CHAPTER 1

INTRODUCTION

STRUCTURE, AGENCY AND 'APOSTROPHE' IN THE AIDS STORY

1.1   Background: the lure of AIDS and the impact of modernity

As I have mentioned in the Preface section of the thesis, my interest in Acquired Immune
Deficiency Syndrome (AIDS) as an object of study derives from the fact that the disease
illuminates a larger sociological area; the subject of AIDS defines the field of
sociological inquiry in the area of my interest, that is, the field of representation. AIDS
also appeals to my professional imagination because it is associated with mortality; not
only does AIDS remind us that death is a constant in the human condition, but also that it
is imminent, looming or impending! AIDS is by no means just another venereal disease.
(I am aware that AIDS is not a disease as such, but a syndrome, a collection of diseases.)
The virulence or macabre character of the disease has been widely documented in many
scientific records and in a great variety of secondary sources. Without a doubt, AIDS
represents one of the greatest health crises of the 21st century. Moreover, as a 'new'
disease, AIDS is particularly significant because it offers us a great opportunity to reflect
on some of the significances and consequences of modernity.

To start with, there is general agreement in contemporary sociology that modernity
embodies what British sociologist Anthony Giddens designates as new "modes of social

life or organization". In Giddens's view, these "modes of social life" have their roots in Western societies in the 17th century. Much later, says Giddens, they became more worldwide in their influence.[1] Today modernity has not only been extended throughout the world, but is also "intensively felt in the most intimate spheres of our personal lives".[2] From Giddens's viewpoint, modern societies as well as a complex system of social institutions within which they are embedded is of a different kind from that of traditional societies. For one thing, modern societies are typified by new 'social orders', for example functional specialization and a complex division of labour. Modernization is an outcome of the great social transformations wrought by the so-called interdependent revolutions, namely scientific, capitalist and industrial revolutions.[3] A clear testament to the dramatic impact of modernity can be summarized under the following:

> There was a shift from a cosmological world-view to a mechanistic and rationalistic one. Nature ... lost its spiritual essence and was reduced to material instrument for the satisfaction of human needs. Modern people believe that they can master both nature and their own history with the help of science ... Such a mastery presupposes rational control not only of our nature, but also of social and inner human life. 'Instrumental reason' became, thus, not only one of the most important forces of production but also a crucial part of politics ... and led to a general reification of cultural life. In short, science ... took over the social role which religion and priests had in pre-modern societies.[4]

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[1] A Giddens 1990, *The consequences of modernity* (Stanford: Stanford University Press), 1.
[2] Ibid, 6. See also M Carleheden and M H Jacobsen 2001, 'A sociology of modernity: liberty and discipline', in P Wagner,*The transformation of modernity* (United Kingdon: Ashgate), ix.
[3] Ibid, 6.
[4] Ibid, xi.

1.2   AIDS and the macro factor in sociology

From the reading above, our proponents of modernity designate as one of their main domains the study of macro factors, namely social institutions. Modern institutions, so the argument runs, have as their primary function the transmission of a framework of values and norms through the process of socialization. This echoes the common sociological assertion that people internalize values and norms so that they know when their behaviour "is not in agreement with societal values" and so that they "can adapt it correspondingly".[5] By this logic, because people carry "common value patterns around their heads they are able to determine for themselves whether they are out of line and are able to realign themselves with the cultural value system".[6] The process of internalization complete, their "boundless and potentially destructive desires" are then held in check.

Macro theories in sociology are predicated on the following assumptions about the nature of society: first, society has a structure consisting of various component parts; second, these structures shape human behaviour; and third, human behaviour is a function of the nature of social relationships.[7] The classical theories of Emile Durkheim and Karl Marx are as close a proof as one can get of the macro perspective in sociology. Macro factors constitute their primary units of analysis. For example, Durkheim argued that the main task of sociology is the study of social facts that shape human behaviour; social facts are

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[5] D Gelderblom 2001, *Only study guide for SOC302-D,* (Pretoria: University of South Africa), 32.
[6] G Ritzer 1993, *Sociological theory* (London: Macmillan), 193.
[7] See P Olson 1992, *The study of modern society: perspectives from classical sociology* (New York: Random House).

external to individuals and exercise coercive power over them.[8] The system of society can be regarded as a good example of a social fact exerting tremendous influence over human behaviour. Durkheim attests to the constraining power of micro factors when he says:

> … the believer has discovered from birth, readily fashioned, the beliefs and practices of his religious life; if they existed before he did, then it follows that they exist outside him ... The systems of signs that I employ to express my thoughts, the monetary system I use to pay my debts, the credit instruments I utilise in my profession, etc. – all function independently of the use I make of them.[9]

Like Durkheim before him, Marx ignored the subjective components of human behaviour; Marx sought to explain how human social life is constrained by the much broader forces, namely the exploitative socio-economic relations of production under capitalism. I argue therefore that there is a fundamental conceptual congruence between the views of Durkheim and Marx. Marx's objectivist or macro approach to sociology can also be seen in the following views taken from the Preface of the Communist Manifesto:

> … the fundamental proposition which informs its [read the Communist Manifesto] nucleus ... is: That in every historical epoch, the prevailing mode of economic production and exchange, and the social organization necessarily following from it, form the basis upon which is built up, and from which alone can be explained, the political and intellectual history of that epoch.[10]

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[8] See Giddens, *The consequences of modernity*, 9.
[9] E Durkheim 1982, *The rules of sociological method* (London: Macmillan), 50–51.
[10] E Marx and F Engels 1888, *Manifesto of the Communist Party* (London: Zodiac).

Marx also lends force to his objectivist orientation when he states:

> In the social production of their existence, men inevitably enter into definite relations, which are independent of their will, namely relations of production appropriate to a given stage in the development of their material forces of production. The totality of these relations of production constitutes the economic structure of society, the real foundation, on which arises the legal and political superstructure and to which correspond definite forms of social consciousness. The mode of production of material life conditions the general process of social, political and intellectual life. It is not the consciousness of men that determines their existence, but their existence that determines their consciousness.[11]

Macro sociology implies a different theoretical approach to the study of AIDS. Understanding AIDS from a macro-perspective, for example 'structural functionalism' or 'traditional sociology', means understanding the disease in relation to the objective characteristics of a specific combination of institutions governed by particular norms and values. I argue that the Centres for Disease Control (CDC), the National Institutes of Health (NIH), and the World Health Organization (WHO) are good examples of such institutions. Not only were these institutions instrumental in producing a clearly delineated set of meanings regarding AIDS, but also in shaping public health policy; public health policy became highly dependent on these macro factors of society.

