

AIDS and its Associates: A Discourse Representation of the Disease

Mei Li Lean
Taylor's College Petaling Jaya
Email: lean.meili@taylors.edu.my

Abstract

In this article, an intertextual analysis is carried out to examine the various voices that are given space in the text and see how they are woven together textually. This entails examining how they are recontextualised in the new context and how they are framed in relation to each other and in relation to the writer's voice. This study is based on media texts, with particular emphasis given to the boundaries drawn in the data between public and private orders of discourse, and the ambivalence of 'voice' embedded within the order of discourse. The investigation of the present study is undertaken using the analytic paradigm of Critical Discourse Analysis (CDA) employed by Fairclough (1992, 1995a, 1995b, 2003). The data is extracted from TIME magazine since reports on AIDS were first published there in 1983 until 2005. Adhering to the CDA paradigm as constructed by Fairclough, the article investigates how the media in the advent of disseminating information on AIDS, have 'recontextualised' scientific discourse about the disease for public consumption. The results from the intertextual analysis indicate that the representation of AIDS is constructed within the paradigm of how the disease is defined, and the associative meanings attached to the disease.

Keywords: *Critical Discourse Analysis, AIDS, Health, Mass media*

1. Introduction

The media play a salient role in moulding and expostulating the thinking of society. It possesses an immense amount of power to impress certain definitions of AIDS and the images that 'give events associated with them a particular meaning' (Zuraidah Mohd Don and Lean 2002: 372). This exemplifies the fact that AIDS, which is a biomedical phenomenon, has become a social construct that is dependent on those who have the power to compose its definition. The following section will look at how the disease is defined, which ultimately constructs the associative meanings attached to the disease.

2. Methodology

The theoretical framework used for this study is based on Norman Fairclough's Critical Discourse Analysis (CDA) framework. This framework was first conceptualised to study the connection between the use of language and through it, the assertion of power (Fairclough 1989). Later, Fairclough redefined his CDA framework to specifically use it as a tool to analyse media texts.

Fairclough's theoretical framework is a three-dimensional framework of analysis; the analysis of relationships between three dimensions or facets of the event: a spoken or written language *text*; *discourse practice* involving the production, and consumption/interpretation of text; and *sociocultural practice* (1995a: 96-7, 133; 1995b: 57). This method of discourse analysis incorporates 'linguistic *description* of

the language text, *interpretation* of the relationship between the (productive and interpretative) discursive processes and the text, and *explanation* of the relationship between the discursive processes and the social processes' (Fairclough 1995a: 97).

This study is based on media texts, with particular emphasis given to the boundaries drawn in the data between public and private orders of discourse, and the ambivalence of 'voice' embedded within the order of discourse. The analyses will illustrate how the reporter constructs the ambivalence of 'voice' where the boundaries between the public and private order of discourse are negotiated, causing a vague distinction between the voice of the reporter and the reported one. This ambivalence of 'voice' can be analysed by using Discourse Representation to examine the recontextualisation of AIDS discourse.

The sample chosen as the data for this study consists of a corpus of articles taken from an international magazine publication: TIME magazine. TIME magazine was first published in 1923, and is a weekly magazine that carries a weekly news summary of today's important events in politics, scientific breakthroughs, human achievement, arts, business, and society.

The sample data is derived from the TIME magazine collected since 1983. The year 1983 is chosen as the starting date of compilation as that is the year when TIME magazine first started its published reports on AIDS. The articles published in TIME magazine on AIDS since 1983 include brief articles to cover stories; highlighting from the latest development to the gravity of the pandemic.

3. Analysis

3.1 AIDS equals death

In the past even right up to 1996, contracting AIDS has been likened to a death sentence. This association with death is especially prevalent in Third World countries where the difficulty in accessing the drug treatment for the disease is still predominant. Extract 1 is an article on the association between AIDS and death, set against the backdrop of a Buddhist temple (Wat Phrabat Nampo) in a Third World country in South-East Asia, Thailand.

Extract 1. THE FINAL TEMPLE

Four Buddhist monks hold onto one another's saffron robes as they stumble down a hill toward the crematorium. They are followed by a wooden coffin and a procession of people waiting to die. 'One day soon, that will be me,' says one of the monks, himself an AIDS patient, pointing to the coffin. Then he erupts into a fit of uncontrollable coughing and excuses himself. He and the other mourners, their skin marked with sores and their thin frames limp with fatigue, all have the AIDS virus. A young man, also an AIDS sufferer, opens the oven door and slides the body inside. 'The first time somebody dies, it was difficult,' he says. 'Now I get used to it.'

