

Humoral Immunity in Recent HIV/AIDS Narratives

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IBEGIN THIS ARTICLE BY MAKING REFERENCE to a number of visual images. The first is by the artist Robert Flack (1957-1993). The painting is called *Anatomical Garden* (1990) and is currently part of the digital Visual AIDS project in New York.¹ It represents the body as a fertile garden—root veins sprouting a cornucopia of color, flora, and foliage. The second image is of Ron Woodroof, hero of the 2013 Oscar-winning film *Dallas Buyers Club* by French director Jean-Marc Vallée.² This image depicts Ron in 1988, after a long search for alternative medicine for his HIV, stealing into a laboratory in the back streets of Mexico City and offering his body to the powers of natural medicine. The third image is of Félix, from the French film *Drôle de Félix* (2000), in which we see Felix (HIV+) wading through a field of sunflowers. The fourth image is of Félix on a sun lounger, looking at the sun. These images depict the human form in thrall to nature's self-generating and revitalizing potential; in the first, the human anatomy in its skeletal abundance; in the second, the infected HIV body seeking restoration from an infusion of lepidoptera secretions. In the Vallée film, a Dr. Vass, who is banished from practising medicine in the US, cites a study conducted in *The New England Journal of Medicine* in 1987 that claimed that azidothymidine (AZT), despite its widespread use, was too toxic for HIV patients to take, and that new trials aimed at reducing toxicity via natural immuno-therapies were underway; specifically, the secretion a caterpillar uses to protect itself during the incubation period had been proven as a non-toxic anti-viral safe for humans to take. The butterfly is an interesting reference at this early point. It is a living organism capable of changing entirely its genetic structure during the process of transformation, which makes it a unique example of total transformation, self-transformation, and reincarnation. In the third and fourth images, Félix takes his lead in part from the floral heliotropism of the sunflower (*helianthus annuus*), not for its direct medicinal purposes to counteract his HIV (though we should note that the larvae of lepidopterans do feed off the sunflower for its edible seeds and medicinal effects). Rather, for Félix, the heliotherapeutic and vitamin power of heliotropism endows him with uncanny powers to make the sun appear from behind the clouds. Heliotropism represents an interactive response to dealing with illness. The diurnal and sea-

sonal motion of the sunflower frames his journey from drizzly Dieppe to sunlit Marseille.

These images imply a related question: why the apparent ‘turn’ to nature at the height of the HIV/AIDS pandemic in the 1990s and beyond? Is it a recourse of last resort in the absence of a vaccine,³ or is it a more calculated response to the inefficacy of medicine and clinical negligence? There is a case for both explanations, but I would suggest there is also a case for nature as first choice. These images gesture in part to what I investigate in this article. My aim is to explore a sovereign body’s capacity for natural governance when faced with illness or disease; by natural, I mean the capacity of the body for self-maintenance in its biological, ecological, and socio-cultural health. I show how healing from illness (in the case of HIV/AIDS) can be viewed as an auto-generative and autopathographic⁴ process—the body knowing best just as the butterfly knows best—and that healing sourced in the body’s properties and modalities can help us articulate a knowledge of illness predicated on the body’s natural governance, which itself has a broad remit that includes structures of relationality, sharing, and social interaction. So this is not a study of healing through writing as therapy or “vaccin littéraire.”⁵ I am interested in HIV/AIDS as an epistemology in itself—not analysis *of* HIV but analysis *by* HIV in which healing comes from HIV (re-)writing the knowledge of HIV/AIDS, in which the body has stewardship over its infection, its lifeworld, and its death. Cinema, the visual arts, and literature, in which autopathographies thrive, have ways of reframing and rewriting this epistemology, and I will analyze some examples of how this outcome can be achieved. But before I can make a case for the body’s natural governance, there is a scientific and biomedical context to be discussed concerning one of the key properties of HIV/AIDS, namely, immunity. The historical and medical understanding of the word, in particular in its pre-modern and pre-cultural connotations, will serve as a critical foundation for my wider epistemological thesis. My focus is set on immunity as a scientific, humoral, and discursive model. Therefore, the first part of this article begins in mid-nineteenth- and twentieth-century medical discourse and returns in the second part to the arts and humanities.

