

# Viral representations: *It's a Sin*

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## Abstract

Belonging to the retrovision genre, *It's a Sin* (2021) dramatizes the early years of the pandemic. Audiences are shown what reality was like before and immediately after the outbreak of HIV/AIDS. It narrates the transition from a sex-positive era where non-heterosexual people were standing up for their freedom to love, have sex and enjoy life to an era of fear, illness and death that followed the outbreak of HIV. The argument of this article is that contrary to earlier representations of the initial years of the pandemic, *It's a Sin*, not unlike *Pose* (2018–21), succeeds in addressing HIV/AIDS in an empowering rather than stigmatizing manner. In particular, *It's a Sin* challenges previous representations of the early years of the pandemic by not contributing to the association

of HIV/AIDS with a discourse of illness and death. What is different in this series to earlier representations was the fact that there is no blame towards people living with HIV/AIDS (PLWHA), nor do we see them as passive victims of an unknown virus. Rather, by applying Chouliaraki's (2006) 'analytics of mediation', it is argued that the series presents the social suffering that emerged with HIV/AIDS and provides space for audiences to reflect on their contribution to the suffering of others.

Keywords: HIV/AIDS, representation, sexuality, mediation, suffering, Chouliaraki, 1980s, TV, Queer TV, Russell Davies

Situated at the very early days of the outbreak of the HIV global epidemic, *It's a Sin* (2021) does not initially represent HIV/AIDS suffering. Rather, audiences are introduced to the sociocultural context of 1980s Britain with regard to what it meant for men – and the society at large – to be gay at that time. Audiences primarily follow the narrative through the stories of Ritchie (Olly Alexander), Roscoe (Omari Douglas), Colin (Callum Scott Howells) and Jill (Lydia West). Coming from different backgrounds, these young people leave their homes and move to London where they not only have opportunities to follow their career-related dreams but can also be who they want to be and live a life of their own.

The first episode of the series also introduces audiences to gay life in London in the early 1980s. What is shown might seem rather strange to contemporary audiences with regard to the portrayal of the relationship between gay men and sex, but Russell T. Davies, the creator of the series, has highlighted the spirit of the time whereby sex was not an object for people to pass moral judgements on. Sex is shown as a casual activity,

not exclusively attached to romantic relationships, not as something very intimate between necessarily only two people and without the need to use condoms.

There is no judgement or linkage between sex and morality in the way Davies portrays gay sex life in the early 1980s. Using condoms is presented as an interest of only heterosexual people in their attempt to avoid pregnancy. This is highlighted in the opening scene where Ritchie and his father (Shaun Dooley) are on the boat from the Isle of Wight to the British mainland. His father, not knowing that Ritchie is gay, gives him a package of condoms which Ritchie throws away immediately when his father is not looking. It becomes clear from Ritchie's look that the reason he throws them away is not because he does not like using them, but because he cannot imagine he will have a use for them, given that their sole connotation at this point is protection against pregnancy.

In the analysis that follows, I have adopted Chouliaraki's methodological approach for the analysis of mediated suffering. In *The Spectatorship of Suffering*, Chouliaraki develops analytics of mediation as 'an approach to the study of television that considers it as both a semiotic accomplishment (as text) and a technology embedded in existing power relationships of viewing' (2006: 70). Her methodological approach is intended to be applicable to the analysis of suffering as broadcast in news stories. She focuses on particular, context-specific analyses of news texts, and she examines the ways in which specific news stories establish normative values about social suffering. Even though I do not examine news stories and news texts below, I appropriate Chouliaraki's *analytics of mediation* to conduct a close analysis of what she calls '*regimes of meaning*' (2006: 70, original emphasis). According to her, the term refers to:

[T]he bounded field of possible meaning relationships that obey a certain regularity in the ways in which they can be combined and circulated and, as a consequence, the

possibilities they offer to constitute legitimate forms of knowledge about the world and of self for the spectator.

(Chouliaraki 2006: 70)

Therefore, the focus of analysis is not only the portrayal of, in this case, suffering. Most importantly, the analysis focuses the transformation of particular portrayals of suffering into universal moral etiquettes, signifiers of acceptable moral behaviour.

This methodological framework calls for a combination of multimodal and critical discourse analysis. For the former, Chouliaraki focuses on: the mode of representation, the correspondence between verbal narrative and image and the aesthetic quality of each medium of representation. The first feature, *mode of representation*, refers to the point of view that is used to communicate instances of social suffering, as well as the choice of medium that is used to mediate such suffering. The second feature, the *correspondence between verbal narrative and image*, is equally important because, as Chouliaraki explains, 'each semiotic mode has its own logic of producing meaning, its own meaning-making affordances, and, thus, its own mechanism for mediating suffering' (2006: 76). Analysing images can offer an insight into how suffering is portrayed, while an analysis of language reveals how suffering is narrated. Examining the interrelation between the two allows a deeper analysis into the possible responses a cultural product can elicit from spectators. The last generic feature that is the focus of a multimodal analysis is the *aesthetic quality* of the medium of representation. While referring to Boltanski's (1999) topics of suffering, Chouliaraki advises that the 'aesthetic quality describes the overall semiotic effect of the [medium of representation] in terms of [...] *pamphleteering*, *philanthropy*, and *sublimation*' (2006: 81, original emphasis). Pamphleteering refers to the emergence of feelings of anger against the one who inflicts suffering on others,

philanthropy refers to the identification the spectators feel with the one who helps the sufferers and sublimation refers to the generation of 'reflexive contemplation of the conditions of human misery (81)'. By analysing these generic features, by applying, in other words, multimodal analysis on representations of suffering, we can identify how single representations of suffering can present, or even invoke, universal values towards suffering. To examine what these values are, as well as the processes that can allow spectators to make these values their own, critical discourse analysis can be deployed.

By critical discourse analysis, in this study, I refer to the study of mediations of suffering and their ability to signify relationships of power that govern societies. With regard to representations, critical discourse analysis focuses on the construction of narratives in relation to a specific space–time that signify the difference between safety and danger as well as between action and indifference. Visual intertextuality and linguistic references with regard to the representation of time are important given that representations of HIV/AIDS as social suffering are either concerned with the past, in what is known as 'retrovision' (Kagan 2018) genres, or with the present, in the form of documentaries or narratives that concern the present time. Further, in establishing social relationships of suffering, there are two aspects of agency that should be considered. These refer to the agency of the sufferers themselves and the agency of those who are in contact with the sufferers but do not experience suffering. Chouliaraki explains that the two aspects of agency 'come to shape how the spectators themselves are invited to relate to the suffering – that is, if they are supposed to simply watch, feel for, or act in a practical way on the "other's misfortune' (2006: 85, original emphasis). Here, rather than

focusing on the relationship between space–time, I am concerned with the relationship of those who are presented as the dominant culture in contrast to those who are Others.