Death is a daily occurrence at Wat Phrabat Nampo, the country's largest AIDS hospice. People stricken with the virus flock to this small, isolated monastery in the green hills of central Thailand. Government officials see Wat Phrabat Namp and the six other monasteries offering some level of care as at least a partial solution to the problem of caring for the thousands of AIDS patients taxing Thailand's health system. Hospitals don't have enough beds, and many families

don't have enough compassion, the thinking goes, so maybe the Buddhist temples can take care of the patients that nobody else wants. 'They are our hope,' says Prayong Phawaphutanond, an AIDS-prevention project manager. 'People trust the monks, and they have the facilities and the ability to raise money for food and clothing.' Says Sabay, 23, a patient at Wat Phrabat Nampo: 'This is the only place left for us to go.'

...Jaded, a fit-looking 25-year-old, leads the healthier patients in a daily exercise routine. He came here with his wife and young daughter, he says. All three have the AIDS virus. He looks to the sky and stops talking. Yellowish smoke is pouring from the chimney of the crematorium. 'They burn the body of my friend,' he says. 'She died yesterday.' At the hospital, meanwhile, another man begins to drift away. A volunteer orderly thinks the patient will die within the hour and calls for a monk to sit with him. All around the grounds – outside the hospital doors, next to the monks' living quarters, beside the kitchen – sit hundreds of empty wooden coffins, reminding those who have come here to find refuge that it will be only temporary.

(TIME, 1996, 16 Sep, Vol.148, No.12, p.22-3)

The level of dialogicality in Extract 1 is rather high, with many attributed with quotes. For example, there are some references to non-specific agents who are either identified ('Sabay') or unidentified victims of AIDS ('A young man,' 'one of the monks,' 'a fit-looking 25 year-old'). There is an attributive quote with a specific agent, the AIDS-prevention project manager, Prayong Phawaphutanond.

It can be observed from the extract 1 that there are significant absences where the 'voice' of someone beyond the monastery is not heard, except for one: Prayong Phawaphutanond, an AIDS-prevention project manager. The writer does not give space to the 'voice' from other 'outsiders' besides Phawaphutanond. Hence, no views are made known as to why the public support the action of hospice care undertaken by the Wat Phrabat Nampo temple. Also, the view on why Wat Phrabat Nampo temple is associated as the 'death' site for AIDS victims. Without giving space to the 'voice' of an outsider, the reader does not have a definite idea of why the above notions exist, except for the lone 'voice' of Phawaphutanond. For that reason, the absence of this 'voice' may be considered to be significant.

The inclusion of external texts in Extract 1 can be observed with the insertion of the 'voices' of the AIDS victims, plus the 'voices' of the monks from the Wat Phrabat Nampo temple. The residents of the temple relate the dismal feelings about the place and how many of them are 'waiting to die' eventually from the disease. Many of these inclusions are attributed to non-specific agents ('one of the monks,' 'A young man,' 'a fit-looking 25-year-old,' a volunteer orderly), while there are only two attributive specific agents ('Prayong Phawaphutanond', 'Sabay').

Looking at the concept of 'accessed voice' by Hartley, the accessed voices 'heard' in Extract 1 are basically those living in Wat Phrabat Nampo temple. The people whose voice has been given access to are not the usual 'people who have special roles in society,' especially those who suffer from the disease. However, the monks are very much respected in Thailand and they do 'have special roles' in the Thailand society. As mentioned in the Extract 1, even the 'Government officials see Wat Phrabat Nampo and the six other monasteries offering some level of care as at least a partial solution to the problem of caring for the thousands of AIDS patients taxing Thailand's

health system.’ This sentence explains why the monks’ voices are given access in the text. Furthermore, the citizens of Thailand have the idea that ‘the Buddhist temples can take care of the patients that nobody else wants.’ Thus, this consolidates the belief that those whose ‘voices’ are given access to are those ‘privileged body of people who have special roles in society’ (Hartley 1982, as quoted in Caldas-Coulthard 1994: 304). On the other hand, there are some parties who are mentioned in Extract 1 but their ‘voices’ are not given access to: government officials, six other monasteries, hospital authorities, and the public (including the family of AIDS victims living in Wat Phrabat Nampo. As such, their views on this matter are not heard but implied in authorial account: ‘Government officials see Wat Phrabat Namp and the six other monasteries offering some level of care as at least a partial solution to the problem of caring for the thousands of AIDS patients taxing Thailand’s health system.’ ‘Hospitals don’t have enough beds, and many families don’t have enough compassion, the thinking goes, so maybe the Buddhist temples can take care of the patients that nobody else wants.’

