

Frames of Isolation: A Reading Through HIV/AIDS Documentaries

Aneetta ALEXANDER
Sharon J.*

Abstract

The question is: how can a documentary create social impact on its audience and, in turn, on society? Film critics and social scientists have considered this question since the inception of documentary filmmaking. Moreover, in the context of disseminating knowledge about infectious diseases, particularly during the HIV/AIDS epidemic, documentaries played a significant role in educating the public about the disease. Following the epidemic, documentaries were used to understand the disease and to witness the lives of people living with the virus. This article further extends the discourse of documentary studies by critically analysing two specific HIV/AIDS documentaries, 5B (2018) and Desert Migration (2015). This analysis provides insight into how the frames of the moving image capture the isolated spaces occupied by people with HIV/AIDS. For this study, Edward Branigan's concept of frames is adopted to explore the essence of isolation. This is achieved by examining frames captured by the filmmakers through the camera lens, with a focus on the immediate surroundings of the person being interviewed. The article terms these frames "Frames of Isolation," as the images reflect the spatial and emotional isolation associated with the virus.

Keywords: documentary text, theory of frame, HIV/AIDS, isolation, medical imagery

Introduction

The power of documentary to represent social life in its reality makes it different from any other filmmaking process. During filmmaking, the camera engages with real-life audio and visuals, representing others and articulating arguments by rendering the subjects portrayed in the film. To bring these elements into the work, the documentary filmmaker makes conscious arrangements of selected images to convey the message and create the "social reality" on screen (Nichols 2001: 1). In the case of story depiction, a prominent question is asked: "Whose story is told?" followed by "How is it done?" Addressing these questions makes the process of documentary filmmaking a unique one. Reflecting on documentaries, Bill Nichols offers a definition open to debate and discussion, stating, "Documentary film speaks about situations and events involving real people (social actors) who present themselves within a framework. This frame conveys a plausible perspective on the lives, situations, and events produced" (2017: 10). Furthermore, the sequencing of

* Department of English and Cultural Studies, Christ University, Bengaluru, India.
aneetta.alexander@res.christuniversity.in

frames through logical arrangements to tell a story provides distinctive meaning to the world the film portrays. Moreover, frames can become both allegory and narrative. What is captured within the frame reflects the filmmaker's conscious decision to represent the subject.

Therefore, in film criticism, critics seek to understand the patterns of frames and why they are employed to convey particular meanings in the context of the subject's emotions.

In the wake of a mysterious illness that was claiming many lives, documentaries emerged as a medium to dispel conspiracies about the viral infection. Their purpose was to shed light on the grief-stricken lives of people living with AIDS. Documentaries portraying the disease became archived accounts of truth in a world that denied acceptance to people with the virus. They served as a means of revisiting the struggles experienced during the epidemic. Documentaries have served as catalysts in the realm of moving pictures, educating audiences about the social and political issues of their time. HIV documentaries helped explain the realities of the disease and the measures needed to prevent its wider spread. They also drew government attention to the need for action against the atrocities faced by people living with the virus. These recordings serve as poignant anecdotes and testimonies of the lives of frontline health workers, caregivers, and activists who fought against injustices faced by those infected. Documentaries have also paved the way for changes in policy and legislative measures. At the same time, the threat of contagion and disease reinforced the practice of isolation, a measure introduced to segregate the sick from the healthy, further influencing the narratives of these documentaries. Isolation is understood as a phenomenon in which human beings are confined to spaces due to conditions that require voluntary or involuntary confinement without physical movement (Gilmartin et al. 2013: 55). In healthcare, physical isolation is practised to prevent the spread of viruses or infectious diseases (Gammon 2001: 13). Isolation goes beyond medical confinement; it is a social phenomenon that exists in society for various reasons, such as social segregation and migration. In the context of infectious diseases, isolation becomes a social phenomenon following an epidemic. In the context of HIV, people living with the virus were targeted as the virus existed in the body, and there was a constant need for medication. They were socially isolated from places, voluntarily or involuntarily. Those who survived death after the epidemic were later socially segregated from mainstream society, curbing their mobility to different locations. The isolation implemented during a public health crisis continues throughout the lives of people living with HIV. Hence, through this understanding of the concept of isolation, this article continues the discussion of how this theme of isolation is captured through the frames in documentaries.