## Queering the retrovision genre

*It's a Sin* has already been criticized by some for underrepresenting women, trans and non-binary people (Roche 2021). Yet, comparing the main characters of *It's a Sin* to the ones of similar works such as *Pose* (2018–21), one might consider that *It's a Sin* offers a wider range of character types. This range of characters reflects a variety of sociocultural backgrounds, enabling more people from the audience to identify with them.

Ritchie comes from a middle-class family living on the Isle of Wight. Contrary to his parents' wishes, he changes his subject at university to English and drama because his dream is to become an actor. Roscoe's working-class family is from Nigeria. Initially, we see him staying with them and working as a builder, but after realizing that his father wants to send him to Nigeria to 'become a man', he dresses in women's clothes, escapes home and starts working at a gay bar. Colin comes from a middle-class family in Wales. He comes to London to work as an apprentice tailor. He is more reserved than the others who tease him for still being a virgin – at least that is what they believe him to be. The early episodes do not tell us much about Jill's background, the only female main character of the series; however, audiences get to know her much better towards the end of the series. What all four have in common, which is one of the key themes of the series, is that they are young, full of dreams, ambitions and aspirations for the future. They live their lives in a manner that appears to be celebratory, something that today's world would perhaps view as reckless behaviour, and they are unaware of the fact that their innocence is about to come to an end because of AIDS.

Audiences are initially presented with HIV/AIDS suffering in *It's a Sin* through Henry's (Neil Patrick Harris) story.<sup>[1]</sup> Henry is Colin's colleague at the tailor shop, and Henry's partner had been sick for quite some time. Henry is being temporarily – at first – replaced by another shop assistant. Despite Colin asking about Henry's absence, nobody seems to know, or to want to discuss his situation. A neighbour tells Colin that Henry is in the hospital, and he finally pays him a visit. At the hospital, he is not allowed to see Henry unless he is a family member, and he lies saying that he is his nephew. To see him, he has to wear protective clothing, gloves and a face mask. At this stage, it is unclear whether this is to protect Colin or Henry. Henry is in a ward on his own. Colin wonders how the two partners ended up sick at the same time, but Henry does not seem to make the connection.

What we now know as AIDS was not always clearly understood by people at the time. People were uncertain about the transmission of the virus. This created uncertainty which by those in the medical profession was translated as a need to take extra caution and by those without much medical knowledge as no need to pay any particular attention to it. A few moments later, the nurse brings Henry's lunch. She does not enter the room. Instead, she leaves it outside the door. A similar scene was presented in *Pose* where hospital personnel would not approach AIDS patients, accentuating the inhumane treatment AIDS patients were offered (Bollas 2022). The sense of fear attached to AIDS is further punctuated in the same episode of *It's a Sin* when, towards the end, Henry dies, the nurses put his body into a box, and then they disinfect his bed and the room very thoroughly.

Significant for the contextualization of the point of view of the series is also the way non-heterosexual individuals are perceived by society. This is an important portrayal, because it allows audiences to understand why AIDS was framed as the gay plague by dominant culture. The effectiveness of the retrovision genre as a means of representing HIV/AIDS is questionable given that since 1996 good quality of life with HIV has been achieved, and representations that focus on the horrors of AIDS can contribute to further spreading ungrounded fear and discrimination against PLWHA. However, perhaps one of the most significant features of *It's a Sin* is that it paints a picture that allows its audiences to understand the conditions within which both AIDS and its significance came to be. In the first episode of the series, we observe all representatives of normative institutions, that is medical personnel, family members, businessmen and the society at large, disapproving of, or even resenting, non-heterosexuals not yet because of fear in relation to the new 'gay cancer' that has taken over the United States (this will come soon) but for not conforming to what is deemed appropriate, prudent and normative.

Davies's choice to document societal responses to those who were perceived to be queer fills in a gap both in the history of HIV/AIDS and in the history of (homo)sexuality. Popular media became interested in the virus long after it had already started killing thousands of people. Some speculations with regard to the spread of the virus had been made in the United States, but these were not shared in Europe. For the media this was not an important issue. For gay people, it was a matter of life and death. Davies comments that 'it's hard to look back and reconstruct how information was spread in those early days, '81, '82, before the tabloids got hold of the story. Rumours.



Mutterings. Whispers from America. Chat in the dark corners of pubs' (2021, n.pag.). By documenting the climate of the time in relation to (homo)sexuality, Davies does not provide audiences with yet another tragic story of the outbreak of AIDS. Instead, he makes us pause and wonder how it all started, why it started, how it spread so quickly and why nobody did anything to stop it.

As I briefly noted earlier, one of the criticisms against the mode of representation of *It's a Sin* has been its negligence in focusing on the experience of women and non-White populations. By situating the link between AIDS and sex within society's abjection of gay men, the series fails to promote a need for thorough reconsideration of AIDS media cultures. Roche reviewing *It's a Sin* observes:

[I]t should have gone the extra mile and included the women who from the beginning died from Aids [sic] too. They were there from day one. The women told they were selfish to get pregnant, the women who had their babies taken away from them, the women called whores for contracting the virus when they should have known better.

(2021, n.pag.)

Indeed, the series fails to represent women and BAME populations, perpetuating the (re)traumatizing framing, common to media landscapes, of AIDS narratives. Also absent from the series is the emergence of grassroots collective activism which was initiated as a response to HIV/AIDS. Even though these are valid criticisms, *It's a Sin* attempts to depict AIDS suffering as social suffering. Despite the limited – and rather normative – variety in narrative points of view, the series succeeds in presenting AIDS suffering as a medically induced but socially preserved form of suffering.

## Contrasts of victimhood

By examining the correspondence between verbal narrative and image, it emerges that *It's a Sin* can elicit all three possible responses from its audiences as they have been identified by Chouliaraki (2006): factual, emotional and ideological. A factual response is achieved when what is said is in agreement with what is shown. This allows audiences to consider what is represented, in this case HIV/AIDS suffering, as authentic. Even though *It's a Sin* is a fictional product, it achieves a factual response by contrasting moments of sorrow and loss with moments of joy and freedom. Arguably, this summarizes the definition of HIV/AIDS suffering as portrayed in *It's a Sin*. It does not refer solely to the pain and loss caused by HIV/AIDS, nor does it solely refer to political and societal negligence; rather, it emphasizes the loss of innocence caused by AIDS in relation to both enjoying the here and now and dreaming about the future.

