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Viewing Aids

The Representation of AIDs On Narrative Television

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Introduction

Introduction

The AIDS epidemic poses problems of representation identity and narrative convention for network television. 'An Early Frost' and 'Our Sons' are two prime-time, mass media network television dramas to date that certainly address AIDS issues in gay men. They offer several lessons about the narrative form and function, provided by television in general. It is no simple task to determine whether, to what extent, in which contexts and above all for whom a particular cultural production embodies and undermines 'dominant' cultural values and positions.

An Early Frost is of particular interest because it was the first drama about AIDS. AIDS was widely believed to pose great problems for coverage on television, so because actual experience was limited in 1985 'An Early Frost' provides a useful case study for the representational challenges of AIDS and how at this relatively early stage in the epidemic they were handled.

I should emphasise that prime time network television, my primary focus in this dissertation, by no means offers the only, the best or the most interesting video representations of the AIDS epidemic. At this point several independent films and videos have been produced by independent artists. But different kinds of productions do different kinds of cultural work. A range of research establishes that internationally, television is the single most important source of information about AIDS and HIV. Studies of television have always stood on the "margin between popular culture and popular democracy, because the history of television is also, in part, the history of a continuing struggle for popular representation at both the symbolic and the political level." (Hartley, "Tele-olgy", p. 11) A rather shameful component of intellectual histories of television criticism is that it has often been used to mount attacks on democracy in the guise of critique of popular culture, "open season on television has allowed those who weren't game to make it clear their distaste for democracy"(Hartley, "Tele-ology", p. 13)

This mass media study is one that greatly appeals to me. The notion of placing an analytical lens over the viewers point of view and dealing with what is in fact a difficult issue ; the relationship between the observer and the object of study. My interest here is thus the cultural work of prime-time popular medical drama on network TV, a genre characterised by a straightforward narrative, conventional chronology and classical form.

One must ask is prime-time TV media the best place for challenging any conventional representations? I really do not see why it cannot be. I can understand due to the time these programmes are shown, there are legal complications but this assumes that to be progressive one must shock, with acts of violence or sex. The prime-time TV dream by it's position in audiences psyche can become a liberating force, highlight unknown

facts with subtleties and through that render into these symbolic forms the conflicts and preoccupations of contemporary culture.

As it turned out television studios did not flock to produce films on AIDS. Though a few TV films did address the the epidemic, they were about people who "got it from a blood transfusion" - people as John O'Connor puts it with "straight AIDS"(O'Connor. "Three shows about AIDS" N.Y. Times) . Not until ABC's 'Our Sons' in April 1991 did the networks try again to tell the story of a gay man with AIDS. Even now AIDS is hardly a topic TV can handle.

I have chosen these two films 'An Early Frost' and 'Our Sons' because of their importance to AIDS viewing on television. They are made within the conventions of prime-time television authorities but they have also been produced in special circumstances : both have big budgets , large and long production works and unlike many other dramas have the ability to change the way we perceive their subjects.

This essay doesn't examine AIDS narratives on television strictly as a representation of reality. Following Rodney Buxton in his analysis of the controversial AIDS episode on

the series 'Midnight Caller' I will argue that television drama is always also "a discursive universe that constructs a hierarchy of meaning" (Buxton, 'After It Happened', p.31). Network television holds immense power and control both in financial and psychological terms so one must regard everything it does as having power in our lives. I shall examine how topics are discussed and given meaning within a powerful and persuasive medium. I want also as Mary Poovey puts it to "interrogate the boundary between medicine and television" (Poovey, "Body and Text", p. 292) and I assume that narratives - all narratives do more than reflect and depict. Even the most mainstream prime-time television medical dramas do not simply reinforce traditional dichotomies between the real and the fictional, the objective and the subjective, the scientific and the entertaining. If one can understand the representational struggle that lies within these conflicts then one will understand the construction and deployment of medical meaning in these made for television movies.

One must be aware throughout that this is a written analysis of a visual media, a rather problematic and restricting function. Though this is often an unfortunate state of affairs that everything is analysed till it loses its wonder it is important I believe that we are able to evaluate media messages with confidence and respond critically to them. When we are able to do this we are much less likely to rely on the opinions of others and more likely to "become autonomous rather than automations". (Fiske, "Television Culture" p. 24)

In the rest of this dissertation I will use 'An Early Frost' and 'Our Sons' to talk of the problems of creating AIDS narratives on television. I shall be using other reference points to highlight my ideas; they too shall be prime-time television. As a starting point I will use the generic definitions of narrative, that a narrative requires three elements, formal

genre of television that AIDS has now entered. The term mass media is used in the Dennis McQuail definition of "multiple or mass production and the large size of the audience which can be reached". (McQuail. "Mass Communication", p.19)

In terms of form, character and language a number of questions relate directly to the exploration of AIDS on television: How do these films serve as prototypical AIDS dramas, and what are the differences between them? How does narrative representation facilitate or discourage identification with characters and with which characters? What makes a given representation 'positive' or 'negative' and can interpretation be fully determined? What kind of cultural work do these narratives do? How do they use television codes and conventions as well as the unique constraints, possibilities and pleasures of television? How is AIDS constructed as a medical problem, as a social issue, as controversial, as sympathetic, as interesting? As a viewing experience? Through what mechanisms do these television narratives reinforce prevailing cultural values - or criticise, police, disrupt, or challenge them? Do these narratives enable us to explore alternative assumptions about the real world and reality? Do these illness stories function therapeutically? Whose stories do these tales tell?

Chapter One

An Early Frost

'An Early Frost', a made for TV movie was originally broadcast on N.B.C on November 11th 1985. Our protagonist Michael Pierson returns to his parental home for his parents wedding anniversary. He is an appealing and successful attorney in Chicago (a specifically chosen city, chosen because of it's middle American location) and his surprise visit highlights the family life AIDS will disrupt (our previous knowledge of the content through the networks advertising tells us this). It is an interesting point that we meet Michael's family before we meet his lover: his mother Kay and father Nick ;his grandmother Bea ; and his sister Susan, with her husband and little boy. This supposedly typical family scene gives us the first rendering on TV of Michael's first symptom of illness ; weight loss. While Michael describes a big meeting with the head of his firm , his grandmother passes him the potatoes :

MICHAEL : No thanks,

BEA : You look awfully thin to me

NICK : Everyone looks thin to you !

BEA [to Nick] : You could lose a couple of pounds

KAY : Children , Children -

MICHAEL : Anyway -

Going on with his story , Michael announces he's been made a partner in the law firm. Amid the general congratulations , Kay says she hopes he'll leave a little time for 'relaxation'

NICK : What your mother wants to know is are you shackin' up?