This article explores how HIV/AIDS documentaries portray the experience of isolation for people living with HIV, focusing on how images and moving pictures within a frame convey the mental state of the subjects from the past to the present and the emotional reality of the AIDS crisis. This is achieved by constructing a concept termed “frames of isolation.” The study examines the recurring visual elements in two documentaries, *5B* (2018) and *Desert Migration* (2015). The selected filmography helps understand how the filmmakers capture the frame beyond the subjects’ direct testimonies and real-life visuals. The analysis shows that the camera emphasises the theme of isolation in the documentaries by focusing away from the subjects toward the surroundings, such as abandoned hospital rooms and their immediate environment, to provide a more subjective sense of isolation endured by people living with HIV/AIDS. By identifying and analysing these frames of isolation, the article theorises how framing in a moving picture conveys the subjects’ emotions and provides social commentary on the AIDS crisis. Through a critical assessment of Edward Branigan’s concept of frame, this study offers a subjective understanding of the social and personal impact of the disease, showing how the visual framing of the image conveys the phenomenon of isolation.

The filmography

The most prominent documentaries created on HIV/AIDS in the 21st century include *Factor 8: The Arkansas Prison Blood Scandal* (2005), *Sex Positive* (2008), *House of Numbers: Anatomy of an Epidemic* (2009), *The Lazarus Effect* (2010), *30 Years from Here* (2011), *How to Survive a Plague* (2012), *Fire in the Blood* (2013), *After 82: The Untold Story of the AIDS Crisis in the UK* (2019), and *God Has AIDS* (2021). Apart from these, this article focuses on two selected HIV documentaries. The first is *5B*, which was initially released in 2018 and later screened at the 2019 Cannes Film Festival. The other, titled *Desert Migration*, was released in 2015 by The HIV Story Project. These two documentaries were selected based on the criteria of narrative style, specifically the participatory mode of narration employed by recording testimonials from subjects impacted by the virus. The testimonials are accompanied by the camera focusing on the spaces of existence within the narrative. This distinctive way of capturing the spaces of people who existed and continue to live is similar in both documentaries.

The other criterion was the need to understand the disease from the perspectives of healthcare workers and survivors, based on their real-life experiences during the epidemic. The American documentary *5B*, directed by Dan Krauss and Paul Haggis, is critically analysed to examine this scenario. It focuses on the efforts of nurses and caregivers who worked diligently to help HIV patients in Ward 5 B at San Francisco General Hospital during the 1980s.

Their healthcare practices were notable for their uniqueness. Being with patients without masks and physically touching them, even when the mode of transmission of the virus was unclear to medical science, was a revolutionary approach. The emotional toll of the disease on the workers and the effect these memories had on them throughout their medical careers is depicted through testimonials. The documentary, along with these testimonials, revisits past visuals to highlight the workers' efforts in revolutionising healthcare practices.

While *5B* records HIV from the hospital perspective, *Desert Migration* is narrated from the perspective of survivors who, after many decades, choose to live away from the cities. They gather as a community openly identifying as gay people living with HIV. This community in Palm Springs, as depicted in the documentary, has lived with the virus for many years. They continue to manage the virus alongside the challenges of old age. Their wrinkled bodies are contrasted with the arid desert landscape. The desert conveys the experience of living apart and finding identity, offering solitude and improved living conditions. The self-isolation depicted in the documentary can be interpreted as an exploration of the disease's impact on the lives of those infected. Daniel F. Cardone directed the documentary using the landscape and the spaces occupied by the survivors to examine the intersection of HIV and ageing bodies and to understand the long-term effects of the disease. Through the lens of Palm Springs, the documentary offers a unique perspective on what it means to live with the virus.

