You Are Not Alone: HIV/AIDS Activism in Maine

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“You Are Not Alone”:
HIV/AIDS Activism in Maine

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By
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I’d like to dedicate this thesis to activists, queer individuals, and PLWHAs in Maine. It is my hope that this research will begin to bring your stories and tireless efforts into the spotlight they deserve.
This thesis examines HIV/AIDS mobilization in Maine from the early 1980s through the early 21st century. A growing body of queer studies scholarship explores the experiences of rural queer individuals and integrates these experiences into broader discussions of the queer experience. This scholarship is particularly devoted to combatting “metronormativity,” or the denigration of rurality in narratives discussing the queer experience. However, despite the growth of such rural queer studies, these scholars have not yet critically assessed the HIV/AIDS crisis—one of the most impactful events on queer communities in recent history—in rural communities. Utilizing archival documents from activist groups across the state held at the Jean Byers Sampson Center for Diversity in Maine, the thesis leverages social movement theory, particularly a multi-institutional frameworks and theories grounded in emotional politics, to examine and explain mobilization against HIV/AIDS in Maine, with specific focus on mobilization in rural communities. By analyzing how Mainers have mobilized against the HIV/AIDS epidemic, a fuller understanding of the experiences of rural queer people can be gained, and the urban biases in how current understandings of mobilization can be exposed.
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INTRODUCTION

On October 20, 2017, I was scrolling through my Facebook feed like any other evening. I had been conducting research for this thesis for a little over a month and was using social media as an escape from the oft-heavy work associated with studying something as emotionally inundated as the HIV/AIDS epidemic. As I was mindlessly scrolling past various articles and videos, I found myself doing a double take. Where I normally pay little attention to anything posted on Facebook, an article from POLITICO caught my eye: “Tom Price’s wife asked about quarantining people with HIV.”¹ I immediately opened the link. Three days earlier, Betty Price, wife of ousted Secretary of Health and Human Services Tom Price and a Georgia state representative herself, had made a comment asking about the efficacy of quarantine during a videotaped Georgia House of Representatives committee meeting with the HIV/AIDS division of the state’s Department of Public Health. In the middle of the article lay a troubling quote from Price: “I don’t want to say the quarantine word, but I guess I just said it.”²

The next day, I had a similar experience with a likewise eye-catchingly titled POLITICO article, this time headlined as “From opioids to HIV—a public health threat in Trump country.”³ I immediately understood the coded language of “Trump country” in this title to be rural America, and when I clicked the link I was greeted to a compelling opening line: “The next HIV epidemic in America is likely brewing in rural areas suffering under the nationwide opioid crisis, with many of the highest risk communities in deep red states that voted for President Donald

² Betty Price, quoted in Ibid.
Trump.”4 The confirmation of the article’s coded title aside, I was struck by the language of this statement, “the next HIV epidemic.” As I read, and re-read, and re-read this line again, I began to meditate on how much it reflected so many dominant narratives of rurality, queerness, and HIV/AIDS that I had researched for this project. I thought about how the dawn of this “next epidemic” meant that the first epidemic must have ended at some point, how somehow a correlation between HIV/AIDS vulnerability and voting for Donald Trump were connected in the minds of Washington, D.C. journalists, and, most of all, I wondered how the author of this article saw the problem in rural communities as “brewing,” as if somehow rural America had existed in HIV-AIDS-darkness until October of 2017.

These articles did not spur this research. My interest in HIV/AIDS in rural communities grew out of a desire to elucidate the historical patterns of rural queer life, patterns that stretch back to well before HIV/AIDS but were certainly put on display during the epidemic’s “heyday” in the late 1980s and early 1990s—though this will be discussed in more detail below. Rather than sparking this project, these articles reminded me of how important it is. They demonstrated how mainstream conceptions of rurality in America are imbued with layers of meanings, meanings that are verifiable as often as they are demonstrative of dominant narratives of privilege, knowledge, and power. But perhaps most importantly, they reminded me of how often the actual communities discussed in articles like these two are spoken for, rather than about.

These realizations reaffirmed the essential question of the research I am presenting in this thesis: how have rural communities organized in response to HIV/AIDS epidemic? This question, as listed here in its crudest form, is admittedly a broad one, but phrasing it as such is important. As the POLITICO articles above and the literature reviewed throughout this thesis

4 Ibid.
point out, rural communities are no strangers to HIV/AIDS. However, as I will show, these works refrain from any substantive discussion of how the politics of organization were exercised and contested by rural communities during the height of the HIV/AIDS epidemic (from roughly 1982 through the late 1990s).

**Bringing the Rural into HIV/AIDS**

Despite being discussed in a variety of academic disciplines and across popular media, HIV/AIDS is overwhelmingly portrayed in an urban light. As I demonstrate in Chapter One, by focusing primarily on urban experiences with HIV/AIDS scholarship and popular accounts of the epidemic both miss out on the unique and important forms of activism that took place in rural communities during the epidemic, and actively promote “metronormativity,” or the degradation of rural queer life and the erasure of rurality from the queer imaginary. Utilizing archival data from the Jean Byers Sampson Center for Diversity in Maine located at the University of Southern Maine in Portland, I use activism in Maine as a case study for examining the fruitful yet unexplored territory of rural HIV/AIDS. Before laying out the structure of the thesis, I will first offer a brief overview of lesbian and gay organizing in Maine, and discuss the various activist groups that I have based my research off of.

**A Brief History of Gay and Lesbian Organizing in Maine**

Maine has had a rich history of social organizing around HIV/AIDS and gay and lesbian issues. Howard Solomon offers a useful overview of lesbian and gay life in Maine, noting that the state has long been a destination for wealthy tourists from New York, Boston, Philadelphia, and Chicago, many of whom came to places like Monhegan Island, Ogunquit, and Bar Harbor “to escape the sexual and gender strictures of middle-class America—if only for a few weeks in
the summer.”5 While Portland was facing severe economic depression in the mid-20th century due to the abandonment of the U.S. Navy after World War II, Solomon describes how the arrival of prominent gays and lesbians—like John Preston, a renowned writer of gay erotic novels, whose articles frequently published in popular national gay publications—in the city during the late-1970s began to recast it as “an hospitable, welcoming” place for gays and lesbians.6

Further, Solomon outlines a variety of lesbian and gay organizations founded in Maine beginning in the post-Stonewall period of the early 1970s. He states that “the first signs of post-Stonewall visibility in Portland” came with the creation of the Maine Gay Task Force (MGTF) in 1974, which “operated in loose association with the Gay People’s Alliance at the University of Maine Portland/Gorham.”7 Solomon also notes that, despite the perception “that gay communities developed only in urban areas, and that gay culture flowed only from city to countryside,” 1970s Maine proved otherwise, with “pockets of community organizing [appearing] throughout rural and small-town Maine that were as vibrant as anything happening in Portland.”8 Examples of such groups are the Wilde-Stein Club at the University of Maine Orono, Mid-Coast Gay Men and the Susan B. Anthony Club in Belfast, the Down East Gay Alliance in Bar Harbor, the statewide Maine Lesbian Feminists, and, most discussed in this thesis, Northern Lambda Nord, centered in Caribou but operating throughout the state’s northern-most county, Aroostook, as well as in Canada.9

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6 Ibid., 300.
7 Ibid., 301.
8 Ibid.
9 Ibid.
Key to Solomon’s retelling of the origins of lesbian and gay organizing in Maine is how he describes the challenges of cohesion present when these more rural groups would interact with groups based in Portland, such as the MGTF described above, ACT UP/Portland, ACT UP/Maine, and The AIDS Project, Maine’s largest AIDS service organization (ASO). These struggles became especially apparent after the founding of the Maine Lesbian/Gay Political Alliance (MLGPA) in 1984, a group which Solomon states “struggled with two related challenges: creating a statewide organization in a huge, largely rural state, and resisting the tendency to become too Portland-focused.” Thus, despite Solomon’s claims that rural Maine saw “vibrant” organization, tension still existed between how to properly engage in statewide organizing and constituency building without focusing urban population centers as the nexus of activity and support.

Organizations in the Sampson Center

The data I analyze in the thesis consists of a variety of documents held in the LGBTQ+ Collections of the Jean Byers Sampson Center for Diversity in Maine located at the University of Southern Maine in Portland. The Sampson Center has a vast collection despite being in a relatively small city, and holds documents from almost all of the organizations discussed by Solomon. This thesis will specifically focus on the work of and interactions among five specific groups: ACT UP/Maine, ACT UP/Portland, the Eastern Maine AIDS Network, Northern Lambda Nord, and The AIDS Project.

Both founded in 1990, ACT UP/Maine and ACT UP/Portland were two of the state’s chapters of the larger national organization, whose acronym stands for the “AIDS Coalition to Unleash Power.” Although they used many of the same strategies and shared many common

10 Ibid., 303.
goals, there are subtle differences between the two chapters. While both groups used many of the same strategies as national ACT UP chapters, namely the use of direct-action protest to create visibility around AIDS issues and empower PLWHA, both differed slightly. For instance, ACT UP/Maine was extremely focused on “holding the state accountable for the lack of an AIDS Resource Center,” a goal not shared with ACT UP/Portland. The groups were also adamant in their efforts to distinguish themselves from one another: an undated, handwritten set of notes from ACT UP/Portland titled “ACT-UP Maine Project” contains a request that “all press resources should be made aware that there is a difference between ACT/UP Portland and ACT/UP Maine [sic] and to please distinguish between the two.” While the Portland chapter appears to have maintained internal cohesion, the Maine chapter faced significant tumult, where “internal factionalism and rancor introduced an administrative chaos even before the first anniversary of the group’s founding.” Notably, both groups organized and participated in several demonstrations at President Bush’s family compound in Kennebunkport, Maine, located roughly 30 miles south of Portland. It is unclear when either group disbanded.

The Eastern Maine AIDS Network (EMAN) was founded in 1987 “as a grass roots response to the needs of people living with and affected by HIV and AIDS throughout eastern and northern Maine.” EMAN provided a variety of service to PLWHA, including providing

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11 Press Release, 1 July 1992, ACT UP/Maine Archives, Box 1, Folder 3, Lesbian, Gay, Bisexual, and Transgender Collection, Jean Byers Sampson Center for Diversity in Maine, University of Southern Maine Libraries.
12 Handwritten Note, n.d., ACT UP/Portland Archives, Box 1, Folder 6, Lesbian, Gay, Bisexual, and Transgender Collection, Jean Byers Sampson Center for Diversity in Maine, University of Southern Maine Libraries.
HIV testing, counseling, educational programs, transportation services, and housing and food assistance, and lobbying for more effective public programs and policies. The group produced three videos about PLWHAs in Maine between the years of 1992 and 2003 and gained global recognition after one video, “Hope For A New Tomorrow,” was featured at the 1992 International AIDS Conference. The group existed until July of 2010, when they merged with Penobscot Community Health Care.

One of the earliest lesbian and gay organizations in Maine, Northern Lambda Nord (NLN), founded in Van Buren, Maine, is unique amongst the others discussed here insofar as its membership and purview covered “Aroostook County (Maine), Madawaska, Victoria, and Carleton Counties (New Brunswick), [and] Témiscouata (Québec).” Due to the cross-border nature of the group, its publications were issued and meetings conducted in both English and French. While NLN was initially “primarily a social and support organization, hosting potlucks, parties and fields trips…[it] morphed into an outreach organization…primarily working to educate the local community on LGBT identity and acceptance and health and HIV/AIDS issues.” Perhaps the group’s most significant project was its establishment of the “Gay-Lesbian Phoneline,” which eventually morphed into the Maine HIV/AIDS Hotline in 1998 after receiving a grant from the Maine Department of Human Services. The Phoneline was run out

16 Ibid. Also: “AIDS Series—WAGM” VHS, n.d., Eastern Maine AIDS Network Archives, Box 1, Lesbian, Gay, Bisexual, and Transgender Collection, Jean Byers Sampson Center for Diversity in Maine, University of Southern Maine Libraries.
17 Jean Byers Sampson Center for Diversity in Maine, “LGBTQ+ Collection.”
18 Ibid.
21 Ibid.
of members’ homes until 1994, when it was permanently stationed in Caribou, Maine at NLN’s Community Center.22 Also significant was the group’s organization and sponsorship of five Maine Lesbian and Gaymen Symposia in 1986, 1989, 1992, 1995, and 1999. The group disbanded in 2000 for reasons unclear, and while it seems to have reformed in 2006 out of Mars Hill, it appears to be currently inactive.23

Lastly, The AIDS Project (TAP) was started in Portland in 1985 as a service organization “committed to a comprehensive and compassionate response to HIV/AIDS.”24 Initially founded as an HIV/AIDS telephone hotline by the Gay Health Action Committee (GHAC), TAP transformed into “a liaison to government agencies, private institutions, the general public and individuals” in 1986 under the guidance of Frederic Jay Berger, Rona J. “Peaches” Bass, Kristen J. Kreamer, Gary L. Anderson, and Susan Cummings-Lawrence.25 Notably, TAP was the first explicit HIV/AIDS resource in Maine at the time of its founding, and has since grown to be the “largest AIDS service organization in [the state].”26 The organization has since morphed into the Frannie Peabody Center—named for notable supporter Frances Peabody, a locally renowned Portland philanthropist and activist—after a 2001 merger between TAP and the Peabody House.27

While a variety of other activist groups are discussed in the thesis, I study the efforts of these groups most closely. Having laid out a brief history of lesbian and gay activism in Maine, I

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22 Ibid.
23 Ibid.
24 The AIDS Project Brochure, n.d., The Barry-Peabody Papers, Box 6, Folder 73, Lesbian, Gay, Bisexual, and Transgender Collection, Jean Byers Sampson Center for Diversity in Maine, University of Southern Maine Libraries.
26 Ibid., 84.
conclude the introduction by reiterating my central research question, laying out a series of sub-questions, and discuss how the thesis responds to these inquiries.

**Conclusion**

How have rural communities organized in response to HIV/AIDS? That is the inquiry driving the research I present in the thesis. From this central question stem several smaller inquiries that structure how I present my archival data: How has HIV/AIDS been conceptualized and experienced in Maine? What factors fostered these conceptualizations and experiences? How have they influenced the goals and strategies of HIV/AIDS organizations in Maine?

Chapter One, the literature review, discusses a variety of literature surrounding HIV/AIDS as well as scholarship from rural queer studies, introducing the essential concept of “metronormativity” to studies of the epidemic. In the chapter, I find that the HIV/AIDS epidemic is overwhelming portrayed in urban contexts, and that the implicit and explicit exclusion of rural experiences with the epidemic prevents gaining the fullest possible understandings of both HIV/AIDS and the queer experience more broadly. The chapter then reviews the small preexisting body of scholarship related to rural HIV/AIDS, finding that while these studies have made significant inroads, they still fall short of critically analyzing the epidemic in rural communities at the level I attempt in this thesis. First, this scholarship primarily consists of epidemiological and social work studies from the late 1980s and early 1990s, drops off around the mid 1990s, and has failed to be critically analyzed by more contemporary scholarship. Second, even when these works branch beyond practitioner studies, they are usually centered only around what I term the “migration narrative” of urban gay men contracting HIV/AIDS and moving back to their rural hometowns to die. While this is a powerful and prominent narrative, I argue that focusing only on the migratory politics of
HIV/AIDS is problematic in that it fails to critically address the lives of PLWHAs once they returned to and began a new life in rurality. Lastly, the literature review discusses why conducting research in Maine offers further benefits to the goal of analyzing rural HIV/AIDS, before once again laying out the following chapters of the thesis.

Chapter Two justifies utilizing a social movement theory methodology for my research, and reviews a variety of frameworks with regards to their applicability to studying HIV/AIDS activism in Maine. The chapter singles out two approaches to social movement analysis—a multi-institutional politics approach and emotional social movement theory—and discusses how each is relevant to the thesis. By viewing power as dispersed across a variety of both state and cultural institutions in society, a multi-institutional politics approach bears utility to my research by enabling a review of how activist goals and strategies were tied to the distinct logics of the institutions they challenge. Because HIV/AIDS activism is highly saturated with emotions, I utilize emotional social movement theory to better understand how specific emotional processes structured activist responses to the epidemic. More specifically, I hone in on Deborah Gould’s framework of emotional social movement analyses in her 2009 book Moving Politics to develop a methodology for reviewing the emotional politics of HIV/AIDS activism in Maine, particularly focusing on her discussions of emotional habitus.

Chapter Three explores the conceptualizations and experiences of HIV/AIDS in Maine by reviewing various discourses and narratives surrounding the epidemic during the height of the crisis (roughly 1981-1996). The first half of the chapter argues that Mainers overwhelmingly conceptualized HIV/AIDS as an urban phenomenon, thus othering it on the basis of their state’s rurality. As a result, many Mainers did not perceive HIV/AIDS to be an important issue or threat in the state, and many went so far as to articulate a language of insusceptibility regarding the
The second half of Chapter Three examines the unique emotional habitus of the lesbian and gay community in Maine, and explores how this habitus both mirrors and differs from the dominant habitus identified by Gould in *Moving Politics*. Here, I argue that while the ruling emotional habitus in Maine bore many similarities to those identified by Gould, the unique context of rural queer life in Maine, as well as the prevalence of isolation and loneliness in the affective landscape of the state’s lesbian and gay community, structured their habitus in unique ways.

Chapter Four directly builds on the conceptualizations and emotional experiences discussed in Chapter Three. The first half of the chapter utilizes a multi-institutional politics approach to examine how activists in Maine structured their goals and strategies around combatting the overwhelming conception of HIV/AIDS as urban and other within the state. Under this framework, I argue that activists targeted the intersections of these metronormative perceptions with specific power-wielding institutions, and thus engaged in various strategies—such as an emphasis on the epidemic’s statewide reach, a tethering of these conceptualizations to demands for increased resources, and, among some groups, a degaying of the epidemic—that targeted the distinct logics of these institutions. The second half of Chapter Four examines how the emotional habitus identified in Chapter Three impacted the emotion work carried out by HIV/AIDS activists in Maine. Here, I argue that ASOs primarily focused on isolation in their emotion work, leading them to promote an emotional pedagogy that sought to transform isolation into pride, love, empathy, and compassion through service provisions, caretaking, and information dissemination, while activist groups more directly concerned with the queer politics of the epidemic focused on loneliness in their emotion work, leading to an emotional pedagogy stressing the importance of community-building in transforming loneliness into pride, visibility,
and solidarity. The thesis concludes by summarizing the key findings, and revisiting how the social movement theory approaches I have chosen benefit the study of rural HIV/AIDS. I then lay out a variety of pathways for future scholarship intended to point researchers in more specific directions with regards to analyzing HIV/AIDS in rural communities.
LITERATURE REVIEW

This chapter reviews literature from a variety of disciplines to establish the importance of analyzing rural responses to HIV/AIDS. It beings by offering a brief history of the HIV/AIDS epidemic and corresponding activism, and examining dominant representations within scholarly and popular accounts of the HIV/AIDS epidemic. The chapter then moves to a discussion various works within the field of rural queer studies to demonstrate why attention to the rural queer life is useful for deepening our understandings of the queer experience more broadly. Next, I apply this body of scholarship to normative accounts of the HIV/AIDS epidemic, arguing that current inattention to rural experiences with HIV/AIDS furthers metronormativity, or the implicit and explicit erasure and degradation of the rural queer experience. The chapter then reviews the small body of preexisting scholarship that analyzes the unique challenges and experiences of rural communities with regards to the HIV/AIDS epidemic, pointing out how these studies fail to critically asses how these communities responded to the epidemic. Lastly, I connect the various critiques offered by the chapter to my motivating research questions and lay out how my research is aimed at more deeply analyzing the rural experience with HIV/AIDS through a case study of activism in Maine.

A Condensed History of HIV/AIDS

The global HIV/AIDS pandemic has been discussed by many scholars as one of the most significant historical events of the late-20th and early-21st centuries. As Julio Capó notes, the epidemic is “one of the greatest assaults on…communities already vulnerable to state violence,
negligence, erasure, and marginalization.”¹ The epidemic started to take shape in 1981, when the Centers for Disease Control began issuing “articles on clusters of Los Angeles, New York, and San Francisco patients with weakened immune systems and rare cancers, pneumonias, and viruses.”² Due to this new phenomenon’s prevalence amongst gay men, epidemiologists initially termed the health issue “Gay-Related Immune Deficiency,” or GRID. In 1982, activists successfully lobbied for the disease to be renamed “Acquired Immune Deficiency Syndrome,” or AIDS, and in 1983 scientists identified and named the virus causing the syndrome HIV—“Human Immunodeficiency Virus.” By the time that HIV/AIDS gained public interest, it had been firmly cemented as an immense problem faced by Haitians, hemophiliacs, drug users, and, most prominently, gay men.³

Numerous scholars have documented the effects of the HIV/AIDS epidemic on gay and lesbian life and activism during the 1980s and early 1990s. As Marc Stein notes, “[t]he specific historical moment in which AIDS was recognized as an epidemic mattered greatly for the gay and lesbian movement,” because at this point “gays and lesbians had enjoyed more than a decade of sexual liberalization, territorial expansion, economic development, institutional growth, and political mobilization.”⁴ Mark Blasius writes that the epidemic “is a principal contemporary example of how the [gay and lesbian] movement has asserted the right to sexual health.”⁵ Blasius goes on to observe how the emergence of HIV/AIDS politicized the gay and lesbian movement: “the movement…[challenged] the identification of homosexuality as the cause of

² Marc Stein, Rethinking the Gay and Lesbian Movement (New York: Routledge, 2012), 143-144.
³ Ibid., 144.
⁴ Ibid., 144-145.
AIDS,… problematized the societal institutionalization of the disease itself, based on what was considered knowledge about AIDS and who possessed that knowledge,… [and] problematized, in ‘everyday life,’ the specific instances of exercising power that the epidemic enabled.”6

Mark Carl Rom notes the gay and lesbian institution-building spurred by the HIV/AIDS epidemic, stating that “activism on AIDS…had the substantive consequence of wresting power away from the government…. As an outsider group, with perhaps little reason to believe that the government would take their concerns seriously, gays sought to build their own educational and health care networks.”7 Stein demonstrates how, using these newly-built institutions in response to HIV/AIDS, “gay and lesbian activists…criticized business, government, media, religious, and scientific responses to AIDS, challenged AIDS-related discrimination, developed educational programs, and provided services to people with HIV/AIDS.”8 Stephen Engel states that AIDS “dramatically shifted the tactics of sexual minority movement organizations” and “established the gay and lesbian movement as a major minority constituency in mainstream American politics.”9 However, Engel is quick to note that while “[d]irect action was rejuvenated” during the AIDS crisis, the bolstering of this new type of protest came “at the expense of both movement solidarity and heterosexual support.”10

The HIV/AIDS epidemic has also been placed into national historical memory by a variety of documentary sources. Perhaps chief among these is Randy Shilts’ extremely influential 1987 exposé And the Band Played On. Written in dramatic form, Shilts’ narrative-

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6 Ibid., 158-159.
8 Stein, 155.
10 Ibid., 53.
style journalism became a huge success—it remained on the *New York Times* bestseller list for five consecutive weeks and was adapted into a television movie starring Richard Gere and Anjelica Houston by HBO in 1993—and was one of the first prominent works to expose the severity of the AIDS epidemic and the government’s relative silence regarding the issue.¹¹

Despite this popularity, Shilts’ narrative of the epidemic has been heavily criticized for its troubling representations of its politics. For example, Gabriele Griffin criticizes *And the Band Played On* by stating that its “story… draws a map or web of connections which has no counterpart in material reality. The connections Shilts makes reinforce particular conventional images of America…into which the HIV/AIDS narrative is made to fit. Specifying, pinpointing becomes the dominant mode by means of which Shilts seeks to counteract the uncertainties generated by HIV/AIDS.”¹² Griffin goes on to state that “the verisimilitude of the identifications of place, time and person [in *And the Band…*] supports the truth value of the story—a truth value which reproduces an all-American narrative of overcoming, pulling together, a coming together in crisis but within which, ultimately, individuals and specific communities retain their place within the social hierarchy and networks.”¹³

Similarly, Capó contends that while *And the Band Played On* “forged a powerful narrative of heroes and villains, as well as chronicling state apathy and violence… Shilts also sought to provide answers concerning the origins and causes of AIDS, furnishing claims that proved both false and incredibly dangerous or harmful, including his scapegoating of the

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¹³ Ibid.
Canadian flight attendant Gaëtan Dugas as the notorious ‘Patient Zero.’” In response, Capó notes how “it might be useful for [scholars of HIV/AIDS] to acknowledge how some of the early scholarship got parts of...history wrong, in effect, and how that shaped the future of the field and the types of responses, methods, and archives it produced and prioritized.” Capó and Griffin both highlight the powerful ability of works like *And the Band Played On*—and the likewise influential documentary-turned-book *How to Survive a Plague*, produced and written by reporter David France—to craft narratives that counteract the reality of the HIV/AIDS crisis. These narratives in turn have important implications for how the epidemic has been treated in both scholarship and, more broadly, public remembrance.

**Rurality and Metronormativity**

What these scholars have missed in their criticisms, however, is an attention to the “metronormativity,” as termed by Jack Halberstam, present in these narratives. Speaking to the ignorance and denigration of nonmetropolitan life in gay/lesbian and queer studies and the promotion of rural-to-urban migration often upheld as the ideal for nonmetropolitan queer individuals, Halberstam states that “[r]ural and small-town queer life is generally mythologized by urban queers as sad and lonely, or else rural queers might be thought of as ‘stuck’ in a place that they would leave if they only could.... [T]he metronormative story of migration from...
‘country’ to ‘town’ is a spatial narrative within which the subject moves to a place of tolerance after enduring life in a place of suspicion, persecution, and secrecy.”

As Kath Weston notes, “the gay imaginary is spatialized, just as the nation is territorialized. The result is a sexual geography in which the city represents a beacon of tolerance and gay community, the country a locus of persecution and gay absence.” Weston moves on to argue that “the gay imaginary is not just a dream of a freedom to ‘be gay’ that requires an urban location, but a symbolic space that configures gayness itself by elaborating an opposition between rural and urban life…. Its call has enticed those who grew up in cities and suburbs as well as small towns and rural areas.”

Definition of Rurality

“Rurality,” as I will use the term in this thesis, is difficult to define insofar as there are multiple and contested understandings of what constitutes a “rural” place. Brown and Schafft offer a useful overview of these complicated definitions, stating that scholars are divided between those “who consider rural to be a type of socio-geographic locality and those who see rural as a social construct.” While these two schools of thought appear to be disparate or mutually exclusive, Brown and Schafft state that a more useful approach to defining and studying rurality comes from reading these perspectives “as complementary rather than competitive.” As such, the scholars utilize a framework of four distinct factors—demographic

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18 Ibid., 36-37.
20 Ibid., 55.
22 Ibid., 5.
and ecological, economic, institutional, and socio-cultural—to develop a working delineation of areas that can be considered urban or rural.23

Categorizing locales using this framework is important, as Brown and Schafft point out, because while metropolitan communities are often assumed to have a high diversity of demographics, economics, institutions, and socio-cultural characteristics, studying nonmetropolitan communities with this framework likewise enables us to see the diversity in rurality.24 While using a definition like that explicated by Brown and Schafft often yields messy results, I will take up the framework they utilize in discussing rurality because it enables a deeper understanding of the often-conflicting ways in which urban/rural divides are created.

Understanding rurality/urbanity as a continuum of multiple factors shows how difficult it can be to distinctly divide between the two categories, acknowledges the multitude of factors that constitute a locational identity, and, most importantly, acknowledges that there can be multiple kinds of rurality and urbanity.

Metronormativity and the Gay Imaginary

The hegemony of metronormativity amongst the “gay imaginary” has led scholars like Alan Sinfield to note that “[m]etropolitan gay and lesbian concepts should be regarded…not as denoting the ultimate achievement of human sexuality, but as something we have been producing…in determinate economic and social conditions.”25 In other words, Sinfield notes how metronormativity has not altered queer conceptualizations of space haphazardly, but rather has arisen as a result of specific socioeconomic factors and dominant narrative which attempt to

23 Ibid.
24 Ibid., 8.
render the economically sound, white, gay, urban life as the idealistic queer experience.

Speaking to this dynamic, Gray, Johnson, and Gilley note that “the idea of rurality continues to figure prominently in the collective ethos of American society, and indeed the ethos of many urbanized societies around the world, not just as a name we give to sparsely populated regions, but to something that is imagined to be a distinctive way of life complete with its own traditions, institutions, and worldviews.” Further, these scholars state:

The term “rural” seems to imply certain things these days, not the least important of which is a stubbornly persistent attachment to highly traditional views regarding gender and sexuality and, by extension, an aggressive, sometimes even murderous, antipathy toward gender and sexual difference. Those who identify themselves and are identified by outsiders, locals, social responsibility, community responsibility, and “how to behave.” The various manifestations of socialization are endless and influenced by social class, religion, and race.

Addressing these concerns, a number of scholars have begun to contribute to the rapidly growing field of “rural queer studies” (a field whose syllabus is usefully outlined in works such as Gray, Jonson, and Gilley’s Queering the Countryside), heavily, though not solely, through ethnographic studies. An early such example is David Fellows’ 1996 Farm Boys, a collection of interviews conducted and compiled by Fellows which examine the lives of gay-identifying men from the rural Midwest who came of age before the mid-1960s through the mid-1980s. Arlene Stein’s 2001 The Stranger Next Door, which examines the so-called “culture war” that occurred in a 1990s rural Oregon lumber town amidst growing efforts of the local gay and lesbian community to protect themselves from discrimination, is another prominent example of rural queer studies. A particularly useful example of rural queer scholarship exists in Mary L. Gray’s 2009 ethnography of queer youth in rural Kentucky Out in the Country. In her work, Gray

27 Ibid., 11.
argues that “queer-identity work done in places thin on privacy, reliant on familiarity, and shy on public venues for sustained claims to queer difference produces differently—not less-mediated or declarative pronunciations” than the same work done in metropolitan areas.28

**Metronormativity and HIV/AIDS: The Power of Erasure**

Despite a growth in rural queer studies scholarship, these works have failed to address an extremely significant aspect of queer life in America: the HIV/AIDS epidemic. Mapping rural queer studies onto the HIV/AIDS scholarship outlined above is an imperative task for scholars of both areas because of the numerous and complicated ways in which in the epidemic have fundamentally altered conceptualizations of sexuality. As Paula Treichler states, “[l]ike other cultural events that are mysterious, life threatening, and indefinitely extended over space and time, the AIDS epidemic compels us to try to make sense of it—hence its enormous power to generate meanings. Yet we need to push past this commonsense conclusion and ask more precise questions about the conditions under which meanings proliferate.”29

Castiglia and Reed note that “the AIDS crisis became an occasion for a powerful concentration of cultural forces that made (and continue to make) the syndrome an agent of amnesia…. The sexual past [has been] relentlessly reconfigured as a site of infectious irresponsibility rather than valued for generating and maintaining the systems of cultural communication and care that proved the best—often the only—response to disease, backlash, and death.”30 Because of the numerous and powerful meaning-making abilities of HIV/AIDS,

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ensuring that our understandings are as “full” as possible serves to resist the tendency of
dominant narratives to modify the meanings produced and projected while discussing the
epidemic. Achieving this “fullness,” I argue, requires us to be aware of how metronormativity,
like other dominant narratives, have affected the conceptualization of HIV/AIDS in America.

Richard Park speaks further to how dominant narratives have both enabled the HIV/AIDS
epidemic to be one that imparts great meaning and vastly altered the ways in which these
meanings have been interpreted (or, as Castiglia and Reed note, have not been interpreted). He
argues that “HIV/AIDS prevention (and prevention research…) must be understood as part of a
broader process of social transformation aimed not merely at the reduction of risk but at the
redress of the social and economic inequality and injustice that has almost universally been
found linked to increased vulnerability in the face of HIV and AIDS.”31 All of these scholars
concerns and arguments map onto an essential question posed by Jennifer Brier: “How do we
write a richly interpretive history of HIV/AIDS that insists we learn about people whose lives are
not likely to be part of official narratives of activism…?”32 My answer to this question—at least
in part—is that, in developing histories of HIV/AIDS, we must critically address how
metronormativity has affected narratives and analyses of the epidemic.