It is important to note that the theoretical starting point of the CDC, NIH, and the WHO was developed within a framework that illuminated the objective science of AIDS. The

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[11] K Marx 1979,. *A contribution to the critique of political economy* (Moscow: Progress).

CDC, NIH, and the WHO set forth an account that emphasized the objective or general laws of nature. Many researchers were interested in AIDS in as far as it affected the physiological processes of the human body. They treated AIDS as a problem of the individual, as a pathological condition that is traceable to a biological phenomenon, a virus called human immunodeficiency virus (HIV). From the point of view of the CDC, the NIH and the WHO, AIDS was a clear-cut case of a biomedical disease. And the disease thus replicated (as a biomedical chronicle), it became institutionalized and put to use through a series of public health programmes; AIDS became a disease administered through major institutions invested with large amounts of resources, including power and money! Hence, to provide grounding for the understanding of AIDS and to set the context of discussion as regards its biomedical characteristics, we would do well by locating the institutions that narrativized its scientific story historically.

To begin with, as early as the 1980s many among public health officials in the United States (from whence the disease was discovered) sought to prevent AIDS rather than cure it. Because of the great limitations on what they could do (keep in mind that at the time the causative agent of AIDS was still unknown), a 'terribly bad' lifestyle, homosexuality, was correlated with the disease. AIDS was associated with the foibles of the individual, a homosexual being. Homosexual men were scapegoated and stereotyped as reservoirs of AIDS. Against this backdrop one can understand the movement of public health officials towards treatment advocacy and activism. Public health officials reminded members of society, particularly homosexual men, of the dangers of promiscuous sexual behaviour. In other words, they reminded society of what counted as either right or wrong.

Public health activism in the United States found expression through the activities of the CDC, an institution set up in 1946 as the Communicable Disease Centre.[12] The CDC is a successor to the now-defunct Public Health Service (PHS). The PHS was set up in 1912 to impose quarantines on cities afflicted by contagious epidemics.[13] In the 1950s the battle against human epidemics was given major impetus by the Epidemic Intelligence Service (ELS). At the time the ELS sponsored, trained and recruited medical and dental school graduates to work in partnership with several health departments, including the Virus Cancer Program and the World Health Organization.[14] In the 1970s increased funding made possible the WHO's active participation in the implementation of public health policy throughout the world. In the mid-1980s the WHO outlined its key objectives in a document titled *Public health action in emergencies caused by epidemics*. This document called for drastic measures against major epidemics, in particular AIDS. Especially notable among these measures were quarantines, mass immunizations, and restrictions on travel.[15]

In the late 1960s the CDC's role expanded even further. Rather than limit its role to state and local health departments on request, the CDC invested itself with more power to deal with health emergencies occurring nationwide; the CDC assumed control of the whole of the public health system in the United States. Subsequently, its influence extended into other parts of the world.[16] And from the early 1980s, buoyed by omnipotent power and control, as well as a new name, (the CDC became known as the Centres for Disease

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[12] P Duesberg 1996, *Inventing the AIDS virus* (New York: Regnery), 133.
[13] Ibid, 134.
[14] Ibid, 134.
[15] Ibid, 134.
[16] Ibid, 135.

Control), the management, treatment and prevention of all contagious epidemics became its primary domain, its sphere of influence.[17]

The National Institutes of Health (NIH) is another good example of a macro factor that participated in the great battle against infectious epidemics. Since the 1950s the NIH's major domain has been laboratory research.[18] Thus, when AIDS was discovered in the mid-1980s the NIH became the first macro factor in the whole wide world to be involved in the mapping out of the genetic structure of its causative agent: human immunodeficiency virus. In this manner, the NIH staged the groundwork for the biomedical model of the disease. At the time the 'future research needs' of AIDS were set out as follows:

> Molecular biologists could study the genetic structure of HIV, while biochemists would analyse viral protein functions ... Virologists would inspect every detail of the infective process and develop more tests for HIV, and animal researchers would experiment with mice and chimpanzees alike. Epidemiologists would ... follow the cohorts (risk groups) of infected people as they lived or died.[19]

Once the language of AIDS had become dependent on a wide range of meanings that derived from the CDC, the NIH and the WHO, and once its 'future research needs' had been fully determined, AIDS became a biomedical chronicle personified. This particular depiction of the disease (the idea that AIDS is a biomedical phenomenon) percolated into

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[17] Ibid,145.
[18] Ibid, 133.
[19] Institute of Medicine and National Academy of Sciences, *Confronting AIDS: directions of public health*, Washington DC 1988.

the consciousness of many working journalists and entered, almost inevitably, into the everyday language of their readers. AIDS became the most terrifying and the most horrific disease in scientific and medical history because of its depiction by the CDC, the NIH, the WHO, and the media as a disease transmissible by an *invisible germ*! Against this background one can understand the fear of contagion and stigmatization that accompanied learning about AIDS (see Chapters 7 and 8).

The characterization of AIDS as a biomedical disease is the key to the understanding of its transcendental character. Here Lupton's manner of thought is particularly instructive. According to the principles of biomedicine, Lupton says, the status of the doctor signifies "the objectivity and the power of laboratory science and hygienic purity".[20] Hence in the mid-1980s the HIV pathogen was conceived of as an invisible germ explicable by the various kinds of clinical symptom it caused. The HIV germ, so the argument continued, grew abundantly in every diseased tissue and caused disease whenever and wherever it appeared – the pathogen, so to speak, traversed all of the social spaces between people. From this standpoint, to lay people the germ theory of AIDS represented a force way beyond their control.