MICHAEL :[very seriously] Well I have something to tell you. [he pauses ,then smiles]I'm not a monk

KAY : What I was trying to say was if there is
anyone you want to bring home , she's always
welcome.

NICK : She can sleep in my room.

What is missing or unspoken in these conversations is what occupies the next two hours. Michael's gayness and his illness. This is a domestic drama , a coming-out tale , what Turrow and Coe call a 'disease of the week ' story. (Turrow and Coe "TV's Ills", pp. 36-51). But it is teledrama as well as melodrama , thus also marked by televisions well established narrative conventions and uniquely overt commercial context ; this format has special significance because TV movies unlike TV in general are able to focus on problems that are complex , controversial and difficult to serve . TV movies have the advantage of being able to give a longer spell of time to a continues narrative . Though they are interrupted by commercial breaks the stories are able to develop within a concise and concentrated flow.

An Early Frost was widely acclaimed and hailed quite fairly as the prototypical AIDS narrative. Los Angelas Times critic wrote :

"You hesitate to use the word landmark in connection with two hours of TV. But if NBC's Adam marked a turning point in a campaign to alert the nation about missing children, An Early Frost may just as effectively define the AIDS peril for millions of americans who inexplicably may still remain apathetic and ignorant of reality " (Rosenberg, "Brisk Air",p.9)

Despite its critics on both left and right, An Early Frost became the gold standard for representation of AIDS on television, a standard most critics predicted would not be sustained. "You can bet that this will not be prime-times last word on AIDS and that few succeeding stories on the same subject will travel such a high road"(Rosenberg. "Brisk Air",p.9). With a budget of seven million dollars An Early Frost had the largest budget of a TV movie of that year and was allotted generous time for development and research.

One possible reason for this positive reception was the backing by NBC's producers of the product. They were very proud of their work and had clear ideas from the outset of their intentions. One said "We wanted neither to romanticise the homosexual relationship nor hit it with a sledgehammer". (Hall. "Interview", Atlanta Journal)

The scene that introduces Michael's lover, Peter, illustrates this balancing act. We know Michael has returned to his own flat; a close up shows him asleep in the darkened bedroom. The door opens and someone comes in, a hand reaches out and tickles Michael's ear; he pushes it away.

PETER'S VOICE : Are you gonna stay in bed all day
or what?

MICHAEL : What time is it?

PETER : It's eight o'clock.

MICHAEL : Why didn't you wake me?

PETER : Well I've been trying to for the last half
hour.

MICHAEL : I'm gonna be late . I'm exhausted [he sits
up] ooh !

PETER : Well you better start saving your strength for
falling asleep on one of those beaches in

Maui . [Michael starts to cough]
PETER : Hey , you O.K ? I'll tell you what , why don't
you stay home today .
MICHAEL : I can't , meetings , back to back.

What we are told through these usual television codes is that Michael and Peter live together, have a domestic routine together and indeed share the same bed. Because of our awareness of Michael's illness (because of the extensive trailers and hence we have some knowledge of the film's content) his coughing is significant; an experience of new symptoms, the said coughing and exhaustion. As Michael goes towards the bathroom , Peter says he has arranged their holiday in Maui. It is now Michael breaks the news that he can't leave because he has a trial coming up.

PETER : Michael , I've made arrangements to close up
the store.

MICHAEL : What can I do ? They just made me a
partner.

PETER : O-Kay ? Here we go again.

If , as feminist literary critics have put forward , the true protagonist of a victorian novel such as Jane Eyre is the house the heroine gets at the end, we could argue that the real protagonist of An Early Frost is the all american nuclear family. The scenes between Michael and Peter largely do not challenge the traditional mum and dad division of labour

but reproduce it , even down to details such as Peter's culinary skills , expressive emotional life and desire for a more communicative relationship. Although the viewer may have been surprised by the previous shots of the lovers in the bedroom (though of course nothing happens) which establishes Peter as Michael's lover, the following scene restores the conventions of a heterosexual marriage. Michael is shaving at the bathroom mirror when Peter enters with breakfast :

PETER : Breakfast is served.

MICHAEL : Thanks , we're almost out of shaving cream .

PETER : Oh O.K, so how'd it go with your folks.

MICHAEL : Great ! I really surprised my mom.

PETER : Mmmm , thats not what I meant ?

MICHAEL : Well what did you mean?

PETER : You didn't tell 'em.

MICHAEL : [sarcastic] Yeah ,I told them they were thrilled . Come on I was there less than 24 hours.

PETER : How long does it take ?

MICHAEL : Look I don't have the same relationship with my parents that you do with yours. I don't talk about sex with them . They don't talk about sex with me.

PETER : Who's talking about sex ? I'm talking about us .

Michael continues to shave in near silence, Peter walks over to him and plucks something from Michael's head "Grey hair " he says smiling . "Times running out". This scene

involves the formal figure of time and an untimely death repeated throughout the film and embodied in the elliptical phrase 'An Early Frost'. We the viewers again through our added knowledge are able to give the phrase 'times running out' resonance and link it to the temporal trajectory of medical melodrama. Pastore observes "The technique with bitter irony of formal tragedy. We cannot escape the knowledge eluding the actors which makes all they say and do reverberate with ominous prescience".(Pastore. "Literary AIDS" Introduction). As the film proceeds, Michael does become sick and is hospitalised and diagnosed with AIDS. Peter then confesses he has not been strictly monogamous during their two year relationship and because of this, could be the source of the virus. Michael is obviously annoyed and throws him out of the house. Michael goes home to break the news to his family and to deal with their pain, anger, and denial. He is hospitalised again and makes friends with Victor a flamboyant, indeed rather camp, gay man with AIDS. After the crises Michael is back home with his folks when Peter visits and they resolve their conflict, knowing now that Michael may well have been infected before he met Peter (though nothing is said of Peter's health). When Victor dies, Michael reads into the death and tries to commit suicide. He is rescued by his father and is reconciled with him. In tidying these loose ends the story is not unconventional but there is no deathbed scene and indeed the movie ends with Michael returning to resume his life with Peter.

If we return to the bathroom scene in which Michael and Peter are established for the viewer. This scene has a standard dramatic representation of homosexuality and if so, what means are used to show this? There is the perpetuation of the mum/dad masculine/feminine divisions of labour; one is closeted, the other is not, one holds a 'real job', the other

manages domestic arrangements ("we're out of shaving cream ", "O.K") one has AIDS ,the other is positioned as the infector whose own health is not our concern. It is also significant that what little limited physical contact we are shown is more teasing than sexual. The negation of sexuality appears to have been accomplished fairly effortlessly, yet it is actually quite skillfully orchestrated through many small moments. A more general question must be what is happening here with the sexual difference? With Peter placed so consistently in the feminine / wife position , the typical conventional sexual roles seem to be reproduced and the challenging possibilities of oppositional representation neglected.