This is highlighted when, towards the end of Episode 1, we see Ritchie, Jill, Roscoe and Colin having interviews where they discuss their future dreams and aspirations, while Ash is at home looking at the headline of a newspaper referring to a mystery illness in big black font. Since contemporary audiences know that this mystery illness refers to AIDS which, at that time, was not treatable, and the chances of surviving it were minimal, the series provides an element of factual suffering through irony. At the same time when we see the characters being excited about the life ahead of them, Ash's reading of the newspaper reminds us of the recent history of HIV/AIDS and makes us realize that most of them will most likely not be able to realize their dreams.

Examinations of verbal narrative and image in similar works such as *Pose* (Bollas 2022) provide useful comparisons to the ways in which *It's a Sin* dramatizes HIV/AIDS.

For instance, in *Pray Tell* (Billy Porter) and *Costas's* (Johnny Sibilly) hospital scene, *Pray Tell*, addressing the adverse effects of AIDS, talks about life before AIDS when

[W]e were truly free, free to love, free to fuck, free to be our gay ass selves in this beautiful shithole of a town [...] what it's like to love without worrying that you're gonna die, or worse yet, that you're gonna kill somebody.

The first episode of *It's a Sin* focuses on this part of history when relationships, sex and being gay were not overshadowed by the terrors of AIDS. This is rare for a cultural product that focuses on the outbreak of HIV/AIDS.

Indeed, the series starts in a very optimistic manner where all the young characters are getting ready to live a life of their own. This is supported by pop music of the time that is playing in the background of every scene, contributing to its initial optimistic outlook. Halfway through the first episode, these depictions of optimism about the future are juxtaposed with imagery of fear, sickness, agony over the unknown and death. This sharp contrast between a carefree reality of innocence, to one of despair, can elicit more emotional responses from audiences. Rather than just being presented with factual information or factual representations of suffering, which are less likely to change audience's preconceptions about HIV/AIDS suffering, an emotional response is more likely to contribute to audiences connecting or even identifying with the sufferers (Chouliaraki 2006). This is significant because it allows audiences to move from a state of indifference to a state of compassion.

Another type of response *It's a Sin* can elicit from its audiences is an ideological one. Such a response is elicited when audiences are presented with an us-vs.-them scene of suffering where 'them' are presented as savages (Chouliaraki 2006).<sup>2</sup> This us-vs.-them binary is presented both when the series accentuates societal discrimination against non-

heterosexuals to contextualize the outbreak of AIDS and in a number of scenes that involve AIDS suffering. Examples of the former are found in the first two episodes, where audiences see how Roscoe's family not only disapprove his not being heterosexual and want to send him back to Nigeria so that he is cured but also get rid of the stigma that is associated with having a gay son.

We watch similar, but less overt, reactions from Ritchie's family, who both in the first and second episodes make pejorative comments about homosexuals and try to push Ritchie into being in a relationship with Jill. In Episode 3, we observe Ritchie at a vulnerable moment. Right after he finds out about Gregory's, aka Gloria's (Nathaniel Curtis) death, and at a point when he believes that he might have contracted HIV, he is talking to his mother and does not tell her the truth about him; instead, he does not deny the possibility of having an affair with Jill. A few moments later, we understand that he told her that because he wanted to ask her for money, suggesting that had he been honest with her, she would not have supported him financially or otherwise.

These depictions, along with a few others where members of the society make snide comments about or give disapproving looks to non-heterosexual characters, portray an us-vs.-them society. However, neither those portrayed as 'us' nor those portrayed as 'them' are presented to be savages, as in *Othered*, at this stage. It is indeed ironic to write that being rejected by one's family for not being heterosexual is not a savage depiction, but arguably homophobia and violence towards queer people is a rather common, albeit heinous, phenomenon for the audiences of *It's a Sin*. Therefore, it is unlikely that such depictions would promote feelings other than disapproval at best.

However, when the series presents the us-vs.-them binary in relation to AIDS sufferers and the rest of society, the depiction becomes less commonplace, and the attitudes revealed in the treatment of Colin become more odious. In Episode 3, Colin returns to his mother's house in Wales after suffering a seizure at work. Following another seizure he suffers at her house, she takes him to the hospital. The next shot shows Colin alone in a hospital room and a nurse locking his door. He is not allowed to exit the room, not even to go to the toilet. Instead, a police officer, whose role is to guard Colin's room and ensure he does not escape, instructs him to use a commode located next to his bed. We then see Colin's mother at the doctor's office. The doctor is accompanied by a police officer, and they explain to her that Colin's seizures are caused by AIDS. She does not understand what AIDS is, and the doctor says that 'it's the disease that ended the life of Rock Hudson [...] AIDS is associated with the homosexual male population'. The police officer continues and explains to Colin's mother that because her son is infectious, they have been granted a court order under the Public Health Act of 1984, according to which Colin is not allowed to leave his room and that no-one is allowed in, either.

When the mother enquires whether her son is under arrest, the police officer highlights that 'none of this is our fault', referring to the police, the hospital and arguably to 'proper' heteronormative society. He explains that

AIDS is transmitted by sex with men. If he [Colin] chose to be part of that cesspit, well, who am I to judge? But my judgment is vital when his disease becomes a public menace.  
[...] Your son is dangerous to others.

Despite the fact of the police officer being aware that AIDS transmission is possible only through sex, he insists on not letting Colin get out of the hospital and to live with his mother.

By referring to his disease as a public menace, the police officer foreshadows the moral panic that is about to manifest itself. Most importantly, though, for this analysis, his apathetic demeanour and pejorative language, in contrast with shots where Colin is using his room's commode for toilet while crying and being alone, encourage audiences to perceive the police officer, and by extension traditional institutions, as savage, vulgar and unacculturated. In turn, this enables audiences to identify Colin as one of 'them' and, therefore, develop feelings of pity and compassion for his suffering.

## Promoting acts of care

An analysis of the aesthetic quality of the series with regards to the effects of pamphleteering, philanthropy and sublimation enables a closer understanding of the possibilities for action that the series promotes (Chouliaraki 2006). Strudwick noted in *VICE* magazine:

[I]t [the series] demands so much more of us than to mourn the dead, or to reach the mere first rung of the ladder and empathise. It makes us stand back and think about the sanctity of human life; and about the type of society needed to protect not just 'us', but everyone.