Humoral immunity, natural healing

The provenance of the word immunity is situated in legal discourse and natural law that shaped modern politics in the eighteenth century.⁶ Not until the mid-nineteenth century does medicine in the Medical Act of 1858 “incorporate” (some scholars have argued “appropriate”) the word as a biomedical term (Cohen 189). There are four key strands to the immunity debate in nine-

teenth-century medical discourse. The first is humoral immunity; this is immunity that comes from the body's fluids, an idea that underpinned the concept of *vis medicatrix naturae* (the body's natural governance). The second strand is immunity as defence, that is, immunity as a medico-politico-military strategy to contain the multiple outbreaks of cholera that beset much of nineteenth-century Europe. The third strand is immunity as biomedical; Louis Pasteur's germ theory of 1860s defined immunity as a microbial vector, and this theory would eliminate the humoral theory of immunity that contextualized immunity in biosocial and vitalist conditions. Pasteur's discoveries in immunology and vaccination (subsequently adopted as the *vis medicatrix republicae*) were the game-changers in immunity discourse because they heralded the end of living conditions (the social and external) as the context of a disease's pathogenesis. The fourth strand is Russian zoologist Elie Metchnikoff's ground-breaking theory of immunity that in 1883 located immunity specifically in phagocytosis (eating of degenerative cells).

These strands set the context for my argument. Humoral immunity emerged out of the Galenic-Hippocratic tradition of ancient Greece and the holistic method of vitalism in nineteenth-century France. It placed emphasis on the experience of the body as context-dependent. Healing, the body's natural propensity, was understood in terms of immersion of living beings in the environment. Organisms coexisted in shared contexts and ecologies, and healing from illness was sourced in these ecologies. It was in this pre-modern context that illness, disease, and death were articulated and understood as relational and cultural processes.⁷ Immunity and defence were introduced later as biological concepts (post Pasteur). Moreover, as the scholar Ed Cohen argues, invoking Foucault, they were fused together in a biopolitical hybrid. Scientific medicine, according to Cohen, replaced healing as humoral immunity with immunity as defence, reinforcing the scientific consensus that physico-chemical reactions account for knowledge of life and illness. Immunity therefore became part of a discourse of engagement *against* the external world. Cohen states:

Immunity is an apotheosis of both modern medicine and the modern body because immunity defensively renders the organism distinct from the vital contexts in which it necessarily exists, locating both nature and culture inside it. This disruption hollows out the lifeworld, defining the organism as a defensible interior which needs to protect itself ceaselessly from a hostile exterior. (Cohen 4)

Michel Foucault had identified a similar "pouvoir autoritaire"⁸ in his analysis of the hegemonic impact of the Beveridge Report in post-war Britain. For

Foucault, medicine's "sociabilité" had been replaced by what he called "une médecine individualiste et clinique, celle du rapport singulier" (44). Specifically, Foucault was concerned with the way medical interventions reduce the body's threshold, with negative effects on the body's eco-system. He wrote:

Dans la mesure où l'organisme sait mieux se défendre, il se protège naturellement, mais d'un autre côté, il est plus fragile et plus exposé si l'on empêche le contact avec les stimuli qui provoquent les réactions de défense [...]. On peut affirmer que, de par l'effet des médicaments eux-mêmes, il se produit une perturbation, pour ne pas faire une destruction, de l'éco-système non seulement de l'individu, mais aussi de l'espèce humaine tout entière (46).

By establishing the principle of the protection of the body's self-sustaining, ecological, and natural integrity, we are better placed to balance the value and benefits of direct medical interventions. The over-dependence (abuse) of antibiotics today—itsself the prolongation of immunity as defence and germ theory models—indicates how far we have removed ourselves from our humoral and vitalist contexts in which the plant and vegetal environments, beset by their own viruses, are also the sources of much important microbial and immunological research. Analyzing the HIV virus from an immunodeficient perspective, Jean Baudrillard has argued that by over-protecting the body, our bodies are losing their natural defences.⁹ Baudrillard's argument is not anti-medicine. It is an argument based on the hypothesis that we have created conditions where illnesses are generated by the very success of prophylaxis, and that there is a need for a holistic/bio-historical approach to immunity that highlights the dangers of creating bodies over-protected by an artificial, medical shield:

Nous savions guérir les maladies de la forme, nous sommes sans défense devant les pathologies de la formule. Pour avoir sacrifié l'équilibre naturel des formes au profit de la convergence artificielle du code et de la formule, nous avons pris le risque d'un désordre beaucoup plus grave, d'une déstabilisation sans précédent.¹⁰