**The Mobile Queer Body: Rurality, HIV/AIDS, and the “Migration Narrative”**

The lack of literature that discusses rural America in HIV/AIDS studies or HIV/AIDS in
rural queer studies is a clear example of the power of metronormativity to shape (and erase)
narratives. Perhaps the most practical defense of this omission is the fact that contraction
statistics and deaths were and continue to be higher in metropolitan areas than rural ones.

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32 Brier, quoted in Bell et al., 442.
However, a reliance on these statistics is misleading and problematic. This reliance obfuscates an extremely popular narrative of the epidemic which describes an influx of urban people living with HIV/AIDS (PLWHAs) migrating back to the rural communities they grew up in for care and support after contracting HIV or AIDS. Such a “migration narrative” renders the omission of rural HIV/AIDS work counterintuitive precisely because it has been documented and discussed by queer and HIV/AIDS scholars.

Observation and discussion of urban PLWHAs moving back to rural communities came as early as 1989, when Verghese, Berk, and Sarubbi published an article describing their experience with migratory gay men with HIV/AIDS returning to their hometowns in eastern Tennessee. The scholars note that “the phenomenon of migration away from the city is not an exodus but a conclusion of a journey that began years ago and that has returned the patient to his birthplace.” 33 These scholars further state that “the phenomenon [they] describe may therefore be largely a function of returning the patient to the family unit and only secondarily reflect the moral fibre [sic] and values of the family members, our attempts at public education, or the regional culture.” 34 In other words, Verghese, Berk, and Sarubbi’s early observation of migratory PLWHAs reflects the desires of these individuals to return both to their nuclear familial unit for care and support and a desire to return to the “regional culture” of rural communities to mitigate the effects and course of their conditions.

Indeed, the patterns of and reasons behind this migration are documented by multiple scholars, all of whom note that return is often for the “benefits” provided by living in rural

34 Ibid., 1054.
communities. Further, these scholars also note the vast difficulties posed to rural health care and social work systems due to this unexpected influx of PLWHAs, such as the vast importance of prevention programs in rural communities. As Verghese, Berk, and Sarubbi contend, “if our findings...[are] true of other rural areas as well, a ‘window of opportunity’ presents itself for targeted educational efforts aimed at preventing spread of HIV infection. Prevention appears at this time to be the most promising aspect of HIV infection in a rural area.”

Cohn and Klein take note of the financial implications of urban-to-rural migration, stating that “[f]ully characterizing the migration patterns of patients infected with HIV is a crucial step in predicting the impact of HIV on rural areas and in modifying federal HIV care funding policies to provide more adequate care for people with HIV/AIDS.”

Meredith Raimondo offers an extremely useful analysis of the normative implications of the migration narrative on the construction of AIDS as a national threat, implications which she states “[describe] normative heterosexual domesticity as a means of fixing sexuality in place.”

Raimondo argues that the mobility of queer male bodies represented a threat to the pastoral heartland of America, wherein “[t]he representation of dangerously mobile bodies crossing borders between spatially distant, racialized and classed territories...[is] repeated in the context of stories about the impact of HIV on the ‘heartland’; these stories rediscovered national space

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36 Verghese, Berk, and Sarubbi, 1055.

37 Cohn and Klein, 599.

that was as-yet uncontaminated despite the encroachments of the ‘Third World.’”39 This rendering of queer male bodies as “dangerously mobile” served to mark queer male bodies “as a problem, clouding the promised transparency between announced identity and behavior. This distinction between urban and rural sexual spaces promised to help resecure the border made porous by mobility.”40

Raimondo further discusses how the migration narrative echoes metronormative hegemony because “[in] this formulation, cities were sites of knowledge about AIDS. In contrast, the rural United States seemed unprepared for the challenge that people with AIDS represented to the ideal of community.”41 Raimondo concludes her discussion by stating how “‘[c]oming home to die’ narratives [provide] little explanation…for they [do] not address the transmission of HIV within domestic space, but instead [map] its arrival from elsewhere, carried by dangerously mobile foreign bodies.”42 These claims echo those made by Michael Brown, who argues that “[g]ay men and their spaces are foregrounded unidimensionally, asocially, and only occasionally as nodal points in an epidemiological epic. These people are textually, socially distanced as bodily carriers. The viral focus reduces the already marginalized gay body to a mere vector for illness.”43 Both Raimondo and Brown’s arguments map onto those by Castiglia and Reed outlined above insofar as all of these scholars are concerned with how dominant narratives of the HIV/AIDS epidemic have served to render queer lives simply into bodies, and render the epidemic itself into a cultural creation with the sole power of erasure, both physically and normatively.

39 Ibid., 397.
40 Ibid., 398.
41 Ibid., 400.
42 Ibid., 402.
This force of erasure becomes more dangerous insofar as it intersects with metronormativity. As Stina Soderling points out, in these narratives “the rural is the end, the space-time of death…. [C]onventional gay/queer scholarship and popular culture portray the… countryside as a time of queer death; these are environments where queer bodies are supposed to die, not live, survive, thrive.” In the metronormative queer imaginary, the city is a vibrant utopia while the rural must be fled to escape persecution and “the closet.” Then, upon the onset of a deadly disease, queer bodies must return to rurality and die. There is no room in the metronormative—and, by extension, the migration—narrative for queer individuals or PLWHAs to survive, or at the very least thrive, in rural communities.

Implicit in Raimondo and Brown’s analyses is a constant pairing of the urban and rural. While both scholars aptly point out the separation of disease and lived experience caused by HIV/AIDS narratives (especially the migration narrative), they fail to acknowledge how both of the rural is never discussed in their arguments without regards to the urban or migration from it. The crux of the migration narrative as Raimondo and Brown see it is that it has marked queer bodies simply as transient virus-carriers. As discussed by Verghese, Berk, and Sarubbi, Cohn and Klein, and other epidemiological and social work scholars, however, this narrative exists to show how the movement of PLWHAs to rural communities poses difficulties on local health care and social work systems. As such, while these scholars have pointed out how the prominence of the migration narrative has affected the politics of movement (and thus the politics of erasure) with regards to queer history, they have failed to critically examine what happened to these migratory individuals and the communities they enter after they arrived. Further, they fail to account for how these narratives have erased queer people (and other PLWHAs) who never left

rural communities for urban ones in the first place—whether due to economic disadvantage or simply a desire to stay in rural locales—by positioning the only PLWHAs in rural America as gay men migrating back from the city to die.

This last point has important implications for queer anti-urbanism. In the words of Scott Herring, “counter-stylistics beholden to queer anti-urbanism negate ideals of queer urbanity in the homogenizing wake of U.S. metronormativity.” According to Herring, counteracting metronormative influence on queer histories requires us to notice how rural queers “have coped with, navigated, mourned, side-stepped, muddled through, menaced and rearticulated the onslaught of queer urbanisms throughout the twentieth century, and beyond.” Further, Katherine Schweighoffer reminds us that metronormativity “erases the possibility of other types of queer existence…. Despite the injustice perpetuated by the invisibility of the rural queer subject, complex queer lives and experience nevertheless thrive in this ‘shadow’ of visible, urban LGBT identity.” Both of these scholars echo Jerry Lee Kramer’s claim that “empirical research into the strategies, behaviours [sic], and motivations of nonmetropolitan gays and lesbians can provide further insights into the wide diversity of the homosexual experience.” All of these scholars remind us that paying attention to the lives of rural queers (and PLWHA) enables a broader understanding of queer and PLWHA life in general.

46 Ibid., 4.
47 Katherine Schweighoffer, “Rethinking the Closet: Queer Life in Rural Geographies,” in *Queering the Countryside*, 238.
Minor Steps

In contrast to the importance of incorporating rural queer life into narratives of sexuality, there has been a shocking lack of literature that critically discusses the HIV/AIDS epidemic in rural communities after initial contraction occurred. A moderately sized body of epidemiological and social work literature from the late 1980s and 1990s more critically examines the problems faced by rural health care and social work systems than the migration narrative scholars whose work is outlined above. For instance, Michael Patton observed a growing prevalence of patients with HIV/AIDs in West Virginia in 1989, when he posted an article in *The West Virginia Medical Journal* warning that:

> [I]t is only a matter of time before HIV infections become a prominent health concern for West Virginians. Given our high teenage pregnancy rate, our high dropout rate, the accelerating closure of health care facilities and primary care systems, and a lack of wellness-oriented health initiative presently, our people, especially our youth, are particularly vulnerable to the epidemic. If HIV finds it is way into our isolated, rural lifestyle, we may never rid ourselves of it.49

These studies also serve to show how a reliance on contraction and death statistics is not only misleading but also a misinterpretation of reality. In 1994, Lam and Liu conducted a study in the *Journal of Acquired Immune Deficiency Syndromes*, the results of which found that “[b]etween 1988 and 1990, the top 25 counties that had the highest rates of increase [in AIDS cases were] mostly rural counties with an average population of 73,000.”50 Even the National Commission on AIDS recognized the growing rurality of the epidemic in the early 1990s, posting a press release noting that “[t]he rate of increase of new cases of HIV…in major metropolitan areas such as New York and Los Angeles is now being matched by many small towns and rural

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communities in what the Centers for Disease Control calls the ‘ruralization of AIDS.’” This trend did not stop in the 1990s however—a 2014 policy brief from the National Rural Health Association notes that “[w]hile the sparse population of many rural counties leads to low numbers of persons with HIV, the proportion of the population affected can be as high in rural as in urban counties.”

In a 1988 article, social work scholar Kathleen Rounds noted that rural social workers and social work organizations would face great difficulty in adjusting to accommodate growing rates of HIV/AIDS in rural communities. Rounds argued that these systems would need to “focus on coordinating, strengthening, and expanding existing community resources and networks rather than creating new delivery systems. Structural barriers to health and social services in rural areas are longstanding and likely will not be overcome without major economic changes and new directions in health care policy and delivery.” Social work scholar Ronald Mancoske further notes that

[S]ocial isolation, stigmatization, geographic isolation, a lack of services such as information, referral and transportation, a shortage of qualified service providers, and often disenfranchisement of vulnerable populations…combined with an aura of political and religious hostility diminishing supportive constituencies, combined with financial crises of many providers such as rural hospitals, lead to policies which threaten the lives of those affected by HIV/AIDS in rural America.

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However, all of these scholars and experts ultimately fall into the same trap as faced by the migration scholars insofar as they offer only “objective” descriptions of the challenges of mitigating HIV/AIDS in rural communities rather than critically discussing what life was like for PLWHAs living in them. These scholars do an excellent job at diagnosing the problems faced by rural communities in the wake of HIV/AIDS, but shy away from observing how these communities responded to their diagnoses.

A small body of scholarship exists which partly accounts for this criticism. In 1991, Rounds, Galinsky, and Stevens published the results of a pilot AIDS telephone support group they designed and launched in rural North Carolina. Usefully, these scholars found that “[t]elephone groups are an innovative and feasible way to make support services accessible to people with AIDS who live in rural areas. These groups overcome geographic distance between rural residents, ensure confidentiality, and create systems of mutual support for people isolated by the stigma of their illness and the lack of formal or informal support systems in their communities.”\(^55\) While useful, Rounds, Galinsky, and Stevens’ account falls short insofar as it only reviews a small pilot program of such support groups, rather than offering an ex post facto analysis of the effectiveness of these groups.

Stephen Inrig offers an extremely useful account of the HIV/AIDS in rural North Carolina, paying particular attention to the stark racialization of the epidemic as it occurs in rural communities particularly in the South.\(^56\) Inrig’s work is excellently researched, and many of its methodologies match the work I will be carrying out here. The author utilizes primary source material data to explain the racial disparities of HIV/AIDS in North Carolina, combing through


archival documents, public records, and oral history collections to consider public policy and prevention responses.\textsuperscript{57} While Inrig uses data similar to what I utilize in this thesis, his work is incomplete for my purposes for several reasons. While I certainly plan to remain attuned to the racial politics of HIV/AIDS in Maine, the state’s relative lack of diversity (especially compared to the American South) renders Inrig’s work slightly more applicable to studies of rural communities, which more closely mirror those of North Carolina. Additionally, while Inrig discusses the historical patterns leading to the current state of HIV/AIDS in rural North Carolina, his analysis is tethered more in contemporary developments, explicitly stating that he plans to examine “HIV in North Carolina in the early twenty-first century.”\textsuperscript{58} More broadly, Inrig’s concentration on North Carolina and the politics of HIV/AIDS in the South map onto the importance of carrying out research in non-Southern rural locales as explicated in the following section.

The methodologies used by Inrig also differ from those used here. While Inrig analyzes “the internal life of AIDS organizations” through archives at the Lesbian and Gay Health project (LGHP) at Duke University, his analysis is focused more intensely on public policies and the politics of epidemiology and medical practice than the social organization approach taken here. Further, Inrig admits that his “data is skewed toward larger cities in the state, which have more robust media resources than smaller communities.”\textsuperscript{59} In contrast to Inrig’s difficulty locating data from smaller communities, the holdings at the Jean Byers Sampson Center for Diversity in Maine utilized here hold a wealth of archival materials from rural organizations across the state of Maine, enabling a more direct examination of rural HIV/AIDS. For all of these reasons, I plan

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\textsuperscript{57} Ibid., 9-10.
\textsuperscript{58} Ibid., 10.
\textsuperscript{59} Ibid.
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to read and incorporate Inrig’s work not as mutually exclusive or substitutive to mine, but rather as supplementary.

Towards a History of HIV/AIDS in Rural Communities

Here is the point where my motivating research question, stated at the beginning of the chapter, re-enters: how have rural communities organized in response to HIV/AIDS? This question, while important, is admittedly lofty. As such, I approach it by using Maine as a case study for examining how rural communities have responded to HIV/AIDS. The following section will discuss the importance of using Maine as my site of research. The chapter concludes by providing an outline of the rest of the thesis.

The Importance of Maine

Choosing Maine as a case study offers additional benefits to the already important study of rural organization and mobilization against HIV/AIDS. The (small) body of literature that discusses the impacts of HIV/AIDS on rural life and rural communities responses to the epidemic, as well as rural literature in general, has an overwhelming focus on the American South and Midwest as its subjects. Indeed, of all the works discussing rural queer studies and rural HIV/AIDS studies cited here, only Weston and Stein choose to study areas that lay outside the Midwest or South. There are numerous problems in discussing rurality with such specific territorial boundaries in this manner. As Manalansan et al. note, solely focusing on the Midwest and South as nonmetropolitan areas “implicitly cases the East and West Coasts as urban.”60 Additionally, Gray et al. point out that, despite overwhelming focus on the Midwest and South,

Vermont and Maine are the first and third most rural states in the country, respectively. These scholars go on to offer the defense that states like Maine and Vermont are “smaller, [and] more socially, economically, and politically uniform” than states often given primary attention in accounts of rural America. However, a crucial point comes from scholarly discussions of rurality choosing such specific locales as their subjects: Even when we discuss rural queers or rural PLWHAs, we are more often than not talking about a very specific type of rurality, one that exists in places that we can more comfortably label as conservative, poor, religious, etc.

In this way, studies and discussions of rurality fall into the exact hegemony of metronormativity labeled and shown to be problematic. The works discussed here, while extremely useful and important, are all focused on painting a picture of rural America that best serves as the “polar opposite” of what we conceptualize as metropolitan. States like Vermont and Maine, which are far more racially uniform, less overwhelmingly conservative, and relatively-more economically advantaged, fall out of these discussions because, I argue, they are the exact places which act as the biggest “outliers” to the force of the arguments made by the scholars of rural studies I cite here. If we want to paint the fullest picture of this important work, we must focus on the messier distinctions of rurality, and not shove those cases that threaten our conceptualizations into the corner. Doing so only serves to further erase the stories that rural scholars work to promote.

**Conclusion**

In the chapters that follow, I will analyze archival data from various activist groups in Maine in order to examine how rural communities have organized against HIV/AIDS. Chapter

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61 Gray, Johnson, and Gilley, 5.
62 Ibid., 6.
Two breaks the driving question of this thesis into smaller sub-questions. It then proceeds to summarize and critique various social movement theories, namely a multi-institutional politics approach and emotional social movement theory, to develop a methodology for analyzing the data. Chapter Three examines how Mainers conceptualized and experienced HIV/AIDS during the epidemic. The first half of this chapter looks at how the epidemic was conceptualized in urban terms, thus othering it and generating a widespread perception of insusceptibility and disinterest in Maine. The second half of this chapter utilizes Deborah Gould’s theory of emotional habitus and political horizons to analyze emotional discourses surrounding HIV/AIDS and queer life more generally in Maine, examining how the collective emotional experience of rural queer individuals and PLWHAs in the state differed from their urban counterparts.

Chapter Four is likewise conceptually split in half, and examines how the conceptualizations and emotion habitus established in Chapter Three related to specific forms of activism within Maine. The thesis concludes by summarizing the main findings, discussing the importance of utilizing the specific frameworks of social movement theory I have chosen in answering my driving research questions, and laying out pathways for future research.
METHODOLOGY

To reiterate, the central question of this thesis is: how have rural communities organized in response to HIV/AIDS? Stemming from this broad inquiry is a set of smaller questions, which will be covered by the proceeding chapters: How has HIV/AIDS been conceptualized and experienced in Maine? What factors fostered these conceptualizations and experiences? How have they influenced the goals and strategies of HIV/AIDS organizations in Maine? To answer the central question and these subsidiary questions, this chapter reviews various approaches to social movement theory. It begins by outlining the dominant political process theory (PPT) that characterizes much social movement analyses in political sociology. After reviewing some criticisms of PPT, it then introduces several alternatives to PPT, namely a multi-institutional politics approach and emotional social movement theory, and it examines these alternative approaches in light of their relevance to the study of rural HIV/AIDS activism. The chapter concludes by drawing out a set of hypotheses to be discussed in greater detail in later chapters.

Understanding the HIV/AIDS epidemic in rural communities through the lens of social movement activity is important for several reasons. First, examining HIV/AIDS in rural America through mobilization offers a way to see the importance of communities in areas that face severe structural obstacles to successfully mitigating the epidemic. As Brown and Schafft note, “it is not that rural communities lack schools, churches, town councils, hospitals, libraries, police forces, or trash removal, but rather that their capacity to produce public goods, and the

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1 Kathleen A. Rounds, “AIDS in Rural Areas: Challenges to Providing Care,” *Social Work* 33.3 (1988): 17: Dealing with HIV/AIDS in rural areas requires a “focus on coordinating, strengthening, and expanding existing community resources and networks rather than creating new delivery systems.”
choice of providers, is often limited.”

Thus, because social organization is a common and important way that rural individuals mobilize to mitigate issues beyond HIV/AIDS, attention to mobilization has great potential to enrich our understanding of how these individuals have shaped the course of the epidemic in their communities through history.

A second benefit of a social movement approach is that it enables us to understand how the HIV/AIDS epidemic itself has shaped the rural communities it has entered. Just as studying rural organizing can help us understand how HIV/AIDS existed in rural communities, it can further elucidate how these communities and their organizations were created and shaped by HIV/AIDS. This echoes Rom and Stein’s claims that the epidemic was a crucial period of institutional building within gay and lesbian communities. However, while this vast growth of social institutions has been well documented in urban areas, it has yet to be explicated in rural ones. If we are to accept that social organizing is one of the primary ways that rural communities deal with social problems, then we have every reason to believe that these communities both mobilized to mitigate HIV/AIDS and experienced a significant and important growth of social institutions as a result.

In short, a social movement approach to rural HIV/AIDS activism enables a unique understanding of community development and change over time in rural areas. The centrality of community in many rural places is a vital aspect of what is typically considered to be “rural culture.” Insofar as social movement institutions serve similar functions as (and sometimes operate entirely as) community institutions, utilizing social movement theory is an effective way to understand how the HIV/AIDS epidemic has affected rural communities. By examining how

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and why rural activists mobilized against HIV/AIDS, we can gain a stronger picture of the
unique ways rural communities have experienced the epidemic.

**Political Process Theory and Its Critics**

Beginning in the late 1970s, sociologists began to respond to reigning micro-level
analyses of social movements by developing theories aimed at contextualizing social movement
activity within broader structures. While European scholars responded to these reigning theories
by developing a neo-Marxist framework of “new social movements” (discussed in more detail
later in the chapter), Americans responded by developing political opportunity structure (POS)
theories. Under POS models, individuals join social movements in response to “political
opportunities,” and then engage in collective behavior in order to restructure these opportunities
and create new ones; in the words of Tarrow, under POS, “the ‘when’ of social movement
mobilization—when political opportunities are opening up—goes a long way towards explaining
its ‘why.’” 3 While POS succeeded in locating social movements within larger institutional
structures that constrain and enable their existence, it essentially corrected the micro-level biases
of classical approaches by positing the opposite: POS attempts to understand social movements
at only the macro-level.

Political process theory (PPT) was developed in direct response to the theoretical gaps
between new social movement theory and political opportunity structures. Before the
development of PPT social movement theorists were struggling to unify the macro-, meso-, and
micro-levels of mobilization. According to Engel, existing theories failed to connect the why,

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how, and when of social movement activity. PPT addresses these distinct levels of analysis by positing three factors that are essential in mobilization: “the confluence of expanding political opportunities, indigenous organizational strength, and the presence of certain shared cognitions within the minority community that is held to facilitate movement emergence.” By merging the importance of political opportunities (when), the benefit of a preexisting network of institutions (how), and the necessity of a cognitive shift in a group of individuals (why), PPT navigates the various “levels” enveloped in social movement theory.

Doug McAdam illustrates PPT through his analysis of the rise of the American Civil Rights Movement in the 1950s and 1960s. McAdam argues that Northern relaxation of Reconstruction efforts in the South to resolve the “deadlocked” election of 1876 cemented an institutional relationship where the sociopolitical rights of Black Americans were “‘organized out’ of national politics,” a move which structured “political opportunities” for Blacks for the next 50 years. The systematic arrangements resulting from halting Reconstruction efforts severely restricted the opportunities for successful political action by, or on behalf of, blacks for a period of more than fifty years…. In effect these factors rendered the black population relatively powerless while elevating the southern politico-economic elite to a position of considerable importance…. Thus deprived of allies, and…organizationally weak in their own right, blacks were unable, throughout the period [of 1873-1930], to generate the leverage needed to break the racial stalemate.

However, McAdam finds that starting in 1930, “a series of broad social processes” began to undermine the conditions which promulgated this system of racial politics. Various factors, such as the decline of King Cotton, the Great Migration, the growing importance of the Black

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6 Ibid., 66.
7 Ibid., 73
8 Ibid.
vote, and shifting racial discourse following World War II, began to shift political opportunities in order to create a climate where “the federal government could now be pressured to adopt increasingly favorable positions on racial issues.”

Thus, a wide variety of structural factors shifted in order to, in the language of PPT, expand political opportunities in a way favorable to Blacks.

However, McAdam notes that despite this growth in political opportunities, simultaneous “internal” processes within Southern Black communities were also integral to the growth of the Civil Rights Movement. Specifically, he locates the increased strength of three integral institutions to Southern Blacks—the Black Church, Black Colleges, and the Southern Wing of the NAACP—during the post-depression period as creating “a strong, integrated institutional network capable of concerted and sustained collective action.” These institutions proved to provide the “preexisting organizational strength” required under PPT to drive mobilization.

Lastly, McAdam posits that various processes triggered cognitive shifts within Black communities that created a widespread agitation regarding the status quo of sociopolitical racial rights, the third required condition to generate social movements under PPT. This cognitive shift was, in large part, the general result of the “symbolic effects” of the gradual shift in federal government actions which signaled more favorability towards Black rights, particularly decisions coming from the Supreme Court and the executive branch beginning in the 1930s. Beyond the optimism stemming from these federal actions, however, McAdam argues that the shifting political context of the postdepression period fostered a sense of “political efficacy” within segments of the Black community. The growing realization that “action begot success” among

9 Ibid., 73-86.
10 Ibid., 94-105.
11 Ibid., 108.
12 Ibid., 110.
Blacks “laid the cognitive foundation for further mobilizing efforts within the black community.”

According to McAdam, these three shifts in the sociopolitical context of Black rights – (1) expanding political opportunities spurred by increased federal willingness to restructure white supremacist policies, (2) growing institutional strength in the Black Churches and Colleges and the Southern Wing of the NAACP, and (3) a growing sense of political efficacy among Black Americans creating a shared cognitive environment – gave rise to the Civil Rights Movement. Favorable conditions for movement mobilization fostered a feedback loop such that activists could work to reduce “the power disparity between members and challengers…thus rendering insurgent action more likely, less risky, and potentially more successful.”

New sociopolitical dynamics transformed a once conciliated group into viable political actors capable of effecting change within the political system.

For McAdam, political process theory illustrates how the Civil Rights Movement was able to sustain itself as a salient political force during the 1960s by maintaining organizational strength, taking advantage of a continued structure of political opportunities which created a favorable environment for leveraging civil rights, continuing to cultivate a sense of political efficacy among Black Americans, and effectively combatting the efforts of opposing groups. He finds that Black insurgency began to die out in the latter half of the 1960s because the Movement lost its organizational cohesiveness and strength, and because conservative and white supremacist backlash began to restructure political opportunities in ways that were increasingly unfriendly towards Black rights. However, McAdam also importantly notes that a major cause

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13 Ibid., 111.
14 Ibid., 146.
15 Ibid., 178-179.
16 Ibid., 228.
of the Movement’s decline was a series of “substantive and tactical shifts evidenced by insurgents themselves.” As the political efficacy of Black rights increased throughout the 1960s, Black insurgents began to “abando[n] the limited-reform goals and nonviolent forms of direct action characteristic of…the movement.”

This new, radical approach to civil rights sparked intense backlash from movement allies, who quickly began to withdraw their support “as the interests of insurgents increasingly diverged from their own.”

The weakening of the Civil Rights Movement allowed counter-insurgents to seize a new structure of political opportunities and move back to a politics of racial repression that greatly diminished the ability of Black Americans to continue to fight for civil rights.

McAdam provides a sweeping view of the Civil Rights Movement, arguing that the various components of PPT are demonstrated within the development and decline of Black insurgency during the 1950s and 1960s. Indeed, his rich historical analysis validating social movement development under PPT was instrumental in rendering process theory extremely influential within the field of social movement theory. Goodwin and Jasper argue that, while the approach is not taken by every scholar of social movements, PPT “is currently the hegemonic paradigm” within the field of social movement theory because the framework “powerfully shap[es] its conceptual landscape, theoretical discourse, and research agenda.” PPT has done much to unify previously disparate discussions of social movements. As Tarrow notes, PPT is a useful approach to social movements because it achieves what theories before it failed to do, explaining why so-called “contentious politics” emerge in particular periods of history, why

17 Ibid.
18 Ibid.
19 Ibid.
these contentious politics produce robust social movements on occasion and “flicker out into sectarianism or repression” in others, and why “movements take different forms in different political environments.” However, PPT is not without its critics. The following section will break down various critiques of process theory and outline multiple frameworks of social movement theory which attempt to remedy the model’s shortcomings.

Critiques of PPT

In an updated version of *Power in Movements*, Tarrow argues that while PPT deserves praise for its merits, the approach still cannot explain every aspect of social movements and should be viewed “not as a theory, but as a framework in which to examine the dynamics of contention.” Tarrow realizes this view of PPT by positing that “people engage in contentious politics when patterns of political opportunities and constraints change, and then by strategically employing a repertoire of collective action, creating new opportunities, which are used by others in widening cycles of contention.” Tarrow utilizes the various components of the PPT framework—namely political opportunities and shared information networks—to argue that these “cycles of contention” are what produce “sustained interactions with opponents in social movements.”

Goodwin and Jasper hone in on PPT’s inability to solidly define what constitutes an “opportunity,” arguing that these amorphous occurrences operate as a set of Rorschach blots whereby “virtually anything that, in retrospect, can be seen as having helped a movement

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22 Ibid.
23 Ibid., 28-29. Emphasis added.
24 Ibid., 29.
mobilize or attain its goals becomes labeled a political opportunity.” In response, they propose four solutions for remedying the “structural biases” of PPT: “abandon invariable models” which favor parsimony over depth, beware of “hyperinflating” conceptual definitions with different “variables and specifications,” acknowledge how cultural processes “define and create the factors usually presented as ‘structural,’” and, lastly, focus on the complexity of political environments by distinguishing “different kinds of political opportunities, different kinds of mobilizing structures, and different kinds of culture.”

For all its utility in cohesively uniting previously disparate social movement theories, PPT has come under particular fire for its heavy focus on the structural elements of social mobilization. McAdam summarizes how movements arise under process theory:

Most political movements and revolutions are set in motion by social changes that render the established political order more vulnerable or receptive to challenge. But these ‘political opportunities’ are but a necessary prerequisite to action. In the absence of sufficient organization—whether formal or informal—such opportunities are not likely to be seized. Finally, mediating between the structural requirements of opportunity and organization are the emergent meanings and definitions…shared by the adherents of the burgeoning movement.

So, while political opportunities are necessary, there must be other factors in play to cause individuals to seize these opportunities and form social movements. McAdam states that, alongside expanding opportunities, “insurgents [must] have available to them ‘mobilizing structures’ of sufficient strength to get the movement off the ground.” PPT therefore provides a “recipe for social movements,” where “the necessary and sufficient ingredients…consist of

25 Goodwin and Jasper, 11.
26 Ibid., 27-29.
28 Ibid., 66.
political opportunities...mobilizing structures, and (‘mediating’ between them) cultural framings.”

However, Goodwin and Jasper criticize this formulation of PPT by contending that process theorists provide an invariant model by relying on these “ingredients”: “the answer [to social movement emergence] depends on what these concepts mean, and...there is considerable conceptual slippage due to PPT’s structural bias.” Goodwin and Jasper argue that process theorists have constrained the conceptual definitions of “mobilizing structures” and “cultural framings” in way that simply build them into the definition of social movements, rather than allowing them to prove how movements arise.

For instance, process theorists have developed extremely broad definitions of “mobilizing structures”; McAdam defines such structures as “those collective vehicles, informal as well as formal, through which people mobilize and engage in collective action,” including “various grassroots settings—work and neighborhood, in particular,” “churches and colleges,” and “informal friendship networks.” However, Goodwin and Jasper point out that, in creating such a sweeping definition, mobilizing structures become a “concept...so broadly defined that no analyst could possibly fail to uncover one or another” in examining movement formation. This broad definition, Goodwin and Jasper argue, has allowed process theorists to incorrectly conflate the roles of “mobilizing structures” and cultural factors in their models:

What kind of mobilizing ‘structures’ are necessary for movement recruitment? Can a small number of organizers create their own mobilizing structures? If so, what is ‘structural’ about them? Many dedicated activists were initially recruited into social movements—and many other people recruited into specific collective actions orchestrated by movements—despite the absence of social ties or organizational

29 Goodwin and Jasper, 18.
30 Ibid., 19.
31 Ibid.
32 McAdam 1996, 3-4. Emphasis removed from original.
33 Goodwin and Jasper, 20.
That people can be recruited outside pre-existing networks suggests the independent importance of cultural persuasion as a factor explaining mobilization. Its influence, however, is often obscured by the structural concentration on networks. Networks and culture are often discussed as though one or the other could affect recruitment, but in fact networks amount to little without the ideas and affective bonds that keep them together. Mobilizing structures are thus credited with much of the explanatory power of culture (meanings and affects) and active strategization.34

In this way, process theorists have underplayed the importance of culture in impacting movement activity by rendering it an inherent element of mobilizing structures. All of this is completed, Goodwin and Jasper argue, while still maintaining that cultural processes and mobilizing structures are distinct (yet dynamic) concepts.

