The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.
HUNGRY FOR THE OTHER: Representation of HIV/AIDS in the South African Media

by

R Ewan Wallis

WLLROB021
# Table of Contents

Abstract ........................................................................................................................................... 3

Chapter 1: INTRODUCTION ........................................................................................................... 4
  1.1 Introduction .................................................................................................................................. 4
  1.2 Discourse ........................................................................................................................................ 6
  1.3 HIV/AIDS and discourse on illness ............................................................................................... 8
  1.4 The Other ....................................................................................................................................... 8
  1.5 Mandela's announcement ............................................................................................................. 9
  1.6 'True' representation ................................................................................................................... 10
  1.7 The Media ..................................................................................................................................... 11

CHAPTER 2: METHODOLOGY: ........................................................................................................... 14
  2.1 Introduction: identifying a productive archive ........................................................................... 14
  2.2 Selecting the newspapers and articles to analyse ..................................................................... 14
  2.3 Selection of Time Period .......................................................................................................... 15
  2.4 Selecting news items to analyse ............................................................................................... 16
  2.5 Terminologies ............................................................................................................................. 16
  2.6 Problems with this research ..................................................................................................... 16
  2.7 Discourse Analysis .................................................................................................................... 17

CHAPTER 3: STIGMATISATION & THE HIV/AIDS OTHER ................................................................ 19
  3.1 Stigmatisation ............................................................................................................................. 19
  3.2 Goffman's conception of stigmatisation ..................................................................................... 19
  3.3 Jones et al.'s conception of stigmatisation .................................................................................... 21
  3.4 Self Stigmatisation ..................................................................................................................... 24
  3.5 The HIV/AIDS Other and Stereotypes ....................................................................................... 24
  3.6 The importance of metaphor ................................................................................................... 26

Chapter 4: RESULTS & ANALYSIS ................................................................................................. 29
  4.1 Does the media show a hunger for the HIV/AIDS Other? ....................................................... 29
  4.2 PLWHA as passive victims of HIV/AIDS ................................................................................... 30
  4.3 AIDS=DEATH ......................................................................................................................... 33
  4.4 Martial Metaphors ..................................................................................................................... 36
  4.5 Metaphors of plague and destruction ....................................................................................... 40
  4.6 Race ............................................................................................................................................ 44
  4.7 HIV/AIDS Female ..................................................................................................................... 46
  4.8 Use of positive language in the coverage of HIV/AIDS ............................................................ 50

Chapter 5: DISCUSSION .................................................................................................................. 54
  5.1 Discussion .................................................................................................................................... 54
  5.2 CONCLUSIONS ......................................................................................................................... 59
  5.3 Further Research ...................................................................................................................... 60

REFERENCES .................................................................................................................................... 61
Abstract:

Since it was first identified, representations of HIV/AIDS have been rooted in discourses of Otherness. In the context of Africa where the primary mode of transmission is heterosexual intercourse, this Other has been poor, black and female. This investigation set out to identify whether there is a need, or a hunger in the media and society at large to frame HIV/AIDS within the realm of the Other in order to keep the Self safe and distant from the disease. Nelson Mandela’s announcement concerning his son’s death from an AIDS-related illness provided a moment when the realities of the disease and who it can affect could be reassessed and this Self/Other dichotomy challenged. Unfortunately, this did not happen. In my analysis, I found that HIV/AIDS is a disease that continues to be Othered on the basis of race, gender and economics, and that if things are going to change there needs to be a decision made by all those involved in media production to stress that HIV/AIDS is an illness which does not discriminates in the same way as human beings do.
Chapter 1: INTRODUCTION

1.1 Introduction

Nelson Mandela’s announcement that his son had died from an AIDS-related illness was groundbreaking as it challenged the powerful discourses of Otherness that surround the disease. The respect that Mandela engenders in South African society is undeniable. When he speaks, South Africa listens. His announcement gave the media and society an opportunity to reassess the realities of HIV/AIDS. It tackled the idea that HIV/AIDS was a disease of the poor and disenfranchised whilst also potentially challenging the ability of the media to represent HIV/AIDS as an illness of the Other, which in South Africa is black, poor and often female. I believe that there is a hunger in society to create and maintain an HIV/AIDS Other, that this process is clearly reflected in the media and that it, unfortunately, persisted in spite of Mandela’s announcement.

My research is in five chapters: Chapter 1 will set out the key concepts in my research. Chapter 2 will cover the methodology, focusing specifically on discourse analysis as well as provide an understanding of how and why my archive was selected. Chapter 3 covers stigmatisation, the Othering process, specifically in relation to HIV/AIDS, and the role of stereotypes. Chapter 4 will set out the results and lead on to Chapter 5, where I discuss my findings and their implications with regard to the main thesis of my dissertation: that there is a hunger to Other HIV/AIDS.

This research will focus on analysing representations in two weekly newspapers, the Mail & Guardian and the Sunday Independent, of HIV/AIDS and People Living With HIV/AIDS (PLWHA). When faced with the many representations of HIV/AIDS in the South African print media, it quickly becomes evident that it has been framed as a disease of the black, poor and often female. The reasons for this are at once both simple and complex. Simply, in terms of race demographic data on South Africa states it is a country that is 79.9% black (StatsSA, 2001: 4). Therefore, HIV/AIDS would numerically affect more of the largest population group. However, more complex issues are involved when the power relations within society are highlighted. The economic demographics of South Africa are very different to that of race. The 2001 census has 57.5% of black Africans in employment as compared to 95.4% of whites – employment means access to money and thus power. It is clear, therefore, that a white South African has a significantly more access to power than a black South African. Accepting that, then if a group with power is faced with something perilous it would seem a logical step to distance and defend itself from that peril. This led to a need or hunger to frame HIV/AIDS as the disease of the Other. However, this does not adequately explain why HIV/AIDS is framed as female.

1 In South Africa, 65.9% of black African men and 47.6% of black African women are in some kind of employment, as compared to 95.8% of white males and 94.9% of white females (StatsSA, 2001: 58).
Though it is scientifically proven that, biologically, women are more susceptible to contracting HIV (Padian et al., 1997) than men, the statistical prevalence (which is, at best, minimal\(^2\)) is certainly not enough to account for the dominance of female representations of the disease. Thus, more complex issues are in play, and this is where gender based power relations in society are highlighted. Gilman notes that women are the “the universal Other in all systems of sexual representation” (1988: 11) and accepting that, then if a group with power is faced with something perilous it would seem a logical step to distance and defend themselves from that peril. This has led to a need or a hunger to create an HIV/AIDS Other with its roots in colonial conceptions of the world.

‘Hunger’ is an accurate way of describing this tendency because the media and society feed off each other in their framing of HIV/AIDS. Stereotyping is an essential element in this process and is how the media have misled its audience. The problem with stereotypes is that whilst they are an indication of “a set of beliefs about the personal attributes of a group of people” (Ashmore & DelBoca, 1981: 161), these beliefs, in reality, may be ill founded. With regard to HIV/AIDS, media representations have suggested the existence of a healthy, white, male and rich “Self”, unaffected by and isolated from HIV/AIDS through utilising the stereotype of its sick, black, poor, female “Other”.

I begin with the well supported assumption that HIV/AIDS is one of the greatest health challenges the world has known (Jong-Wook, 2003; Annan; 2004; Piot, 2005). While my arguments on the language used to describe HIV/AIDS could be interpreted as denying this reality, it is not my intention to give such an impression. When I go on to note that the media needs to emphasise living with, rather than dying of, HIV/AIDS – a central assumption in my thesis – then it is not to deny the high number of deaths due to AIDS-related illness or the high prevalence in South Africa. Rather, I am questioning whether employing the lethal aspect of HIV/AIDS as the predominant message in the media is either an appropriate or useful strategy (and I suggest it is neither). Additionally, many representations of HIV/AIDS have been based within the paradigm of the “AIDS victim” (also achieved through terms such as “AIDS Sufferer” and “AIDS patient”) whereby a PLWHA is framed as passively accepting their condition. This is an essential tool in reinforcing the HIV/AIDS Other as it strips PLWHA of their agency and keeps HIV/AIDS within the paradigm of innocence and guilt – if someone is a “victim” then they are innocent and yet this also implies that there are “guilty” PLWHA who deserve their condition, something which further contributes to the Othering process. I believe that these kinds of representation need to be consigned to the past and a more positive angle needs to be focused as there is “a generation of people living with AIDS, fit, keen, and able to organise around their condition, to lobby and draw support from sympathetic individuals and institutions” (Phillips, 2004: 41).

However, for reasons that have still to be adequately identified, the infection rate and per capita prevalence in Africa, and especially the sub-Saharan region, exceeds that of any area on the globe. A

---

\(^2\) In StatsSA’s “Mid-year population estimates 2007”, it was estimated that 18.1% of women between 20 and 64 were HIV-positive, and in the same age range, men were 17.7. So the difference is very small.
UNAIDS statement on Mandela's announcement noted "Increasingly all people in this region of the world [Africa] are being affected by the pandemic" (UNAIDS, 2005: Online). Therefore, investigations into this most affected region could provide a useful tool for explaining this phenomenon. The effects of HIV/AIDS relates to many fields of study, including: medicine, politics, psychology, sociology and economics. The impact of HIV/AIDS on these diverse areas of knowledge will not be lessened before certain key issues, such as stigma – and manifestations of the HIV/AIDS Other – are addressed. This is because whilst there is still no cure for the accelerated biological deaths, there may well be for the occurrence of HIV/AIDS-related 'social deaths'.

A vital element of HIV/AIDS is the stigma and discrimination associated with it – or the social response – labelled by Jonathan Mann in 1987 as the 'Third Epidemic'. The negativity of the social response has been very well documented (HSRC, 2005; Brown, et al., 2003; Stadler, 2003; Stein, 2002; Treichler, 1999; Lupton, 1994; Herek and Capitano, 1993; Seidell, 1993; Herek, 1988; Herek & Glunt, 1988) and Mann's comments are (sadly) as relevant now as they were in 1987. He noted that there are, in fact, three epidemics: firstly, an epidemic of HIV infection which enters a community silently and unnoticed. Secondly, the visible symptoms of AIDS when HIV triggers life-threatening infections. Thirdly, an epidemic of stigma and discrimination, blame and collective denial, which makes it so difficult to effectively tackle the first two. Mann noted that "HIV/AIDS related stigma and discrimination are the greatest barriers to responding effectively to the spreading epidemic" (World AIDS Campaign, 2002: Online).

In a certain respects, Mann’s analysis of HIV/AIDS is problematic. In particular, the personification of HIV/AIDS, framing the disease as entering a community ‘silently and unnoticed’ is, in my view, misguided. It attributes life and agency to the virus which an illness cannot possess – it is as if HIV is a thief, looking to ‘steal’ life which, by implication, frames PLWHA as in some way complicit. This contributes to the Othering process. Such personification is illustrative of the misuse of language concerning HIV/AIDS, which is the crux of my analysis. The important point to take from Mann’s comment at this stage is a positive one on his insight into the disease; that the ‘social response’ can be considered as being on equal footing to HIV and AIDS. Thus, stigmatisation is framed as a key issue in understanding the implications of HIV/AIDS.

This ‘third epidemic’ in part manifests itself through the media and so an understanding of the relationship between the media and society is necessary. The stigmatising process of the third epidemic is a negative experience and has led to HIV/AIDS being framed as a socially unacceptable illness. The reasons for this are multifaceted but the key one is that stigma and HIV/AIDS come hand in hand due to the arbitrary moralising judgements which this illness seems to encourage. These judgements occur because HIV/AIDS is often considered to the result of immoral actions (Shefer, 2004). This further contributes to the Othering process because PLWHA come to represent risk. And

---

1 I separate them here in deference to Mann’s definition though I believe that the illness should be called HIV/AIDS.
as Rosete et al. contend, the “extent of [that] risk is always put on the Other and favours a collective understanding of the origin of the threat as geographically, socially, and culturally distinct [from the Self]” (2002:136). This distinction is achieved through utilising particular discourses which Other and stigmatise PLWHA.

1.2 Discourse

An understanding of discourse is essential to my arguments, as the purpose of this research is to investigate how discourse operates to produce the HIV/AIDS Other in media representations. Accepting that the Self/Other dichotomy does exist, then the central question I have posed for myself is how an “Other” is created and maintained by society and the media?

In essence, discourse emerges in the representation of any issue. Foucault, perhaps the seminal theorist on discourse, defines it as “the general domain of all statements, sometimes as an individualisable group of statements, and sometimes as a regulated practice that accounts for a certain number of statements” (1976: 80). These groups of statements can only gain currency in society if they are backed by social and/or economic power. As Conklin argues “[t]he discourses of those in power struggle to master, to dominate and to assimilate all competing discourses.” (1997: 242).

Within this continuing competition for prominence, domination and validity, there is the fact that discourses define how we conceptualise and discuss the world around us. Foucault observes that: “people narrate their lives through available social discourses (ways of understanding the world or bits of it). These discourses are themselves narrated: in personal interactions, in various kinds of media circulated texts, through organisations and politics” (1978: 10). Additionally, there is more to a discourses than just being a set of statements; “a discourse is a systematic, internally consistent body of representations” (Riggins, 1997:2). This consistency can create, substantiate and dispute knowledge. Therefore, discourses can legitimise particular forms of representation, with this process of legitimisation being far from transparent. As Treichler contends: “[a]lthough often covert, the influence of discourse is powerful and pervasive in establishing and legitimising a given representation” (1999:100).

By and large, I assume that the media in South Africa aims to utilise the truth. However, the ‘truth’ can often be a fluid concept as the world is not defined in ‘black’ and ‘white’ terms, but rather of all the greys in between. Therefore, questions arise on how truth is created, substantiated and maintained. The production of truths from discourses is borne out in the ideologies present in society. As Fowler observes: “Anything that is said or written about the world is articulated from a particular ideological position” (1991:10). Through interpreting media texts, I have tried to identify the ideologies that are
reflected in representations of HIV/AIDS to provide an insight into how the media can help or hinder a clear understanding of HIV/AIDS. Fairclough has noted that:

"the ideological work of media language includes particular ways of representing the world ... social identities ... and particular constructions of social relations" (1995b: 12)

Therefore, the media could play an active role in decreasing HIV/AIDS-related stigma through altering the way social identities and social relations relating to HIV/AIDS are constructed.

### 1.3 HIV/AIDS and discourse on illness

It is important to establish one central premise to my research: HIV/AIDS is a biological virus and syndrome that should have no inherent social implications. However, the fact is that this disease has become so imbued with social meaning, that Treichler, taking Mann’s third epidemic a step further, notes that that the “AIDS epidemic is cultural and linguistic as well as biological and biomedical” (1999: 1). Thus the social response resulting from an HIV-positive (or perceived HIV-positive) status is significant. As Robins observes, the “grim reality of AIDS ... [is that it is the] harbinger of social and biological death” (2005: 2). I do not agree with the ‘harbinger of death’ characterisation because it invokes the grim reaper metaphor which I will come to in chapter 3. However, the key point to take from Robins is that HIV/AIDS can cause a social ‘death’ that can far precede the biological one.

Perhaps one of the key reasons for such a social death is that HIV/AIDS is primarily a sexually transmitted disease (STD) and traditionally, social understandings of STDs are based on paradigms of blame and guilt. In the past, moralising about illnesses was possible but as science has advanced the idea of an illness being a punishment has less and less credence, albeit with one notable exception: “it has become almost impossible to moralise about epidemics – except sexually transmitted ones” (Sontag, 1989: 56). One can argue that not only has HIV/AIDS fed into pre-existing negative discourses on STDs, such that they are almost inevitably constructed as an “Other” and/or deviant in some or other respect” (Ratele & Shefer, 2002: 188), but it has also tapped into those discourses that had become redundant when discussing any illness in terms of morality, thus leading to further stigmatisation and Othering.

### 1.4 The Other

It is hard to think of any society in which there is not some constructed Other and the Othering process, if not the concept, has probably been around as long as humans have. My interest lies in the conceptualisation of the Other as it originated in pre-colonial discourses. Colonial travel writing provides a particularly fruitful example of Othering. From at least the 17th Century, the period when global travel became possible for (affluent, white) Europeans, notions of the African Other have
existed and been distributed. The popular travel writings of the time (e.g. Park, 1799; and Du Chaillu 1861), were aimed at the audience 'back home' and represented the white European (generally) male Self who was sophisticated advanced, intelligent, civilised, exploring, pioneering and scientific to be set against the primitive, stupid, promiscuous, barbaric, confined, basic Other⁴. Whilst these simplistic and incorrect dichotomies have largely been consigned to the past, my view is that representations of PLWHA have their roots in this kind of racist discourse and that (sadly) this Other still persists.

There will always be a need to Other, as through defining an Other, we also define ourselves – as Sartre comments: "I need the Other in order to realise fully all the structures of my being" (1956: 303). In particular, there has always been a tendency for representations and understandings of illness, especially when sexually related and/or terminal, to be rooted in ‘Otherness’ (Sontag, 1990). This is why I think there is indeed a ‘hunger’ for the Other, whether related to illness or not. “Each age and society re-creates its ‘Other’” (Said, 2003: 332) and South Africa is living in a time of HIV/AIDS. Therefore, there is a very established discourse on the Other and representations of the HIV/AIDS Other feed into this whilst, simultaneously, drawing strength and validation from it. This illustrates that whilst the HIV/AIDS Other may be a relatively new creation, the process of Othering is certainly not.

1.5 Mandela's announcement

Makgatho Mandela's death and the ensuing publicity it triggered after Nelson Mandela’s announcement, provided the media with an entry point through which to reassess its response to HIV/AIDS. It illustrated to South African society that HIV/AIDS can affect everyone. This is a point that Nelson Mandela made when discussing his son's death:

“We must not hide the cause of death of our respected families because that is the only way we can make people understand that HIV is an ordinary illness. That's why we have called you today to announce that my son has died of AIDS⁵. Let us give publicity to HIV/AIDS and not hide it, because the only way of making it appear to be a normal illness just like TB, like cancer, is always to come out and say somebody has died because of HIV" (2005)⁶

“It is important for us to talk openly about people who have died from AIDS. Fortunately, as you know, I have been saying this for the past three years, before I even suspected that a member of my family was involved in this type of illness. And now that it has come, I have announced that a member of my family has died of AIDS, and I want to give a lead to that. When I suffered from TB in jail, I called my friends the other prisoners, and told them that I went to hospital for an examination, and they found that I had TB, so my friends knew what

⁴ There are multiple examples of this dichotomy in literature and science. For example, an oft ignored section in Darwin’s *Origin of Species* whose very sub-title indicates the racism inside “The Preservation of Favoured Races in the Struggle for Life”. For objective discussions of the self/other colonial divide, see Marie Louise Pratt, 1986 & 1992; Said, 2003

⁵ This word usage is interesting, as one does not die of AIDS, but rather of an AIDS-related illness. The importance of the latter ‘slip’ is that even in a very positive statement on HIV/AIDS, it is still possible for more confusion of the science surrounding of the disease.