For Baudrillard, medicine has failed to grasp in the case of cancer and HIV/AIDS that total prophylaxis is potentially lethal. He advocates for a wider ecology and economy of the body through the body's capacity to secrete "difference," not only difference in the sense of living with and in the existence of different illnesses as a means of self-protection and survival, but difference as a structure of relationality and engagement with otherness. Baudrillard argues for a more external approach to illness, body, and immunity by rejecting the assimilation of immunity as the embodiment of sameness, at the expense of immunity in context with alterity; in short, he proposes that we

understand infection not as defence or withdrawal *inwards* but an opportunity to reflect on human frailty, prioritize values of illness, and overcome anti-alterity. Baudrillard continues:

Dans un espace surprotégé, le corps perd toutes ses défenses. Dans les salles d'opération la prophylaxie est telle que nul microbe, nulle bactérie ne peut survivre. Or c'est là même qu'on voit naître des maladies mystérieuses, anomaliques, virales. Car les virus, eux, prolifèrent dès qu'ils ont la place libre. Dans un monde expurgé des vieilles infections, dans un monde clinique 'idéale' se déploie une pathologie impalpable, née de la désinfection elle-même (69).

The use of immunotherapies in contemporary biomedicine represents a shift in medical discourse away from the cure/vaccine axis to remediation and survival, based on the priority to extend life where possible by boosting the power of the immune system rather than by administering drugs that may compromise or suppress it.¹¹ While not a direct return to pre-Pasteurian humoral immunity, immunotherapies signal a healing process internal to the body's natural properties and the curative processes within organisms. Immunotherapies, I suggest, also have remedial effects in wider relational, social, and discursive contexts that challenge the stigma of HIV/AIDS by normalizing its occurrence and universalizing HIV infection alongside other illnesses.¹² Consider Felix's testimony of his road trip across France as a gay *beur* with HIV in *Drôle de Félix* (2000) in which the management of his HIV is depicted in a number of humorally defining contexts. A doctor's surgery sets the scene for this serio-ludic commentary on the three characters' HIV treatment. The comic effect produced by the numerical discussion on the respective efficacies of "bi," "tri," and "penta" antiretroviral therapies is offset by the openness of the exchange, a public acknowledgement of the indiscriminate nature of infection. The assimilation of HIV infection within mainstream medicine represents an interesting twist on the *vis medicatrix republicae* (VMR) I alluded to earlier. The VMR was founded in response to the professionalization of medicine in France by the *Académie royale de médecine* in 1852. In this example, however, republican medicine is not only responding to a new multi-ethnic pluralism. It represents a re-republicanization¹³ of medicine underpinned by a different understanding of viral infection, an understanding derived from the relational and social possibilities that immuno-therapies have licensed. This is therapy more in line with the *vis medicatrix naturae* that its opposite was established to control and eradicate.

A second scene shows Félix and Mathilde taking their morning pills together. The directors Ducastel and Martineau draw on similar points from the previous scene—antiretrovirals take their legitimate place at the breakfast

table alongside blood pressure and angina tablets. But there is a twist (if not a number of twists) implied in this scene and what follows, as Mathilde eyes enviously Félix's tablet case in which his pills are separated according to the days of the week. When Félix departs a few days later to resume his trip, he gives Mathilde a gift of a tablet case purchased in the local pharmacy. There are multiple readings to be made here: illness is illness regardless of its pathology; the tablet case has a way of equalizing and universalizing all illnesses; tablets are tablets like any other and need storing. There is also a case to be made for illness as a gift to be shared, both relationally and discursively, particularly when an illness (like HIV/AIDS) often militates against disclosure. But also, it is a symbolic gift of touch and contact in an age of non-contact. Jacques Derrida writes of the gift in this way:

Littéralement, en disant 'tiens,' comme je voudrais le faire ici, on propose à l'autre de 'toucher' [...]: on lui propose de *saisir*, de se saisir peut-être, mais aussi le recevant et l'acceptant, de *garder* ce qu'on lui *tend*. Dire 'tiens,' signifier 'tiens,' c'est tendre, et de donner à 'toucher.' On suggère à l'autre de prendre, de recevoir et d'accepter, par exemple le don d'une offrande, et ainsi de le toucher en le prenant sur soi, en le gardant en soi ou auprès de soi. Le plus près possible. En soi ou à la portée de la main. Le toucher, plus que la vue ou l'ouïe, donne la proximité—et donne à proximité.¹⁴

Derrida's analysis invites us to think of another form of HIV transmission, not infectious contamination through bodies that touch but an ontological and ontogenetic contamination.¹⁵ In touching and accepting the tablet case, Mathilde is touched by HIV/AIDS. She accepts to live it literally within the reach of her hand as a humoral, relational and discursive practice of everyday life.