This shaving scene is shot in a way that complicates any unity of perspective (Fig 1). In the previous family scenes Michael has been viewed primarily from his mothers point of view ; he appears first to her , to the camera and to us -when she opens the door and finds him on the front steps with a bouquet of flowers. 'We' are the mother he is the object being viewed. In the bathroom scene we start to see things from Michael's point of view, the camera now behind him looking toward Peter. Yet the mirror complicates this, showing us Michael and Peter and their images, their relationship turned around as it were. Again using long standing visual codes , we can see this a glimpse of Michael's hidden life . It is a figure for his constricted vision , his concern for his image. Finally the shot plays off the image- repeated in different fashions throughout the film, and used also in promotional stills , of different members of the family looking through windows(it is interesting to point out here only the nuclear family and never Peter appear in these publicity shots). The restrictions of the the windows in someway frame things in the same way as the television screens, itself underlining the metaphorical and literal importance entrances and exits, doors



Figure 1.

garages, all reminding us of the theatricality of television as well as the ongoing interaction stage and the space of the television within the home. The use of windows as frames-within-frames also highlights the series of binary oppositions such as inside:outside, security:insecurity, present:future, private:public, domestic:public.

When Michael repents and meets Peter at his shop(Peter sells restored objects, jukeboxes, carousel horse)with tickets for Maui, dismissing his case "it can wait a week I am a partner", any true television fan worth his salt knows that this optimism is misplaced and we are heading for a fall. And true to the conventions, we see Michael working late one night. He collapses and is rushed to hospital.

This first hospital scene is one I find rather interesting and would like to discuss further. We hear only the doctor's voice at first, "Michael, I'm Dr. Redding." Michael struggles to sit up while still coughing, as the doctor checks his breathing. Peter is sitting beside him.(Fig.2)

PETER : What's wrong with him?

REDDING : The tests we did show you have pneumonia.

PETER : Pneumonia ? I thought it was flu or something

REDDING : Are you two lovers ? There are a lot of gay men in my practice.

MICHAEL : Yes

REDDING : How long have been together?

PETER : Two years .I'm Peter Hill.

REDDING : I'm glad you are here - you should be a part of this. Michael, the type of infection you have Pneumocystis Carinii doesn't usually



Figure 2.

attack someone who's otherwise healthy. So we ran some very specific tests to see if your immune system was functioning normally. The results indicate a disorder. I'm sure you've heard of Acquired Immune Deficiency Syndrome.

MICHAEL : AIDS ? Are you telling me I have AIDS?

REDDING : We only make this diagnosis when there's the presence of an opportunistic infection like this pneumonia.

MICHAEL : I couldn't have AIDS it's not possible.

REDDING : I know it's difficult.

It is now he starts on his well worn AIDS instruction booklet as it stood in 1985 "we know a lot more than we did , we've isolated the virus etc.", "the immediate treatment plan", "we've done more tests". He leaves the room leaving Michael and Peter alone. The background flute music starts.

PETER : I thought , I don't know what I thought, I'm gonna go talk to the doctor.

MICHAEL : Peter . Don't leave me.

Michael is staring out the window as he says this , Peter is at the door to the foreground. The shot is held as Michael says "Don't leave me ". It is said in a way that makes it ambiguous as to whether he's talking about now or in general and this is no accident. Peter goes back and sits beside him holding his hand, Michael curls towards him in a fetal position looking tired and vulnerable. Now comes a dark screen 'An Early Frost' appears , superimposed on the signature image :in

the background a small village (fig. 3) with white church steeple just visible ; the foreground is a tree with it's leaves losing their greenness. There was no commercial breaks throughout this twelve minute period (rather a long sequence for american television films). Thus we are fairly caught up in the drama before the dreaded AIDS word occurs at last.

One goal of the medical drama must be to entertain , however as experts such as Simon Watney demonstrate it is used a great deal to educate. An Early Frost is very diligent in it's role of didactic entertainer (as critic Howard Rosenberg commented "This is integrity time " L.A. Times). I think An Early Frost does escape the accusation levelled at the other television dramas that for them AIDS is simply a plot thickener , just another issue that the genre chews up and spits out , without particularising. A well publicised feature of the production and one they were proud of were it's 'hot sets' (a hot set is one which is maintained throughout production). In An Early Frost the hospital scenes were hot sets maintained up to as late as the airing time so that scenes could have been reshot with newer, up-to-date information. Medical experts greatly affected the scripts with revisions ; changes were made not only because of the changing medical knowledge but also to reflect the growing public awareness.

This film is an attempt to set the record straight on contamination and casual contact. It gives you the basic medical AIDS information and suggests the risks of sexual contact. The fear of contamination and the pointlessness of this fear are shown to us. A tray of food is sitting outside the door of Michael's room, while two nurses stand in the background looking alternatively at the tray and door. The doctor approaches and as he does so, one of the nurses whispers "I don't want to go in there". The doctor takes up the tray and enters shutting the door behind him.



Figure 3.

As he closes the door we see "ISOLATION" stickers on the door. He tells Michael "You cannot get AIDS just by being around someone who has it. It's only transmitted through intimate sexual contact or blood" though even as he says this both doctor and patient have the look of total exasperation.

There is a serious issue concerning people with AIDS. It is not so much that you will catch anything from them but that they may catch something from you. A number of incidents within the narrative of the film highlight this theme. Michael returns home, Peter is at the sink holding a coffee cup Michael had been using, idly he takes a sip from the cup, then realises what he's done and dumps out the coffee and rinses out the cup. Friends on hearing of Michael's illness cancel dinner dates; his father is physically ill with the news and his sister won't let Michael touch her son or herself (as she's pregnant). While his mother researches up on the subject, it is his grandmother who provides an understanding and love, and in hospital Michael gradually makes new friends. These different perspectives are what Turrow and Coe have called a "textured representation" (Turrow and Coe "TV's Ills", p35). In addition to this they give a series of facts. When Michael collapses and an ambulance is called, once they learn the nature of his illness the ambulancemen refuse to admit him. Paul Volberding, one of the physicians consulted in reference to the script said he feared "the viewer would think this scene was made up. It's not, this has happened in San Francisco, where we pride ourselves on our attention to patients with AIDS". (Atlanta Journal)

This run of the mill AIDS information does constitute another memory we are left with. Here the film is doing what all American liberal humanists should do, and do best; arguing for compassion, reason, compliance, with scientific authority and

common sense. This is crucial cultural work and to argue against it would be futile. "It's not a gay disease Michael. It never was" says Dr. Redding "The virus doesn't care what your sexual preference is. Gay men have been the first to catch it in this country but there have been others- hemophiliacs, intravenous drug users and it hasn't stopped there". The film also knows that there are many questions that are unanswerable :

MICHAEL : How did I get it? I haven't had any blood transfusion lately and haven't been with anyone except Peter.

