

CHAPTER 2

LITERATURE REVIEW

2.1 Background: news as ideology

This Chapter reviews the sizeable literature currently available on the media and the phenomenon of Acquired Immune Deficiency Syndrome. It sheds light on how the disease is narrativized in a number of written sources, primarily secondary sources. To begin with studies in the sphere of the media, one of the most dominant tendencies in these studies is to correlate news with ideological imperatives. The contents of news, so the argument runs, are ideologically inclined. For example, in the view of Lang and Lang, journalists have centralised sources that allow them to observe some ‘facts’ but not others; these facts coincide with a range of events that journalists expect to see occurring.¹ Here common organizational and professional practices result in a shared selection of ‘facts’.² And for Molotch and Lester the media are inclined to support the most powerful not only in terms of the content of what is published, but also in the types of “newswork procedure” that have been allowed to endure as suitable professional practices.³ From this point of view, news reports are an outcome of a sociological/political process; they are supportive of those invested with political and economic power (the elites).

¹ K Lang and G E Lang 1953, ‘The unique perspective of television’, *American Sociological Review* 18:32.

² Ibid, 32.

³ H Molotch and M Lester 1997, ‘News as purposive behaviour: on the strategic use of routine events, accidents and scandals,’ in D A Berkowitz, *Social meanings of news: a text reader* (California: Sage).

Tomaselli *et al* also render the view that ideology permeate journalistic practices. Modern journalists, so their logic runs, locate themselves within particular ideological currents that play out in society; these ideological currents correlate with class and political backgrounds.⁴ Journalists single out certain kinds of reality – these realities are treated as a set of independent events, each of which is new and therefore can be reported as news.⁵ Media events are derived from the ongoing processes of social experience.⁶ Gans also accommodates the notion of ideology in news practices. He states that journalists are in the business of reporting news subject to what he calls “considerations”. By “considerations” Gans has in mind those factors that determine the availability of information and the suitability of news judgements.⁷

I maintain an adversarial stance towards the view that all news is laden with ideology. The ideological approach to news suspends any assumption of disinterestedness or fairmindedness in journalism. By my logic, not all news is ideologically laden. For example, since the early 1980s the media in South Africa reflected on the nature of the phenomenon of their interest, namely AIDS, by participating in the active construction and reconstruction of a wide range of representational signs: the “narrative of moral protest”, “gay disease”, “African AIDS”, “modern-day Black Death”, and “redemption”. In the eyes of the media these authentic voices embodied objective or uncoloured news, since they reflected on what was commonly believed to be profound

⁴ K Tomaselli 1987, *Narrating the crisis: the press in South Africa* (Johannesburg: Ravan Press), 22– 23 .

⁵ *Ibid*, 22–23.

⁶ *Ibid*, 24.

⁷ H Gans 1980, *Deciding on what is news* (New York: Vintage).

truths about the disease. Furthermore, the media's authentic voices comprised objective or unjaundiced news as far as they fitted into the frame of meaningful statements or common assumptions held to be authoritative at the time.

2.2 AIDS and the sociological perspective

Because of the great theoretical limitations embedded in the ideological approach, this study will gravitate towards other modes of theoretical inquiry most common in the social sciences, namely phenomenology (or the human agency approach) and traditional sociology. These perspectives foreground one of the most important debates in the field of sociology. As we have seen in the previous chapter, this debate centres on whether there are any boundaries to human agency or whether social structures have an overwhelmingly determining effect on human behaviour. In my rendering, this debate offers a useful way of understanding some of the sociological underpinnings of AIDS. To start, the fundamental problem that the South African media undertook to answer was why people contracted AIDS (see Chapters 1, 4, 5, 7, 8 and 9). Until the mid-1990s the media set the frame of discussion about AIDS by blaming (scapegoating) the individual victim. Here the patient was represented as a victim of his or her own free will. His or her contamination by AIDS was explained in terms of his or her personal characteristics. The AIDS victim was caricatured as a human being capable of shaping his or her own social world at will.

Evidently, this mode of representation parallels some of the underlying assumptions of the phenomenological perspective. In the rendering of Berger and Luckmann,⁸ the

⁸See Ritzer, *Sociological theory*, 34.

phenomenological approach conceives of the social world and its structures as a phenomenon produced and reproduced through people's activities; social structures are seen as "a network of human activities continually created and recreated by people".⁹ This manner of proceeding (the idea that human actors are themselves capable of exercising their creative capacities) echoes Turner's idea that human actors "have a tendency to shape the phenomenal world into roles which are core processes in interaction".¹⁰ Blumer develops this phenomenological idea further by stating that in interaction, "the participants fit their acts together", first, "by identifying the social act in which they are about to engage," and second, "by interpreting and defining each other's acts".¹¹ Human actors are invested with the power to interpret social acts and of directing or guiding their actions with regard to them.¹²

Against this backdrop one can argue that from the phenomenologists's viewpoint, that human actors are imbued with the capacity to act independently of their institutional constraints is vital to grasping their personal tragedy: their *contamination* by AIDS. Human actors are limited by their character. They contract AIDS because they are dominated by their choice or their agency. They get AIDS not so much because their society contains evil, but because they themselves contain evil. They do not get AIDS because they are conditioned by their social environment. AIDS is a function of the fact that they are ruled, consumed, overwhelmed and bullied by sexual passion! Their deeds are therefore expressive of their character. Their deeds stem from what

⁹ Ibid, 34.