Relational exteriority

We have considered how a return to humoral immunity in its pre-modern, pre-Pasteurian modalities can inform how we approach illness in its healing, social, and therapeutic possibilities. Now I want to extend the relational and discursive dimensions of humoral immunity to explore an epistemology of illness, specifically HIV/AIDS. The link between the body's natural governance and knowledge is predicated on relationality—the capacity to make sense of illness as a relational and discursive practice. Sideline for now the idea of illness as a discourse of totality, pathology and cellular interiority, I propose to rethink the discourse of HIV/AIDS as a process of dispersion—both of knowledge and of self. In this context, I begin by making reference to a series of images, again from the Visual AIDS project. In these images, entitled *untitled 1, 2, 3, 4 (Physician Desk Ref.)* (1993), Gin Louie (1947–1993) cuts from

the pages of a medical textbook the figure of a human body and embeds it in a series of visual representations.¹⁶ As the instruments of medical knowledge and practice proliferate and deepen across the pages, as the pages run out and the body as a hole (both hollow and total) grows deeper, as acquired medical knowledge of the human organism has nowhere else to go having run out of text and space, we are left in the final image with the cut-out pages discarded and dispersed into darkness. What to make of this series and its conclusion? Clearly, medical knowledge is limited in what it can know and do (in this context HIV/AIDS). This dispersion of HIV bodies, subjects, and histories—dead, detached and scattered—is ineffaceable. Set against the backdrop of the totality of knowledge symbolized by the medical textbook, the dispersion of human figures as discontinuous pages invites us to think of Foucault's archaeology of knowledge and particularly his use of the archive. Described as an incomplete, fragmented "figure," Foucault's archive resists the accumulation of knowledge in the amorphous mass of what he calls the "Livre" (in the final image depicted appropriately *resting in peace*). Instead, hollowed from its unity only to return unsaid but not forgotten, these other knowledges/pages of HIV/AIDS (re-)emerge *post facto* and *post scriptum* to challenge the "*a priori* [...] d'une histoire qui est donnée."¹⁷ As part of the function of Foucault's archival system—to "éclairer, ne serait-ce que de biais, ce champ énonciatif dont elle-même fait partie" (134)—these torn-out pages serve to highlight that even in death HIV stories lie dispersed but defiant as an expression of humoral immunity to the finitude of the medicine textbook.

Gin Louie's images outline the direction and scope of the remaining part of this article. They point to how the visual arts, literature, and cinema create the conditions (retrospective, archival, temporal and technological) for other knowledges of HIV/AIDS to emerge out of the categorical unity of Foucault's "Livre" of knowledge. By contrast,

This book, then, is an attempt to bring together as many approaches to the elaboration of knowledge as I can without ever hoping to see them fuse into 'the whole picture' or lead to a unifying conclusion. For one thing, I don't see knowledge that way, but more crucially, who can see the 'whole picture' of HIV, and what kind of conclusion would we be talking about exactly?¹⁸

This observation by David Caron sets the tone for a knowledge of HIV/AIDS based on the thesis that "AIDS does not exist [...] apart from the practices that conceptualise it, represent it, and respond to it" (Caron, *AIDS in French Culture* 97). By analysing some more film scenes, but mainly through David Caron's recently published autopathography based on his recent diagnosis as HIV+, I demonstrate that we can read HIV/AIDS outside the categorical unity

of its medical pathologization and more in terms of Foucauldian relational exteriority. Relational exteriority is a function of discursive practice which defines the pathological knowledge and understanding of HIV, but also offers a critique of this knowledge through the ~~very~~ emergent and transformative nature of discourse itself. I will use discourse formation and description to highlight how statements (“énoncés”) are deployed in the reconstruction of the knowledge of HIV—not, I add, a reconstruction of knowledge as another totality but as a dispersion of the subject in which “categories find themselves undone in favour of endless dynamism” (Caron, *The Nearness* 149). This reconstruction of knowledge depends on the inversion of HIV from an “inward-bound” illness (the germ theory model that defines illness as pathology) to an “outward-bound” illness (or humoral pathography performed externally and sympathetic to the *vis medicatrix naturae*): “Whatever HIV makes me, or doesn’t make me, stands only *in relation* to discourses, images and narratives that have existed and will continue to exist *outside* me” (35).