Methodology: the frame

A frame is the smallest unit of a moving picture that captures a single image of the subject at a given moment. The film world is created by combining individual frames in sequence to produce continuous motion. In cinematic language, a frame, through various techniques, can conceal or suggest intended meanings. This aspect is elaborated in Edward Branigan's *Projecting a Camera*, in the chapter "How Frame Lines (and Film Theory) Figure," which discusses the ambiguity imposed by language and the meanings generated by the concept of the frame in film theory. Branigan presents fifteen different radical meanings in the context of film studies. A "real edge" is an image that forms a composite border composed of multiple edge frames (Branigan 2005: 103). It is an illusory border created for the viewer as a visual feature. Branigan coins it as a *subjective contour*. The term frame is also used to refer to the complete background of the image as a *gestalt form*. The *shape* of an object within the image is considered a frame, similar to a frame line. An image's *composition* that includes a shot's components, such as "figures, forms, colours, lighting, angle, perspective, focus, movement, and subspaces," is a frame (Branigan 2005: 104). A frame can also be the dimensional *totality* of the area and the *physicality* engraved in an image. Branigan continues his discussion on

the frame as the *rationale* for the gaze or the *view* of the image. Frames in moving pictures become *rhetorical figures*, describing the entire film within a *narrative structure* that unfolds into a story. It provides the *psychic state* of the film. Branigan draws on the work of Daniel Dennett and Sergei Eisenstein to propose fifteen different meanings that a frame can generate in the filmmaking process. Employing this methodological approach to analyse the selected HIV/AIDS documentaries provides a framework for understanding the meaning conveyed by the frame in a moving picture.

Frame of hospital wards as spaces of isolation

A ward on the fifth floor of the General Hospital in San Francisco was designated as 5 B. It revisits the memories of caregivers, nurses, and doctors to examine the need for the isolation ward in the hospital, especially in the wake of an epidemic, and the psychological effects of a newly emerging virus associated with an unspoken disease. The scene opens by returning to the ward that once served as an isolation unit for people infected with the virus. The 5B ward was established at the hospital in the early 1980s, when people began falling ill. During the initial stages of the disease, medical scientists were unsure of its mode of transmission. This ward was introduced to care for and isolate patients from the rest of the hospital. The documentary revisits the memories of those who spent their days in uncertainty, with the camera accompanying these recollections as it moves through the empty ward in the present.

The documentary opens with an initial shot of an empty hospital ward, where a man walks through the bustling hospital and enters an abandoned ward, looking around the space. There is complete silence, devoid of any noise. This physical framing of the empty ward establishes the film's spatial and narrative context. The silence and dim lighting capture the ward's physicality, creating a shaded atmosphere. The frame sequence starkly contrasts the lively hospital surroundings, and this auditory contrast sets the tone of abandonment. The contrasting auditory elements and the abandoned ward frame the viewer's psychic state of isolation. From this analysis, sound becomes the frame through which the theme of isolation is conveyed (Branigan 2005: 110). The empty ward in the present embodies this isolation through its contrast with the rest of the hospital.

The camera further frames the hospital beds and the equipment left unused and clustered in the room. Within the analysis of this shot sequence, the radical meaning of a frame can be established, as stated by Branigan. The frame, rather than an image, functions as a composition for the psychological interpretation of the spectator in understanding the experience of people in the ward. Subsequently, the frame shifts from the silent rooms to a focused shot of numerous IV poles (Cardone 2018: 1:05). The IV poles are clustered together in

the corner of the room, near a window that allows light to pass through the curtains (Figure 1). The image of the objects against the background curtains creates a distinctive frame, suggesting that many patients once occupied the ward. The cluster of IV poles further implies that the space was once a lively place filled with patients. The detailed shot of the IV poles serves as a trope of medical imagery, symbolising sickness. The clustered position of the IV poles at the corner of the room is a shot that deframes the absence of the once-existing ward (Branigan 2005: 143). The deframing technique that Branigan describes provides information about something absent. Here, the frame of IV poles reveals emotions related to the struggle that healthcare workers and patients endured concerning the disease.