REDDING : Has he?

MICHAEL : Of course not. We have a relationship.

REDDING : I'm only asking because we've discovered it's possible to be a carrier of the disease without showing any of the symptoms himself.

MICHAEL : You mean you can pass it on without actually getting it?

REDDING : Michael I'm not judging you. It's important that we know because the number of contacts would increase your chances of being exposed to someone who-

MICHAEL : It was years ago ! Before anyone knew about this.

REDDING : The problem is, Michael that we don't know how long the incubation period of the disease is. It might be 5 years, it could be longer, we're just not sure.

MICHAEL : You're not sure of very much.

It seems to be part of the formula of medical dramas that the doctors will remain , authoritative and in control. Along

with this the patient will to a greater degree accept this , a practice that downplays any worries, ambiguities and incorrect interpretations. The prime-time narrative movie on american television is forced by the restrictions of length to take a broader view and often doesn't suggest subtleties. Let me take an extreme example that someone can "pass it on without getting it"; It is true to say that one doesn't pass on AIDS itself rather a virus that destroys the immune system. Since one doesn't transmit the virus without carrying it oneself, this statement is only accurate if the "it" in "pass it on" refers to the virus and the "it" in "not getting it" refers to full blown AIDS. The message the film is trying to highlight is that an infected person may look perfectly healthy yet still be infectious to others. But the blurring of the difference between the virus and it's later manifestations make it hard to understand.

So what are we to remember about sex within the film, or more to the point the perception of sex? Let me repeat the statement "neither to romanticise the homosexual relationship nor hit it with a sledgehammer". Rather predictably conservatives criticised the film for being too soft on , while activists attacked it for the desexualization of homosexuality. Sex is a delicate subject within this film and conversation is awkward when dealing with it. "Touching is fine ,hugging ,but I'd be careful about being more intimate than that" is the doctor's warning to the lovers.

Well there is very little touching and no hugging. When Michael on his return from hospital makes up a bed in the front room, Peter can't understand why. Michael retorts "I know what he said. I just don't think we should take any chances". What does this really mean then? Is it that Michael believes that even touching and hugging are risky?

That he really means abstention, so that if they did share a bed it would be dangerous because it may lead to some kind of erotic contact. Or is it simply a television way of keeping the two men out of bed together? Though after Michael has told his family that he's sick, his grandmother begins to kiss him and he stops her; but she goes on and says "It's a disease not a disgrace, come give your grandma a kiss". This is a different kind of kiss, well that is how it is presented; medical consensus, that friendly kissing is safe is what prevailed. Once more it is Michael's grandmother who gives what the makers regard as how we should all react. The grandmother figure is a character often used in drama as a solid family member. In *An Early Frost* she relates Michael's illness to cancer, a disease she says which too can strike anyone. This relationship with cancer is also used by Susan Sontag in many of her essays on AIDS. Conventionally the grandmother figure represent a wise, good person, who takes things in a much more down-to-earth fashion. She is unflappable, calm, and loving, and Bea is no different from this.

In terms of prime-time conventions *An Early Frost* was a success. Jane Hall of *People Magazine* hailed it as "a shattering AIDS movie that mirrors a family's pain" and "a landmark dealing with feelings associated with AIDS" (Hall. "Family's Pain", *People Weekly*). But whose feelings? Yes it gives us the effects of "the family's pain" but little consideration of the fact that this is happening to the two lovers. When Michael first gets ill he is brought back to the bosom of his family, the writers thinking Peter isn't suitable to care for him: And Jan Grover writes,

N.B.C's *An Early Frost* enforced existing prejudices

by returning it's PWA (person with AIDS) to the bosom of his family. Evidently he lacked long term, close knit friends back in Chicago ;it was only after being shorn of his sexuality and is identity as a gay man that he could be returned, neutered to his mother and father, enfolded once again within the nuclear family and die in peace" .(Grover. San Francisco Sentinel)

While many commentators , especially gay activists can find solid evidence for saying that this is 'one more gay movie for straight people', a judgement like that assumes that we thoroughly understand the nature of the viewing subject , how interaction occurs and how television engages us and we with it. Scenes such as that in the bathroom require us to acknowledge the existence of several linked but not equivalent subject positions. And surely it is important that two men in a loving relationship, irrespective of how straight or conventional are being shown without too much fanfare on prime-time television. Part of my enjoyment of formulaic fiction is it's manipulation of it's own conventional comments . The politics of the relationship , it's ideological conservatism and it's ultimate fate , are I'm afraid the price paid for the relationship's prime-time existence ; yet whether or not one is willing to call this scenario progressive, the price needs to be separated from the sheer fact of representation and what it may offer different viewers.

Critical assessments cannot be denied but I feel the film offers references and perspectives that demand deeper exploration. A fact which has been highlighted in critiques(notably by Harold Rosenberg) is the avoidance of any tearful death-bed scene. The idea behind death-bed scenes is to leave the viewer limp but uplifted , yet the producers of An Early Frost deliberately avoided this. It is apparently impossible

to be terminally afflicted these days without being inspirational. The producers said they didn't want that at all and that this ending achieves their aim, of a continuing problem rather than one which ends when the credits roll.

I believe too that the narrative structure does other kinds of work at the ending. During the scene where Michael attempts to commit suicide, he goes into the garage, closes the door and turns on the ignition of the car. As Michael does this his father wakes to do his exercises as he does every morning. As the fumes fill the garage, the camera alternates between the settings, building a deliberate suspense as Michael gets weaker and weaker. Finally Nick goes down to the kitchen and sees the light on, he runs and gets Michael out, saving him and admitting he does want Michael to live.

The structure of these scenes is such that people who are used to the style of American drama will not want Michael to die. That same narrative code forces you (whether you want to or not) to take on the side of Michael and feel responsible for his position. As in the earlier scene between Michael and Peter, one may argue with the ideological values it remains content to operate within; the father saving son, active saving passive, straight saving gay. This is followed by a very macho, masculine scene where Nick sends Kay away then taunts Michael into rage. "Well I don't give a damn what you think" yells Michael "because I'm more of a man than you'll ever be you son of a bitch!". "That's it, that's right" says Nick. "You call me anything you want to, as long as you don't give up". Even with Michael's return to Peter and Chicago it is still the heterosexual nuclear family who wins out in the end, as the credits roll in front of the family photograph of Michael, his mum and dad, sister and grandmother. Still many points of the narrative enable, even need the viewer to identify in ways they may not

have expected. As we look at what is regarded as the conventional surface of a TV movie we must always consider the ways that subject positioning, critical viewing and the legibility of television texts give meaning for the viewer at different points in their psychic, erotic, chronological and cultural lives.

