended because of the complaint lodged with the Academy of Finland concerning certain violations of research ethics.

Many "cures" for AIDS ~~are~~ have appeared in the news media, in spite of the knowledge that they are either pure speculation or at most experimental symptomatic treatment. These are





experts are heard. The status of a medical doctor gives the required justification. The mystification of the profession aids the maintenance of this power. Christian-based morality, which favours heterosexual chastity, and where "immoral" - homosexual - encounters are punished by dreadful diseases, is reflected in the statements. The media - naturally - revels in such emotion-evoking issues. <sup>They are</sup> ~~It is~~ much more interesting than facts.

### The role of the news media in information manipulation

It is logical that the commercial news media are less interested in truth than they are in making money. The selection of news material takes place not on the basis of its inherent value as discoveries, events or analyses, but its ability to attract audiences and sell more copies. This offers a great tool to those groups or individuals who want to further ~~their own~~ their particular interests or positions of power. Here the interests of the power-wielding groups and the news media coincide. Both get what they want.

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AIDS offers a fruitful topic for the news media in that it combines some basic elements of human tragedy: homosexuality, immorality, terminal disease and death. The issues surrounding AIDS which are not handled by the media, the factual information, are such that they take the drama away, making AIDS an "ordinary" disease, and therefore reducing its market value. Facts such as that the majority of gay men are as healthy as <sup>straight men</sup> ~~the next man~~ are not as interesting as telling the readers about the "homo virus". It is comforting to tell that gays die while normal people are safe. "Thousands at risk" sounds more compelling than that <sup>at</sup> ~~by~~ that time only two confirmed cases had been discovered.

When ~~the~~ front page promises "good stuff", one has to buy the paper ~~immediately~~

in order to get the story inside. Never mind if that story bears little resemblance to the headlines on the front page. To tell readers that a despised group of people are having it rough entertains some, disgusts others, creates pity in a few, but interests most. To say that thousands might die titillates the morbidity of people, and to suggest that thousands of gays may die might satisfy those who think that to be gay is worse than to be dead anyway. To report on the discovery of a vaccine for AIDS extols human ingenuity and inventiveness, be it true or not. To give room for medical experts to air their theories about the "causes" and "cures" of AIDS satisfies the human desire for heroes. To hint at the "lurid sexual practices" of homosexual people allows ordinary people into bedrooms which they would never otherwise enter.

The news media both know their readers and make use of them and create the news which is wanted. In doing so, and in addition to making money on AIDS, the media also act in collaboration with other interest groups, such as the medical profession. Both need the other, one for money the other for power and publicity. This closed-circuit relationship is so tight that it is almost impossible for anything which does not support either group or their interests to penetrate it. In this ~~an~~ vicious circular relationship are caught those people who form the subject matter of these exchanges of information, in this case ~~the~~ homosexual people.