Figure 1 IV Poles

The camera moves through the ward, accompanied by piano music, showcasing the empty rooms and the motionless wheels of a hospital bed. Beside the wheel lies an unattended pulse oximeter (Figure 2). The camera sequence in the documentary then moves to a frame of abandoned hospital beds, introducing the viewer to the ward and the documentary by presenting the title *5 B*. The frame focuses on the inanimate objects in the room to establish the general setting of the space before introducing the narrative arc of the past experiences that took place there. Moreover, this “frame is the view” reflects the speakers’ consciousness in the documentary (Branigan 2025: 108). Through the frame of abandonment, the camera guides the spectator’s thought process into the ward that once served as an isolation space for people with the virus. The abandoned room sets the tone for the trope of isolation that overshadows the lives of people living with the virus in Ward 5 B. Further, the images that the frame captures through focus are also medical imagery that familiarises the objects and situations in a hospital. Thus, the frame unfolds the events the film intends to revisit, providing a context for interpretation, as Branigan states, a frame of “*world knowledge*” (2005: 113).



Figure 2: The wheel and the oximeter

The documentary then takes to the streets of San Francisco during the 1980s, representing homosexuals and their activism, when society was wide open to new beginnings. The outbreak of the epidemic among gay men, termed a new cancer, is conveyed through old and new reports of the time. The stories are narrated from multiple perspectives. They bring back memories of people who worked in the ward, recalling their experiences of joining the ward for a purpose and the fear of the mysterious disease.

The documentary revisits the past through archival audio-visual material. The article "How Has Documentary Represented the Past?" suggests the possibility of narrating past moments through real-life recordings in a documentary (Nichols and Baron 2024: 114). The past moments are meaningfully portrayed as a bottom-up frame, serving as a real edge to the time of the epidemic (Branigan 2005: 103). The meaning attributed to the moving frame from the past changes with the current circumstances in which the film is presented: "Such traces are always with us and always reshaping and reframing the past in relation to an evolving present" (Nichols and Baron 2024: 114). The visual images from the past are revived in the documentary along with the participatory mode of testimonials from the healthcare workers. Subsequently, these visual frames from the past are narrated alongside present visuals from the abandoned ward.

The healthcare workers in the documentary are seen caring for the patients admitted with a rare disease. The frame shifts from one patient to another lying on the bed, "one after the other in pain or struggling for breath with an array of immune deficiency" (Cardone 2018: 12:05–12:08). The moving picture traces a series of incidents that led to the introduction of the ward and the healthcare workers' initiative to be part of the lives of HIV patients. The forefront narratives describe the hostility faced by the ward in admitting patients, fearing the risk of transmission. Amid the development of these narratives, the frame captures an abandoned hospital ward. This shift in frame emphasises the theme of isolation along with memories. While the ward in the past was filled with patients cared for by doctors, the image of the abandoned ward in the present metaphorically signifies the isolation experienced by both AIDS patients and the healthcare workers who treated them.