The main ‘voices’ heard in Extract 1 are from those accessed ‘voices.’ Even so, the scale of the balance is tipped towards the ‘voices’ of the AIDS victims, consisting of the monks and also ‘those who have come here (Wat Phrabat Nampo temple) to find refuge.’ The main ‘voices’ are heard relating their fear of death as they watch their friends at the temple slowly dying one after another.

The notion of death has been recontextualised in Extract 1 in two ways. For one, the writer has chosen to conjure the image of death by introducing the idea of AIDS and death in the form of a funeral procession in the opening paragraph (‘a procession of people *waiting to die*’), and also the huge number of coffins at the Wat Phrabat Nampo temple in the final paragraph (‘reminding those who have come here to find refuge that it will be only temporary’). Both the first and final paragraphs have successfully been framed in authorial account to illustrate how closely linked the idea of AIDS and death is. The second way in which death has been recontextualised in Extract 1 is the ‘thinking’ of monasteries as a hospice for ailing AIDS patients. The second paragraph is an authorial account of how Wat Phrabat Nampo temple and six other monasteries are seen as a last resort or ‘the only place’ to go for ‘patients that nobody wants.’ As such, the writer has stated how ‘Death is a daily occurrence at Wat Phrabat Nampo.’ Hence, the author has successfully framed the concept of death with AIDS in the reader’s mind.

The other aspect of framing would be the analysis of the ordering of ‘voices’ in relation to one another. First, the forms of reporting that can be observed in Extract 1 are the use of narrative style, and *direct discourse* (DD) and *indirect discourse* (ID). DD refers to the ‘explicit demarcation between the ‘voice’ of the reporter or the newspaper and the ‘voice’ of the person whose discourse is being represented’ (Fairclough 1995a: 55-56). According to Quirk et al. (1972 as quoted in Fairclough 1995a: 55), ‘DD is ‘converted’ into ID by (a) subordination of the secondary discourse, in the form of *that*-clause, to the ‘reporting clause’; (b) shift from 1 and 2 person pronouns to 3 person pronouns; (c) shift of deictics; (d) ‘back-shift’ of tense.’ The narrative style is effectively put across with the use of contractions (‘don’t’), and informal words (‘stumble,’ ‘the thinking goes,’ ‘pouring from the chimney,’ ‘drift away’) to create a personal tone. However, there is a menacing undertone to the extract as the headline, lead paragraph and ‘wrap up’ all carry the message of ‘death.’ For example, the headline ‘The Final Temple’ suggests the last stop for death. The lead paragraph contains the words/phrases ‘crematorium,’ ‘waiting to die,’ ‘coffin,’

'dies'. As for the concluding paragraph, the author has inserted words/phrases such as 'crematorium,' 'burn the body,' 'died,' 'drift away,' 'will die,' 'coffins,' 'refuge...it will only be temporary'. There are altogether five evidences of DD (four AIDS victims, one AIDS prevention project manager) and two evidences of ID (one AIDS victim, one volunteer orderly). All of the DD and ID are attributed with agents, in order to legitimise the claims of the author. There is even one instance where one DD (Prayong Phawaphutanond) is supported by another DD (Sabay): "They are our hope," says Prayong Phawaphutanond, an AIDS-prevention project manager. "People trust the monks, and they have the facilities and the ability to raise money for food and clothing." Says Sabay, 23, a patient at Wat Phrabat Nampo: "This is the only place left for us to go." Another interesting observation made about two discourses in DD marks the underlying illocutionary force of the represented discourse to portray the foreboding sense of death and hopelessness. The first DD here is that of a monk who is stricken with AIDS (i.e. "One day soon, that will be me," says one of the monks, himself an AIDS patient, pointing to the coffin'). This impression of death by the monk is juxtaposed with the reflection by a young AIDS sufferer (i.e. 'A young man, also an AIDS sufferer, opens the oven door and slides the body inside. 'The first time somebody dies, it was difficult,' he says. 'Now I get used to it.''). The reporter chooses to maintain a high boundary of both their secondary discourse from that of his own probably to insinuate that AIDS does not choose its victims and anyone who is stricken with it will eventually die.