Furthermore, the biomedical model of AIDS enhanced the authority and credibility status of the scientific expert. The modern scientist was cast in the role of a person of light endowed with great character and superior wisdom. He embodied the 'high priest' of a new 'faith' (the germ theory of AIDS) invested with the power to make the pain and suffering that was the lot of a significant proportion of people completely disappear –

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[20] D Lupton 1994, *Medicine as culture: illness, disease and the body in western societies* (London: Sage), 53.

with ease. The mythic status (see Chapter 6) acquired by the credentialized expert deepened popular belief in what Michael Tracey would call the "cures of science" [21] or what Lupton designates the "enlightened", "progressing" and "triumphant" nature of science. [22] From this reading, AIDS was located within an understanding of the Enlightenment tradition: the idea that truth, pure human reason and rationality would reveal the cause and nature of the disease as well as its *cure* became a prototype of scientific assertion.

1.3   Towards the integration of structure and agency

From the above rendering, once AIDS researchers had endowed themselves with certain scientific claims, and once the biomedical language of AIDS had hardened into an established fact, public discourse about the disease started revolving around a particular configuration of the common themes and beliefs established by macro institutions. What is more significant, these common themes and beliefs resonated profoundly with a great number of news reports that figured in the media. AIDS became a disease validated through a specific combination of institutional practices and commodified on a grand scale by the human actor, the modern journalist.

My study follows familiar trajectories in sociology, trajectories that try to establish the connective tissue linking social structure to human agency – to allow for what is commonly regarded in the social sciences as individual voluntarism. Take for example

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[21] See Michael Tracey's *Inaugural Lecture of the Chair of International Communication,* University of Salford, England, 1995, 11.
[22] Lupton, *Medicine as culture*, 15.

the works of Anthony Giddens, George Ritzer and Jeffrey Alexander. Anthony Giddens's model of structuration (the idea of a 'duality of structure') is a remarkable example of an integrative theory in sociology. As Adams and Sydie state, Giddens's theory of structuration is "an important addition to contemporary theorizing".[23] According to Giddens, human societies are in the process of structuration,[24] by which he means that they are continuously being produced and reproduced, created and recreated, constructed and reconstructed. There is no such a thing as a "societal totality", says Giddens; by the same logic, structures are not external to the human actor.[25] Structures only exist in "memory traces" and social practices that occur across time and space (social context).[26] Structures denote that there are regularities in the way people behave and in the way they structure their complex system of social relationships.[27] Human societies 'keep going' over time, not because they embody physical structures that are discernible or are 'out there,' or because they have a methodical or mechanical momentum, but because "there is a continuity in what people do from day to day and year to year, and in the social practices they follow".[28] Stated otherwise, structures are reproduced through the different relations between people; structures are reproduced through the different social systems, through the activities they continuously create and recreate in time and space.

According to Giddens, there are regularities in the way we behave because there are rules governing our conduct. We are not purposive and knowledgeable individuals. We are incapable of constructing social reality. From this perspective, structure is constraining.

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[23] B N Adams and R A Sydie 2001, *Sociological theory* (London: Sage), 390.
[24] Giddens, *The consequences of modernity*, 5.
[25] See G Ritzer, 1993. *Sociological theory* (London: Macmillan), 488.
[26] Ibid, 488.
[27] Ibid, 5.
[28] Giddens, *The consequences of modernity*, 17.

However, it is also clear from Giddens's thinking that he was greatly influenced by the classical theories of Max Weber,[29] who focused sociological attention on human social action, motivation and intention. Although the human actor is incapable of actively participating in the construction of reality, he or she is invested with reflexivity or consciousness – "practical consciousness" is what Giddens is more concerned about, that is, the ability to do things that cannot be put into words.[30] The human actor is capable of monitoring "the ongoing flow of activities and conditions"[31] occurring in his or her social world. The human actor is invested with the power or capability to make a difference. Giddens also focused sociological theorizing on human intention when he argued that "changes occur partly because people intend them to occur".[32]

From my standpoint, Giddens's theory of structuration formulates cogent sociological questions regarding the relationship between structure and agency. Giddens affords the reader an opportunity to see just how frequently structure is both constraining and enabling. It is clear from reading Giddens that agency and structure are somewhat interrelated. He says for example that people use the rules (defined as structure) to make social interaction possible. In this way, people draw upon structures and thereby reproduce these structures,[33] reproduce social practices in time and space. However, although Giddens 's insights are "an important addition to contemporary theorizing" they are nonetheless debilitated; for Giddens tended to grant agency more priority than

[29] M Weber 1964, *The methodology of the social sciences* (London: Free Press).
[30] Ritzer, *Sociological theory,* 489.
[31] Ibid, 488.
[32] Giddens, *The consequences of modernity*, 17.
[33] See D Gelderblom 2004, *Only study guide for SOC302-6* (Pretoria: University of South Africa), 52.

anything else. This can be clearly seen in this "leading theorem of the concept of structuration":[34]

> … every social actor knows a great deal about the conditions of reproduction of the society of which he or she is a member.[35]

Further evidence revealing that Giddens slumped too much into matters pertaining to subjectivity can be illustrated by this rendering:

> … what people do ... simultaneously create[s] the structure anew.[36]

Human actors are seen by Giddens as being capable of making "a difference". In fact, human action depends on this ability to make "a difference". In his rendering of the concept of "practical consciousness", Giddens further establishes his bias towards agency. According to Giddens, human beings have knowledge of how to act, they have knowledge of how to participate in unspoken actions on a day-to-day basis.[37] This carries Giddens to the conclusion that we are always competent to act, because we know "a great deal about the institutions" of our society. [38] Giddens's thinking that we know more about the institutions of society and that we are capable of creating these structures anew is a debatable point of view. The following rendering by Frank Furedi (professor of sociology at the University of Kent, United Kingdom) weakens Giddens's view that we are always

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[34] A Giddens1984, *The constitution of society: an outline of the theory of structuration,* Cambridge: Polity Press, 5.
[35] Ibid, 5.
[36] See M Haralambos and M Holborn 1995, *Sociology: themes and perspectives* (London: Collins), 625.
[37] I J Cohen 1987, 'Sociological theory and social praxis', in A Giddens and J H Turner, *Social theory today* (Cambridge: Polity), 4.
[38] Ibid, 71.

capable of making a difference. Furedi's rendering reveals the limitations of Giddens's bias towards human agency:

> Politics today has little in common with the passions and conflicts that have shaped people's commitments and hatreds over the past century. There is no longer room for either the ardent advocate of revolution or the fervent defenders of the free market faith. Political sentiments rarely acquire a systematic form, in which vague aspirations for change are transformed into real-life discussions about how change might come about. This is not definitely an age of political programmes ... Our culture continuously emphasises problems that are not susceptible to human intervention, and therefore, outside of the political realm entirely. Theories of globalization stress the inability of people and their nation states to deal with forces that are beyond their control ... *It is widely believed that the world is out of control and that there is little that human beings can do to master these developments or influence their destiny. Now that there are no competing visions about how society should be organised, real choices about how we control our future are no longer possible* (my emphasis). Humanity is forced to acquiesce to a world-view that former British Prime Minister Margaret Thatcher aptly describes as TINA – There Is No Alternative. Without alternatives, debate becomes empty posturing about trivial matters.[39]

George Ritzer's account also stems from the emerging debate in sociology on structure and agency. Ritzer identifies four levels of sociological inquiry, namely the macro-objectivity level, the macro-subjectivity level, the micro-objectivity level, and the micro-subjectivity level.[40] Ritzer explains these levels of analysis in this way:

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[39] See www.spiked.online.com
[40] G Ritzer 2004, *Sociological theory* (London: Macmillan), 486.

The macro-objective level involves large-scale material realities such as society, bureaucracy, and technology. The macro-subjective level encompasses large-scale nonmaterial phenomena such as norms and values. At the micro levels, micro objectivity involves small-scale objective entities such as patterns of action and interaction, whereas micro subjectivity is concerned with the small-scale mental processes by which people construct reality. Each of these four levels is important in itself, but of utmost importance is the dialectical relationship among and between them.[41]

To provide much more sociological grounding for an understanding of how structure can be linked to agency, Ritzer cites the phenomenal example of the credit card system in the United States. Ritzer points out how this supposedly private matter bears on the public domain: *"At the macro level, aggregate consumer debt has become a public issue because a large and growing number of people are increasingly indebted to credit card companies. A by-product of this growing consumer debt is an increase in delinquencies and bankruptcies. Also at the macro level, and a public issue is the role played by the government in encouraging consumer debt through its tendency to accumulate debt ... Such activities are clearly a public issue and are causing personal troubles for untold numbers of people. Turning to personal troubles, millions of people have gotten themselves into debt, sometimes irretrievably, as a result of the abuse of credit cards"*.[42]

Understood from this perspective, Ritzer's integrative model also embodies an attempt to reveal how macro issues are linked to micro issues. According to Ritzer, personal

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[41] Ibid, 486.
[42] Ibid, 487–488.

problems bear significantly on the larger issues acting upon the lives of great numbers of people, such as delinquency, state bankruptcy, and familial disruptions. From reading Ritzer one finds that there is an interrelationship (a dialectical relationship, so to speak) between public issues (social problems) and personal issues. Ritzer lends greater force to this way of thinking when he states that "public issues such as the policies and procedures of the credit card firms (for example offering preapproved cards and recruiting students) help create personal troubles".[43] Nonetheless, Ritzer's attention to integrative sociological theorising is limited by his simplistic renderings; Ritzer took for granted the mutual dependence of macro and micro factors. Ritzer can be criticised from the standpoint of Ashton and Sung, who state quite accurately that although structure and agency seem to be empirically interdependent, they are actually "autonomous and separable domains".[44]

Jeffrey Alexander was greatly concerned with the manner in which social order is produced and maintained in modern societies.[45] That Alexander was influenced a great deal by Parsons[46] is clearly evident in his integrative theory. Like Parsons, Alexander begins at the collective-normative level. In his analysis the macro level tends to weigh more heavily than the collective-rationalist level.[47] Alexander asserts that the macro level pertains to the ordering of human society. It is at the macro level that order is collectively or externally created. The foundation for order lies in the framework of norms and values internalized by the different personalities through the process of socialization. At the

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[43] Ibid, 488.

[44] See I J Cohen 1987, 'Structuration theory and social praxis'. *Social theory today*, edited by A Giddens and J H Turner (Cambridge: Polity).

[45] J Alexander1982, *Theoretical logic in sociology* (Berkeley: University of California Press), 65; see also Ritzer, *Sociological theory*, 488–490.

[46] T Parsons 1964, *Essays in sociological theory* (New York: Free Press).

micro level of social analysis we find that order stems from personality factors, we find that order is an outcome of human intervention or negotiation.[48] Again following Parsons,[49] Alexander focused sociological attention on the problem of action. Action takes place at the material-idealist level and the non-materialist level. At the materialist-idealist level, action is instrumental and rational; and at the non-materialist level action is normative and affective.[50] Thus, Alexander's integrated sociological theory (sometimes referred to as the 'multidimensional' model) collects around the internalization of norms and values to bring up social order in society. Alexander maintains a collective normative position to allow for both structure and individual voluntarism.

This study also winnows through some of the concepts and terms embedded in the contemporary theorizing of Giddens, Ritzer and Alexander. One of the central aims of my study is to help the reader to start thinking about an integrative sociological model, one that speaks to both structure and agency. However, my work is dominated largely by a recognition of Alexander's normatively resonant arguments; it is in implicit dialogue with Alexander's collective-normative approach. At one level, it is directed towards Alexander's collective-normative approach, on another level it reacts profoundly against it. Like Alexander, I insist on the idea that in any society there is some limit for individuals to act independently of their institutional constraints. My collective-normative approach proceeds as follows:

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[47] See G Ritzer, *Sociological theory,* 489.
[48] Alexander, *Theoretical logic in sociology,* 94.
[49] Ibid, 93.
[50] Ibid, 93.

From the early 1980s the story of AIDS in the media manifested certain regularities. It was grounded on a framework of norms 'received' from a wide range of structures of social relations (CDC, NIH, and WHO). As indicated, these social institutions made up the common conditions in terms of which AIDS was established as a biomedical disease; the scientific language of AIDS was conveyed through the CDC, the NIH, and the WHO. The story of AIDS in the media was guided by large-scale normative prescriptions offered by leading experts attached to a great variety of institutions of biomedicine. Their mentalities or styles of thought assumed the status of overarching conceptions, defining what should be studied regarding AIDS, what questions should be asked, and what scientific methodologies should be followed in interpreting test results and results pertaining to clinical and vaccine trials. In a word, the scientific knowledge regarding AIDS constituted what Thomas Kuhn would call a "paradigm",[51] that is, "the broadest unit of consensus within science"[52] that performs to distinguish one scientific hypothesis from another. The scientific experts made AIDS through the language of biomedicine and working journalists sold it as news – as both a spectacle and a major biomedical chronicle pillaging the homesteads and villages of the poor.

