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**Citation for published version:**

Ledin, C 2021, 'Retroactivism and futurity in 120 BPM and Théo et Hugo', *Modern and Contemporary France*, vol. 30, no. 2, pp. 179-191. <https://doi.org/10.1080/09639489.2021.2000952>

**Digital Object Identifier (DOI):**

[10.1080/09639489.2021.2000952](https://doi.org/10.1080/09639489.2021.2000952)

**Link:**

[Link to publication record in Edinburgh Research Explorer](#)

**Document Version:**

Publisher's PDF, also known as Version of record

**Published In:**

Modern and Contemporary France

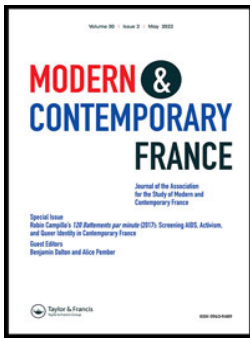
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To cite this article: Chase Ledin (2022) Retroactivism and futurity in *120 BPM* and *Théo et Hugo*, *Modern & Contemporary France*, 30:2, 179-191, DOI: [10.1080/09639489.2021.2000952](https://doi.org/10.1080/09639489.2021.2000952)

To link to this article: <https://doi.org/10.1080/09639489.2021.2000952>



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Published online: 09 Nov 2021.



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## Retroactivism and futurity in *120 BPM* and *Théo et Hugo*

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### ABSTRACT

This article examines the role of retroactivism in Robin Campillo's *120 Battements par minute* (2017) and Olivier Ducastel and Jacques Martineau's *Théo et Hugo dans le même bateau* (2016). As part of a broader culture of 'post-crisis' representation, which reflects upon and remembers AIDS crisis, retroactivism attempts to reconcile past forms of AIDS activism with perceptions of a 'post-AIDS' society. I suggest that both *120 BPM* and *Théo et Hugo* use retroactivist conventions to recast intervention strategies and represent the possibilities associated with healthy futures. In addition to dramatizing and recreating HIV intervention strategies, these films centralize the power of technological advancements to negotiate perceived futures 'after AIDS'. They pair biomedical imagery with AIDS activism and sexual freedom to narrate a link between HIV intervention and the desire for building a life after HIV infection. My central argument is that the entanglement of crisis histories and perceived futures in *120 BPM* and *Théo et Hugo* presents the viewer with a new way of seeing and contesting the visual cultures of AIDS crisis.

### RÉSUMÉ

Cet article examine le rôle du rétroactivisme dans *120 Battements par minute* de Robin Campillo (2017) et *Théo et Hugo dans le même bateau* (2016) d'Olivier Ducastel et Jacques Martineau. Au sein d'une culture de représentation 'post-crise' qui réfléchit et se souvient de la crise du sida, le rétroactivisme tente de réconcilier les anciennes formes de l'activisme contre le sida avec les perceptions d'une société 'post-sida'. Je suggère que *120 BPM* et *Théo et Hugo* utilisent des conventions rétroactivistes pour refondre les stratégies d'intervention et représenter les possibilités associées à un avenir sain. En dramatisant et en recréant des stratégies d'intervention contre le VIH, ces films montrent l'aspect central des avancées technologiques vis-à-vis de la négociation d'un avenir perçu comme 'après le sida'. Ils associent l'imagerie biomédicale à l'activisme contre le sida et à la liberté sexuelle afin de tisser un lien entre l'intervention contre le VIH et le désir de construire une vie après l'infection par le VIH. L'argument central de l'article est que l'enchevêtrement des histoires de crise et de l'avenir dans *120 BPM* et *Théo et Hugo* offre au spectateur une nouvelle façon de voir et de contester les cultures visuelles issues de la crise du sida.

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## Introduction

The collective remaking of gay male life ‘after AIDS’ has been of particular interest in recent French queer cinema. Through the use of archival research, testimonials, memory and fantasy, this cinematic movement has used the conventions of ‘AIDS retroactivism’<sup>1</sup> to reconcile AIDS activism and HIV prevention with perceptions of a ‘post-AIDS’ society (McInnes and Dowsett 1996; Kagan 2018). In this image culture, the pasts and presents of AIDS activism become indistinguishable—entangling political interventions from the early crisis period with more recent biomedical strategies for ending HIV transmissions. AIDS activism and the histories of HIV prevention thus appear as though they flow into and through the present, creating a perceived future(s) where AIDS crisis histories, experiences of treatable HIV, and aspirations for a world ‘without AIDS’ converge.