Therefore, the abandoned ward in the present becomes a frame of isolation. This frame of isolation is an unconscious attempt to shape the conscious spectator's view of the unseen, felt reality (Branigan 2005: 119). Additionally, the frame of isolation evokes memory. Employed as a rhetorical device in the narrative, the frame of isolation reflects the speaker's latent emotions (Branigan 2005: 88). Further, the camera zooms in and out of the equipment in the room used by the patients to convey the theme of isolation. The isolation frame is interspersed with the speakers' memories—the healthcare workers who spent their days in the hospital. Subsequently, when

Mary Magee narrates the incident of her accidental prick with a needle, the camera, through a moving shot, travels through the hospital room, focusing on the dropper used for the patient's IV fluid. Magee herself was infected with the virus while handling the dropper. This highlights the close-up of the IV fluid dropper (Figure 3). The IV dropper depicted in the frame functions as an immediate causal element (Branigan 2005: 29). This is an example of rhetorical framing that metaphorically signifies the dedication of the healthcare workers. The frame presents the equipment not merely as clinical apparatus but as a symbol of their effort to save the lives of those affected by HIV. Thus, the bottom-up framing of the apparatus, guided by the emotional context of Magee's narration, constructs a narrative of isolation with metaphorical significance.



Figure 3 IV dropper

Further, the frame of isolation is used when a shift in time is introduced in the narrative. The frame serves as a narrative structure to depict different time periods and the struggle with the disease, which took a toll on the lives of all those affected by it. The hospital ward functioned as a bubble that protected people infected with the virus from the discourse of the outside world while they were cared for by the healthcare workers. When the narrative recounts the deaths of patients in the ward, the camera moves from the abandoned hospital beds of the past to the present. The beds are visited by the moving camera, which tracks forward toward a room with a bed now empty of patients. The shot framed in the present emphasises the void created by those who died from the virus. The frame then moves from the bed in the room to a close-up shot of the bed's guard rails, with the camera tracking forward to the rails as the narrative continues in the background (Cardone 2018: 1: 10: 52– 1:11:13). Here, the bed that was once used to care for patients is employed as a rhetorical frame that interprets the situation of loss. Moreover, the frame of isolation here is a narrative attempt to recall the past through the present, functioning as a non-subjective flashback. The abandoned hospital frame is a top-down cognitive frame of narration that connects the past trauma of isolation to the present reality of living with the virus (Branigan 2005: 107).

The frame of isolation created in the documentary serves as more than a rhetorical device or narrative structure; It conveys the socially constructed meanings associated with HIV. Moreover, the frame evokes a structure that suggests isolation or an enclosed space through a container schema that

generates a sense of psychological boundaries (Branigan 2005: 121). Additionally, it is a form of medical imagery that conveys the stories of healthcare workers, activists, and infected patients during the 1980s and '90s. Past memories are revived through testimonials, and the visuals are aligned with the present through these frames of isolation. Medical equipment, such as IV poles, droppers, and beds, is a metaphorical device that stands as a testament to those earlier days. For instance, speaking about the way society viewed HIV-infected persons, people during the 1980s raised their voices with slogans such as, "Burn the bed they died on" (Cardone 2018: 1:20:11). The bed acts as a symbolic reference to the discrimination they faced, while the frame in the present focuses on the bed through a close-up shot, serving as a reminder of the past and of the pain endured by HIV/AIDS patients in the wake of the epidemic.

The documentary, through the recorded tribulations and voices of the survivors, circles back to the initial ward where the nurse had walked, with the man walking out of the ward symbolically – mirroring both the beginning and the end – to conclude the narrative. The repeated framing of the ward functions as a "narrative framework," marking the boundary of the story (Branigan 2005: 110). Thus, the ending provides a sense of enclosure to the intense emotions that the space evokes. The ward, once isolated from the rest of the hospital, was shut down in 2003, after which HIV-infected patients began to be admitted along with others for treatment.

The frame of isolation provides context for what lies beyond the screen. Analysing the frame from the perspective of radical meanings in film theory, the frame of isolation in *5B* is a narrative construct that organises both experience and theme. Thus, the frame underscores the isolation that HIV patients and healthcare workers were forced to endure. This is reemphasised through the camera's forward and backward movements in a scene set in the ward, as it explores different corners of the abandoned space with these tracking shots. At one point, it focuses on the grills outside the room, depicting the psychic state of being enclosed within a confined space. The kinetic depth of the shot underlines the spatial reality of the abandoned ward and the enclosing nature of isolation (Branigan 2005: 9). Edward Branigan, discussing the grammar of film, addresses the intentionality behind a frame and how radical meanings can emerge from it (2005: 116). This frame of isolation brings the past into the present as a long-term memory, enabling comprehension of the speakers' emotions.