Seen from this point of view, the scientific language of AIDS should remind us of what Stuart Hall would call a "conceptual map"[53] – that is, a common reference point. Biomedicine is also reminiscent of what Foucault[54] would call a "discourse", that is, "the rules and practices that produce meaningful statements which belong in the same discursive formation". Throughout this thesis we will learn how AIDS was replicated in

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[51] T Kuhn 1970, *The structure of scientific revolutions* (Chicago: University of Chicago Press), 2.
[52] G Ritzer 1975, *Sociology: a multiple paradigm science* (Boston: Allyn & Bacon), 7.
[53] S Hall 2001, *Cultural representation and its signifying practices* (London: Sage), 18.
[54] Ibid, 44.

the media through this system of representation, this "conceptual map" or "discourse". The media became susceptible to the common currents and overarching conceptualizations circulated by our credentialized experts. As a consequence, their audience (newspaper readers) also encountered AIDS through these common currents and conceptualizations, through the objective characteristics derived from the biomedical institutions. From this standpoint, the theoretical orientation of this thesis begins at the macro-level. It is caught up in some of the profounder concerns set forth by traditional and contemporary sociologists such as Durkheim[55] (see above) and Alexander. I argue that the professional domain in which the working journalist is embedded is naturally subservient to the domain of structure through which the scientific language of AIDS is produced. The working journalist occupies a subordinate position in relation to the structure of biomedicine because he or she is not invested with the hallowed stature of our credentialized expert. The working journalist is everlastingly or perpetually displaced from the scientific field, even more so because the science of the disease is far too deep and dense for him or her. The science of AIDS bequeaths his or her marginality as an expert speaking with profound professional influence and authority. Even so, the working journalist is not completely caught up in the specific structure of social relations in which AIDS is embedded. For one, there is some room for individual voluntarism, for individual self-expression. From this reading, my theoretical approach is also in implicit dialogue with Giddens's structuration theory (see below).

The central theorem of my work differs slightly from Giddens's, though, because it begins at the macro level. I agree with Alexander's viewpoint that "the hope for

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[55] E Durkheim 1982, *The rules of sociological method* (London: Routledge), 50–51.

combining collective order and individual voluntarism lies with the normative, rather than the rationalist tradition".[56] To begin, norms (and values) can do much in terms of maintaining social order in society; norms and values serve as functional prerequisites for the ordering of human relations, as a basis for social integration. That said, norms and values are not always ends in themselves. As Abercrombie and his colleagues accurately state, values may be accepted on a pragmatic basis rather than on a normative basis.[57] Moreover, many societies continue to exist in spite of considerable disagreement or differences over norms and values.[58] What is more, meaningful comparison about norms, values and social order cannot be made across societies. It is not always that norms and values bear upon human action. Norms and values do not always serve as a considerable barrier to individual freedom – or self-determination. Although norms and values can provide the staging ground for social integration, this is only contingent upon historical variabilities over time and space.

I argue therefore that the scientific language of AIDS should be seen not only as a normative prescription for action, but also as a means by which working journalists can act. Indeed there had been regularities in the way working journalists represented the science of AIDS; the science of AIDS 'kept going' over time because the disease was located within an understanding of the germ theory; it was grounded on the biomedical model. This means that there was continuity in the normative practices that working journalists followed in time and space. Even so, the story of AIDS was also an outcome

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[56] Alexander, *Theoretical logic in sociology,* 108.
[57] N Abercombie, S Hill and B S Turner1994, *The penguin dictionary of sociology* (West Drayton: Penguin dictionary), 414.
[58] Ibid, 444.

of their own actions. This is essential to grasping another leading theorem in my work, that is, a system of representation that allows for individual agency, that is concerned with the more subjective processes by which people participate in the construction of the social world that surrounds them. This form of representation offers a useful way of understanding the subjective components of human action. It puts emphasis on the practical activities of social agents (working journalists) in producing and reproducing the story of Acquired Immune Deficiency Syndrome. It construes knowledge of AIDS as a series of constructions, constructions of what I call 'authentic voices'. As we mentioned in the Preface section, these 'authentic voices' embody different ways of presenting a world invaded by the invisible antigens bequeathed by AIDS. They are representational mirrors arising out of various acts of individual voluntarism. They arise out of individual practices. Following this, I argue that journalistic practices in regard to AIDS are not only objectively determined, they are also subjectively determined. They are a product of both the internalization of norms and values and the subjective characteristics of working journalists themselves (their own conceptualizations, understandings, worldviews and stereotypical assumptions).

Also, the different authentic voices in the media were constructed within highly different historical contexts (see Chapters 3 and 10). They are relative to the historical epochs in which they were produced and are therefore not tenable outside these historical contexts. Accordingly, our second system of representation (one that revolves around authentic voices) takes on not only a more constructionist approach, but also a historical approach. It conveys the sense of historical change. Media's depictions of AIDS through a series of authentic voices are important on another front. Not only do they reveal the symbolic

characteristics of AIDS (that the disease is a constructed phenomenon) as well as the shifting movements in the story of AIDS (that the media's authentic voices changed over time in response to the changing historical contexts), they are also critical in grasping the larger sociological questions underlying the disease (see Chapters 5, 7, 8, 9 and 10). To take a good example, our authentic voices provide a perspective necessary for the understanding of what I call the "narrative of moral protest". This study reveals that from the early 1980s the media adopted a collective position by petitioning morality to argue their cause, by chronicling AIDS through a specific structure of meaning, that is, the idea that AIDS is a disease that can be explained by 'divine judgement'. The "narrative of moral protest" represents one of a series of authentic voices that figured in the media.

1.4   Of the "narrative of moral protest" and other 'authentic voices'

By my account, the narrative of moral protest bears a striking resemblance to what Rushing would call an 'archaic-metaphorical conception'[59] of disease. Here disease is socially constructed: the victims of disease are socially defined in anomalous or deviant terms. Disease is understood to be related to the moral failings of the victims themselves – the fact of their domination by sexual passion. All too frequently disease is considered a 'visitation, a curse or judgement'.[60] I argue that in many written sources (as well as the media) AIDS was also associated with deviance and sin. A brief historical background can bear this out.