In this article, I attend to the entanglement of prevention histories, extended temporalities of chronic illness, and activist imaginaries in Robin Campillo’s *120 Battements par minute* (2017) and Olivier Ducastel and Jacques Martineau’s *Théo et Hugo dans le même bateau* (2016). First, I examine how *120 BPM* uses the history of ARVs<sup>2</sup> and brings them into conversation with ‘speculative’ interventions to transform the image of ACT UP-Paris. That is, the film locates a potential future in the development of combination therapies and therefore invests hope and optimism in them by re-creating an idealized activist intervention. I suggest that Campillo creates an idealized AIDS activism for a contemporary audience to create a visual space in which the pasts and desired futures of HIV/AIDS become intertwined. Similarly, in *Théo et Hugo*, Olivier Ducastel and Jacques Martineau portray two men in their late 20s, who, after hooking up in a sex club, scramble to prevent a potential HIV infection. The characters explore new means of intervening in HIV transmission, particularly through clinical encounters and biomedical prevention. The film, I suggest, situates a social future in clear knowledge of biomedical intervention, which enables life ‘after AIDS’. I then argue that both *120 BPM* and *Théo et Hugo* entangle intervention histories to create new perceptions of how to live with the histories and futures of HIV. These films represent acts of witnessing, testimony, and viral encounters (Hallas 2009); as such, they help to re-create perceptions of how to live with HIV in the present and visualize an aesthetics of life ‘after AIDS’.

## Retroactivism and futurity

*120 BPM* and *Théo et Hugo* represent a desire to remake the histories of AIDS crisis for those living with and among chronic HIV infection. As such, these films are more than ‘positive images’ of AIDS activism (Kagan 2018), in which visual cultures are ‘cleaned up’ to portray a ‘tidy’ version of history. As I will suggest, these films interrogate the potential for other ways of seeing AIDS crisis and living beyond the trauma of untreatable illness in the 1980s and 90s. I assess recent queer French cinema, which has produced several films that represent the pasts and presents of HIV prevention and intervention, including *120 BPM* and *Théo et Hugo* as well as Camille Vidal-Naquet’s *Sauvage* (2018) and Christophe Honoré’s *Sorry Angel* (2018). Though I speak only to *120 BPM* and *Théo et Hugo* in this article, all these films portray the conditions of living with HIV/AIDS in the past and present—visualizing forms of hope for a future after and/or entangled with HIV transmission. These films, I argue, draw from a shared investment in the futures of AIDS activism,

which have emerged from the social conditions of chronic HIV (Dowsett 2017). In other words, they explore the AIDS past not as a site of trauma but instead as a site of resilience and futurity. In this article, I use the term *retroactivism* to describe the practice of focusing on speculative futures to think about chronic HIV and gay men creating life 'after' AIDS.

Retroactivist media conventions illuminate the perceived futures of AIDS, particularly to aid contemporary audiences in making sense of life with chronic HIV. This is in contrast to Castiglia and Reed's (2011, 9) early assertions about post-crisis media in the 2000s, when 'sweeping calls to unremember [the collective trauma of AIDS] targeted the generation hardest hit by the onset of AIDS, cutting that generation off from younger gays and lesbians who might continue the visionary work undertaken in the late 1960s and 1970s'. Actively invested in the rich histories of AIDS archives, documentary, and fiction, retroactivist cultures push against the perception that new images of AIDS crisis disengage with past forms of AIDS interventions. Indeed, as Hilderbrand (2006, 306–7) articulates, retroactivist images transform the historical process in order to hold both the past and present in tension and to provide for the viewer an unfixed vision of the future as it has always existed. Retroactivist imagery creates the groundwork for analysing the cultural narration on educational, healthcare, and social welfare structures of chronic HIV and new prevention strategies. As such, it positions the moving image as a key tool for representing the potential of AIDS histories and the futures that emerge through history-making practices.