⁶ Available Online 08/2/2008: http://english.sohu.com/20050110 n223869967.shtml
I was suffering from. It is better for you to maintain your dignity and integrity, by announcing that I am suffering from this disease” (2005)\(^7\)

Even before the announcement Nelson Mandela was a highly influential advocate for PLWA\(^8\) and a key figure in the public consciousness. So when someone of his stature comes out and states that his son had died of AIDS [sic], there are possible far reaching consequences. He maintained that HIV/AIDS needs to be treated as manageable which is a point of view that many others support (including Densham, 2006; Robins 2005; and Keogh 2004; and Siyam’Kela, 2003) and see as crucial to reducing the effects of the epidemic.

Mandela’s goal here was to challenge the notion that a PLWA should be subjected to stigma and discrimination. As Robins states:

“[it] was an attempt to get South Africa to begin to treat AIDS as an ‘ordinary’ treatable and manageable chronic illness such as TB and cancer. It was also an attempt to assert the scientific reality of HIV/AIDS as the leading cause of death in South Africa” (2005: 7)

The question, then, is whether he succeeded and altered the discourses employed in the representation of HIV/AIDS. If a figurehead like Mandela had to struggle so hard to have an impact, then this demonstrates too clearly the power of the prevailing discourses and pervasiveness of the Othering process. Put bluntly, can the media intervene here and make a difference?

1.6  ‘True’ representation

Representations will necessarily reflect on the person/ institution which created and distributed them. Said notes that: “we must be prepared to accept the fact that a representation is eo ipso implicated, intertwined, embedded, interwoven, with a great many things besides the ‘truth’, which is itself a representation” (2003: 272). So, to get any way near the ‘truth’, a great many factors must be taken into consideration and this illustrates the necessity of the interactions between the media and society in defining truth and how unstable any claim to truth can be. The acceptance of Foucault’s observation that “[t]ruth is a thing of this world” (1980: 131) is fundamental to gaining an understanding of the problems inherent within any concept of ‘truth’. Foucault’s point here is that truth (and thus discourse) is constructed and maintained, rather than being an inalienable fact. This is borne out in representations:

“[The] real issue is whether indeed there can be true representation of anything, or whether any and all representation, because they are representations, are embedded first in

\(^7\) Available Online 08/2/2008: http: www.radionetherlands.nl currentaffairs region africa-saf050107
\(^8\) It is worth noting that when in power, Mandela did not focus on HIV/AIDS. To be sure there were other areas for him to address, but has since admitted this neglect, as Power notes: “[during a speech] Mandela stumbled over his text, told members of the audience he had made a mistake [by not adequately addressing HIV/AIDS] – then joked that at least he was willing to admit it when he’d done so” (2003: 3).
Thus, rather than looking at the represented – the object of a news item – I would look at the representer. This will reveal the fluidity and sometime arbitrariness of truth.

I make no pretence at representing some absolute truth in the ensuing work; that is simply impossible. All representation is embedded within its society and the circumstances in which it is produced. My project is to investigate the nature of the interaction between representation and society, how certain discourses are produced and maintained and whether there is a hunger for Other.

In reality, it would be very difficult and pointless task to refute the claim that there is any one ‘true’ representation of illness, be that HIV/AIDS, influenza, the common cold or some other virus. One could argue that an exception to this would be the microscopic image of an illness, such as the HIV-virus cell but that could only be directly and quickly identified by a very small number of people. Therefore, in investigating the representations of HIV/AIDS, several truths about the understanding of this illness will be revealed. There is no need to look for one ‘true’ representation but rather gain an understanding of those representations that exist and analyse what they mean and reveal about the society where they are distributed and imbibed.

Through a close reading of news items, the impact that language has on our understanding of an issue can be revealed; "language itself is a highly organised and encoded system, which employs many devices to express, indicate, exchange messages and information, represent, and so forth" (Said, 2003: 21). It is these 'devices' that are particularly important to representations in the news media and I will dedicate a significant amount of time identifying and problematising them.

1.7 The Media

The media help frame and organise the world for us, highlighting key events from around the world and at home. As Budd and Ruben argue, the “media are effective both in determining what is talked about now and what is seen as urgent for future consideration” (1988: 42). So the media influence how we understand, conceptualise and prioritise an issue. However, the media, as a human construction, is subject to external influences. As Coast observes, “What appears in print may be influenced by a very wide range of historical, social, political, economic and cultural factors, and the meaning of newspaper content may alter between the producer or as it is understood by the reader (and then translated and re-communicated)” (2001: 2).

The relationship between the media and society is more reciprocal than it seems– as Blumer and Gurevitch observed, there has been an “erosion of the myth of the media’s irresistible powers of persuasion” (1995: 11) – this should not be taken as an indication that the influence of the media is
weakened. As a UNESCO study reported: "[t]he potential impact of newspaper articles cannot be underestimated". For example they "address a wide-ranging readership elite, generally decision-makers, with the result that their influence is considerable, even if their circulation figures remain generally low" (1997: 121). As we will see in Chapter 2, this research focuses on two newspapers that are targeted at the 'elite' which fall squarely within this 'type' identified by UNESCO.

The media contributes to our understanding of an issue through language and image, through the verbal and the visual. Bringing this back to the level of discourse, Lupton argues that "[w]hen newsmakers construct a news story, when they decide how to 'frame' an issue, they make choices from a range of discourses in their attempt to give meaning to a story" (1994: 27). In the context of HIV/AIDS, these discourses have derived from existing ones on illness and more specifically, on sexually transmitted disease and the Other. Newspaper analysis can provide a "study of culture from a distance" (Thomas, 1994: 684) and are an interpretable way through which one can understand commonly held conceptions and prevailing discourses used in the society where they are produced and distributed. The media, as well as bringing certain issues to the attention of its audience, also needs to make sure it is covering issues people want to hear about because the media is, first and foremost, a commercial enterprise. This is supported by Fowler, who argues that:

"news is an industry with its own commercial self-interest. Thus news is a practice: a discourse which, far from neutrally reflecting social reality and empirical facts, intervenes in what Berger and Luckmann call: "the social construction of reality". (I hasten to assure all readers that one can believe that news is a practice without also believing that news is a conspiracy)" (1991: 2)

It is important to understand what Fowler highlights with regard to the notion of news as a conspiracy. In this research, I am not arguing there is a conspiracy in the media. Rather, I am arguing that the dominant discourses favour the representation of an HIV/AIDS Other and how these discourses are created, utilised and maintained (often unwittingly) is a valuable area to study.

For news items on HIV/AIDS to get into a newspaper, as with any other potential story, there has to be enough within that story to make the decision makers consider it worth covering and able to attract and engage the intended audience. Of course, the media is not a public health service but in South Africa HIV/AIDS is a big story and has a variety of social, economic and medical implications across the nation and should, one would think, be a major priority for the media. However, as Lupton has argued, the media agenda is "not explicitly to disseminate health information per se, but to entertain. Hence, they focus upon drama, controversy, human interest, brevity and simplicity in news stories" (1994. 8-9). This means that important news could be overlooked because it is not dramatic enough or because the public/audience is assumed to be largely 'de-sensitised' to it.

This process of "de-sensitisation" is a result of what can be called "compassion fatigue", a term defined by Dean as the "numbness explicitly conceived as a form of self-protective disassociation" (2003:88-89). Arguably, issues relating to this arise because of the sensationalistic way that news is
covered. There is always a need for immediacy and crisis and that generally there is “a couple of weeks of terrifying coverage and [then] the media is on to the next crisis” (Moeller, 1999: 57). The problem is that HIV/AIDS does not often fit into that category, for, as Stein notes: “AIDS is a slow-moving disaster which does not easily meet the standard conventions for breaking news” (2001: 11). The issue is how the news is covered. As Moeller puts it: “Compassion fatigue is not an unavoidable consequence of covering the news. It is, however, an unavoidable consequence of the way in which news is covered” (1999: 2). With regard to HIV/AIDS, this is supported by Treichler who notes that statements of the kind ‘the public is sick of AIDS’ “depend on the tedious us/them dichotomy embedded in AIDS’s social construction” (1999: 139). Investigating this construction and dichotomy is a major focus of my research and I believe that newspaper analysis will provide excellent insight into this.
CHAPTER 2: METHODOLOGY:

2.1 Introduction: identifying a productive archive

“What this must lead us to methodologically is to view representations (or misrepresentations – the distinction is at best a matter of degree) as inhabiting a common field of play defined for them, not by some inherent common subject matter alone, but by some common history, tradition, universe of discourse. Within this field, which no single scholar can create but which each scholar receives and in which he then finds a place for himself, the individual researcher makes his contribution” (Said, 2003: 272-273)

Taking my lead from Said, this chapter will illustrate how I intend to make my contribution through identifying whether there is a hunger in the media to Other HIV/AIDS. For my research, I chose to analyse the selected newspapers because they lend themselves well to a discourse analysis by providing an easily identifiable and tangible archive. As such, newspapers provide a window through which one can analyse how the world is represented. Fowler argues that “[b]etween human beings and the world they experience, there exist systems of signs which are the product of society. Signs acquire meaning through being structured intercodes, the principal code being language” (1991: 3) and it is this code which I am looking to crack in order to understand the discourses surrounding HIV/AIDS. Combined with this, newspapers are able to cover the widest range of issues and stories because they do not have to fit into as tight a “time slot” like television and radio.

This highlights the importance of how the decision is made about what ends up being in a newspaper, a ‘judgement call’ is one that is made regularly and by numerous people. Bell has noted that a news item can be mediated by the chief reporter, journalist, sub-editor, and editor (1991: 34-35). Also, should the news item involve an individual or a group as a source, then this could also play a significant role between the reality of the story and what ultimately is read in the newspaper.

2.2 Selecting the newspapers and articles to analyse

For my discourse analysis, the research sample needed to be kept as narrow as possible. Without strictly defined parameters for my archive, one could end up “drown[ing] in the data” (Bell, 1991: 3). For these reasons, I limited my research period to six months and my research archive to two weekly newspapers.

Specifically, I have chosen two ‘weeklies’: The Mail & Guardian and the Sunday Independent. These can generally be perceived as specifically targeted at society’s decision makers and power brokers. On their website, the Mail & Guardian notes that its target audience is “professionals, academics, diplomats, lobbyists, [and] non-governmental groups” M&GOnline, 2004: Online⁹). Similarly, the

---

⁹ Available Online (09/02/2008): http://www.mg.co.za/articledirect.aspx?articleid=553&area=mg_flat
Sunday Independent on their website notes its target audience as being “leaders and opinion-makers who are forging an inclusive democratic society” (c2005: online). Evidence for the fact that these two newspapers reach their target audiences can be found in the fact that they continue to exist (and are hence commercially viable) whilst being the two most expensive local newspapers in South Africa. These are therefore two newspapers that people with decision-making capabilities are reading.

Essentially, I needed to identify an archive which provided insight into how HIV/AIDS is represented to, and by implication understood by, this ‘elite’ leadership. I based my methodology on that of Said’s Orientalism and I consider the way in which he undertook his survey an extremely important aspect of his work. He provides an exemplar of how to carry out a qualitative analysis with a large archive:

“Even though it [Orientalism] includes an ample selection of writers, this book is still far from a complete history or general account of Orientalism. Of this failing I am very conscious. The fabric of as thick a discourse as Orientalism has survived and functioned in Western society because of its richness; all I have done is describe parts of that fabric at particular moments, and merely to suggest the existence of a larger whole, detailed, interesting, dotted with fascinating figures, texts, and events” (2003: 24)

His statement clearly illustrates how a discourse analysis can and should be carried out when there is a large archive. The “end goal” of my discourse analysis was not to provide an exhaustive study of each item in that archive, rather I have identified and discussed articles that are part of the fabric that make up the media’s discourse on HIV/AIDS and problematise them in order to answer the question I have posed myself of whether there is a hunger to Other HIV/AIDS

2.3 Selection of Time Period

The originality of my research lies in the time period that I have selected and the sample that I have identified to study. The sample selected is newspaper articles and images in the Mail & Guardian and the Sunday Independent that fall three months either side of the announcement by Nelson Mandela on the 6th of January 2005 that his son had died of an AIDS-related illness. Therefore, for the Mail & Guardian, this is from 8/10/2004-24/3/2005 (released on a Friday) and for the Sunday Independent from 10/10/2004-3/4/2005. I arrived at this particular time period because of the potential importance of Makgatho Mandela’s death and decided that a six-month period would provide me with enough articles. I avoided analysing non-weekly supplements as both newspapers would not have them.

10 Available Online (09/02/2008): http://www.sundayindependent.co.za index.php/?SectionId=2586
2.4 Selecting news items to analyse

Firstly, I identified newspaper articles in which the terms HIV or AIDS occurred. This could be separately, as in the ‘AIDS epidemic’, or in where they were used together, such as ‘HIV and AIDS’ or ‘HIV/AIDS’. However, as noted, I did not carry out a discourse analysis on all of the articles. Rather, I identified instances where a particular kind of discourse occurred (you will find these in tables 1-10 in chapter 4) and then discussed illustrative examples from these articles which provided insight on the prevalent HIV/AIDS discourses in the South Africa media.

2.5 Terminologies

In terms of the HIV/AIDS related terminology, I shall be using to describe someone with HIV/AIDS, ‘People/Person Living With HIV/AIDS’ (PLWHA). It is the term preferred by HIV/AIDS stakeholders and interest groups (Cullinan, 2001: Online). However, there are also the terms: People/Person Living With AIDS and People/Person Living With HIV. Both of these are relatively ‘positive’ terms but I have chosen PLWHA as it reinforces the link between “HIV” and “AIDS”, a potentially useful tool in subverting “AIDS dissidents’. The latter are a group with some support in South Africa (and worldwide), and who make supposedly scientific challenges disputing the proven link between HIV and AIDS. There are other terminologies used to describe a PLWHA such as the AIDS victim, AIDS sufferer and AIDS patient, all of which are considered negative terms due to the passiveness that they imply, as discussed in Chapter 1.

The importance of carefully selecting terminologies is highlighted by Gysae and Øverland who contend that “The appropriate use of language is extremely important in good reporting. Words often carry value judgements, and negative terminology can reinforce existing stereotypes.” (2002: 11)

2.6 Problems with this research

One issue that must be addressed is that of where my research originates, personally and culturally. A significant concern in HIV/AIDS-related discourse in an African context is that PLWHA are often not able to speak for themselves, of being spoken for. This is not to say that they are incapable of speaking for themselves, far from it, The Treatment Action Campaign (TAC) are an excellent example

11 This is a significant issue in South Africa given President Mbeki and his health minister, Manto Tshabalala-Msimang (amongst others) questioning this scientifically supported link. As Robins correctly observes, “the ideas of the President and AIDS dissidents have fallen on the fertile ground of widespread popular scepticism and distrust of science and the multi-billion dollar drug industry” (Robins, 2005: 9).
of that. However, as discourse is generally produced by the powerful, PLWHA are often unable individually and, barring successful large campaigns, collectively to make their position clear. In a South African context, that is largely because they are often from groups that are already socio-economically weak. In addition, the fact that PLWHA are stigmatised because of their illness, which may negate any power that a person may have held before their condition was known. There are, of course, exceptions to this, which is why Nelson Mandela’s statement regarding his son was so ground-breaking. However, it is not normally the case that a person infected or affected by HIV/AIDS and open about their condition is in a position of power.

Clearly, my opinions on HIV/AIDS discourse, stigmatisation and the HIV/AIDS Other, reflect one take on the representations of HIV/AIDS in the South African media. However, I come from the position of the powerful as a white male working within the world of academia at an institution, UCT, historically associated with white South Africa. However, I do not want to speak for PLWHA, rather I am conducting an analysis of how they are represented. I will make observations on how PLWHA could and perhaps should be represented, but that is my attempt to problematise negative representations. It is not a claim to representing some unequivocal truth.

2.7 Discourse Analysis

As noted, the primary method of analysis that I am applying is that of a discourse (and thus qualitative) analysis. I am concerned with what lies behind the articles, that is to say, the meanings they produce and the discourses they feed on, maintain, create or contest. This keeps the news items in context and the discourse employed by them can be identified and unpacked. As Jensen states “it [discourse analysis] avoids the condensation and de-contextualisation of meaning which is implicit in … most quantitative versions of coding” (2002: 248).

The relationship between the media and society is a crucial one with regard to HIV/AIDS-related “Othering” and stigmatisation. By problematising and unpacking representations of HIV/AIDS through a discourse analysis, a great deal can be understood about how the illness is framed within the public consciousness and whether there is indeed a desire, or hunger, to Other HIV/AIDS. Karim argues that discourse analysis is the multidisciplinary study of the “intricate relationships between text, talk, social

---

12 An example of where the media has taken an advocacy role was during the Treatment Action Campaign’s (TAC) successful battle to force the government to role out free ARVs. This successfully subverted the master discourse of PLWHA as passive victims. The TAC, a powerful social movement, played a vital role in persuading the South African government to provide free ARVs to all of its citizens that need it. The TAC’s volunteers, of which there are many are “are young African women, many of them HIV-positive” (Robins, 2005: 5). However, the mass action in which they took part forced the South African government to make what I believe was the responsible decision12, and this mass action was very well covered in the media and also emphasised the active positive life that a PLWHA can have and should be entitled too, thus challenging the general passive stereotype.
cognition, power, society, and culture" (1997: 153), which is why it forms the central tenet of my methodology.

As noted, I have adopted a method taken from Edward Said’s Orientalism. Said argued that the “things to look at [in a discourse analysis] are style, figures of speech, setting, narrative devices, historical and social circumstances, not the correctness of representation nor its fidelity to some great original” (2003: 21). This indicates how Said’s work can apply to my own; it is not the search for a single truth that is important, but rather how truths (which are themselves representations) are established and maintained through discourse.

For my research, I intend in part to combine discourse and one aspect of Schröder’s linguistic analysis, lexical processing. I will do this through identifying and problematising the “lexical processes” utilised in HIV/AIDS representation. Lexical processes “arise from the particular vocabulary, including metaphors, which a media text mobilises concerning a given area of experience” (Schröder, 2002: 105). Therefore, for my analysis, an investigation into the lexical processes utilised in newspaper representations of HIV/AIDS was necessary and I spend a significant amount of time in Chapter 3 focusing on metaphors used when representing the disease and how these play on our fears, thus reinforcing notions of the HIV/AIDS Other.