Frame of Palm Springs as a space of isolation

The previous documentary took the camera into a hospital ward to depict the theme of isolation during the height of the HIV epidemic. This section examines the lives of survivors who voluntarily migrated to Palm Springs,

forming a unique community. Although these individuals escaped death through long-term antiretroviral (ART) treatment, their bodies were left damaged, and discrimination against people living with the virus persisted for years. They created new living conditions and a community exclusively for people like themselves. The documentary, metaphorically titled *Desert Migration*, reflects the transition in the lives of these survivors. Through the film, they testify to their experiences and decision to live apart from the mainstream community.

The camera introduces the community through the daily morning routines of its residents, placing the frame inside their rooms and into the broader landscape of Palm Springs. The spatial framing of the interiors and the surrounding desert seeks to integrate the present environment with the lived reality of bodies carrying the virus. The serene landscape is quiet, accompanied by the sound of music. The wind accompanies the silence in the lives of the residents. The frame captures this silence through the sprinklers on the walkway and the breeze in the house's corridors. The acoustic framing of quietness, wind, music, and sprinkler, where each sound can be heard, portrays the "qualities of the locale" (Branigan 2005: 117). The speakers recount their life stories in a participatory mode, as the camera captures their present lives alongside their past narratives, providing the spectator with the speakers' backgrounds and interests. For instance, the camera focuses on objects such as diapers and pill boxes throughout the narrative to depict the body's ongoing need for medication and health aids. It can be argued that the rooms function as a container schema set against the surrounding landscape, framing the experience of isolation (Branigan 2005: 106).

As the narrative progresses, to frame the shift of time in the plot structure, the morning transitions to the next part of the day, the afternoon. The transition is implied through a frame showing the sun approaching the middle of the sky. The narrative accompanies this transitional frame with the voices of survivors, who recount the moment of diagnosis that changed their lives. It can be observed that the landscape of Palm Springs is used as an element to support the narrative plot structure. Similarly, the natural transition of the day aligns with the exposition and leads toward the climax of the story. The temporal environmental framing provides a rationale and context for the conversation that follows.

The stories convey the uncertainty of the lives they once lived—a life surrounded by death—as Ted describes: "We grew up in a time when we weren't surrounded by death, when death was kept from us almost. Now I've seen so much of it that it's all right. Well, it's not all right, but you learn to deal with it" (Krauss and Haggis 2015: 12:15–12:20). They have moved through a transition to a life where they cope with the disease. The camera captures the speakers' bodies in close-up shots of their faces, introducing them as they have

entered old age. The framing situates their perspectives, while the tone of ambiguity and the unanchored camera work focus on the psychological and embodied perceptions of the speakers, offering an awareness of unseen realities (Branigan 2005: 114).