For Lucas Hilderbrand (2006), retroactivism is both a source of self-empowerment and collective engagement. It speaks to a particular viewing practice—that is, for a generation of viewers who did not live through the early AIDS crisis—and thus constructs a new convention for interacting with and remaking images of AIDS activism. By emulating and remaking political images of 1980s and 90s AIDS crisis, retroactivist images create a new culture of consumption and thus transform how AIDS histories are perceived and produced. This culture has variously been conceived of as 'post-crisis' representation (Kagan 2018)—that is, images that periodize effective treatments (post-1996 to the present). It has also been called 'post-AIDS' imagery (Dowsett 2017), or the idealization of how queer community might be developed in the wake of AIDS crisis. Retroactivist imagery entangles issues of the sustained transmission of HIV in the 2010s with the historical interpretation and evaluation of intervention strategies from early AIDS crisis. This culture spans across literature, film, art, and visual media, and seeks to represent historical problems of AIDS and explore new problems associated with chronic HIV, including the normalization of biomedical consumption, discourses of safer sex and undetectability, and a generalized desire to sustain non-monogamous sexual practices for the future. In this way, retroactivist imagery sustains discourses about the entanglements of chronic medicine, sexual practices, embodiment, and identity, in ways distinct from the earlier AIDS documentaries.

As Dion Kagan (2018) argues, retroactivist images periodize AIDS crisis as a medical phenomenon that is overcome through the consumption of effective treatment (e.g., HAART, PEP, and PrEP). Yet retroactivist images also challenge the foundational logic of a biomedical approach to AIDS histories—that is, the medical control over HIV transmission and prevention. Many create a critical exchange between biomedical knowledge and the queer body—and in doing so, represent complex emotions, embodiments and assemblages of technologies, medicines, and subjectivities in the process of 'ending AIDS' (Ledin and Weil 2021). In other words, retroactivist images represent 'counterpublic

health' (Race 2009) by attending to the pleasures in AIDS crisis history and activism—which co-exist with ongoing issues of living with less HIV transmission in the 2010s. Undoubtedly, retroactivist images fantasize about the 'chronic stability' of the post-crisis period (Kagan 2018, 19), thereby narrating life after fatal AIDS conditions and focusing too narrowly on technological innovation—i.e., the 'wonder' of antiretrovirals without breaking cycles of social inequality, institutional racism, and issues of governmentality (Cheng, Juhasz, and Shahani 2020). Nevertheless, they visualize and contest the 'individual heroics' of activists and community members interacting with scientific and medical institutions (Caron in Guibert 2016, 25) in order to trouble the forgetting of AIDS crises and provoke viewers to engage the histories and futures of AIDS crisis.

Previous scholarship about AIDS retroactivism has been driven by thinkers in Anglophone societies, especially the United States and Australia (Chambers 2004; Hilderbrand 2006; Gordon 2008; Gill-Peterson 2013; Kagan 2018; Møller and Ledin 2021), but this way of thinking about the histories of AIDS crisis should be expanded to analyse ongoing trends in the French queer context. As Christophe Broqua (2020) has recently demonstrated, thinking about the visual pasts and futures of AIDS crisis is crucial for understanding how AIDS activism has transformed gay life in France. Revisiting activist politics, and its entanglement in broader sexual politics, has the potential to illuminate how concurrent movements converge. In the case of ACT UP-Paris, a 'new generation' of activists were created through the enfolding of gay rights politics and treatment-access lobbying (Broqua 2020, 19–20). This generation would go on to advocate for broader gay rights in France, including gay marriage; but entangled with members' own participation in varying sexual practices (e.g., condom-less sex with multiple partners, particularly in the 2000s before the emergence of PrEP), a revisitation of its history invites scholars and community members to re-consider how perceptions of 'safer sex' and 'risk reduction' have transformed through the scientific controversies the group engaged in and also the personal politics of developing a 'gay community' through AIDS activism (Broqua 2020, 96).

In what follows, I examine how the films *120 BPM* and *Théo et Hugo* foreground biomedical knowledge in the past and present, entangling it with scenes of sexually liberated gay men, to visualize an extended future with chronic illness. I argue that these films utilize and remake AIDS crisis histories, through the inclusion of speculative futures, to create narratives about the potential of AIDS activism and represent the importance of futures during and 'after' AIDS crisis.

## The protease promise

*120 BPM* tells the story of Nathan (Arnaud Valois), who joins the AIDS activist organization ACT UP-Paris in 1991. Nathan plans and participates in activist demonstrations, dances with friends in nightclubs and falls in love with Sean (Nahuel Pérez Biscayart), whose illness due to AIDS leads to his eventual death. Guided by the director Robin Campillo's involvement in ACT UP (Broqua 2017; Clarke 2018), the film presents scenes of imagined intervention: blood-filled balloons smashed against glass walls, heated debates with pharmaceutical providers and activists, protests in secondary school classrooms—some of which, according to Campillo, are recreations and others are speculative remaking of interventions. The film documents AIDS fatalities, chronic illness, activist intervention, and

perceived futurity, by creating an imaginative history of early AIDS crisis around the emergence of the 'protease molecule'. I examine two scenes where activist histories and speculative imagery converge, particularly through the focus on biomedical consumption, to represent a world with chronic HIV and potential futures with and beyond HIV transmission.