Polletta argues that process theorists tend to conflate “culture” and “agency” in opposition to “structure,” where “structural opportunities are ‘given,’ are beyond actors’ control” while “actors’ strategic cultural construction of those opportunities turn them into an impetus to action…. [C]ulture constraints action only insofar as it impedes actors’ capacity to perceive the system’s objective vulnerability.”35 Under process theory, she argues, culture is subjective, malleable, enables protest, and is mobilized by the powerless to challenge structure, while political structure is respective, objective, durable, constrains protest, and is monopolized by the powerful to maintain power.36 In response, Polletta points toward a broader conceptualization of culture “as the symbolic dimension of all structures, institutions, and practices (political, economic, educational, etc.).”37 In viewing culture as operating both within and outside of political structures, Polletta argues that analysts can become better equipped to understand how culture, like structure, can be objective, enduring, and constraining. Understanding this point allows analysts “to specify the conditions in which people are likely to see themselves as

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34 Ibid., 21.
36 Ibid.
37 Ibid., 100.
members of an aggrieved group, in which activists are likely to perceive new opportunities for insurgency, and in which they are able to develop novel yet resonant formulations.”38

**Revising the Political Process Model**

Indeed, examining HIV/AIDS activism appears to match these critiques insofar as the AIDS crisis, in many ways, resulted in a complete lack of political opportunity yet (robust) mobilization still occurred. Why? The culturalist critiques outlined above suggest that the same cultural factors which fostered a structural lack of opportunities simultaneously crafted new opportunities outside of political structures for HIV/AIDS activists to act upon. There are numerous alternative explanations to and critiques of PPT which are useful when analyzing HIV/AIDS activism. New Social Movement theory is one such example.

**New Social Movement Theory**

Developed by European scholars win the 1970s (while American sociologists were developing POS), New Social Movement theory (NSM) is rooted in revision of classical Marxist notions of political mobilization. NSM argues that Marxists scholars “privilege proletarian revolution rooted in the sphere of production and…marginalize any other form of social protest.”39 Engel notes that new social movement theory “seeks to understand why individuals participate in collective behavior via reference to grievance articulation while also claiming the structuralism view that identity is shaped by the overarching circumstances and dynamics of advanced industrial society.”40

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38 Ibid., 108-109.
40 Engel, 13.
Steven Buechler identifies six themes of new social movement theories. First, NSM theorists argue that symbolic action in civil and cultural arenas is as instrumental as is direct action against the state. Second, such theories argue that promoting autonomy and self-determination is as important a goal of social movements as is maximizing influence and power. Third, NSM theories highlight the role of postmaterialist values over material resources. Fourth, these theories assume that social movements’ members and interests are formed through collective identity formation rather than through structurally determined factors. Fifth, NSM theories stress the social construction of grievances rather than deducing them from structural positions. Finally, these theories recognize and stress the importance of latent networks that underscore collective action rather than positing that centralized organization is a prerequisite for success.41

NSM theorists have been heavily criticized for their problematic logical assumptions and ahistorical arguments. Nelson Pichardo points out that while these theorists criticize Marxist scholars for “[marginalizing] protest that did not stem from the working class, so too have [they] marginalized social movements that do not originate from the left…. Thus, the NSM paradigm describe (at best) only a portion of the social movement universe.”42 Pichardo further argues that “the observation [of NSM scholars] concerning the role of the civic sphere (where culture and identity reside) in modern conflict…is perhaps the most provocative and informative aspect of the NSM thesis and the element around which a reformulation of the NSM thesis should be constructed.”43 Patrick Mooney attempts to remedy to the ahistoricism of NSM theory by arguing that “what is old and what is new about social movements may be more in the way we, as scholars, think about and analyze them, than in the substance of the movements themselves.

41 Buechler, 442.
43 Ibid., 427.
That is, the ‘discovery’ of new social movements may reflect a theoretical shift more than an actual historical or empirical shift.”44 Thus, in Mooney’s view, NSM theories are useful insofar as they provide a framework for thinking about social movement dynamics rather than a methodology for explaining these dynamics.

Josh Gamson utilizes NSM theory to analyze the HIV/AIDS activism of ACT UP during the late-1980s. Gamson argues that ACT UP fits the profile of a “new” social movement insofar as the groups’ tactics were dually focused on targeting the state as well as culture, holding an “orientation towards identity and expression, while not excluding older-style strategic action.”45 Utilizing the Foucauldian position that modern history has seen a shift in the source of domination from the state to routine processes of normalization and stigmatization, Gamson argues that ACT UP cannot be understood without answering the fundamental question “who is the enemy?”46 By framing their activism in this way, ACT UP’s “mix of strategies” becomes clearer:

More familiar, instrumental pressure-group strategies attempt to change the distribution of resources by attacking those visibly controlling distribution. Identity-forming strategies are particularly crucial and problematic when the struggle is in part against a society rather than a visible oppressor. Label disruption—contained in identity-forming strategies, and the core of symbolic strategies—is a particular operation on the cultural field. It is made necessary by a form of domination that operates through abstractions, through symbols that mark off the normal.47

Thus, in Gamson’s view ACT UP fits the mold of a “new” social movement insofar as their methods targeted “enemies” both tangible—government agencies, pharmaceutical companies—and invisible—amorphous stigmas reinforced by everyday American culture. ACT UP was as

47 Gamson, 363.
focused on resource distribution as they were with challenging dominant narratives surrounding sexuality and disease to give popular symbols new meanings.

**A Multi-Institutional Politics Approach**

Gamson’s arguments provide a useful segue to Armstrong and Bernstein’s criticisms of PPT, which they term a multi-institutional politics approach. Armstrong and Bernstein suggest that PPT “assumed that domination was organized by and around one source of power, that political and economic structures of society were primary and determining, and that culture was separate from structure and secondary in importance.”48 Rejecting these assumptions, the scholars instead argue that society is composed of multiple institutions, each operating with distinct logics, and that social movements can choose to challenge the domination of any variety of these institutions. In contrast to the state-centricity of PPT, Armstrong and Bernstein argue that social movements frequently engage in actions which are as focused on challenging the state as they are with challenging culture and society, two sources of social movement activity left understudied by PPT.

Under a multi-institutional politics approach, then, understanding social movement activities is contingent upon locating the source of domination that is targeted. Armstrong and Bernstein use this approach to further Gamson’s arguments regarding ACT UP’s theatrical techniques. Whereas Gamson found the targets of ACT UP’s strategies to be disembodied and invisible, Armstrong and Bernstein argue that by viewing “heteronormativity as embedded within major institutions,” these targets become far more concrete and visible.49 The “multisited nature of domination,” they argue, is what allows both material and immaterial challenges to be

49 Ibid., 89.
understood under a cohesive framework of social movement analysis. Similar to Gamson, though still distinct in their approach, Armstrong and Bernstein argue that “movement analysts [should] start with an examination of the nature of power—and how activists understand that… power—in specific contexts.”

Several aspects of a multi-institutional politics approach bear relevance to this thesis. The notion that power is located around multiple (and often conflicting) institutions in society is a useful guiding principle for any analysis of HIV/AIDS activism. Armstrong and Bernstein argue that instead of treating challenges to resources and meaning as distinct, scholars should instead focus on how “challenges that appear to be primarily about distribution are also over social honor, and the ways in which contestations over meaning are critical to the fate of struggles over resources.” As the scholars show through Gamson’s work on ACT UP, HIV/AIDS activism is unique in its target. Because the HIV/AIDS epidemic provides multiple sources of contention, some concrete and some abstract, understanding the specific logic of power being targeted by activists should be essential to explaining their actions.

The focus on strategies within a multi-institutional politics approach furthers this benefit. According to Armstrong and Bernstein, “strategy is of central interest [in a multi-institutional politics approach] in part because there is not presumed to be any obvious or inevitable relationship between environment and strategy.” In contrast to PPT’s focus on locating sources of political opportunity, Armstrong and Bernstein argue that examining activist strategies can greatly aid in understanding which sources of power they seek to disrupt. To continue using Gamson as an illustrative study of HIV/AIDS activism, centering an analysis of group strategies

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50 Ibid.
51 Ibid., 92.
52 Ibid., 85-86.
53 Ibid., 93.
illuminates how groups can simultaneously engage in tactics aimed at “classic” notions of resource redistribution while also fighting against broader forces of stigma and domination.

**Emotional Social Movement Theory**

A robust school of social movement analysis has developed through critiquing how PPT and other dominant approaches fail to understand the role of emotions in mobilization. Scholars within this “emotional turn” examine how relying on rationality to support dominant frameworks of analysis often causes scholars to “relegate [emotion] to one arena (e.g., protest) that can then be disparaged and dismissed.” Goodwin, Jasper, and Polletta note that “[e]motions…are collective as well as individual, and they permeate large-scale units of social organization, including workplaces, neighborhood and community networks, political parties, movements, and states, as well as the interactions of these units with one another…. [Moreover,] a number of macroscoiological concepts help to explain movements precisely because of the emotional dynamics hidden within them.”

This thesis draws primarily on two sources in crafting a methodology of emotional social movement analysis. The first of these sources are the various chapters in *Passionate Politics*, an anthology edited by Goodwin, Jasper, and Polletta. In their book, the editors select a wide range of papers that seek to integrate theoretical positions on the important role emotions play in social movements with practical analyses of movement activities. The second source this thesis draws on is Deborah Gould’s book *Moving Politics*, a fantastically researched history of how ACT UP transformed emotions into activism during the height of the HIV/AIDS epidemic.

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54 Ibid., 17.

In their introduction to *Passionate Politics*, Goodwin, Jasper, and Polletta explore “the interaction of emotions with other kinds of cultural dynamics but also with organizational and strategic dynamics.” 56 The authors lay out a typology of emotions along two dimensions:

The first dimensions concerns how long the feelings last. Thus, one category includes longer-lasting affects like love or hate, trust or respect, which accompany—even help to define—enduring social relationships; the other consists of shorter-term responses to events and information…. The second dimension contrasts feelings about specific objects with more generalized feelings about the world that transcend specific objects. Moods—which lack a clear direct object—may themselves be short or long in duration: a panic attack, for example, compared to depression and resignation. All four kinds of emotions are clearly relevant to political action. 57

Under this emotional typology, emotions such as hate, love, sympathy, trust, and dread are grouped as having specific objects on long term time scales. Emotions as shame, paranoia, optimism, and pride as grouped as having general scopes on long term time scales. Fright, surprise, anger, grief, and sorrow are grouped in another category as having specific objects on short term time scales, and, lastly, anxiety, joy euphoria, and depression are grouped as having general objects on short term time scales. 58

Importantly, Goodwin, Jasper, and Polletta acknowledge the structural aspects of emotions in their typology, arguing that emotions “are related to moral intuitions, felt obligations and rights, and information about expected effects, all of which are culturally and historically variable.” 59 The scholars balance this structurally constructed view of emotions alongside bodily and psychological aspects, arguing that the best framework for scholars to utilize lies in the middle of these two sides. 60 Goodwin, Jasper, and Polletta also significantly argue that emotions are not only important in mobilizing citizens to participate in social movements, but are also

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56 Ibid., 9.
57 Ibid., 10.
58 Ibid., 11.
59 Ibid., 13.
60 Ibid.
essential to the continuing activity of these movements. The scholars point out that developing “rich cultures” to create and sustain group solidarity is a vital aspect of social movements, and is also a process that is extremely emotive in nature.61

Despite its great utility in guiding emotional social movement scholarship, Goodwin, Jasper, and Polletta’s typology is still deserving of some critique, much of which can be found in the later chapters of their volume. One shortfall of the scholar’s arguments is how it privileges “strong” emotions—love/hate, shame/pride, fright/anger, and anxiety/joy, to select a few from each of their categorizations—over those more nuanced emotions that also play an integral role in social movement activity. In his chapter of *Passionate Politics*, Calhoun argues that we should expand our view of emotional social movement theory from those emotions which are the result of “disruptions to social life” to also focus on the emotions which come from the “everyday maintenance of social structures.”62

Particularly with regards to identity politics, Calhoun argues that scholars must pay attention to “the way in which we invest ourselves in and achieve our identities through emotional relationships to other people.”63 Barker’s chapter argues that laborers at the Lenin Shipyard in Gdansk, Poland during the 1980s developed and realized their mobilizing emotions through a process he terms “interactive discovery.”64 By directly interacting with other protestors, Barker argues that “practical interaction” allowed activists to articulate a new and passionate dialogue to “explore the possible meanings and viability of their orienting idea and give it concrete shape.”65 The scholar links this process of interactive discovery directly to the

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61 Ibid., 18.
63 Ibid., 53-54.
65 Ibid.
activism these protestors carried out, stating that through conversations both deliberative and non-deliberative, activists “crystallized their ideas and cemented new patterns of social organization.” While Barker is discussing a very specific type of direct action protest, the point that simple and routine conversations can also shed light on the emotional dynamics of social movements is a key one.

Indeed, these additional, perhaps more casual, emotions which are formed through everyday routines and social relationships are certainly important in social movement dynamics. This is not only because, as Goodwin, Jasper, and Polletta note, these movements develop rituals and cultures that structure member interactions in highly emotional ways after they have formed, but also because, I argue, these emotions can mobilize individuals to join social movements just as those more “intense” emotions listed by GJP can. This point bears particular relevance in rural queer studies, where emotional experiences are typically articulated in terms of isolation and loneliness. This point is discussed in further detail in chapter 3, but it appears that general emotional experiences that lack the excitement or displacement of more intense emotions play a key role in mobilizing individuals. Calhoun certainly recognizes this point by arguing that social relationships can structure emotions in mobilizing ways, even when these emotions are not as intense as fear, anger, passion, or pride.

Emotional Social Movement Theory and AIDS Activism

Deborah Gould usefully applies this emotional framework to AIDS activism in her 2009 book Moving Politics. In contrast to an understanding of AIDS activism through the PPT framework, Gould points out that “[c]ontrary to that paradigm’s explanatory framework…ACT UP had emerged and developed despite, and indeed partially because of, tightly constricted

66 Ibid.
political opportunities.”67 Masterfully researched, her book examines the ways in which ACT UP and other direct-action AIDS activism acted on emotive experiences to drive mobilization efforts. Gould develops the concept of “affect,” the process by which we “experience our feelings as opaque to ourselves, as something that we do not quite have language for, something that we cannot fully grasp, something that escapes us but is nevertheless in play, generated through interaction with the world, and affecting our embodied beings and subsequent actions,” to explain the catalyst for mobilization against AIDS.68

Through the experience of affect, social groupings develop an “emotional habitus,” made up of its “members’ embodied, axiomatic inclinations toward certain feelings and ways of emoting.”69 According to Gould, an emotional habitus provides groups with a mutually understood and experienced “disposition” that influences how members interpret their feelings, and enables them to develop schemas about how these feelings should be understood.70 Gould argues that the collective emotional dispositions of a group of individuals provides them with an “emotional pedagogy” by “conferring on some feelings and modes of expression an axiomatic, natural quality [while] making other feeling states unintelligible.”71 A group’s emotional habitus is extremely influential in determining political action because emotions are integral in “generating and foreclosing political horizons, [or] senses of what is to be done and how to do it.”72

Indeed, the relationship between a group’s emotional habitus and its political horizons is key to understanding how Gould views the interplay of emotions and activism. As she states:

67 Gould, 10.
68 Ibid., 20.
69 Ibid., 32.
70 Ibid., 34.
71 Ibid., 24.
72 Ibid., 32.
To engage in activism that envisions alternative ways of organizing society and alternative ways of being is to risk membership in society, a sense of belonging, however partial it may be…. My general point is that emotion, in the words fullest sense—sensations, feelings, passions, whether conscious or not—conditions the possibilities for oppositional activism. It does so by facilitating, and blocking….our political horizons, our ideas about the politically (im)possible, (un)desireable, (un)necessary in a given moment. Our affective states can constrict our political imaginaries…as well as extend them in new, unexpected directions.73

In other words, an emotional habitus confers significant processes of meaning-making, allowing members of a collectivity to actively deliberate “about what is political possible, desirable, and necessary.”74 Gould argues that habitus is a useful conceptual tool because it allows for a recognition of the shared togetherness of emotive processes, locating “feelings within social relations and practices, thereby pointing toward their conventionality and countering a standard understanding of feelings as wholly interior to the individual.”75 Indeed, she specifically notes that her framework of emotional politics does not exist at the level of the individual: “[W]hen a given constellation of feelings and related emotional practices becomes widespread within a social group, the emotional habitus that is established creates a space for some forms of activism and forecloses others…. The task, then, is to trace how a given emotional habitus comes into being and is stabilized, how it helps to establish a political horizon, and how those processes affect people’s modes of activism.”76

Gould argues that shifts in the prevailing emotional habitus of gay and lesbian communities from 1981-1995 were extremely influential in structuring these communities’ activist responses to HIV/AIDS. These different (but equally hegemonic) habitus and their respective political horizons provided “different ways to navigate the feeling states that [made]

73 Ibid., 443. Emphasis removed from original.
74 Ibid., 3.
75 Ibid., 35.
76 Ibid., 103.
up lesbians’ and gay men’s ambivalence, sometimes elevating their desire for social acceptance and anxiety about social rejection, at other times submerging those feeling states and instead elevating rage against those who had socially annihilated them and were now physically annihilating them as well.”77 Perhaps the most central argument of Moving Politics is that by examining these shifts in the dominant emotional habitus, we can better explain why AIDS activism transformed from its early focus on caretaking to confrontational direct-action work in the mid-1980s.

Gould contends that pre-AIDS, the emotional habitus within the gay and lesbian community “was structured by ambivalence,” and the onset of AIDS provided an environment which heightened many of these feelings.78 As early activists and community members “repeatedly articulated and evoked certain feelings and suppressed others, they generated and reproduced a particular emotional habitus” which structured how lesbians and gay men understood themselves, homosexuality, and AIDS.79 Activists targeted affective ambivalence by articulating a sense of “pride and love for one’s sick brothers and for the community at large” to combat shame and fear within the gay and lesbian community, already pervasive but exacerbated by HIV/AIDS. The interpretation and reproduction of emotions within this habitus was crystallized in activist strategies by establishing a political horizon that “encouraged lesbians and gay men to focus on the vital work of caretaking and service provision, to embrace routine interest-group tactics such as voting and lobbying, to equivocate about gay male sexuality.”80

The dominance of this emotional habitus led to a type of respectability politics that Gould argues discouraged militant direct-action activism. Because the emotional habitus of gay and

77 Ibid., 42.
78 Ibid., 63.
79 Ibid.
80 Ibid., 64.
lesbian communities during the time period of 1981-1986 “was heavily colored by gay same, fear of intensified social rejection, and desire for social acceptance,” early AIDS activists responded to the epidemic by embracing a style of activism that refrained from “rocking the boat” so as not to risk any semblance of respect or credibility.\(^{81}\) So while these activists continued to articulate a sense of gay pride, the reigning emotional habitus fostered political horizons encouraging a politics of respectability and rationality in the face of widespread trauma, “validat[ing] reputable activism, such as provision of services, care-taking, candlelight vigils, and tactics oriented toward the electoral realm, while delegitimizing and thereby discouraging less conventional political actions that might jeopardize gay respectability.”\(^{82}\) So while some individuals did make calls for intense and anger-driven responses to the AIDS crisis in the early 1980s, these tactics did not resonate within the contours of the prevailing emotional habitus and its political horizons and were thus unintelligible among gay and lesbian communities who were primarily focused on appearing prideful through their strength and respectability.

However, Gould locates the Supreme Court’s 1986 ruling in *Bowers v. Hardwick*, where anti-sodomy laws were upheld as constitutional, as the key turning point in shifting the prevailing emotional habitus within gay and lesbian communities. Gay and lesbian backlash to the *Hardwick* decision “was immediate and more anger-driven and dramatic than any lesbian/gay activism [had been] for a decade.”\(^{83}\) In the wake of *Hardwick*, Gould argues that activations began to express a far higher level of “anger and calls for militant political action.”\(^{84}\) These calls for radical action were exacerbated when activists interpreted *Hardwick* within the ongoing AIDS crisis. Because the Court held that antisodomy laws were constitutional on the basis of

\(^{81}\) Ibid., 98.
\(^{82}\) Ibid., 90.
\(^{83}\) Ibid., 122.
\(^{84}\) Ibid., 126.
blatant homophobia, activists linked *Hardwick* to the broader injustices committed against their communities since the start of the epidemic.85 While not specifically about AIDS, Gould notes that *Hardwick* shattered the existing emotional habitus by prompting widespread feelings of anger and indignation, emotions which had previously failed to gain salience among activists because they were viewed as oppositional to the larger goal of gay respectability.86 This shattering prompted the redrawing of the emotional habitus of lesbian and gay communities in a way that “offered an alternative way to feel and to express one’s feelings, joining self-respect, self-love, and pride to indignation, anger, and animosity…. This new constellation of sentiments, explicitly and unabashedly linked to militancy, ushered in a new political horizon that created a space for confrontational AIDS activism.”87 It is no coincidence, then, that direct-action AIDS group began to arise around the country within months of the *Hardwick* decision.88

Locating *Hardwick* as the turning point in shifting the boundaries of the gay and lesbian community’s emotional habitus to open a new political horizon encouraging direct-action activism demonstrates how Gould’s emphasis on the emotional aspects of social movements challenges the assumptions of political opportunity structures and PPT. As she notes, the Court’s decision “unequivocally marked a further erosion of lesbians’ and gay men’s access to the political process,” suggesting a severe tightening of political opportunities and intense feeling of social exclusion that would discourage mobilization under these models.89 However, by demonstrating how this decision was actually the *spark* of militant AIDS activism, Gould shows how an attention to the power of (often nonconscious) emotional experiences in shaping the

85 Ibid., 127-128.
86 Ibid., 134.
87 Ibid., 157.
88 Ibid., 128.
89 Ibid., 133.
landscape of the political imagination can explain why intense activism often arises at seemingly “inopportune” times.  

Operating under an emotional habitus and its corresponding pedagogy encouraging activism based on transforming anger (at the government, at society) into militant, direct-action protest, groups like ACT UP offered spaces where gay men and lesbians could join together to articulate their emotions, express their sexuality, and imagine a new world: ACT UP was “one of the important places to be if you were a self-respecting queer concerned about the AIDS crisis.” The impact of emotions on generating and sustaining direct-action AIDS activism suggests, as Gould notes, “that movements enhance their sustainability when they speak to people at the level of desire, allowing, or better, enticing, participants to collectively develop and pursue their aspirations for a different world.” The political horizons set by this emotional habitus encouraged the anger-driven participation in direct-action work and turned what was previously thought to be scary and shameful into a source “of pleasure and pride.”

However, despite the strength of the gay and lesbian community’s emotional habitus and its political horizons in promoting and sustaining militant activism, Gould notes that a change in the context of this activism, and the resulting affective states, “can challenge the practices, feelings, habitus, and imaginaries that organize and indeed constitute the movement, making it difficult for the movement to persist.” In the case of ACT UP, the despair rising from an ever-growing number of deaths began to cause the reigning emotional habitus to wane. With an

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90 Ibid., 133-134.
91 Ibid., 210-212, 265.
92 Ibid., 212.
93 Ibid., 265.
94 Ibid., 270.
95 Ibid., 395-396. As Gould notes, it is not a deterministic relationship between the prevalence of affective desperation and movement downturn; while “[d]espair sometimes flattens political possibilities, exacerbating a sense of political inefficacy and hopelessness and generating apathy and withdrawal…it
emotional pedagogy based on channeling anger into passionate, prideful, and shameless activism, “ACT UP’s emotional habitus prohibited despair, and that made it difficult to deal with that bad feeling.”

I use Gould’s model very closely in the following two chapters. Brilliantly argued, her utilization of emotional social movement theory has inspired much of this research. However, as the following chapters demonstrate, much of her account differs from what I locate as the emotional habitus of rural queer Mainers, and the differences in habitus and political horizons between the groups discussed in *Moving Politics* and the groups described in this thesis provide an essential comparison between HIV/AIDS activism in urban and rural contexts. However, this thesis is not aimed at dislodging Gould’s general argument, though it does, at times, find this argument to be metronormatively biased. As such, before moving to laying out a set of hypotheses based on the various approaches to social movement theory discussed, I close this section with one of Gould’s most compelling claims:

There is no fixed recipe for sustaining a movement, but the case of ACT UP indicates the importance of feelings in nourishing activism—feelings that derive from being recognized and affirmed in one’s self, from connecting to others and becoming part of a ‘we,’ from engaging in something larger than oneself, from experiencing self-organization and autonomy within collectivity, from being enticed to change and try out new ways of being…. A movement milieu—shaped in large part by its emotional habitus—expresses desire for different forms of social relations, different ways of being, a different world. In doing so, a movement allows participants to feel their own perhaps squelched desires or to develop new ones that through articulation can become contagious, flooding others’ imaginations and drawing them into the movement. In articulating and enacting what previously might have been unimaginable, a movement offers a scene and future possibilities that surprise, entice, exhilarate, and electrify.

also sometimes works to open new political horizons, alternative visions of what is to be done and how to do it” (396). So while despair did lead to the fall of the direct-action AIDS movement, the more important task is to locate why it can have one effect or the other.

96 Ibid., 396.
97 Ibid., 212.
**Drawing Hypotheses**

To once again restate the central questions of this thesis: how have rural communities organized in response to HIV/AIDS? How has HIV/AIDS been conceptualized and experienced in Maine? What factors fostered these conceptualizations and experience? How have they influenced the goals and strategies of HIV/AIDS activists in Maine? While dominant within the field of political sociology, political process theory (and similar political opportunity structures) have been heavily critiqued for their structural biases and their difficulty in explaining activism that arises in situations that seem unlikely or inopportune. Out of these critiques, two specific frameworks stand out as pertinent to my research: a multi-institutional politics approach, and emotional social movement theory. This section discusses how both of these approaches are useful for answering these questions and generates a series of hypotheses that the proceeding chapters will examine more closely. The conclusion briefly restates these hypotheses before introducing the following chapters.

**A Multi-Institutional Politics Approach**

A multi-institutional politics approach is a useful substitute for PPT because it neglects to assume *a priori* the importance of the state within activism. By viewing society as consisting of multiple institutions of power, each operating with distinct (and sometimes contradictory) logics, I find that this model of social movement analysis can do much to explain HIV/AIDS activism in Maine. A multi-institutional politics approach stresses how activist goals frequently intertwine symbolic and pragmatic concerns. Activism is viewed as targeting a diverse array of dominant institutions, political and cultural, and as such, activists are often simultaneously concerned with bringing about material and symbolic change. Insofar as this thesis is seeking to understand how Mainers experienced and conceptualized the HIV/AIDS epidemic, a multi-institutional politics
approach can do much to explain how activists crafted goals and strategies to dually combat institutional power and cultural understandings. The experience of the HIV/AIDS epidemic, and its broader understanding, in Maine are vital to explore because they carry the potential to explain what motivated mobilization against the crisis and how groups in the state worked to enact their goals. Through a multi-institutional politics approach, we can expect the goals of Maine organizations to reflect the specific sites of power they seek to challenge, and further, can expect activists to develop strategies aimed at dislodging the distinct logics operating within each of these sites.

The literature on rural HIV/AIDS discussed in the preceding chapter suggests much about how we can predict how the epidemic was conceptualized and experienced in Maine, and, in turn, better explain how activists responded to it. There is reason to believe that the relatively low incidence of HIV/AIDS in rural communities compared to urban ones, especially during the early years of the epidemic, lead to the perception that it was not a “rural problem.” Indeed, Davis and Stapleton note that in Iowa, the site of their 1991 study, there existed a “public perception that [HIV/AIDS] is not a problem in [the state]” which, in their opinions, partially resulted “in a lack of commitment of state resources for AIDS-related programs.”98 Thus, it’s fair to argue that a common perception among rural individuals—at least in the early years of the epidemic—was that HIV/AIDS was a “distant” problem simply because they simply didn’t encounter a critical enough mass of individuals to trigger any sense of immediate alarm.

For instance, recall that in Raimondo’s analysis of the “migration narrative” of HIV/AIDS, “cities were sites of knowledge about AIDS. In contrast, the rural United States seemed unprepared for the challenge that people with AIDS represented to the ideal of

98 Davis and Stapleton, 543.
Further, Raimondo noted that national discussion of the migration of urban PLWHA to rural communities “rediscovered national space that was as-yet uncontaminated despite the encroachments of the ‘Third World.’” Raimondo’s arguments show that discourses of HIV/AIDS implicitly cast rurality as antithetical to the epidemic, only capable of experiencing it if dangerous queer urban bodies “encroached” upon communities that are typically considered as America’s bucolic heartland. Even scholars who embark on empirical studies of patterns of HIV/AIDS migration render the epidemic an urban phenomenon insofar as they discuss it only as an issue that arises in the city before stemming out to communities where it was (and is) not expected to go. The literature available on HIV/AIDS in rural communities, then, suggests that the epidemic was rhetorically constructed as an “outsider,” foreign to the typical ways of life that we associate with rurality.

Even beyond this specific instance, metronormative hegemony can lead us to expect rural communities to conceptualize HIV/AIDS as “other.” Because metronormativity influences how we conceptualize the spaces where queer people live, it would be valid to argue that rural communities would initially conceptualize HIV/AIDS as an urban phenomenon insofar as the epidemic was (and still is, to some point) conceptualized as a “gay disease.” If gayness was

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100 Ibid., 397.
102 This conceptualization, while producing some positives, can also be problematic. As Christina Hanhardt states, “Today AIDS remains of the moment, although demographics (and assumptions) about whom it most affects have changed. As a result, historians must now consider additional pasts to account for the shape the crisis has taken. But it is worth noting that some of these other pasts were also salient during the early years of scholarship and activism but were obscured or ignored. I am particularly intrigued by the historiographical challenges and opportunities this poses for writing histories of
and is conceptualized as a primarily urban phenomenon, then we have every reason to expect that all individuals, regardless of where they live, would see HIV/AIDS as urban precisely because that is the only environment in which we “see” gayness.

So, in drawing a hypothesis for the question as to how HIV/AIDS was conceptualized in Maine, we can expect that residents viewed the epidemic as an “urban phenomenon,” and that classifying it as such lent an aspect of “other-ness.” This hypothesis has important implications for understanding activist goals and strategies because, as a multi-institutional politics approach suggests, recognizing how activists understand and locate the power they seek to challenge is an essential for explaining how and why the mobilize.

*Emotional Social Movement Theory*

But the second element of this question – how was the HIV/AIDS epidemic *experienced* in Maine – moves beyond the types of analysis fostered by a multi-institutional politics approach. In understanding the *experience* of rural queer people and People Living with HIV/AIDS (PLWHAs) in Maine, tapping into emotional social movement theory offers many exciting possibilities. As Gould suggests, the generation, re-generation, and transformation of an emotional habitus is an essential part of activism, particularly with regards to HIV/AIDS. And while her book is primarily focused on urban HIV/AIDS activism, there is no reason to necessarily assume that rural activists responded in highly different ways. Indeed, it shouldn’t be outrageous to assume that the numerous emotions Gould associates with HIV/AIDS activism—ambivalence, pride, shame, grief, anger, indignation, despair—in *Moving Politics* would also be

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felt in rural contexts. The shifting emotional habitus Gould describes is hegemonic, and its reach is presented as complete: the gay and lesbian community’s emotional habitus.

We might expect that, insofar as rural queer individuals and many rural PLWHAs were members of this gay and lesbian community, they operated under a similar emotional habitus during the time period and, as Gould’ analysis suggests, had similar political horizons. However, there is also ample (and important) reason to believe that these individuals would have unique experience given how unique the experience of HIV/AIDS in rural communities has been. As discussed in greater detail in Chapter 3, much of the rural queer experience is articulated in terms of “isolation.” Whether this experience of isolation is used to positively or negative describe rural queer life, it is no doubt a highly emotional one. So while there is certainly reason to believe that the emotional habitus identified by Gould were also felt and interacted with in Maine, the centrality of isolation to rural queer life is an element that could set Maine apart from queer life in urban contexts.