This is not to underplay another medium through which discourse is represented, images, and that is why investigating the visual forms an element of my research. Clearly, media discourses can also be manifested through the photographs, cartoons and other images that newspapers use. Pearce (1999) correctly observes that one image can be interpreted in many different ways and Rose has supplied an excellent answer to why this is. She contends that images “intersect with the social context of its viewing and the visualities its spectators bring to their viewing” (2001: 15). Therefore, in a similar way to our interpretations of the written word, our viewing of any image is mediated by the veils of contextuality. What this means is that how we view an image in a newspaper article (and anywhere else) can be affected by a multitude of factors: accompanying writing; the society in which an image is produced (because each society has its own stereotypes and taboos) and our own background. These will have an impact on how we interpret an image and hence on what discourse it feeds into. This is another reason why I need to carry out a discourse, as opposed to a solely linguistic, analysis. To develop a complete “picture” of how HIV/AIDS is represented in the media.

---

13 Schröder has contended that in carrying out linguistic analysis, seven categories of linguistic construction can be identified. These are: lexical processes, transitivity, syntactic transformations, modality, speech acts and turn-taking, implicature, address and personal reference (2001: 105-106). It is the lexical processes that I am interested in.
CHAPTER 3: STIGMATISATION & THE HIV/AIDS OTHER

3.1 Stigmatisation

The ill are often subjected to stigmatisation because illness has its antithesis, health. The norm aspired to by society, which forms a key component in the stigmatisation of illness and especially life-threatening illnesses such as HIV/AIDS and cancer, is that of being healthy. As Alice argues, “Anxieties about AIDS are always ultimately focused upon the body and our attitudes to other’s bodies” (1992: 1). If health is perceived as right and good, then illness (or being unhealthy) is the opposite: wrong and bad. A case in point relates to weight: an obese (or very thin) person may be interpreted as having violated the social attitude, belief and value that one should be slim and healthy, and they are therefore subjected to stigmatisation as “bodies which are not subjected to self-preservationist regimes of exercise (fat bodies), visually unhealthy bodies, and unfashionable bodies are subject to negative interpretations under the standards set by consumer culture” (Varas-Díaz & Toro-Alfonso, 2003: Online).14

The process of stigmatisation is a social one – this is my primary assumption. In terms of my research I am interested in HIV/AIDS-related stigma but first it is necessary to gain an understanding of stigmatisation on a more general level. This is both in terms of what is involved in the concept at an abstract level and on how it operates as a social process. I shall use two studies to form the framework of my understanding of stigma and stigmatisation: namely the work of Goffman (1963) and Jones et al. (1984). These studies provide an interesting entry point into notions surrounding the processes of stigmatisation and, in particular, the social processes that are included within it.

3.2 Goffman’s conception of stigmatisation

Goffman’s (1963) work is perhaps considered the seminal research in the field of stigmatisation with his book Stigma: Notes on the Management of Spoiled Identity and it was therefore a natural starting point for my research and analysis. Goffman argued that stigma “is really a special kind of relationship between attribute and stereotype” (1963: 4), with an attribute being a visible characteristic or personality trait. Goffman contends that stigma and stigmatisation are processes of categorisation whereby a person either does not fulfill something expected of them in terms of appearance or the social. The individual (or group) is thus stigmatised because they have “an attribute that is deeply discrediting” (1963: 13). To explain the process of ‘discrediting an individual’, Goffman contends that

14 Another “violation” by some PLWHA relates to one potential side effect of ARVs, lipodystrophy: the unusual distribution of fat around the body. This also goes against what a ‘normal’ and ‘healthy’ body should look like. By violating these norms of appearance, whether that is by perceived irresponsible actions or not, an individual is already liable to some form of stigmatisation.
“it should be seen that a language of relationships, not attributes, is really needed” (1963: 13).
Therefore, whether an attribute is stigmatising or not is dependent on the situation, society or culture that a person is in and hence on the stereotypes, and more broadly, discourses that the person is subject to.

A PLWHA, and the discourses that surround him or her can be seen, for various reasons, to be affected by all of three different causes for stigma proposed by Goffman: abominations of the body, blemishes of individual character; and, finally, ‘tribe’ stigma of race, nation and religion (1963: 14).

Firstly, in terms of the stigma related to “abominations of the body”, the effect of HIV/AIDS is clear. AIDS-related illnesses are closely associated with a gaunt, “sick” appearance brought upon by common visible symptoms which could have causes beyond HIV/AIDS but are automatically assumed to be the result of the person being HIV-positive (especially in areas where the HIV/AIDS is prevalent, such as South Africa). Secondly, in terms of a blemish on an individual’s character, once more the implications of HIV/AIDS are quite clear. HIV/AIDS has been frequently shown to be associated with perceived sexual impropriety as well as what is deemed ‘irresponsible’, immoral or perverse behaviour – such as sexual promiscuity, homosexuality and intravenous drug takers (UNODC, 2005; Shefer, 2004; Lorentzen and Morris, 2003; Chapman, 2002; Lupton, 1994). Thus a PLWHA is stigmatised because assumptions about their behaviour are made in a similar way to how the HIV/AIDS has been constructed around the behavioural stereotyping. Finally, there is ‘tribal’ stigma. This is important with regard to HIV/AIDS because PLWHA can be interpreted as representing a tribe15. Thus, a PLWHA may not necessarily have an “abomination of the body” or have taken part in any behaviour that could be perceived as a blemish on their character but he or she is yet considered as part of this group, or this tribe, of PLWHA.

All of these can be interpreted by an observer purely from a physical ‘blemish’. The problem is that during the asymptomatic stages of HIV/AIDS it is a “hidden” disease. It is an illness that can not only be hidden from Others but also from the person that has contracted the virus. Even after a potential exposure, there is a ‘window period’, of up to three months16 before one can be certain whether you are HIV-positive or not. This relates to what Goffman calls passing when he states that “traditionally, the question of passing has raised the issue of the ‘visibility’ of a particular stigma” (1963: 48). However, whilst HIV/AIDS itself is invisible to the naked eye, the effects of it are highly visible: high death rates, population studies, statistical analysis, media reports, and the high number of children that have been orphaned as a result of AIDS-related illnesses17 are just some of ways that it can be indirectly identified as existing. My contention is that apparently non-stigmatising attributes are forced, in a manner, to ‘compensate’ for those that are passing: namely the attributes of being black, poor.

15 This is not so much in the colonial, and rather arbitrary definition of ‘tribe’, but rather in the sense that a tribe represents a group of people that are homogenised on the basis of one or several attributes

16 For example see Lindback et al. 2000

17 UNICEF statistics show that of the 2.5 millions orphans in South Africa, 1.2 million (so 48%) have been orphaned as a result of AIDS-related illnesses (UNICEF, 2005: Online)
and female and thus this now stigmatised group is framed as the ‘abomination’ that is the HIV/AIDS Other to the visibly healthy (white) Self. So a person can be stigmatised not because they are HIV-positive, nor because they have a symptom of an illness associated with AIDS, but just because they have a shared racial, economic and gender attributes with the HIV/AIDS Other.

3.3 Jones et al.’s conception of stigmatisation

Combining Goffman’s theories with those of Jones et al. (1984) can provide a more complete understanding of the complex social processes that Goffman described. In particular, Jones et al. provide insight into the stigmatising process as related directly to illness. Jones et al. (1984) postulated six dimensions that highlight the importance of social process in the comprehension of stigma: concealability (or, indeed, visibility); course (of the stigmatising condition); disruptiveness; aesthetic qualities; origin; and peril.

The ‘Concealability’ dimension refers to how possible it is to hide, or conceal, a stigmatising attribute and this relates back to Goffman’s “abominations of the body” attributes. Jones et al argue correctly that concealability is “a critically important dimension of stigma” (1984: 29). Herek, discussing HIV/AIDS, contended that the “[m]ore concealable conditions permit their holder to avoid stigma with greater ease” (1990: 2), and by doing this, the individual is avoiding becoming a focal point for stigmatising behaviour.

The “ability” to conceal can be largely affected by what stage of an illness a person is at, and so one comes to the dimension of Course. Course can refer to someone who is suffering from a progressive illness and is defined by the stage at which they are perceived to be at; bluntly, how close to death they are perceived by others to be. Jones et al. (1984) identify two different kinds of visible stigmas, what I shall term the transient and the enduring and these relate closely to the course of a stigmatising condition. Transient stigma is a ‘bodily blemish’ such as acne – or a sore as a result of an treatable AIDS-related illness – “spontaneously become less stigmatising and sometimes actually disappear over a period of time” (1984: 36). This can be set ‘enduring’ stigmas for which “the passage of time does not greatly alter them [or their condition]” (Jones et al., 1984: 36). This is an interesting one for HIV/AIDS because AIDS-related illnesses can trigger transient and enduring stigmas and HIV/AIDS itself is an enduring stigma in that once one is HIV-positive it cannot be cured and thus triggers stigma – even though, as Densham argues: “HIV has been converted [because of advances in medical treatment] from a terminal diagnosis to a manageable chronic disease” (2006: 641)

---

18 Specifically, any stigmatisation from society, the individual could still be affected by ‘self stigma’, a concept that I shall come to later.

19 Of course, cancer does not necessarily lead to death, but rather cancer is generally interpreted as leading to death. As Sontag notes, “Disease equals death” (1978: 81). Therefore, when someone has cancer, ‘society’ at large will judge him or her with the latter in mind.
If a person does have a visible mark or some other stigmatising attribute, then this could greatly affect their ability to carry out their lives and therefore this attribute becomes disruptive. ‘Disruptiveness’ is perhaps the most elusive of Jones et al’s (1984) elements of stigma because the disruptiveness of a stigma is so heavily reliant on all the other aspects that their research identified. What I take from this dimension relates back to Goffman, who notes two responses that can be employed by stigmatised individuals that can lead to disruptive behaviour, what he calls ‘cowering’ and ‘bravado’.

Cowering is where feelings of low self-esteem, low self-worth and fear are made clearly visible. Goffman uses the example of an unemployed man – “I cast down my eyes because I feel myself wholly inferior” and a “crippled” [sic] girl – “For a while these encounters [with ‘jeering children’] in the street filled me with a cold dread of all unknown children” (1963: 17). The other response is ‘bravado’, or as Goffman puts it “hostile bravado” (1963: 17), whereby offers of assistance can be turned down aggressively, looks misinterpreted as being of pity and thus reacted to and so forth. Essentially, Goffman’s “hostile bravado” is a result of a person with stigmatising attributes internalising that stigma and then projecting stigmatising opinions onto people that they meet and interact with.

Returning to Jones et al, the next dimension of stigma is defined as ‘aesthetic qualities’. It is when someone is judged as ugly (or violates a social norm of appearance) that he or she could be subjected to stigmatisation. Jones et al. argue that the aesthetic quality of a person is “an important dimension” (1984: 50), and is perhaps most easily explained in terms recognising the importance of aesthetics in everyday life. Immanuel Kant contended “[t]hat which is purely subjective in the representation of an Object, i.e. what constitutes its reference to the Subject, not to the object, is its aesthetic quality” (1911: 29). Essentially, aesthetic qualities are imposed upon a person/painting/building etc. by the person viewing it. Therefore, any mark/condition that ‘invites’ stigma does not do so inherently and thus the onus in this dimension is on the representer (the media) of HIV/AIDS not the represented (the PLWHA).

The dimension of ‘Origin’ is a relatively self-explanatory one that is inextricably linked to blame and moralising. Origin refers a stigmatising attribute’s provenance. Jones et al. note that “it [origin] in turn breaks down into numerous sub dimensions” (1984: 56), for example: inherited or not; speed that the symptomatic nature of the mark/blemish progresses; whether it can be associated with a particular group. Origin is therefore a multifarious, and somewhat nebulous, dimension, due to the many factors that can cause a given stigmatising mark or condition. In relation to HIV/AIDS this is an essential factor in explaining why PLWHA are stigmatised as it can relate back to the already discussed issue of blame. Sontag observes:

---

20 To make this clear, a condition does not inherently ‘invite’ stigma, rather societies norms and belief systems create a system of representation and presentation where particular conditions will invite stigma, obviously there is no ‘agency’ on the part of the illness/blemish.
"Any disease that is treated as a mystery and acutely enough feared will be felt to be morally, if not literally, contagious. Thus, a surprisingly large number of people with cancer find themselves being shunned by relatives and friends and are the object of practices of decontamination by members of their household, as if cancer, like TB, were an infectious disease" (1978: 6)

HIV/AIDS clearly fits within this explanation because it is a disease filled with mystery. It cannot be known how it was contracted without that being disclosed, and due to the myths around the disease, it can be considered highly contagious in nature. Because of this unknown causality (as well as incurability) there appears to be a need to create some form of understanding of HIV/AIDS beyond the medical discourse that has so far proved incapable of fully explaining it. This leaves an opening for the moralising and judgemental discourse that has proved (and, I fear, will continue to prove) such a barrier to effective HIV/AIDS education, diagnosis, and ultimately, prevention. Sontag supports this assertion as she argues that “any important disease whose causality is murky, and for which treatment is ineffectual, tends to be awash with significance” (1978: 59). This becomes even more problematic when this murky causality is mixed with a bleak prognosis. Additionally, with regard to the origin of HIV/AIDS, there is the issue of where the virus itself originated. The prevailing view is that this was Africa, reinforcing the notion that Africans are the reservoir for the disease from which the virus originated and from which all streams come. The fact that this is not unilaterally accepted – Cunningham and Andrews it is a hypothesis “tenuous in the extreme” (1997: 17)²¹ – is not as important to my research as the fact that the assumption it is true allows white South Africa to think of HIV/AIDS as an African (as in black) condition, thus notions of the HIV/AIDS Other are reinforced.

The final dimension identified by Jones et al. is that of ‘Peril’. This is concerned with the danger that is felt by others because of the stigmatised individual: the physical, social and/or emotional risk that is perceived to be posed by a stigmatising or discrediting attribute. In the case of most societies, a PLWHA is a category that represents a high level of peril, hence the occurrence of a social death. Jones et al. argue that peril “focuses on the [perceived] dangers posed [to others, perhaps more accurately, the majority] by stigmatised individuals” (1984: 65). The media, regrettably, has historically chosen to sustain the image of a PLWHA as a perilous danger to society, should not detract from the possibility of subverting this image. This is supported by Lupton, who noted that the “conception of danger [in the Australian media] served to add to the stigmatising of AIDS” (1994: 109). The dimension of peril is central to the myths that have been created around HIV/AIDS²². Having established the social processes involved in the manifestation of stigmatisation, it is now necessary to focus on how people can also stigmatise themselves.

²¹ Harrison-Chirimuuta notes that the reasons for HIV/AIDS being framed in that way “in the scientific literature on AIDS and Africa all the racist themes can be found underpinning arguments for which scientific evidence is contradictory or absent’ (1997: 61). To me, this all rather conspirational, and I would be exceedingly hesitant to agree with Harrison-Chirimuuta on anything because of her AIDS dissident status. However, Harrison-Chirimuuta does make a useful observation that much research could be based on one particular understanding of the world, thus precluding analysing it from another.

²² Myths include: acquiring the virus through sharing cutlery, shaking hands, sharing a bathroom, transmission though a mosquito, that it is a weapon created by white scientists. This is just a selection
3.4 **Self Stigmatisation**

The overwhelming message one is confronted with when investigating stigmatisation is that it is a social process based on discriminating against those that are different to what society terms as “normal”. However, self-stigma is as powerful, if not more so, than the ‘enacted stigma’ of others. The suggestion is that self-stigma (also termed ‘felt’ or ‘perceived’ stigma) does not require actual stigmatisation; an individual only needs the perception of its enactment. A study by Scambler on epilepsy provides further illumination to these different manifestations of stigma:

“Enacted stigma referred to episodes of discrimination against people with epilepsy solely on the grounds of their social and cultural unacceptability ... Felt stigma has two referents. The first is the shame associated with having epilepsy ... and the second and most significant referent is, simply, the fear of encountering enacted stigma” (1989: 56-57).

This is when individuals either stigmatisate themselves or they feel that they are being stigmatised when they may not be and this most certainly applies to HIV/AIDS as well. In a UNAIDS report in Uganda, Counsellors from a Kampala focus group reported that they “had encountered clients who have not been dismissed from their work but who have sort of dismissed themselves due to self-stigma” (2001: 21). Whilst the latter may seem extreme, it illustrates that self-stigmatisation is significantly damaging to a person’s sense of self-worth. Chapman has noted that: “People with HIV can be aware of the virus actually coursing through their veins, and they live with the knowledge that other people are fearful of coming into contact with their blood or bodily fluids” (2002:174). The primary issue here is that external stigmatisation (or perceptions thereof) become internalised, and thus a person stigmatises themselves – or in Goffman’s terms, engages in ‘cowering’ behaviour.

3.5 **The HIV/AIDS Other and Stereotypes**

The reason for spending a significant amount of time on the process of stigmatisation is that it is essential concept in understanding how the HIV/AIDS Other is created and maintained. To understand the processes of Othering, one also needs to appreciate how this interacts with stereotypes. This is because, as Bhabha puts it, stereotypes are fantasies or “a substitute and a shadow” of the Other (1994: 82). The fantasy being that HIV/AIDS does not affect the white Self but does infect the stereotype of the HIV/AIDS Other.

We all have our preconceived ideas of how the world should look and this is both how and why stereotypes are created and used. Ryan et al. observe that stereotyping is “the way people seek to know and understand other peoples within the world at large - by generalising” (1996: 122). The concept of stereotyping is vital to an understanding of the implications of media representations of HIV/AIDS and the effect that these can have on the constructed HIV/AIDS Other.
The problem is that stereotypes, once they are established, are generally assumed to represent some truth but the supposed ‘truth’ represented in the stereotype does not necessarily exist. Riggins recognises this, stating that: “The repetitious nature of stereotypes should not be mistaken for a sign that they are correct depictions of reality. Stereotypes in general, whatever group they are applied to, are repetitious and contradictory” (1997: 9). To understand a stereotype’s role within the context of my research into the Other, one must consider the reasons behind creation of PLWHA stereotype. Therefore, the question that needs to be answered is why black women in South Africa are the stereotype for PLWHA? And this question can be answered in two sections: first why Africans and second, why women. It is arguable that the colonial stereotype of the African man and woman – where the men were represented as “virile, having] huge penises and ... obsessed with despoiling European women” and African women were “assumed to be insatiable mistresses of seduction, which rendered them well suited to the provision of sexual services” (Mama, 1997: 68) – has endured and this has contributed to the stigmatisation of PLWHA. It also brings us back to the fantasy element of the Other. The racist fantasy is the sexually insatiable Other, and this has led to the stereotype of Africans as promiscuous. Thus, a stereotype and an Other can reinforce and maintain each another. This has manifested itself in HIV/AIDS discourses through the creation and proliferation of the idea that Africans are HIV-positive because they are promiscuous, (which is a itself a stereotype and relates back to notions of blame) as well as reinforcing the stereotype of an African PLWHA as highly sexualised and deserving their HIV-positive status.