Halfway through the film, in a scene following the activists' discovery of research on protease inhibitors, activist Markus (Simon Guélat) uses a 2D diagram to describe HIV infection and replication. The diagram appears on an overhead projector, a simplistic image of black lines indicating the protrusion of cellular walls and the recombination of DNA and RNA. Against a darkened lecture hall, he explains how the 'new molecule', protease inhibitors, inhibit viral replication and how they differ from other early HIV biomedicines:

[Les anitprotéases] sont des inhibiteurs de la protease nucléosidiques de la transcriptase inverse, c'est à dire qu'ils ciblent une protéine de virus qui s'appelle 'la transcriptase inverse'. Comme vous voyez sur l'image là, cette enzyme [...] après le virus a infecté la cellule. Elle permet, en fait, l'ARN du virus, la formation génétique du virus, de se transformer en ADN, capable donc de s'intégrer dans le génome de la cellule hôte. À partir du moment où un noyau de la cellule est infecté, le virus va pouvoir lui-même se répliquer et aller infecter d'autres cellules. Donc les nouvelles strategies de thérapie, en fait, elles visent à bloquer l'infection à d'autres stades du cycle viral. Les antiprotéases, elles s'attaquent à la réplication du virus une fois que la cellule est infectée. Elles bloquent la formation du virion ou engendrent des virions incomplets incapables d'aller infecter d'autres cellules. Donc ça, elle présente un vrai espoir, une réelle alternative aux traitements comme l'AZT ou la DDI dont on connaît qu'elles ont des limites.

Though other activists describe his presentation as '[une] initiative personnelle', in tune with Melton's pharmaceutical marketing, Markus suggests that the new 'protease molecule' might provide hope where other antiviral treatments (specifically AZT and DDI) have brought only painful symptoms and prolongment of death.

In the following scene, the activists meet at Thibault's (Antoine Reinartz) flat to discuss the presentation. Germain and Mehdi (Mehdi Rahim-Silvioli) criticize Markus for setting up false hope. According to Germain, Markus made a decision that was not pre-screened and shared information that the ACT UP collective may not endorse. The task force then engages in a heated exchange, in which Thibault and Muriel (Coralie Russier) support the pursuit of protease inhibitors:

Mehdi: C'est vrai que t'aurais quand même pu nous faire lire l'exposé avant de le présenter en RH au nom de la commission.

Markus: À ce moment-là c'est une question de confiance.

Germain: Et puis franchement c'était un peu limite cet exposé, on aurait dit une publicité pour les laboratoires. Tu devais exposer les différentes, euh, phases de la contamination, et pas donner de faux espoirs aux gens.

Markus: J'ai donné aucun espoir, hein. J'ai juste cherché à expliquer les différentes pistes de recherche à l'heure actuelle, c'est tout.

Germain: Ah bah moi je l'ai pas vu comme ça. J'ai l'impression que voilà, les gens ils vont comprendre que les antiprotéases, c'est mieux que l'AZT, c'est tout.

Markus: N'importe quoi.

Thibault: Si Melton Pharm attend la conférence de Berlin pour balancer les infos, c'est juste que les anitprotéases sont a priori intéressantes [...] Enfin pour revenir à l'exposé, moi je trouve bien de parlé du traitement. En transmettre des infos, tant pis si c'est du faux espoir.

Muriel: 'Oui en plus le faux espoir va être l'espoir, en fait je suis preneuse, je supporte plus l'AZT et DDI ça marche pas trop ...'

Both scenes demonstrate the film's framing of biomedical knowledge. Investing hope in the early development of protease inhibitor technologies presents the activists with what they perceive as a 'healthy future'. This focus on the potential of treatment represents not simply a demand to innovate quickly (i.e., to overcome the toxicity of AZT) but also a romanticized vision of the past in which the significance of the protease inhibitor—more than its release as triple combination therapy—is amplified.