(2021, n.pag., original emphasis)

The action Strudwick refers to is deeper and arguably more significant than empathizing with the sufferer, offering help next time someone needs it or acting in a manner that prevents suffering from happening. Strudwick alludes to reflexive contemplation, or what Chouliaraki (2006) terms sublimation, that can be elicited from audiences through representations of suffering. Strudwick continues 'beyond individuals, beyond behaviour that you might wish to blame, who or what really has the power to enable disease to flourish? Whose is the real sin?' (2021, n.pag.).

Indeed, *It's a Sin*, especially the first two episodes but also the series as a whole, offers commentary with regards to the ways in which society enabled the spread of the virus, which in turn puts the audience in a position to contemplate the human condition. Miller explains that the series was nominated for numerous awards and that it is Channel 4's 'third most successful drama since records began and All 4's most binged new series ever' (2022, n.pag.). Perhaps, the significant success of the series is partly due to its use of HIV/AIDS suffering as metanarrative for the corruption – at all levels – of society.

Another effect of the aesthetic quality of a cultural product is that of pamphleteering, which refers to feelings of anger the audience can feel towards those who inflict or contribute to the suffering of others (Chouliaraki 2006). One of the first stories that contribute to this effect is that of Gloria in Episode 2. After having agreed to attend Ritchie's birthday party, Gloria does not show up. The next day, Jill is worried, Gloria calls her and asks Jill to help with the shopping. Jill goes to see Gloria at her house, and Gloria tells her about her experience at the hospital. Gloria was given a questionnaire that was only 'for people like [him]' and one of the questions asked whether he had ever had sex with animals. Episode 2 comes immediately after the carefree, unapologetic and liberating atmosphere linked to gay life that was built in Episode 1. Situating this scene in such a way enables a deeper understanding of how society at large viewed homosexuality.

The reference to sex with animals as being on a par with homosexuality is significant for its absurdity but also because it is not a rare tactic from homophobic polemics. It alludes to medieval societies, which is when the comparison of bestiality to homosexuality seems to have first appeared (Wade 2020), but it is also relevant to

contemporary societies given that six months before the release of *It's a Sin*, pamphlets comparing homosexuality to bestiality were dropped into many UK homes (Kelleher 2020); also, about a year earlier similar comments were made by a lawmaker in Wyoming (Fitzsimons 2019). Therefore, audiences are prompted to react not only to the cruelty with which Gloria was treated by the medical personnel in the series but also to the continuous dehumanization of non-heterosexuals by society.

Another example of the pamphleteering function of the series can be found through Colin's story. After almost being sexually assaulted by his boss, Colin is assigned to accompany him on a business trip in New York where the two of them would work with a high-end client of the tailor shop. When his supervisor tells him the news about the trip, there is a close-up of Colin's face, allowing us to read the fear in his eyes. During their first night in New York, his boss invades Colin's room with the pretext of tasting a new wine as a means of celebrating Colin's first business trip abroad. His boss is ready to make a move, but he sees all the newspapers and magazines Colin had bought. All the headlines are about AIDS, which makes his boss believe that Colin suffers from it. At that point, he leaves Colin's room, leaving Colin and audiences relieved. However, once they are back in London, Colin is told that his apprenticeship has come to an early end and that he should leave. Colin seems confused, because right before the trip he was made to believe that the company was very happy with his progress – which is why they sent him to that important business trip in the first place. However, when he requires an explanation, his boss pretends to be very busy going through his documents and does not even look at him.



It becomes apparent that the reason for him being fired is his boss's assumptions about Colin having AIDS. Up until this point, the series has portrayed Colin as a very reserved young gay man. There have been no scenes of him being sexually involved with another man, and all the other characters of the series as well as audiences are led to believe that Colin is a virgin. On the one hand, we observe a young man focused on being the best employee they can be, but at the same time, this same young man is fired on the assumption of having AIDS. This not only illustrates the moral panic that developed in association to AIDS and gay men at the time but also promotes feelings of anger towards Colin's boss. Indeed, the latter, rather than helping Colin, further contributes to his suffering by leaving him without a job and the benefits that are associated with work.

The series also includes characters who are supportive of those who experience HIV/AIDS suffering. Such representations contribute to the series' philanthropic function and can encourage audience members to identify with those who help and, possibly, become themselves agents of help in similar situations (Chouliaraki 2006). Examples of such characters include Colin's mother, Jill's parents and some bystanders at the die-in protest of Episode 4 which I analyse later in this article.

Perhaps one of the most significant representations of acts of support and help is the one in Episode 3 when, after Colin's mother has been told that Colin is not to be let out of his room and nobody is allowed to visit him because 'he is dangerous to others', Jill and her activist friends recruit a lawyer to handle the case. Lizbeth (Seyan Sarvan), the lawyer, goes to the hospital with her associates, accuses those in charge for misusing the law and threatens to take them to court unless they let Colin leave and go to his mother's house. The presence of Lizbeth is significant because she is not related in any

way to Colin or his friends. She is, therefore, offering her help not because she is biased but because this is the right thing to do. As such, audiences might be reminded that no matter what their personal beliefs might be, it is important to put the sufferers and their best interests first.

Further to this incident, when Colin is released from the hospital, his mother tells him that it would be best to send him to a hospital in London so that he is near his friends. This is a rather altruistic move on her part, especially when compared to Ritchie's mother. Despite the fact that she knows that the next days will probably be his last ones, she does not keep him at her house to spend as much time as she possibly can with him. Instead, she prioritizes his emotional well-being and acknowledges that it would be best if he were with his friends during these last days. This further adds to the philanthropy function of the series which can possibly encourage audiences to imitate such acts and assist those who suffer.

## Reducing the distance: From one virus to the next

The three previous sections provided a multimodal analysis of *It's a Sin* and showed the contribution of the mode of representation, the relationship between verbal narrative and visual representations, as well as the overall aesthetic quality of a cultural production with regard to HIV/AIDS suffering to the promotion of certain values towards suffering. It appears that *It's a Sin* encourages its audiences to develop feelings of sympathy towards HIV/AIDS sufferers. At the same time, it encourages them to challenge established structures and institutions which inflict and/or maintain such suffering. The last section, in particular, described the possibility of the series to encourage its audiences to become active agents of help towards those who suffer.

The analysis of the semiotic system of the representation of HIV/AIDS suffering provides a better understanding of the series' potential to encourage certain reactions from its audiences towards suffering. A critical discourse analysis can provide a further understanding into how, if at all, the series provokes audiences to react to suffering, not only as it is represented on screen, but in a manner that extends beyond the medium of representation. The analysis that follows, then, does not focus so much on the ways in which HIV/AIDS suffering has been represented, but it focuses on how it has been mediated. In other words, the discussion focuses on how audiences are prompted to respond to the suffering Other.