At its most fundamental, the creation of an “Other” is based on a combination of desire and need and is achieved either through the construction of a new discourse or, as is more likely, through associating a stigmatised group with pre-existing discourses that Other them. It is imperative to establish that the HIV/AIDS Other is an inherently constructed phenomenon that, one could argue, is developed specifically to keep the conception of the Self safe. Essentially, PLWHA are forced into a position where they are interpreted as not only contaminated (and contaminating) but also a living with (or, dying of) an illness filled with imposed and constructed significance. This significance can lead to a PLWHA being blamed for having the disease, with the blame often focusing on the danger that their body represents. As Varas-Diaz and Toro-Alfonso note, the “interpretation of the body with AIDS [is] as an entity that people have to coexist with, but do so under strict measure of containment and desire for its containment and desire for its complete invisibility” (2003: 13). So there is a desire to compartmentalise this disease as something that is invisible and unable to affect the Self, something that is clearly wrong but still leads to and reinforces the concept of an HIV/AIDS Other.

It is worth considering here the use of metaphor in relation to illness and specifically HIV/AIDS. This is because metaphors inform the discourses that we utilise to describe the world and large and are thus central to our understandings of disease. They are also a key tool utilised by the media to translate what is foreign into familiar terms; whilst one may think it difficult to conceptualise of HIV/AIDS as

---

23 Though I am not for a moment suggesting that if someone is promiscuous and becomes HIV-positive, then they deserve their condition.
foreign in South Africa, that is precisely how the Self/Other dichotomy is maintained in relation to HIV/AIDS: by framing it as an illness of the HIV/AIDS Other.

3.6 The importance of metaphor

Metaphors are commonly applied linguistic and visual devices that allow us to think of one thing in terms of another. As Burke puts it, metaphor is "a device for seeing something in terms of something else. It brings out the thisness of a that, or the thatness of a this" (1969: 503). They allow us to see the interconnections that exist between everything that we experience and can be used to clarify our understanding of a given issue in terms familiar to us. Metaphors are therefore widely used in the media, feeding off and into discourses to represent the world to the society. They inform many different levels of our understanding of the world and greatly influence the discourse. As McMillan & Cheney contend, "we rely so heavily on metaphor that we often overlook its powerful and practical role in our discourse" (1996: 1), so their importance cannot be overestimated. The belief that metaphors are central to understanding our conceptual universe is an extremely well supported one (Reisfield & Wilson, 2004; Robins and Mayer, 2000; Lupton, 1994; McMillan & Cheney, 1994; Sontag, 1990; Morgan, 1993; and Johnson, 1987) and exploring their usage is essential to any discourse analysis. In particular, metaphors contribute massively to how we think about and understand illness.

In medical discourse, the metaphor of war is constant and unrelenting. As Arrigo observes, "war-making discourse and militarism inform our understanding of medicine" (1999: 313). While it may be argued that metaphors of war are no different to other metaphors, the use of war metaphors in thinking about illness – specifically HIV/AIDS – has had particular, and often negative, implications. Looking first at war metaphors in relation to illness generally, Sontag observes that:

"military metaphors have more and more come to infuse all aspects of the description of the medical situation. Disease is seen as an invasion of alien organisms, to which the body responds by its own military operations, such as the mobilising of immunological 'defences,' and medicine is 'aggressive,' as in the language of most chemotherapies" (1989: 95).

Combining Sontag's observation with the assertion by Reisfield and Wilson that "metaphors – [specifically] martial metaphors – play a ubiquitous, but largely unrecognised role in medical and lay discourse" (2004: 4024), we can begin to see the pervasive nature of war metaphors surrounding illness and its (mis)use by both media and society.

With relative ease, we can see that war metaphors play a key role in our understanding of HIV/AIDS. We are in a 'fight' against HIV/AIDS or must 'combat' the virus. The virus 'invades' our body and our immune system must try to 'fight back'. Therefore, the illness is the foe and the body, the friend, and the immune system and external treatments (such as AntiRetroVirals (ARVs)), the weapons. Interestingly, if one thinks of HIV/AIDS and ARVs in these terms, then an observation by Weil provides some extremely interesting insight: "[w]eapons [ARVs] are dangerous. They may backfire,
causing injury to the user, and they may also stimulate greater aggression on the part of the enemy" (1996: 5). Additionally, stigmatising links between treatment and patient are created. Reisfield and Wilson have noted that using a war metaphor:

*suggests that winning the war (defeating the cancer) is only a matter of fighting hard enough. Limitations in our weaponry and in our understanding of the enemy thus create inevitable (treatment) failures and losers. Thus, within the context of the martial metaphor, patients fail treatment instead of treatment failing patients* (2004: 4025)

Considering HIV/AIDS in this context, a PLWHA finally does gain some agency in this kind of representation, they are represented as active failures. As there is no cure for HIV/AIDS the idea of a PLWHA not being able to “fight hard” enough is particularly troubling. The vital importance of PLWHA taking their pills at the right time and combining that with good nutrition is recognised medically as essential to an effective treatment therapy. Therefore, the onus can be put on the PLWHAs here as they need to follow a very strict regimen. However, a person could still fall ill with an AIDS-related illness if the virus adapts to the various drug therapies available. So PLWHA does not fail, the treatment does. Again, the disjunctive between the “facts” or “truths” of HIV/AIDS and the metaphor of war that is so central to many people’s conceptual universe is illustrated.

Thinking of HIV/AIDS in terms of war can only help to reinforce the paradigms of innocence and guilt (as they are closely linked to being good or bad, friend or foe) that polarises the world and thus reinforces the Self/Other dichotomy. However, it is not necessarily always the case that PLWHA are framed as the enemy. At best, within this war-like metaphor of HIV/AIDS the alternative representation is where PLWHA are victims, or prisoners, of war. This leads us, once more, to arrive back at the ‘victim paradigm’, where a PLWHA passively accepts their fate up until their ‘captor’ decides it is time for them to die. In short, a metaphor of war will always depict PLWHA as the “Other” - whether victim, enemy or agent of disease.

Another prevalent metaphor that has been used in HIV/AIDS-related discourse is that of the plague. The association of this metaphor with HIV/AIDS has been around as soon as it became clear that it was primarily affecting homosexuals. Because of this initial conceptualisation of HIV/AIDS as a gay disease, social discourse on HIV/AIDS have incorporated a great deal of the imagery and (negative) discourse associated with homosexuality – for example, AIDS (this was before the identification of HIV) initially being called Gay Related Immuno Deficiency Syndrome (GRIDS). Obviously, we have moved on from this categorisation but one can see that that the general societal view of homosexuality went some way in framing HIV/AIDS within metaphors of plague (albeit initially a gay one) and this is one possible reason why the plague metaphor has endured. I say this because homosexuality is often framed by society as a perversion, sin and/or a mental illness (Forrest, 1994;

---

24 Though if nutrition, or lack thereof, is a significant issue, then this becomes a moot point as being able to live healthily is central to managing HIV/AIDS effectively. The problem being that many do not have access to all foods with the correct nutritional values. For example, Manto Tshabalala-Msimang suggests olive oil, a luxury well outside the budgets of the majority of South Africans
Foucault, 1976; Wilton, 1995), and similarly HIV has sometimes been framed as a form of [divine?] judgement on the supposedly sexually irresponsible African. Wallis & Nerlich note that “AIDS as sin was employed to describe cause (divine judgement), attitude to sufferer (sinner), and individual and public policy responses (repentance, abstinence, moral education)” (2005: 2637).

One image that has often come along with conceptions of plague is that of the ‘Grim Reaper’. Arguably, when this kind of imagery is used it has the same metaphorical meaning as that of the plague. The concept of the ‘Grim Reaper’ invokes ‘another world’ and ideas of an omnipotent being passing judgement. The Grim Reaper is used to illustrate that death is looming for people in this ‘time of HIV/AIDS’, as if it were as contagious and prevalent as bubonic plague, or ‘Black Death, in 14th century Europe. Alice supports this as she notes that the “grim reaper’ figure, is thematically connected to rhetoric about the Middle Ages and the scourge of the bubonic plague to which AIDS as the plague’s ‘symbolic return’ is metaphorically compared” (1992: Online).

Therefore, the language and images used to represent HIV/AIDS has distanced (and thus Othered) it away from the white Self with metaphors being a primary tool for this. My research will now focus on how this distancing was achieved over the period identified as providing my archive: three months either side of the announcement that Makgatho Mandela had died from, to use my own words, an AIDS-related illness. Many studies on the representation of PLWHA in South Africa, have found that black (often female) South Africans are those consistently represented as the vectors for HIV/AIDS (among them: Robins, 2005; Hamlyn, 2004; Jack, 2004; Shefer, 2004; Siyam’Kela, 2003) and this has been repeated in my research, exemplifying this (un)reality of HIV/AIDS representations in the media.
4.1 *Does the media show a hunger for the HIV/AIDS Other?*

From six months of coverage on HIV/AIDS, three months either side of announcement that Makagatho Mandela had died of an AIDS-related illness, I found a total of 293 articles that dealt with HIV/AIDS in the *Sunday Independent* and the *Mail & Guardian*. Of these, 120 articles came from the *Sunday Independent* and 173 from the *Mail & Guardian*. Therefore, one can begin by noting that the *Mail & Guardian* had 18% more coverage of HIV/AIDS. From these statistics, there is enough material for me to gain a clear understanding of what discourses are employed in the representation of HIV/AIDS in these two newspapers, thus providing insight into the discourses employed by the power brokers in South Africa.

In terms of how HIV/AIDS was covered, which is where the primary focus of my research lies, I have broken down different problematic aspects of HIV/AIDS coverage into several sections: PLWHA as passive victims, AIDS=Death, Martial Metaphors, Metaphors of plague and destruction, Race, HIV/AIDS as Female, and Use of positive language in the coverage of HIV/AIDS. Barring the “positive language”, I believe that all of the other sections confirm my primary hypothesis that there is a hunger for the Other with regard to HIV/AIDS. To illustrate my results, I will list all the examples of each kind representation that I have identified as key to discourses on HIV/AIDS and then select representative examples on which to elucidate.

I want to begin my analysis by comparing white and black representation of PLWHA in the media. However, there were only two articles (one in each newspaper) that were written by a well-known white PLWHA, HIV/AIDS activist and high court judge, Edwin Cameron. These articles are: “Living in agony, fear and shame: It’s not external stigma that silences the HIV-positive. It is fear, self-loathing or self-blame” (3/04/05: Dispatches, 1325) and “Abstraction from power confers power: Academics and judges exercise power through distance from power and through the honest critique of the exercise of authority” (11/02/05: 30-31). In neither of these is his HIV-status made clear (though I must stress that Cameron is a leading HIV/AIDS campaigner and lives openly with his condition). Clearly, this is a problem for reasons already discussed because it keeps HIV/AIDS as being rooted in Otherness representing it as an illness only affecting black South Africans. And, even if we accept that this is framing HIV/AIDS as white, then as a well know homosexual, the disease is still being kept distant from the Self that I think the media needs to destabilise: white, heterosexual and male. So, taking as given that HIV/AIDS continues to be represented almost solely as a black disease, I will now turn my attention to the problematic “AIDS victim” paradigm.

25 Extract from his book: *Witness to AIDS*
4.2 PLWHA as passive victims of HIV/AIDS

Perhaps the most common conceptualisation of HIV/AIDS, beyond the race and gender stereotypes, is that of the AIDS victim as passive, gaunt, defeated and in need of assistance. It is with this that I shall begin. The use of this "victim" terminology to describe PLWHA has definitely persisted in the articles that I identified. All of these victims were black, framed as poor and often female.

Linguistically, the conception of PLWHA as victims is established and maintained through the terms “AIDS victim”, “AIDS Sufferer” and “AIDS patient” and through associated images that frame a PLWHA as passive and helpless.

Below are three tables in which I have highlighted articles and images that fall into this trap. Interestingly, within the examples of this language are a couple of articles written by PLWHA, most notably by the head of the TAC, Zackie Achmat, and Edwin Cameron. The relevance of this section to my discourse analysis is that it emphasises PLWHA as passively dying of, rather than actively living with, HIV/AIDS – and thus Othered by those in power.

Table 1

Use of AIDS victim in language and image

<table>
<thead>
<tr>
<th>Headline:</th>
<th>Newspaper:</th>
<th>Date:</th>
<th>Page:</th>
<th>Example:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group helps grannies to get up and gogo: These caring women are giving each other a shoulder to lean on</td>
<td>Sunday Independent</td>
<td>10/10/04</td>
<td>Dispatches – 14</td>
<td>Describes Grandparents as the &quot;silent victims of AIDS&quot;</td>
</tr>
<tr>
<td>The flotsam and jetsam of Aids: Almost a million children have been orphaned in Zimbabwe; they are the incidental victims of the virus that is ravaging their society</td>
<td>Sunday Independent</td>
<td>14/11/04</td>
<td>9</td>
<td>In headline</td>
</tr>
<tr>
<td>Why. God. why? And unto us is sent a battered angel: In a decade and a half of reporting violence and strife, nothing has moved this reporter as much as the sad face on one little girl</td>
<td>Sunday Independent</td>
<td>20/3/05</td>
<td>2</td>
<td>&quot;Her eyes lacked any sparkle&quot;; &quot;looked so lost, so vulnerable, so small&quot;; &quot;She is the victim in all this human tragedy&quot;</td>
</tr>
<tr>
<td>State should have a simple obligation: Myriad obstacles to application of children’s rights and speakers’ litany of pain makes for sombre mood at conference</td>
<td>Sunday Independent</td>
<td>27/3/05</td>
<td>5</td>
<td>Image of a “malnourished AIDS orphan who ‘rests while other children play’”</td>
</tr>
<tr>
<td>Congo’s desperate ‘one-dollar UN girls’: Indigent teenagers raped or orphaned by militias sell sex to peacekeepers for milk or a cold drink</td>
<td>Sunday Independent</td>
<td>27/3/05</td>
<td>Dispatches – 15</td>
<td>“considered starting a UN victims” association for young girls left ... in some cases venereal diseases or HIV/AIDS’ and image of “Fourteen-year-old Yvette”, framed as a ‘victim’</td>
</tr>
</tbody>
</table>
Telling tales for AIDS: Nadine Gordimer talks about a remarkable anthology she edited, which will benefit those living with HIV/AIDS

Mail & Guardian 22/10/05 Friday – 3 “All royalties are to go to victims of the disease”

Why condoms aren’t working (letter)

Mail & Guardian 11/2/05 28 Ask us to “look at the facts about condoms. These can only be got from victims of HIV/AIDS”

Bishop spurns AIDS cash

Mail & Guardian 24/3/05 31 “will not accept more than $350 000 of funding to help AIDS victims”

Table 2

Use of “AIDS sufferers” or image

<table>
<thead>
<tr>
<th>Headline:</th>
<th>Newspaper:</th>
<th>Date:</th>
<th>Page:</th>
<th>Example:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nadine Gordimer’s mega-anthology of top writers will benefit AIDS sufferers</td>
<td>Sunday Independent</td>
<td>17/10/04</td>
<td>Dispatches 18</td>
<td>in headline and in article use of “sufferers of the disease”</td>
</tr>
<tr>
<td>Bus accident mars lively Children’s Day gathering</td>
<td>Sunday Independent</td>
<td>7/11/05</td>
<td>1-2</td>
<td>“Children are having to take care of parents suffering from AIDS”</td>
</tr>
<tr>
<td>Kayaker dreams of being able to being hope to AIDS sufferers</td>
<td>Sunday Independent</td>
<td>9/1/05</td>
<td>7</td>
<td>In headline and noted that Kayaker want to help “AIDS sufferers”</td>
</tr>
<tr>
<td>Telling tales for AIDS: Nadine Gordimer talks about a remarkable anthology she edited, which will benefit those living with HIV/AIDS</td>
<td>Mail &amp; Guardian</td>
<td>22/10/04</td>
<td>Friday – 3</td>
<td>“the tragedy and incapacitation, suffering and death by AIDS has taken its toll in our own world of the arts as well as in all other”</td>
</tr>
<tr>
<td>Through the camera lens</td>
<td>Mail &amp; Guardian</td>
<td>24/12/04</td>
<td>36-37</td>
<td>Found in image of a child</td>
</tr>
<tr>
<td>Big hit or big miss? Yesterday is up for an Oscar, but under fire from AIDS activists</td>
<td>Mail &amp; Guardian</td>
<td>28/1/05</td>
<td>5</td>
<td>“it threatens to lock women into an outmoded romance of unwavering sweetness and dogged optimism in the face of suffering”</td>
</tr>
</tbody>
</table>

Table 3

Use of AIDS patients

<table>
<thead>
<tr>
<th>Headline:</th>
<th>Newspaper:</th>
<th>Date:</th>
<th>Page:</th>
<th>Example:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study casts doubt on African potato AIDS remedy continued as: African AIDS remedy doubt</td>
<td>Sunday Independent</td>
<td>30/1/05</td>
<td>1-2</td>
<td>Use of “HIV patients”</td>
</tr>
<tr>
<td>SA professor’s AIDS test turns world upside down: Wits’s Deborah Glencross has moved the reference points in the global fight against HIV</td>
<td>Sunday Independent</td>
<td>13/2/05</td>
<td>8</td>
<td>A new test is described that “radically reduces the cost of monitoring immune levels in AIDS patients”</td>
</tr>
</tbody>
</table>
That a powerful discourse exists in which PLWHA are framed as passive victims is irrefutable and as the above tables show, this has been repeated through victim terminologies throughout my research sample in 18 articles. In the article “Bishop spurns AIDS cash” (Mail & Guardian, 24/03/05: 31) it is written that this Bishop “will not accept more than $350 000 of funding to help AIDS victims”. This article essentially frames the PLWHA as a victim passively accepting death because a Bishop will not accept money from an organisation that had ordained a gay minister. In terms of a discourse analysis, in a qualitative sense, nothing is being added to the story by defining a PLWHA as a victim; it would be a simple step “to help people living with HIV/AIDS”. However, rather than frame the reason for this as being that the PLWHA needs the funds to stay alive, I believe that it should be emphasised that, the money is needed to help a PLWHA partake in a normal, active life i.e. to live with, rather than die of, HIV/AIDS²⁶.

