TB-AIDS Diary by Linda Troeller

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Linda Troeller's "TB-AIDS Diary" is a tense document; it explores unsettling material, and its results are properly un-settling. Together, the photocollages make up an acutely personal work of art, but they may also be understood in a wider, anthropological sense. That is, they attempt to understand self through a conceptualization of the "other," a "stranger" who, without this kind of scrutiny, becomes all too commonly branded and further unknown.

In the early 1930's Troeller's mother contracted tuberculosis, and this project is the outcome of their communication about the experience, which included a recuperative period in a sanitorium. Later, when the parallels became inescapable, Troeller repeated the procedure with the mother of an AIDS patient. In each case she was deeply affected, angry really, about the way society seized upon an attribute (in this case a disease) and, in Erving Goffman's term, "deeply discredited" or stigmatized the bearer.

The process of communication and of constructing the photocollages was facilitated by the existence of artifacts; snapshots and diaries kept by two mothers as ways, perhaps, of remembering a humanity that was being slowly stripped away. These private totems allowed Troeller a way into their lives, and a way out. Stanley Diamond writes, "What the other is, if that makes any sense at all, is inaccessible; his acts speak for him." Troeller's art consisted in interpreting the acts; like an archaeologist, she was able to unearth buried emotion from these visible signs. That Troeller could do so confirms her (and our) empathic humanity.

There are similarities, but also important differences between the "careers" of those who develop tuberculosis as opposed to AIDS. Each, though, eventually succumbs to the stigmata; in the case of TB the mark is almost tribal and is associated with the working class (19th century aesthete overtones notwithstanding); AIDS, society would like to believe, demonstrates a weakness in individual character, homosexuality or addiction being the tangible proof. The cough, the needle, the stereotypical gay man are the convenient metaphors of daily language that serve to say, "He is not quite human."

Troeller ties TB and AIDS together through an understandable preoccupation with body, and many of the photocollages are concerned with its fate. Invasion, decay, and humiliation are recorded. Both diseases can fester before society is forced to respond. The symptoms disclose themselves privately, at first known only to the victim, and in several images, Troeller depicts what must be the horror of discovery; coughed-up blood, night sweats, lesions. The powerful, final emotional link appears with the knowledge that AIDS patients, in their depleted state, are also contracting tuberculosis.

The progress of each disease is such that the public, eventually, cannot avoid its touch. The persistent wheeze, stained garments, and a scarred, ravished body are not easily disguised. The wish is to dismiss the shamed from sight. In the spring of 1933 Troeller's mother left by train for a New York sanitorium. Following a diary entry of June 10, Troeller repeats a warning by her mother's doctor to the effect that if she should spit blood into her handkerchief on the trip, she was to throw it out immediately lest she be discovered and removed from the train. Correspondingly, fifty years later, the mother of a man with AIDS wonders into her diary, "My son isn't physically strong anymore. Will he be forced to go to an AIDS quarantine zone?"

This is our worst fear and one of the state's saddest inventions: the asylum. Exiled to a controlled retreat, TB/AIDS victims are like the aged, the criminal, the soldier, or the monk, in that they are known only through the one dimension of their new identity. This is the fate of the thoroughly stigmatized. They are left to a bureaucracy in the company of others so identified, each individual act now planned to accomplish the aims of their "total institution."

Perhaps it is too much to ask that we "normals" walk among the sick and dying. It may take a special cultural or personal constitution. In one of the photographs Troeller reminds us that in traditional Zulu society when one of their own had died, everyone would go down to the river to be cleansed. Her plaintive question: "Who is not unclean?" We all die a little at the death of another, and we all desire to be re-born. Similarly, Mary Douglas also reminds us that Catherine of Sienna reproached herself for her aversion to the wounds she was tending and, saint that she was to be, drank a bowl of pus in communion with the afflicted.

Throughout the entire TB portion of the "Diary" a saint-like figure appears in the center of each collage. This woman (a model and not a tuberculosis patient) seems to absorb, like St. Catherine, the defiling elements of the disease. A party from the graphic requirements of continuity, she seems ritually required to purify Troeller's mother in a place where spirit is subsumed to hygiene. In this sense Troeller is profoundly Christian in her art; where in this faith as Douglas notes, "rules of holiness disregard the material circumstances and judge according to the motives and disposition of the agent."

There is another way to disregard the material circumstances of tuberculosis and AIDS, and that is to understand our reaction to them as part of a larger symbolic system. It is true that both diseases are transmissible, and that our fear of them is the outcome of modern scientific thinking about bacterial and viral pathology. Beneath this rationale, though, lies a deeper fear of formlessness, of those disreputable elements that must be contained to protect social structure: Douglas again:

Obviously, our ideas of dirt are not so recent. We must be able to make the effort to think back beyond the last 100 years and to analyze the bases of dirt-avoidance, before it was transformed by bacteriology.