Continuing with the analysis with regards to the ordering of voices in relation to one another, the other aspect of recontextualisation that can be examined is the representation of death. In Extract 1, the notion of 'death' is being represented as the ultimate end to the AIDS disease, as many of those who speaks and also, even the author himself imply the idea of death when talking about the disease: 'waiting to die,' "One day soon, that will be me," says one of the monks, he himself an AIDS patient, pointing to the coffin,' "The first time somebody dies, it was difficult," he says. 'Now I get used to it', 'Death is a daily occurrence at Wat Phrabat Nampo, the country's largest AIDS hospice'). Thus, these excerpts extracted from Extract 1 do not put the disease in a favourable light as the disease is represented as a fatal disease.

Extract 1 contains few sentence connectors. Those identified function as adding on to the proceeding sentence. However, the image depicted in one sentence connector is worth highlighting as it adds on to the notion that the death of AIDS victims is a continuous process with one dying after another: 'At the hospital, *meanwhile*, another man begins to drift away.'

3.2 AIDS: The disease that people fear

Fear is an emotion closely tied with AIDS and it is the main root of many prejudices held against the disease. It is a disease very much feared by society, especially in the early years when ignorance about the disease was still high. Accordingly, the representation of AIDS instilled a lot of fear among the readers for two main reasons: to educate the public using fear tactics, and to encourage people to change their sexual lifestyle. Extract 2 is an example depicting how the media represents the idea of fear in their writing.

Extract 2. THE BIG CHILL: FEAR OF AIDS

Today, strangely enough, it is possible to imagine a future in which *Lady Chatterley* might again be banned for setting a harmful example, but this time in a

grimly different sense. The spectre of the deadly and incurable disease called AIDS – acquired immunodeficiency syndrome – has cast a shadow over the American sexual landscape. Since AIDS is chiefly transmitted through sex, it is forcing partners to a painful re-examination of their bedroom practices. The heedless abandon of Lawrencian lovers begins to seem dangerous and irresponsible, for oneself and for others. Instead of a transfixed gaze, lovers may feel they have to give each other a detailed grilling on present health and past liaisons.

At first, AIDS seemed an affliction of drug addicts and especially of homosexuals, a ‘gay disease.’ No longer. The numbers as yet are small, but AIDS is a growing threat to the heterosexual population. Straight men and women in some cases do not believe it, in some cases do now want to believe it. But barring the development of a vaccine, swingers of all persuasions may sooner or later be faced with the reality of a new era of sexual caution and restraint.

There has been little time for comment or public debate about this particular impact of AIDS, but ominous news keeps emerging. Once figures have been fully reported, the Centres for Disease Control in Atlanta expects the number of deaths attributable to heterosexual transmission to have doubled in 1986. Right now, heterosexual infection – among the sex partners of intravenous drug abusers, bisexuals or anyone who has the virus – accounts for 3.8% of the 30,000 AIDS cases in the country, but that figure is expected to rise to 5.3% by 1991. Newly published studies on these male and female AIDS patients and their partners indicate that the disease is bidirectional, that is, passed on by both men and women.

More disturbing is the potential scope of the disease, based on the rate of transmission and the varying incubation period, which some health authorities think may last as long as ten years. More than 1 million Americans are thought to be infected with the virus, and more than 90% of them do not know it.

The fear of deadly plague seemed to die out after the control of polio in the early 1960s, but the word has been applied to AIDS. In Africa it is a heterosexual disease rapidly infecting the heart of the continent. Around the U.S. health officials are calling for enormous increases in AIDS testing for pregnant women and even for couples applying for marriage licenses. More than any measures, however, health officials at every level are pleading for what is very nearly a social revolution. Says U.S. Health and Human Services Secretary Otis R. Bowen: ‘I can’t emphasise too strongly the necessity of changing life-styles.’