Chapter Two

Our Sons

Broadcast as the "A.B.C. Movie of the Week" on Sunday, May 19th 1991 *Our Sons* is the tale of two homosexual men; one is on the verge of dying of AIDS, what we follow is how they and their mothers face up to and are changed by the crises. The opening titles of the film appear against the affluent, opulent Californian coast, a sunny and immensely tranquil scene aided by a piano accompaniment. The camera closes in on an open-plan luxurious Californian house.(Fig.4). An alarm goes off startling us and waking us from the dream setting, possibly reflecting the signal that will shock our protagonists out of the dream world they inhabit. Julie Andrews as Audrey Grant leans over and turns it off, and picks up some of her important business equipment. She immediately starts work, this is a business woman, powerful, successful and sophisticated. This is no country pastoral hometown, no white picket fence, this is the coast more urbane. It is she whom we meet first, it is she the camera tells us who will be the centre of our attention.

We next see Audrey at her office, wheeling and dealing, making high-powered phone calls. At the bottom of her agenda "Call James". She dials, there is the ringing sound and the prerecorded message of an answering machine tells us "Hi you've reached James and Donald; leave a message for either of us -we don't have any secrets from each other, well, maybe one or two". In *An Early Frost* Michael's mother's message on his answering machine showed how little she knew of his life. *Our Sons* shown six years later gives the recorded message the role of informer, introducing us to the gay relationship. We are immediately aware of the illness at the outset; as we hear Audrey leave her message we see the crises taking place at James' end. He is running, getting Donald into the ambulance unable to pick up the phone. Our knowledge here that Donald



Figure 4.

is already very ill gives an added twist to Audrey's plea that James give her a call as soon as he can," It's Monday 23rd and counting ". As in *An Early Frost* when Peter tells Michael "Times running out" we are also made very aware of the looming countdown the story will show.

Our Sons is a coming-out story; it gives over to the viewer the sense of a road movie added with elements of a medical melodrama into which a coming-out story is embedded. Donald doesn't really wish to tell his mother Luanne Barnes in Arkansas that he's dying. She had thrown him out eleven years ago when she found out he was gay and anyway at this point he is too ill to contact her even if he wanted to. James, unbeknown to Donald, asks Audrey to go to Arkansas and bring Luanne back to Donald before he dies. The road movie element becomes necessary when Luanne refuses to fly, giving the writers more than adequate time to develop the characters of these women. It is the mothers who form the central focus of the story. There is a great many differences between these women; in music, in personal habits, in ideology, in hair colour, but in the end and for the sake of their sons, Luanne and Audrey rise above their differences and even realise they have something in common (neither has a boyfriend and they both love jazz). Throughout the film is the theme of reconciliation and of making allowances. The allowances between Audrey and Luanne enable the reconciliation between Luanne and her son Donald, who are close by the time of his death. There is also a reconciliation between James and Donald who have fought over Donald's wish to die at home; and of James and Audrey who agree to be much more open with each other. Whereas in *An Early Frost* it is a father and son reconciliation that ends proceedings, *Our Sons* shows a motherly love where fathers are virtually non-existent.

So what does *Our Sons* have to offer that other medical dramas have not? Within the vision of *Our Sons*, AIDS has become routine, less mysterious; James knows his way around the hospital and the general routine. We are not subjected to more of "the facts of AIDS", doctors merely pass by, getting on with their business. Funerals have become expected. When Audrey starts to explain to Luanne what AIDS is after breaking it to her that Donald is infected, Luanne replies coldly "I know, I watch TV". Donald is viewed as being very ill and the producers have decided to let us see him as such (unlike *An Early Frost*). In a medium in which cosmetic perfection equals success and virtue, the disfigured face and frail body of Donald is the horror usually unseen except on occasional newscasts or documentaries. Such disfiguration seems out of place on sanitised television fiction and contains complex codes. Donald's first line when he is placed in a hospital bed is "Toto, I don't think we're in Kansas anymore". The allusion to Judy Garland in *The Wizard of Oz* codes Donald as television's generic homosexual. He bears the marks not only of the opportunistic infections and medical treatments he has endured (after all, the thinning hair and pallid complexion are as much a result of the treatment as of the infection) but also the marks of his openly gay condition. In contrast to Michael in *An Early Frost* Donald is a more interesting character because of his self-awareness, his slight campness and sense of humour. Whereas Michael was de-gayed and through this procedure made more sympathetic to a general audience, Donald's character remains more natural and interesting. It is impossible to judge whether this allowance by the producers is because of a change in attitudes in the six intervening years or because Donald will die during the film and his gayness will not effect anyone outside it's realms.

By titling this film *Our Sons* it is made obvious to us that this film deals with the mothers and the use of the camerawork highlights this. The first meeting between Donald and his mother is a rather interesting sequence of camera perspectives. We are already in the room ; from Donald's perspective the door opens, the camera angle changes and our view-point is from behind Luanne looking towards Donald , she appears first to Donald then to the camera and to us. For the first time in the film we see things from Donald's view, before this everything had been seen from the eyes of the mothers. This is there first meeting and the atmosphere is tense highlighted by the swift , sharp camera shots; the camera mirrors the intense conversation bouncing to and fro. As our sympathies lie with either character the relationships are shown and turned around with alternating camera view-points. The coldness that occurs in their conversation is mirrored in the clinical hospital images that are flashed before us. As their relationship grows closer the hospital images fade away and the camera changes relax and become gentler.(Fig. 5).

Our Sons uses different devices (e.g witty one-liners) and appears to be a much more crafted script than *An Early Frost* even though this came under attack from reviewers. They complained that Donald's mother Luanne was over-written in an attempt they said "to try and make her anguish a complex and mixed up dilemma". One critic was quite taken with the division of good lines to each of the characters, each "having a generally witty line and taking turns in delivery" (Rosenberg. "Mothers", LA Times). Luanne waiting on tables after Audrey's visit gets asked questions by customers about the strange limousine appearing at her house, finally says "I won a contest O.K" "What for" she's asked, "Mother of the year" she replies quite bitterly. Looking around Audrey's house (designed by Donald) she comments "I feel like