The film's focus on protease development reveals how retrospective images help to recalibrate historical events. Markus asserts that ACT UP-Paris should take the development of this technology seriously, and thus his affective investment in the technologies connotes the assurance of the future technology. Hounding Melton Pharm for the immediate release of the protease trials is not only desired, but also fundamental for the cohesion and success of ACT UP. Markus's—and by extension Campillo's—certainty that protease inhibitors trump the necessity of narrativizing the physical ills of AZT expands the narrative and the cultures represented within the frame to include a technical investment in the future. Germain says: 'les gens ils vont comprendre que les antiprotéases, c'est mieux que l'AZT, c'est tout'—a passage that provokes both revulsion and bemusement in hindsight. Negating the overreliance upon ineffective interventions, Thibault remarks: 'En transmettre des infos, tant pis si c'est du faux espoir.' Indeed, in this moment, the film solidifies its knowledge of the future. Viewers are invited to shift happily in their seats with the knowledge that Germain's critique is unfounded. Markus and Thibault, with their seemingly terse technical knowledge, arouse 'true hope' and interpellate into a future that has been successfully secured by the location of protease inhibitors.

In this way, the film gathers characters around the development of protease inhibitors to contest medical authority and government inaction (which is how AIDS activism is generally thought) and in the process normalizes a version of history in which prevention is secured through the refinement of biomedical expertise and knowledge. In this way, the film presents a historical perspective and makes room for a chronic future. These scenes represent a formative exercise in which ACT UP members explore new avenues for AIDS research and creates a new image of AIDS activism focussed closely on the production of a chronic future. This stands apart from previous images of AIDS activism since, as Christophe Broqua (2020, 52–53) shows, the activist politics of intervention were often messy and not always focused on biomedical development or interactions with experts. Although the focus on protease inhibitors is not a surprising, given the film's 1991–92 timeframe, the film was created and released in 2017, therefore championing a particular version of AIDS activism that is successful rather than riddled with personal, political, and cultural hardships. The film represents characters debating its relevance—as if it were a



potential diversion from more realistic (and, of course, toxic) antiviral regimes—and it is the visualization of ‘hopeful technologies’ (Lancaster and Rhodes 2020) that situates the film as a contemporary approach to remaking and contesting AIDS activist histories.

In a similar engagement with more recent AIDS histories, *Théo et Hugo* tells the story of Théo (Geoffrey Couët) and Hugo (François Nambot), two gay men in their late 20s who meet in a sex club. Upon leaving, the men follow each other through the early morning streets of Paris, playfully coaxing each other to return home for more intimacy. When Hugo learns Théo did not use a condom, Hugo is enraged. He calls the AIDS hotline, and they advise the two men to visit the local emergency room. During this visit, the viewer learns that Hugo is on effective treatment—situating the film in an early moment for the undetectable equals untransmittable (U = U) movement.<sup>3</sup> The film then follows on screen Théo and Hugo as they interact with the emergency room doctor, who provides Théo with combination therapy (post-exposure prophylaxis or ‘PEP’). The doctor asks both about their sexual encounter and then questions Hugo about his ARV regime. In a neutral tone, she informs Théo of the possibility of treatment since the potential transmission was caught at an early stage. The doctor provides Théo with part of the 28-day regime. We see on screen Théo taking the first dose before leaving the emergency room with Hugo.

The point here is that the consumption of PEP on screen normalizes its use for contemporary audiences. It is represented in a non-judgemental tone—indeed, without any further cultural cues or emotional responses beyond the treatment narrative. Thus, the scene allows the viewer to focus on the security of treatment and how it brings together Théo and Hugo in a time of crisis. In other words, the biomedical strategies become entangled within gay male lives and, in doing so, they enable a visual culture in which forms of activism and intervention are personalized, mediated by medical authority, and legitimized through the budding sexual dyad.

### Visualizing a chronic future

Early in *120 BPM*, after the activists storm Melton Pharma and throw blood-filled balloons on the walls, the activists dance in the nightclub. The room is nearly black, strobing with white lights and rainbow gels. Nathan looks in wonder at his friends. The camera holds still for a moment and then loses focus. Looking down on the dancers, dust flows in a singular direction. The lingering dust moves in new patterns as the image blurs and fades to black. Appearing in a haze of blue, black, and white, computer-generated images (CGI) of fuzzy black balls approach a large white object with gangly arms (a white blood cell). The black balls (that is, the HIV virus, which is represented as the inverse colour of the white blood cell) zoom through the open space, threatening to touch down and attach. In the background, the vastness of the empty space emulates the liquid regions of the blood. This dark zone contains multiple free-floating red and white blood cells, which move slowly in and out of vision. By comparison, the black balls resemble HIV. The camera approaches a white cell, which is now bombarded by HIV.