(*TIME*, 1987, 16 Feb, Vol.129, No.7, p.24-5)

Extract 2 contains a rather low level of dialogicality, with a mixture of modalised and non-modalised assertions. According to Fairclough (2003: 46-7), modalised assertions are rather dialogical as they would be ‘dialogically open to other possibilities,’ while non-modalised assertions would be considered even less dialogical since there is ‘no room for other possibilities’. For example, some of the modalised assertions made in Extract 2 are asking for a possible change in sexual lifestyle (*‘Lady Chatterley might again be banned for setting a harmful example,’* ‘lovers *may* feel they have to give each other a detailed grilling on present health and past liaisons’) and the misconceptions held over AIDS (*‘At first, AIDS seemed an affliction of drug addicts and especially of homosexuals,’* ‘swingers of all persuasions may sooner or later be

faced with the reality'). Conversely, the non-modalised assertions observed in the Extract 2 leave no room for possibilities in terms of prediction ('the Centre for Disease Control in Atlanta expects the number of deaths attributable to heterosexual transmission to have doubled in 1986,' 'that figure is expected to rise') and figures ('Right now, heterosexual infection... accounts for 3.8% of the 30,000 AIDS cases in the country'). Therefore, the assertions above do inject a certain degree of fear among the public, especially for heterosexuals, with the use of modalised and non-modalised assertions to establish the workings of ideology here in the text.

It is also worth noting that although the article's objective is to encourage or advise changes in sexual habits, there is no attributive quotes by specific experts in terms of giving tips, or to make it more personal and credible, or to instil fear in the reader. This can be counted as a significant absence in the text. What is missing here is replaced by the inclusion of other texts to instil fear in the reader. For example, the literary text, *Lady Chatterley's Lover* by D. H. Lawrence is included to give a sort of parallelism between the sexual lifestyle of 'Lawrencian lovers' with today's lovers, and how this kind of heedless abandon lifestyle can prove to be 'dangerous and irresponsible, for oneself and for others.' The next text is statistical data on the number of AIDS cases now and the forecast in the near future ('heterosexual infection... accounts for 3.8% of the 30,000 AIDS cases in the country, but that figure is expected to rise to 5.3% by 1991'). The statistical data provided here is non-attributive as there is no mention of an agent. This makes it more difficult for the reader to challenge the number provided as it is a non-modalised assertion and it is the reader who is supposed to assume that it is an unquestionable fact without any room for other possibilities. In addition, there is also a mention of 'New published studies' immediately after the non-modalised assertion, with no attributive agent. Again, there is no room for challenging the findings of the 'studies' since it is also a non-modalised assertion: 'Newly published studies on these male and female AIDS patients and their partners indicate that the disease is bidirectional, that is, passed on by both men and women.' There are also other instances of such non-modalised assertions but it will not be discussed further here. The next inclusion of text is attributed to two agents, 'health officials' and the U.S. Health and Human Services Secretary – Otis R. Bowen. The first agent, 'health officials,' state their concern and their fears of the disease ('More disturbing is the potential scope of the disease, based on the rate of transmission and the varying incubation period, which some health authorities think *may* last as long as ten years') but they are non-specific agents, unlike the other inclusion by Otis R. Bowen, who is identified as the U.S. Health and Human Services Secretary. Note that the assertions made by 'health officials' are modalised assertions. But due to the presence of an agent, this legitimises the claims and further strengthens the assertions.

The accessed 'voices' observed in Extract 2 are from the Centre for Disease Control, 'some health authorities,' and the U.S. Health and Human Services Secretary Otis R. Bowen. Noticeably absent are the public and also members from the high-risk group, who are considered non-accessed 'voices.' Consequently, the main 'voices' represented here are: the health authorities (Centre for Disease Control in Atlanta, health authorities, U.S. health officials, U.S. Health and Human Services Secretary Otis R. Bowen), non-animated agents (*Lady Chatterley's Lover*, studies), and sexually active members of the public (lovers, 'Straight men and women,' 'swingers'). The 'voices' of these three groups are represented mainly in indirect discourse, hinting that a certain degree of recontextualisation has taken place, with the report casting a less

unfavourable impression of the third group mentioned earlier (i.e. sexually active members of the public).

On the issue of ‘framing’ – ‘when the voice of another is incorporated into a text, there are always choices about how to ‘frame’ it, how to contextualise it, in terms of other parts of the text – in relation between report and authorial account’ (Fairclough 2003: 53). For example, the report that sexually active heterosexuals must cope with ‘the reality of a new era of sexual caution and restraint’ is framed with the statement, ‘barring the development of a vaccine.’ One might see this framing as conducive to a rather negative interpretation of what the heterosexuals are reported to be doing in the ‘bedroom’ as, for example the ‘heedless abandon of Lawrencian lovers.’ Another instance is: ‘health officials at every level are *pleading* for what is very nearly a social revolution.’ Part of the framing here is the choice of reporting verb, ‘pleading’ – it is not very often that health officials will plead to the public as opposed to the usual reporting verb ‘call’ or ‘ask’. This choice of reporting verb insinuates that there are still sexually active heterosexuals who ‘in some cases do not believe’ that they are at risk. So, there is a build-up of framing which is contributing to an unflattering interpretation of the sexually active heterosexuals.