Perhaps the most problematic example of the victim paradigm in my archive was actually not in reference to PLWHA, but to people affected – rather than infected – by it. I have already clearly established how it is not only the PLWHA who are affected by the illness and explained how a by just being poor, female and black can lead to stigmatisation, thus it is as important to see how those affected by the disease are presented as it is to see those infected by it. This is so, given that those who are affected by HIV/AIDS can be subject to the same level of external stigma as PLWHA. In the article “Group helps grannies to get up and gogo: These caring women are giving each other a shoulder to lean on” the argument is put forward that Grandparents are the “silent victims of AIDS”.

This is very problematic language. Undoubtedly, grandparents of ‘AIDS orphans’ have been put under a great deal of added strain by the HIV/AIDS epidemic because they often have become parents for the second time as their children die of or become incapacitated by an AIDS-related illness. However, the use of “silent victims” implies that there are also vociferous, verbose and belligerent ‘victims’. This representation of PLWHA is immensely disparaging to HIV/AIDS stakeholders and interest groups as it could be interpreted as a covert criticism. Indeed, HIV/AIDS stakeholder groups have often had to make a great deal of noise in order to be heard in the media and get onto the agenda. What I mean by this is that it can be seen as a criticism of the vocal “victims” such as advocacy groups like the TAC – something that I think must be strongly refuted. The other (much more obvious) interpretation that

²⁶ Obviously, this is not the only area in which funds should be targeted, and what any funding is used for would be largely dependent on the focus of a given HIV/AIDS interest group. However, the point is that I believe in the focus of living with HIV/AIDS rather than on the dying of it that the victim paradigm promotes.
could be inferred is that by “silent victim” it is meant that grandparents are not getting the support that they deserve because what they do goes largely ignored. In fact, I think that the latter is the more likely meaning, but my point is that an awareness of different interpretations of statements made in the media is necessary because the very fact that silent can be interpreted as implying (overly) vocal “victims” highlights problems inherent in the statement. Then of course there is the problem of using the very word ‘victim’, but I think that I have already covered the problems that from this paradigm, so will not repeat myself here.

Another issue that is highlighted by this article is that the use of ‘silent victim’ is not by the author of the article but rather by one of the ‘experts’ quoted in the article. Thus the issue of quotations arises. In my above discussion on HIV/AIDS, there were some quotations that I utilised which were also problematic. For example, Mann’s explanation of the “Third epidemic” in which the first epidemic was HIV, which entered a community “silently and unnoticed” (World AIDS Campaign, 2002: Online). Mann’s concept of three epidemics, HIV, AIDS and then the stigmatising social response is, I believe, an excellent way to understand the disease. However, his explanation of HIV was problematic as it personified the disease. Similarly, perhaps newspapers and the media at large can address problematic language in HIV/AIDS – by interrogating expert quotes when they feel the need to use them. Also, newspapers could select other quotes or even challenge the expert on the use of such questionable terminology. The latter is particularly pertinent as the expert in the article, Rose Letwaba, is a psychiatric nurse at an Alexandra Children’s clinic. She works regularly with ‘AIDS orphans’, and this gives her a significant degree of authority because she has a greater awareness than most about the issues surrounding HIV/AIDS. However, she still falls into using the AIDS victim paradigm, which illustrates how pervasive this paradigm is. Perhaps, rather than ‘silent victims’, the term ‘marginalised voices’ could be used. There are, of course, multitudes of different phrases, but the term ‘silent victims’ is certainly not a necessary one, and could be simply replaced. An added point is that if she could use less stigmatising and problematic terms, then a ‘trickle down’ process could well be enabled from the medical profession to the general population. This would thus lead to an increase of understanding about HIV/AIDS and an ensuing reduction in the stigmatisation of PLWHA and a decrease in any ‘Self’s’ ability to construct a PLWHA as a ‘contaminated Other’.

4.3 AIDS=DEATH

As I have stressed on numerous occasions, framing HIV/AIDS (though it is generally thought of as just AIDS here) as a death sentence is highly problematic. People fear death and thus want to distance, and hence Other, anything that accelerates their journey to that point. This equating of HIV/AIDS and Death is a common representation, with 18 examples in my research sample, and it is a powerful reason for how a social AIDS-related illness death can precede the biological one. Thus saying, or writing, that someone had “died of AIDS” is not only medically incorrect but it is also leading to many early social deaths for PLWHA.
<table>
<thead>
<tr>
<th>Headline:</th>
<th>Newspaper:</th>
<th>Date:</th>
<th>Page:</th>
<th>Example:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The world needs to start listening to more Africans</td>
<td>Sunday Independent</td>
<td>24/10/04</td>
<td>Dispatches – 15</td>
<td>Notes that an Ethiopian girl’s “mother had died of AIDS”</td>
</tr>
<tr>
<td>Gay identity blooms again in San Francisco: The fear and gay backlash caused by HIV/Aids have subsided and the city is celebrating free sexual expression again</td>
<td>Sunday Independent</td>
<td>17/11/05</td>
<td>12</td>
<td>“Almost 20,000 people have died of AIDS”</td>
</tr>
<tr>
<td>Study: attack on Aids must be two-pronged</td>
<td>Sunday Independent</td>
<td>23/1/05</td>
<td>Dispatches – 9</td>
<td>“Wide access to treatment, combine with strong national prevention programmes, could avert 10 million deaths in sub-Saharan Africa by 2020” and Use of “AIDS deaths”</td>
</tr>
<tr>
<td>Africa’s children left out of HIV treatment breakthrough</td>
<td>Sunday Independent</td>
<td>13/2/05</td>
<td>9</td>
<td>“Children are dying needlessly in the absence of treatment”; Use of “died of AIDS”; “cruel and continuous parade of death”</td>
</tr>
<tr>
<td>Deaths soar as Aids drug rollout falters: Statistics show the government is woefully behind on its Aids treatment targets</td>
<td>Sunday Independent</td>
<td>20/2/05</td>
<td>1</td>
<td>Article about the soaring death rate in South Africa, partly as a result of HIV/AIDS and Ryan Coetzee quoted as saying “The death from AIDS of working-age adults is a real and immediate crisis”</td>
</tr>
<tr>
<td>Aids: this is only the end of the beginning (letter)</td>
<td>Sunday Independent</td>
<td>27/2/05</td>
<td>9</td>
<td>Argues that the “lions share” of deaths is “due to AIDS”</td>
</tr>
<tr>
<td>AIDS will kill 80 million if African leaders don’t act*</td>
<td>Sunday Independent</td>
<td>6/3/05</td>
<td>2</td>
<td>“More than 80 million Africans may die as a result of AIDS by 2025”</td>
</tr>
<tr>
<td>The politics of ambiguity in the time of Aids: Steven Robins examines why there is such distrust and contestation of the available scientific evidence on HIV/AIDS</td>
<td>Sunday Independent</td>
<td>6/3/05</td>
<td>Dispatches – 17</td>
<td>Robins notes “Mandela’s recent statement concerning his son’s death from AIDS”</td>
</tr>
<tr>
<td>Mugabe’s food gamble could backfire on him</td>
<td>Sunday Independent</td>
<td>13/3/05</td>
<td>17</td>
<td>In one image of an adult woman [grandmother Nyawta] being trailed by her five grandchildren [whose mothers] have all “died from AIDS”</td>
</tr>
<tr>
<td>In brief (2nd letter)</td>
<td>Mail &amp; Guardian</td>
<td>15/10/04</td>
<td>27</td>
<td>Asks the question of why children to not receive “life-saving” sex education. “They are dying of AIDS”</td>
</tr>
<tr>
<td>Zimbabwe food crisis escalates: Zimbabweans are starving to death ‘because of discrimination and corruption’, says NGO</td>
<td>Mail &amp; Guardian</td>
<td>22/10/04</td>
<td>14</td>
<td>“The majority of the starving children in are orphans whose parents have died of AIDS”</td>
</tr>
<tr>
<td>Telling tales for AIDS: Nadine Gordimer talks about a remarkable anthology she edited, which will benefit those living with HIV/AIDS.</td>
<td>Mail &amp; Guardian</td>
<td>22/10/04</td>
<td>Friday – 3</td>
<td>“suffering and death by AIDS”</td>
</tr>
</tbody>
</table>
The equating of HIV/AIDS with death is perhaps the most common example of problematic language in the representation of HIV/AIDS. The term ‘died of AIDS’ appears to be firmly embedded in the media and public lexicon despite the problems that it causes. As previously mentioned, in two articles written by prominent activists, Zackie Achmat and Edwin Cameron, there is this emphasis, which demonstrates the strong currency that it holds in society. In the Achmat article, he writes that people “die prematurely of AIDS [because they do not have access to ARVs]” (Mail & Guardian, 21/1: 24-25); and Cameron notes that someone that he had met had “fallen ill with AIDS” (Sunday Independent, Dispatches, 3/4: 1). This is treading a fine line between useful and negative language. Achmat’s word usage is particularly troublesome. One does not die prematurely from AIDS, rather one dies prematurely, within the context of his article, from a lack of access to treatment that postpones and then manages the onset for AIDS-related illnesses, and through a difficulty in maintaining a healthy standard of living (in terms of nutrition and sanitation). In terms of Cameron’s article, the problem is that one does not fall ill with AIDS, one falls ill as a result of an AIDS-related illness. This may seem like a moot point, but I think that it is an important one. The reason for this is that by stating or implying that a person dies or falls ill from AIDS itself (rather than a related illness), then people identified as living with HIV/AIDS are seen as either very near to death or near to falling ill. Thus a

27+ “Madiba” is a term of respect for Nelson Mandela
PLWHA is Othered, the Self kept safe and the hunger for an Other satisfied on erroneous understandings of this disease.

If the science of HIV/AIDS is really going to be understood then any language that is used to describe how people die as a result of it must be clear, accurate and unambiguous. There are more blatant examples where it is written that someone had died from AIDS, for example, in the article “Mugabe’s food gamble could backfire on him” (Sunday Independent, Dispatches, 13/3: 17) that exact phrase is used and in the article “HIV/AIDS barometer: Speaking out; 204 Malawians die every day’ (Mail & Guardian, 4/2: 27) it is noted that “AIDS kills 10 people every hour in Malawi”. AIDS does not kill 10 people an hour, AIDS-related illnesses do. Therefore, from the results that I have gathered, one can accept that HIV/AIDS is often equated with death and that activists as well as journalists are guilty of falling into the same linguistic trap. However, I will now show how one of the most important announcements concerning HIV/AIDS in South Africa has also fallen within the same dangerous paradigm of equating HIV/AIDS with death.

Even the brave and ground breaking statement made by Nelson Mandela concerning his son's death illustrates the pervasive nature of this conceptualisation of HIV/AIDS. This is illustrative of the immense power of “AIDS equalling death” in HIV/AIDS-related discourse. It even appears in statements where the exact opposite message is being expounded. In an obituary for Makgatho Mandela in the Mail & Guardian, it is noted by the author that “Mandela announced that Makgatho had died of AIDS” and then there is a direct quote from Mandela that his son “had died from AIDS” (Mail & Guardian, 7/1: 3). In the rest of his statement, Mandela uses very productive language that does challenge the notions the HIV/AIDS Other and subverts the stigmatisation associated with HIV/AIDS, arguing that it needs to be treated as a 'normal disease' and that a way of doing this is through disclosure. There was certainly no need for the Mail & Guardian to replicate the problematic language that Mandela utilised when there was so much productive language to choose from. In fact, it could have corrected the language and stated that Makgatho had died of an AIDS-related illness. Discourse that utilises 'died from AIDS', or words to that effect, create misunderstandings on how HIV/AIDS affects the body. This is a major barrier to challenging the related stigma, for once an understanding of how HIV/AIDS operates is established, the stigmatisation and Othering of those living with it will be minimised. Much of the stigmatisation comes from misunderstanding what AIDS actually means and that it is still represented as a death sentence – something that is clearly not true when treatment is accessible.

4.4 Martial Metaphors

I went into some depth about the importance of metaphor in the representation of HIV/AIDS in the media and Sontag identified that the primary metaphor used in HIV/AIDS (and, indeed, all medical discourse) is the martial one. It is this to this that I shall now turn, because for understandings of
HIV/AIDS to be clear and the Othering process subverted, then the war metaphor itself must be destroyed. There are 34 articles in which this metaphor is included.

**Table 5**

<table>
<thead>
<tr>
<th>Martial Metaphors used to describe HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Headline:</strong></td>
</tr>
<tr>
<td>Nadine Gordimer’s mega-anthology of top writers will benefit AIDS sufferers</td>
</tr>
<tr>
<td>Global funds fail to reach fundraising target</td>
</tr>
<tr>
<td>Prophet inflicts horror on the people of northern Uganda</td>
</tr>
<tr>
<td>Tweedle-dumb or Tweedle-dee? For SA it's much of a muchness</td>
</tr>
<tr>
<td>Botswana’s president warns on deputy after poll</td>
</tr>
<tr>
<td>US presidential contenders pledge to give Africa a hand</td>
</tr>
<tr>
<td>The millions now dying are grist in the political mill</td>
</tr>
<tr>
<td>The flotsam and jetsam of Aids: Almost a million children have been orphaned in Zimbabwe; they are the incidental victims of the virus that is ravaging their society</td>
</tr>
<tr>
<td>Literary salvo fired in the campaign against HIV/AIDS</td>
</tr>
<tr>
<td>Study of HIV’s effects on children is vital says minister</td>
</tr>
<tr>
<td>Buthelezi shares the pain</td>
</tr>
<tr>
<td>Study: attack on Aids must be two-pronged</td>
</tr>
<tr>
<td>Deaths soar as Aids drug rollout falters: Statistics show the government is woefully behind on its Aids treatment targets</td>
</tr>
<tr>
<td>Revolutionary and centre-left face of ANC Youth-League: Nobody – but nobody – tells him what to say</td>
</tr>
<tr>
<td>Initiation school-type dialogues could be used to fight AIDS and teenage pregnancy</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Manuel is set for an open wallet approach</td>
</tr>
<tr>
<td>SA's unofficial ambassador on the AIDS crisis: Clare Rudebeck finds out why celebrities in Britain are queuing up to hear what activist Nompilo Xaba has to say</td>
</tr>
<tr>
<td>46664 South Africa'</td>
</tr>
<tr>
<td>Go in peace faithful servant</td>
</tr>
<tr>
<td>HIV/AIDS Barometer: Funding the fight</td>
</tr>
<tr>
<td>HIV/AIDS barometer: Acting up</td>
</tr>
<tr>
<td>Telling tales for AIDS: Nadine Gordimer talks about a remarkable anthology she edited which will benefit those living with HIV/AIDS</td>
</tr>
<tr>
<td>Mbeki’s mind held captive</td>
</tr>
<tr>
<td>Image taken from Yesterday</td>
</tr>
<tr>
<td>Two potato</td>
</tr>
<tr>
<td>The ART28 treatment: Kenya leads the way with its AIDS policy</td>
</tr>
<tr>
<td>A new shield for women: Vaginal microbicides could prevent millions of HIV infections</td>
</tr>
</tbody>
</table>

28 ART is Antiretroviral Therapy and is essentially just another way of putting ARV’s – or Antiretrovirals, the way by which HIV/AIDS has been turned into a manageable chronic illness rather than a terminal one.
<table>
<thead>
<tr>
<th>Put principles before profit</th>
<th>Mail &amp; Guardian</th>
<th>7/1/05</th>
<th>Letter – 21</th>
<th>Use of “fight against AIDS”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardinal sins</td>
<td>Mail &amp; Guardian</td>
<td>23/1/05</td>
<td>Letter – 22</td>
<td>Wilfred Napier, criticising the government for promoting condom use ‘in the fight against HIV/AIDS “when it is clearly not working”</td>
</tr>
<tr>
<td>Red for life: The Rage of Revolution concert is an opportunity for local musos to stand up and be counted</td>
<td>Mail &amp; Guardian</td>
<td>11/2/05</td>
<td>‘Friday’ supplement – 1</td>
<td>“it is funny how everyone hangs on the lips of international acts singing for AIDS or drought relief, but actually most of the battles will have to be fought by ourselves”</td>
</tr>
<tr>
<td>Plus ça change ..: Progress has been patchy in the 10 years since the Beijing conference</td>
<td>Mail &amp; Guardian</td>
<td>4/3/05</td>
<td>23</td>
<td>“New issues have emerged for women [since Beijing], such as militarism, fundamentalism, HIV/AIDS and increasing poverty”</td>
</tr>
<tr>
<td>Verbatim</td>
<td>Mail &amp; Guardian</td>
<td>4/3/05</td>
<td>25</td>
<td>Quote from Jackson Thebela, a coffin maker in Thembalethu “They say death is good business, but I would stop making coffins any day if only we could fight this AIDS thing, and stop it from stealing our people”</td>
</tr>
<tr>
<td>AIDS: US bullying must end</td>
<td>Mail &amp; Guardian</td>
<td>4/3/05</td>
<td>Letter – 23</td>
<td>“The United States government would have us believe it has been a major contributor in the fight against AIDS and ‘deadly diplomacy’”</td>
</tr>
</tbody>
</table>

Clearly then, this martial metaphor is a regularly employed linguistic device in the representation of HIV/AIDS in the media. Of course, there are other metaphors that are employed in the news items that I have analysed, and I shall speak of them below, but this is by far the dominant one.

I have already discussed the use of war metaphors concerning illness, medicine and specifically HIV/AIDS. We are in a ‘fight’, a ‘battle’, a ‘struggle’ with HIV/AIDS and it is something that must be ‘combated’, ‘struggled against’ and/or ‘beaten’ and ‘defeated’. The problem with this is that it invests HIV/AIDS with a meaning that is should not have. In a war, there are two sides ‘friend or foe’. Often war metaphors are utilised in headlines, the section of an article most likely to be read. In the Sunday Independent the article with the headline ‘Initiation school-type dialogues could be used to fight Aids and teenage pregnancy’ (Sunday Independent, 20/2: 11) employs the word ‘fight’. The question is who or what is being fought? The PLWHA, or HIV/AIDS? In the Mail & Guardian’s regular ‘HIV/AIDS barometer’ there is the headline ‘Funding the fight’ (8/10: 35). With regard to the latter article, it does not help that an organisation on which the piece is based is called the ‘Global Fund to Fight AIDS, TB and Malaria’. However, that does not mean that it is necessary for the Mail & Guardian to employ the same war terminology in its headline. It is certainly arguable the newspaper was deliberately punning on the name of the organisation to create its headline. However, a pun, no matter how clever should not be used in such a manner as to stigmatised those living with a manageable and what should be a
socially meaningless (as all biomedical conditions are) illness. Therefore, I believe that in playing a stronger advocacy role on issues surrounding HIV/AIDS, the media should be more aware of the implication of any statement that they choose to make.