¹⁰ See A M Rose 1962, *Human behaviour and social processes. An interactionist approach* (Boston: Houghton Mifflin), 22.

¹¹ H Blumer 1996, 'Sociological analysis and the variable', *American Sociological Review* 21(3)(December 1996).

¹² Ibid, 540.

Bradley¹³ would call a “tragic sequence”. In this context, the media made a causal connection between character, deed and personal catastrophe.

From the mid-1990s this form of representation was displaced by a description that was more attentive to historical proportions, a form of depiction that was far more accommodative of the larger issues of history, gender, class, power and control, etc. I argue that this period saw the story of AIDS in the media being replicated through the contours of traditional sociology (structural functionalism). Here history and politics were blamed for the social crisis bequeathed by the disease. Note that the traditional approach in sociology was first crystallized in the 18th century during the Enlightenment. In the view of Featherstone,¹⁴ the project of the Enlightenment is the project of modernity. Featherstone adds that modernity is identifiable with the concept of “universal or transcendental reason and the progressive rationalization and differentiation of the social world”.¹⁵ The key to the understanding of traditional sociology is the idea that all human interactions are rule-governed. “Patterns of action are accounted for in terms of dispositions that have been acquired by the individual such as attitudes, sentiments, and sanctioned expectations.”¹⁶ Rules are learned, internalized and institutionalised by all members of society. These members are regarded as the products of some common culture – of a specific system of socialization.¹⁷

¹³ See A C Bradley 1949, *Shakespearean tragedy* (Basingstoke: Macmillan); see also L B Campbell 1952, *Shakespeare's tragic heroes* (London: Methuen), 261.

¹⁴ M Featherstone 1988, ‘In pursuit of the postmodern: an introduction’, *Theory, culture and society* 5 (2–3): 197–198.

¹⁵ *Ibid*, 28.

¹⁶ *Ibid*, 59.

¹⁷ Tuchman, *Making news: a study in the construction of reality*, 182.

Hence, the theoretical starting point of the traditional approach is that all societies are cohesive, stable, and generally integrated wholes, differentiated only by their cultural and socio-structural arrangements.¹⁸ Social structures are invested with an independent status. Viewed differently, social structures are capable of fashioning human action – of nurturing extreme passivity in human actors. Human actors do nothing but react to what Durkheim designates the “collective conscience”,¹⁹ which sustains the so-called common morality of society. In other words, human actors carry the society’s *common value patterns*.²⁰

By my account, from the mid-1990s the media understood AIDS from this sort of theoretical conventions embedded in traditional sociology. AIDS was located within an understanding of the society’s social incoherence. AIDS was understood against the backdrop of value disintegration. The disease was seen as a trajectory of history, as being compatible with the institutional fragmentation of society. Stated otherwise, the disease was depersonalised. The media fastened upon the idea that people contracted AIDS because they are committed by history to their sociological conditions; they are much less dominated by sexual passion. This suggested that AIDS should be blamed not so much on the personal limitations of the victims themselves as on the limitations imposed on them by the historical past.

¹⁸ E C Cuff 1981, *Perspectives in sociology* (London: Routledge), 23.

¹⁹ See Durkheim, *The division of labour*.

²⁰ Ritzer, *Sociological theory*, 193.

2.3 The “genealogical” account of AIDS

From the above understanding, AIDS is a perfect microcosm of a changing artefact. The language of the disease changed over time in response to the changing sociological and historical context. As we have seen elsewhere in this study, the AIDS story in the media manifested some shifting movements: it moved from a narrative form that depicted AIDS as a “homosexual disease” towards a narrative that mainstreamed the ‘egalitarian’ qualities of the disease (the idea that AIDS is a “heterosexual disease” personified). In terms of AIDS there never was any smooth path of knowledge development. On the contrary, there were many gaps, ruptures and breaks. Epstein refers to these transmutations in the trajectory of knowledge as “genealogy”.²¹ A genealogical account, he says, rejects teleology in favour of shifts and discontinuities.²² In this study, Epstein’s concept is applied to describe these kinds of shifting knowledge that appeared in some of our secondary sources. Understanding these shifting movements is also the key to grasping the historical specificity of knowledge about the disease. A genealogical account affords us an opportunity to see how frequently our knowledge about disease is permeated by a sense of historical continuity and of historical change.