This scene captures a technical moment, representing the interplay of bodies, dust, and microorganisms in the club. The interactions between these objects illuminates the process of viral infection not only through the internal exchange of viral matter but through the mixing of bodies. The technical reconstruction through computer-generated images portrays a highly technical vision of the HIV protein envelope. The viruses hurtle

towards the large white blood cells, attach, and bind to the cell's CD4 receptors (the gangly arms) and begin the process that leads to what is referred to as HIV infection. This image displays the sequential binding that enables the whole process of viral infection, replication, tropism, transmission, pathogenesis, and therapeutic intervention (Wilén, Tilton, and Doms 2012), signalling both the beginning and the end of the cell and the ambiguous boundaries of life with HIV and potential death without intervention. The scene serves as a snapshot of the historical and scientific fascination with cellular life (Landecker 2005), but is also carefully opens up the narrative to the entanglement of new images of HIV with perceptions of its fatalistic and chronic histories. The molecular reconstruction thus produces a visualization of HIV infection that embraces and enhances the perception of a historical and queer biochemistry: that is, the chemical bonding of fatalistic and chronic conditions of HIV.

The film layers the micro (blood cells) and macro (dancing bodies) to emulate a vision of the body that is queerly biological and transhistorical. The CGI conjures multiple histories of the virus by posing both images of past infection, future scientific discovery, and present-day technologies. It represents the limited or 'surface' knowledge of HIV infection, which might be perceived as an early account of HIV infection, that is, not mapped in its entirety by biomedical progress. But it also represents a fixation on receptors, which facilitate the entrance into or barrier for the cell. Here the image maps the layers of the cell and the virus, measuring its movements and whereabouts in space (the bloodstream) and imagining its velocity, its production capacity, and the phenotype of the protein envelope. It enlarges the microscopic through the cinematographic apparatus, 'enhanc[ing] the temporal dimension of perception' like a microscope as it 'open[s] up the spatial dimension of investigation' to the scientific observer (Landecker 2006, 125). Scaling down from the dancers and blowing up from the cells lends itself to an entanglement of the micro and macro and the a/historical and a/temporal. This movement employs a postmodern gesture which revels in the possibility of historical multiplicity, remaking these histories through contemporary CGI conventions. The film merges the scientific scales and epistemologies of HIV infection and affects a fantasy of future intervention. In this way, the film uses CGI to embed future progress.

Beyond a memory politics which playfully reinvents AIDS activist histories, *120 BPM* represents multiple viral experiences that entangles queer bodies and HIV biology. The viral imagery merges with memory and activism and thus produces speculative bodies that are not themselves the HIV molecules but instead reside within the cultural domain of the film's queer biochemistry. The film cuts through many layers of reality and across perceptions of scientific progress not to flatten the macro- and microscopic, but to make intelligible the sliding histories that emerge and depart from the interpretation and visualization process. The film represents images which are both intelligibly historical, within the narrative of early AIDS activism, and also longing for a future intervention. In that sense, the viral CGI presents a narrative and scientific position in which to locate a shared collectiveness—making attachments across biology and culture—and social progress. Entangling affirming images of the past and surreal images of the future, the film asserts that new ways of seeing and thinking about the virus are necessary for telling the history of HIV/AIDS.

Focused on the socialization of a chronic future, *Théo et Hugo* elucidates the possibility of life with and after HIV transmission through relationship building. Hugo shares his experience of living with HIV with Théo, who is now uncertain about his status but seeks to get closer to Hugo in the aftermath. Having already experienced 'AIDS crisis', through potential infection and biomedical intervention, Théo and Hugo wander through the city in the early hours of the morning. Hugo is ravenously hungry, so Théo takes him on a long journey along the canal, weaving through sleepy neighbourhoods and towards Stalingrad. Out of breath from running, they stop. Hugo says:

Les médicaments ne sont pas le problème. Vous vous habituez à les prendre. Ce n'est plus si ingérable maintenant. Vous pouvez sauter une pillule, mais pas trop souvent. Quand on a une vie normale avec un travail normal, cela fait partie de la routine, comme une habitude. Les effets secondaires disparaissent ou vous changez de traitement. Le problème, c'est le virus. Je veux dire, même si c'est indétectable, même si je n'ai plus peur que ça me tue, c'est là. J'y pense souvent. Les gens me disent d'apprendre à vivre avec le SIDA. Je ne veux pas vivre avec. Je veux vivre contre ça. Je me trompe probablement, je devrais vivre avec. Fais ma paix avec ça. Mais je ne peux pas.