In another article, the headline is “Study: attack on Aids must be two-pronged – Dispatches” (Mail & Guardian, 23/1: 16). Echoes of a military operation are very strong here. The use of ‘attack on AIDS’ is unwarranted as it frames HIV/AIDS as an enemy that needs to be defeated. Couple this with the explanation that this ‘attack’ must be ‘two-pronged’ and one is left with a feeling that HIV/AIDS is like an enemy country that need to be attacked in a number of ways. This is not useful language because, obviously, HIV/AIDS is not a country, a person, a belief system or any other entity that can be physically or verbally attacked, leaving only one target left, the PLWHA. The use of these metaphors can be traced back to medical discourse in which our immune systems are considered to be in a constant fight with illnesses and viruses that get into – or, in keeping with the discourse – ‘invade’ our bodies. It is from here that these metaphors originated, and it is from here that their use must be eradicated.

A final issue that is necessary to highlight that concerns the use of martial metaphors is how they can feed into the ‘victim’ paradigm, which we have seen (above). In conceptualising war, one also can also think of victims that are affected by that war. If one considers the number of times that the ‘fight/battle’ against AIDS is used then one must also consider the ‘collateral damage’ that would be caused by such a war. This damage, I contend, is those infected and affected by the epidemic.

4.5 Metaphors of plague and destruction

Another often used metaphor is that of plague and for the purposes of my analysis, I decided that this metaphor should fit into a larger definition of those that emphasise destruction. Clearly, if HIV/AIDS is framed as the bringer of death, destruction and the end of life as we know it, then PLWHA are extremely likely to be stigmatised. We see in Table 6 how regularly destruction metaphors are utilised. It is important to note here that whilst HIV/AIDS has had a massive impact on South Africa and the rest of the world, it is not literally a plague and it has not laid waste to whole communities. These metaphors were identified in 17 articles.

Table 6

HIV/AIDS as a metaphor for plague and destruction

| Headline: Culprit isolated in the valley of death: Researcher get to the bottom of an exceptionally high rate of oesophageal cancer | Newspaper: Sunday Independent | Date: 24/10/04 | Page: 6 | Example: HIV/AIDS framed as a factor in this "valley of death" because of "weakened immune systems" |

40
<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
<th>Date</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zambians have little to celebrate 40 years on</td>
<td>Sunday Independent</td>
<td>24/10/04</td>
<td>9</td>
</tr>
<tr>
<td>Disaster report warns of social calamity</td>
<td>Sunday Independent</td>
<td>31/10/04</td>
<td>6</td>
</tr>
<tr>
<td>Region's AIDS orphans face desperate plight</td>
<td>Sunday Independent</td>
<td>7/11/04</td>
<td>5</td>
</tr>
<tr>
<td>The flotsam and jetsam of AIDS: Almost a million children have been orphaned in Zimbabwe; they are the incidental victims of the virus that is ravaging the society</td>
<td>Sunday Independent</td>
<td>14/11/04</td>
<td>8</td>
</tr>
<tr>
<td>AIDS, not apathy has caused decline in voter turnout</td>
<td>Sunday Independent</td>
<td>28/11/04</td>
<td>9</td>
</tr>
<tr>
<td>Overdose of African horrors has still not killed hope of a better future</td>
<td>Sunday Independent</td>
<td>19/12/04</td>
<td>9</td>
</tr>
<tr>
<td>A quietly sad man brave enough to tackle thorny issues</td>
<td>Sunday Independent</td>
<td>10/12/04</td>
<td>11</td>
</tr>
<tr>
<td>Withdrawal of intellectuals from debate impoverishes society</td>
<td>Sunday Independent</td>
<td>9/1/05</td>
<td>8</td>
</tr>
<tr>
<td>Africa's children left out of HIV treatment breakthrough</td>
<td>Sunday Independent</td>
<td>13/2/05</td>
<td>9</td>
</tr>
<tr>
<td>Grogan cartoon</td>
<td>Sunday Independent</td>
<td>27/2/05</td>
<td>8</td>
</tr>
<tr>
<td>AIDS 'will kill 80 million if African leaders do not act'</td>
<td>Sunday Independent</td>
<td>6/3/05</td>
<td>2</td>
</tr>
<tr>
<td>The politics of ambiguity in the time of Aids: Steven Robins examines why there is such distrust and contestation of the available scientific evidence on HIV/AIDS</td>
<td>Sunday Independent</td>
<td>6/3/05</td>
<td>Dispatches – 17</td>
</tr>
<tr>
<td>SA's official ambassador on the AIDS crisis – Clare Rudebeck finds out why celebrities in Britain are queuing up to hear what activist Nompilo Xaba has to say</td>
<td>Sunday Independent</td>
<td>13/3/05</td>
<td>Dispatches – 16</td>
</tr>
<tr>
<td>Hai - and Aids are eroding the South African electoral base</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noted that his debut novel &quot;tackled subjects that were unpopular ... the scourge of HIV/AIDS&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;If people did stand up to the ANC &quot;the devastating social consequences of the AIDS pandemic might have been ameliorated&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS noted as causing a &quot;cruel and continuous parade of death&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and Finance ministers caricatured, and looking wrong way down a telescope at two large set of legs that are that of the 'Grim Reaper'. On one of these legs is written &quot;AIDS&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On the &quot;three scenarios&quot; for HIV/AIDS in Africa over next 20 years, one is a &quot;doomsday&quot; prediction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In headline – AIDS as &quot;ambiguity&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noted that &quot;graveyards are already full and burial plots are being recycled&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The dominating themes of these metaphors on HIV/AIDS are that of problem, crisis and disaster. These all effectively lead back to the association of HIV/AIDS with death. This is not only with regard to the death of a person ‘from AIDS’ [sic] – something that is both medically incorrect and often stated – but also HIV/AIDS is represented as the destroyer or the ‘grim reaper’ of social, political and economic life. I am not arguing here that the meaning behind this discourse is untrue, because HIV/AIDS can and does have a very powerful negative influence on many aspects of life. In fact, I think that it is one of the greatest natural disasters that South Africa and beyond have ever faced, certainly in public health terms. Instead, my argument is that the ways that these metaphors are employed lead to the distancing of the contaminated HIV/AIDS Other, thus increasing the probability of the stigmatisation of PLWHA. I believe that these metaphors contribute to the notion that HIV/AIDS is an issue that cannot be solved – even if the rest of the article is implying that it can be. To hark back the war metaphors, it is framed as an enemy that is too powerful to be defeated, because if the enemy is death, then how could it ever be defeated?

However, there are instances where one needs to frame HIV/AIDS as a metaphor for some form of crisis as it is reflecting the reality of the epidemic but these should be thought through very carefully. In my research period, two examples, ‘Disaster report warns of social calamity’ and ‘Withdrawal of intellectuals from debate impoverishes society’, the framing of AIDS as a social disaster is, I believe, appropriate.

By contrast, one of the main metaphors that has historically been used when representing HIV/AIDS is that of a plague. The word ‘plague’ is itself not actually used, but its most common coded replacement word is ‘scourge’. For example, in the articles ‘Plus ça change...’ and ‘Zambians have little to celebrate 40 years on’, scourge is a terms that is used. As I have noted previously, Sontag (1988) wrote at length about the relation between ‘plagues’ and their being framed as judgements, either from God or from some other indefinable source. Therefore, it is surely a phrase that must be avoided. Sontag notes that “[p]lagues are invariably regarded as [divine?] judgements on society, and the metaphoric inflation of AIDS into such a judgement also accustoms people to the inevitability of
global spread” (1990: 54). Related to this notion of HIV/AIDS as a plague is the use of “death phase of the epidemic” in the article ‘The flotsam and jetsam of AIDS…’. The notion of a ‘death phase’ of AIDS is not a constructive one. If the journalist had stressed even when this ‘death phase’ occurs and that many people could be saved quickly and cheaply by going onto ARVs then perhaps his language would be less problematic. But instead there is a conceptual ‘fuzziness’, and thus a close association between AIDS and death is maintained.

There are more instances of the usage of metaphor in the article on the ‘flotsam and jetsam of AIDS…’. In fact, this article illustrates how carelessly metaphor, and hence language, can be employed. Flotsam and jetsam emphasises destruction and wreckage. Utilising the notion of flotsam and jetsam in reference to AIDS orphans highlights how ignored the writer believes these orphans to be. However, if one looks at the literal meanings of flotsam and jetsam and applies them to HIV/AIDS orphans (as the article implies one should do), then two primary and powerful implications, accident and intent, can be detected. Flotsam, literally “such part of the wreckage of a ship or its cargo as is found floating on the surface of the sea” (OED, 2005: 1085), is a problematic metaphor to use. The implied wrecked ship can be taken as either HIV/AIDS itself, PLWHA, or – and I believe this to be the more likely interpretation – AIDS orphans. This feeds back into the notion not only of PLWHA being responsible for their condition, but also that HIV/AIDS leads to wrecks. The way through which this is achieved is that whilst certainly not always, many ships are wrecked due to human error. Therefore, the PLWHA or AIDS orphans are framed as in some way to blame for their situation. Clearly, the AIDS orphan cannot be held accountable and I have already argued that notions of blame should be rejected in the representation of HIV/AIDS. Added to this is that it frames HIV/AIDS as a destroyer – a wrecker of lives, a wrecker of the social, and so on until it becomes the bringer of an inevitable death. Whilst this may be true, it is a very negative metaphor to employ. It has already been shown the ‘scare tactics’ do not work in HIV/AIDS campaigns (Lupton, 1994; Gilman, 1988), so it is needless to employ that form of method in media representations.

The use of jetsam, literally “the throwing of goods overboard” and/or “goods thrown overboard from a ship in distress in order to lighten the vessel” (OED, 2005: 226), is even more problematic. This attributes a great deal of agency to the parents in the creation of AIDS orphans, as it is they are ‘thrown overboard’ by the parents. Of course, the parent/s need to contract HIV/AIDS for their children to become AIDS orphans, but it is not as if that would be a deliberate choice. The point is that the act of throwing is a proactive action and whilst I do think PLWHA should be represented as active individuals in society, I do not think that they should be represented as actively orphaning their children. Therefore, why use a term that can be taken to imply that they did? Of course, this is a very close reading of the word ‘jetsam’, but the fact that I am easily able to interpret this headline in such a way illustrates the significant problems attached to its usage.
4.6 Race

The utilisation of racial discourse in articles relating to HIV/AIDS was a relatively common theme, which is unsurprising considering the history of South Africa. What is surprising is that generally news items that used racial discourse were most generally used by the ruling party of South Africa, the African National Congress, and its President, Thabo Mbeki. In Table 7 you will find a summary of articles in which race was a factor of which there were 18.

Table 7
Articles in which a reference to race is made

<table>
<thead>
<tr>
<th>Headline:</th>
<th>Newspaper:</th>
<th>Date:</th>
<th>Page:</th>
<th>Example:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nobel Winner Stick To her Claim that Aids is a bioweapon</td>
<td>Sunday Independent</td>
<td>10/10/04</td>
<td>1</td>
<td>Wangari explains that it is a &quot;bioweapon&quot; because it &quot;primarily affects black people&quot;.</td>
</tr>
<tr>
<td>Let president’s great race debate begin; Mbeki is wide of the mark if he believes that racism lurks only in the hearts and minds of the white population</td>
<td>Sunday Independent</td>
<td>31/10/04</td>
<td>7</td>
<td>Mbeki’s response to comments made by Ryan Coetzee, where Mbeki launched into an attack on supposedly &quot;racist discourse&quot;</td>
</tr>
<tr>
<td>Mbeki’s ‘reply’ to HIV revealing</td>
<td>Sunday Independent</td>
<td>7/11/04</td>
<td>Letter - 9</td>
<td>Argues that Mbeki cannot concede that HIV causes AIDS, and that HIV is spread primarily through sexual intercourse, because that would play into the stereotype of Africans as “rampant sexual beasts”</td>
</tr>
<tr>
<td>Mbeki’s donated blood destroyed; President didn’t fill in the mandatory forms but, because of his race, his blood would have been incinerated anyway</td>
<td>Sunday Independent</td>
<td>5/12/04</td>
<td>1</td>
<td>On the policy of the South African National Blood Service to destroy blood donated by black and coloured people due to “possible HIV contamination”</td>
</tr>
<tr>
<td>Ladies and gentlemen, the ingenious fronting awards for 2004</td>
<td>Sunday Independent</td>
<td>30/1/05</td>
<td>Business Report – 2</td>
<td>Notes that a white couple was thinking of adopting an “AIDS orphan”, then setting up a trust in order to benefit from BEE</td>
</tr>
<tr>
<td>Imagined country (editorial)</td>
<td>Mail &amp; Guardian</td>
<td>8/10/05</td>
<td>26</td>
<td>&quot;In the president’s country, both AIDS and rape are minor vexations, which have been exaggerated by racists who think of black people as having uncontrollable sexual appetites&quot;</td>
</tr>
<tr>
<td>Things are not falling apart: This is an edited version of President Thabo Mbeki’s controversial letter, recently flighted by the ANC</td>
<td>Mail &amp; Guardian</td>
<td>8/10/05</td>
<td>29</td>
<td>Mbeki argues that this is harking back to colonial notions of the African with “every African a potential racist”. Quotes another ‘racist’ writer who states that SA has one of the “highest murder, rape and AIDS statistics in the world”</td>
</tr>
<tr>
<td>Title</td>
<td>Source</td>
<td>Date</td>
<td>Pages</td>
<td>Summary</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------</td>
<td>---------</td>
<td>-------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Another Shade of Green: Nobel Peace Prize winner Wangari Maathai's comments about AIDS have people worried</td>
<td>Mail &amp; Guardian</td>
<td>15/10/04</td>
<td>14</td>
<td>Noted that she believes in &quot;evil Western&quot; scientists who created AIDS as a &quot;biological weapon to wipe out blacks&quot;</td>
</tr>
<tr>
<td>Mbeki's new race tirade</td>
<td>Mail &amp; Guardian</td>
<td>22/10/04</td>
<td>10</td>
<td>Still was questioned on his assertion (by DA RC) that &quot;prevailing sexual practices and the attitudes of &quot;some men&quot; towards women did not play a role in the spread of HIV/AIDS&quot;. Mbeki manipulated debate to be around racism, rather than HIV/AIDS</td>
</tr>
<tr>
<td>Mbeki's mind held captive (letter)</td>
<td>Mail &amp; Guardian</td>
<td>29/10/04</td>
<td>14</td>
<td>Begins with &quot;AIDS activists have been aware for some time that the root of out president's AIDS denial is a soul wounded by racist ideology&quot;</td>
</tr>
<tr>
<td>Mbeki and Smith both got it wrong: Understatement and exaggeration both undermine the fight against rape in SA</td>
<td>Mail &amp; Guardian</td>
<td>29/10/04</td>
<td>41</td>
<td>Goes on to speak about issues surrounding rape, race and racism</td>
</tr>
<tr>
<td>Black in a white world</td>
<td>Mail &amp; Guardian</td>
<td>12/11/04</td>
<td>12</td>
<td>In image the author is wearing a badge with the AIDS red ribbon on it</td>
</tr>
<tr>
<td>In brief (1st letter)</td>
<td>Mail &amp; Guardian</td>
<td>17/12/04</td>
<td>25</td>
<td>Response to debate around the &quot;black blood donation scandal&quot;, a scandal because black blood considered tainted, HIV/AIDS being one of the factors in that decision</td>
</tr>
<tr>
<td>Rights-based, not race-based</td>
<td>Mail &amp; Guardian</td>
<td>14/1/05</td>
<td>21</td>
<td>Uses the TAC's case to enforce &quot;national HIV/AIDS drug treatment&quot; as an example of judiciary’s ability to promote &quot;the needs of the masses in the teeth of government opposition&quot;</td>
</tr>
<tr>
<td>Truth will set us free: By living openly with HIV we can remove the burden from our loved ones</td>
<td>Mail &amp; Guardian</td>
<td>21/1/05</td>
<td>24-25</td>
<td>Notes his 'conspiracy' theories when he was first diagnosed with HIV, &quot;a white right-wing dream&quot;, and then writes that &quot;Secrecy about HIV/AIDS is more pronounced among middle-class people of all races though, ironically, poor people, particularly poor women, bear the brunt of HIV stigma and discrimination&quot;</td>
</tr>
<tr>
<td>In brief (4th snippet)</td>
<td>Mail &amp; Guardian</td>
<td>28/1/05</td>
<td>23</td>
<td>Notes that Mbeki uses &quot;the race-card&quot; in debates where it &quot;irrelevant, such as HIV/AIDS&quot;</td>
</tr>
<tr>
<td>Verbatim</td>
<td>Mail &amp; Guardian</td>
<td>21/1/05</td>
<td>23</td>
<td>Quote from Zwelakhe Sisulu a childhood friend of MM, &quot;blaming apartheid for his death from an AIDS-related illness&quot;</td>
</tr>
</tbody>
</table>
Perhaps the most obvious element of the articles that utilised overt discourse on race and racism is the news items focusing on Thabo Mbeki. However, some contextualisation of these references is necessary. Essentially, it appears that President Mbeki is very concerned with avoiding making any comments on HIV/AIDS that could be interpreted as categorising Africans within the colonial stereotype of their sexuality. This is of course understandable (and right) and something that I have previously argued that the media need to be aware of, so that that their coverage does not fall into colonial paradigms of African sexuality. However, I think that Mbeki is wide of the mark in his comments and his reservations that people are trying to label African men as sexually promiscuous. Rather they are observing the high rape statistics and asking what contributory factor that has to the high prevalence of HIV/AIDS in South Africa.

My point is that if race is brought up then it is usually from a political as opposed to social source. I think then that if we are to de-racialise the epidemic then the politicians need to avoid a debate that is unnecessary. HIV/AIDS does primarily affect the black population but it also affects all others as well. Thus, thinking of HIV/AIDS in racial terms is not useful in subverting the stigmatisation of PLWHA or in attempting to slow down and eventually cease the spread of the disease. Berer and Ray argue: “we should not imagine that we are divided into those who have HIV/AIDS and those who do not. In fact, we are divided into those who know they are affected by HIV/AIDS and those who do not” (1993: 5). This is something that should be kept in mind when one wants to get into debates on race; HIV/AIDS has affected, and will continue, directly or indirectly, to affect life in South Africa, whatever racial categorisation one may use.