In the early 1980s much of the literature on AIDS was situated within the social epidemiological perspective. Broadly speaking, this literature presented an account that AIDS was unevenly distributed between groups of people embedded with distinct sets of characteristics (for a more detailed discussion on the perspective of social

²¹ S Epstein, 1996, *Impure science: AIDS, activism and the politics of knowledge* (California: University of California Press), 357.

²² *Ibid*, 357.

epidemiology, see for instance Rushing²³). The works of people such as Ma and Armstrong,²⁴ Adler,²⁵ Corey and Holmes,²⁶ and Sonnabend and Saadoun²⁷ authenticate this point of view. These works maintain the sense in which the gay lifestyle in the West was a major risk factor for AIDS. The dominant mode of transmission was anal intercourse among gay men – as well as the use of contaminated or unsterilized needles. Ma and Armstrong grounded their social epidemiological argument on the idea that lymphotoxic antibodies, which simulate HIV antibodies, can be found among gay men participating in anal intercourse.²⁸ In Adler's view there is a link between anal intercourse and unusually high anal infections; diseases such as syphilis, gonorrhoea, chlamydia, mycoplasma, and papilloma virus all stem from anal intercourse.²⁹ Corey and Holmes also speak to the grim tale of homosexual lifestyle by associating greater promiscuity with homosexual men; according to their logic, higher rates of anal intercourse reveals the reason gay men develop higher rates of AIDS.³⁰ The stereotypic depiction of homosexuality also finds expression in Sonnabend and Saadoun's rendering that AIDS is associated with exposure to the sperm and seminal fluid of gay men. Gay men are at risk of contamination because they lead a fast-track sex-and-drugs lifestyle, says Sonnabend and Saadoun.³¹

²³ Rushing, *The AIDS epidemic*, 15–45.

²⁴ P Rubenstein, M Walker, N Mollen, L J Laubenstein and A E Friedman-Kien 1986, 'Immunogenic findings in patients with Kaposi's sarcoma', in P Ma and P Armstrong 1986, *Aids and infections of homosexual men* (Boston: Butterworths), 403–418.

²⁵ M N Adler 1988, *Diseases in the homosexual male* (London: Springer-Verlag), 88.

²⁶ L Corey and K K Holmes 1980, 'Sexual transmission of hepatitis A in homosexual men: incidence and mechanism', *New England Journal of Medicine* 302:346–438.

²⁷ J Sonnabend and S Saadoun 1988, 'The Acquired Immune Deficiency Syndrome: discussion of etiological hypotheses', *Aids Research* 1(2):120.

²⁸ Rubenstein *et al.*, 'Immunogenic findings in patients with epidemic Kaposi's sarcoma', in Ma and Armstrong, 403.

²⁹ Adler, *Diseases in the homosexual male*, 88.

³⁰ Corey and Holmes, 'Sexual transmission of hepatitis A'.

³¹ *Ibid.*, 436–438.

The explanatory power of the social epidemiological literature is nonetheless weakened by its tendency to create rigid boundaries between homosexuals and heterosexuals. It stereotyped gays by attaching certain labels to their behaviour (see chapter 5). By labelling gay 'lifestyle' a risk factor for AIDS, the social epidemiological perspective greatly contributed to the social stigmatization of *all* homosexual men. The social epidemiological view was permeated by a binary logic: it hissed at the 'villain' (the homosexual) and cheered the 'hero' (the heterosexual).

From the mid-1980s AIDS was depicted in our *secondary sources* (including a great number of scientific reports) as an 'egalitarian disease', affecting not only gay men, but also heterosexual men and women. Within sociology, some researchers maintained the sense in which certain meanings, phrases and words, which accompanied their learning about AIDS, tended to reinforce specific gender roles – see for example the work of Paula Treichler.³² Treichler takes the reader into the very heart of sociological inquiry by looking at how sex and gender are socially constructed. AIDS, so runs Treichler's logic, is a product of many discourses and meanings that entrench certain biases or stereotypes about men and women.³³ Treichler's earlier formulations can be summarized as follows:

When we deduce from the facts that AIDS is an infectious or a sexually transmitted disease syndrome ... what is it we are making sense of? 'Infection', 'sexually transmitted disease' ... are all linguistic constructs that generate meaning and simultaneously facilitate and constrain our ability to think and talk about material

³²P Treichler 1988, 'AIDS, gender, and biomedical discourse: current contests for meaning', in E Fee and D Fox, 1988, *AIDS: the burdens of history* (London, University of California Press).