While appearing to be a negative emotional experience, a major goal of rural queer scholarship (and likewise a major benefit of applying emotional social movement theory to it) is to prove how feelings of isolation do not necessarily connote inferiority or negativity. As Katherine Schweighoffer argues, the positioning of a politics of visibility—being “out and proud,” so to say—is a metronormative concept in and of itself. As Schweighoffer states, “[i]f different geographies of sexuality pose different sets of constraints on the individuals within them, it follows that the identities and communities produced cannot be read through the same rubric…. [L]esbians and gay men in rural spaces create their own forms of identity and community, ones far outside any urban-based expectation of the closet.”103 Thus, while isolation

103 Katherine Schweighoffer, “Rethinking the Closet: Queer Life in Rural Geographies” in Gray et al. (2016), 240.
and the lack of a tendency to craft spaces and lives that are expressly “out and proud” are certainly central elements of rural queer life, these (emotional) factors deserve to be constituted as different rather than necessarily lesser.

There is evidence to suggest that feelings of isolation are common emotional experiences driving mobilization. As Marshall Ganz notes, “[w]hen we feel isolated, we don’t see the interests we share with others, we have little sense of access to common resources, we have no sense of a shared identity.” Ganz identifies “solidarity” as the counter to this emotional experience, stating that groups implement “mass meetings, singing, common dress, shared language, etc.” to develop relationships among members and foster feelings of connection. While isolation and non-urban forms of visibility may be unique (and definitional) aspects of rural queer life, Ganz’s identification of solidarity as a motivating counter-emotion carries great potential to explain the goals and strategies of Maine organizations.

The isolation-solidarity divide is further useful because it can explain the challenges of organizing in rural locales (particularly with regards to sexuality) in light of Schweighoffer’s claims that rural queers tend to view their sexuality in unique terms vis-à-vis visibility. There is nuance in Ganz’s dichotomization of isolation and solidarity as emotional experiences, however, because he identifies creating a common culture (expressed through meeting, singing, dress, language, etc.) as a form of solidarity building rather than adhering to dominant iterations of identity. And insofar as creating a common culture is, as Gould finds, a process that is inundated with emotions and affect, we can expect that locating the unique ways that HIV/AIDS activists in Maine created and fostered a sense of community and togetherness—how they work to “create a

105 Ibid.
better world”—has been heavily shaped by their emotional habitus and its resulting political
horizons. The task, then, becomes locating how the emotional habitus of rural queer individuals
in Maine both mirrored and differed from those described by Gould, and then using this
comparison to explain how activists built upon emotional pedagogies to sustain their movement
and work toward their goals.

**Conclusion**

This chapter has led to the following hypotheses: under a multi-institutional politics
approach to social movements, activists respond to a variety of power-wielding institutions, both
political and cultural, in regards to the distinct logics of each institution. Locating these sites of
power is essential to explaining why and how activists draft strategies and goals. With regard to
HIV/AIDS activism in Maine, we can expect that the conceptualizations of the epidemic played
a large role in structuring activist responses because these conceptualizations are both the result
and cause of a variety of institutional challenges. I contend that Mainers have conceptualized
HIV/AIDS as urban, and therefore other, due to a variety of metronormative impacts, and that
activists were highly concerned with transforming these perceptions.

Emotional social movement theory rejects the structural bias of PPT to argue that
emotions play a vital role in activism. As Gould suggests in *Moving Politics*, the emotional
habitus of gay and lesbian communities played a large role in structuring HIV/AIDS activism by
providing activists with unique political horizons and emotional pedagogies. While there is
ample reason to believe that much of the influence of these emotional habitus impacted
HIV/AIDS activism in Maine, the unique and highly emotional experience of rural queer
individuals also suggests key differences that would structure their response to the epidemic in
unique ways. I predict that the emphasis on isolation in rural queer studies is a primary aspect of the differences between urban and rural gay and lesbian emotional habitus.

Chapter Three analyzes narratives about HIV/AIDS in Maine, as well as general discourse surrounding the emotional experience of rural queer individuals and PLWHAs in the state, in order to evaluate these hypotheses. The first section of the chapter examines how Mainers conceptualized the HIV/AIDS epidemic, while the second section will compare the emotional habitus and political horizons of the gay and lesbian community in Maine with those described by Gould in *Moving Politics*. These tasks are grouped in the same chapter because they both are used as a springboard for examining the strategies and goals of HIV/AIDS activists in Maine in Chapter Four. The first section of Chapter Four responds to the conceptualizations of the epidemic identified in Chapter Three and uses a multi-institutional politics approach to explain how these perceptions structured HIV/AIDS activism in the state. The second section of Chapter Four responds to the emotional habitus and political horizons laid out in Chapter Three, using Gould’s description of movement sustenance and emotion work to understand how emotions structured activism.

These chapters can be read as presented, but can also be read non-chronologically. While they are ordered here to suggest a type of cause-and-effect relationship (where Chapter Three locates causes and Chapter Four describes effects), the first and second sections of each chapter can be read in conjunction with each other to group by conceptual concern. In other words, section one of Chapter Three links with section one of Chapter Four by linking conceptualizations of HIV/AIDS and attendant activist responses through a multi-institutional politics approach, while section two of Chapter Three links with section two of Chapter Four by discussing how emotional social movement theory can explain HIV/AIDS activism in Maine.
US, THEM, ALONE, TOGETHER: 
HIV/AIDS IN MAINE

This chapter explores narratives surrounding HIV/AIDS throughout the state of Maine from 1982 to 1996 in order to examine understandings and experiences of the epidemic in the state. The chapter argues that, beyond being discussed as urban and other, HIV/AIDS was understood and experienced as a metronormative phenomenon in Maine. The last chapter hypothesized that, under a multi-institutional politics approach, activists build goals and strategies that combat the logics of the various societal institutions producing domination. Here, I demonstrate how analyzing the metronormativity embedded within Mainers conceptualizations of HIV/AIDS set the stage for better explaining their activism in the following chapter.

The previous chapter also hypothesized that HIV/AIDS activism in Maine, like in urban contexts, was highly influenced by the emotional habitus structuring the experiences of rural queer individuals and PLWHAs in the state. While it is safe to assume that these emotional habitus bear many similarities to those described by Gould in *Moving Politics*, the unique context of rural queer life, and the resulting affective states, suggest key distinctions that are essential for understanding how and why HIV/AIDS activism looked different in Maine than, say, New York City or San Francisco. As such, this chapter establishes what I argue to be the prevailing emotional habitus of gay men and lesbians in Maine in order to explain these differences.

As defined by Jack Halberstam, metronormativity represents “[t]he notion of metrosexuality as a cultural dominant in U.S. theorizing about gay/lesbian lives,” whereby “[r]ural and small-town queer life is generally mythologized by urban queers as sad and lonely, or else rural queers might be thought of as ‘stuck’ in a place that they would leave if they only
could.”¹ Halberstam notes that “[m]ost theories of homosexuality within the twentieth century assume that gay culture is rooted in cities, that it has a special relationship to urban life,” thus positing the city as not only the ideal, but indeed the only place for the formation of queer identity and culture. As Kath Weston argues, “the gay imaginary is spatialized, just as the nation is territorialized. The result is a sexual geography in which the city represents a beacon of tolerance and gay community, the country a locus of persecution and gay absence.”²

This chapter seeks to problematize these scholars’ claims in several ways. First, it intends to show how Halberstam, Weston, and others often base their formulations of the metronormative “queer imaginary” as one that affects the development of a queer identity by queer people themselves, instead of an epistemology that influences virtually all people, rural or urban, queer or straight. As the chapter will demonstrate, this point is especially important with regards to HIV/AIDS because recognizing the overarching epistemological influence of metronormativity is key to understanding how Mainers conceptualized HIV/AIDS in the 1980s and 1990s. Second, this chapter seeks to problematize the notion of “isolation” so frequently discussed vis-à-vis the rural queer experience. While isolation is certainly a motivating factor of the rural queer experience, it is often times used as a substitute for loneliness, a more emotive experience. Understanding this nuanced differentiation is key to understanding activist strategies and the rural queer experience more broadly. While both isolation and loneliness have emotional aspects, the former is dually described in emotional and physical terms.

These elements of the rural queer and PLWHA experience certainly intersect, and often affect one another; however, it is essential to understand they ways in which they differ in order

to understand how they influenced HIV/AIDS activism in Maine. In locating the nuanced affective experiences of these individuals, I attempt to trace the contours of the dominant emotional habitus shaping and sustaining activism. Again, while many of the emotions described by Gould were felt and acted on in Maine, I argue that an attendance to the power of metronormativity in shaping rural queer life demonstrates how and why the emotional habitus and resulting political horizons structuring HIV/AIDS activists in in the state differed from their urban counterparts.

The chapter begins by analyzing HIV/AIDS discourse in Maine during the latter two decades of the 20th century. Tapping into the scholars of metronormativity, it examines how Mainers tethered queer identities to urban spaces, and, insofar as it was (and continues to be) conceptualized as a “gay disease,” likewise constructed a discourse surrounding HIV/AIDS that rendered the state of Maine as “immune” to epidemic by viewing it as an urban phenomenon, incompatible with the state’s ways of life. The chapter then moves to an analysis of “isolation” within the rural queer experience in Maine. This second section argues that an attention to the nuanced differences between isolation and loneliness is necessary to fully capture the emotional experiences of rural queer people and rural PLWHAs in Maine. Understanding this distinction is key to uncovering the emotional habitus within these communities, and how the attendant political horizons and their emotional pedagogy influenced activist responses to HIV/AIDS. These two sections are conceptually linked insofar as they both act as a sort of “narrative” analysis, examining the ways that various individuals articulate their experiences before and during the HIV/AIDS epidemic in Maine. Both sections lead to the point that understanding the various conceptual and experiential webs surrounding HIV/AIDS in Maine is essential to understanding how Mainers mobilized against the epidemic.
The so-called “narrative” of HIV/AIDS in Maine was fostered by PLWHAs, activists, media personnel, and general community members alike. Analyzing the discourse surrounding the epidemic during this period—which aligns closely with what can be termed the “height” of the crisis—will enable a deeper understanding of how organizations and individuals conceptualized and experienced HIV/AIDS. Understanding the unique ways that the epidemic “existed” in Maine, in turn, provides explanations for why and how individuals mobilized against it, as discussed further in Chapter Four. The conclusion will summarize the various findings of the chapter before setting the stage for the following chapter.

**HIV/AIDS as “Other”**

Key to understanding discourse around HIV/AIDS in Maine during the 1980s and 1990s is recognizing how metronormative hegemony has caused queer identity to be tethered to urban spaces. Both Weston and Halberstam speak to how tethering of queer identity to the metropolis influences the traditional “coming-out” narrative of sexuality. Several of Weston’s interviewees stated that migration to a city enabled them to realize their queer identity. For instance, she notes that “[m]igrants’ depictions of their arrival in the city are replete with characterizations of the country bumpkin, naïve and uniformed about city life.”3 However, upon arrival in the city, these migrants’ accounts become “a classic tale of the escape from surveillance into freedom, in which the anonymity of city life becomes a precondition for coming out and ‘being gay.’”4 Further, Halberstam argues that metronormative “narratives tell of closeted subjects who ‘come out’ into an urban setting, which in turn, supposedly allows for the full expression of the sexual self in relation to a community of other gays/lesbians/queers.”5

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3 Ibid., 43.
4 Ibid., 44.
5 Halberstam, 36.
By positioning urban spaces as the locus of queer identity formation, metronormativity renders urbanity a necessary component of the queer experience, or at least the positive or desired queer experience. Because urbanity is required to recognize queerness, rurality is simultaneously erased of any queer presence, thus tethering queer identity to the metropolis. While this is an essential way that metronormativity affects Americans’ epistemology of queer identity, Halberstam and Weston miss a key dynamic of metronormative hegemony: by positing urbanity as a necessary component for coming out, these scholars implicitly ignore how metronormativity affects non-queer people’s perceptions of sexuality. In other words, by centering rural-to-urban migration as a (false) promise for queer people to lead better lives, many scholars of metronormativity ignore, or at least do not spend enough time critically reflecting upon, how non-queer people likewise view the city as the sole place for queer existence, let alone thriving.

Understanding this distinction is important because it speaks to how Mainers—especially rural Mainers—conceptualized and discussed HIV/AIDS in the latter decades of the 20th century. As the data presented below shows, by rendering HIV/AIDS as a “gay disease,” and likewise tethering gay identity to urbanity, Mainers were able to justify their conceptualization of the epidemic as foreign to their state. Consequently, metronormativity fueled a dangerous understanding of HIV/AIDS in Maine, and this understanding—which was at times removed any explicit mention of queerness—simultaneously entrenched the metronormative notion that queerness is linked to urbanity.

An Early History of HIV/AIDS in Maine

The AIDS Project’s 10-year retrospective, titled The AIDS Project: A History, offers a brief but useful overview of the early history of HIV/AIDS in Maine. Author William Barry
states that “[b]y the end of [1982], at least two men in Maine had AIDS.”6 However, he goes on to note that the presence of these two men was “not generally known” because they were “non-indigenous cases,” meaning they had contracted HIV/AIDS in a different state before coming to Maine.7 While little is known about the first patient, Barry describes the second man’s experience in slightly more detail: a gay man, he was “[d]iagnosed in New York, [but] had come to live with his sister in southern Maine,” after which he sought out Dr. Chris Wallingford as his physician after hearing that Wallingford “had worked extensively with STDs.”8 Barry offers a somewhat troubling account of the second patient’s experience with Dr. Wallingford, “who had never treated anyone with AIDS,” quoting the physician as saying “He [the patient] educated me more than I educated him.”9

Barry paints a clear picture of the general public’s conception of AIDS during the early years of the epidemic, stating that “[t]hroughout Maine, the situation remained status quo. Citizens seemed unconcerned, believing the disease would somehow die out before crossing the Piscataqua Bridge or simply denying its existence.”10 He describes Maine residents as viewing HIV/AIDS as “a savage illness with no known cause and no treatment.”11 Barry further notes that there was a popular belief that the epidemic “would never arrive or that a cure would be found before it did.”12 All of these descriptions of the public climate surrounding HIV/AIDS in

7 Ibid.
8 Ibid.
9 Ibid. Dr. Chris Wallingford’s quote is from a telephone interview with Barry, dated November 18, 1995.
10 Ibid., 11. The Piscataqua Bridge is located on I-95, and connects Portsmouth, New Hampshire with Kittery, Maine. It is a primary thoroughfare to enter Maine from points South.
11 Ibid. It should be noted that this viewpoint does not differ so highly from views across in the country, in places both urban and rural.
12 Ibid., 16.
the early years of the epidemic suggest that Mainers thought of their state as “immune” to any indigenous instance of the disease.

Portland resident John Preston, the famous author of erotic novels and prominent voice in nationwide gay publications discussed briefly in the first chapter of this thesis, said that “the very nature of gay life in Maine” was partly what kept people in the state from viewing AIDS as any looming threat. Preston describes Portland’s relatively subdued gay community as a major reason why early accounts of AIDS in Maine had little impact on residents:

Gay life here is awfully quiet and calm. The social life of a gay man in this city is restricted to a few bars, and, more likely, to a series of social circles. The most apparent goal of most men is the search for a lover. Compared to larger cities, gay life here is downright downhome. Being gay in Maine feels like being a member of a big club rather than being part of an exotic minority group.

Preston’s position of Portland’s gay community in this narrative suggests an other-ing dynamic, at the hands of both gay and non-gay residents. Barry’s account of Mainers’ perception that HIV/AIDS would somehow not reach their state implies a sense of superiority insofar as they found themselves unsusceptible to the epidemic. Certainly, this view could be justified in their minds by the fact that the only cases in Maine at that point were non-indigenous, meaning a handful of “outsiders” were the only way that AIDS could enter the state. Even

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14 Ibid.
Preston described these non-indigenous PLWHA in a negative light: “they had moved away a long time ago and returned—to be blunt—to die. They weren’t friends or neighbors.”  

*Early Understandings of HIV/AIDS in Maine*

This is not to say that *everyone* in Maine during the early 1980s saw the state as immune to HIV/AIDS. Barry notes that, during this time, “[t]he gay and lesbian community continued to organize in preparation for the disease.”16 Early knowledge of the epidemic within gay communities was not restricted to Portland, either. Attached to a handwritten letter from the Aroostook County Action Program to Northern Lambda Nord in Caribou, dated June 10, 1982, is a copy of an article from the June 7, 1982 issue of *Sexuality Today* titled “Still Another Disease Surfaces Among Homosexuals—Lymphadenopathy.”17 The writer of the letter—whose signature is illegible—offers a brief explanation for its inclusion: “an effort to keep you up to date.”18 Thus, even gay and lesbian groups in the most isolated parts of Maine were aware of and tracking AIDS in other parts of the state and the nation at-large during the epidemic’s early years. Perhaps, then, Preston’s claim that the lack of any potentially abrasive visibility amongst these groups (both rural and urban) is what kept their worries at bay from the state’s general population.

Indeed, in an October 4, 1985 essay titled “Storm Warning,” Gary Anderson, a founder of The AIDS Project, expressed his anger with Maine’s media for not listening to the few voices in the state that were speaking to the imminent dangers of AIDS. Anderson compares the media’s

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15 Ibid.  
16 Barry, 16.  
17 “Aroostook County Action Program, Correspondence,” 1982, Northern Lambda Nord Archives, Box 5, Folder 342, Lesbian, Gay, Bisexual, and Transgender Collection, Jean Byers Sampson Center for Diversity in Maine, University of Southern Maine Libraries.  
18 Ibid.
urgency during 1985’s Hurricane Gloria—the first major hurricane to hit the northeast after 1972’s Hurricane Agnes—to its lack of attention to AIDS, stating that Maine “has to prepare for the worst, just as they did with Gloria. A major education effort has to be undertaken and undertaken now to inform the public of the real danger that AIDS presents.” However, Anderson adds a warning to his comparison that drastically sets AIDS apart from other crises with the potential to affect Maine:

AIDS, unlike Gloria, hasn’t weakened upon reaching Maine. It is virulent and deadly. It’s here and it is a real and continuing threat. With each passing day that AIDS is not treated with the seriousness of a Gloria that threat is magnified. The longer we wait to tackle AIDS, the stronger a foe it will be. With that kind of strength, all the storm warnings in the world won’t be able to prevent a truly sad catastrophe: the loss of any more lives which could have been saved.

Anderson more explicitly ties his frustrations with Maine’s complicity in recognizing the dangers of AIDS in a presentation, titled “AIDS: The Social and Public Policy Response,” given in Ellsworth on October 30, 1987. In his presentation, he notes how “AIDS has always been about otherness,” pointing out the prominence of “the H-groups” in how society at-large imagined the purview of AIDS: “Homosexuals, Haitians, Hemophiliacs, Heroin-users, Hollywood stars.” He continues by discussing the vast number of phone calls he received while working as an operator for TAP’s AIDS Hotline where callers would start their concerns with “I’m not gay but….” Relegating AIDS to a disease that only affected specifically delineated “risk groups,” in Anderson’s eyes, was one of the largest challenges faced by Maine:

20 Ibid.
“There are no doubt alot [sic] of those ‘I’m-not-gay-but’s’ out there still who don’t think they are in any danger from AIDS. And they continue to have unprotected sex. And they continue to share intravenous needles. And they continue to get pregnant. And if they continue, the number of cases of AIDS in Maine is surely going to grow.”

Anderson’s claims are extremely important to consider within wider contexts of sexual and AIDS politics. His frustration can certainly be read as a “degaying” of AIDS of sorts, whereby attention is drawn through consciously uncoupling the epidemic with the gay community. However, his concerns are also reflective of metronormative hegemony insofar as they simultaneously degay the state of Maine. This is ironic considering the fact that Anderson is speaking on behalf of TAP, which was founded by many lesbians and gay men. It’s also paradoxical considering the demonstrated prominence of gay and lesbian voices in warning Mainers about the dangers of HIV/AIDS beginning in the early 1980s. This process of degaying will be discussed in more detail in Chapter Four.

The Othering of AIDS in Maine

Anderson’s de-gaying of AIDS also communicates a process of “othering” of the epidemic at the hands of Maine residents. The “I’m-not-gay-but” callers Anderson describes implicitly admit that they can only conceptualize AIDS as a danger if it affects a group with which they identify. In seeing AIDS as a gay disease, and at the same seeing Maine as a

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22 Ibid.
23 On the “de-gaying” of AIDS, Stephen M. Engel, The Unfinished Revolution: Social Movement Theory and the Gay and Lesbian Movement (Cambridge: Cambridge University Press, 2001), 51: “In an effort to attain media coverage and government support in combating the virus, many gay and lesbian organizations attempted to ‘de-gay’ AIDS…. Existing institutionalized homophobia meant that AIDS could not be successfully combated if it was continually thought of as a ‘gay disease.’ In promoting the truthful notion that heterosexuals were also susceptible, the gay and lesbian movement abandoned the overarching and long-term aims of equality and fighting institutionalized homophobia for the immediate need of survival.”
distinctly un-gay state, we can see how the state’s residents at this time were crafting a dominant narrative of AIDS as a disease that is antithetical to the state’s population and culture. In other words, Mainers in the 1980s did not view AIDS as a threat because they did not think that its most prominent risk groups, particularly gay and bisexual men, existed within the state’s borders. This others AIDS as a phenomenon only capable of arising in places with distinct and visible gay communities, others PLWHA within Maine as “outsiders” coming from such locations, and, paradoxically, others gay communities within Maine by simultaneously erasing them from the state’s culture while also positioning them as homogenous with (and thus invisible within) the general population.24

This framing of HIV/AIDS as “other” was not simply a result of Maine having no indigenous cases, however. Barry writes that “[l]ate in 1984, a rumor spread that a gay man in Portland had tested HIV positive spread throughout the city. Very quickly, the man informed his friends that the rumor was true. On January 7, 1985, the Portland Evening Express reported Maine’s first diagnosis of Acquired Immuno-Deficiency Syndrome.”25 This means that the concerns being addressed by Anderson were all occurring even after Maine had seen its “own” case(s) of AIDS, proving that the framing of the virus as “other” in the state was not only a result of some lack of indigenous cases.

Indeed, the perception of HIV/AIDS as being an outsider in Maine continued well into the late-1980s through the mid-1990s. A series of media clips from the Eastern Maine AIDS

24 To this last point, we can remember Preston’s claims that the first two non-indigenous deaths from AIDS rang as less meaningful insofar as those individuals were “outsiders,” as well as his claims that gay culture within Maine was “downright and downhome.” This seems to suggest that, in being unassuming, Maine’s gay communities are indistinguishable from the rest of the population. However, this homogenization was also occurring in the face of mounting, visible concern by gay communities warning of the dangers of HIV/AIDS.

25 Barry, 17.
Network demonstrates how Mainers continued to other the epidemic long after the state saw its first indigenous case of AIDS. As part of a series on HIV/AIDS in Maine aired by WAGM 1, the local channel serving the greater Presque Isle area in northern Aroostook County, an interview between an unnamed representative of EMAN and host Ed Walsh sees the group’s representative giving the following quote in response to the epidemic’s statistics in Maine at the time:

…AIDS is very much here in the state of Maine. It’s here in greater numbers than we can imagine. It has covered every single part of the state—it’s not all concentrated in Portland, or in Bangor, as some people might believe, but it has covered every county, every conceivable corner.26

This quote tells us several things about how Mainers viewed HIV/AIDS at this time. First, the representative positions HIV/AIDS as a threatening force “invading” the state. She refers to AIDS as “it,” transforming it into a sort of sentient being with the ability to “cover every part of the state” without hesitation. By characterizing AIDS as a sort of living creature in this way, the representative demonstrates yet another way that Mainers conceptualized the epidemic as an “outsider” to their otherwise peaceful ways of life. Second, this quoted passage shows how Mainers equated HIV/AIDS with metropolitan areas. The representative states that people at the time viewed the epidemic as only existing or being a problem in Portland and Bangor, two of the state’s most prominent urbanized areas. She contrasts this belief with the fact that the epidemic had reached “every corner” of the state, implying that, contrary to public perception, it had the ability reach beyond city limits. By showing how citizens viewed

26 “AIDS Series, WAGM 1,” n.d., Eastern Maine AIDS Network Archive, Box 1, Lesbian, Gay, Bisexual, and Transgender Collection, Jean Byers Sampson Center for Diversity in Maine, University of Southern Maine Libraries. No date is provided for the clips in this series, but I assume it takes place sometime between 1989 and 1990, as one commercial has a copyright date of 1989 and members of the St. John Valley AIDS Task Force (discussed below) mark January 1991 as a future benchmark for reviewing their services.
HIV/AIDS both as an outsider and as an issue present only in urban centers, this quote demonstrates how Mainers conceptualized the epidemic as an urban phenomenon, an outsider incompatible with the rural nature of their state.

In this same series, Walsh visits the staff of the St. John Valley AIDS Task Force at Northern Maine Medical Center in Fort Kent. A member of the Task Force identified only as “Ms. Horton” describes the difficulty the group faced in trying to provide outreach to residents of the St. John Valley, the northernmost region of Aroostook County, which reaches into New Brunswick, Canada:

Sometimes, I think if you aren’t very close to a situation, for instance, um, if you don’t know someone who has AIDS or if you don’t know someone who is HIV infected, um, it’s like, it’s not gonna happen in my neighborhood, it’s not gonna happen in my school…. It’s very difficult to, um, to make people realize that they are vulnerable, um, especially, I think, in the school-age group, where you—people just don’t feel that they’re vulnerable, um. They’re indestructible.27

Horton’s quote is notable because it represents an actual AIDS service provider detailing how difficulties in delivering services stem, in part, from the public’s perception that AIDS is a not a problem in Aroostook’s communities. Because it claims that this perception comes from people “not seeing” PLWHA, this quote could suggest that a low statistical occurrence in rural northern Maine is the cause of these communities’ belief that HIV/AIDS is not an issue. However, in the same interview Walsh points out that, based on epidemiological data, “AIDS is something that has, and will continue to, affect the St. John Valley and Aroostook County.”28

Low statistical occurrence compared to other places certainly contributed to perceptions that HIV/AIDS was not a problem in Aroostook County and its surrounding communities, but the mere fact that organizations such as the St. John Valley AIDS Task Force were being

27 Ibid.
28 Ibid.
featured on local news demonstrates that at least some visibility existed. Walsh’s interview of Horton, then, suggests that the framing of HIV/AIDS as an issue “outside” of Aroostook County life heavily influenced residents the county’s perceptions of the epidemic.

Residents’ Perceptions

Thus far I have discussed how various activists and services providers have discussed public perceptions of HIV/AIDS throughout Maine from the beginnings of the epidemic through the late 1980s. While it is clear that these individuals pointed out that the public conceptualization of HIV/AIDS as being “outside” of Maine’s concerns was one of the largest difficulties the state had to overcome, they all come from backgrounds which were directly involved with the epidemic, whether through interest or expertise. However, there is ample evidence to prove that non-activists held similar conceptions.

In the same series that interviewed a representative from EMAN and visited the St. John Valley AIDS Task Force, Ed Walsh interviews Marie and Claude, parents who had recently discovered that their 32-year-old son had AIDS. Speaking to their experience with their son, Claude states:

Parents should get to know more about AIDS and—so they know what they, they’re up against. Because 3 months ago, we didn’t really know anything about AIDS at all, except that it was a fatal disease and it couldn’t happen in our family. But we found out that it can happen in your family….29

Claude’s quote is significant precisely because, before learning his son had AIDS, he had almost no preexisting knowledge of or interest in the epidemic. Claude’s initial view that “AIDS…[is] a fatal disease and it couldn’t happen in our family” provides further support to the notion that

29 Ibid. No last name is provided for Marie and Claude, and it is not clear if these are their real names.
Mainers viewed HIV/AIDS as foreign to their state’s way of life, an outsider incapable of affecting them in any meaningful way.

Another notable example from the EMAN Archives is a clip of a 1994 “Maine Concern” special aired on WABI Channel 5, Bangor’s local news station, titled “Teenagers and AIDS: A Forum on AIDS Education in Maine.” Hosted by reporter Marnie MacLean, the panel features a group of teenagers from high schools in the Bangor area and two representatives from EMAN, Dennis Cranson and Sally-Lou Patterson. A few minutes into the panel, MacLean hands the microphone to Nathan Chiarell, a student at Bangor High School, states: “…a lot of people think it’s just a city disease, and it’s not in Maine. A lot of people think it’s just in New York, and bigger cities. But, in fact, it is growing in smaller cities.”30 Chiarell’s comment is a direct claim that, at least among his age group, Mainers view HIV/AIDS as a problem that is explicitly foreign to Maine. Not only does Chiarell’s comment otherize HIV/AIDS, but it also tethers it to urban spaces, specifically New York. This relates two things: first, it confirms claims from other individuals discussed above that likewise urbanized perceptions of the epidemic, and second, it creates a nuanced divide between “bigger cities” like New York and “smaller cities” like Bangor.

Later in the panel, Aaron DeWitt, from Dover-Foxcroft, a town roughly 45 minutes north of Bangor, offers a comment which adds tension to Chiarell’s distinction between bigger and smaller cities:

I think that, uh, being in Dover, I mean, a small town, you don’t think that it’s gonna be there. You think, I mean, if it’s gonna be anywhere in Maine, it’ll be down in a bigger city like Portland, or something, maybe even in Bangor. But as far as being in Dover-Foxcroft…you don’t really… [trails off].

30 “Media, 1993-1996: Maine Teen Concern Panel on News 1,” n.d., Eastern Maine AIDS Network Archives, Box 2, Lesbian, Gay, Bisexual, and Transgender Collection, Jean Byers Sampson Center for Diversity in Maine, University of Southern Maine Libraries. There is no specific date provided, but I inferred that the panel took place sometime in 1994 in that Dennis Cranson from EMAN provides “December 1993” as the last benchmark for available data.
While DeWitt’s comment verifies the claim that Mainers conceptualize HIV/AIDS as an urban phenomenon, it deepens Chiarell’s big-small city dichotomy between New York and Bangor by arguing that, even with a rural state like Maine, there are discrete differences between places like Bangor and Dover-Foxcroft. Both of these individuals’ comments map onto those made by Jeff Gilmore, a student at Foxcroft Academy, later in the panel, where he states

I moved up here from Connecticut, not really—I mean, I knew it [HIV/AIDS] was a big deal in Connecticut, but I figured it didn’t get to Maine yet, you know. And I heard a lot about, I mean, certain cases in Dover…[inaudible]…it kinda blows your mind away, you know.31

Gilmore adds yet another layer to the urban-rural distinctions made by Chiarell and DeWitt. By noting that he “knew [HIV/AIDS] was a big deal in Connecticut,” Gilmore offers an additional confirmation that the epidemic was coded as urban. This is also demonstrated in his preceding claim that he “figured [the epidemic] didn’t get to Maine yet,” echoing the claims discussed at the beginning of the chapter which showed Mainers as viewing their state as having some sort of inherent barrier to stave off HIV/AIDS, or at least be able to temporarily prevent it from entering.

By spatializing the territories susceptible to HIV/AIDS in this manner, Chiarell, DeWitt, and Gilmore all provide conceptualizations of the epidemic that limit it to certain spaces. Despite the differences between how these three teenagers discuss urban-rural divides, however, they all agree on one point: that HIV/AIDS is an outsider to Maine, incompatible with its ways of life and facing severe difficulties in entering its borders. This specialization is all underscored by the fact that this panel occurred in 1994, almost 10 years after Maine experienced its first indigenous case of HIV/AID and more than a decade after it first had exposure to the epidemic through non-indigenous diagnoses.

31 Ibid.
Indeed, this perception stuck for even longer after the teen panel. A 1996 grant application from Northern Lambda Nord to the Maine Department of Health Human Services states:

Northern Lambda Nord seek this grant funding to reduce the occurrence of high-risk behavior in the target population…. The existing attitude among the target population is that AIDS ‘doesn’t apply to us’ or is ‘not an issue in the County.’… Unfortunately, the relatively low incidence, combined with the extremely rural nature of the area, only contributes to the faulty assumption that AIDS is an issue that is not relevant in Aroostook County. This attitude has previously hampered an effective prevention and education effort.\textsuperscript{32}

NLN’s grant application shows that, even long after the beginning of the epidemic, Mainers continued to conceptualize HIV/AIDS as an issue outside of their immediate lives, an urban phenomenon incapable of critically affecting them or their surroundings. The above quote both recognizes the fact that “low incidence” plays a key role in building this conceptualization, but likewise provides proof that the framing of the epidemic in foreign, urban terms had a lasting and significant impact on how rural communities perceived HIV/AIDS in their everyday lives.