4.7 HIV/AIDS as Female

I have already noted that in terms of the race of PLWHA, this has certainly kept within the findings of previous studies in that it is definitely framed as a black disease. The other regular stereotype is that it is a female disease, and I have found 32 articles where women are the subject of the news item. As one goes down the examples, something that must be highlighted immediately is how in keeping they are to the victim paradigm.
### Table 8

**Articles in which the subject is female**

<table>
<thead>
<tr>
<th>Headline</th>
<th>Newspaper</th>
<th>Date</th>
<th>Page</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group helps grannies to get up and gogo: These caring women are giving each other a shoulder to lean on</td>
<td>Sunday Independent</td>
<td>10/10/04</td>
<td>Dispatches – 14</td>
<td>About a grandmother having to look after her late daughter's ('who had died from and AIDS') children</td>
</tr>
<tr>
<td>Women take to streets after 'miniskirt' rape</td>
<td>Sunday Independent</td>
<td>10/10/04</td>
<td>Dispatches – 14</td>
<td>&quot;Many women say they lack the power to refuse sexual advances, and if they request a condom to protect against HIV, their husbands or boyfriends accuse them of being unfaithful&quot;</td>
</tr>
<tr>
<td>Hope needs nurturing in striving Ethiopia</td>
<td>Sunday Independent</td>
<td>17/10/04</td>
<td>Dispatches – 16</td>
<td>&quot;Young, and not so young, women are willing to risk AIDS [through unprotected sex] for a few extra coppers in order to feed their children back on the farm&quot;</td>
</tr>
<tr>
<td>The world needs to start listening to more Africans</td>
<td>Sunday Independent</td>
<td>24/10/04</td>
<td>Dispatches – 15</td>
<td>Spoke to a girl when she was in Ethiopia whose 'mother had died of AIDS'</td>
</tr>
<tr>
<td>Disaster report warns of 'social calamity'</td>
<td>Sunday Independent</td>
<td>31/10/04</td>
<td>6</td>
<td>Image: Red Cross female black doctor/nurse/worker/volunteer writing something down that a mother (that is holding her baby) is telling her</td>
</tr>
<tr>
<td>Gauteng leads the way in HIV treatment drive</td>
<td>Sunday Independent</td>
<td>21/11/04</td>
<td>9</td>
<td>Image: told in the caption is a &quot;mother and HIV-positive child&quot;</td>
</tr>
<tr>
<td>Who will protect us from our big leaders?</td>
<td>Sunday Independent</td>
<td>5/12/04</td>
<td>6</td>
<td>Leaders are &quot;neither outraged nor even see the urgency of the implications of AIDS for women&quot;</td>
</tr>
<tr>
<td>Madiba’s son receives funeral befitting Xhosa chief</td>
<td>Sunday Independent</td>
<td>16/1/05</td>
<td>1</td>
<td>Son of Makgatho revealed for the first time that Makgatho’s first wife also died of an AIDS-related illness in 2003</td>
</tr>
<tr>
<td>Mugabe’s food gamble could backfire on him</td>
<td>Sunday Independent</td>
<td>13/3/05</td>
<td>Dispatches – 17</td>
<td>One image of an adult woman being trailed by her five grandchildren whose mothers have all &quot;died from AIDS&quot;</td>
</tr>
<tr>
<td>Counting on you</td>
<td>Sunday Independent</td>
<td>20/3/05</td>
<td>1</td>
<td>Image taken from 46664 concert of Mandela, his wife and next to Mandela, Gertrude Maqanga (an HIV-positive activist)</td>
</tr>
<tr>
<td>Why, God, why? And unto us is sent a battered angel</td>
<td>Sunday Independent</td>
<td>20/3/05</td>
<td>2</td>
<td>Mother is noted as having “full-blown AIDS”</td>
</tr>
<tr>
<td>Congo’s desperate ‘one-dollar UN girls’</td>
<td>Sunday Independent</td>
<td>27/3/05</td>
<td>Dispatches – 15</td>
<td>Young girls left with children, and in &quot;some cases venereal diseases or HIV/AIDS&quot;</td>
</tr>
<tr>
<td>“Things are not falling apart”</td>
<td>Mail &amp; Guardian</td>
<td>8/10/04</td>
<td>26</td>
<td>&quot;Here [in Africa, AIDS] is spread primarily through heterosexual sex&quot; – spurred by men’s attitude towards women</td>
</tr>
<tr>
<td>Title</td>
<td>Source</td>
<td>Date</td>
<td>Page</td>
<td>Image Description</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------</td>
<td>-------------</td>
<td>------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Missing the mark: About 14 000 are being treated with ARVs</td>
<td>Mail &amp; Guardian</td>
<td>14/10/04</td>
<td>8</td>
<td>Image of a woman lying on a mattress looking helpless and passive</td>
</tr>
<tr>
<td>Another Shade of Green</td>
<td>Mail &amp; Guardian</td>
<td>15/10/04</td>
<td>14</td>
<td>Asunta Wagura, director of the Kenya Network of Women with HIV/AIDS, quoted as saying that Wangari's statements has &quot;masked&quot; the &quot;true danger&quot; in her beliefs.</td>
</tr>
<tr>
<td>What if Smith was Ndumo? (letter)</td>
<td>Mail &amp; Guardian</td>
<td>15/10/04</td>
<td>10</td>
<td>&quot;37.5% of pregnant women&quot; used as a statistic to indicate overall prevalence in rural South Africa</td>
</tr>
<tr>
<td>Mbeki's new race tirade</td>
<td>Mail &amp; Guardian</td>
<td>22/10/04</td>
<td>14</td>
<td>attitudes of &quot;some men&quot; towards women did not play a role in the spread of HIV/AIDS</td>
</tr>
<tr>
<td>Mbeki's mind held captive (letter)</td>
<td>Mail &amp; Guardian</td>
<td>29/10/04</td>
<td>14</td>
<td>&quot;the bodies of young women are filling the graves in a pandemic that world has never seen before&quot;</td>
</tr>
<tr>
<td>HIV/AIDS barometer: Rising risk</td>
<td>Mail &amp; Guardian</td>
<td>12/11/04</td>
<td>35</td>
<td>women in India are &quot;becoming more vulnerable to AIDS, leading to a growing &quot;feminisation&quot; of the epidemic&quot;</td>
</tr>
<tr>
<td>Putting the governments HIV/AIDS plan to the test</td>
<td>Mail &amp; Guardian</td>
<td>26/11/04</td>
<td>42-43</td>
<td>Image of a woman lying on her hospital (death?) bed being tended to by what may be a nurse. Caption reads:&quot;Only a few patients in need of HIV/AIDS treatment receive it&quot;</td>
</tr>
<tr>
<td>A new shield for women: Vaginal microbicides could prevent millions of HIV infections</td>
<td>Mail &amp; Guardian</td>
<td>3/12/04</td>
<td>3</td>
<td>Women are more vulnerable to HIV infection. Also notes the &quot;disappointing progress in the development of a vaccine&quot; – but this is where the aforementioned gel comes in. SA has the largest number of women participating in phase three trials for this gel &quot;woman-controlled weapon against HIV&quot;</td>
</tr>
<tr>
<td>Sex in the age of AIDS: A single woman may only have sex twice a year but she'll still be lumped with high risk</td>
<td>Mail &amp; Guardian</td>
<td>24/12/04</td>
<td>16</td>
<td>&quot;I am chatting on the phone with a friend. I tell him I have met this cool man from Cape Verde. &quot;Tsk Tsk Tsk&quot; he goes. &quot;There you go, joining the multiple-partner high-risk group for AIDS&quot;</td>
</tr>
<tr>
<td>Truth will set us free: By living openly with HIV we can remove the burden from our loved one</td>
<td>Mail &amp; Guardian</td>
<td>21/01/05</td>
<td>24-25</td>
<td>&quot;Secrecy about HIV/AIDS is more pronounced among middle-class people of all races though, ironically, poor people, particularly poor women, bear the brunt of HIV stigma and discrimination&quot; and notes that &quot;the late Lorna Mlofana, who was murdered after telling her attackers she was HIV-positive&quot;</td>
</tr>
<tr>
<td>Title</td>
<td>Source</td>
<td>Date</td>
<td>Page</td>
<td>Text</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------------</td>
<td>----------</td>
<td>------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Big hit or big miss? Yesterday is up for an Oscar</td>
<td>Mail &amp; Guardian</td>
<td>28/1/05</td>
<td>5</td>
<td>&quot;The stereotype of the wife waiting patiently at home, tilling the fields and waiting for her husband to return to infect her is somewhat at odds with many people's experience&quot;</td>
</tr>
<tr>
<td>Why condoms aren't working (letter)</td>
<td>Mail &amp; Guardian</td>
<td>11/2/05</td>
<td>28</td>
<td>Notes that in a relationship of the authors, a boyfriend introduced condoms, and &quot;they definitely worked, as I did not fall pregnant. But for both of us it was too late, as we were already HIV positive&quot;</td>
</tr>
<tr>
<td>Abstraction from power confers power</td>
<td>Mail &amp; Guardian</td>
<td>11/2/05</td>
<td>30-31</td>
<td>&quot;first in proscribing irrational discrimination against persons with AIDS, and then in requiring that the government institute a public programme to inhibit mother-to-child transmission of HIV&quot;</td>
</tr>
<tr>
<td>Pick of the Day: 'Gaz'lam.</td>
<td>Mail &amp; Guardian</td>
<td>18/2/05</td>
<td>Fiday-8</td>
<td>Programme synopsis in which it is revealed that a character [Portio] in the show has to &quot;deal with learning that she is HIV-positive&quot;</td>
</tr>
<tr>
<td>Plus ça change ...: Progress has been patchy in the 10 years since the Beijing conference</td>
<td>Mail &amp; Guardian</td>
<td>4/3/05</td>
<td>23</td>
<td>&quot;Another minus: HIV/AIDS has claimed the lives of thousands of Southern African women of reproductive age – a scourge we could never have predicted 10 years ago&quot;</td>
</tr>
<tr>
<td>Beijing betrayed?: As women around the globe gather in New York for the UN Beijing + 10 conference</td>
<td>Mail &amp; Guardian</td>
<td>4/3/05</td>
<td>31</td>
<td>&quot;HIV/AIDS as global phenomena that have been added to the agenda since Beijing, taking women in many countries, especially those in the southern backwards&quot;</td>
</tr>
<tr>
<td>HIV/AIDS barometer: Wife alert</td>
<td>Mail &amp; Guardian</td>
<td>4/3/05</td>
<td>32</td>
<td>Notes that in spite of various campaigns, the &quot;number of married women contracting HIV/AIDS is increasing in Cambodia&quot;</td>
</tr>
<tr>
<td>Verbatim</td>
<td>Mail &amp; Guardian</td>
<td>24/3/05</td>
<td>25</td>
<td>&quot;For every woman and girl violently attacked, we reduce our humanity. For every moment we remain silent, we conspire against our women. For every woman infected by HIV, we destroy a generation&quot;</td>
</tr>
<tr>
<td>Zim health down the tubes : You can't even get a Band-Aid these days from a system that was once top grade</td>
<td>Mail &amp; Guardian</td>
<td>24/3/05</td>
<td>31</td>
<td>Another baby is being comforted by his great-grandmother; &quot;AIDS has already killed his mother and grandmother&quot;</td>
</tr>
</tbody>
</table>

It is clear then that women are a major subject in news items on HIV/AIDS. So the first question one must ask is that in whether women have agency in these articles. The overwhelming impression one gets from these articles are that women are within the victim paradigm where they can do little to counter the disease and, at best, respond positively to its effects – such as in "Group helps grannies to get up and gogo" (Sunday Independent, 10/10/04: Dispatches 14). However, generally the
impression is in keeping with the stereotype of the passive, poor African women that previous studies have already shown are so dominant in media representations.

In fact, I would go so far as to argue that this essentially proves my hypothesis that there is a hunger for HIV/AIDS. There are undoubtedly stories out there which would frame women in a more active light and yet we are rather faced with women filling up cemeteries ("Mbeki's mind held captive", Mail & Guardian, 29/10/04: 14) or comments that that the countries leaders do not care about the “implications of AIDS for women ("Who will protect us from our big leaders?", Sunday Independent, 5/12/04). What about the stories where women have come together under the banner of the TAC or are working on HIV/AIDS projects. Almost every story has a place, I just think it is time that there were more in which women gained an active role. This could play a major role in overcoming the HIV/AIDS Other that is apparently almost omnipresent in media representations of the disease. I have gone into significant detail over the implications of this representation and will not repeat my arguments. The key point and, possibly the most important finding in my results is that women do not need to be represented with a victim paradigm, far from it, but the fact that they are further illustrates my point that there is a hunger to Other PLWHA.

4.8 Use of positive language in the coverage of HIV/AIDS

It is important not to highlight only the problematic and negative coverage of HIV/AIDS which would beg the question of my research and would not be a true indication of the nature of the representation of the coverage of HIV/AIDS. There are certainly instances where the kind of language and images that subvert the Othering process of PLWHA do occur. However, as illustrated below, it does not occur regularly and if it does, then it is often used alongside problematic language.

The key to this positive use of language is to refer to people as living with HIV/AIDS rather than ‘AIDS victim’ or ‘sufferer’. What follows from this is that representations of the productive lives that PLWHA can lead are facilitated. By this I mean that terms such as ‘AIDS-related illness’ and ‘person/people living with HIV/AIDS’ emphasise that HIV/AIDS does not equal death and an ‘ordinary’ life can be led when someone is living with HIV/AIDS. Positive representations of HIV/AIDS are absolutely key to challenging the stigma that is related to HIV/AIDS as well as to subverting the manifestation of the contaminated HIV/AIDS Other that there is such a hunger for.
Table 9

Positive representations of PLWHA

<table>
<thead>
<tr>
<th>Headline</th>
<th>Newspaper</th>
<th>Date</th>
<th>Page</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madiba’s son receives funeral befitting Xhosa chief</td>
<td>Sunday Independent</td>
<td>16/01/05</td>
<td>1</td>
<td>Underneath a photograph of Mandela and his family at the funeral for his son that ‘Makgatho’s first wife also died of an AIDS-related illness in 2003’</td>
</tr>
<tr>
<td>SA greats the list [of 100 greatest South Africans] missed: Eminence and popularity are not necessarily our criteria. Many of our 20 outstanding South Africans are unsung, but all have shaped our country through their talent, courage and leadership</td>
<td>Mail &amp; Guardian</td>
<td>28/10/04</td>
<td>2</td>
<td>One late person included in list is Simon Tseko Nkoli “died of an AIDS related illness in 1998, aged 41”. Was a “leading light in gay and AIDS activism and an anti-apartheid leader”</td>
</tr>
</tbody>
</table>

In the article, ‘Madiba’s son receives funeral befitting Xhosa chief – (Sunday Independent, 16/1/05: 1), there is an example of where positive language can be juxtaposed against negative language. It is noted, underneath a photograph of Mandela and his family at the funeral for his son that ‘Makgatho’s first wife also died of an AIDS-related illness in 2003’ (Sunday Independent, 16/1/05: 1). This is can be set against where it is noted that Mandela’s son had ‘succumbed to AIDS’. The latter is especially damaging language it implies the total and unequivocal inevitability of death when AIDS is involved. However, the fact that positive language is used should not be discounted.

In a profile of a number of ‘great South Africans’ that had been missed in the controversial SABC 3\textsuperscript{29} list of the 100 Greatest South Africans (Mail & Guardian, 22/1/05: 2), one of the individuals profiled is Simon Tseko Nkoli, and it is noted that he died of an AIDS-related illness in 1998. It is also noted that Nkoli was a key activist in terms of AIDS and apartheid. This challenges the idea of PLWHA as being passive victims and sufferers, and it is these kinds of representation that are needed if the stigmatisation of people living with HIV/AIDS is to be diminished.

Table 10:

Use of Person/People Living with HIV/AIDS (PLWHA)

<table>
<thead>
<tr>
<th>Headline</th>
<th>Newspaper</th>
<th>Date</th>
<th>Page</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus accident mars lively Children’s Day gathering &amp; so that parents living with AIDS</td>
<td>Sunday Independent,</td>
<td>7/11/04</td>
<td>1&amp;2</td>
<td>“so that parents living with AIDS”</td>
</tr>
</tbody>
</table>

\textsuperscript{29} SABC being the government funded television channels in South Africa and controversial because it included people that supported and created the system of apartheid
| Aids will kill 80 million if African leaders don’t act | Sunday Independent | 6/3/05 | 2 | "people living with HIV" |
| Provinces need to get going on the treatment of children with HIV | Sunday Independent | Dispatches, 6/3/05 | 17 | "unsuccessful meander through the public health system seeking life-saving treatment for her grandson, who was living with HIV" and "at least 250 000 children are living with HIV/AIDS in our country" |
| It’s evil to let babies die from a treatable illness | Sunday Independent, letter | 13/3/05 | 9 | "painful life of babies living with AIDS" |
| Mbeki lends an ear to Steinkopf | Sunday Independent | 20/3/05 | 3 | "lack of support for people living with HIV/AIDS" |
| HIV/AIDS Barometer: Funding the fight | Mail * Guardian | 8/10/04 | 35 | People living with HIV/AIDS |
| Telling very tall tales | Mail & Guardian | 22/10/04 | 30 | "anthology to raise funds for those living with AIDS" |
| Telling tales for AIDS: Nadine Gordimer talks about a remarkable anthology she edited, which will benefit those living with HIV/AIDS | Mail & Guardian | 22/10/04 | "Friday" supplement – 3 | "people living with HIV/AIDS" |
| HIV/AIDS barometer: Counting the costs | Mail & Guardian | 5/11/04 | 35 | "people living with AIDS" |
| HIV/AIDS barometer: Rising risk | Mail & Guardian | 12/11/04 | 35 | "people living with HIV/AIDS" |
| AIDS stigma alive and well in the UK | Mail & Guardian | 3/12/04 | 36 | "sympathy in the United Kingdom to people living with HIV and AIDS has been revealed" |
| Dr Rath ad earns the wrath of the TAC | Mail & Guardian | 17/12/04 | 7 | "Vuyani Jacobs, who is living with Aids, has said in his complaint" |
| Movin’ [sic] on up: Who are South Africa’s leaders of the future? [chose 20 hot under 40s, already making waves in a range of fields] | Mail & Guardian | 24/12/04 | 20 | "give people living with AIDS access to anti-retroviral treatment" |
| Truth will set us free: By living openly with HIV we can remove the burden from our loved ones | Mail & Guardian | 21/1/05 | 24-25 | In headline: "sense of fear and shame of many people living with HIV"; "This can be mitigated by all of us living openly with HIV and removing the burden from our parents and loved ones" |
| An anatomy of new power/Social movements: New power of the people | Mail & Guardian | 21/1/05 | 29-31 | "[TAC] formed in 1998 to promote access to treatment for people living with HIV/AIDS" |
| Beijing betrayed?: As women around the globe gather in New York for the UN Beijing + 10 conference, NGOs say there has been little progress in promises made a decade ago | Mail & Guardian | 4/3/05 | 31 | "230 000 children under 15 are living with HIV" |
Therefore there is certainly evidence that the media are adopting more fruitful language for combating notions of the contaminated stigmatised Other. One of the reasons for this is that 'person' is a non committal ungendered and unracialised word, therefore it can emphasise that anyone can be person living with AIDS, regardless of colour or gender – hence not allowing a process of Othering to be so easy to undertake. Also the use of PLWHA reduces the power of stigmatisation as it emphasises living with, as opposed to dying of HIV/AIDS. This tears away one of the foundations of the stigmatising processes, that of the dying person with HIV/AIDS passively accepting a short life of illness followed by the ensuing inevitable death.
Chapter 5: DISCUSSION

5.1 Discussion

I will begin my discussion by looking at one article which illustrates clearly much how an HIV/AIDS Other is maintained through the media. In the article: "Why God, why? And unto us is sent a battered angel..." (Sunday Independent, 20/3/05: 2) a number of stigmatising discourses are brought out, even though it is an article that that I think was clearly written with the very best of intentions. The article’s headline plainly makes clear a number of issues. It sets out that this is the story of someone in such a tragic situation as to ask God how this could happen. The religious tones are used further by the use of ‘battered angel’. The sub-headline sets out the journalist as very experienced "In a decade and half of reporting" and that the situation of the subject of the article moved her immensely: “nothing has moved this reporter as much as the sad face of this one little girl”.