³³ Ibid, 196.

phenomenon. Language is not a substitute for reality; it is how we know it. And if we do not know that, all the facts in the world will not help us.³⁴

Like Treichler, Oppenheimer³⁵ situates her work within a social constructionist framework. Oppenheimer's work embodies an attempt to move beyond the gendered nature embedded in Treichler's earlier formulations. Oppenheimer provides a comprehensive look at a range of characterizations of HIV infections up until 1987 and reveals how in the early 1980s medical experts tumbled into the chasm of biological reductionism: they effaced the co-factor model of AIDS, they erased non-microbial determinants of the disease.³⁶ The great limitation embedded in Oppenheimer's work stems from her failure to throw more light on these 'co-factors' which she maintains underlie the pathological processes of the disease. On the other hand, Rosenberg's study³⁷ is an inquiry into how the pathological processes of AIDS shape particular social responses to the disease. Rosenberg laments the dominance of biomedicine – or what he elects to call “mechanistic reductionism”³⁸ – over the history of clinical medicine. For example, she laments the treatment of syphilis and tuberculosis as clinical phenomena, as having “unities based on causes and consequent pathology”.³⁹ About AIDS, Rosenberg states that the disease not only reminds us of the different ways in which society frames illness, but also of how biological factors

³⁴ Ibid, 196.

³⁵ G M Oppenheimer 1988, 'In the eye of the storm: the epidemiological construction of AIDS', in *AIDS: the burdens of history*, 268.

³⁶ Ibid.

³⁷ C E Rosenberg 1988, 'Disease and social order in America: perceptions and expectations', in *AIDS: the burdens of history*, 15–16.

³⁸ Ibid. 15.

³⁹ Ibid. 15.

define and constrain social responses.⁴⁰ She concludes that AIDS reflects both biological and social elements.⁴¹

The main strength of Rosenberg's study is that it goes beyond the biomedical model; her approach by no means ends "at the laboratory's door".⁴² Rosenberg's "alternative approach" construes AIDS as a disease that manifests a range of social factors. However, like Treichler and Oppenheimer, Rosenberg does not look at AIDS as narrative; Rosenberg fails to situate AIDS within specific narrative forms. The task I have undertaken is to study how AIDS was replicated over time from the standpoint of the biomedical model ("received narrative") and from a series of 'authentic voices'.

In the early 1990s media reports on AIDS established a connective tissue linking the disease to the negative constants of race and skin colour. AIDS was linked to racial identity. I argue that this connective tissue stems from the negative stereotypic depiction of the African continent. That Africa is a haven for AIDS became a prototype of sociological assertion, a transparent reality, so to speak. The high rate of HIV infections in Africa was ultimately accounted for by a great variety of cultural practices and promiscuous sexual relations 'embedded' on the continent. This pattern of thinking can be seen very clearly in the works of Karpas,⁴³ Mann *et al*,⁴⁴ Barnet and Blaikie,⁴⁵ and Ungar.⁴⁶ Karpas to the forefront:

⁴⁰ Ibid, 28–30.

⁴¹ Ibid. 28.

⁴² Ibid. 30.

⁴³ A Karpas 1990, 'Origin and spread of AIDS', *Nature* 348:578.

⁴⁴ J Mann, J J Daniel and M Tarantola 1992, *AIDS in the world* (Cambridge: Harvard University Press).

⁴⁵ T Barnet and P Blaikie 1992, *Aids in Africa: its present and future impact* (New York: Guildorm Press).

⁴⁶ S Ungar 1990, *Africa: the people and politics of an emerging continent* (New York: Simon & Schuster).

The first possible explanation for the origin of AIDS by cross-species transfer is due to Noireau in 1987 (ref 11). He referred to a book published by Ancient Kashamura, a member of the Idjwi tribe of the Lake Kivu region in East Zaire. Kashamura deals with the sexual habits of the people of the large African lakes. Noireau quotes the following sentence: 'To stimulate a man or a woman and induce them to intense sexual activity, male monkey blood for a man or she-monkey blood for a woman is directly inoculated in the pubic area and also into the thighs and back' (ref 12). Such practices would constitute an efficient means of transmission and could be responsible for the emergence of SIV infections of man and thus AIDS.⁴⁷

Mann *et al* also situated AIDS in Africa culturally. From their point of view, the spread of AIDS on the continent is traceable to the defencelessness of women in changing or affecting their husbands' sexual behaviour; their only risk lies in being incapable of controlling the sexual promiscuity of their husbands.⁴⁸ Also in the service of the hypothesis linking AIDS to Africa is Barnett and Blaikie's view that the continent is invested with an "economic core ... exchanging sexual favours".⁴⁹ Ungar makes assumptions of felonious sexual roles in Africa when he states:

It is no secret that in many of the high-HIV-affected African countries, prosperous upper and middle class men, among others, tend to have many sexual liaisons at the same time whether or not they are married.⁵⁰

⁴⁷ Karpas, 'Origin and spread of Aids', 578.

⁴⁸ Mann *et al*, *AIDS in the world*, 345.

⁴⁹ Barnett and Blaikie, *AIDS in Africa*, 77.