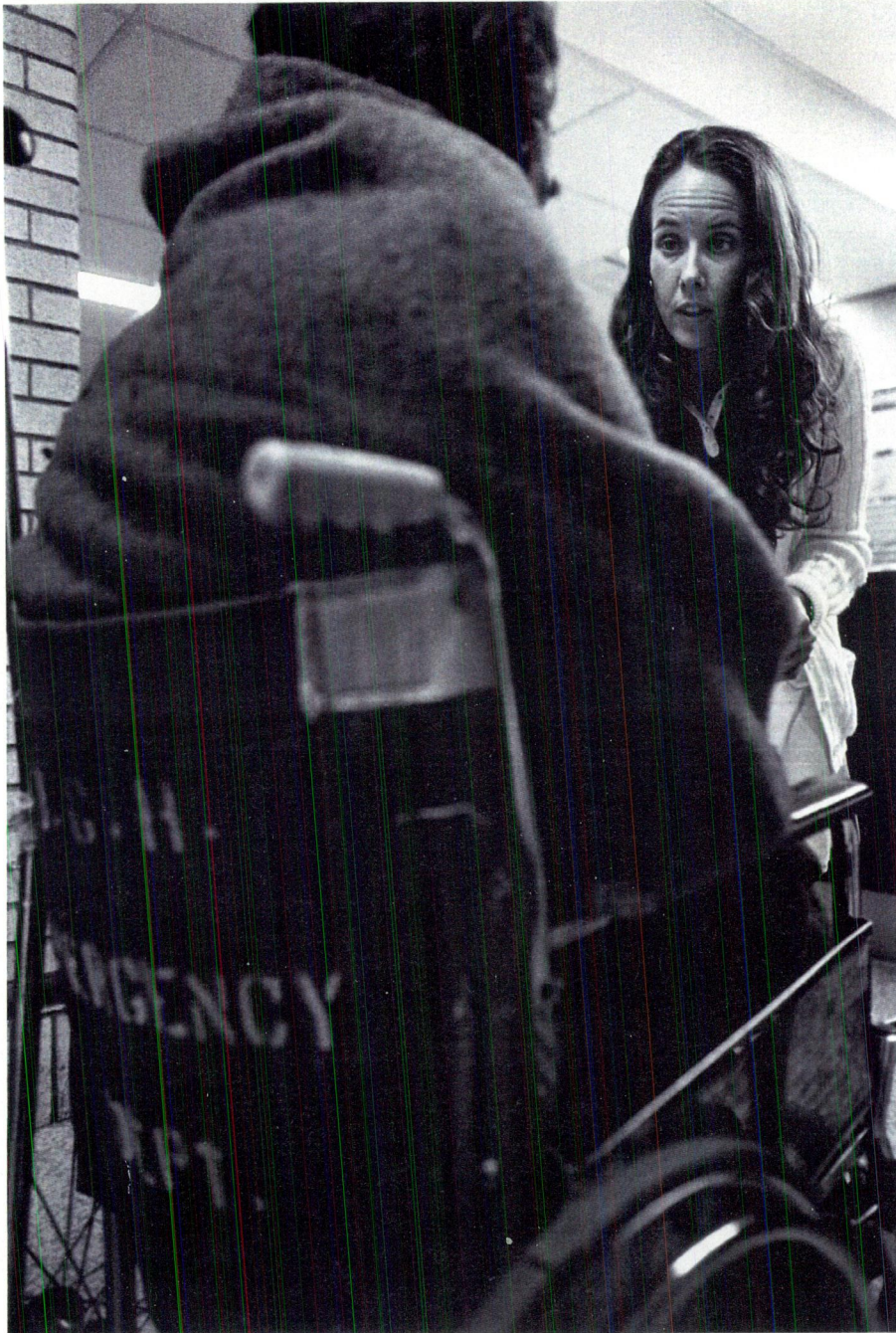


Figure 5.

I'm in Dynasty".

Our Sons has little of the medical instruction booklet that was central to An Early Frost. There is no lecture on the high risk groups. In Donald's room in the hospital is another man dying of AIDS, he though, is heterosexual and cared for by his wife, she tells James, "He's my Husband, I've got ^{it} too". Practically nothing is said of how Donald became infected, in fact the most explicit line about sex in the whole film is Luanne's response to hearing that when he was younger James had sexual relationships with women. "I can't understand how someone can jump the fence after tasting normal". The whole topic is treated much more comfortably by the screenwriters who were obviously much more relaxed with their knowledge and authority. James for example says "Donald's dying" not the doctors say he's dying; he speaks with an authority of his own.

There is in both films a great deal of time spent on dealing with AIDS treatment, though Our Sons deals less with the futility of treatment. It is quite early on in the film that we see Donald in hospital and because of this the majority of the film must deal with the possibility of his death. An Early Frost emphasises the inevitability of death, the doctor telling Michael's mother "in my experience I've never Known anyone with AIDS to survive". When Our Sons was broadcast many doctors had more experience with drug treatments aimed at preventing the decline in health, if not as yet curing AIDS sufferers. Unlike An Early Frost there is no chief medical figure, there's no domineering, commanding figure to instruct. There is a doctor and he contributes both to the story and to the medical knowledge but neither he nor his nurses appear so often. Our Sons doesn't patronise, it plays on our knowledge of the disease it shows an AIDS sufferer who is fully aware of his illness

and the fact that he though ill has a certain control. It shows an awareness by the writers that other mass media advertising has given the viewers an awareness on which they can operate.

Our Sons isn't emphatic on the topic of treatment bearing in mind the doctors knowledge concerning drug treatment. In a scene of James and Donald playing cards , Donald tries to persuade James to be tested. To show us the link between our protagonist's quandary as to whether or not to seek medical help the images are made complex. It shows the room from Donald's point of view, one who knows; the camera behind him looking at James; yet this is inverted when we realise that this view is a reflected image in a clinically shiny basin by the bed. The shot plays this image again off different medical equipment associating the total reliance and need for medical knowledge and awareness. This reflective imagery gives the characters an almost ghostly quality . This mixing and inverting of the images forces us to ask ourselves as to whether what we are seeing is the truth or some television trickery that makes us see things in a forced, different way.

DONALD : When are you going to be sensible?

JAMES : You said you wouldn't bring that up again.

DONALD : I lied. It just isn't rational not to be tested.

JAMES : If I promise to do it will you leave me alone.

DONALD : It could be negative James.

JAMES : Yeah and what are the astronomical odds of that being true,lets find a computer.

DONALD : Michael Roby died two years ago and Peter is still negative.

JAMES : Peter wants to know Donald.

DONALD : Yes and if god forbid he does go
positive, he'll have had the earliest possible
treatment . As I might have had when I was
still in denial mode. Me it can't happen to
me.

JAMES : It's my choice Donald.

This scene suggests accurately that early treatment helps. Though it doesn't get into the changing politics of testing, it does show rather skillfully the discussions and speculations people at risk have gone through. In James we see the psychological and conversational mechanisms that Donald called "denial mode". The implications here that treatment will help is oddly contradicted throughout the film. Towards the end of the film Audrey admits she's been evading the problem of James' sexuality, not telling him of how she'd hoped he would marry "the girl of my dreams". When then Donald dies she realises she may not have forever with James and asks for a second chance to establish some kind of honesty between them. "I want you to be tested then we'll know how much time we have to try again". Maybe this ambiguity is to enhance the drama , maybe it is to highlight the fact that treatment and the prognosis for a long term management are not taken for granted. But still James' test even if it were to prove positive would not mean immediate death and would certainly give no indication of "how much time we have".