Foucault: knowledge, “énoncé,” archive

Foucault’s central preoccupation in *L’archéologie du savoir* is the analysis and description of the status of the “énoncé” (statement) in discursive formation and practice. His archaeology is concerned with the issue of continuity in the constitution of knowledge—continuity that leads to knowledge as a totality. Opposing the continuity of discourse is the emergence and transformation of discourses, the aim of which is to put them in an “espace général” where a theory of them is possible. In Foucault’s analysis, groups of relations form discursive formations and, while it is difficult to interrupt this formation, Foucault claims that the formative can facilitate emergence: “l’objet n’attend pas dans les limbes l’ordre qui va le libérer et lui permettre de s’incarner dans une visible et bavarde objectivité [...]. Il existe sous les conditions positives d’un faisceau complexe de rapports” (*L’archéologie* 61). Relations do not define the internal constitution of an object, but enable it to “apparaître, de se juxtaposer à d’autres objets, de se situer par rapport à eux, de définir sa différence [...], bref d’être placé dans un champ d’extériorité” (45). As such, knowledge is defined by “*la mise en relation* des surfaces où ils peuvent apparaître” (64). In the context of the “énoncé,” knowledge becomes a discursive practice in which recurrence of elements of the “énoncé” can determine a unity but also, critically, disrupt that unity: “se dissocier, se recomposer, gagner en extension ou en détermination, être repris à l’intérieur de nouvelles structures logiques, acquérir en revanche de nouveaux contenus sémantiques, constituer entre eux des organisations partielles” (80). Furthermore, the specific relation of the

subject to the “énoncé” is defined by Foucault as “une fonction vide.” The subject therefore is not a fixed point or origin: “Il est une place déterminée et vide” (125). The occupation of this place also varies in time and space. A subject can be “assigné” to the place of the “énoncé” whenever and wherever, but only inasmuch as the “énoncé” “n’est pas en lui-même une unité, mais une fonction qui croise un domaine de structures et d’unités possibles” (115). In short, for Foucault the subject of the “énoncé,” while vacant as an index of permanent subjectivity, resides in its pluralization and its link to a potential embodied agency.

This emergent and transformative capacity of the “énoncé” can be traced through Caron’s autopathography. For Caron, HIV has been categorized by a pathological system of thought that has already defined its conceptual possibilities; you are HIV+ or you’re not; you have AIDS or you don’t; you’re sick or you’re not; you’ll die or you won’t. Not only has this categorization itself become infected, but the discursive practice external to this categorization is where it can be reconstructed, where it is possible to understand being HIV+ as “having a disease but without being ill” (Caron, *The Nearness* 249). According to this logic, Caron can make the following bold statement: “Whatever HIV *makes me* [...] stands only in relation to discourses” (235, my emphasis). He can do so because his reconstruction of knowledge of HIV is premised on two key criteria inherited, I suggest, from Foucault and which set in train two related paradigm shifts. The first perspective involves the critique of knowledge as a totality; knowledge is not a prerogative of private disclosure but an unfolding consultation (or “bricolage” of sharing in the coinage of Caron). The second is the realignment of Cartesian dualism; the primacy of reason and *cogito* over the body is subverted by the body as experience in itself. The “body-lepidoptera” becomes the measure of what it means/feels to know, not the mind telling the body what and how to know: “I developed a genuine intelligence of my body—I mean, when it became more intelligible to my mind” (7).

This ontology of the body is experienced by Caron as a relational dynamism. Let us consider some examples. The process begins early in Caron’s text. Outside the official knowledge afforded by medicine (his HIV+ status), Caron says he does not know what HIV is. Early attempts at slimming, maintaining a healthy body, eating well, and reassessing his life are soon abandoned. Post diagnosis, it is clear his illness has become secondary to the realities of daily life. We can see that the subject→object intentional arc has started to invert; HIV is the object not of *his* discourse but of *other* discourses: “My body seems to be entirely caught up in a web of relations, and that’s what

makes it feel so real—not what’s going on inside, which I cannot actually feel in any case, but its outer limits, its surface exposed to the touch or neglect of others” (35–36). Efforts to internalize illness as pathology are offset by relational exteriority and also by a self in crisis; a crisis of self-loss in which illness, as an external “web of relations,” is itself infecting and rewriting the break-up of his self. As the subtitle of this work suggests (*Searching for Tact and Contact in the Age of HIV*), Caron replaces the reified *contract* of the Cartesian self in republican universal discourse with the relational anonymity of *contact*, a contact in public without intimacy (what Jacques Lacan called “extimité”¹⁹). This is not contact with others as symbolic selves, but contact that occurs outside the symbolic with others as surfaces and their dynamic relationalities: “The appeal of strange surfaces makes us aware that the in-betweenness that defines nearness brings together touch and separation, inside and outside, singular and plural, self and other” (Caron 89). Skin and surface replace self and depth in this new lexicon of relationality in which the skin too assumes non-symbolic ego dimensions.²⁰ In the wider context of knowledge (both knowledge of HIV and knowledge of self), Caron articulates another way of knowing that uses inversion (the once favored pathological term for homosexuality) to collapse the sacred binaries of knowledge founded on totality and Cartesian dualism.