⁵⁰ Ungar, *Africa: the people and politics of an emerging continent*, 475.

Undoubtedly, the main weakness in the explanatory apparatuses of Karpas and his associates is that they revolve around stereotypical negative characterizations. Karpas and his colleagues attached negative labels to the sexual behaviour of African men and women (see also Chapters 6, 7 and 8). The early 1990s saw yet another explanation for AIDS foregrounded. At the time it was argued that AIDS is a “multifactorial condition”.⁵¹ Here an account was presented that AIDS is a disease that stemmed from the social environment, for example diseases of poverty and sexually transmitted diseases, malnutrition, lack of shelter and clean water, and the use of recreational drugs. Important to note is that the multifactorial model of AIDS marked a radical departure from the biomedical model, since it assigned priority to co-factors in the development of the disease. Especially notable among the principal proponents of multifactorialism were Root-Bernstein,⁵² Benitez-Bribiesca,⁵³ and Papadupolos-Eleopulos *et al.*⁵⁴ The following comments by Root-Bernstein exemplify this way of thinking:

Those at the risk for AIDS have much higher rates of infections than those in non-risk groups. Consider for purposes of comparison, the disease profile of a typical twenty-to-forty-year-old heterosexual North American or European male or female who does not abuse drugs, is not undergoing cancer chemotherapy, and is not a haemophiliac. Such a person will, about a quarter to half a time, have been exposed to CMV, EBV, and HSV 2 as can be documented by the presence of antibody to these viruses in their bloodstream.⁵⁵

⁵¹ R Giraldo 1997, *AIDS and stressors* (Colombia: Fundation Arte Y Ciencia), 62–76.

⁵² R Root-Bernstein 1993, *Rethinking AIDS* (New York: Macmillan).

⁵³ L Benitez-Bribiesca 1991, ‘Son en verdad los VIH los agents causales del SIDA’, *Gac Med* 127:75–84.

⁵⁴ E Papadupolos-Eleopulos and V Turner 1992, ‘Oxidative stress, HIV and AIDS’, *Research Immunology* 143:145–148.

⁵⁵ Root-Bernstein, *Rethinking AIDS*, 161.

Moreover, according to Benitez-Bribiesca, there are many factors that can act synergistically or concurrently to cause immuno-suppression, for example continuous and chronic infections, recreational drugs, alloantigenic stimulation by blood and semen, anaesthetics, antibiotics and malnourishment.⁵⁶ Papadopulos-Eleopulos *et al* maintain a supportive stance towards the co-factor model of AIDS when they state:

AIDS patients suffer from many opportunistic microorganisms ... high levels of nitrites ... opiates Factor VIII. All these are known as potent oxidizing agents which oxidise many cellular reducing equivalents ... Malnutrition and diarrhoea may also lead to cysteine, magnesium and ATP deficiency ... All these argue in favour of oxidation as being a critical factor in ... AIDS.⁵⁷

As mentioned before, the main strength of the multifactorial model is that it proposes an explanation that goes beyond the monocausal model of disease, the idea that contagious diseases have a single cause. Root-Bernstein and his colleagues afford the reader an opportunity to see just how frequently “the terrain of disease”⁵⁸ influences the development of disease. They draw from Louis Pasteur’s rendering that “when a wound becomes infected and festers, the course that wound takes depends upon the patient’s general condition”.⁵⁹ I argue in Chapter 7 that the multifactorial theory of disease is very useful in thinking about Pasteur’s sociological terrain of disease, the general conditions in which AIDS flourishes. Nonetheless, multifactorial theories are

⁵⁶ Benitez-Bribiesca, ‘Son en verdad los VIH los agents causales del SIDA’, 75.

⁵⁷ Papadopulos-Eleopulos, ‘Oxidative stress, HIV and AIDS’, 145.

⁵⁸ See M H Witte, C Witte, L Minnich 1989 ‘AIDS in 1968’, *Journal of the American Medical Association* 251:585–586.

⁵⁹ See R Dubos and J P Escande 1979, *Quest: reflections on medicine, science and humanity* (New York: Harcourt Brace Jovanovitch), 45.

weakened by their failure to provide sufficient information regarding the pathogenesis of disease, the pathological processes that underlie the AIDS condition.

2.4 The rationale for the thesis – from science from below to science from above

As we have seen, in much of the existing literature there is a great deal of concern as to what AIDS is and who is at risk of infection by its causative agent, human immunodeficiency virus. Many among the researchers afford us an opportunity to understand the nature and cause of AIDS, while others throw some light on what it means to experience or live with the disease. That said, I think Steven Epstein's *Impure science*⁶⁰ and Paula Treichler's *How to have theory in an epidemic*⁶¹ are the most significant voices regarding the phenomenon of AIDS. Epstein's *Impure science* is an analysis of "the configurations of interests, beliefs and practices that determine how people come to believe what they think they know about AIDS".⁶² It is a comprehensive look at the role of laypeople (the so-called treatment activists in the United States) who participate in the process of "doing science",⁶³ in the process of eradicating "hierarchies founded on knowledge-possession".⁶⁴ Following Foucault, Epstein looks at how specialized forms of knowledge can turn people not only into "objects" of that knowledge, but also its "subjects". *Impure science* sums up this pattern of thought in this manner:

⁶⁰ Epstein, *Impure science*.