The skill of the producers in sugar coating the pill of these AIDS narratives can be seen to a great extent in Our Sons dealings with the contamination threat. Take as an example the exchange between Donald and Luanne; it is important to note that this is their first scene together.

LUANNE : You've got no accent anymore.
DONALD : No.
LUANNE : Well maybe just a smidgen here and
there -you can hardly hear it. I hear you
got real successful.
DONALD : Yes ,I've done pretty well , would you care
for a chocolate?
LUANNE : [She shakes her head , saying no to the
chocolate] From drawin' more or less?
DONALD : Sorry?
LUANNE : I mean you got successful just from
drawin' .
DONALD : More or less.
LUANNE : You was always drawin' as a kid.

Unlike over-bearing AIDS narratives the writers here have avoided moral judgements. This casual, laconic , clever exchange shows a slight conflict , the light touch almost covering Luanne's decision not to have a chocolate , thus to the viewer (yet always subtly) failing the 'fear-of contamination' test. (Donald afterwards tells James "She wouldn't touch me ,you know" and James answering "Of course"). In this acceptance by James of people's reaction to the disease Luanne's behaviour is not inevitably negative, in the main because of her natural , conversational decline of the sweet. Through this the spectator is not forced to interpret it as negative and Donald and James' acceptance of the fact doesn't aggravate our perception of her refusal. Once again we can see the grim reality and fear made easier for us to swallow, we don't need to be troubled because of this viewing.

The films final sequence deals with Donald's funeral and the parting of the now close mothers. After the funeral

Luanne , James and Audrey take Donald's coffin to the airport where it is to be brought back to Arkansas. As the plane taxis onto the runway Audrey gives James a child's drawing of a castle. It is a drawing by Donald of a castle he had told Luanne he would build for her in which they could both live. "She wanted you to have it" says Audrey to James as the plane flies away ; gently the picture of the plane fades to white and in black the dedication appears :

This film is dedicated to the memory of the 108,731 people in the United States who have died of complications from AIDS.

As I've said, critics were divided on *Our Sons* , Stephen Farber (Farber, "A decade into AIDS", NY Times) centred on the division between the film's murky subject matter and its "glossy soap operish format", as evidence of how television is still so unsure of its footing when dealing with AIDS that it needs to dilute it through a package it is happy with. If television is to tackle a subject which it finds controversial, it must find a way of pushing back its self made restrictions rather than tackling it as it would any other run-of-the-mill topic. Harold Rosenberg called it quite ironic that an AIDS story should take the form of a "buddy-movie, except the bickering buddies in this case are not the two male companions but their mothers who have nothing in common beyond motherhood". His review annoyed *Our Sons* assistant producer Micki Dickoff. (Dickoff, LA Times). She asserted that he had "missed the point" in saying the film played "peekaboo with AIDS". "If the issue of AIDS has to be approached from around the corner ", she writes "or through the back door, better that way than not at all". And she goes on to say "Why does he assume that....the network's motive was to avoid a negative

backlash of conservative pressure groups? A.B.C's approach to the story by directly approaching homophobia, is more likely to offend those conservative media watchdogs and advertisers". It is true to say many homosexual viewers and AIDS activists disliked *Our Sons* but that is for it's focus on the mothers and Dickoff was correct when she said that conservative groups were the most vocally outraged.

The airing of *Our Sons* must be seen as a political event though the text itself doesn't present the collective, political, policy dimensions and implications of the epidemic, it is only the ending dedication that hints at this. At the same time the narrative concludes with the sense that AIDS is experienced by individuals and that homosexuality inevitably, inescapably and underlined by the absence of fathers and other straight men has something to do with mothers. Is James strong ambivalent relationship with his tough domineering mother the cause of his homosexuality? Does the focus on the mothers sympathetic, loving attempts to care for her son assume that fathers shouldn't have to deal with gay sons or H.I.V. infected sons, who have obviously transgressed the law of the father. This is certainly a controversial point and one that is totally unproven though not by the film which doesn't contradict this train of thought. Even the gift of the drawing to James is loaded with psychoanalytic implications that weigh down the end of the film; Donald's identity is passed on to James. Luanne has been reconciled with her son her defenses broken to see the light: and Donald's lost dream of living in a castle with his mother is handed over to his lover who can live in the castle with his mother (Donald designed Audrey's luxury beach house)

Perhaps the most important point however is that in *Our Sons* as well as in *An Early Frost* the seemingly

conventional and seamless TV movie surface gives way to a more interesting array of subject positions potentially available to the viewer. When taken together the films suggest some useful ways of thinking about the format of network television dramas, the complex nature of these hypothesised figures, the character, the viewer and the audience and the legibility and intertextuality of television texts.

Conclusion

Conclusion

Within this dissertation, I've attempted to address some of the questions which I raised at the beginning ; the characteristics of what we can call the stereotypical(yet in their field prototypical) AIDS dramas spaced six years apart. An Early Frost deals with AIDS in a "disease of the week" fashion, Our Sons dealing with it as a pervasive even routine condition experienced by many. The stimulating though not fully readable ways that narrative representation facilitates or discourages identification on the part of the viewer, above all challenging any simple notion of identification on the basis of demographic similarity. The very specific set-ups in which the representation of the gay character or AIDS sufferer can be evaluated in a positive or negative way. The problematic assumption that in politically sensitive works an unmediated representation can be achieved. There is we know a great diversity of cultural work that different AIDS narratives do; I have looked at the cultural work of prime-time, mainstream dramas (in contrast to alternative ,video based work) in making identification points and creating concern among viewers. They have done this in part by treating AIDS(even with it's controversial volatile nature and social impact in the real world) in the conventional treatment and tradition of the medical drama, and by chronicling it in adherence to the conventions of television realism. Finally the manipulation of accepted television codes to relate AIDS in a seemingly acceptable perspective, though at times giving occasional transgressive perspectives. Do these narratives enable us to explore alternative assumptions about the world and reality? But with these works only the most subtle of footholes is given to us to engage such an exploration. So whose story do these tales tell? This remains a difficult question to answer.

If we open our newspaper and glance at the

television ratings we can see how popularity is measured. This definition is the one producers use to access how popular a programme is. It is measured purely on the principal of a head count, divided into ages, sex, wealth and other such demographic counts, this then is used to sell space to advertisers. If we are to use this as our yardstick then An Early Frost was surely possible, capturing nearly a third of the viewing audience the night of its premiere, beating both Cagney and Lacey and the "Monday Night Football".