In this moment, Hugo acknowledges the place of HIV in his own life experiences, attempting to console Théo following potential infection. At the same time, his account plays with the possibility of mis/remembering and reinventing the histories of HIV. He lives daily with the virus but also seeks to forget—to resist its presence.

Hugo's reflections contain both the perception of a chronic health experience, in which the virus becomes part of the body, and a desire to 'live against it'—or, indeed, beyond the finitude of deterministic discourses about life with HIV. It is here that the futures of HIV, though opaque, are opened through the promise of hope of life with HIV and thinking beyond its limitations. One can live with the virus and 'live against it', to develop relationships and not be defined by its presence (literally, becoming undetectable). This is confirmed at the end of the film when Théo and Hugo decide to continue seeing each other after Théo's treatment. Hugo leaves Théo's cramped flat and returns to bring Théo back to his, opening up Théo's narrative world to a future that is both chronically manage and made hopeful through the possibility for a future together. As Todd Reeser suggests, this ending queers the perceptions of the tragic love story by reconfiguring 'Orphic constructs' for utopian ends (Reeser 2018). In this way, *Théo et Hugo* constructs a utopian vision of the possibility life after life after diagnosis, constructing a mundane normalcy around the day-to-day of living with HIV, and pushing the narrative towards a chronic vision of live with HIV.

## Representing life 'After AIDS'

What is central and peripheral in AIDS history, and how does the remaking of these histories contribute to an understanding of life with HIV in the present and new takes on previous experiences of life with HIV/AIDS? Both *120 BPM* and *Théo et Hugo* participate in unpacking these multiple histories even whilst they produce discourses about life after AIDS crisis. They characterize AIDS historiography as a dynamic process, the practice of re-making social perceptions of how people have/lived with HIV and will continue to live with HIV until a cure is developed. It is true that both films focus closely on biomedical progress—thereby absenting particular experiences that have always been absent in AIDS

narratives (Cheng 2016; Cheng, Juhasz, and Shahani 2020) and reproducing limited ideas about the 'end' of AIDS for some and not others (Román 2000; Sandset 2020).<sup>4</sup> But the retroactivist tendencies of these images also create multiple perceptions of how futures are produced. Thus, whilst they portray limited perceptions of life with HIV, and the desire to live with and beyond HIV infection, they do present opportunities for engaging new meanings about the aesthetics of living with HIV 'after' AIDS crisis.

I have argued that both *120 BPM* and *Théo et Hugo* employ speculation to represent a chronic future and to display hope for a future after AIDS by narrating the promise of effective biomedical treatment. I have also suggested that this chronic future, enabled by narratives about intervention and treatment, naturalizes HIV intervention discourses and foregrounds a 'post-AIDS' aesthetics. But what does a 'post-AIDS aesthetics' offer contribute to 'AIDS crisis narration' (Kerr 2017) and how does such speculative re-making of AIDS pasts ground these narratives in the need for more inclusive imaginaries surrounding AIDS pasts and futures? This reading challenges the perception of AIDS crisis as a fixed period of loss (Pearl 2015) and situates new media practices as part of a social practice of queer utopian thinking (Muñoz 2009) which engages sexual communities in learning about and contesting the lived realities of HIV in the gay community. These films highlight the potential for queer AIDS media to reinvent discourses about the 'futures of AIDS', helping viewers to account for the uneven distribution of 'healthy futures' among gay male populations—and thus present an inroad into considering the naturalization of biomedical intervention in these culture as well as the importance of finding new ways of expressing and participating safely in sexually liberated communities.

*120 BPM* and *Théo et Hugo* exemplify an increasing interest in locating visual conventions for remaking gay-male life 'after AIDS'—particularly by blurring the line between forms of AIDS activism, which have occurred in the past and continue in the present, and speculative futures. It is this aesthetic ambiguity that contributes both optimism and uncertainty about the future: raising important questions about who is centred and marginalized in these accounts of the past—and who still need to be accounted for in the making of future gay communities. The retroactivist imagery explored here contributes to ongoing perceptions of how people live with the histories of AIDS and how people are working to remake these histories for the future. I have argued that retroactivist imagery attempts to remake AIDS histories to contextualize the assumptions of a biomedical approach to 'ending AIDS' and to raise important social and cultural questions about how people live with HIV transmission—and what kinds of connections with chronic HIV and 'after' AIDS crisis.