\textit{A State Apart}

There are several factors that can explain Mainers’ conceptualization of HIV/AIDS. First, as has been discussed throughout the chapter, the low incidence of cases in Maine compared to other places can explain why residents, especially those in extremely rural areas, might view the problem as distant. Several of the individuals discussed here cite the low statistical occurrence of HIV/AIDS in Maine as a key reason why so many people viewed it as foreign to their lives. However, this explanation is incomplete for multiple reasons. While there was a common agreement – especially among service providers and activists – that not knowing

\textsuperscript{32} “Maine Department of Human Services, Grant for HIV Prevention,” 1996, Northern Lambda Nord Archives, Box 5, Folder 315, Lesbian, Gay, Bisexual, and Transgender Collection, Jean Byers Sampson Center for Diversity in Maine, University of Southern Maine Libraries.
any PLWHA contributed to the general disinterest and passivity towards HIV/AIDS, there are enough prominent sources to suggest that there was a noticeable visibility surrounding the epidemic. As stated in regards to the St. John Valley AIDS Task Force’s inclusion in the local news, the mere fact that many of these organizations received robust media coverage from the beginning of the epidemic through the mid-1990s shows that a large amount of Mainers must have heard, at least in passing, that HIV/AIDS existed in their communities. The notion that there wasn’t strong enough visibility of the epidemic or PLWHA also can’t explain why, as Barry points out, rumors quickly spread around Portland when Maine’s first indigenous case of AIDS was diagnosed in 1985. It also cannot explain why people from Bangor state that they view the problem as concentrated in cities like New York, or even Portland, while people from Dover-Foxcroft state that they view the problem as concentrated in cities like Bangor. The specialization of HIV/AIDS as described by all the individuals and groups discussed here, then, cannot be totally explained by arguing it to be a deterministic result of living in a low incidence state.

A second, more robust explanation for the framing of AIDS as a foreign, urban phenomenon by Mainers relates to the power of metronormativity and its ability to craft how queer spaces and bodies are viewed. As argued in the previous chapter, metronormativity’s linking of queerness with the metropolitan has the potential to severely affect the visibility of queer people in rural locales. This is demonstrated in how salient the migration narrative was in shaping Mainers’ perception of non-indigenous cases; we can remember that Preston, a gay man himself, stated that the first two men to die of AIDS in Maine were not viewed as a loss because they were outsiders. All of these concerns are exacerbated by Preston’s characterization of gay life in men as relatively subdued, lacking the flamboyant visibility that characterized post-
Stonewall gay and lesbian life in cities like New York and San Francisco. Insofar as HIV/AIDS was viewed as a “gay disease,” it is fair to assume that, because metronormativity removes queer lives from rurality, Maine’s residents, especially those in rural areas, did not view the epidemic as something that affected them. If there are no queers, then how can there be AIDS?

The othering of HIV/AIDS also speaks to how Mainers conceptualize rurality. By tethering the epidemic to an urban frame, Mainers were able to justify their passivity in actively resisting the epidemic. Recall how many of the individuals cited here argued that AIDS would die out before it reached Maine, that the Piscataqua Bridge linking Maine and New Hampshire on Interstate 95 would stop the epidemic from crossing into the state, that it would never affect their family. We know that all of these viewpoints were factually incorrect, and that individuals continued to hold these opinions long after Maine experienced its first cases of AIDS, both indigenous and migratory. However, Mainers continued to view themselves and their state as immune to the dangers of HIV/AIDS, positioning their state—in large part because of its rurality—as incompatible with the epidemic. Thus, these individuals implicitly crafted a narrative of HIV/AIDS that bolstered Maine’s rural identity as its key power in “fighting off” the epidemic.

Understanding these conceptualizations is key to explaining why HIV/AIDS activism in Maine took the shape that it did. As a multi-institutional politics approach suggests, power is distributed across a variety of institutions in society, both political and cultural. As Armstrong and Bernstein note, activists frequently structure their goals and strategies by aiming to most effectively target the distinct logics of the institutions they seek to challenge. In Armstrong and Bernstein’s review of Josh Gamson’s study of ACT UP, the authors note how these activists were focused on generating both material and symbolic change. While Gamson argued that this
activism was aimed at amorphous structures of domination and stigmatization within mainstream society, Armstrong and Bernstein concretize this claim by demonstrating how and where ACT UP activists located heteronormativity as embedded within a variety political, economic, medical, and symbolic institutions. Under a multi-institutional politics approach, we can better understand why and how ACT UP simultaneously focused on procuring changes in resources and meaning by locating how these activists’ goals and strategies worked in conjunction with the unique logics of the institutions they targeted.

Insofar as metronormative forces fostered an overwhelming conceptualization of HIV/AIDS as urban and other in Maine, Armstrong and Bernstein offer a useful starting point for explaining why activists challenged these perceptions in the ways they did. By viewing metronormativity, like heteronormativity, as embedded within a variety of institutions in society, we can understand how HIV/AIDS activism in Maine was simultaneously focused on generating material and symbolic change. Further, we can better explain how this activism worked to dismantle these conceptualizations by locating the various institutional sites of metronormativity and drafting strategies and goals aimed at combatting the distinct logics of each of these sites.

**Emotions and Rural HIV/AIDS Activism**

The following section of this chapter seeks to identify the dominant emotional habitus structuring the political horizons of HIV/AIDS activists in Maine. The section begins by looking at how and why the dominant emotional habitus in Maine differed from those described by Gould in *Moving Politics*. It then moves to complicate the notion often promoted by rural queer scholars that isolation is a motivating emotional experience for rural queer people, promoted even by scholars who are interested in dispelling the metronormative myth that a rural queer experience is inherently or automatically inferior to an urban one. The section concludes by
joining these two subsections, arguing that the deeper emotional experiences embedded within but irrespective of isolation, primarily loneliness, intersects with the unique context and constraints of rural queer life in drawing the boundaries of the prevailing lesbian and gay emotional habitus in Maine.

The task of this section is twofold: first, it aims to dislodge the reliance of “isolation” in describing the affective experience of rural queer people by looking at the constellation emotions articulated by a variety of Mainers throughout (and before) the HIV/AIDS epidemic, emotions that scholars have previously implicitly (and erroneously) grouped. Second, this section examines how this constellation of emotions, as well as unique aspects of rural queer life, constituted an emotional habitus and opened political horizons for activists in Maine, and compares this emotional habitus with those described by Gould to flesh out the differences in rural and urban emotion-driven activism.

As a brief note, while this section specifically taps into rural queer studies literature and theory, I understand that many PLWHAs in rural places were and are not queer; indeed, one of the greatest challenges regarding the HIV/AIDS epidemic in rural communities is the comparatively higher rate at which it has affected individuals whom are outside of traditional risk groups. However, utilizing rural queer scholarship and theory and looking at archival documents from rural queer organizations to discuss the emotional habitus faced by HIV/AIDS activists in Maine is justified for several reasons. First, like in many places, gay men and lesbians were among the first to mobilize against HIV/AIDS in Maine, and continued to act as a significant backbone to activism throughout the epidemic. Additionally, as late as 1993, 75% of all diagnosed cases of HIV/AIDS in Maine were MSM.33 As such, examining the broader

33 Bee Bell, “No Business As Usual – This Month in Local Activism,” Apex 2.5 (June 1993).
emotional experiences of queer individuals in the state can do much to explain how their emotional habitus was influential with regards to HIV/AIDS activism.

Second, analyzing the broader emotional experience of rural queer communities in Maine is justified because many of these elements overlap with the experience of PLWHAs in the state insofar as isolation and its resulting affective states are also present in rural life more generally. Thus, while many of the scholars cited in this section explicitly discuss the emotional aspects of the rural queer experience, much of the data confirms my reading of these scholars without talking solely about queer individuals. The most significant argument that arises from this section does not concern the specific emotional experience of rural queer people (though this experience is certainly enveloped in this argument); it problematizes assumptions about how members of any marginalized or stigmatized group who live in rural places discuss their emotional experiences.

**Maine and Moving Politics**

Gould argues that there was a widespread sense of ambivalence with the lesbian and gay community during the late 1970s and early 1980s. Through public discussion (which queer Mainers were very much privy to), this sense of ambivalence was crystalized in structuring how lesbians and gay men viewed themselves in the political world. These discussions, Gould notes, “contain[ed] implicit or explicit judgments about how gay people should or should not present themselves and act in the public realm.”

Much of this ambivalence resulted from an equally widespread feeling of shame among lesbians and gay men:

[T]hose who identify as lesbian or gay come into being as such in a world in which they are abjected and hence often denied recognition, even—indeed, especially—from those

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with whom they are most intimate. Sentiments of gay shame are therefore an ongoing, ever-present possibility.35

As a result of the prevalence of shame and ambivalence in everyday lesbian and gay life, activists “articulated and elicited feelings of pride and love, helping to counter…shame and fear.”36 In the face of the new and growing AIDS epidemic, this collective articulation of emotions created a specific emotional pedagogy: “rather than feel ashamed, as mainstream discourses suggested, [lesbians and gay men] should feel proud of the community’s efforts in the face of immense adversity…. [T]hose expressions of pride effectively, and affectively, encouraged lesbians and gay men to volunteer and to donate money and services.”37

Early AIDS activism in Maine certainly fits within the boundaries of this emotional habitus. Indeed, much of this activism consisted of the types of service provision, caregiving, and information dissemination discussed by Gould. For instance, the Portland-based Gay Health Action Committee (GHAC), founded by a group of local lesbians and gay men, began to circulate informational pamphlets about AIDS in 1983, even staging campy displays at Portland’s Deering Oaks Park, a common site for cruising. In response to mounting diagnoses of AIDS in Maine, the GHAC morphed into The AIDS Project, Maine’s largest ASO, in 1986 beginning with its development of its informational hotline, The AIDS Line, in 1985.38 In northern Maine, Northern Lambda Nord dedicated the March 1985 volume of its monthly newsletter, Communiqué, to information about AIDS and the newly discovered HTLV-III/LAV antibody test.39 The following April issue of Communiqué informed NLN members that Jack

35 Ibid., 79.
36 Ibid., 68.
37 Ibid., 69.
38 For more information on this, see Barry (1997). The GHAC and its early efforts are discussed in more detail in Chapter 4.
39 Northern Lambda Nord, Communiqué 6.3 (March 1985).
Currier, a member who had just moved to California for a new job, had been diagnosed with AIDS and was now living at the hospital, and scheduled a fundraiser on April 27 in Presque Isle to raise funds to offset medical expenses.40 In the May edition, the group announced that over 65 people from across Aroostook County and New Brunswick, Canada attended the fundraiser, and the group raised $300 for Jack’s hospitalization.41

All of these efforts, by groups in both Maine’s most urban and most rural communities, certainly align with the type of activism encouraged by Gould’s emotional habitus. Indeed, NLN and the GHAC linked pride and love to providing services and information and raising funds to care for their sick friends, family, and lovers, as will be examined more closely in Chapter Four. But a problem arises with aligning early HIV/AIDS activism in Maine to the lesbian and gay community’s emotional habitus described by Gould: if the Supreme Court’s 1986 ruling in *Hardwick* was the turning point for shifting the dominant emotional habitus from discouraging to encouraging the promotion and utilization of anger, then why did much of Maine’s early activism continue to operate under conditions similar to the emotional habitus that Gould argues was shattered by *Hardwick*?

The GHAC, after all, did not finally morph into The AIDS Project until 1986, and even after this date it took several years for the ASO to restructure and stabilize itself. While being aware of growing diagnoses of AIDS within American gay and lesbian communities as early as 1982, NLN does not appear to have started to engage in information dissemination and fundraising until mid-1985, shortly after Maine saw its first indigenous AIDS diagnosis. Activist Peaches Bass worked to develop the instrumental Maine AIDS Alliance, a state-wide network of

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ASOs, in 1988, two years after the *Hardwick* decision.\textsuperscript{42} So why did Maine activists continue to operate under Gould’s ousted emotional habitus after it shifted to open new political opportunities calling for militant direct-action activism in 1986?

I argue that the dominant emotional habitus during the early years of the AIDS crisis, which Gould delineates as the period from 1981-1986, “stuck” in Maine activism because Mainers operated in a unique context that differed in key ways from the urban activism described in *Moving Politics*. More specifically, Gould’s location of the 1986 shift in the dominant emotional habitus among lesbian and gay communities is built, in large part, by a reliance on the vast “togetherness” allowed by urban life and heightened by the HIV/AIDS epidemic.

Gould certainly acknowledges the importance of a togetherness in manipulating cracks in the reigning emotional habitus and redrawing its boundaries to promote channeling anger into militant direct-action activism. At its most abstract, Gould argues that the devastation of AIDS on *communities* was a key factor in shifting the emotional habitus from one promoting gay respectability to one promoting direct-action. As she states, “[t]he thousands of deaths [as a result of AIDS] were all related: each death was another member lost to an imagined gay community…and the accumulating bodies were decimating real lesbian and gay communities.”\textsuperscript{43} Further, she notes that studies in the mid-1980s “suggested that fully one half of all gay men in *large urban areas* might be HIV-infected.”\textsuperscript{44}

*Hardwick* acted as a catalyst to transform the growing bleakness caused by the epidemic, and the resulting affectual anger and indignation, into the prevailing emotional habitus in the mid-1980s. And Gould argues, implicitly and explicitly, that essential to this shift was the strong

\textsuperscript{42} Barry, 44.
\textsuperscript{43} Gould, 137-138.
\textsuperscript{44} Ibid. Emphasis added.
sense of togetherness imparted by living in “large urban areas” because the astounding number of deaths due to AIDS in metropolitan lesbian and gay communities, paired with mounting government and medical inattention, continued societal persecution, and the blatant homophobia expressed in Hardwick, was overwhelming.

Indeed, Gould notes that after Hardwick, “[o]utraged queers held spirited demonstrations in cities around the country.”45 The concentration of death in cities like New York, Chicago, San Francisco, and Miami meant that, by 1986, the epidemic “was now acutely felt...people were living the crisis on an affective level, viscerally, in their bodies, whether infected with HIV or not…. Those bodily intensities and the new interpretations of the AIDS crisis derived from and buttressed one another.”46 The spread of this affective agitation was the result of “thousands” of lesbians, gay men, and other queer individuals joining together to share and interpret their emotions, and channel these into activism.47 Identifying the importance of a physical and emotional sense of togetherness, then, is key to explaining how the emotional habitus of the lesbian and gay community shifted from one of respectability to one of anger post-Hardwick. And further, this togetherness is one that is characteristic of urban life. Understanding the assumption of urbanity in Gould’s model is thus essential to explaining why activism in Maine did not develop in accordance to what she identifies as the hegemonic emotional habitus of the lesbian and gay community.

The low-incidence of cases in Maine compared to urban locations can help explain this disconnect. For starters, Maine didn’t see its first indigenous AIDS diagnosis until 1985, four years after the start of Gould’s study. And as was noted above, activists in Maine continued to

46 Ibid., 174.
47 Ibid., 174-175.
engage in a style of activism consistent with the pre-1986 emotional habitus well after *Hardwick* and the formation of groups like the Silence = Death Project and ACT UP/New York. This could be, in large part, because the number of AIDS diagnoses in Maine did not number anywhere near the thousands in urban contexts. I want to take caution here to not argue that these low caseloads made the experience of HIV/AIDS in Maine any less overwhelming, intense, or emotional; indeed, the many unique challenges faced by PLWHAs suggests exactly the opposite. Rather, I aim to use these statistical facts to further demonstrate Gould’s reliance on togetherness in explaining how the lesbian and gay community’s emotional habitus shifted in the wake of *Hardwick*.

As the first half of this chapter noted, there was an overwhelming conceptualization of HIV/AIDS as urban and other in Maine throughout the epidemic. And similarly to how I related the “low-incidence” argument to these conceptualizations earlier in the chapter, here I argue that the normative implications of a comparatively lower caseload in rural places like Maine played a large role in structuring the emotional habitus of the lesbian and gay community in the state. HIV/AIDS was not viewed as a pressing issue within Maine not only because it took years to see an indigenous diagnosis after the start of the crisis and the state continued to see a “low” number of cases thereafter, but also because understandings of HIV/AIDS as a “gay disease” enabled these conceptualizations on the metronormative basis that queerness did not exist in Maine due to the state’s rurality. So while lesbians and gay men in Maine continued to experience the same loss within an “imaginary gay community” as their urban counterparts, they also lived in a context that actively erased their existence, and in doing so pushed the HIV/AIDS epidemic out of their attention. As such, activists in Maine were required to deal not only with the affective
states resulting from the devastation of HIV/AIDS, no matter how large or small in numbers, but also with establishing that, at the most basic level, they existed in Maine.

An undated and unattributed essay from Northern Lambda Nord entitled “Aroostook Homophobia,” criticizing the refusal Aroostook County’s radio and print media to publish ads for the group, perfectly illustrates this unique struggle. The author begins by outlining what they view to be the dominant view of homosexuality in the County:

“Oh, I know they say that these lesbians and gay men, as they want to be called, are everywhere, but surely not here in the County! Oh year, maybe in Portland or Bangor, but up here in Aroostook, all the men I see look just like everyone else; and all the girls, well maybe some of them wear work boots and flannel shirts and drive pick-ups, but, well, my wife does, too. And, like I said, she likes MEN. I should know that.”

This quote confirms that metronormativity affected how Aroostook County residents perceived queerness. As the author notes, the prevailing view in the County was that, while lesbians and gay men may live in Portland or Bangor, two of the more prominent “urban” centers in Maine, everyone in northern Maine looks and is the same (read: straight).

The author of the essay goes on to argue that the refusal of the media in Aroostook County to publish announcements from NLN proves how residents in rural northern Maine erased queerness from their communities:

In northern-most Maine, one radio station, broadcasting on two frequencies (WSJR-WLVC) serves the Madawaska-Fort Kent area of the Saint John Valley. NLN representatives met with the president and the executive vice president of WSJR-WLVC to request access to the public air in the Valley via the use of a PSA. At this meeting, the NLN members were told that there were no gaymen or lesbians in the Saint John Valley, or at least not enough to warrant a PSA. (*homophobia – denying we exist*). In central Aroostook, WDHP-FM and WFST-AM are part of the Northern Broadcasting Company. In the case of these stations, NLN not only was unable to get an appointment with the manager of the station (who consistently refused to return phone calls), but a sherrif’s [sic] order was issued to keep one NLN member from even calling the stations’ office!!!

(Homophobia with a capital ‘H’ – they’re out there but I won’t acknowledge their existence [sic]).

Again, this statement offers much insight as to how metronormativity structured the experience of rural queer individuals in Maine. In the case of the radio station WSJR-WLVC, the author recounts how the station’s executives claimed that there simply were no lesbians or gay men in Aroostook County. And in the case of the Northern Broadcasting Company, the author demonstrates how, even when the media did not make such explicit claims, they reacted to the notion that lesbians and gay men might exist in Aroostook County (and, even worse, that they were attempting to organize) with active attempts to block all communication, maintaining the perception that while there might be some queers somewhere out there in the woods, the County was a place distinctly and definitively void of homosexuality.

While the anger and indignation of urban lesbian and gay communities described by Gould likewise targeted government and societal inattention to HIV/AIDS, including the nonrecognition of their citizenship and inherent human rights, I believe it would be hard to argue that these communities had to struggle to establish visibility and existence in the same way as communities in Maine. If metronormativity tethers societal imaginations of queerness in metropolitan environments, then we have every reason to believe that while urban direct-action activist groups were focused on intense showings of visibility, these groups were at least recognized as real, leaving their moral worth or right to citizenship aside.

Structured through metronormative forces, the unique context of the rural queer experience in Maine compared to that of urban queer communities did much to structure and shift (or rather, maintain) the prevailing emotional habitus. Due to a low incidence of HIV/AIDS diagnoses relative to urban areas, an overwhelming conception of the epidemic as urban and

49 Ibid. Emphasis added.
other, and the general elements of rural life in Maine, activism in the state was not provided with
the apparatuses or context to foster the sense of togetherness that was so essential in shifting the
dominant emotional habitus in urban communities. This is not to provide any sort of value
judgement between activism or HIV/AIDS in Maine and urban communities; I am not claiming
that activism in either context was better or worse, more or less intense, or more or less difficult
to engage in. Rather, I am arguing that the unique metronormative context of rural queer life in
Maine provided unique structural barriers that did not foster a shift in the hegemonic emotional
habitus in the manner that occurred in urban lesbian and gay communities.

While the dominant emotional habitus of gay men and lesbians in Maine did not
experience Gould’s 1986 shift, the post-Hardwick emotional habitus was still embraced by
Mainers, albeit in unique ways. For instance, in the June 1993 issue of Apex, a Portland-based
statewide queer publication, Bee Bell notes the impact that travelling to and participating in the
1993 March on Washington had on activism back in Maine:

Repercussions of the march have already started to hit the scene back home in Maine. Many of the Mainers who made it down to D.C. to chant “We're here, we're wicked queer” were also among the 100s who rallied at the State House on 5/6 to protest Jock McKernan's election-day veto of the state queer civil rights bill. (The state senate failed by just two votes to override him.) Some of the angry humor that day was homegrown – “No Support from My Jock,” read one set of signs - and some were clearly inspired by D.C. fierceness. “We're here, we're queer, we're fabulous, don't fuck with us” was a popular import.50

Bell further states that this new sense of militancy in Maine was a result of interacting in the
togetherness enabled by the March: “I'd bet part of the rowdy spirit of the day came from the
march on D.C., because that march brought a lot of Maine people out of the closet and into a new
certainty that we are right, that anger is very appropriate to our situation, and that civil rights are

50 Bee Bell, “No Business As Usual – This Month in Local Activism,” Apex 2.5 (June 1993).
Later in the same issue of *Apex*, Annette Dragon quotes Maine activist Anne Perron as offering the following review of her time at the March:

“I want to stay as flamboyant up here in Maine as I was in Washington. I was in the middle of a motley crew. I saw Universal Unitarians, cops from Miami, SM'ers, and drag queens all in the same block.” [Perron] sums up the general feeling about the March, “Everybody was together and they didn't have a big ol’ stick up their butt.”

Both Bell and Perron’s insights about their and other Mainers’ participation in the ’93 March on Washington demonstrate their unique relationship to the post-*Hardwick* emotional habitus identified by Gould. All of these claims suggest that the political horizons set by this habitus – horizons validating the utility of angry militant street activism – carried salience with many Mainers, even if this habitus did not structure activism in their state as strongly. The March as described here is infatuating and exhilarating, prompting Mainers to return home and carry on the types of radical and vocal visibility they practiced in D.C. And further, Bell and Perron confirm the different dominant emotional habitus in Maine by emphasizing just how different the March was from their activism back home.

But while admitting that the emotional aspects of the March were highly resonant with them and a number of other activists in Maine, neither of these accounts indicates any type of desire to move to an urban community like Washington, D.C. Rather, both Bell and Perron desire to bring the flamboyancy, intensity, and anger they felt at the March back to Maine. This once again confirms that Maine’s dominant emotional habitus differed from Gould’s because of the unique context that Maine activists operated within. As Perron states, the March was exhilarating not only because no one had “a big ol’ stick up their butt,” but also because “everyone was together.” By linking the passion and fury of the ’93 March on Washington

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51 Ibid.
52 Annette Dragon, “Queers Jam DC,” *Apex* 2.5 (June 1993).
(emotions which align with Gould’s dominant emotional habitus) to a sense of togetherness, Perron and Bell acknowledge that the challenges in generating and sustaining this togetherness in Maine heavily impacted political horizons within the state’s lesbian and gay community. While this passion and fury was certainly salient to many of these activists, the unique and metronormative experience of rural queer individuals in Maine generated affective states, structured an emotional habitus, and established political horizons that severely diminished the interest in and perceived efficacy of this type of activism.

What, then, were the specific contours of Maine’s emotional habitus that did not lead to a dominance of direct-action activism? In other words, how did metronormativity’s influence on the rural queer experience in Maine affect the context of activism in a manner that discouraged widespread engagement in “rocking the boat”? It would be easy to assume that the isolation of lesbians and gay men in Maine promoted a different emotional habitus. But as I argue in the following section, while it is certainly true that the spatial aspects of isolation played a crucial role in disallowing the necessary sense of togetherness for shifting to Gould’s post-Hardwick habitus, it would be wholly incorrect to argue that this isolation alone was what prevented this shift. As the example of the ’93 March on Washington displays, queer individuals in Maine, both activist and non-activist, were highly embedded within larger lesbian and gay cultural and informational networks, and actively participated in national demonstrations. Instead, focusing on the variety of emotions embedded within and resulting from living in isolation is a useful avenue for examining Maine’s unique emotional habitus.

Isolation and Metronormativity

Scholars of metronormativity have noted an emotive state of “isolation” that drives the rural queer experience. Weston states that metronormative narratives promote “the odyssey of
escape from the isolation of the countryside and the surveillance of small-town life.”

Halberstam offers similar claims. For instance, speaking to the men interviewed for Will Fellows’ 1996 volume *Farm Boys*, Halberstam notes that “many…[stress] the isolation and lack of queer community in rural settings” in their accounts of sexual identity and development. Halberstam draws out the relationship between isolation and rurality more than Weston, going so far as to note how it impacts the typical narrative of queerness:

> isolation has sometimes led to a lengthy delay in the man’s coming-out process, and many take detours through unwanted marriages. Yet the isolation can, on occasion, also allow for an array of gay or queer identities since the men are not modeling themselves on one stereotypical narrative. The emergence of idiosyncratic formulations of sexual identity implies that if certain sex/gender categories are not presented as inevitable, other options may emerge.

It is important to know that while both of these scholars are attempting to dispel the myth that rural queers experience lives that are “inferior” to their urban counterparts, they both acknowledge an inherent sense of isolation in their conceptualizations of rural queerness. This is an important point because it leads to criticisms lodged by scholars such as Mary Gray, who states that “[t]he language researchers use to describe rural queer experience often presumes pre-existing, yet alienated, sexual and gendered subjects who seek belonging in their own skin and a connection to gay culture that exists in an urban elsewhere.” Gray certainly has the same goal of dislodging metronormativity as Halberstam and Weston, but her criticisms shed important light on these scholars, especially Halberstam. Despite Halberstam acknowledging that rural queer experiences cannot be intrinsically denigrated, he nevertheless admits that rural queer identities are built in ways that are “not modeled on one stereotypical narrative.” Arguments like

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53 Weston, 55.
54 Halberstam, 40.
this subtly contribute to a greater understanding of the rural queer experience that still posits some inherent difference at the level of identity formation and/or performance. While this could certainly be true, this reasoning can also just as easily justify the claim that you can assume a priori that a rural queer person will have a different relationship with their identity, surrounding community, and connection to larger trends of “gay culture” than their urban counterpart.

Gray usefully points out that rural queer people cannot be assumed to be “disconnected” from some gay (read: urban) culture simply because they live in “isolation.” This point is crucial to understanding the nuanced implications of using isolation for a catchall phrase describing the experience of rural queer people. While being isolated can certainly have emotional impacts, scholars like Halberstam and Weston miss out on key elements of isolation that is equally important: its spatial and physical dimensions. By using isolation as both a physical and emotional term, scholars can inadvertently promote the notion that physical isolation necessarily leads to communicative isolation. Gray’s arguments show how, while rural queer people are certainly isolated in the sense that they are removed from both urbanity and each other on the basis of geographical distance, they cannot be assumed a priori to be isolated from each other in communication or connection to identity and culture. While rural queer people do live far away from each other, it would be difficult to argue that this physical distance alone can put their social lives into a “bubble.”

Understanding how isolation is both physical and emotional has several benefits for researchers of rural queer life. First, as was argued above, it can serve to combat the problematic assumption that rural queer people’s isolation leads to them being “out of the loop” or “disconnected.” While this could be true in some cases, understanding how physical isolation is not the same thing as emotional isolation gives greater autonomy to rural queer people by not
assuming that they would be unaware of broader trends of “queer culture” simply because they live in the middle of nowhere. Thus, while physical distance may indeed engender emotional isolation, this is not a deterministic relationship.

Second, this understanding enables a deeper account of the rural queer experience which is often described with the catchall term “isolated.” It is here that understanding the differences between loneliness and isolation becomes relevant. Consider for a moment: what would be the “opposite” of isolation? An appropriate term to capture this would perhaps be “connection”; if isolation means separation, then connection could be said to be its opposite. Now consider this: what would be the opposite of loneliness? Again, connection would be an appropriate term. Thus, the opposite of both isolation and loneliness is connection. However, if we accept that isolation is dually physical and emotional, then we can see a difference in the types of connection that act as the opposite of each experience. Indeed, fostering a physical connection is very different than offering an emotional one. As the following section will show, rural queer people and PLWHAs in Maine often articulated their physical demands in terms of combatting isolation, while articulating their emotional concerns in terms of combatting loneliness.

While loneliness is one of the most prominent emotions frequently embedded within the “isolation” typically assumed of the rural queer experience, it is far from the only one. Indeed, as the preceding section demonstrates, a wide complex of emotions, such as pride, shame, fear, and anger were likewise present in the emotional politics of Maine activists. My point in outlining the important distinctions between isolation and loneliness is not that this is the only distinction, but that loneliness provides the best anchor to shift our attention from an overreliance on isolation in describing the emotional experience of rural queer individuals. By focusing on isolation as primarily spatial rather than emotional, we can better explain the draw of rural life to
many queer people, understand the unique political and social challenges faced by rural queer individuals and PLWHAs, discourage our tendency to assume rural queers are disconnected from larger networks of trends, issues, and information, and focus on the wide range of affective states, loneliness chief among them, that scholars have condensed into the overly simplified language of isolation.

**Locating an Emotional Habitus**

This section of the chapter seeks to locate the dominant emotional habitus of rural queer individuals in Maine. As the previous section suggested, I will be primarily attendant to the variety of affective states and emotions embedded within frequent articulation of “isolation.” The section begins with a discussion of the emotional discourse surrounding rural queer individuals in Maine irrespective of HIV/AIDS. I argue that this discourse confirms that the dominant emotional habitus was built on emotions deeper than isolation, and loneliness, as well as fear of social rejection and shame, were highly influential in structuring the political horizons of gay men and lesbians both before and during the HIV/AIDS crisis. However, despite the overlaps between these emotions and those which Gould identifies as dominant from 1981-1986 in *Moving Politics*, I demonstrate how metronormativity highly structured the emotional habitus of gay men and lesbians in Maine in crucial ways, and that the attendant political horizons of queer Mainers were vastly different from the urban communities discussed by Gould as a result of the unique contexts they lived within.

Perhaps the best group to begin the task of locating the dominant emotional habitus of Maine’s gay and lesbian community with is Northern Lambda Nord (NLN). Of all the groups discussed in my research, NLN covered the broadest range of area, serving individuals from Aroostook County, Maine and bordering New Brunswick, Canada. Aroostook County alone is
massive and almost entirely rural; “the County,” as it is referred to by Mainers, “is larger than the states of Connecticut and Rhode Island combined.”56 Throughout its existence, NLN made its desire to provide a community for rural queer people explicitly clear:

NLN is concerned with issues relevant to our specific region: being in a rural milieu, our ‘lifestyles’ as lesbian-gay people differ from those of our sisters and brothers in Montréal, Boston, Toronto and San Francisco; we try to address those issues through dialogue among ourselves; we try to make the urban lesbian-gay communities aware of our differences in how we must live in small-town North America -- we cannot hide behind the anonymity of the city; we must create our own support systems among the small but growing number of us who are coming out of the closet.57

Here is an example of the nuanced ways in which activists and rural queer people in Maine deployed feelings of isolation and loneliness, and suggests how NLN appealed to the dominant emotional habitus. As they note, not only do rural lesbians and gay men have to vie for recognition and respect within a heteronormative society, but they further have to fight for recognition from their urban counterparts.