A first area of analysis is distance, both spatial and temporal. As discussed in Chouliaraki (2006), spatial distance provides audiences with a sense of safety, while spatial proximity encourages feelings of familiarity and danger. Even though *It's a Sin* is a work of fiction, both its setting/location and the major events that are dramatized are real. The series highlights its realistic aspect by incorporating well-known historical events in its storyline such as Princess Diana's well-known handshake with an AIDS patient on 19 April 1987 (Praderio 2018), and the staging of a die-in protest which was a common means of peaceful protest employed by ACT UP London and other activist organizations (Curzon 2018).

London, the main location of the series, was and still is an epicentre with regards to HIV infections (Terrence Higgins Trust 2018). Being situated there, then, the representation of suffering is presented as something relevant to the lives of audiences, not only from the United Kingdom but also from the Global North. Watching the characters of *It's a Sin* experience not only the physical suffering associated with

HIV/AIDS but also social discrimination and stigmatization attached to the virus while living in one of the biggest metropolises of the Global North, enables audiences to consider danger not with regard to themselves but with regard to those who suffer from HIV/AIDS. In other words, audiences are not prompted to feel threatened by HIV/AIDS suffering; rather, the series offers audiences the possibility to consider the dangers that HIV/AIDS sufferers experienced at the time when the events of the series took place, as well as at the time of watching.

*It's a Sin* is set in the 1980s. Chouliaraki (2006) argues that temporal distance between the spectacle of suffering and its audiences can make it less likely for a need to take action to be promoted. Indeed, she argues that temporal proximity can encourage audiences to take action since they might feel that the suffering they watch might be directly relevant to their lives, and as such it can affect them. However, when suffering is presented in the past, as is the case with most works of fiction, feelings of action-taking are less likely to emerge. I have discussed this elsewhere (Bollas 2022) in relation to *Pose*, arguing that time and distance become relative as a result of certain instances of recognizable references to popular culture, such as Madonna's 'Vogue' (1990). However, another point that could be added with regard to temporal distance, and which is true for both *Pose* and *It's a Sin*, is that despite the fact that they are set in the past, they are not set in such a distant past that would make it impossible for members of the audience to identify with it. Quite the contrary, many viewers would have been alive in the early 1980s and they can not only identify with but also relate to HIV/AIDS suffering as it is portrayed in the series.

On this point, Roche comments

[W]hen I watched *It's A Sin* I fell into a pit of darkness. I thought, can't you wait until we're dead? Us survivors who did not die, but had to exist in stigma, and who are now triggered by this show and the enormity of what we went through?

(2021, n.pag.)

In doing so, she further highlights not only the fact that the atrocities associated with HIV/AIDS suffering have not been forgotten but also that members of the audience relived the horrors of the first two decades of HIV and AIDS while watching the series. Therefore, the fact that the series is not set in the here and now does not seem to have affected its possible impact.

Another point that needs to be addressed, perhaps in much greater detail, is that at the time *It's a Sin* was released, the world was experiencing yet another pandemic. There are many topics for analysis with regard to comparing societal responses to COVID-19 and those to HIV/AIDS. However, for the purposes of this article, such an analysis will be limited to identifying that some audiences of *It's a Sin* might have experienced a somewhat similar fear to the one people of the 1980s experienced with HIV/AIDS. They are also confronted with an unknown virus, the effects of which extend beyond the physical and towards all aspects of society and culture. The two viruses are very different both in biomedical terms and in the way they were perceived by society. Yet, it is important to recognize that such a condition results in the diminishing of any temporal distance between audiences and the series.

Audiences are likely able to identify with the ways in which the lives of the main characters changed as a result of HIV/AIDS, because their own lives are very likely changed as a result of COVID-19. Russell T. Davies observes in an interview with *The Guardian* referring to the similarities between COVID-19 and HIV/AIDS that 'we can

get as embarrassed about sex now and we did then', but he also notes that 'if coronavirus was a sexually transmitted disease, it would be much more hidden, still' (Wise 2021, n.pag.). Indeed, this is what makes the relationship between the time of the events of the series and the time audiences get to watch the series so significant. The fact that audiences are likely to have spent time in fear of another virus, one that is not hidden, one that affects the whole society and not only marginalized minorities, encourages them to reflect on the different conditions between the two viruses and, in turn, understand the contribution of society to the aggravation of HIV/AIDS and possibly decide to make a step towards changing this.

## Humanizing the suffering

One of the most significant factors with regard to the responses of the audience to portrayals of HIV/AIDS suffering is the degree of humanization of the HIV/AIDS sufferer. Audiences are more likely to engage with the sufferers' agency if the sufferers appear to be humane (Chouliaraki 2006). This involves the presentation of personal narratives instead of impersonal facts and statistics that describe the sufferers' situation. Similarly, the way these narratives are presented to audiences, by means of shooting techniques for example, can contribute to the humanization of the sufferers. Audiences are likely to be more engaged when they are presented with close-ups, rather than generic shots that involve many people, some of whom might not be related to suffering at all. The significance of the degree of humanization is important in that it can enable certain audience responses not only with regard to suffering or the sufferers but, more importantly, with regard to who they can identify with and, potentially emulate when and if they find themselves in similar situations. This is especially pertinent when scenes of

suffering involve the one who suffers and someone who is not directly related to the suffering but acts as benefactor or persecutor. Chouliaraki (2006) further explains that identifying with the benefactor can instigate acts of care, while identifying with the persecutor is more significant in that it can lead to demands for civil rights.

Similar to *Pose* (Bollas 2022), the portrayals of the characters of *It's a Sin* are not centred on HIV/AIDS suffering. Despite the fact that the series dramatizes the initial years of the global epidemic and its effects on primarily gay and queer people, it offers audiences characters who are fully round in that they exhibit a number of emotions, and they go through a number of situations that are not all related to HIV/AIDS. This is significant in that it does not limit the representation of these characters to that of victims. In the initial two episodes of the series, we watch all of them fight, each one as best they can, for an authentic and truthful life in which they can be allowed to explore their potential. They are happy, sad, scared, alone, with friends, optimistic, pessimistic and the list goes on.