⁶¹ Treichler, 'AIDS, gender, and biomedical discourse'.

⁶² Epstein, *Impure science*, 4.

⁶³ Ibid, 4.

⁶⁴ Ibid, 350.

The AIDS movement ... undergo[es] the process of “expertization”. A participant in such a movement learns the relevant knowledge base so as to become a sort of expert; more broadly, such participants transform the very mechanisms by which expertise is socially constituted and recognized.⁶⁵

From my viewpoint, the main strength of Epstein’s work derives mostly from its rendering of a critique against current literature that tends to assume that knowledge-making is the province of the credentialized experts alone. Epstein’s *Impure science* represents a great cry against a legion of studies that conceive of scientific experts as the only participants in the process of doing the science of the disease. For example, *Impure science* reveals how lay people change the day-to-day rules governing the conduct of clinical trials.

Nonetheless, Epstein’s otherwise valuable study is weakened by its tendency to overstate the efficacy of lay involvement in the process of ‘doing science’. Epstein tends to take for granted the conversion of disease victims into scientific experts. That today scientific knowledge is widely regarded as an embodiment of reason, rationality and truth seems to escape Epstein’s cast of mind. As I have indicated elsewhere, the ‘Enlightenment’ faith in the scientific enterprise, the idea that science alone is the guarantor of meaning and truth in an objective sense, has had the effect of *entrenching* ‘hierarchies based on knowledge-possession’, of entrenching the status of the credentialized expert as the ‘authorized knower’. The Enlightenment confidence that reason, truth, and progress can reveal the law-like principles or general laws in terms of which our social world can be understood has cast the credentialized expert as the

⁶⁵ Ibid,13.

marker of authenticity, the authoritative voice capable of revealing the real nature of disease. Against this backdrop can be understood why, in South Africa, the received narrative of AIDS has been very instrumental in shaping media coverage of the science of the disease. This reading is lent force by the apparent absence of knowledge-seeking from below in South African media sources from the early 1980s to the late 1990s (see Chapters 5, 7, 8, 9 and 10). If there is any lesson we can derive from the South African experience, it is undoubtedly the literary evocation of the Enlightenment tradition, the idea that science alone is a progressive force, an enlightened human activity.

From this standpoint, the great limitation of *Impure science* stems from its ahistoricism. Epstein's view that treatment activism can *eradicate* hierarchies based on credentialism does not have a wide application. *Impure science* cannot be generalised to explain some of the major events that played themselves out in the South African society. For example, unlike in the United States, the South African experience did not lent itself to competing claims, to contests of meaning regarding AIDS, to the possible involvement of laypeople in the process of doing the science of the disease. As a dependent culture, the South African media relied on an array of scientific experts to set the frame of discussion about the nature and cause of AIDS. To no small measure, AIDS in South Africa could be characterized as a clear-cut case of what I elect to call 'pure science'. From the media's viewpoint, scientific accounts are by no means constructed phenomena. On the contrary, scientific accounts are about nature; they illuminate material reality or universal/absolute truths.

That said, however, AIDS in South Africa is also a clear-cut case of the much larger issues of culture and identity. The embeddedness of authentic voices in the AIDS story justifies seeing AIDS in South Africa as a disease that reflects not only biological elements, but also cultural elements. In a roundabout manner this brings me to the work of Paula Treichler (1999). In *How to have theory in an epidemic*, Treichler succinctly poses this salient question. ‘What should be the role of theory in an epidemic?’⁶⁶ (Treichler also states that a parallel question was posed in 1992 by Stuart Hall *et al*⁶⁷: ‘Against the urgency of people dying in the streets, what is the point of cultural studies?’) To this rhetorical question, Treichler responds by joining in the ‘pessimism’: in the literary imagination, she laments, AIDS “does not exist to demonstrate the value of contemporary theory”. For one thing, AIDS is a war, “a long, devastating, savage and continuing” war, whose participants have been in the trenches for years, surrounded daily by death and dying.⁶⁸ Note that in this war there is no room for theoretical reasoning, for thinkers, for that which is devoid of application and real-life experience.⁶⁹

According to Treichler’s logic, this war metaphor captures the dichotomy between theory and practice that marks the crisis surrounding AIDS. In the war against AIDS, “the very mention of theory, cultural construction or discourse may be exasperating or distressing to those face to face with the epidemic’s enormity and overwhelming practical demands,” she says. This is more so in questions concerning clinical treatment, which is “an arena of the epidemic wholly informed by the sense of time

⁶⁶ Treichler, ‘AIDS, gender, and biomedical discourse’,.2.