In thinking about the problem of HIV and its many potential futures, retroactivist imagery can give voice to individuals and organizations who have historically participated in political and social change through biomedical advocacy (Epstein 1998; Bennett 2018). Imagining how the futures of AIDS emerge through cultural production can highlight the need for more diverse representational practices—and therefore a need for critical reflection on how interventions take place within certain sexual communities and how they might be adapted using creative methods. Expanding the notion of retroactivism as a 'polymorphous desire and subversive sensibility' (Hilderbrand 2006, 305–6), I suggest that both *120 BPM* and *Théo et Hugo* provide creative and cultural tools for thinking about the futures of AIDS. They incorporate moments of speculation to make space for a future in the re-telling and re-making of AIDS crisis histories. Careful use of narrative and visual

imagery allows these films to revitalize activist images in the past and present, thereby invigorating the drive to remake life during chronic HIV and to foreground the need for sexual plurality and possibility in thinking about futures with and beyond HIV transmission.

Positioned as such, these films contribute to contemporary culture the postmodern idea that multiple histories produce multiple futures (Pearl 2004). Postmodern sexual futures remain eminent in our reflection and remaking of history (Rodríguez 2014) in order to playfully reflect upon and speculate ways of transforming the present for more inclusive sexual futures. The futures explored on screen and in the margins of *120 BPM* and *Théo et Hugo* not only transform historical images of AIDS crisis; they produce visual futures that reclaim the social histories and pleasures that are often convoluted in the retelling and intervention of AIDS crisis.

## Conclusion

Visualizing the futures and ‘ends’ of AIDS is a contentious aesthetic practice that depends not only on the geographical specificities and distribution of particular AIDS epidemics but also on shared values situated within particular communities impacted by AIDS crisis (Ledin and Weil 2021). Nonetheless, scholars should attend to the cultural potential of negotiating these futures through visual media practices and understand how film and media continue shape our perceptions of HIV intervention strategies and community development. *120 BPM* and *Théo et Hugo* provide important examples of how employing retroactivist logics might resist the notion that AIDS crisis histories are necessarily informed by trauma and, indeed, fixed in the past. Indeed, if, as Hilderbrand suggests, retroactivism incites action in the face of ongoing oppression, speculative visual practices present both troubling and hopeful opportunities in which to critically assess how the presents and futures of HIV/AIDS are and will be produced.

## Notes

1. AIDS retroactivism produces forms of media that, according to Lucas Hilderbrand (2006), seek to uncover in the AIDS archive moments of liberation that can help to re-imagine and remake social conditions in the present. These images—in television, film, literature, and art—often reflect upon transformations within AIDS activism and the emergence of effective HIV treatments to create a chronological and technical narrative about the evolving conditions of HIV—especially as a once-fatal condition transformed into a chronic illness.
2. Effective HIV treatments (aka HAART) were developed in the mid-1990s. Post-exposure prophylaxis (PEP) was developed in the early 2000s and was given to people who were exposed up to three days after potential exposure. Pre-exposure prophylaxis (PrEP), a once-a-day pill for HIV-negative people who are at risk of HIV transmission, was developed in the mid 2000s and made widely available in the mid 2010s.
3. A 2008 statement by Swiss doctors, following a decade of observations of people living with HIV who take combination ARV treatment, confirmed that those individuals who achieve viral suppression or an ‘undetectable viral load’ cannot pass on the virus to sexual partners. This has since been backed by the US-CDC, WHO, UNAIDS and other healthcare organizations that confirm the effectiveness of biomedical intervention. See Persson (2013) about the normalization of HIV and biomedical intervention in the 2000s and early 2010s.

4. In thinking about and against treatment histories as the defining feature of AIDS histories, Cheng, Juhasz, and Shahani (2020, 4) argue that “it matters where we locate the crises, how we temporalize their multiple durations, and when and how we identify, name, and categorize their impacts [. . .] what we have come to know pithily as HIV/AIDS was never a linear or singular history with one simple subject. [AIDS] crises are bound up with histories of race, racialization, globalized yet uneven development, and widespread economic inequity. The popularized medical terms for illness and the troubling epidemiological categories for race, nation, gender, sexuality, and so on reveal the limited and contradictory ways that meaning has been quickly and hastily fashioned with enduring consequences for comprehending and addressing the pandemic.’

## Acknowledgments

Special thanks to Oliver (‘Bertie’) Webb at the University of Edinburgh, who assisted the author with French-language transcription and translation revisions.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

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