This multidimensional portrayal enables audiences to identify them as whole humans rather than just as victims of HIV/AIDS or of a society that enabled HIV/AIDS to spread. In turn, when in the next three episodes we follow the characters trying to navigate their lives through this virus, it is easier for audiences to identify with them and, possibly, empathize. One powerful example that illustrates the degree of humanization of the characters can be found in the last episode when Ritchie is about to die with AIDS. His friends and family are gathered at the hospital, and both them and probably many members of the audience feel sorry for seeing a young man dying like that. At that

moment, Davies decides to have Ritchie tell his friends that even though he knew he was positive, he had sex with others.

I knew and I kept having sex. I thought I'd stop, and I did a lot of times, I stopped a million times. [...] But there were nights with too much booze, actually, nights when I was stone cold sober, and if a boy just looked at me in the right way, a boy with that look in his eye, I'd fuck him. I would fuck him hard and he could fuck me all night, any way he likes. I wonder how many I killed? [...] I knew it was wrong, and I kept on doing it.

Do you hate me now?

In a powerful cataclysm of shame, Ritchie's confession renders him human. He is not just a victim of AIDS that should be pitied. He is raw and flawed like we all are.

Another powerful moment that illustrates the degree of the characters' humanization is in Episode 4, when Roscoe decides not to participate in the die-in protest Jill and fellow activists are organizing, only to escort a man he has been seeing for the past few weeks to an important business occasion. This man is a Conservative MP who has been seeing Roscoe for some time and has asked him to go with him to an exhibition his party has put together for Margaret Thatcher. Jill tries to convince Roscoe telling him that this protest is about Colin. He responds by telling her that:

Well, I've lived with Colin in this room. I lived with him and I loved him and I watched him get up and go to work and phone his mum and behave. All his life, all he ever did was behave and what happened? He died. So, I'm getting out of here, Jill. You can wave your flags all you like, but I'm moving up.

Roscoe's refusal to attend the protest is not a sign of indifference; it is a sign of fear and an attempt to escape an inevitable future by using any means available to him. Yet, a few scenes later when Roscoe confronts the MP for having 'a hard-on for Thatcher instead of him', the MP says: 'Good God, I'm not gay'. Roscoe wonders why the MP is with him if



he is not gay, and the MP responds: 'Well, every so often one has to shove one's face in the shit just so you can lift your head up and smell the sweet roses afterwards', leaving Roscoe shattered not because he had feelings for this man, but because he realized then and there that it is not somebody else that will help him 'get out' of this situation, but his own self. Roscoe decides to leave the exhibition and joins the protest, leaving audiences to reflect on what they would have done to survive an unpromising future and how they would react when everyone kept reminding them that all exits are blocked.

Davies ensures that not only those suffering from HIV/AIDS are presented as humane but also those around them too. In the last episode, when Ritchie is in the hospital and after his situation becomes irreversible, his parents, who were not informed about his condition or about him being at the hospital, storm in. Initially they are in denial, accusing the hospital personnel for not taking care of their son. Then, they accuse Jill of not telling them anything about Ritchie being sick, and finally they come to terms with his imminent death.

One would expect audiences to be angry with Ritchie's parents. From the first episode, they were not supportive of Ritchie's dreams and aspirations. They kept making homophobic comments every time he was around, and they overtly avoided any discussion that would trigger uncomfortable topics and situations. Every time Ritchie would visit or call them in an attempt to confide in them, instead of giving him space to do so, they offered him money; as if his only problems had to do with money or, most likely, in the hopes that he would not proceed with telling them what his actual problems were. Yet, the way they are presented in the last episode makes it less likely that audiences might feel anger against them. Despite being cruel towards everyone at the

hospital, and despite taking Ritchie back home and not allowing his friends to come over, we can see that what they do is out of despair. In all these scenes, we are presented with numerous close-ups of Ritchie's mother (Keeley Hawes), obviously trying not to break down and pretending to be strong for Ritchie. As cruel as her actions might initially appear to be, Davies makes sure to portray her as if she does not know any better.

The humanization of the characters in *It's a Sin*, both HIV/AIDS sufferers and those who function as spectators to suffering, renders possible for audiences to be encouraged to proceed with acts of care and acts of civil rights (Chouliaraki 2006). The series does not present HIV/AIDS as the unknown cause of everyone's suffering. This is where its success lies. In a sense, HIV/AIDS is portrayed as a manifestation of society's insistence on denying the opportunity for non-heterosexual people to dream a future in which they are fulfilled and happy. Davies tells us that there are no sides to choose from. One might physically suffer from HIV/AIDS, another one might help emotionally those who suffer in any way they see fit, another might choose to protest and demand society's attention and another might choose to look the other way. *It's a Sin* shows that irrespective of people's chosen role or response, HIV/AIDS has affected society as a whole.

As such, the series leaves no room for audiences to stay indifferent. By not pointing the finger at certain individuals or behaviours, for instance Ritchie's parents, Davies invites us to consider each and every one as humans, and therefore, stand for one another. Whether in the role of benefactor or persecutor, audiences are shown that taking action matters. Strudwick observes 'beyond individuals, beyond behaviour that you might wish to blame, who or what really has the power to enable disease to flourish? Whose is

the real sin?' (2021, n.pag.). It is therefore important to understand that all actors in a scene of suffering act as humans. Some suffer, some help, some freeze and some do not know what to do. The series shows that it is not blaming that is important; rather, what matters is reflecting on the origins and perpetuation of a disease and on each one's role in this.

## Beating the virus through humane actions

An examination of the relationship of agency with regard to both those who suffer from HIV/AIDS and those present in scenes of suffering but not directly experiencing suffering themselves both expands the analysis of the previous section and enables a deeper understanding about whether audiences are encouraged to engage actively or passively with the spectacle of suffering. Chouliaraki (2006) explains that for active engagement to be promoted, audiences need to be presented with sufferers who respond to their suffering by fighting it until the end. This makes it possible for audiences to become active agents to other people's suffering. To further increase this possibility, spectacles of suffering can also portray those who are spectators to the suffering of others as active agents of help.

This can not only encourage feelings of sympathy towards the ones who suffer but also encourage feelings of identification towards the ones who help those who suffer. Perhaps this is the most significant feature of a cultural product that engages with suffering. All other features that were presented earlier relate to the possibility of engaging audiences and encouraging them to contemplate those conditions that enable suffering to occur. Agency, though, and the way it is used, is the feature that can affect audiences' inclination towards action or inaction. Agency is not only a feature of *It's a*

*Sin* but also one of the major themes of the series. Most, if not all, characters, sufferers or otherwise, are active agents towards HIV/AIDS suffering. Audiences might agree or disagree with the way in which some characters act, but the series itself does not take a stance. Rather, it portrays agency as is, without judgement, transforming it into a catharsis for characters and audiences alike.