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[59] W A Rushing 1995, *The AIDS epidemic: social dimensions of an infectious disease* (Boulder: Westview), 163.
[60] J Meyers, 1985, *Disease and the novel:1880–1960* (London: Macmillan), 2.

As early as the 1980s AIDS was defined as a disease of lifestyle traceable to the moral failings (deviance) of homosexual men. Importantly, although the majority of people living with AIDS were gay men, the labelling of AIDS a "gay disease" bequeathed an unintended consequence: it stigmatized gay men as 'outsiders' or sinners. As Rushing states, it deflected attention away from other markers of difference that put some people at risk of contamination; what is more, it operated at the level of generality – it simply assumed that *all* gay men were at risk of contagion by AIDS.[61] Gay subcultures with special institutions, meeting places, special argot and distinctive folklore, which became widespread especially during and after the 1970s, became sufficient in themselves to explain the prevalence and incidence of AIDS among gay men.[62] Consequently, people responded to gays in terms of the common definition of AIDS as a gay disease.

From this reading, out of the literary representation of AIDS in accordance with the conventions of the narrative of moral protest was born yet another recurrent narrative that also played itself out in the media, namely the narrative of a "homosexual disease" or GRID (Gay Related Immune Deficiency). This narrative, like the "narrative of moral protest", presumably spoke of profound truths in point of AIDS. Interestingly, from the mid-1980s the definition of 'outsiders' was broadened to include heterosexuals in Africa. Here again AIDS was defined in stereotypical terms: the disease was associated with the moral failings of African heterosexual men and women. The compounded growth of AIDS in Africa was explained in terms of a wide range of traditional practices and attitudes to reproduction as well as particular beliefs about the causes of infectious

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[61] Rushing, *The AIDS epidemic,* 16.
[62] Ibid, 19.

diseases.[63] To take as an example, in the mid-1990's one researcher confidently declared that because of the cultural significance of reproduction in Africa, the use of condoms was widely discouraged; furthermore, the belief that people "who die childless cannot be accepted in the spirit world by the ancestors"[64] was quite widespread. Apparently, this too was sufficient to explain the high rate of HIV infections among African heterosexuals. At this point, therefore, libido and colour meshed or coalesced to engender yet another authentic voice mainstreamed by the media, namely the tragic story of what I call "African AIDS".

Significantly, the recurrent theme of African AIDS was also understood in relation to matters pertaining to social lifestyle – in this context, heterosexual lifestyle. In other words, AIDS in Africa was situated within what Rushing would call the "social behaviour perspective".[65] Nonetheless, for many observers African AIDS stood in sharp contrast to AIDS in the West. For one thing, in the Western world many among heterosexuals "modified" their sexual behaviour to avoid contracting HIV. Declining promiscuity in Western societies engendered low levels of HIV infection.[66] Also note that the media's representation of AIDS as a "heterosexual disease" affecting mainly African men and women coincided with its caricaturing in a number of scientific sources as a biomedical disease caused by a germ, a germ that was depicted as a 'microscopic invader' or a moving egalitarian target that killed its victims indiscriminately, regardless of gender or sexual orientation. I argue that this central theme (the idea that the narrative forms of a heterosexual disease and biomedicine were mutually reinforcing) demonstrates

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[63] S Scott and M Mercer 1994, 'Understanding cultural obstacles to HIV/AIDS prevention in Africa', *AIDS Education and Prevention* 6:86.
[64] Rushing, *The AIDS epidemic,* 123.
[65] Ibid, 123.

the mutually constitutive nature of structure and agency. That AIDS was a disease caused by a germ provided the means by which working journalists could act; it provided the means by which the disease was depicted in the media as a heterosexual disease that killed randomly. In other words, the media's depiction of AIDS as a heterosexual disease was an outcome of its representation in the scientific community as a disease caused by a germ. Seen in this light, the story of a heterosexual disease arose out of a *dialogical* encounter rather than a *dialectical* encounter, between the scientific expert attached to the great variety of institutions of biomedicine (structure) and the working journalist (agency) (see Chapters 5, 7, 8 and 9). The narrative of a heterosexual disease that figured in the media was both objectively and subjectively determined.

In addition, media reports of heterosexual AIDS were permeated by what one might call a moral perspective. AIDS was defined not only as a heterosexual disease, but also as a disease connected to the moral frailties of its victims. AIDS was connected to deviant heterosexual behaviour or sin. From the viewpoint of the media, promiscuous sex was a sign of major weakness; promiscuous sex connoted 'high risk' behaviour. Accordingly, chastity and fidelity were singled out as signs of fortitude or moral rectitude. Evidently, the narrative conventions of a "gay disease", "moral protest", and "heterosexual disease" resonate profoundly with some of the underlying assumptions of traditional sociology discussed previously. For one thing, these narratives explain AIDS in terms of a failure to conform to norms and values and single out a consensual society as a bulwark against the disease (see Chapter 9). The battle against AIDS, so the argument runs, is contingent upon social integration, upon the ordering of human relations, upon individuals

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[66] Ibid, 123–124.

performing their respective moral functions. AIDS was viewed as a metaphor for disorder, some sort of an aberration, anomaly or perversion, explicable by the society's state of moral decay. Against this backdrop, a framework of norms and moral values was singled out as a strong counterthrust, as a means for maintaining social order.

To sum up:

Our first system of representation, that is, biomedicine, signifies authority – or what Lupton would call "the power of laboratory science" or "hygienic purity".[67] Biomedicine transcended social history; it traversed all of the social spaces or national boundaries. Once AIDS was thought to be caused by a virus, HIV, the germ theory of the disease crystallized into a state of permanence. It mutated into the status of a "received narrative" (see below). Our second system of representation on the other hand provides the context for an understanding of the subjective processes by which modern journalists participated in the construction of a series of authentic voices. Also, our second system of representation responded to the changing historical context; it was accommodative of the historical perspective. The narratives of a "gay disease", "moral protest", and "heterosexual disease" were constructed over time and space; they were constructed within highly specific historical conditions.