⁶⁷ S Hall 1992, ‘Cultural studies and its theoretical legacies’, in L Grossberg, C Nelson and P Treichler, *Cultural studies* (New York: Routledge), 2.

⁶⁸ *Ibid*, 2.

⁶⁹ *Ibid*, 2.

passing and time lost”.⁷⁰ Treichler also laments that, while recognizing the incredible sense of urgency to do something about the disease, and while acknowledging the complexity of theoretical communication or thoughtful reflection, “we continue to press communication into a purely pragmatic role” – we continue to represent AIDS as a public health chronicle of education and prevention only. Treichler warns that this pragmatic method offers an inadequate level of understanding. For one thing, it runs the risk of subordinating “complication and contradiction to unequivocal assertion and scientific harmony”.⁷¹

Theory is important, Treichler reminds us. Theory is important not only for the understanding of how AIDS is embedded in our cultural system, but also *for fighting the disease itself*. (I concur – absolutely!) “The apparatus of contemporary critical and cultural theory [she continues] prepares us to analyse AIDS in relation to questions of language ... ideology, social and intellectual difference, binary division, and contests of meaning.”⁷² This, according to Treichler, justifies seeing AIDS as a legitimate focus for cultural analysis. For language, *including biomedicine itself*, is a symbolic construction, a constructed version of reality rather than a transparent discovery.⁷³

Accordingly, she suggests that,

Science writers ... must not merely act as scribes, reproducing or translating scientific representations into a discourse for the general public, but must also oversee the signification process, examining and cross-checking the discourse at multiple points ...

⁷⁰ Ibid, 3.

⁷¹ Ibid, 119.

⁷² Ibid, 2.

Examining the structure of language – exposing the seams in the apparent seamlessness of scientific accounts is the writer’s check on reality, carried out on behalf of the public.⁷⁴

It is important to note that Treichler’s study urges us not simply to deny evidence of the existence of the real or the material world, but rather to look into the social, symbolic or discursive function of language. By Treichler’s account, language shapes and reshapes the “discursive field” or the terms and concepts entering that field.⁷⁵ To take an example, the scientific language of AIDS itself has reshaped the “discursive field, since it has been created, modified and then put to use”. We are also implored by Treichler to look at how scientists establish citation networks, thus gaining control over “nomenclature, publication and history”. Treichler exhorts us to think about how knowledge is produced and about the contingent status of what we know – or claim to know. Following Greyston,⁷⁶ Treichler reminds us that history is not a story of what actually happened; rather, history is what we make by telling a story.

I have cited Paula Treichler at great length for reasons of self-interest: I think that Treichler occupies pride of place in the fields of sociology and cultural studies. Also, I have quoted Treichler liberally to get the reader to understand why she carries herself to this absolutely critical point: “the enormity of the AIDS crisis should not force us backwards ... towards a transparent realism, for this equally abuses the multiple ways

⁷³ Ibid, 149–175.

⁷⁴ Ibid, 165–166.

⁷⁵ Ibid, 172.

⁷⁶ Ibid, 313. See also J Greyston 1993, ‘Still searching’, in A Klusacek and K Morrison, 1993, *A leap in the dark: AIDS, art and contemporary cultures* (Montreal: Artexte).

in which the AIDS epidemic is experienced, interpreted and confronted”.⁷⁷ The explanatory merit of *How to have theory in an epidemic* stems from its comprehensive look at AIDS from an interdisciplinary point of view: sociology, cultural studies, history, politics, epidemiology, etc. Such an eclectic approach offers the best grounding for the understanding of the disease not only as a pathological or biological condition, but also as a cultural epic, a human experience and a legitimate focus for public advocacy. Furthermore, in *How to have theory in an epidemic*, we learn the intricacies of representation and the processes by which knowledge is produced and transformed into ‘an official story’ – or a transparent reality. Like Epstein’s *Impure science*, the main strength of *How to have theory in an epidemic* derives from the fact that it takes the self as an object of analysis; it looks at how the self goes about creating a specific set of meanings. Just the same, within its current terms of theoretization, *How to have theory in an epidemic* appears exceedingly fragile.