One of the scenes that was discussed in the previous section, the one with Roscoe leaving the conservative MP to join the die-in protest, is a very significant example of how agency was portrayed in relation not only to HIV/AIDS suffering per se, but the overall sociocultural conditions that surrounded the outbreak of the virus. Initially, Roscoe chooses not to participate in the die-in, so that he can escort the MP to the conservative party exhibition and allow himself the possibility for a better future. 'I am moving up', is what he says to Jill to justify his absence from the protest. It becomes clear that Roscoe does not avoid the fight. Rather, he is ready to give one, but he wants to give a different one; one that does not involve any more anger, let down or death. He has had enough of it already.

In choosing not to go to the protest, Roscoe chooses to believe that there is a way out of their predicament, a bloodless way out, literally and metaphorically speaking. Soon he realizes that there is no such escape, and without second-guessing, he joins the protest, and he fights to be seen and heard by a society that chooses to look the other way. Also, at the end of the series, Roscoe decides to go back to his family home and fight for a working relationship with his parents. Earlier in that episode, Roscoe sees his father blessing one of the patients in the AIDS ward of the hospital. His father talks to him about the hypocrisy he saw when he went to Nigeria where people with AIDS were left to

die because the hatred of the people against those who engage in sex with people of the same gender was more important than trying to save their lives or comforting them.

Admitting his mistakes, also an act of agency, his father asks for Roscoe's forgiveness.

Roscoe's visit to his father's house towards the end of the series suggests that he chose to forgive him and give him a chance to address the mistakes of the past.

Another character who has been an active agent with regard to his own HIV/AIDS suffering is Ritchie. Whether audiences agree with Ritchie's decisions and actions or not, it is certain that he is never passive when it comes to his life. At the early stages of the outbreak of HIV/AIDS, when fear of the unknown was spreading among members of the queer community, Ritchie resisted giving up the freedoms he had fought for in light of an unknown disease that was looming over everyone's life. Then, again, following his AIDS diagnosis, he started looking for medication, nostrums and other home remedies to ensure he can continue working as an actor and chase his dreams. We see him participating in TV productions and theatrical plays, a sign of someone who does not give in but fights as much as they can. A few scenes later, when Ritchie is at the hospital because of a new lung cancer that has developed, he decides to disregard his doctor's advice not to undergo chemotherapy. 'I am not gonna not have treatment, am I?', he asks Jill and his doctor, despite the fact that they had just explained to him that the chemotherapy might complicate his condition. Later in the episode, we see Ritchie at his parents' house talking to his mother about his imminent death. 'What do people know?', he asks his mother.

Do they know what's wrong with me? [...] I don't wanna be a secret. [...] Boys die in

London, and they say it's cancer or pneumonia, and they don't say what it really is. [...]

They just lie and I don't want that. [...] Do you know why? I had so much fun. I had all

those boys. I had hundreds of them. [...] I can remember every single one of them. Some boy's hair or his lips, the way he laughed at a joke, his bedroom, the stairs, his photographs, his face as he cums. [...] Some of them are bastards, but they were all great.

That's what people will forget, that it was so much fun.

Ritchie stands unapologetic to the way he chose to live his life. He does not consider HIV/AIDS to be a consequence of a series of what others thought to be reckless choices. He owns his choices, and he decides to own his HIV/AIDS and upcoming death by asking his mother not to lie about his disease. This is something that was also discussed in *Pose* when Pray Tell tells Costas that he is afraid that there will be a new generation of people who will not know how fun life was before AIDS (Bollas 2022). Ritchie's stance reminds audiences that remembering is a choice, and no matter how difficult or painful it might be, it is the only way for people not to let their suffering win.

The one character who does not experience HIV/AIDS suffering directly, as she does not have HIV or AIDS but understands the significance of the virus for her friends and does everything she can to help them, is Jill. The fictional character of Jill is inspired by Jill Nalder who, while studying in London, 'noticed young men were leaving and not coming back' (Lawthorn 2021, n.pag.). In the series, Jill is the first one to start gathering as much information about the new virus as she can. She understands that in order for her to protect her friends, she has to comprehend the virus, its effects and its possible routes of transmission. In each episode, we see Jill helping her friends and the queer community by providing emotional, material and physical support to those in need.

As early as in Episode 2, when none of her friends are infected by the virus, she joins a group of activists and volunteers who form a helpline. Perhaps one of the most powerful scenes of the entire series is the scene where Ritchie's mother meets Jill to tell

her about Ritchie's death. When Ritchie's parents found out about his condition, they took him from the London hospital to their home on the Isle of Wight. The mother, noticeably jealous of Jill for having spent time with Ritchie, and for knowing him better than her, keeps Ritchie isolated and does not allow his friends to visit him. Jill and Roscoe decide to go to the Isle of Wight, rent a room near Ritchie's house and wait until his mother invites them in. After a couple of weeks, Ritchie's mother gives Jill a call and asks to meet her by the sea. Jill goes believing that they are going to visit Ritchie, only to find out that Ritchie died the day before.

This is your fault, Mrs Tozer. All of this is your fault. [...] right from the start, 'cause I don't know what happened to you to make that house so loveless. But that's why Ritchie grew up so ashamed of himself. [...] And then he killed people. [...] He was ashamed, and he kept on being ashamed. He kept the shame going by having sex with men and infecting them and then running away. 'Cause that's what shame does, Valerie. It makes him think he deserves it. The wards are full of men who think they deserve it. They are dying, and a little bit of them think, 'yes, this is right. I brought this to myself. It's my fault because the sex that I love is killing me.' I mean it's astonishing. The perfect virus came along to prove you right. So that's what happened in your house. He died because of you. They all die because of you.

Confronting Ritchie's mother, Jill provides audiences with an empowering moment where she verbalizes the premise of the series, which is to highlight the significance of the sociocultural context for the spread of the virus. At no moment in the series are we under the impression that gay men's life is accused for spreading the virus; this is not a series that points fingers at gay men. Such accusations have been commonplace during the first four decades of the virus (Kagan 2018), and Davies presents us with a character who responds to such claims. Jill does not only help those who need support; she stands

up for those who cannot do so themselves. Her courage and commitment can prompt audiences not only to reflect on societal responses to HIV/AIDS suffering but also to be empowered and address instances of injustice, misinformation and stigmatization. In her last scene, we follow her back at the hospital where she visits an AIDS patient whom she does not know personally, but she knows that he is there alone with no friends or family. Personifying sympathy, empathy and compassion, Jill's character can encourage audiences to take an active role themselves in becoming agents of help for the suffering of others.