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[67] Lupton, *Medicine as culture,* 53.

1.5 Making the claim for authenticity

AIDS in the media offers us a unique opportunity for grasping how the media, through a specific combination of authentic voices ("a gay disease", "narrative of moral protest", a "heterosexual disease", "modern-day Black Death", and "redemption"), influence society, and do a great deal in terms of shaping public knowledge about social phenomena. With regard to the phenomenon of AIDS, the media conferred attention on the disease primarily because they were immensely attracted by the sensationalistic elements of its story such as sex, love, lust, eroticism, infidelity, infatuation, beauty and sometimes even fame. These factors were also exploited by the media for their newsworthiness because they accentuated the anomic nature of our contemporary society; they revealed the moral breakdown of society and its component parts. Like the O J Simpson case,[68] the more AIDS became available to the media, the more the public became exposed to it. Hence the AIDS story in the media was far more than a scientific story, it was a perfect microcosm of melodrama, spectacle, morality and identity. AIDS in the media offered us a unique opportunity to measure or diagnose what counted as either right or wrong within our cultural milieu.

This reading also underlines the fact that AIDS in the media manifested itself in a number of ways, for which one might do well to speak of a variegated or a multicoloured representation. The AIDS story was an outcome or a product of many narratives, namely the biomedical model and a series of authentic voices. Because the germ theory of AIDS derives from the institutions of biomedicine, it is depicted in this thesis as the "received

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[68] For further reading on the media and the O J Simpson case, see for example J Schuetz and L S Lilley 1999, *The OJ Simpson trials: rhetoric, media, and the law* (Carbondale: Southern Illinois University Press), 30.

narrative" – in much the same way that the classical novel represents, according to McCarthy,[69] the "received tradition". The biomedical narrative of AIDS embodied orthodoxy, convention, tradition or custom. It also embodied hegemony, since it positioned itself as the most dominant conception of AIDS. As indicated earlier, the authentic voices in the AIDS story were by no means counter-hegemonic, though – they hardly exemplified a rendering of a critique against the authenticity, validity and credibility of the "received narrative". Both narrative forms of biomedicine and authentic voices hardly represented diverse oppositions; on the contrary, they embodied a sort of hybridization within the literary representation of AIDS. Henceforth, the relationship between the credentialized expert (the repository of the received narrative) and the media (the repository of authentic voices) was structured along the lines of mutual dependence and common understanding. This sociological imperative can also be explained by the fact that the modern journalist was imbued with insufficient or inadequate knowledge regarding the science of AIDS. The modern journalist construed the science of the disease as far too deep and dense. As a consequence, his or her story involved 'authorization' from a professional source, the scientific expert. The scientific expert personified, to use Tuchman's[70] typology, an 'authorized knower'.

Shared understanding and mutual dependence between the credentialized expert and the modern journalist can also be explained by the media's role as an important vehicle of communication. Scientific experts cast themselves in the role of what Friedman would

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[69] See McCarthy *et al* 1995, 'The hypocrisy of completeness: Toni Morrison and the conception of the other', *Cultural studies* 9:248.

[70] G Tuchman 1978, *Making news: a study in the construction of reality* (New York: Free Press).

call "visible scientists",[71] always willing to talk to the press – all too frequently the 'visible scientist' became an authoritative source of important quotes and 'breaking news'. Both the journalist and the scientist became what Blumler and Gurevitch would call "purposive actors".[72] Their relationship persisted so long as it was perceived to be reflecting a sociological imperative: common understanding and value integration. Therefore, although the individual journalist saw himself or herself as a connective tissue linking the reader to AIDS, he or she was by no means the creator and guarantor of meaning. The credentialized expert alone enabled scientific communication to take place. AIDS captured the literary imaginations of the working journalist if only because of the spectacle and melodramatic qualities embedded in its authentic voices. The disease also captivated the working journalist because it entertained a great deal; it contained sensationalistic connotations: sex, lust, love, passion, eroticism, infidelity, etc. The AIDS story in the media not only heightened the dramatic quality, but also embodied a story of moral revolt. AIDS in the media was founded on a revolt *against* the general impurity, unscrupulousness, profligacy, wickedness, sinfulness and impropriety of our modern world. The AIDS victim was said to be having blood on his or her hands. AIDS was seen as an epidemic on an exponential rise because human beings were stepping out of the moral ideal into the circle of 'otherness' – into the 'sins' of homosexuality, sexual promiscuity and infidelity.

From this understanding, not only did the individual journalist participate in creating the sense of melodrama and spectacle, he or she also cast himself or herself in the role of a

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[71] S M Friedman, Rogers, C L and Dunwoody, S 1986. *Scientists and journalists: reporting science as news*. (New York: Free Press), 23-25.

[72] J G Blumler and M Gurevitch 1981, 'An essay on role relationships', in D D Nimmo and K R Sanders: *Handbook of political communication* (London: Sage).

moral philosopher, always keen to display a cast of mind that privileged ethical conduct above all. In a sense, it can be said, the modern journalist elected to operate within what Culler would call a trope of 'apostrophe'. Culler defines apostrophe as a 'diversion of our words to address some person (or something) other than the judge'.[73] Apostrophe, he continues, jumps out of the "debased communication circuit of human textuality in order to appeal to the authority of a non-contingent, timeless absolute". [74] In my terms, the story of AIDS in the media also utters an apostrophe. It laments the sinfulness contained in our society and seeks its redress; it seeks to jump out of the "debased communication circuit" of immorality. It makes an appeal to a transcendental principle, a 'totalizing gaze', so to speak, namely 'morality'. The disease was located within an understanding of the lewdness, perversion, and indecency of our contemporary society. That the AIDS text was imbued with certain moralistic moments is the reason it made a claim for authenticity. The story of AIDS in the media claimed to be believable, to be genuinely *right*, to be connected to the 'real' (this is discussed in more detail in Chapter 10). The AIDS story reflected this larger social context too. It always pointed out to something else – not only biology. This should also remind us of autobiographical writing in Spain which, according to Fernandez,[75] is typified by a deep sense of crisis and loss. It can be said that AIDS in the media was a prototype of Spanish autobiography, since it was written from a position of moral deprivation, defacement, crisis and loss.