To start with, *How to have theory in an epidemic* is weakened by its addiction to a simplified version of constructionism. That AIDS is a cultural chronicle – a symbolic or constructed phenomenon – needs no garnishing! Nonetheless, by establishing the language of biomedicine as a constructed phenomenon, Treichler, like Epstein before her, tended to take for granted the totalizing power and transcendental character of biomedicine, or the entrenched hierarchies based on credentialism. This study seeks to go beyond this simplified rendition of constructionism. (By my account, neither *Impure science* nor *How to have theory in an epidemic* is anything more than a handbook of ‘science or biology from below’!) Not only does my study constitute the self as a creator of meaning, as a creator of authentic voices, but also as a product of

⁷⁷ Ibid, 175.

the common conditions established by the larger institutions, the Centres for Disease Control, the National Institutes of Health and the World Health Organization. These institutions determined the current and future research needs of AIDS and also mapped out the trajectories of the war against the disease. Treichler's simplistic rendering, the idea that biomedicine is a manufactured artefact or a symbolic object, is inadequate to explain its transcendental or transhistorical character. It is insufficient to explain why in South Africa the germ theory of AIDS did not 'go up for grabs'! Here biomedicine crystallized into a state of permanence – nature or reality was assumed to be fixed. In other words, the biomedical model of AIDS embodied 'pure science'.

2.5 Conclusion: AIDS as moral commitment

The above being said, this study does not deny evidence of the influence of the larger issues embedded in the story of AIDS. Undoubtedly, AIDS is a disease invested with an 'abundance' of meanings – AIDS was made and remade through a series of authentic voices (the narrative of moral protest, the story of a lifestyle disease or gay disease, African heterosexual AIDS, a modern-day Black Death, as well as the story of redemption). As a countercurrent to Treichler's manner of thought, my study establishes these authentic voices that figured in the media, rather than the received narrative of biomedicine, as symbolic constructions, as representational signs guided by human agency. Take for example the story of moral revolt in the media, that is, the "narrative of moral protest".

I argue that until the mid-1990s news reports generated by working journalists in South Africa were founded on a moral revolt against what they perceived to be the

impurity, immorality, wickedness, profanity, profligacy, sinfulness and impropriety of the social world that surround us (this is discussed in more detail in Chapters 5, 7, and 8). The media jumped into what one might call the moral communication circuit, the narrative of moral protest. The media styled themselves in the role of righteous rebels against the moral decadence of our contemporary society. By my account, the narrative of moral protest is akin to Fernandez's idea of "public opinion of posterity", which "exists outside temporality or the play of textuality".⁷⁸ In this thesis, the play of textuality is embodied by the received narrative of biomedicine – on account that it is the most dominant, prevalent or authoritative narrative of the disease. This narrative embodies hegemony because it is derived from the collective pursuits of 'an authorized knower', the scientific expert – a truly resourceful and imaginative being.

But the narrative of moral protest also existed side by side with the received narrative. Both narrative forms of moral protest and biomedicine embodied some kind of hybrid within the literary representation of AIDS. The narrative of moral protest affords us an opportunity to see *the much larger issues such as good and evil, identity, morality, and history*. All of these issues were constructed in the literary imagination of the working journalist. As a consequence, we all felt deeply implicated not only in the horrific images of the story of AIDS, but also in its dramatic qualities and moral connotations. Like autobiographical writing in Spain,⁷⁹ moral crises and loss permeated its judgements. Because it was written from a position of deprivation, loss and powerlessness (see Chapter 1), it can be said that the story of AIDS is reminiscent

⁷⁸ M Fernandez, *Apology to apostrophe*, 46.

⁷⁹ *Ibid*, 93.

of the post-modern condition. In another context, Kroker and Kroker capture this post-modern condition in this sort of rendering:

... the invasion of the body by invisible antigens, the origins of which are unknown, the circulation of which is unpredictable as it is haphazard, and the pathology of which is disfiguring as it is seemingly fatal, has generated a pervasive mood of living once again, at the end of the world ...⁸⁰

The world besieged by AIDS is also reminiscent of the fragmented world depicted by the Irish poet William Butler Yeats: it is a world wherein ‘things fall apart’, ‘the centre cannot hold’, ‘anarchy is loosed upon the world’, ‘the ceremony of innocence is drowned’, and the ‘worst are full of passionate intensity’. Not only is the AIDS world devoid of a coherent self – owing to the weakening of ‘social morality’ or the ‘collective conscience’, but it is also a world in which we view things through opposition or fundamental antagonisms, for example ‘homosexuals’ and ‘heterosexuals’, ‘Africans’ and ‘Europeans’, ‘black’ and ‘white’, or ‘good’ and ‘evil’. As I argued in Chapter 1, these fixed categories or binary constructions are emblematic of or germane to the project of modernity.

Hence, the distinctiveness of the AIDS story also lies in the following:

On the one hand, it captures the panic condition of the post-modern world by conveying the sense of loss and powerlessness. On the other hand, it conveys the sense of modernity because it conveys the sense of moral deprivation (here the reader is

⁸⁰ A Kroker and M Kroker 1988, *Body invaders* (London: Macmillan), 14.

reminded of the surveillance function of modernity discussed in the previous Chapter). What is more, the AIDS story in the media views the world through opposition; it gives meaning to our visible signs of difference. In Chapter 4, we will see how these visible signs of difference permeated judgements within South Africa's health care system.