It may at first appear unfair to characterize tuberculosis and AIDS as dirt. But to the sufferer, avoidance is the social experience of his or her disease. Think of an "untouchable" in India. Or think of Troeller's mother who writes, "People are afraid to have you over for dinner, " and of the AIDS patient who didn't go to his sister's wedding because "He knew the Kaposi's sarcoma on his face would be all the guests would see."

Dirt, and by extension, any disease, is really "matter out of place." The man or woman with AIDS, for example, no longer belongs with the polite company of dinner parties or weddings. They are dangerous; disorderly, and they must be put in their place. Douglas writes.

A polluting person is always wrong. He has developed some wrong condition or simply crossed some line which should not have been crossed and this displacement unleashes danger for someone.

Until a place is found for the polluter, they remain hazardous and on the margins of society. Finally, Troeller's mother was ritually separated from everyday life, labeled, and sent to the sanitorium to be cleansed or, and we are glad this did not happen, to die. If she would have died, sadly, in the anonymous asylum, we would have accepted this as her risk of transition before the final stage of public reincorporation back into our world as "healthy."

Troeller's photocollages explore the difficult, ambivalent status of transition. The presumed danger to us is ritually controlled by all that we define as medicine. But to her mother it was a frightening passage, and although she was blameless, she was made to feel like an outcast, forever, it seems, charged with this unwanted power. A few years ago, Troeller accompanied her mother to a retirement village, and the now-elderly woman was sure that if the officials found out about her tuberculosis history, they would reject her application.

The AIDS series presents a different scenario. Unlike the TB collages, there is not healing angel. No return to everyday life. Troeller again uses a model, but he is posed in very different and often contorted positions. He is not helpful to the sufferer and in one powerful image seems to be suffocated by a snake. The AIDS photographs are difficult to decipher and there is no easy flow to the images. The TB series appears almost peaceful in contrast.

The personal experience of tuberculosis or AIDS, along with the sanctions visited upon those who must endure each disease, is summed up in the moral or ethical response by society. E.E. Evans-Pritchard writes that among the Nuer, because of their complicated rules of sexual relationship, it was not always easy to tell whether incest has been committed or not. However, if they developed a skin disease, the issue of their transgression might be settled.

It is possible to argue that the epidemic of AIDS and, to a lesser extent, tuberculosis when it was rampant served to settle certain ethical issues and galvanized public opinion against groups whose behavior or very existence was an affront to general thinking, but toward whom moral indignation was, in certain quarters, under reconsideration. The outbreak of AIDS has re-focused a longstanding concern and set back the homosexual rights movement many years, and there is renewed support for the "lock 'em up" treatment of drug addicts.

Again, TB and AIDS, while analogous, are not equal "offenses." Although contagion theories may support moral values, the fact is, as Douglas notes, "pollutions are easier to cancel than moral defects." In the case of TB, purification and reversal is relatively easy to accomplish; on the other hand, AIDS at present is incurable and society is reduced to managing its effects before death.

This leads to a different ethical response. Today, at least, tuberculosis, as a moral offense, is more likely to be forgiven because, I would argue, the hygienic model prevails, and the disease is under control. In the 30's, when Troeller's mother contracted TB, less was known about its etiology and as a result it was still under the sway of tribal (i.e. class) stigma, and was morally repugnant.

AIDS, because it cannot safely be subsumed under the medical model, remains morally contagious and less likely to be forgiven. Even more, AIDS is perceived to be a disease of sex and drugs, of homosexuals and addicts, and there is no advantage for society at large in reducing the gravity of the offense. It is dangerous in and of itself.

TB pollution is cancelled through a medical ritual; causes and responsibilities are less important than treatment and return. AIDS pollution cannot be cancelled; causes and responsibilities are very important. Society asks that the victim confess and renounce his or her past. This, at least, locates the origin of the offense and allows blame to be affixed.

Finally, then, the tension in the "TB/AIDS Diary" is a reflection of Troeller's differing artistic strategies for absorbing and representing the danger of the other through the materiality of the diseases. In the TB series Troeller has connected with part of her mother's history. The purifying calm results from receiving her mother's pollution into herself (the model in the photograph is all loving, all welcoming), ingesting a danger that was kept away from her as a child and only dimly acknowledged while growing up. In the photographic frame Troeller has staved off the madness of the unknown by accepting the dissolution of the body. She is publicly

mourning, and this is her ritual.

In the AIDS series, sanity is not easily won. Here Troeller employs magic and not a fully worked out ritual. Through talismans and masks, she conjures the ravages of the disease to go away, to be supplanted by something more beautiful. But underneath it all is the reality of AIDS portrayed by the tortured model, sad in his half-opened bathrobe, the very picture of helplessness. Until we can bring to his death the passion Troeller has brought to her photographs, he stands mad and incomplete, waiting for his ritual.

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