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[73] See M Fernandez 1992, *Apology to apostrophe: autobiography and the rhetoric of self-representation in Spain* (Durham: Duke University Press), 55.
[74] Ibid, 7–8.
[75] Ibid, 93.

1.6   Modernity revisited: the surveillance function of the story of AIDS

The proposal I am advancing in this thesis is a contribution to sociological theorems that collect around the following premise: not only does modernity involve liberation (progress), it also involves surveillance.[76] Modernity relates to changes in terms of norms and value orientation; these changes are vital for the understanding of social integration so essential to the survival of society, for the understanding of how order is maintained and sustained. You will recall that from Giddens's viewpoint modernity connotes a new "mode of social organization" (see above). What is more important, within this mode of social life man exists 'inside society', so to speak. And since his animal side, if left unchecked, may cause him to satisfy his personal drives "without taking the good order of society into account",[77] *he must be kept under surveillance*.

This constitutes a major departure from the Enlightenment traditions embodied in some of the popular works in sociology, which posit a connection between modernity and the major economic and technological transformations wrought by the Industrial Revolution in the 19th century. Noble, for example, associates modernity with a new philosophy of progress commonly known as 'positivism'. Positivism, the reader should know, is associated with the progressive growth of science.[78] Max Weber also fastened upon these innovative tendencies of modernity. He took it up that modernity staged the groundwork for rationalization. In his view, under modern conditions, science is the major source of intellectual authority; it demystifies the world and displaces fatalistic attitudes as well as

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[76] See for example M Carleheden and M Jacobsen 2001, 'A sociology of modernity: liberty and discipline', in P Wagner, *The transformation of modernity,* (London: Routledge), 5.
[77] Gelderblom, *Only study guide for SOC302-D,* 32.
[78] T Noble 2000, *Social theory and social change* (London: Macmillan), .43–48.

certain modes of superstition.[79] Here Noble and Weber maintain the sense in which both science and technology play an autonomous part in the process of social change. Since modern societies value science and technological innovation above all, they are far more advanced than traditional social orders (see also 1.1 above). Apparently, for Noble and Weber, this is the *only* underlying impulse of modernity. In sharp contrast, this thesis draws close attention not only to the progressive tendencies of modernity, but also to its ethical impulses. Not only did modernity herald major improvements in the human condition, it also created the sense of right and wrong, the sense of good and evil. Modernity was embedded with a moral function. Carleheden sums up these moral impulses of modernity in this manner:

> Modernity ... has always been and always has to be – although in different constellations – at the same time both liberation and rational discipline. These two aspects are actually interdependent ... Freedom needs boundaries to be realised. Modernization cannot simply mean liberation; it must necessarily also mean setting new rules and thus new boundaries ... autonomy has to be bounded (realised autonomy) to exist at all. And boundaries, of course, immediately limit freedom. Thus, modernity is an inherently ambivalent project. It is both freedom and discipline. The fact that new rules – after liberation from tradition – are not pre-given, but set in a more ... rational way does not at all mean that the disciplinary side of modernity tends to vanish ... Autonomy is not and cannot be solely a private matter. It is ... always a public matter as well.[80]

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[79] M Weber 1964, *The methodology of the social sciences* (London: Free Press).
[80] Carleheden and Jacobsen, *The transformation of modernity,* 95–96.

This is what I call the surveillance function of modernity, the idea that the possibility of a modern society also depends on "conventionalization" or "institutionalization"[81] – it hinges upon common ideals and reciprocal relationships, following liberation from tradition and superstition. Not only are modern societies embedded with new sets of social orders (for example functional specialization and a complex division of labour), modern societies are also embedded with a normative framework, according to which order in society can be maintained. Ritzer aptly sums up this train of thought:

> Order in society is best maintained when people are put in the position of constraining themselves. Because people carry common value patterns around in their heads, they are able to determine for themselves if they are out of line and are able to realign themselves with the cultural value system.[82]

From this rendering, the AIDS story in the media reminds us not only of how disease can be understood in relation to a specific structure of social institutions, but also of a style of thought that is essentially conservative. It embodies a form of romanticism that tends to cling to pastness or primordialism, as well as moral ways of acting, behaving or thinking. AIDS was depicted by the media in terms of the decline of the moral reality of society, in terms of the failure of society to function as a cohesive or integrated whole. The ravages of AIDS were located within an understanding of a line of decline from a 'blissful' state of nature to a state of moral decay or 'anomie'. This carries me to the conclusion that the AIDS story in the media fastens upon a style of thought which, to use Mannheim's

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[81] Ibid, 96.
[82] Ritzer, *Sociological theory.*

typology,[83] is essentially romantic and reflective. The AIDS story also clings to a style of thought that is deeply rooted in traditional sociology, one that begins at the collective-normative level (see above). The conservative, romantic and traditionalist elements in the AIDS story lamented the passing of the primordial past. The media idealized the past, if only because they were appalled by the moral degradations of our contemporary society. Like Reid and Armstrong's typology of the mid-19th century man who created fearful images of the world around him and sold off the family as a defence against them,[84] the media created fearful images of AIDS and presented 'moral reality' or the 'collective conscience' as a haven in a 'heartless world' – as a countercurrent to the corrosive images of our modern world.

Therefore, in the final summing up: The AIDS story in the media embodies two fundamental tendencies of modernity. The first tendency seeks to construct the world through what Scambler and Higgs would call "systematic, essentializing, and totalizing conceptual categories".[85] Put simply, it seeks to understand the world through grand theories – to take as an example traditional sociology. The other tendency is also inclined towards modernist ways of thinking, since it views the world through opposition: 'good' (moral rectitude) and 'evil' (promiscuous sexual behaviour). In other words, this tendency operates at the level of an authentic voice, namely the narrative of moral protest. It subscribes to what one might call 'normativity', in so far as it seeks to order human societies.

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[83] K Mannheim 1986, *Conservatism: a sociology of knowledge* (Boston: Routledge), 84.
[84] See N Armstrong 1985, *Desire in domestic fiction* (New York: Oxford University Press); and R Reid 1994, *Families in jeopardy* (Stanford: Stanford University Press).

[85] G Scambler and P Higgs 1998, 'Introduction', in G Scambler and P Higgs, *Modernity, medicine and health* (London: Routledge).