## Conclusion

*It's a Sin* broke new records in terms of numbers of viewers with more than 6.5 million having streamed it in the first month of its release, and it was praised by many both on social media and on news reports (Storey 2021). It has now become a platform for people educating audiences about HIV/AIDS and encouraging them to get tested for STIs (2021). Cashman (2021) also notes that the series has already become a platform for other problems relating to sexuality, such as transphobia and trans-related stigma, to be addressed. At the time of writing, a few months after the official release of the series, it is too early to determine the overall significance and/or impact of the series. However, with regard to the representation of HIV/AIDS suffering in the series, it is clear that it differs from previous representations, in that *It's a Sin* highlights life before the virus, presenting it to be fun, carefree and innocent. It also portrays the initial years of the global epidemic in a manner that does not point fingers at individuals, nor does it employ a moralistic stance promoting heteronormative and homonormative ideologies. Davies documents the loss of innocence that came along with the virus, but if there is anything that he teaches



his audience is to own their dreams and desires, to fight for them, not to be quick in judging others or situations but to step back and consider who contributes to the suffering of others. In Strudwick's words, Davies makes us think 'whose is the real sin?' (2021, n.pag.).

## References

- Bollas, A. (2022), 'Viral representations in Pose (2018–2021)', *Journal of Popular Film and Television*, 50:3, pp. 112–29.
- Cashman, M. (2021), 'Loss and anger raged in me after watching It's a Sin: The stigma we faced in the 1980s is now being directed at trans people', *The Independent*, 1 February, [bit.ly/3q2M09q](https://www.independent.co.uk/news/health/its-a-sin-trans-people-stigma-2021-02-01). Accessed 7 February 2021.
- Chouliaraki, L. (2006), *The Spectatorship of Suffering*, London: Sage.
- Curzon (2018), 'A legacy of activism: The ACT UP London archives', Curzon Blog, 18 April, [bit.ly/2YLPI52](https://www.curzon.com/blog/a-legacy-of-activism-the-act-up-london-archives). Accessed 5 February 2021.
- Davies, R. T. (2021), 'Russell T Davies: "I looked away for years. Finally, I have put aids at the centre of a drama"', *The Guardian*, 3 January, <https://www.theguardian.com/tv-and-radio/2021/jan/03/russell-t-davies-i-looked-away-for-years-finally-i-have-put-aids-at-the-centre-of-a-drama>. Accessed 3 February 2021.
- Fitzsimons, T. (2019), 'Group says Wyoming lawmaker compared homosexuality to bestiality, pedophilia', NBC News, 12 February, <https://www.nbcnews.com/feature/nbc-out/wyoming-lawmaker-allegedly-compared-homosexuality-bestiality-pedophilia-n970711>. Accessed 4 February 2021.

Kagan, D. (2018), *Positive Images: Gay Men and HIV/AIDS in the Culture of 'Post-Crisis'*, London: I. B. Tauris.

Kelleher, P. (2020), 'Horribly homophobic pamphlets comparing "evil" homosexuality to incest and bestiality dropped into UK homes', *Pink News*, 31 July, <https://www.pinknews.co.uk/2020/07/31/northern-ireland-pamphlet-gay-evil-mid-ulster-christian-helpline-incest-bestiality-homophobia/>. Accessed 4 February 2021.

Lawthom, J. (2021), 'It's a Sin: The woman who inspired Russel T Davies' aids drama', BBC News, 5 February, <https://bbc.com/news/uk-wales-55937944>. Accessed 7 February 2021.

Miller, A. (2022), 'It's a Sin's record-breaking success proves the hunger for LGBTQI+ dramas has been wrongfully neglected', *Metro*, 20 March, <https://metro.co.uk/2022/03/30/its-a-sins-record-breaking-success-proves-the-hunger-for-lgbtq-dramas-has-been-wrongfully-neglected-16370676/>. Accessed 29 December 2022.

Praderio, C. (2018), 'This one photo shows exactly what made Princess Diana a royal icon', *Insider*, 28 August, <https://www.insider.com/photo-princess-diana-shaking-hand-aids-patient-1987-2017-8>. Accessed 5 February 2021.

Roche, J. (2021), 'It's a Sin is beautiful, but it neglects the women who also died of AIDS', *iNews*, 29 January, <https://www.inews.co.uk/opinion/its-a-sin-is-beautiful-but-it-neglects-the-women-who-also-died-of-aids-848579>. Accessed 1 February 2021.

Storey, K. (2021), 'It's a Sin star Olly Alexander raises awareness of HIV by highlighting importance of STI testing', *Metro*, 2 February, [bit.ly/3jrOvzA](https://www.metro.co.uk/entertainment/2021/02/02/its-a-sin-olly-alexander-hiv-awareness-sti-testing/). Accessed 7 February 2021.

Strudwick, P. (2021), 'The unique catharsis of "It's a Sin"', *VICE*, 1 February, <https://www.vice.com/en/article/v7mq8x/its-a-sin-aids-tv-drama-review>. Accessed 7 February 2021.

Terrence Higgins Trust (2018), 'HIV statistics', 29 November, <https://www.tht.org.uk/hiv-and-sexual-health/about-hiv/hiv-statistics>. Accessed 5 February 2021.

Wade, E. (2020), 'The beast with two backs: Bestiality, sex between me, and Byzantine theology in the Paenitentiale Theodori', *Journal of Medieval Worlds*, 2:1&2, pp. 11–26.

Wise, T. (2021), 'It's a Sin: "If Covid was an STD it would be hidden too"', *The Guardian*, 9 January, <https://www.theguardian.com/tv-and-radio/2021/jan/09/its-a-sin-its-not-about-death-its-about-vibrant-beautiful-lives>. Accessed 5 February 2021.

## Television Programmes

*Pose* (2018–21, USA: FX).

*It's a Sin* (2001, UK: Channel 4).

(Episode 1; 22 January 2021).

(Episode 2; 29 January 2021).

(Episode 3; 5 February 2021).

(Episode 5; 19 February 2021).

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## Notes

1. In line with the Denver Principles, it is important to note that the use of the words suffering and sufferers in this article refers only to cultural productions that present HIV/AIDS and people living with HIV/AIDS (PLWHA) within discourses and contexts of suffering. The aim of the article is to examine whether contemporary representations of HIV/AIDS and PLWHA provide alternative, positive and de-stigmatized, representations of HIV/AIDS and PLWHA.

2. Here, savage is used in the same manner as in Chouliaraki (2006: 80) to describe the way in which Others are often viewed as by members of the mainstream, dominant culture.

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