If, as Caron suggests, the self is not an internal/symbolic property but is shaped by real contact with others, a view of knowledge opens up that is dispersed humorally across a field of relational contacts and discourses (as we saw in Gin Louie’s earlier series of images). Caron’s example of Greg Louganis, the American diver who announced on American prime time TV in 1995 that he had been HIV+ in 1988 at the time of the Seoul Olympics and not declared it—when he cut his head on the springboard during a dive, leaving traces of blood in the pool—illustrates how knowledge of HIV/AIDS is subject to categorization and totalization in the ways it is internalized, archived, and disseminated in time, only to be disidentified and resignified later. The story of Louganis is one shaped in time by knowledge of self and knowledge of HIV/AIDS; (self-)“disclosure” on TV as a gay man living with HIV in 1995 emerges from the archive of self-preservation (disavowal) as an American national Olympic champion in 1988. Similarly, knowledge of HIV in 1995 disperses the symbolic unit of knowledge as infected blood in a chlorine-filled pool in 1988. What Caron signifies in this historical *décalage* is that the humoral “bricolage” of HIV knowledge dispenses with and disperses the category of disclosure and its disciplinary confessionality, not only to the tactical multiplicity of disclosures (in the plural) but also to the dyadic nature

of “dysclosures” (*dy*) as a relational sharing. “Dysclosure” with a ‘y’ forms an epistemology of “participating with others in illness” (160)—a humoral variation of ontological and ontogenetic contamination.

The Louganis example points to other HIV/AIDS narratives in which the archiving of knowledge restructures our understanding of illness. In André Téchiné’s film *Les témoins* (2007), Sarah, one of the central characters, is writing a novel based on a banal love story. This book has already been commissioned by a publishing house and is overdue. Its commissioning establishes it critically as *a priori* knowledge—a totality *avant la lettre*. However, as the HIV/AIDS pandemic catches hold in France, she abandons this novel to re-write another novel about the virus and its impact; former units of knowledge are seen to give way to new forms of knowledge emerging from an unfolding and humoral enunciative field, challenging the production of knowledge (in this case the medical discourse on HIV/AIDS as it is relayed on the public airwaves in the film). I would suggest that it is not just this emergence of new knowledge in the form of a new novel that is of import. Rather, it is how this emergence is understood and in particular how it is archived that is of interest. Foucault’s analysis of the archive is relevant in this instance:

Par ce terme [l’archive], je n’entends pas la somme de tous les textes qu’une culture a gardés par-devers elle comme documents de son propre passé, ou comme témoignage de son identité maintenue [...]. C’est plutôt, c’est au contraire ce qui fait que tant de choses dites, par tant d’hommes depuis tant de millénaires, n’ont pas surgi selon les seules lois de la pensée. (*L’archéologie* 169–70)

For Foucault, the archive is not a safeguard of all that is said and done, nor is it the place in which we get to a full truth. The story of the film’s central character, Manu, and his death from AIDS remains untold. The archive bears witness to the unsaid saidness of Manu’s discourse within a wider discursive formation of HIV/AIDS. Foucault’s archive creates the possibility that new discursive practices and discursive formations will emerge that challenge the logic of how the film construes diegetically HIV/AIDS. Like the recovered photo-albums and Manu’s dictaphone (the catalyst for Sarah’s rewriting of her novel but whose contents remain largely unsaid), these retrospective and technological addenda are all part of Foucault’s enunciative field of the statement of the emergent. As discourses of *differentiation* they enable us to bear witness to an unheard reception of the virus and its relational exteriority outside the discourse of its pathology. All the main characters in this film witness the inexorable and painful death of Manu from HIV/AIDS. As spectators, we are for the most part spared this. But witnessing takes on a broader significance in

terms of how we remember Manu through what he said in his recorded testament—but which we don't hear or read about in its entirety. However, that's the point of the archive; we don't have to hear or read about it *in its totality*. What is significant, and what we bear witness to, is the continuous modification and accumulation of knowledge that Manu's life assumes in the aftermath of his death. His life is recalled as an unfolding and emerging discourse of statements that, unsaid *to us* but still said, attest to what Foucault calls the "la parole murmurante, intarissable qui anime de l'intérieur la voix qu'on entend, de rétablir le texte menu et invisible qui parcourt l'interstice des lignes écrites et parfois les bouscule" (39–40). By not revealing the content of the dictaphone nor the novel, Téchiné lets us reflect more acutely and critically on the form of knowledge accumulation, its systematization, and the history of our present:

À la fois proche de nous, mais différente de notre actualité, c'est la bordure du temps qui entoure notre présent, qui le surplombe et qui l'indique dans son altérité; c'est ce qui, hors de nous, nous délimite [...]; son seuil d'existence est instauré par la coupure qui nous sépare de ce que nous ne pouvons plus dire, et de ce qui tombe hors de notre pratique discursive; elle commence avec le dehors de notre propre langage (172).

Knowledge remains constant not because of its intrinsic truth-value but because constancy is a function of the relationality of its discursive practice. In *Les témoins*, as well as elsewhere, the impact of Foucault's system of enunciation reinforces our thesis that knowledge of HIV/AIDS is not circumscribed by truth, law or medicine, but is determined by its iterative recurrence within discursive group relations that compete for legitimacy, a recurrence that determines a unity that can be broken and reformed over and over again. Critically, it is Manu's untold death from AIDS (snippets of which we are given in a subtitled voice-over from Manu as Sarah rewinds the dictaphone) that emerges belatedly but effectively to challenge the legitimacy of the iterative. What Foucault's archive reveals is how the subject (Manu) manages to resist the reproduction of a HIV/AIDS discourse and transform his subjectification, his death, and the reception of his HIV infection.

Conclusion

"I'm going to die, *aren't I?*" (Caron, *The Nearness* 69), says the woman on the phone to the rescue team, trapped on the eighty-third floor of the South Tower of the World Trade Center on 9/11. She knows she is going to die, but she needs someone else to know it too, to share it with and confirm it, or maybe not. It's a statement made by a subject whose subjectivity is then cast into doubt, open-accessed by the plural particularity of the American grammar in

play: “*aren’t I?*” “I’m HIV positive [...] *So am I*” (158) are statements, the second a response in a conversation online. It is a “dysclosure” as sharing. It is also a statement framed at its two ends by the infected subjects “I.” But their sharing is also a moment of subject/pathological erasure because of the grammatical force of the conjunction “*So.*” The conjunction not only confirms the knowledge of the first clause by the second clause but invokes a process of acknowledgement of new relational possibilities, where subject erasure gives way to the pluralization of subjects, and where the “*So*” (as grammatical “bricolage”) links new bodies, new knowledge possibilities, new domains of validity, inclusion, being, and encounter.

I started this article with a question: why do a number of HIV/AIDS narratives gesture to the body’s natural governance as a form of healing/knowledge? My approach was to situate natural governance within a wider humoral and holistic understanding of immunity as a vitalist and relational structure, and also as a response to and rejection of the medical pathologization of disease. Drawing on a wide range of visual and literary examples, I have argued for an epistemology of HIV/AIDS based on an accretion of the idea of humoral immunity. To help me, I have drawn extensively on Foucault’s archaeology of knowledge as a practice in humoral immunity, involving: the rejection of knowledge as a categorical totality; discursive practice as a relational exteriority; the system of the archive that bears witness to the saidness of the unsaid; and the dispersion of the discursive subject whose anonymity is an invitation for plural embodiment and sharing. These practices and processes enable us to think of HIV/AIDS as an outward-bound illness in which we all are implicated ontologically and ontogenetically.

HIV/AIDS may not be the death sentence today that it was in the mid-1980s. New personalized immuno and antibody therapies are extending life and making living with this illness relatively manageable (Cazdyn 18). There are concerns, however, with the use of new drugs in HIV/AIDS research (like *Truvada*). *Truvada*, based on pre-exposure prophylaxis, has emerged as the new method of shielding people from getting infected from HIV in the first place. As welcome as these therapies may be for their efficacy and effectiveness, they point to a model of immunity as defence that is based in the nineteenth-century logic of interception—the body as military defence shield whose *raison d’être* is to fight back. These new technologies tell us about the way biomedicine continues to imagine immunity. Framed between Baudrillard’s theory of prophylaxis, where we do anything possible to over-protect ourselves from infections (including pre-exposure prophylaxis), and the immunity as defence model in which we lie in wait for an attack, biomedicine