This article focuses on the frame of isolation, which in this documentary is not a hospital ward but rather the desert landscape of Palm Springs. The survivors of the disease have chosen to segregate themselves in an isolated place. This aspect of migration in the film can be compared to Paul Rabinow's concept of biosociality, where people who share the same biological condition attempt to create shared social conditions through networking (2008: 188). The idea originates from biological conditions generated by genetics. In the documentary, people who found commonality by identifying with HIV form a community. The migration of these HIV-positive gay men to Palm Springs can also be considered a form of biosociality. Those who relocated to this desert could identify themselves as HIV-positive gay men and share their stories. As Keith testifies in the documentary, "This is a place where the dry air felt good on your bones and your muscles. And, honey, I just did not have any muscles left, and I have some pretty brittle bones" (Krauss and Haggis 2015: 20:55–21:00). The space occupied far away from mainstream society provided new hope and a life where they did not have to worry about their positive status, as Doc claims: "We set ourselves up as a distinct and defined community because we have been marginalized, and people have been prejudiced against us" (Krauss and Haggis 2015: 22:22–22:34). Thus, the landscape is captured by the camera poignantly along with the narration, highlighting the significance of the desert's silence. The frame is placed through a perished windowsill, moving the camera toward the vast arid land with palm trees standing still in a row (Figure 4). The frame of the windowsill serves as an "implicit rationale" that suggests the isolated, aged bodies of the speakers (Branigan 2005: 106). The camera is positioned within the frame so that the scenic object – the palms stretching across the land – becomes the overall point of view, evoking a metaphorical sense of isolation.



Figure 4 Palm Springs

This scene conveys the theme of isolation, reflecting the general psychic state of the narrators living in the Palm Springs desert. The narrators, who recount their experiences, are placed within the same frame to indicate the impact of the disease on their lives. From the perspective of frame theory, the

documentary employs a top-down approach by depicting a desolate landscape to reveal the unseen realities of segregation and discrimination (Branigan 2005: 118). At the same time, it illustrates how the desert has shaped their experience of life. Furthermore, by framing the desert, the documentary highlights the significance of individuality, as represented by the arid landscape, in the lives of people who experienced stigma and marginalisation.

As discussed earlier, the documentary records the lives of the subjects over the span of a single day. As the day progresses from morning to night, the camera maintains a fixed frame, capturing the passage of time into the evening and night. The transition of the day serves as a visual metaphor for the ageing of the narrators' bodies, highlighting the challenges of living with HIV in old age. As Edward Branigan describes, the frame functions as an indefinite boundary, and the landscape of Palm Springs conveys multiple meanings of isolation, reflecting both the disease's impact and the body's transformation with age. The desert, serving as the backdrop for the narration, provides the community with a sense of solitude from others. Thus, the Palm Springs desert functions as a frame of isolation.

Through the discussion on the frame of isolation, it becomes clear that a film frame can convey both radical and ambiguous meanings. In this context, a single positioning of the frame, such as a hospital ward or a desert landscape, carries the thematic significance of isolation. From the analysis of the two documentaries, frames can be read as a medical allegory that conveys the impact of the disease on an individual. Isolation is one of the most significant consequences of infectious illnesses, as involuntary confinement is often necessary to prevent the spread of the virus. However, this medically required isolation produces a cultural meaning of impurity and stigma that patients are forced to carry throughout their lives. The frames of isolation in both documentaries reflect the loneliness and social disregard that people with HIV/AIDS endured during the epidemic and continue to face afterwards. By capturing these lived realities, the recurring use of isolation frames functions as both a medical and social trope for understanding the profound human experience of the disease.

The analysis of isolation within the context of HIV/AIDS is not new. However, understanding this concept through the framing techniques used by the directors in these documentaries offers a valuable way to infer the experience of solitude in the lives of people living with HIV. Therefore, in response to the question posed in the abstract: Do documentaries impact society? The answer is yes. Cinematic techniques such as framing play a significant role in creating this impact.

Conclusions

The article argues that the framing technique in a moving picture can signify the social experiences of a community. From a documentary filmmaking perspective, this study contributes to understanding the radical meaning of a frame in projecting cognitive and emotional states, such as the sense of isolation experienced by people living with HIV. The camera captures the impact of the disease by positioning the edges of the frame within the abandoned hospital rooms of San Francisco, where many AIDS patients once died, and within the vast desert landscape of Palm Springs, where a surviving community has built new lives. Through these HIV/AIDS documentaries, those who died are metaphorically brought back to life by being given a frame of representation. The testimonies are accompanied by frames of isolation, which are analysed in the documentaries to reveal the disease from a different perspective. These frames capture the emotions of the narrators and the people in their stories, transforming personal accounts into visual memory. The frames of isolation illuminate past events by depicting reality, while also generating meanings that extend beyond mere pictorial representation. In this way, the frames function as a rhetorical device, providing a narrative structure to the plot.