In this passage, NLN confirms the metronormative tendency to erase rural queers from broader epistemologies of sexuality, and here we see them linking their struggles for visibility and respect (struggles which are saturated with emotions) to this tendency. This suggests that the political horizons set by the reigning emotional habitus imagine a society where rural queer individuals are respected both within their local and national communities. Here, NLN appears to act under an emotional pedagogy stressing the importance of community-building in reaching this political imaginary.

56 “Maine Department of Human Services, Grant for HIV Prevention,” 1996, Northern Lambda Nord Archives, Box 5, Folder 315, Lesbian, Gay, Bisexual, and Transgender Collection, Jean Byers Sampson Center for Diversity in Maine, University of Southern Maine Libraries.
57 History of Northern Lambda Nord, n.d., Northern Lambda Nord Archives, Box 1, Folder 7, Lesbian, Gay, Bisexual, and Transgender Collection, Jean Byers Sampson Center for Diversity in Maine, University of Southern Maine Libraries.
An article by Avon Fancy published in the January 1980 edition of *Boonies* newsletter, a New Brunswick, Canada-based publication focused on providing “a voice for rural gays,” usefully demonstrates the nuanced ways that rural queer people discuss their emotional experiences. In their article, Fancy states that

…there are many rural gays who feel alone, frustrated and uninvolved in the gay political and social life. Some rural gays live alone hundreds of miles from another gay friend, maintain a correspondence with friends whom they have not seen for months or years, and function for long periods without speaking to or being with another gay person. It is lonely, but isolation and time alone can be a positive factor. One does not have to adopt an attitude of poor little me stuck out here in the country rather one can have much time for reflection and personal growth not so much as a sexually active gay, but as a totally gay person. The possibility to compromise is always present, but if one is consistently striving to understand himself, the fuller person who emerges is likely a better worker at his job and in his community. However, the rural gay does need regular contacts with other gays and needs to feel there are others who support him; thus, a need for rural gays to be visible with good lines of communication throughout the rural areas.

Fancy’s claims reveal several points. First, they confirm that isolation is an extremely valid (and often detrimental) aspect of rural queer life. However, they are quick to note that isolation is not inherently a negative experience; isolation can provide “time for reflection and personal growth.” Indeed, Fancy even goes so far as to state that isolation is a “positive factor” in helping rural queer people come to terms with their identity. Second, Fancy notes that solving loneliness is the key to creating a positive emotional experience for rural queer people. While it is certainly possible, even healthy, to reconcile a queer identity in a physically isolated place, having “regular contact with other gays” and feeling that “there are others who support [you]” is essential. Thus, to Fancy the solution to creating a positive rural queer community is not

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59 Ibid.
combatting isolation but rather ensuring that individuals maintain strong visibility and forms of communication.

Reading Fancy’s claims in the face of groups like NLN’s goal of “community building” shows the prominence of loneliness within the emotional habitus of rural gay and lesbian communities. A major element of the emotional experience of rural queer people that arises from NLN’s archives is that, while they may have been geographically separated, there was no shortage of informational isolation among many of its members. Recall how NLN was aware of developments surrounding AIDS (at that time still labeled GRID) as early as 1982. Beyond NLN, Maine sent a contingency to the 1979 March on Washington, where they chanted “Out of the woods and into the streets.”

“All of these examples demonstrate how queer individuals in rural Maine were both aware of and embedded within the national gay and lesbian movement/community (even if dominant portrayals refused to recognize this involvement) even before the HIV/AIDS crisis reached its peaks in the mid- to late-1980s. This connection to larger informational and cultural lesbian and gay networks foremost demonstrates how while many queer Mainers lived in isolation from both each other and metropolitan centers, this spatial quality of their lives did not rob them of the ability to explore and engage with the national queer community.

60 “Newsletter Attached to Press Release Sent to The Body Politic (Toronto),” 22 December 1980, Northern Lambda Nord Archives, Box 6, Folder 502, Lesbian, Gay, Bisexual, and Transgender Collection, Jean Byers Sampson Center for Diversity in Maine, University of Southern Maine Libraries.
PLWHAs in Maine also demonstrated a connection to broader information about HIV/AIDS. In a 1994 report on the HIV/AIDS needs in Maine drafted by the Maine Community AIDS Partnership (MCAP), one survey respondent offered the following request: “Please start support groups in Maine for heterosexual HIV positive men. In my search, the nearest one is Boston. There must be an increasing need for this service in Maine.”

Another respondent provided a more general request: “I feel more support groups should be started. I live in a small town and have to travel long distances to attend support groups!”

To claim that any of these individuals are “isolated” would rob them of the agency they demonstrate in being connected to larger informational and cultural networks. As activist Gary Anderson of The AIDS Project puts it:

> Not only do they [PLWHAs in Maine] often need more information about thier [sic] health status, but they also need a varied range of services. Some want a new doctor; some want support groups that are informal, others want formal, therapeutic support groups; some want help finding resources like housing and income maintenance; some are looking to move back here from out of state and [want?] the same kind of support system they are leaving behind; some are looking to find others just like themselves; and some just want someone to talk to. For these people information isn’t enough.

While I again recognize that isolation is certainly an emotional experience, these narratives and discourses of lesbian and gay life in (rural) Maine suggest that isolation’s resulting affective states should not be construed as removing these communities from any understanding of or involvement in national lesbian and gay culture and politics. I point this out to suggest that if the spatial isolation of rural queer Mainers did not lead to any sort of participatory isolation,

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63 Ibid.
particularly in national lesbian and gay activism, then we could certainly the dominant emotional habitus identified by Gould to have an impact in Maine. But the evidence I present suggests that while the emotional habitus of gay men and lesbians in Maine was similar to that discussed Gould, these individuals had the greater challenge of fighting to establish not only visibility but existence within both a heteronormative society positioning them as second class citizens and within a metronormative framework that further erased them from both from their state (on the basis of its rurality) and from the national lesbian and gay community.

It is here that the different elements of this section join. In a context actively erasing their existence across multiple dimensions, the emotional experiences of queer individuals in Maine were frequently articulated not in terms of isolation, but loneliness. Indeed, as was demonstrated above, it was not isolation that caused the emotional habitus to differ in Maine. But it makes perfect sense that metronormativity’s influence on rural queer life would generate feelings of loneliness: being actively erased within the various communities you perceive yourself to be a part of (local, state, national) can understandably procure feelings of loneliness.

The various discourses of rural queers and PLWHAs discussed thus far show are essential in understanding the nuanced distinctions between loneliness and isolation that I am attempting to lay out. The HIV/AIDS report survey respondents are clearly informed about available resources for HIV/AIDS support. Their complaints come not from the fact that these resources don’t exist, but from the fact that they are difficult to access. The NLN members and the Maine contingency at the ’79 March on Washington all displayed their connection to larger issues of gay and lesbian culture. Thus, it would perhaps be more appropriate to say that the logistical concern being confronted in these examples was one of isolation while the emotional concern being confronted was one of loneliness. These individuals wanted to attend support
groups to feel more connected with people with similar experiences with them, but they were not isolated from these individuals in any emotional sense of the word. “Ben” is not starved of his connection to the “gay world”; NLN, a rural group, is what provides him with this connection. All of these individuals articulate their concerns on the basis of their physical isolation, not their emotional or informational isolation.

Taking all of this evidence in, I argue that the emotional habitus of the lesbian and gay community in Maine was highly concerned with combatting these various articulations of loneliness, articulations which are related to but necessarily caused by isolation. This echoes earlier claims within the section that demonstrated how the post-Hardwick emotional habitus described by Gould was built on a sense of togetherness that was difficult to procure in Maine. Without this togetherness, emotions like loneliness were able to carry on, and activism was thus concerned with transforming these emotions into pride, solidarity, and joy. This concern generated an emotional pedagogy that further reinforced the link between these emotions and activism centered community-building, information dissemination, service provision, and fundraising present in Gould’s pre-Hardwick emotional habitus. This pedagogy and habitus crafted political horizons which validated and promoted these types of activism, not necessarily discouraging more militant, direct-action work, but rendering these types of activism unintelligible and ineffaceable within the broader context of the rural queer and PLWHAs experience. And, perhaps most significantly, I contend that the political horizon set by queer Mainer’s emotional habitus imagined a world in which their existence, importance, and pride was recognized not only within the state but within the broader (and often imaginary) queer community.
Conclusion

This chapter examined various narratives of queer life and HIV/AIDS in Maine in order to understand how the epidemic was conceptualized and experienced within the state. The first section of the chapter found that Mainers did not view HIV/AIDS to be an important issue in the state, and even at times saw themselves as insusceptible, by tethering it to urban spaces and thus othering on the basis of Maine’s rurality. These conceptualizations, I argue, are highly structured by metronormativity insofar as they are heavily based on perceptions of HIV/AIDS as a “gay disease,” rendering the epidemic foreign to Maine due to the failure to recognize queer life in rural contexts.

The second section of the chapter examined a variety of emotional discourses from rural queer individuals and PLWHAs in Maine in order to identify the prevailing emotional habitus within the state. This section found that while early AIDS activism in Maine bore significant similarities to the dominant emotional habitus from 1981-1986 identified by Gould in Moving Politics, the different contexts of queer life in Maine and in more urban communities created difficulties in generating a sense of togetherness, which was imperative to the shift toward promoting direct-action activism after the Supreme Court’s 1986 ruling in Bowers v. Hardwick. Further, this section complicated the conceptual reliance on “isolation” in describing the emotional elements of the rural queer experience. I argue that while isolation certainly influenced the affective states of rural queer individuals in Maine, a variety of deeper feelings, mainly loneliness, can provide more analytical clarity by acknowledging the numerous ways that these individuals remained connected with both each other and larger networks of lesbian and gay information, politics, and culture. The section concluded by bridging its two halves and drawing the specific contours of this dominant emotional habitus, arguing that the dynamic but
distinct articulations of isolation and loneliness in the emotional discourse further discouraged a shift from political horizons emphasizing the importance of caretaking, service provision, and information dissemination to one encourage the channeling of anger and indignation into militant, direct-action activism.

The following chapter directly responds to these findings. The first section of Chapter Four looks at how conceptualizations of HIV/AIDS as urban and other in Maine caused activism against the epidemic in the state to focus on dislodging and working around these perceptions and understandings. Utilizing a multi-institutional politics approach, I will demonstrate how connecting these conceptualizations to activist goals and strategies locates the various sites of power that these activists sought to challenge, using the distinct (and often contradictory) logics of each of these sites as a basis for action.

The second section of Chapter Four will build upon the emotional habitus and its resulting political horizons discussed here. This section will build on Gould’s conception of “emotion work” in movements to demonstrate how Maine activists worked within a dominant emotional habitus to realize their political imaginations. More specifically, I will argue that activists linked concerns of isolation, a more spatial experience, to the structural difficulties of providing care in rural areas, while engaging in a variety of community- and solidarity-building practices in order to promote a sense of connection, pride, and visibility aimed at transforming loneliness. The unique ways that these different emotional experiences were leveraged complicates an understanding of the dominant emotional habitus in Maine by demonstrating how different groups performed unique emotion work.
“OUT OF THE WOODS AND INTO THE STREETS”: HIV/AIDS ACTIVISM IN MAINE

Responding to the conceptualizations and dominant emotional habitus surrounding HIV/AIDS activism in Maine established in the last chapter, this chapter discusses how activist groups in the state drove mobilization and developed goals and strategies in response to the epidemic. Insofar as the previous chapter explicating the various ways that metronormativity structured conceptualizations and emotional experiences of the HIV/AIDS epidemic within the state of Maine, this chapter is focused on discussing how various groups and organizations transformed these conceptualizations and political horizons into activism.

The chapter argues that activist groups developed various strategies to reverse the conceptualization of HIV/AIDS as urban and other within the state of Maine in order to convey to residents—both activist and non-activist—the importance and danger of the epidemic. Activists frequently articulated how HIV/AIDS had “entered” and affected every community in Maine as a way to dislodge the notion that rurality provided immunity; however, these claims were largely unsuccessful at reversing metronormative understandings of the epidemic. Furthermore, activist organizations (particularly those which were not founded by or for queer individuals) engaged in a “degaying” of HIV/AIDS in order to alert Mainers that their state was, in fact, susceptible to the epidemic. While a degaying/desexualization of HIV/AIDS was a common and significant nationwide, this process was both done for different purposes and had distinct effects in Maine. A multi-institutional politics approach is used to elucidate how these tactics demonstrate the multiple sources of power targeted by rural activist groups.

Next, the chapter analyzes how activism in Maine was structured by the prevailing emotional habitus of the lesbian and gay community in the state. In Chapter Three, I argued that
the emotional habitus of rural queer individuals and PLWHAs in Maine was characterized by experiences of isolation and loneliness, and that this habitus failed to shift after the Supreme Court’s 1986 ruling in *Bowers v. Hardwick* as it did within urban lesbian and gay communities due to the unique context and challenges of the rural queer experience. This habitus provided an emotional pedagogy focused on transforming the loneliness (as well as shame and grief) into feelings of solidarity, pride, and love, leading activists to articulate concerns about loneliness in more *emotional* terms while articulating the isolation of rural queer individuals and PLWHAs more often in *spatial* terms. In this chapter, I build on Gould’s theory of “emotion work” to illustrate how activists regenerated affective states resonant within the dominant emotional habitus, using community-building strategies to foster pride and solidarity in response to loneliness and linking isolation to the more structural goal of providing HIV/AIDS-related services.

**Assessing Challenges: Responding to an Urban HIV/AIDS**

As the previous chapter demonstrated at late, throughout the height of the HIV/AIDS crisis (the early 1980’s through the late 1990’s) Mainers conceptualized the epidemic as distinctly urban, and in doing so perceived themselves to be at a lesser risk of its effects. These conceptualizations were demonstrated in popular discourses of HIV/AIDS throughout the state across this entire timeframe, with residents spatializing the epidemic to the metropolis as late as 1997, 13 years after the first case of AIDS was diagnosed in Maine in early 1985 and 15 years after the state saw its first nonindigenous case. The durability of Mainers’ othering of HIV/AIDS on the basis of their state’s rurality, then, would appear to be a demotivating political factor from a standpoint of process theory. However, under a multi-institutional politics
Recall Armstrong and Bernstein’s characterization of Gamson’s study of ACT UP demonstrations. Where Gamson found ACT UP demonstrators to target amorphous and disembodied apparatuses of control, Armstrong and Bernstein responded by instead analyzing the specific institution of power that the group targeted. By identifying how ACT UP challenged the heteronormativity and stigmatization built into not only formal structures but also cultural institutions, Armstrong and Bernstein turn Gamson’s abstract target into a more concrete subject of action. By doing so, ACT UP’s tactics can be understood more fully because recognizing the institutions of power targeted by activists cues analysts into the logics they use to formulate their strategies and goals.

Utilizing this framework, this section analyzes how activist strategies targeted the metronormativity embedded into Mainer’s conceptualizations of HIV/AIDS. Just as ACT UP demonstrators in San Francisco targeted cultural institutions by protesting prominent symbols of American cultures, this section seeks to locate how activist strategies in Maine, particularly mobilizing tactics such as education and media communication, were focused on combatting the demotivating nature of resident’s perceptions of HIV/AIDS. This demotivation affected Mainers in two distinct ways vis-à-vis HIV/AIDS activism: causing challenges in educating the public and preventing high risk behavior, and creating difficulty to devote resources to activist efforts. Locating the logics of the cultural institutions creating these challenges, I argue that HIV/AIDS activists in Maine engaged in strategic efforts to emphasize the presence of HIV/AIDS in rural communities, achieved in part by “degaying” the epidemic.
Taking a cursory look at the timeline of HIV/AIDS activism in Maine, it seems strange that the conceptualization of the epidemic as urban would prove to be so durable. Activists started mobilizing against HIV/AIDS before Maine had even seen its first diagnosed case of AIDS in the early 1980s. Similar to elsewhere in the nation, the gay and lesbian community was the first to organize around the epidemic. In 1983, a group of gay men and lesbian women formed the Gay Health Action Committee (GHAC) in Portland and began to distribute AIDS-related informational pamphlets to the local gay and lesbian community. Myles Rightmire, a member of GHAC, describes the group’s early efforts to spread AIDS awareness, such as this example in Deering Oaks Park, a popular destination for cruising in Portland known as “Pickle Park”:

On a Sunday night six of us worked the park from about 8:45 pm to 9:30 pm. It was busy and so were we. Bob Carr, spread across a fender, did stop traffic. Sister Turgida’s red g-string wore out, so KMAX (Mellenthin) worked Deering Oaks in a red tee-shirt. Sister would have been proud of his deeds and erotic graphics on hand bills. We were all acting on out our hustling fantasy for the drivers, only we provided a little twist of our own.

At the park, Rightmire and his five colleagues went around to various drivers waiting in their cars to distribute copies of their pamphlet *Guidelines for AIDS Risk Reduction*. At this point, there were three individuals (all gay men) diagnosed with AIDS in Maine, and all three had contracted the disease outside of the state. GHAC was at the forefront of distributing information regarding high risk behaviors for transmission when there was not yet any evidence that such behaviors had caused the contraction of AIDS within the state.

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2 Ibid., 14.
However, this dissemination of information was not only occurring in Portland. By late 1983, the GHAC “had already distributed brochures to some 5000 people from ‘Saco to Caribou.’”3 300 miles north, Northern Lambda Nord began communicating information about AIDS to its members in the summer of 1984, several months before the first indigenous case was diagnosed in Maine in December of that year. In its monthly newsletter Communiqué, NLN reported:

New Brunswick has become the fourth province to make AIDS a notifiable disease, requiring all cases to be reported to health authorities. Other provinces that have taken a similar step are Ontario, British Columbia, and Alberta…. The Laboratory Centre for Disease Control in Ottawa has recorded 105 adult cases of AIDS in Canada. Of these, 67 (64%) are “non-heterosexual” men (phrase used by TEP article. Can we assume that that means gay? – ed.) Thirty-six of these 67 men have died…. In the United States, the Centers for Disease Control in Atlanta report 5,479 cases of AIDS as of August 6. Forty-five percent of these cases (2438) have died. To this editor’s knowledge, there have been no reported cases of AIDS in Maine.4

In response to these statistics, NLN ordered copies of two pamphlets—Can We Talk?, published by the AIDS Education and Information Committee of the Harvey Milk Gay Democratic Club of San Francisco, and Gay Men and AIDS: Some Suggestions for Risk Reduction, published by the AIDS Committee of Toronto—and sent them to every member.5

AIDS was next mentioned in Communiqué in February 1985, following the first indigenous diagnosis within the state. The group provided the following advice: “Before AIDS came to Maine it was easier to deny its threat. It was only something we heard about from friends or read in the paper. It was removed. But now it’s not. It’s in Maine. And now it’s time we all stop denying the impact that AIDS is having on our lives, emotionally and sexually.”6

This quote tells us several things about early activist efforts against AIDS in Maine. First, NLN

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3 Ibid., 13. Source of quoted material unknown.
4 Northern Lambda Nord, Communiqué 5.7 (August/September 1984).
5 Ibid.
6 Northern Lambda Nord, Communiqué 6.2 (February 1985).
took immediate action to combat the perception that Maine would be unsusceptible to the epidemic, explicitly acknowledging how, while it was easy to deny the threat before this diagnosis, AIDS was now “in Maine” and beginning to affect the emotional and sexual lives of, among others, gay men. Second, this quote shows how rural groups such as NLN took action against AIDS before it began to claim large numbers of Maine’s population. This offers further support to contradict the claim that low-incidence states were less interested or involved in AIDS activism.

The next issue of *Communiqué* in March of 1985 was dedicated to disseminating information about AIDS. In this issue, NLN provided four pages of AIDS-related issues, including all the known information about the disease to date, details on the Reagan administration’s cuts to AIDS funding, and thoughts about the newly developed HTLV-III/LAV antibody test, as well as national responses to testing and Maine’s position regarding testing confidentiality and efficacy.7 Indeed, since AIDS was diagnosed in Maine in January 1985, NLN published information regarding HIV/AIDS in almost every issue of *Communiqué* for the next five years. And when information was not provided, the newsletter still contained a standard ad detailing high-risk behaviors and provided a list of phone numbers for AIDS-related services available to Mainers.

NLN quickly began to amass resources dedicated to informing its members about AIDS. In the June/July 1985 issue of *Communiqué*, the group informed its members that it had a variety of publications in its community library (called Bibliothèque Lambda), including *can we talk?*, *Guidelines for AIDS Risk Reduction, What Gay and Bisexual Men Should Know About AIDS, AIDS and the Health Care Worker – A guide to the problems and needs of AIDS patients*, When

a Friend Has AIDS, AIDS and Healthful Gay Sexual Activity, and A Guide for People With AIDS, as well as “a variety of articles and other brochures form the National Gay Task Force’s AIDS Health Care Packet.” This not only further demonstrates the rapidity with which NLN became focused on providing AIDS-related information to Aroostook County, but gains further meaning when read in response to the group’s warning that it was imperative for queer individuals in northern Maine to not underestimate the significance of the epidemic. In this light, NLN’s information dissemination techniques can be interpreted as a direct response to the perception that AIDS was “not a Maine problem.”

It would be incorrect to think that only non-queer Mainers’ perceived themselves as removed from the problem of HIV/AIDS. John Preston, one of the first notable and visible men in Portland’s gay and lesbian community, observed in the early years of the epidemic that health officials were unsuccessful in their early efforts to make gay men in Maine aware of the risks of AIDS because “the Maine style” of gay life was generally thought to be “safer” than gay life in other (more urban) places. While “the staffs of Portland’s hospitals had been taught how to treat AIDS patients and…Maine’s Ventrex Laboratories was seeking a cure,” Preston writes that “the very nature of gay life in Maine has kept” officials from effectively alerting gay men of the dangers of AIDS. Many of these officials accepted this “Maine style,” sending out warnings “that the gay men from this state should avoid Ogunquit” because of its seasonal influx of gay and lesbian vacationers. These early warnings of AIDS by health officials not only fostered an environment of uncertainty, but also promoted a metronormative conceptualization of AIDS

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8 Northern Lambda Nord, *Communiqué* 6.6 (June/July 1985).
9 Barry, 12.
11 Ibid.
insofar as they supported the idea that AIDS was carried by *urban* queer bodies, bodies that were antithetical to Maine and temporary insofar as they came and left with the summer months.

This said, members of the gay and lesbian community were still the individuals who did the bulk of early organizing against AIDS in Maine. Preston writes that, in the wake of the passivity being inadvertently promoted by health officials and general queer culture in Maine, Portland’s gay community nevertheless began to organize: “Bars are giving fund raising parties, groups are meeting for discussion, concerns are being shared and information being disseminated in a way that has never taken place before.”\(^\text{12}\) However, while significant organizing was happening within gay and lesbian communities in both Portland and Caribou (and elsewhere within the state), these activists were still focused on challenging the passivity regarding AIDS caused by its conceptual tethering to urbanity, and in doing so were mobilizing to combat a general air of uncertainty and invulnerability. In response, they disseminated information across the state to cue individuals at particular risk for AIDS contraction. But responding to a culture of invulnerability also brought other challenges. Indeed, as HIV/AIDS cases began to grow in Maine, activists needed to increasingly respond to how these feelings of insusceptibility corresponded to both challenges in garnering resources of HIV/AIDS-related services and in lack of effort on the part of residents in preventing high risk behaviors.

*Resources (and Meaning, Too!)*

At the core of all activism is a need for resources, whether human, monetary, or otherwise. Insofar as the examples of information dissemination provided thus far attempted to ensure that Mainers saw HIV/AIDS as a tangible problem, these strategies can be read as attempts at mobilization. By spreading information related to the epidemic, activists engaged in

\(^{12}\) Ibid.
active attempts to garner individual interest and motivate residents to not only prevent the transmission of HIV/AIDS (a goal that will be discussed in further detail below) but also to join in the cause of mitigating the epidemic.

Beyond the need for on-the-ground members, however, activists also found that an urban conceptualization of HIV/AIDS created significant challenges at gaining monetary resources to aid in their efforts. While early efforts by groups like the GHAC did prove successful in cueing gay and lesbian Mainers into the looming threat of AIDS, this did little to demonstrate to state and federal officials that Maine was in dire need of resources to assist PLWHAs. William Barry notes that, as the number of diagnosed increased in Maine, “the crushing medical expenses and daily needs of PWAs could not be met by the gay and lesbian community alone. New, more rigorous responses were needed, though just what form they should take was the subject of intense debate and disagreement.” 13

The challenge for monetary resources seems paradoxical considering how quickly the Maine state government became involved in the fight against HIV/AIDS. In its early years, the GHAC, one of the first activist groups in Maine dedicated to fighting AIDS, worked closely with the Portland Police Department and state health officials to draft informational pamphlets and aid in dissemination efforts. 14 The February 1985 of Northern Lambda Nord’s *Communiqué* newsletter noted that the Maine Medical Center in Portland hosted a meeting regarding HTLV-III/LAV antibody tests attended by activists, non-profit workers, and medical officials from across the state as well as “representatives from the Maine Bureau of Health.” 15 However, despite the involvement of state and private health officials in early preparation for HIV/AIDS,

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13 Barry, 25.
14 Ibid., 11-17.
15 Northern Lambda Nord, *Communiqué* 6.3.
activists and PLWHAs noted that Maine’s care-delivery systems continued to be insufficient in its response to the epidemic as the number of PLWHAs steadily increased in the state. One of the largest issues on ACT UP/Maine’s platform was the development of a specific AIDS Resource Center in Maine. A February 1991 article in the *Portland Press Herald* quotes Toby Simon, a member of ACT UP/Maine:

“The level of care that people are getting is totally inadequate,” said Simon. An AIDS Resource Center is necessary, she said, because not enough physicians in Maine will treat AIDS patients and those patients must look to unprepared and uncaring medical center clinics for treatment. “There are clinics for all kinds of things,” said Simon. “There are clinics for cancer, for diabetes, for heart disease… and the fact that they won’t prioritize AIDS… tells you how Maine looks at AIDS.”

Here, Simon ties the lack of resources specifically dedicated to AIDS to Mainers’ perceptions of the epidemic. While issues like cancer, diabetes, and heart disease were perceived by residents as pressing enough to have dedicated clinics, Simon criticizes the lack of an AIDS Resource Center and blames this lack on the conceptualization that the disease was not a problem within the state.

Much of this difficulty in garnering resources can be tied to the federal structure of reimbursement for state efforts. In the February 1993 issue of *Apex*, a Portland-based queer publication distributed statewide, activist Bee Bell describes the state of federal funding for Maine’s HIV/AIDS efforts:

Our state Bureau of Health got its HIV prevention budget from the Feds at the Centers for Disease Control 7 weeks ago. They wanted to kill the AIDS Hotline & they wanted to kill the drug user HIV prevention plan. But they only ended up killing one contractual item on Maine's budget: Men Who Have Sex with Men. Maine asked for $40,000. Just $40 thou, in an already meager $564,000 budget, for the people who make up 75% of the AIDS cases in this state. The Feds said Zero. Said AIDS Project director Marjorie Love, “This past year was the first time we had a subsidy for gay and bisexual men - now we don't. This keeps me up at night.”

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17 Bee Bell, “No Business As Usual – This Month in Local Activism,” *Apex* 2.1 (February 1993).
Bell’s criticism points to broader conceptualizations of HIV/AIDS in Maine. While the year prior had seen the federal government give a specific subsidy for PLWHAs who were gay and bisexual men, the sudden cut of this subsidy effectively cut off funding for 75% of all AIDS cases within the state. This cut takes on new meaning when the perceptions of HIV/AIDS are viewed under the lens of metronormativity. By cutting specific MSM subsidies to Maine’s already meager budget, the federal government demonstrated not only that HIV/AIDS was not viewed as a significant problem within the state, but also that services specifically addressed to queer men were not a priority. The implications of this decision are, at the most primary level, that MSM in Maine received less quality care than those in other states; beyond this however, the federal government’s cut in funding symbolically communicated the metronormative notion that queerness did not exist in Maine.

The difficulty in resource generation for HIV/AIDS activism in Maine was demonstrated throughout the epidemic. For instance, despite being the largest ASO in the state, The AIDS Project faced severe financial constraints throughout its history, occasionally threatening to end the organization altogether. One of the largest ways that activists overcame these challenges is through networking with other individuals and groups. In mid-1990, during the largest financial crisis in TAP’s history, Frannie Peabody, a Portland resident who gained local prominence for her extensive work with the city’s gay and lesbian and PLWHAs communities, invited a group of area “business and professional leaders” to meet with TAP representatives seeking support:

Frannie opened the luncheon with a statement emphasizing that AIDS was not going away, and moreover, the numbers of infected were doubling annually. John Preston followed with a moving talk about living with AIDS. Perry Sutherland explained TAP’s financial problems, how they had occurred and what was being done to reorganize the Project. Cindy Bouman described the educational programs. Many of the attendees knew
Though none of the individuals present at the luncheon could dedicate their time to joining TAP’s Board, several did agree to “contribute their own expertise in other ways” by meeting four times a year as the new “Advisory Committee” to provide various services such as legal advice and accounting.

This luncheon demonstrates several key elements of HIV/AIDS activism in Maine. First, it provides another example of how many Mainers did not perceive the epidemic as an issue in the state, even five years after the state saw its first indigenous diagnosis. Second, this interaction shows how activists were required to build connections in order to deal with resource droughts resulting from perceptions of HIV/AIDS. While this second point is by no means unique to HIV/AIDS activism in Maine (or any type of activism, for that matter), the requirement to network with other individuals and groups, both activist and non-activist, shows how activists in Maine were required to build networks in order to combat specifically metronormative conditions. As Barry notes, about the results of the TAP luncheon “link[ed] TAP more firmly to the Portland community at large and to resources not previously available.” While Portland is not a rural place, and TAP is not a rural group, these activists needed to develop connections across their community to combat issues that resulted, in large part, from Maine’s position as a rural state.

Indeed, TAP was by no means the only group that engaged in networking in order to overcome the challenges of rural HIV/AIDS. This fact is represented in the various names of

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18 Barry, 63.
19 Ibid.
20 Barry, 63.
Maine organizations alone: Eastern Maine AIDS Network, Down East AID Network, Maine AIDS Alliance, Community AIDS Awareness Program, Community Task Force on AIDS Education. Beyond this more explicit language, many organizations in Maine covered entire counties and regions, targeting individuals across vast expanses of geography and a wide range of specific service needs: St. John Valley Community AIDS Task Force, Mid-Coast AIDS Support Group, Waldo County AIDS Coalition, AIDS Education and Support Group for Knox County, AIDS Coalition of Lincoln County.21

If a lack of attention to HIV/AIDS in Maine, both at the state- and federal-levels, can be connected to metronormative forces, and activist strategies can be directly linked to combatting such forces, then there is ample basis to support the notion that the importance of networking to Maine activists served to work against their distinctly rural (and metronormative) experience with the HIV/AIDS epidemic. This also links back to early social work and epidemiology studies carried out in rural communities discussed in Chapter One that argued that it would be essential for rural organizations to link networks of information and resources in order to overcome their unique structural barriers to service. And further, it echoes the more general claims by rural sociologists that organizations such as the ones discussed here are an essential aspect of life in rural communities.

*De-Gaying the Epidemic*

Perhaps the greatest challenge of Mainers viewing HIV/AIDS as other to their ways of life was how this perception made it difficult for activists to work to prevent high risk behavior: if a disease is incapable of reaching your community, how could you be engaging in behavior

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21 It is worth noting here just how large the areas these groups respectively targeted. See the map of Maine in Appendix A for reference.
that would make you susceptible to it? Activists responded to this sentiment by actively engaging in a degaying of the epidemic in order to emphasize how it affected every Maine community. This degaying of HIV/AIDS was not a Maine-specific phenomenon. Indeed, groups across the nation increasingly sought to de-link the epidemic from the original groups hit hardest by it as it continued to grow through the 1990s. However, as this section demonstrates, this process of degaying was both done for a different purpose and had unique effects as activists deployed this strategy in order to overcome the metronormative perception that HIV/AIDS was not a problem in Maine because of the state’s rurality.