John Fiske in his work on diversity and difference talks of the power to be different and it is this power that I wish to see used more often in relation to AIDS narratives. The social differences which network bosses think unsuitable for mass media projects can provide the very start innovative drama needs. With creative writing and interesting motivation surely these differences can be addressed rather than repeating uncontroversial contents, "a bland homogeneity that will offend no one and appeal in some superficial way to everyone". We should delight in the fact that we are different and be promoting the diverse and encourage the differences that are around us.

For me the homogeneity of programmes is a very unappealing thought. The difficulty lies in what "constitutes homogeneity and what diversity". The problem which I always associate with american mass media is the problem of having to satisfy so many people. If with the introduction of cables and satellites this becomes the case in Europe are we to see as Bakke argues "a demand for noncontroversial content". (Bakke. "Television Culture"). Yet there are arguments that the greater the power of distribution may warrant a greater diversity in programming, though the B.S.B. channels have proved this not to be the case (In the time since their creation they have not produced one second of original

drama). We know there are many social groups and subcultures so how can television hold a mass middle audience when the communities of interest are so fragmented? I have stated that I believe viewers are not cultural dopes, I also think that one doesn't have to find the lowest common denominator to attract an interest from all social groups. John Fiske rejects the assumption "that all different people and social groups have in common is baseness, so art can only appeal to many by appealing to what humans call animal instincts". The use of this baseness in making a widely acceptable AIDS narrative shows a lack of imagination, vision and prejudices of the creators and will make for all rather boring viewer. The skill of the producers at sugar-coating the pill that is *An Early Frost* and *Our Sons* is so great that people are not aware of the "ideological practice in which they are engaging as they consume and enjoy cultural commodities". (Hart. "Understanding Media", p.17). I have already spoken of the subversive way in which the fear of contamination is dealt with within *Our Sons*. The facilities in which to distinguish between positive and negative representation are hidden beneath laconic and perceptive writing. In the same vein recall the exchange between Michael and Peter in *An Early Frost*.

MICHAEL : We're almost out of shaving cream
PETER : O.K.

Is this exchange representative of Michael, of Peter, of gay couples in general, just whom does this exchange represent? Is it negative? If so, how and for whom? I have suggested that it replicates a heterosexual marriage with Peter as we know managing the home (i.e the wife role). Are we to assume that this is a correct representation to a mass middle America?

Do straight men say 'I wish I had a partner like that, who'd get the shaving cream when I told him and not give me a lot of shit like my wife does'?

In defending *Our Sons* Micki Dickoff says films such as this have enabled "real-life reconciliations". (Dickoff. LA.Times) One must acknowledge that it is the commercially produced commodities that most easily cross the boundaries of class, race, gender or nation and thus appear most readily acceptable (and accessible) to a variety of social groups. The success of the B.B.C with the working class realist serial like *Eastenders* has enabled social groups of a great diversity to interact. We must acknowledge that there is a different national context with different social and behaviour, but when the soap opera showed two homosexual men kissing they recieved many letters from outraged viewers. So much for the promotion of homosexuality claimed by the right? Who Knows or can in anyway tell what real audiences do? And what in any case is the relationship supposed to be between television drama and real-life? Does the fact that Donald was shown as ill mean he is realistically shown? Are these gay relationships simply playing on our preconceived stereotypes?

Both of thses AIDS dramas embody tangled legacies of cinematic and television codes and genre. Television does exist with a specific social and historical context, which will shape it's point of view (this is particularly true when dealing with medical information). As Lynn Spigel says of television in the 1950's "it was regarded as an invader of one's private home" (Spigel. "Installing the television" p.28); therefore one could argue that if AIDS has been so profoundly stigmatised television should have been less hospitable than cinema which operates in the already 'contaminated' space of public auditoriums rather than the sanctuary that is their home. Yet I think then it would be

within the privacy of one's home that people would like to learn about AIDS. But what does this legacy mean in the 1990's.

The announcement in the summer of 1985 that Rock Hudson was being treated for AIDS was the turning point in public perception and media coverage. With people talking now of Hudson and AIDS there developed an interested community that had not existed before. Hudson's illness was the point at which ironically the epidemic ceased to be seen strictly as a gay disease. A lesson about identification can be noted: we may identify with people not because of demographic similarity but because we feel we have shared their experience and knowledge (this I suppose is a well assumed point in advertisers use of celebrities endorsing products). The narrative structures of film and television can provide a sense of shared experience; indeed in the case of major film and television stars like Hudson, one may feel that we know them, have even 'been' them. We need therefore to think carefully about the narrative form, identity and textuality, for ultimately these characteristics may be more significant determinants of viewer response than whether a given representation is 'demographically correct'.

In summary questions of identity and identification appear to involve memory, goals, activities, life experience, familiarity with and pleasure in the conventions of a given narrative genre (i.e. whether a viewer likes a certain type of programme or not), demographic and characteristics of the human figures, whether contrived or circumstantial, (are we attracted to their lifestyle or maybe just to them), emotional and political connections to the text. Also one's identification with the characters is rarely if ever total; it can shift during the work and can be manipulated by the camera shots, our knowledge of the characters' knowledge; the basic character

function (protagonist, antagonist etc.), the verbal codes of television and television genres, and other elements of discourse.

This conclusion cannot be complete without critique. Yes these made-for-television films can be taken up and be used in more diverse and progressive ways than their makers may have imagined. Yes they do important cultural work for many viewers despite their limited utility for gay and AIDS activist sensibilities. Yes our critique should not be based on simplistic and unsupported assumptions about how identity and narrative form function. And yes these cautious films could have been much worse. Given the continuing urgency of the HIV/AIDS crises a radically different vision must accompany any generosity toward mainstream television narratives. Think for example of the stories that could have been told about gay men and this epidemic. Instead, we have two bland made-for-television movies. Created with better than most production values, good resources and good intentions, but in the end these movies are a pathetic legacy. In the last decade over two hundred thousand americans were diagnosed with AIDS, over one hundred thousand have died. Among women and young children infection is growing faster than the knowledge of the disease; politics and red tape hold up medical supervision and health care is a disaster. Having identified the success of these two films I am even more outraged at their failure; their failure to exploit the enormous resources of narrativity demonstrated in activist and independent work to represent courage and dedication with an active AIDS community. Their failure to ever use the words 'condom' and 'safe-sex' or 'gay community', to let the viewers see gay men and lesbians being gay. To fully realise the shabby politics surrounding the epidemic and to challenge the inadequacies of the health care system. Whose story? Ten years into the epidemic the AIDS story stays in

many ways untold. Instead AIDS narratives on television tell the story of network television, treading the same, safe, uncontroversial, cautious path.

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