is increasingly defined by a microbial, epidemiological epistemology in which knowing is confined to the inside and the cellular (Claude Bernard's idea of the *milieu intérieur*). The inescapable reality is that *Truvada* prevents HIV infection, and this is hugely beneficial. However, as Tim Dean has stated, *Truvada* has produced a number of "biopolitical side effects,"²¹ including a concern about the way erotic life is mediated by pharmacology and the need for a "strategy for engaging with biomedical knowledge in a manner that also allows for a critique of biomedicine and its methods" (234). To take or not to take *Truvada* raises its own moral, ethical, and individual choices, but underlying its development is the hegemony of science in medical knowledge production. Dean claims that humanistic or non-clinical responses to illness and HIV have been sidelined from public debate. This article gestures to this non-clinical response by advocating a humoral approach to our understanding of illness, drawing on alternative ways of managing illness and the power of biopolitical resistance to "pharmacopower" (237).

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Notes

1. www.visualaids.org.
2. *Dallas Buyers Club*, dir. by Jean-Marc Vallée (2013), DVD.
3. In *The Already Dead: The New Time of Politics, Culture and Illness* (Durham: Duke U P, 2012), Eric Cazdyn argues that we are living in an age when the idea of a cure for terminal illness has been replaced by a "chronic mode, a mode of time that cares little for terminality or acuteness [...]. If the system cannot be reformed (the cancer eradicated), then the new chronic mode insists on maintaining the system and perpetually managing its constitutive crises, rather than confronting even a hint of the terminal" (5).
4. Humoralism in HIV autopathographies is by definition contextual. Given the global impact of HIV infection, my argument is reinforced by key examples from the French tradition and enhanced with reference to a number of relevant American cultural and medical practices.
5. Hervé Guibert, *À l'ami qui ne m'a pas sauvé la vie* (Paris: Gallimard, 1993).
6. David Caron, *AIDS in French Culture: Social Ills, Literary Cures* (Madison: U of Wisconsin P, 2001); Ed Cohen, *A Body Worth Defending: Immunity, Biopolitics and the Apotheosis of the Modern Body* (Durham: Duke U P, 2009).
7. Philippe Ariès, *Western Attitudes toward Death: From the Middle Ages to the Present*, Patricia M. Ranum, trans. (Baltimore: John Hopkins U P, 1974).
8. Michel Foucault, *Dits et écrits, 1976–1988* (Paris: Gallimard, 2001), 50.
9. My reference to Baudrillard in this context is purely medical. Baudrillard's writings on HIV in the 1980s were characterised by rabid homophobia, which earned him inclusion on Act Up's "black list."
10. Jean Baudrillard, *La transparence du mal: Essai sur les phénomènes extrêmes* (Paris: Gallimard, 1990), 71.
11. This argument is developed extensively in Cazdyn's work.
12. I use both words in a socio-political context in which the processes of normalization and universalization are reset within a democratising republic that officially recognizes difference instead of paying lip service to it.

13. Re-republicanization is a way of underlining the transition from a symbolic vision of “l’homme républicain” to a more flexible and practical accommodation of “la personne républicaine” that incorporates greater ethnic, religious, and sexual diversity.
14. Jacques Derrida, *Le toucher, Jean-Luc Nancy* (Paris: Galilée, 2000), 111–12.
15. “We find similarities in the ways we are different from one another and differences in the ways we are the same. That we are able to do this is a function of the genuinely historical process that is human ontogeny.” Christina Toren, “Comparison and Ontogeny,” in *Anthropology by Comparison*, Andre Gingrich and Richard Fox, eds. (London: Routledge, 2002), 187.
16. www.visualaids.org.
17. Michel Foucault, *L’archéologie du savoir* (Paris: Gallimard, 1969), 127.
18. David Caron, *The Nearness of Others: Searching for Tact and Contact in the Age of HIV* (Minneapolis: U of Minnesota P, 2014), 24.
19. Jacques Lacan, *Le séminaire VII. L’éthique de la psychanalyse* (Paris: Seuil, 1986), 37–45.
20. Claudia Benthien, *Skin: On the Cultural Border between Self and the World* (New York: Columbia U P, 2004).
21. Tim Dean, “Mediated Intimacies: Raw Sex, *Truvada*, and the Biopolitics of Chemoprophylaxis,” *Sexualities*, 18 (2015): 234.