Barry notes that in the early-1990s, Maine, like the rest of the country, was slowly realizing that HIV/AIDS “was an everybody disease.”22 During this same time period, various activist groups around the state were beginning to articulate the epidemic in a more general language in order to quell the perception among Mainers that HIV/AIDS was not a pertinent issue to them. We can recall the examples of activists explicitly noting that AIDS had reached every county in the state from Chapter Three. A series on HIV/AIDS aired on Presque Isle-based network WAGM sometime in the late 1980s/early 1990s, for instance, saw a representative of the Eastern Maine AIDS Network stating that “AIDS is very much here in the state of Maine. It’s here in greater numbers than we can imagine. It has covered every single part of the state—it’s not all concentrated in Portland, or in Bangor, as some people might believe, but it has covered every county, every conceivable corner.”23 By emphasizing the state-

22 Barry, 73.
23 “AIDS Series WAGM,” n.d., Eastern Maine AIDS Network Archives, Box 1, Lesbian, Gay, Bisexual, and Transgender Collection, Jean Byers Sampson Center for Diversity in Maine, University of Southern Maine Libraries. No date is provided for the clips in this series, but I assume it takes place sometime between 1989 and 1990 as one commercial has a copyright date of 1989 and individuals in the series list January 1991 as a future benchmark for reviewing their services.
wide nature of the epidemic in this way, activists crafted a narrative of risk that demonstrated how every Mainer was susceptible.

In an interview between newscaster Ian Vogel and Dennis Cranson, co-founder of EMAN, from the mid-1990s, Cranson responds to the findings of a new statewide report on HIV/AIDS by stating: “This report should be a wakeup call to the people of Maine, uh, to read it, um, believe what’s in it, believe what the projections are, and realize that the time for us to take action, uh, against HIV and AIDS is today. We can’t afford to—to waste another 5 or 10 years.”²⁴ Here, Cranson directly ties Maine’s culture of passivity to difficulty in caring for PLWHAs and preventing further spread of the epidemic. But importantly, Cranson uses language that focuses on all “people of Maine” rather than on specific risk groups.

In a 1994 panel discussion with teenagers from area high schools broadcasted on Bangor’s Channel 5 News, Cranson and Sally-Lou Patterson, another employee of EMAN, continued to emphasize how everyone in Maine was susceptible to HIV/AIDS. Cranson begins the segment with the following:

Cranson: I think that AIDS is something that everyone should be concerned about. Uh, the only statistics that we have to go by are actual AIDS cases in Maine, and looking at those statistics, as of the end of December 1993, approximately 25% of the diagnosed cases of AIDS in Maine, uh, have been in the age group—uh, bracket, between ages 20 and 29.

Marnie MacLean [host of panel]: Now, what does that mean to teens, though, 20 to 29?
Cranson: Well, because, from the time that a person is infected to the time that they actually become symptomatic can range anywhere from 8 to 11 years on the average, uh, many of these, uh, people who are being diagnosed in their 20s, uh, may have become infected as teenagers.²⁵

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This quote reveals a key element of EMAN’s activism. As this is an attempt by EMAN to raise awareness about HIV/AIDS in Maine by delinking the epidemic from risk groups, Cranson once again states that “AIDS is something everyone should be concerned about,” focusing on how younger individuals (devoid of categorization) are at particularly high risk of HIV contraction in Maine.

In the same panel, Sally-Lou Patterson of EMAN offers the following advice for reducing risk:

Well, certainly the thing that we’re using, and—and the only tool that we have now, is education. And so, if, uh, every teen thought that, in fact, they had the, the uh—uh, idea that they might be at risk, then they personally protect themselves: that’s what it’s gonna take. Each person is… individually responsible for making sure that they don’t get HIV. And, I, that’s the only way that I know of to do it. So, if we educate everyone, they take it seriously—that’s not easy, to do that—uh, then people would protect themselves….

You have to protect yourself in every situation, and that’s what it’s gonna take.26

Patterson’s claim echoes those given by Cranson above insofar as it suggests the idea that everyone is at risk for HIV/AIDS, and that people must take care to protect themselves in every situation. While this is certainly helpful advice given how everyone is susceptible to HIV/AIDS, it’s interesting to note that at no point in her comment does Patterson mention the specific behaviors that lead to contraction. Indeed, nowhere in the entire panel discussion do Cranson, Patterson, Marnie MacLean (the host of the program), or any of the teens mention specific behaviors which increase the likelihood of HIV/AIDS contraction.

Bevin Kelly, a student at Foxcroft Academy in Dover-Foxcroft, offers her take on HIV/AIDS in Maine during the panel:

I feel that it’s a major concern in that AIDS does not discriminate on sex, uh, race, gender, or sexuality. And, people have a tendency to think that if somebody has AIDS, they’ll be able to see it, and, it’s a big problem because—you can’t look at a person and tell, you have to… You have to be able… [Laughs]… It’s something that the people really need to become aware of, and, you know, how to protect themselves, and… how

26 Ibid.
to, how to deal with people who have AIDS, instead of saying “Oh, it’s just a homosexual disease.” Because it isn’t. And it’s beginning to strike the youth of America, and we really need to stand up and do something about it.27

Kelly’s comment is a useful lens for the effects that activist claims (such as those made by EMAN) had on Mainers. Kelly notes that AIDS has become visually undetectable in order to demonstrate how everyone is susceptible. She acknowledges that the epidemic is typically viewed as a “homosexual disease,” but in order to drive awareness for risk Kelly obfuscates from specific risk categories: “AIDS does not discriminate.”

Jonathan Bell notes that “discourse of nondiscrimination…personalizes HIV/AIDS in a way that occludes the role of structural inequalities in driving the epidemic.”28 Claims like those made explicit by Bevin Kelly and embedded within the information distributed by Cranson and Patterson from EMAN deeply ignore this key element of the epidemic. By abstracting from discussion of specific identity groups—and therefore not explicating the various (and controversial) high risk behaviors associated with such groups—these individuals not only distract attention about HIV/AIDS away from those groups most vulnerable to the epidemic, but also fail to accurately demonstrate how one can even go about preventing contraction. EMAN is certainly correct in stating that no one is immune to HIV/AIDS, but their media appearances seem to offer no information about how one would even go about getting the virus in the first place. And recall Bee Bell’s claim that MSM made up roughly 75% of all diagnosed cases of HIV/AIDS in Maine in 1993.

But EMAN was certainly not the only organization in Maine to engage in this delinking of HIV/AIDS from risk groups—most prominently gay and bisexual men—by both implicitly

27 Ibid.
and explicitly ignoring them. John Preston linked this strategy back to the difficulties Maine organizations had in obtaining resources: “Preston believed that in order to raise money, agencies, including TAP, had conspired to convince the public that HIV was an everyday part of ordinary middle-class life. ‘Faced with the (negative) public perception that AIDS was a gay man’s disease, that it was a sexually transmitted disease, that it was dirty, we went about normalizing AIDS.’”

To reiterate, delinking HIV/AIDS from gayness occurred across America, and had benefits both positive and negative. However, this process gains new meaning when its read as a response to the effects of metronormativity on both HIV/AIDS and queerness in Maine.

In a segment on AIDS aired on Presque Isle-based network WAGM, host Ed Walsh provides the following introduction:

AIDS can be passed in three ways: a woman can pass it along to her unborn child; the virus can be passed through infected blood, and that can be done by sharing needles; and AIDS is also sexually transmitted. Some of the best advice is if you’re planning on having a child, have an HIV antibody test. Do not share any needles, and if you do, clean them before using them…. Abstinence is always the best policy. But if you are sexually active, use a condom or a dental dam. Over the next few nights, you’re going to meet some of these statistics: you’ll meet a woman who got AIDS from her boyfriend and passed it along to her 5-year-old daughter. You’ll also meet a man who believes he contracted AIDS by sharing intravenous drug needles. Plus, we’ll listen to a mother and father who just recently learned their son has AIDS.

Several things are notable about Walsh’s statement. First, it must be acknowledged that he does, indeed, discuss specific high-risk behaviors for HIV contraction, albeit in little detail. However, when it comes to sex, Walsh provides the least amount of detail, suggesting only condom and dental-dam usage. While these are certainly essential safe sex practices, considering the fact that

30 See Chapter 3, footnote 23.
75% of diagnosed HIV/AIDS cases in Maine were among MSM, this is very little useful information given the variety of other sex practices that carry the risk of contraction. However, the second and more notable element of Walsh’s statement, and the segment as a whole, is how it completely ignores these 75% of individuals with HIV/AIDS in Maine. Among the various individuals featured on the segment, no gay or bisexual men are included. The segment notably includes an intravenous drug user—another highly stigmatized group of individuals at particular risk of contracting HIV—but, somewhat shockingly, no MSM.

Later in the segment, Walsh interviews members of the St. John Valley Community AIDS Task Force in Fort Kent. One of these members offers the following observation regarding her views of HIV/AIDS education: “For most people, are like, um, they don’t need the education. They, uh, don’t know anybody with AIDS. Um, you know, they don’t hang around with people that have bad habits. Um, and they need to realize that it’s not a disease they can stigmatize to certain, um, people.”32 This is yet another instance of the widespread strategy to stress the universality of AIDS in order to garner the attention and concern of residents. This member of the St. John Valley Task Force warns that individuals should be careful not to “stigmatize certain people”; I read this claim to mean “not everyone with HIV/AIDS is gay.”

In an undated interview from the mid-1990s on Bangor-based network WABI, host Stephanie Trotter interviews Laura Neal, the filmmaker behind Hope for a New Tomorrow: Families with AIDS, The 3rd Decade, a documentary produced by EMAN that gained the organization national recognition. Neal offers the following regarding the documentary:

There are not a lot of materials out there that address women, and as we said, women are the fastest growing group of people becoming infected. So it’s a real crucial time to focus prevention efforts toward women. Also rural women are a real concern. Um, there’s a lot of AIDS education material available, nationally, and in my work I get to preview a lot of it and see it. And what’s been bothering me over the last year or so is

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32 Ibid.
that most of that material is very, very urban in focus. It’s shot in big cities, uh, it contains a wide mix of cultural representations which don’t necessarily match the population of Maine, and I think people in Maine and other rural areas really tend to distance themselves. They see HIV as a problem that’s occurring somewhere else… it’s not happening here. So what we wanted to do is make something that people in rural areas could see, and say: “This looks like my hometown, this looks like people I know. This is happening here.”

Here, Neal notes (importantly) that women, notably women in rural areas, are among the fastest growing group of individuals being diagnosed with HIV/AIDS. While this is not problematic in and of itself, it still stresses other risk groups above those who are equally or more statistically likely to contract HIV. Neal’s characterization of the urbanity with which the HIV/AIDS epidemic is depicted is also notable. First, this characterization confirms that activists were responding to metronormative understandings of the epidemic. And second, the types of “cultural representations” Neal associates with urbanity are explicitly erased from the context of HIV/AIDS in Maine in this statement. When Neal says that EMAN wanted to produce a video that looked like people’s hometowns, it would not be a stretch to interpret this image as “devoid of queerness.”

Again, it must be stated that highlighting how no individuals are insusceptible to HIV/AIDS is positive insofar as it aims to promote safe behavior for all individuals. However, we must remind ourselves of the challenges that this strategy is aimed at overcoming. Remember that, as this chapter and the last have argued, one of the biggest constraints on HIV/AIDS activism in Maine was overcoming the popular perception that the epidemic was not an issue within the state because of its rurality. As I argued in Chapter Three, this feeling of invulnerability can directly be linked to perceptions of HIV/AIDS as a “gay disease,” and

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because metronormativity erases queerness from rurality, strategies aimed at dissuading these perceptions are thus deeply tied with metronormative narratives of queerness. So, when HIV/AIDS activists in Maine promote a language and image of the epidemic within their state that erases gayness from the narrative, these also serve to further entrench the notion that “there are no gays here” and further erase queerness from the countryside.

**Multi-Institutional Politics and HIV/AIDS Activism in Maine**

Utilizing Armstrong and Bernstein’s multi-institutional politics approach to social movements sheds much light on the activist strategies and goals described here. At its core, this approach posits that power is dispersed among a wide variety of institutions in society, both state and cultural, and that activists can seek to target any of these institutions. Armstrong and Bernstein approach a multi-institutional politics analysis of social movements by identifying key elements of activism: definition of social movement, definition of politics, actors, goals, and strategies.

Under their analytical framework, Armstrong and Bernstein note that social movements should be expected to “[challenge]…any or all of the major institutions of society,” such as “the state, other institutions, or cultural meanings.”34 Under a multi-institutional politics approach, then, the definition of politics rejects the notion that “the state [is] the only institution of importance,” instead focusing on how “power is distributed in society” in order to demonstrate that “all collective challenges to constituted authority [are] political.”35 As for actors, Armstrong and Bernstein note that membership in social movements is typically constructed around institutional arrangements that “establish the possible array of actors for whom collective

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35 Ibid.
Along these lines, they argue that challenges are more likely to succeed when “[c]hallengers are…members, customers, or clients of the institutions they challenge—individuals structurally linked to the institution in question.” In other words, social movements are typically constructed by “insiders,” who have more knowledge about their targets by virtue of their direct involvement with such institutions.

Armstrong and Bernstein argue that social movement scholars should be attentive to how activist goals are typically concerned with both changes in resources and with changes in meanings, even though activists may “sometimes…prioritize one more than the other.” By understanding how resource- and meaning-based challenges to various institutions are usually more linked than has been previously recognized, a multi-institutional politics approach seeks to explicate how “challenge[s] to the system of cultural classification [are] often precondition[s] to the reallocation of resources, while what initially looks like a simple request to reallocate resources may ultimately threaten to dissolve social boundaries.”

Lastly, Armstrong and Bernstein posit that identifying activist strategies, and then tying these strategies back to the institutions of domination they seek to target, is key to understanding social movements under a multi-institutional politics approach. As they note, “[t]he notion that society is composed of institutions with distinct logics suggests that the choice of and effectiveness of strategies will also vary by target.” Under this analytical framework, certain activist strategies may be focused on simultaneously challenging a variety of institutions, while others may be distinctly focused on one specific institution. Because a multi-institutional

36 Ibid., 85.
37 Ibid.
38 Ibid.
39 Ibid., 86.
40 Ibid.
approach does not assume a priori that there is “any obvious or inevitable relationship between environment and strategy,” locating the specific tactics used by activists is essential to understanding how they view, and thus challenge, power in society.41

Under this model, what would HIV/AIDS activism in Maine look like? Certainly, the numerous examples of activism listed thus far constitute the types of institutional challenges that Armstrong and Bernstein discuss in their framework (Definition of Social Movement). And while HIV/AIDS activism was often focused on criticizing and working to change state institutions, much of the work was targeted on changing perceptions, primarily the metronormative notion that the “urban” epidemic was not an issue in Maine (Definition of Politics).

The actors of HIV/AIDS activism in Maine, though diverse in some respects, were also “insiders” in a multi-institutional politics sense. While various types of activism have been discussed thus far (including ASOs, direct action groups, and non-HIV/AIDS specific queer groups) engaged in many different types of activism, most of these individuals had insider status in some way. Like national patterns in the development of HIV/AIDS activism, gay and lesbian communities across the state were among the first to mobilize. These individuals were connected to larger networks of information that stressed the importance of dealing with the epidemic, especially early. Recall how NLN began covering AIDS in its newsletter before Maine had seen its first indigenous diagnosis of AIDS. And further, the GHAC was formed by Portland-area gays and lesbians before AIDS had even been seen in the state. As more organizations began to rise, and diagnoses in Maine increased, more individuals joined in activist efforts. These individuals were also primarily insiders; for instance, as the need for the GHAC

41 Ibid., 93.
mounted, it found a variety of groups amongst health professionals, social workers, and other individuals where AIDS’s “presence among friends and relatives created a new, more personal reality.” All of these activists can be considered insiders insofar as they had intimate knowledge and experience with HIV/AIDS, and the many tasks that come with addressing it (Actors).

The goals of HIV/AIDS activism in Maine also closely align with a multi-institutional politics approach. As was stated above, activists in Maine engaged in a vast amount of work to change perceptions of HIV/AIDS in their state. While these activists certainly had goals such as discouraging risk behavior, providing adequate care for PLWHAs, gaining adequate funding for services, and educating the general public about the epidemic, each of these goals was also, as the chapter has demonstrated, intimately tied with this larger cultural force. This heavily aligns with Armstrong and Bernstein’s claim that analysts should remain attentive to how many activist goals simultaneously challenge resources and meanings. As this chapter has demonstrated, many of these meanings are inextricably linked with the power of metronormativity to shape interpretations of the queer experience. In this way, the goals of HIV/AIDS activists in Maine were as focused on gaining tangible resources as they were with shifting cultural understandings (Goals).

The strategies of HIV/AIDS activists in Maine, such as information dissemination and the degaying of HIV/AIDS in Maine, then, were deployed to meet these dually institutional and symbolic goals. This point is significant when examining the different strategies used by various activist groups in Maine in order to shift perceptions of HIV/AIDS. While groups like EMAN and TAP engaged in a degaying of the epidemic to engender public interest in risk reduction and

42 Barry, 25.
to garner the necessary resources for effective care, NLN engaged in very little of this type of strategy. The reason for this, at first glance, is clear: while many members and volunteers for EMAN and TAP were members of the queer community, these organizations were not themselves solely dedicated to queer activism. NLN, on the other hand, was a non-HIV/AIDS specific group targeting queer individuals in northern Maine. These organizational differences, then, explain why different activist groups would employ different strategies to meet the same goals, as NLN’s activism was more heavily focused on fighting HIV/AIDS within the more specific community it served. In short, each of these groups were conceived for different, though overlapping, purposes.

Armstrong and Bernstein state that “[g]roups are positioned differently in relation to a field of engagement and have different resources at their disposal.” As such, we can better explain how different groups operate by “understanding…the logics of institutions being challenged.” Because ASOs like EMAN and TAP were targeting, at many times, different institutions than groups like NLN, the strategies each group deployed differed in key ways. While a degaying of HIV/AIDS was viewed as a viable challenge to various sources of institutional power by EMAN, that same strategy did not speak to the sources that NLN sought to challenge. In the words of Armstrong and Bernstein, by viewing power as spread across multiple and, at times, contradictory institutions across society, we can “improve our ability to predict the circumstances under which activists would prioritize one type of goal over the other.” Various HIV/AIDS activist groups in Maine developed and utilized distinct logics of

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43 Armstrong and Bernstein, 87.
44 Ibid., 93.
45 Ibid.
strategy that most closely corresponded to the different forms of institutional power they each sought to combat (Strategies).

Making Emotions Work

Chapter Three discussed the unique emotional habitus of rural queer individuals in Maine. While much of the evidence used to analyze this habitus were outside of discourses directly related to the epidemic, looking at the complex emotional experience of queer people in Maine is essential to understanding the emotional elements of HIV/AIDS activism in the state because many of both the first and most prominent activists were these queer individuals. Further, as late as 1993, MSM made up 75% of all diagnosed cases of HIV/AIDS in Maine. Considering these facts, examining the habitus of queer Mainers more broadly speaks volumes to how activists in the state engaged with the emotional experiences of PLWHAs, both fostering and reproducing these emotional discourses to structure their activism around the prevailing emotional habitus.

In the previous chapter, I argued that understanding the emotional habitus of lesbian and gay men in Maine was contingent upon a recognition of the nuanced differences between isolation and loneliness. While the rural queer experience is frequently discussed with the catchall phrase “isolation,” solely focusing on how these individuals are isolated removes agency insofar as it assumes that rural queer people are disconnected from transregional informational and cultural networks. And further, as this chapter has demonstrated, it denies how such individuals built their own versions of these networks which actively engaged with their urban counterparts.

While isolation was certainly a key element of the emotional habitus of queer Mainers, a deeper emotion was likewise influential: loneliness. Isolation and loneliness are dynamic
concepts, often bundled and experienced simultaneously, but understanding their distinctions is crucial insofar as it is entirely possible to be isolated without feeling lonely. Indeed, this is what draws many queer people to rural communities in general. Locating how loneliness and isolation were uniquely articulated, interpreted, and acted upon by activists in Maine can shed light on how the dominant emotional habitus in the state fostered political horizons advocating and allowing for specific types of activism. This entirely leaves open the possibility that both emotions were expressed and confronted; but by recognizing how these feelings are neither synonymous nor mutually exclusive provides a deeper analysis of the emotional politics of HIV/AIDS activism in Maine.

This section argues that activists worked to dislodge the negative impacts of isolation by working to overcome the structural barriers of rurality, linking isolation to caretaking and providing services. Activists engaged with loneliness, however, when focusing on processes of community-, solidarity-, and culture-building. Utilizing Gould’s arguments about the importance of “emotion work,” actively engaging with the affective states authorized and prohibited by the prevailing emotional habitus, I argue that the efforts of Maine activists were heavily concerned with the commanding emotional pedagogy, working to mobilize feelings of solidarity and pride in order to diffuse the prevalence of loneliness and isolation present in the affective landscape of queer life in Maine.46 However, I complicate the dominant emotional habitus by identifying how and why different activist groups centered their work around different emotions, and articulated their efforts towards different (and sometimes contradictory) aims.

Emotion Work

In Moving Politics, Gould argues that emotions play a large role in structuring and sustaining activism. Because activists work within the boundaries of various emotional habitus that impact how community members do, should, and could feel, “to attract and retain participants and to pursue a movement’s agenda, [they] continually need to mobilize affective states and emotions that mesh with the movement's political objectives and tactics, and suppress those that do the opposite.”47 This type of emotion work is what allows movements to combat feelings of hopelessness and inefficacy by generating “a sense of meaning and purpose” through participation.48 As Gould states about ACT UP:

[T]he feelings generated in ACT UP’s meetings and actions were not a natural result of people joining together in a common cause. Those sentiments of exhilaration, love, and camaraderie derived in part from the narratives we had constructed about ourselves as angry, proud, and defiant, and form each individual’s growing identification with those emotions and with others who felt them. The extraordinary feeling of being part of something larger than yourself derived in part from our constructions of our political work as important and world-changing.49

Under Gould’s model of emotional social movement theory, activism is successful when it can intake and project emotions that “mesh” with the dominant emotional habitus, thus becoming intelligible and resonant with movement members and would-be activists by aligning the ways they are taught to interpret and act on their collective affective experiences with movement activity.

In aligning activism and emotion in this way, movement’s are able to impart the idea that an individual is a (valuable) part of some collectivity all committed towards working for a shared common good. By actively interpreting, generating, and redirecting members’ affective states,

47 Ibid.
48 Ibid., 210.
49 Ibid., 211.
movements become places for world-making, allowing individuals to imagine and act out the new universes proposed by their emotionally-generated political horizons. As Gould notes, movements do not simply manage the preexisting emotional state, but frequently generate new emotions in accordance with the ruling emotional pedagogy. Understanding why activism takes the form it does, then, is contingent upon understanding the vital emotion work movements carry out.

So, given the previous chapter’s establishment of the dominant emotional habitus among the lesbian and gay community in Maine’s as one permeated by loneliness, shame, grief, and, at times, isolation and built in a unique rural context structurally disallowing the sense of togetherness implicit within Gould’s model, how did groups in Maine engage in this type of “emotion work”? To locate the answer to this question, Moving Politics points us in several methodological directions. Gould contends, foremost, that

the rhetoric and actions of movements illuminates the emotional dimensions of their work. The ephemera that materialize and instantiate a movement’s collection action frames—its leaflets, fact sheets, T-shirts, stickers, buttons, posters, banners, speeches, chants—are particularly rich sources for exploring a movement’s emotion work since framing entails mobilizing some feelings and suppressing others. She cautions, however, that researching emotion work in this way suggests that movements leverage feeling states in strategic and conscious ways. While this “instrumentalizing” of emotions does occur, Gould notes that we lose out on capturing the bigger picture of emotional resonance:

[W]hy do people sometimes respond to such deployments of emotion…and why does this purposive mobilization sometimes fail? Investigation of these questions demands an analysis of the workings of feelings—of the ways they are generated, intensified, or dampened—that necessarily takes us out of the realm of instrumentality. Even if emotions sometimes are deployed strategically, we risk neglecting much of what is rich

50 Ibid., 213.
51 Ibid., 215.
and significant about emotion if we reduce it to another tool in the social movement entrepreneur’s framing toolkit.52

Responding to this conception of the role of emotion work in driving mobilization and sustaining movement activity, I examine how the dominant emotional habitus and its resulting affective pedagogy and political horizons formed HIV/AIDS activism in Maine by not only managing loneliness and isolation, but by tying these emotions to specific practices and actions in order to generate pride, solidarity, and belonging. I locate these types of activism by examining, as Gould suggests, the various ephemera of HIV/AIDS activist groups across the state, but further, I investigate the ways that these groups tied their actions, whether instrumentally or not, to the generation of emotions aimed at realizing the ideal world imagined within their political horizon.

Recall the Chapter Three’s claim that the pedagogy set by the ruling emotional habitus of Maine’s lesbian and gay community emphasized the type of service provision, caretaking, fundraising, and information dissemination, actions that Gould notes characterized early AIDS activism, well after the shift to anger-drive direct-action activism after 1986. This section analyzes how all of these forms of activism were highly tethered to emotional work and dedicated to realizing the political horizon of rural queer individuals and PLWHAs in Maine. But further, this section complicates our understanding of the dominant emotional habitus in Maine by looking at when, why, and how different activist groups engaged with the unique affective states that characterized the dominant emotional habitus in Maine. Groups more focused on engaging with isolation performed emotion work than those that were more focused on engaging with loneliness. I argue that these differences arose as a result of the different constituency and priorities of various groups, so that while they all engaged with the same

52 Ibid., 222.
dominant emotional habitus, their interpretations of the resulting political horizons differed in key ways despite being linked to a similar affective landscape.

Isolation and Maine ASOs

ASOs in Maine embraced the dominant emotional habitus in Maine in a manner that closely mirrors the pre-Hardwick habitus identified by Gould. More specifically, these groups were focused on the same respectability politics that Gould states characterized early AIDS activism. Groups like The AIDS Project and the Eastern Maine AIDS Network, throughout the epidemic, focused heavily on service provision, caretaking, and information. And as I demonstrate here, this work was highly inundated with emotions. More specifically, however, I argue that ASOs in Maine frequently articulated their emotion work in terms of isolation.

Recall that isolation, while certainly affective in nature, is often used to assume that rural queer individuals and PLWHAs live in disconnect from not only each other, but larger informational and cultural networks. I have discussed at length the problematic nature of these assumptions on normative grounds, and provided ample evidence to empirically demonstrate that they are extremely faulty. However, despite the fact that living isolation does not necessarily connote informational or cultural isolation, I still acknowledge that it does carry a significant affective charge, albeit in a manner different from common perceptions. As such, even though ASOs in Maine engaged with isolation, they were still carrying out significant emotion work insofar as they sought to transform these affective states into love and respect.

For starters, there were numerous ASOs across the state of Maine, and many worked in close collaboration. In 1988, Peaches Bass, an HIV/AIDS activist and former member of TAP’s board of directors, created the Maine AIDS Alliance (MAA), a statewide network of ASOs, to facilitate information and resource sharing and create a centralized system for funding and
lobbying. The MAA originally comprised of 14 ASOs: The AIDS Project of Portland, the Down East AIDS Network of Ellsworth, the People with AIDS Coalition of Portland, Dayspring AIDS Support Service of Waterville, Merrymeeting AIDS Support Service of Brunswick, the Eastern Maine AIDS Network of Bangor, the Androscoggin Valley AIDS Coalition of Lewiston, the Mid-Coast AIDS Support Group of Rockland, the Waldo County AIDS Coalition of Belfast, the AIDS Education and Support Group for Knox County, the Community AIDS Awareness Program for Rumford, the AIDS Coalition of Lincoln County, the Community Task Force on AIDS Education of Naples, and the St. John Valley Community AIDS Task Force of Fort Kent.

I list all of these original members to demonstrate how many ASOs existed in a state with a low number of caseloads relative to urban areas. This high number, however, makes sense when considering the geographic size of Maine—an ASO in Portland would not be useful to an individual who lived 300 miles away in Fort Kent. This further establishes a context of isolation that was unique to activism in Maine compared to the urban groups described by Gould insofar as the spatial isolation of many PLWHAs in the state was far greater than in any major urban area. This is important to note considering how Gould argues that emotion work typically operates below the level of rational instrumentality. As she states,

the generation of some feelings and the suppression of others often are crucial effects of a movement’s many activities rather than the intention lying behind them…. Emotional dynamics and processes do not operate in isolation. Thus the task is to explore how a movement’s emotion work articulates with other factors—for example, political opportunities and activists’ interpretive practices, including framing—to affect movement sustainability.

53 Barry, 44.
54 Ibid.
In other words, the various aspects of activism that do not explicitly concern emotions, such as
the structural barriers to care resulting from a high degree of spatial isolation, are still involved
with how activists engage in emotion work. The sheer size of the MAA confirms that activists
strategized to combat spatial isolation, so we can then expect that their emotion work was highly
involved with these strategies. And indeed, the ways that the emotion work of Maine ASOs
were articulated by activists suggest a clear linkage of their efforts to transforming feelings of
isolation. ASOs across the state overwhelmingly emphasized the challenges faced by PLWHAs in
rural Maine in terms of isolation.

The Down East AIDS Network (DEAN), which merged with the Eastern Maine AIDS
Network in 2013 to form the Health Equity Alliance, describes its founding in highly emotional
terms that enable a deeper reading behind the emotion work of ASOs in Maine:

The Down East AIDS Network was founded in 1987 in response to the HIV/AIDS epidemic
in rural Downeast Maine. It grew out of the sadness and anger of Downeast Maine’s
LGBTQ+ community who were overwrought with watching their loved ones waste away and
die while the Government would not even acknowledge the virus’ existence. A couple of
filing cabinets in a living room and a handful of immensely passionate and committed
provided what comfort they could, helping clients navigate the complicated system of health
care and social assistance in an era before the advent of effective HIV medications.56

Clearly, the formation of DEAN was highly motivated by emotions. Tapping into the dominant
emotional habitus of the gay and lesbian community in Maine, we can better understand how the
organization, and others like it, engaged in emotion work and realized their political horizon. In
this instance, DEAN became focused on linking their sadness, anger, and passion to providing
services, and helping rural PLWHAs access and navigate healthcare and social assistance.

healthequity.org/about.
In the same 1990 series on HIV/AIDS in Maine hosted by Ed Walsh of the Presque Isle-based channel WAGM discussed in the first half of the chapter, a representative of the Eastern Maine AIDS Network describes the goals of the organization:

It’s a matter of connecting people who are here, who come here, with resources in the five county area that we serve. Some of those are medical, some of them are social service resources, um—can be anything from finding someone a physician, to locating transportation, housing, food assistance, fuel assistance, helping people through the Medicaid system, um, disability system, a lot of that kind of stuff.57

Beyond listing the various services provided by EMAN, this claim acts as a subtle but important reasons that the organization came into existence in the first place. This representative notes that the efforts of EMAN are concerned with “connecting people who are here” to resources in the five counties serviced by the group. And beyond providing medical and transportation service, the representative states that EMAN looks to connect people with “help”—help understanding the Medicaid and disability systems, for instance, or finding a physician. This emphasis on connection, I argue, is inextricably linked with EMAN and other ASOs’ focus on the prevalence of isolation within the affective landscape of those they seek to serve.