Furthermore, Edward Branigan's fifteen radical meanings of frame lines offer a critical framework for understanding how a single frame can create layered meanings within film theory. In these documentaries, the frames operate on multiple levels, extending their significance beyond the immediate visual context to the construction of cultural memory related to HIV/AIDS. Through this analysis, the frame of isolation becomes an artistic medium that preserves the collective memory of the AIDS crisis.

References

- Altman, Lawrence. (1981). "Rare Cancer Seen in 41 Homosexuals." *New York Times*, Section A, 20.
<https://www.nytimes.com/1981/07/03/us/rare-cancer-seen-in-41-homosexuals.html>.
- Branigan, Edward. 2006. *Projecting a Camera: Language-Games in Film Theory*. 1st ed. New York: Routledge.
- Dennett, Daniel C. (1991). "Real Patterns." *The Journal of Philosophy* 88, no. 1: 27-51.
- Castle M. Elizabeth Ajemian. (1987). *Hospital Infection Control: Principles and Practice Disciplines*, 2nd ed, Wiley Publication, New York.
- Eisenstein, Sergei. (1949). "The Cinematographic Principle and the Ideogram." 1929. Reprinted in *Film Form: Essays in Film Theory*, edited by Jay Leyda, 29-52. New York: Harcourt Brace.
- Gammon, J. (2001). "The Psychological Consequences of Source Isolation: A Review of the Literature." *Journal of Clinical Nursing* 8, no. 1: 13-21.
<https://doi.org/10.1046/j.1365-2702.1999.00201.x>.

Cultural Intertexts
Year XII Volume 15 (2025)

- Gammon, J., J. Hunt, et al. (2019). "The Stigmatisation of Source Isolation: A Literature Review." *Journal of Research in Nursing* 24, no. 8: 677-693.
<https://doi.org/10.1177/1744987119845031>.
- Gilmartin, Heather M., Patti G. Grota, et al. (2013). "Isolation: A Concept Analysis." *Journal of Clinical Nursing* 22, no. 1-2: 123-131.
<https://doi.org/10.1111/nuf.12001>.
- Low, James. (2011). "History of Health Care: Quarantine and Isolation." *Museum of Healthcare* (Blog). Accessed December 16, 2024.
<https://museumofhealthcare.blog/history-of-health-care-quarantine-and-isolation/>.
- Merriam-Webster. (2011). *Merriam-Webster's Collegiate Dictionary*. 11th ed. Springfield, MA: Merriam-Webster.
- Nichols, Bill, and Jaimie Baron. (2024). "How Has Documentary Represented the Past?" In *Introduction to Documentary*, 4th ed., 114-127. Bloomington, IN: Indiana University Press. <https://doi.org/10.2307/jj.15854243.11>.
- Pasteur Institute. (2023). "40 Years of HIV Discovery: From the First Cases of a Mysterious Disease in the Early 1980s." *Institute Pasteur*, accessed December 16, 2024. <https://www.pasteur.fr/en/research-journal/news/40-years-hiv-discovery-first-cases-mysterious-disease-early-1980s>.
- Rasmussen, John E. (2017). *Man in Isolation and Confinement*. Abingdon, UK: Routledge.

Filmography

- Cardone, Daniel L. (2015). *Desert Migration*. Truly CA. Jul 8, 2017.
<https://www.youtube.com/watch?v=31zgRPeonw8>
- Dan Krauss, Paul Haggis dir. (2018) *.5B*. ACI On the Go. Apr 27, 2024
<https://www.youtube.com/watch?v=2P5yVANuMQc>