The reason for having a close look at this article is that it frames up the girl as clearly innocent of whatever predicament she is in (and certainly I do not intend to deny this whatsoever). As one reads on in the article, it is given that the girl is HIV-positive and that she contracted the disease through being raped. Set against the girl, is the ‘unemployed man’ that had set out to deliberately acquire HIV/AIDS in order to receive the AIDS grant (this man was to be the original subject of the article). It is also given that the “monster who did this to her lies peacefully in his grave”. He was not punished because the little girl’s mother was “afraid to report him to the police”. First, I must reiterate that I am not arguing that what has happened to this young girl is not tragic. I feel it is necessary to point this out once more, as I do not want to be accused of ignoring the facts in the article and how emotive it is as well. In terms of my discourse analysis, however, this article poses some very problematic questions. There appears to be a strong dichotomy created between the innocent girl and the guilty ‘unemployed man’ and the ‘monster’ that raped this girl.

The problems of innocence and guilt in HIV/AIDS is well documented and I have discussed this at length previously but this article illustrates how it can be very difficult to put that theory into practice. The innocent subject is not the child that contracted HIV/AIDS when in their mothers womb\(^{30}\), and guilty are not homosexuals, IV drug users and so on. Instead, we are confronted with the issue of child rape, so any attempts to minimise one’s subjectivity and make the moral judgement on the man in the story are made very difficult. However, I do still think that there are certain questions that must be asked of the author. For example, why did she need to note the unemployed man? Even though he was the original subject of the piece, being as she was apparently unable to find him, her reference to this individual is given no support and his existence remains possible, rather than

\(^{30}\) I am not arguing that this form of contracting HIV/AIDS is tragic, rather that there is a difference between this and child rape
definite. The reason why I think this man should not have been mentioned is that it immediately gives the article the sense of innocence and guilt in terms of how one contracts and lives with HIV/AIDS. In addition, is there a need to actually use the term 'innocent'? Surely, the story within the article clearly conveys that this girl was not to blame for her situation. This is important as when one says innocence, then it is easy to also think of its opposite, guilt. Moreover, in this article we are left in no doubt that the author frames PLWHA as either innocent or guilty.

There are other, far less extreme examples of problematic discourses at play in this article. The mother of the girl is described as having “full-blown AIDS”. Now this is terminology that is troubling, and its usage does imply a possible lack of awareness of reporting on HIV/AIDS by the author. I think that this is a term that must be rejected as it makes HIV/AIDS sound like it is a bomb that is going to go, or has gone, off. Thus, the carriers of this bomb, PLWHA, could be subjected to stigmatisation due to this conceptualisation of HIV/AIDS; they are the carriers of a damaging and dangerous weapon. Taking the meaning of “full-blown” further, we have very little control over bombs, unless one is an expert, so once again, agency is moved away from the PLWHA. Another objection to this phraseology is that it is very vague, i.e. what are the symptomatic markers for the AIDS to be considered ‘full-blown’? Is it when an AIDS-related illness becomes evident in a PLWHA or when ARVs can no longer help the immune system? Of course, there are many terms that can cause problems in the representation of HIV/AIDS. Rather than going through them all, the point that must be emphasised is: any turn of phrase that implies passivity, guilt and victimhood or frames a PLWHA as a risk or danger to the rest of the population is highly problematic and the media should therefore avoid using them. It is worth noting that this term only occurs in this article and that serves to illustrate that it has been rejected as a phrase to describe HIV/AIDS and this makes it all the more surprising that it is used here.

To return once more to the subject of the piece, the angel, I think it is necessary to highlight what the problem is with the framing of innocence in representations of PLWHA. Through the journalist framing her in this way it feeds into the notion that unless you become HIV positive after an ordeal as traumatic as the girl in this article did, and you contracted it through unsafe consensual sex or IV drug use (for example), then you could be framed as being accountable for contracting the virus and therefore deserving of your HIV positive status. Whether this is true or not is not the point. When we say that someone has malaria, we do not ask if they were using a mosquito net, neither do we question someone with TB as to what precautions they took to prevent infection, we just accept the simple fact that they have a biomedical condition that requires treatment. This is the point that we need to get to with HIV/AIDS, where it is seen for what it is, rather than for what it can be interpreted and moralised to mean – it is an illness and therefore does not (perhaps more accurately ‘should not’) have any inherent meaning beyond how it affects the workings of an individual’s body from a medical, as opposed to social, perspective. However, due to Othering and stigmatisation, it does lead to a social death.
Thus, what has emerged from my research is that an HIV/AIDS Other is being reinforced and that this is achieved through a combination of stigmatisation, stereotyping and unclear thinking on how the disease could and should be represented. The articles on Makagatho Mandela's death that have been analysed are an excellent example of how a news item can have both positive and negative implications for subverting HIV/AIDS related stigma. With Mandela's position in South African – and world – society, his announcement could well have been exceptionally useful in breaking down a number of barriers that people have in relation to HIV/AIDS, especially the strength of the Self/Other dichotomy in its conceptualisation. However, conflicting with the latter is some (and admittedly, it is only a very small part of his announcement) of the language he used when he noted that his son had 'died of AIDS'. If the press challenged, subtly – so as to avoid that being the focus of the coverage – that aspect of his statement, even well 'after the fact', then its message could have been better clarified. Unfortunately, the Mail & Guardian (The Sunday Independent did not report on precisely what Mandela said) followed Mandela and missed an opportunity to further challenge the enduring myth of AIDS equating to a death sentence (even more than the overall statement itself). All they needed to do was briefly mention the science of HIV/AIDS and explain that one dies of an AIDS-related illness, not of AIDS.

My study clearly illustrates that the media continues to Other HIV/AIDS through representing it as a disease of the poor, black and female. As previously stated, I believe that this is because the media comes from the standpoint of the powerful – rich, white, and male, hence utilises the discourses employed by that that group. As much as South Africa has moved beyond its chequered history, racism does still exist (as it does everywhere) and this is perhaps one reason why HIV/AIDS has been represented in the way that it has. In a report on industry in South Africa, it was observed that racism "occurs as historical reliance is made on common sense methods and systems without interrogating what messages these conveyed about the cultural diversity of our country, about the history of inequality and about the dominant knowledge systems that create a unipolar view of the world." (SAHRC, 2000: 80). In short, racism is manifest the institutions of society – whether as a by-product of history or otherwise – and the media is no exception.

The research that I have carried has illustrated that in the media there is still a tendency to use language that is problematic for the representation of PLWHA and that there is indeed a "hunger" for the Other with regard to HIV/AIDS. The way be which I can justify the latter assertion is that I do not think there is a deliberate choice made in the media to Other HIV/AIDS, but, as my results show, it is often framed in terms of race, economics and also – to highlight the importance and value of metaphor – in terms of war. At the beginning of this research I noted that Othering HIV/AIDS is like hunger because it is not a conscious process but rather an ongoing societal process that is always searching for a new subject. Therefore, when presented with an illness as potentially dangerous as HIV/AIDS, there is a natural reaction to represent it as something that affects and infects someone else.
Many of the discourses that surround HIV/AIDS employ, whether overtly or covertly, the conceptualisation of the ‘contaminated Other’. What this portrayal of the PLWHA ‘achieves’ is further stigmatisation, both perceived and enacted. This emphasises the importance of ‘positive’ representations of PLWHA as being proactive because this can play a role in subverting HIV/AIDS-related stigma, something that clearly “disempowers PLWHAs through discrimination”31 (Siyam’Kela, 2003: 3). The point is that many of the discourses on HIV/AIDS reinforce the stigmatisation of PLWHA through notions of contamination, disease and passivity. The discourses of difference with regard to HIV/AIDS are evidenced through the “Otherness” that I have illustrated is still a major constitutive part of the disease. It is still framed primarily as a disease of poor black women and this has led to the further disempowerment of a race and gender that is still coming to terms with the after effects of the apartheid system.

I have argued that what is represented in the media is often a reflection of the prevailing views and values of the society in which it is produced. The newspapers that I analysed would generally be produced by and for the elite. Consequently, the ‘Self’ (white and powerful) that is represented in the news items is concerned with framing HIV/AIDS as the disease of the Other. Edwin Cameron was the only HIV-positive white individual that appeared in all of the news items that I surveyed and due to his position as a powerful HIV/AIDS advocate who is gay, HIV-positive and on ARVs, he still does not reflect the reality that HIV/AIDS does affect the white heterosexual population. Rather, the whites represented in the media reflected the power relations in society. They came in the form of ‘experts’ and possible providers of a solution, rather than as people living with the disease. This harks back to colonial representations for in the same way as whites were represented as the bringers of civilisation, so now they are generally represented as the solution, the ones with the power and the answer.

In the news items that I analysed, there was a definite propensity for the representation of HIV/AIDS and PLWHA to fall into similar paradigms as those that have been around since coverage of the epidemic began. Whilst in a South African (and African) context, it is unsurprising that the gay stereotype was not used as it is largely known as a heterosexual disease in this region. PLWHA were often framed within the same pervasive paradigm that homosexuals were in early reports on the disease: innocence vs. guilt. In addition, the metaphors used to describe HIV/AIDS harked back to early representations of HIV/AIDS. Even today, HIV/AIDS is still being thought of metaphorically as a plague (even if the exact term is not used, it is still a wreaker of destruction and devastator of communities). Perhaps there are less of these tropes of representations than there have been in the past but the fact that they have endured is certainly worrying. I have argued that plague metaphors imply that HIV/AIDS is some form of judgement on society, and that is certainly a kind of discourse that should be retired. I believe that this retirement is already beginning, illustrated by the non-use of the word “plague” in any of the news items I analysed.

31 Stress in text
Unsurprisingly, there was also use of war metaphors. They are so prevalent in all medical discourse that the fact that occur in relation to HIV/AIDS is, for the time being, a fact of life. However, that does not nullify the effects that this form of conceptualisation of the disease can have or mean that they should not be challenged. The PLWHA can be viewed through this category of metaphor as an ‘enemy’, a ‘failure’ and a ‘victim’, and I think it would be wise to take Sontag’s advice and “give it back to the war-makers” (1989:95).

PLWHA are still often framed as victims, a representation that HIV/AIDS stakeholders and interest groups certainly want to move away from. PLWHA do not have to be passive victims that are doing no more than waiting their inevitable demise. There is therefore a perpetuation of the representation where “subjects are constructed as a passive, disempowered recipient of both the illness and treatment, and a very strong medicalising discourse is evident” (Shefer, 2004: 10). What discourses that emphasise the ‘victimhood’ of a PLWHA achieve is the disempowerment and stigmatisation of them. For if they are represented in this way, then this is how they can be conceptualised by others, thus creating the notion that a PLWHA is incapable of leading an active life. This disempowers them in the eyes of others and, potentially, themselves. In addition, if they are passive, then they would not be understood as capable of contributing to society. Thus the notion that PLWHA are a drain, economically and socially, on society is legitimised. This can only add to the stigma that is so closely associated with HIV/AIDS.

The media’s reporting of stories on HIV/AIDS involving race was extremely problematic. If the articles in my research sample noted the disparity in infection rates and were concerned with the social issues involved in the massive difference in prevalence in the white and black population, then I think that they could be useful in subverting the stigmatisation of those living with the disease. However, when race was addressed directly, it was regularly presented within a political framework, largely because of the Thabo Mbeki. Perhaps this is because, as Robins notes, “South African President and his men [sic] have also sought to frame the AIDS debate within anti-racist and anti-colonial discourses that blame the spread of the pandemic in Africa on structural conditions of racism, poverty and underdevelopment” (2005: 9). If this were an accurate summation of the President’s views then I would find it hard to disagree that these ‘structural conditions’ are key factors, but that does still not justify bringing race into the political arena in regard to HIV/AIDS. The facts are that South Africa has a substantial amount of its population living with HIV/AIDS, and this is not alluding to some racist, colonial notion of African sexuality, it is a fact and there are underlying causes that are yet to be identified. The media (over?)politicises the issue of race with regard to HIV/AIDS, where it could be exploring the social aspect of the disease in an attempt to uncover what may be causing the infection rates or, and this is certainly far more possible, subverting the strength of the black, poor and female HIV/AIDS Other by not satisfying the hunger for it.
5.2 **Conclusions**

Essentially, HIV/AIDS is still imbued and invested with moral meaning and this has led to a hunger to Other HIV/AIDS. This process is reinforced by the representation of PLWHA affecting a demographic that has historically lacked the power to challenge the discourses through which this message is carried.

The media must think more carefully about how to represent a biological condition and move away from their world of dichotomies: innocence vs. guilt, having agency vs. passivity; black vs. white, Self/Other. There is no need for the female black scapegoat to be reinforced, HIV/AIDS can infect and affect everyone, and this is an issue that I think is greatly missed in the media representations that I have explored. I do think that the media is ‘hungry’ for the HIV/AIDS Other as the primary audience of the newspapers that I have analysed come from an elite that does not envisage the Self as being capable of infection by the disease.

The statement by Nelson Mandela on the death of his son, even with the problems within it that I have highlighted, was ground-breaking in that one of the great figureheads in South African and world politics of the 20th century has illustrated that it possible that anyone can be affected. The statement also illustrates that even statements that are made with the very best of intentions can still feed into the stigmatisation of PLWHA through the reinforcement of misconceptions, the most common being that one can die of AIDS.

With regard to HIV/AIDS, the discourse with the strongest currency around the world has tended to lend itself to the stigmatisation of those living with it, by the framing of these people as helpless victims, whether they are black or white, rich or poor, male or female. In my and previous research it has been illustrated that representations which lend themselves to Othering are rife in the media. This is not to say that newspapers deliberately set out to stigmatise, but rather that little cognisance is given to ways in which certain groups are represented and the affect that this can have on the common understanding of HIV/AIDS.

Overall, I think that the media is heading in the right direction, as indicated by the positive representations but the process of moving problematic terminology is a long and drawn out one. Perhaps specialist journalists should be assigned to stories concerning HIV/AIDS who have been trained on language usage in the reporting of the epidemic. The media needs to play a larger advocacy role both in clearing up the myths and misconceptions about the disease and in keeping it on the social agenda in an interesting, varied and consistent way.

That the media has not developed a clear agenda on HIV/AIDS and has shown limited interest in ensuring the issue remains high on society’s agenda provokes questions about the power dynamics in both society and the media (one might reasonably think that an issue which affects, directly or
indirectly, the entire population might be hard to keep off the agenda). News clearly can have a profound impact on the discourses we use to understand an issue and the media need to do more

However, that the media, particularly in South Africa, has failed to develop a methodology for reporting on perhaps one of the greatest human interest stories of the modern world is curious and begging to be (successfully) addressed. There is a definite need for a paradigm shift in how HIV/AIDS is represented because despite the “hunger”, it is not a disease of the Other and does not discriminate along the lines of race, gender or economics.

Having said all of the above, the only sure way to rid ourselves of the HIV/AIDS Other is for the peril that it represents to be removed, and until a cure is found then I for one cannot see this occurring. The HIV/AIDS Other may target different demographics and/or the prevalence of it may be decreased, but it will be there for many, many years to come.

5.3 Further Research

Essentially, there are a wealth of areas that need to be investigated with regard to the representation of HIV/AIDS. As the major challenge that world faces, a culturally sympathetic framework needs to be constructed that can lead to representations of HIV/AIDS and PLWHA that subvert stigmatisation of those associated with the illness, thus allowing prevention strategies to be more open and, ultimately, more successful.

One could explore a wider range of media and media that is not as elite as the newspapers that I have analysed. This should provide a more complete idea on how HIV/AIDS is conceptualised over a larger demographic of South African citizens.

A comparison with Western media representations of HIV/AIDS would also be useful. This will aid in understanding whether the conceptualisation of HIV/AIDS in South Africa is unique or if, as I suspect, there are strong similarities between the South African media and their Western counterparts. I also think that if representations of HIV/AIDS could be compared with other issues, such as TB or malaria, the exceptional representative tropes that HIV/AIDS endures could be compared with other contemporary situations in regard to health, with the latter carrying with it far less moral baggage.
REFERENCES:


Forrest, David (1994). We're here, we're queer, and we're not going shopping : Changing gay male identities in contemporary Britain. In Andrea Cornwall and Nancy Lindisfarne (Eds.), *Dislocating Masculinity: Comparative Ethnographies*. London: Routledge. pp. 97-110


64


Siyam’Kela (2003). Futures Group, POLICY Project. Cape Town, South Africa