Latona Torrey, a volunteer with EMAN, stated the following during an interview with reporter Craig Colson of the Bangor-based Channel 5 News on World AIDS Day in 1994:

People can come in [to EMAN], they have more, um, resources, they have more, um, doctors that they can choose from. They can come in and hang out here with other clients and with people who are empathetic, and compassionate, and it’s a fun place. We have support groups. But for people who are in rural areas, there isn’t that support and they’re very isolated, and it’s very scary.58

57 AIDS Series WAGM,” n.d., Eastern Maine AIDS Network Archives, Box 1, Lesbian, Gay, Bisexual, and Transgender Collection, Jean Byers Sampson Center for Diversity in Maine, University of Southern Maine Libraries.
Torrey’s statement suggests two key points. First, she argues that rural PLWHAs in Maine face a scary and isolated affective landscape, one that is not present in more urban contexts like Bangor, where EMAN was located. This demonstrates that isolation was a unique aspect of the rural PLWHA experience. And second, Torrey’s claims link the lack of isolation in urban contexts to more readily available resources, such as support groups, and that these resources provide the empathy and compassion necessary to overcome isolation.

It is important to discuss how these claims link emotion work and general strategy in ways that are implicit and nonconscious. Similar to Gould, I argue that insofar as isolation carries a strong affective charge, when ASOs in Maine developed strategies around mitigating these spatial challenges they are also inherently participated in a type of emotion work aimed at transforming isolation into love and compassion. A TAP advertisement in the classifieds section of the August 1992 edition of *Apex* is a good example of this relationship: “The AIDS Project is looking for caring people with cars to help clients who need transportation during the day for doctors appointments, grocery shopping, other life errands. The need is great. If you can help, please call Sandy Titus at The AIDS Project, (207) 774-6879.”

While the language of this ad does not explicitly address emotions, it does reveal how TAP provided services aimed at dealing with the spatial difficulties of isolation. Because isolation has both structural and affective aspects, this type of work is inherently emotion work insofar as ASOs worked within their given emotional pedagogy. As the quotes from EMAN and DEAN above further demonstrate, ASOs in Maine interpreted the affective pedagogy of their dominant emotional habitus by linking their caretaking and service provision work to the

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59 *Apex* 1.7 (August 1992)
affective difficulties of *isolation*, often below the level of conscious awareness or explicit articulation.

All of these examples suggest that ASOs in Maine worked within their ruling emotional habitus in a way that closely mirrors the pre-*Hardwick* habitus identified by Gould. Like early ASOs in urban areas, ASOs in Maine worked to transform grief, sadness, shame, and *isolation* into love, pride, and compassion through engaging in the implicitly emotional work of service provisions, caretaking, and information dissemination. And the collaboration of many of these ASOs through their participation the Maine AIDS Alliance suggests that many of these strategies were shared across the state, meaning that various organizations likewise linked emotion work and service provision in their interpretation of the ruling emotional habitus. Thus, ASOs in Maine worked to realize their political horizon by linking their work to transforming the prevalence of isolation in the affective scheme they interacted with.

*Queering Maine’s Emotional Habitus*

While ASOs in Maine interpreted their ruling emotional habitus in terms of isolation and linked their service provision activities to transforming feelings of isolation into love and compassion, groups that were more specifically focused on queer issues interpreted this same habitus in terms of *loneliness*. These groups engaged with their provided affective pedagogy to transform loneliness into feelings of pride, solidarity, and visibility through engaging in emotion work stressing community-, solidarity, and culture-building.

Northern Lambda Nord’s newsletter *Communiqüé* offers a useful glimpse into this type of emotion work. The March 1985 issue of *Communiqüé*, dedicated entirely to information regarding AIDS, for instance, suggested carrying out a survey of local medical, mental health, and legal professionals who were accepting of lesbian and gay sexuality:
How many physicians in Aroostook, Madawaska, Victoria, and Carleton Counties are ‘gay-positive’? Do you feel you can tell your doctor that you are a gayman or a lesbian? Can you discuss openly your health needs, specific to gaymen and lesbians? A couple of years ago, Leo G. suggested that Lambda survey our area physicians to compile a list of health care providers in our four-county region who are non-judgemental of our sexuality. Perhaps now, with health a newsworthy and timely issue, this survey will be accomplished. Next month’s *Communiqué* will have details on how such a survey will be conducted. It will include both physical and mental health care givers as well as legal aid services in the region. So in preparation, please think of the doctors and lawyers you would put on this list.60

This survey exemplifies how the emotion work carried out by NLN emphasized transforming feelings of loneliness because it tapped into the dominant emotional habitus that instructed the group’s activism. Insofar as this survey was aimed at informing NLN members where they could feel the most accepted when seeking medical care, carrying it out because gay health was now “a newsworthy and timely issue” suggests that in this instance the group was transferring its prior interpretations of the dominant emotional pedagogy onto its AIDS activism. In other words, this strategy can be read as the type of work, which is highly emotive in nature, that would have been carried out before the AIDS epidemic began to manifest itself in Maine; with the onset of the crisis, NLN now extended its preexisting understanding of the dominant emotional habitus to AIDS.

Like ASOs, NLN engaged in HIV/AIDS activism that closely mirrors the forms promoted by Gould’s pre-*Hardwick* emotional habitus. Recall the example provided in the previous chapter of NLN hosting a fundraiser in April 1985 to assist its member Jack Currier, recently diagnosed with AIDS after a move to California, with his medical fees. As the previous chapter noted, this form of activism was heavily promoted under the ruling emotional habitus from 1981-1986. But, I argue, this fundraiser engaged with loneliness in a way that was unique to the ruling emotional habitus in Maine. In the May 1985 issue of *Communiqué*, NLN notes

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that at the fundraiser, “[a]bout 65 people from as far away as Fredericton and Saint John and Orono gathered at Keddy’s Motor Inn in Presque Isle for a dance to raise money to help Jack…. Several people estimated that nearly half of those in attendance were from New Brunswick, and at least a third of the total crowd were women. This was the largest gathering hosted by Northern Lambda Nord, probably due to the purpose of the evening.”61

Several elements of this statement are noteworthy. First, NLN stresses the vast distances people travelled for the fundraiser.62 While this speaks to the spatial isolation of rural queer life in northern Maine—these people lived extremely far away from each other—the fact that people travelled such distances indicates how members of NLN valued and sought to cultivate a strong community despite their geographic separation. Second, this article notes that the fundraiser was “the largest gathering hosted by Northern Lambda Nord,” and that the reason for this was likely due to the “purpose” of the event (providing money for a community member recently diagnosed with HIV/AIDS).

While this purpose does align with the emotional habitus Gould identifies in early AIDS activism, paired with the community-building nature of this fundraiser, I argue that this event takes on a new meaning within the context of Maine’s dominant emotional habitus. By stressing how so many individuals from so far away would be willing to travel insane distances to raise money for one sick friend speaks to how NLN implicitly engaged in emotion work that sought to foster a strong sense of community and solidarity in opposition to the prevalence of loneliness within the rural milieu. This is where an emphasis on loneliness distinguishes this strategy from the type of emotion work carried out by ASOs precisely because NLN does not discuss isolation

62 For reference, Fredericton, New Brunswick is roughly 113 miles away from Presque Isle, Saint John, New Brunswick is roughly 179 miles away, and Orono, Maine is roughly 151 miles away.
in any sort of negative way. Where ASOs focused on transforming isolation into love and empathy through service provisions, this fundraiser demonstrates how NLN’s implicit focus on community-building within this attempt to raise money for a sick community member sought to transform the deeper emotion of loneliness into pride and love in the face of isolation. And the fact that the fundraiser was a dance at a bar adds a crucial element of visibility to the event that further suggests how NLN’s activism was shaped by the ruling emotional habitus of Maine’s lesbian and gay community.

After Jack’s death from ARC in June of 1985, his partner of 16 years, Walter Lichtenstein, wrote the following message in the August/September issue of Communique:

[Jack’s] sadness was caused by knowing he would never leave the hospital, eat in a suchi [sic] restaurant, swim with our dogs, or visit a bathhouse. He enjoyed promiscuity and never expressed regrets. But a major, emotional change occurred while in hospital. For the first time, he felt a strong need for physical contact. Beyond holding hands, beyond a gentle massage, he asked me, night after night, to sleep next to him. The logistics of the request called for carefully moving him, checking the oxygen tubes, and gingerly, lying down. With this late-night intimacy came an intimacy of shared emotions. These were the times when he knew where he was and who he was. With wild flowers and favorite music, we created a very special environment that enriched our togetherness.63

Walter’s account of his last days with Jack once again demonstrates the unique contours of the dominant emotional habitus of Maine’s lesbian and gay community. The mere fact that Walter published this obituary in Communique after moving away from Aroostook County indicates how closely NLN members felt a connection with rural Maine. But beyond this, Walter stresses a type of togetherness that is indicative of NLN’s focus on transforming loneliness into solidarity and pride. In his final days, Jack sought a unique sort of “togetherness,” a need to feel connected with another person, but more specifically to feel connected with his partner of 16 years through physical contact.

63 Walter Lichtenstein, Communique 6.7 (August/September 1985).
Insofar as Gould argues that institutions like the gay and lesbian media are instrumental in the type of generation, regeneration, and transformation of affective states under a given emotional habitus, the fact that NLN published this article demonstrates how the group provided an emotional pedagogy to its members that emphasized a sense of community and togetherness to fight loneliness.\footnote{Gould, 163.} In the hospital, Jack was isolated from the outside world, but what he wanted most was to feel a human connection. While isolation is certainly involved in this account, the way that Walter retells this situation to the receivers of *Communiqué* articulates this experience in deeper terms, advocating for a sense of solidarity and togetherness to foster love and pride. While not tied to any specific form of activism, the inclusion of this obituary in *Communiqué* illustrates how NLN worked to generate new affective states among its members that would emphasize the importance of establishing meaningful community and connection.

NLN promoted the importance of fostering a safe community and strong sense of solidarity across its HIV/AIDS-related activism, and this importance was frequently linked to transforming loneliness into pride, visibility, and love. And even when NLN did engage in emotion work centered around isolation, this work still focused on transforming that affective state into solidarity in a way that differs from ASOs’ engagement with the feeling. For instance, in 1996 the group submitted a grant application to the Maine Department of Human Services Bureau of Health seeking funds to merge their telephone hotline (which had been in operation since 1981) with the Aroostook County Action Program’s HEALTH 1st division to implement a series of outreach programs aimed at educating rural MSM about HIV/AIDS prevention. The two groups seeking funding offer the following justification for needing grant monies:

HEALTH 1st and Northern Lambda Nord seek this grant funding to reduce the occurrence of high-risk behavior in the target population by addressing the sense of isolation inherent in this rural area. The existing attitude among the target population is
that AIDS ‘does not apply to us’ or is ‘not an issue in the County.’ The project will also increase community involvement in the issues of HIV prevention, creating a safer atmosphere for members of the target population to seek the information or services they need.\textsuperscript{65}

At first glance, this appears to again be the type of activism that Gould demonstrates was promoted by the prevailing emotional habitus from 1981-1986 had on the HIV/AIDS movement. And further, NLN’s deployment of isolation appears to bear many similarities with the efforts of Maine’s ASOs described above. However, a closer look at the specific program proposed in this application, as well as the ephemera produced around it, suggest that NLN was engaging in a very distinct type of emotion work.

Among the various programs proposed by NLN and HEALTH 1\textsuperscript{st} in the application, one sought to “[p]rovide outreach activities that will educate about and encourage HIV prevention among MSM.”\textsuperscript{66} Under this category, the organizations planned to “[o]rganize at least 2 ‘safe’ social gatherings for members and guests of Northern Lambda Nord.”\textsuperscript{67} Additionally, the organizations sought to combat the “isolation” of their target population through increased invisibility, proposing, among other things, to visit sites frequented by the target population (like rest stops and bars); launch a public awareness campaign that would distribute a variety of memorabilia such as stickers, posters, keychains, and coasters advertising the newly-specialized HIV/AIDS phoneline; staff booths at various health and community fairs around Aroostook County; develop a new advertisement to be aired on County radio stations; and create a new display ad to be published in the yellow pages.\textsuperscript{68}

\textsuperscript{65} HEALTH 1\textsuperscript{st} and Northern Lambda Nord, “Maine Department of Human Services Bureau of Health Grant Application for HIV Prevention,” 1996, Northern Lambda Nord Archives, Box 5, Folder 315, Lesbian, Gay, Bisexual, and Transgender Collection, Jean Byers Sampson Center for Diversity in Maine, University of Southern Maine Libraries.
\textsuperscript{66} Ibid.
\textsuperscript{67} Ibid.
\textsuperscript{68} Ibid.
So, while NLN and HEALTH 1st linked these various programs to isolation, they sought to transform this affective state into pride and visibility in a similar manner to their efforts challenging loneliness. This emotion work was crystalized in the “public awareness campaign” that the groups proposed: the flagship item in this campaign was a sticker promoting the HIV/AIDS phoneline reading “You Are NOT Alone.”

NLN was not the only group in Maine that embraced the dominant emotional habitus through a focus on loneliness, however. Apex, a publication heavily aligned with ACT UP/Portland, likewise published a variety of articles in the early 1990s that suggested a similar type of emotion work that emphasized transforming loneliness into pride, solidarity, and visibility. Remember once again how Gould argues that the lesbian and gay media is extremely influential in producing and reproducing the boundaries of the dominant emotional habitus by providing a collective venue where activists can articulate, whether consciously or subconsciously, the relationship between their affective state and political horizons. As such, the articles from Apex indicate how various activist groups in Maine tied their work to transforming loneliness.

An article in the July 1992 edition of Apex by Stan Clough acknowledges the metronormative structure of queer life in America. Clough states that “as natives of rural-cultural Maine and the Maritimes, we bring to the revolution unique perspectives that are as important to the struggle as the more media-attractive urban strategies. One perspective that we in Maine and the Maritimes bring to the revolution is the idea of community. It is community that is a wonderful tonic for many of the ills that plague us as lesbians and gays.”69 Here, Clough positions community as a central aspect of lesbian and gay activism in Maine, confirming

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69 Stan Clough, “Where We’ve Been – An Exploration of Gay and Lesbian History,” Apex 1.6 (July 1992).
how certain groups in the state enacted an emotional pedagogy focused on bringing individuals together and fostering visibility in order to transform loneliness into pride and solidarity.

Clough goes on to note how this importance of community was on full display during Symposium XIX, an annual statewide conference for Maine’s queer community that in 1992 was hosted over Memorial Day Weekend in Presque Isle. He acknowledges how activists in Aroostook County had long been transforming feelings of loneliness and disconnect into pride through their community-building practices:

The folks up in Aroostook and the Maritimes have been working to create a strong sense of community for over a decade. Since Presque Isle does not possess the often-times distracting influence of a gay or lesbian bar, the participants of Symposium XIX experienced the unique perspective of gay and lesbian rural life that those of us who live in Portland all too often deride. Northern Lambda Nord is a tangible sign that gays and lesbians need not be invisible in rural stretches of New England.70

Here, Clough not only praises NLN for its community-building efforts, but links them to the political concern of fighting the sense of invisibility that metronormativity imposes upon rural queer individuals. This further suggests that, in their emotion work, NLN shifted loneliness into pride and solidarity, fostering an emotional pedagogy that stressed the importance of visibility in order to establish existence, recognition, and resistance.

But beyond providing a reaffirmation of NLN’s emotion work, Clough’s article is notable because it relates the group’s community-building efforts to those of activists elsewhere in Maine:

Whether it is in Presque Isle, where our sisters and brothers are building for a future, or in Kennebunkport, where ACT-UP is fighting to ensure that there is a future, Maine and Maritime gays and lesbians are part of the great historic struggle for community, equality, justice and life that Boston and New York can learn much from.71

70 Ibid.
71 Ibid.
Clough thus identifies community-building as a likewise central aspect of the range of activities carried out by the ACT UP chapters in southern Maine. This is notable because ACT UP is a group that resulted directly from Gould’s post-*Hardwick* emotional habitus that encouraged the funneling of anger and indignation into militant street activism.

While Maine’s ACT UP chapters certainly participated in many direct-action protests, and gained much visibility through their militant activism, Clough’s claims complicate how this type of activism operated under Maine’s dominant emotional habitus. This point leads back to my arguments in the previous chapter that Gould’s post-*Hardwick* emotional habitus was based on a sense of togetherness that was structurally difficult to procure in Maine. And it was these structural conditions that played an essential role in structuring the dominant emotional habitus in Maine in a manner that differed distinctly from urban communities. As ACT UP/Portland member Erica Rand recounts: “Portland, Maine has a small population and thus fewer potential new members who might have brought new dynamics to the group or at least more labor power. It’s not that there are hordes of radical activists in big cities, but at least the pool of potential recruits is larger.”72

So while ACT UP did engage in militant street activism in Maine, and often gained national recognition for it, the structural constraints upon the dominant emotional habitus were too strong to allow this type of activism to become hegemonically understood, accepted, and desired. Instead, Maine’s ACT UP chapters operated in an interesting liminal space, borrowing both from the urban-based habitus they belonged to and Maine’s habitus which the operated under. Clough’s account of the importance of community-building in rural activism is one example of this. Another example is how more radical activists in Maine continued to embrace

things like the AIDS Quilt that their urban counterparts actively protested against. For instance, the October 1992 issue of *Apex* (which, again, was closely aligned with ACT UP/Portland) published the following advertisement in its classifieds: “Take the bus to D.C. to view the entire AIDS Quilt. Leave Keene, NH at 1 PM, spend Sat. viewing the quilt & attending the candlelight march to the Lincoln Memorial & return to Keene that night. $75/person.”

Whereas radical urban activists criticized the Quilt for its depoliticizing nature, the quilt carried salience amongst activists in Maine because its implicit politics of visibility as a massive piece of public artwork displaying the names of thousands of victims of HIV/AIDS resonated deeply with these activists’ focus on transforming loneliness into solidarity and pride. This ad is just one small example of the unique forms direct-action activism took in Maine. This is not to suggest that emotions like anger and indignation were no less instrumental in the emotion work of groups like ACT UP/Portland or ACT UP/Maine, but rather to illustrate how these groups engaged with their ruling emotional habitus in distinct ways.

All of these examples suggest that HIV/AIDS activists in Maine, when they were primarily or heavily concerned with the queer politics of the epidemic, engaged in their dominant emotional habitus by providing an emotional pedagogy that stressed the importance of building strong communities in order to transform *loneliness* into pride, visibility, love, and solidarity.

The political horizon for these activists differed from ASOs in Maine. While ASOs focused on transforming isolation into pride, empathy, and compassion through an emotional pedagogy advocating service provision and caretaking, these activists did not seek to universalize the

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73 Gould, 234: ACT UP frequently criticized “the Names Project Memorial Quilt, which... afforded lesbian and gay communities a similar opportunity for public and collective grieving.... As at candlelight memorial vigils, the mood at quilt showings has tended to be solemn.... Implicitly (and sometimes explicitly) criticizing what it suggested was the depoliticizing nature of those rituals, ACT UP offered an alternative route for grief: confrontational AIDS activism.”

74 *Apex* 1.9 (October 1992).
epidemic and abstract from its “gayness” to mitigate the impact of HIV/AIDS. Rather, they sought to establish visibility in a context that actively denied their existence on multiple levels—local, state, and national, as well as in the more abstract queer imaginary.

The reason for these different interpretations of and engagements with the prevailing emotional habitus, I argue, concerns the different focuses of ASOs and the groups discussed in this section. While many of Maine’s ASOs were formed by lesbians and gay men, and these individuals continued to play a key role in the ongoing operations of these organizations. However, as the first half of the chapter points out, these groups were some of the most prominent voices engaging in a degaying of the epidemic in order to overcome urban conceptualizations of HIV/AIDS in Maine. And as the statements that arose from these processes of degaying pointed out, ASOs in Maine actively articulated their goals as universal, rather than MSM-specific. The groups discussed in this section, however, did not engage in this degaying because this strategy did not mesh with their larger goals.

Lesbian and gay groups like Northern Lambda Nord were not HIV/AIDS-specific, despite engaging in a large amount of activism against the epidemic. And while groups like ACT UP/Portland were specifically focused on HIV/AIDS, they carried a type of radical queer logic that likewise centered their concerns more closely (though certainly not entirely) within the lesbian and gay community. And these organizations engaged with the ruling emotional habitus by interpreting and highlighting feelings of loneliness, and then working to transform these affective states into pride, love, and visibility. This suggests that the different wider concerns and purposes of activist groups, in this case whether they are specifically focused on the queer community or not, can lead to different interpretations of the same emotional habitus, and thus result in different types of emotion work and a different set of political horizons.
Conclusion

This chapter has covered many bases, so a summary is in order. The first half of the chapter looked at how the conceptualizations of HIV/AIDS in Maine as urban and other impacted activist goals and strategies. I found that activists responded to these conceptualizations by frequently articulating how HIV/AIDS was present in across the state regardless of how urban or rural each community was. Further, I argued that demands for resources by these activists were simultaneously concerned with overcoming these perceptions insofar as the dominant understandings of HIV/AIDS in Maine prompted the idea that the epidemic was “not a problem” and therefore not deserving of resources. Lastly, the first half of this chapter found that some activists actively engaged in a degaying of HIV/AIDS in order to overcome the challenges brought on by its urban conceptualizations. Here, I argued that while this process occurred in urban contexts, the power of metronormativity in structuring understandings of rural queer life and existence meant that this tactic was both carried out for unique reasons and had unique impacts insofar as it served to further erase queerness from Maine on the basis of the state’s rurality.

The second half of the chapter examined how the dominant emotional habitus of Maine’s lesbian and gay community as described in Chapter Three structured activist responses to HIV/AIDS in the state. Here, I found that activists engaged differently with this habitus and its corresponding emotional pedagogy and political horizons by focusing either on loneliness or isolation, feeling states that I have argued are dynamic yet distinct. ASOs typically engaged in emotion work that focused on transforming isolation into pride, love, empathy, and compassion, providing an emotional pedagogy that stressed the importance of service provisions, caregiving,
and information dissemination. On the other hand, activist groups more engaged with the queer politics of the HIV/AIDS epidemic typically engaged in emotion work that focused on transforming loneliness into pride, visibility, and solidarity through community-building practices. This latter group of activists promoted an emotional pedagogy that stressed the importance of community and visibility in transforming loneliness into pride and in achieving a political imaginary that brought an end to the metronormative erasure of queerness (and thus HIV/AIDS) from the rural milieu.

While extensive within the confines of an undergraduate thesis, there are many fruitful paths for future researchers that stem from the arguments I have presented here. In the concluding chapter, I once again lay out the major findings of the thesis before discussing the importance of utilizing the social movement theories I have chosen here and discussing the many future questions that my research has opened.
CONCLUSION

This thesis has explored how HIV/AIDS impacted Maine during the height of the epidemic from the early-1980s through the mid-to late-1990s. By examining rural experiences with HIV/AIDS through analyzing activism in Maine, I attempt to draw out the unique ways that the epidemic has impacted rural communities, and how these communities, in turn, responded. Tackling an overwhelming conceptualization of HIV/AIDS as urban, and therefore other, and operating under a unique emotional habitus characterized by an affective landscape of loneliness and isolation, activists in Maine engaged in a variety of strategies to combat disinterest and perceptions of insusceptibility, gain and leverage resources, and provide service and care to PLWHAs. But beyond this, these activists engaged in conversations that revealed how they viewed themselves in relation to a society structured by homophobia and, as I’ve demonstrated through the chapters, metronormativity. To conclude the thesis, I summarize my main findings, further discuss the utility of social movement theory in looking at how HIV/AIDS has impacted rural life, and lay out various pathways for future researchers.

Key Findings

Beyond all else, these chapters have provided an account of HIV/AIDS activism in Maine that is uniquely and characteristically rural. Numerous examples of this activism throughout the thesis are distinct from the types of urban activism frequently discussed in scholarly analyses and popular accounts of the HIV/AIDS epidemic. For instance, I have demonstrated how the prevailing emotional habitus of Maine’s lesbian and gay community was formed and existed within a unique context where structural barriers and an affective landscape inundated with feelings like loneliness and isolation caused its boundaries to differ in nuanced and significant ways from the habitus of urban groups described by Gould. This point is significant insofar as
Gould refers the emotional habitus she identifies as dominant not only within *urban* lesbian and gay communities, but within the lesbian and gay community *writ-large*. In identifying the unique ways that articulations and interpretations of feeling states occurred in Maine, I dislodge the hegemony of Gould’s emotional habitus and complicate her arguments regarding habitus formation by arguing that these collective emotional environments are highly affected by structural factors. In the case of Maine, this structural factor was a difficulty in generating the sense of togetherness—easily provided in urban settings—that was necessary to shift the dominant emotional habitus from one promoting gay respectability to one encouraging militant direct-action activism.

Another example of the uniquely rural nature of HIV/AIDS activism in Maine is the various ways that activists challenged the overwhelming conceptualization of the epidemic as urban and other within the state. As Chapter Three displays, these conceptualizations were based on a metronormative view of sexuality, where insofar as HIV/AIDS was perceived as a “gay disease,” Mainers tethered it to urban spaces, where they believed gay people to live, and in doing so perceived it as a non-threat on the basis of their states rurality. Overcoming this conceptualization, I argue, was a distinct challenge of HIV/AIDS activism in Maine. Beyond having to fight broader stigmatization, inattention, and despair, activists in Maine also needed to fight to make HIV/AIDS a salient political issue in their state, and engaged in a variety of strategies to do so. In this context, the various organizations that participated in a degaying of the epidemic acted on strategies similar to those taken in urban contexts, but the reasons behind and impacts of these types of strategies took on a new meaning in the metronormative environment of Maine.
The importance of community in HIV/AIDS activism in Maine is yet another example of its distinctly rural characteristics. Recall Sam Clough’s article in *Apex* discussed in Chapter Four. Clough stated that lesbian and gay activists in the state, particularly its most rural parts, were hugely focused on creating a strong and vibrant community. And as I argued in that chapter, these processes of community building helped activists realize their political horizons, envisioning a world where loneliness was transformed into pride, solidarity, and visibility. But further, this emphasis on community-building maps onto Brown and Schafft’s claims that the notion of *community*, in the most conceptual sense of the word, is central to rural life.¹ By working to both craft their own unique and visible communities and to integrate these collectivities into their broader rural milieu, HIV/AIDS activists in Maine acted in ways that are highly resonant with rural culture.

My research also reveals that beyond structuring the queer imaginary and perceptions of queerness, metronormativity has had an extremely profound impact on the lived experience of rural queer individuals and PLWHAs in Maine. Many of the forms of activism I discuss throughout the thesis are linked back to metronormativity; as noted above, what I argue to be two of the significant aspects of HIV/AIDS activism in Maine—a perception of the epidemic as urban and other, and a unique emotional habitus characterized by an affective landscape of loneliness and isolation and developed within a specifically rural context—are each structured by metronormativity. When activists engaged with these issues, they were actively working to combat the ways that metronormativity erased them across multiple dimensions: in their local communities, in their state, in the national queer community, and in the abstract queer imaginary. Insofar as activism in Maine was linked to fighting metronormativity, my research proves that its

hegemonic force goes beyond simply affecting narratives and understandings of sexuality to impacting the everyday lives of rural queer individuals.

Methodologically, I have analyzed my research primarily through two frameworks of social movement analysis: a multi-institutional politics approach and emotional social movement theory. Analytically, these frameworks have remained somewhat distinct in the thesis; a multi-institutional politics approach was used to analyze activist responses to conceptualizations of HIV/AIDS as urban and other, while emotional social movement theory was primarily used to identify the dominant emotional habitus of Maine’s lesbian and gay community and analyze how this habitus structured activism during the HIV/AIDS epidemic.

However, while their citation in the text of the thesis has been distinct, many of the findings generated by my utilization of these frameworks has significantly overlapped. For instance, Chapters Three and Four noted how Mainers’ widespread perceptions of HIV/AIDS as an urban phenomenon had a large impact on structuring the prevailing emotional habitus, its emotional pedagogy, and its attendant political horizons. Insofar as these conceptualizations (and many activist, government, and societal responses to them) erased queer people from the landscape of Maine, and this erasure played a large role in defining the emotion work carried out by activists, the embeddedness of metronormativity across multiple power-wielding institutions in society suggested from a multi-institutional politics approach aligns highly with emotional social movement theory.

I propose that merging these two frameworks is a useful method for social movement analysis because it dually allows for an examination of the instrumental strategies of movements alongside the largely subconscious processes of emotional politics. Gould cautions against reading her framework of affective mobilization as simply “another tool in the social movement
entrepreneur’s framing toolkit,” as doing so ignores how much of the emotional aspects of social movements operates underneath conscious awareness. However, merging a multi-institutional politics approach with emotional social movement theory as I propose here benefits both frameworks. The example in the above paragraph of how conceptualizations of HIV/AIDS as urban and other structured the dominant emotional habitus and its resulting political horizons in Maine perfectly illustrates this. Utilizing both a multi-institutional politics approach and emotional social movement theory to explain this relationship shows that when activists drafted goals and strategized to fight the metronormativity embedded within various social institutions, they were also carrying out vitally important emotion work that drew upon and worked to transform the various feeling states of movement participants. And this is completely in line with Gould’s contention that analysts should “explore how a movement’s emotion work articulates with other factors—for example, political opportunities and activists’ interpretive practices, including framing—to affect movement sustainability.” My point here is that incorporating a multi-institutional politics approach into social movement theory can be a particularly fruitful avenue for these types of explorations.

Next Steps

Now that we have reached the end of the thesis, we can begin to ask: where do we go from here? While I have presented a vast amount of information, my research here only begins to scratch the surface of critically analyzing the largely unexplored issue of rural HIV/AIDS. Taking in the key findings I have laid out thus far, I now offer paths for future scholarship.

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3 Ibid., 215.
Given how vastly understudied rural HIV/AIDS is among scholars of political sociology, rural queer studies, queer theory, and any of the numerous other academic disciplines that frequently engages in work regarding the epidemic, having a little under seven months to carry out research has necessarily led this thesis to not incorporate all of the data that, in theory, it could. One of the most significant research methods I was not able to complete due to these logistical constraints was carrying out personal interviews or analyzing pre-recorded oral histories to further collect personal narratives of life in Maine during the height of the HIV/AIDS epidemic. Indeed, particularly with regards to the emotional social movement theory utilized in the thesis, this type of research could be extremely fruitful in generating an even deeper view of the prevailing emotional habitus in Maine. Gould makes heavy use of personal testimonies in *Moving Politics*, and incorporating this type of data into the research I present here could carry great explanatory potential.

Besides this methodological recommendation, my research opens a number of unanswered questions ripe for further inquiry. Given that my thesis examines HIV/AIDS activism in Maine during the height of the epidemic, what does this activism look like now? Have conceptualizations of HIV/AIDS as urban and other been dislodged, or do they continue to persist? Has the dominant emotional habitus I have identified shifted, and if so, how? And moving beyond these Maine-specific questions is perhaps the largest question prompted by the thesis: do my arguments hold in other rural states and communities? What did rural HIV/AIDS activism look like elsewhere? If it differed from activism in Maine, why? How and why did rural groups in different states communicate and collaborate? Further, how and why did rural groups communicate and collaborate with urban groups? What were the impacts of any of this communication and collaboration on the specific efforts of each group?
All of these questions provide numerous avenues for future research. Rural HIV/AIDS has been critically understudied, and this thesis is intended to be a much-needed first step in unearthing a unique and important type of activism and uncover voices that have been systematically erased from popular and academic discourses of HIV/AIDS. Leaving aside all of my specific arguments and findings, I want to end with what my largest hope for this thesis: to continue the vital work of dismantling metronormativity. The most exciting part of this research has been coming to understand the innovation, intellect, and bravery of the activists here. And it is my sincerest hope that this thesis, though years removed from its subject matter, continues in the goal of engendering visibility and recognition of rural queer individuals and PLWHAs in Maine. And so, I would like to end the final product of seven months of both the most difficult and most rewarding work of my life thus far by quoting the departing words of Walter Lichtenstein’s obituary in Northern Lambda Nord’s Communiqué for his partner, Jack Currier, who died as a result of AIDS in June of 1985:

You’re out of the woods/ You’re out of the dark/ You’re out of the night

Step into the sun/ Step into the light.4

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4 Walter Lichtenstein, Communiqué 6.7 (August/September 1985).
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APPENDIX A

MAP OF MAINE