Framing also includes the ordering of voices in relation to each other in a text. Looking first at the forms of reporting that are realised in Extract 2, there are altogether four forms of reporting: DD, ID, *free indirect discourse* (FID) and ‘narrative report of speech act’ (NRSA). FID occurs where ‘secondary discourse appears in primary discourse without being explicitly marked as represented discourse’ (Fairclough 1995a: 55). NRSA are ‘speech acts (that) have taken place without giving their full ideational meaning (e.g. she refused the offer)’ (Fairclough 1995a: 56). There is only one instance of DD with an agent - U.S. Health and Human Services Secretary Otis R. Bowen (“I can’t emphasise too strongly the necessity of changing life-styles”). There are two occurrences of ID, one with an agent – health authorities (‘More disturbing is the potential scope of the disease, based on the rate of transmission and the varying incubation period, which some health authorities think may last as long as ten years’); and the other without an agent (‘More than 1 million Americans are thought to be infected with the virus, and more than 90% of them do not know it’). As for FID, there are four cases with agents: lovers (‘lovers may *feel* they have to give each other a detailed grilling on present health and past liaisons’); Centre for Disease Control (‘the Centre for Disease Control in Atlanta *expects* the number of deaths attributable to heterosexual transmission to have doubled in 1986’); studies (‘Newly published studies on these male and female AIDS patients and their partners *indicate* that the disease is bidirectional, that is, passed on by both men and women’); and health officials (‘Around the U.S. health officials are *calling* for enormous increases in AIDS testing for pregnant women and even for couples applying for marriage licenses’). The final form of reporting form identified is NRSA, where there are two examples with agents: heterosexuals (‘Straight men and women in some cases do not *believe* it’); and health officials (‘health officials at every level are pleading for what is very nearly a social revolution’).

Moving on, the next issue of ‘framing’ is how the concept of ‘fear’ is recontextualised and represented to the reader in Extract 2. Analysis suggests that ‘fear’ is represented as a ‘growing threat to the heterosexual population’ in three ways. The first is the call for a change in sexual practices – ‘Since AIDS is chiefly...health and past liaisons’, ‘But barring the development of a vaccine, swingers of all persuasions may sooner or later be faced with the reality of a new era of sexual caution and restraint.’ The next

form of representation is the reference to the increasing number of infected heterosexuals – ‘Once figures have been ...to 5.3% by 1991.’ The final representation of fear is recontextualised in the call for preventive measures by health officials – ‘Around the U.S. health officials...necessity of changing life-styles’.

Finally, the findings from the analysis of ordering of voices in relation to each other in Extract 2 are significant. The ‘voices’ of the sexually active heterosexuals are heard first as they are framed in authorial account of their changing ‘bedroom practices.’ Also, their accounts contain ‘hedging’ (may) as they are not considered to be an authority in this area. On the contrary, the ‘voices’ heard later and in the ‘wrap up’ are those of health authorities (health officials, Centre for Disease Control and studies. Their accounts are not hedged, except for one (‘some health authorities think may last as long as ten years’), which indicate that they are the authoritative in the aspect of AIDS.

3.3 AIDS: The contagious disease

Early reports on AIDS have made many readers believe that AIDS is highly contagious and is airborne like the flu. Extract 3 is one of the earlier reporting pieces by TIME on AIDS and how it is thought to be contagious, including the reactions of the society towards the disease and those who are from the high-risk group.

Extract 3. THE REAL EPIDEMIC: FEAR AND DESPAIR

In Manhattan last week a WABC-TV crew refused to enter the Gay Men’s Health Crisis office to cover a story on AIDS. Two back-up crews also balked at going in. Said one of the technicians: ‘Look, nobody knows anything about AIDS. What makes them so cocksure I’m not going to get it from a sweaty palm?’ One of the homosexuals in the office had a question of his own: ‘Do you understand now that we’re treated like lepers?’

As the deaths from AIDS-related diseases continue to rise, so does hysteria about possible contagion. AIDS victims and members of high-risk groups – male homosexuals, Haitians, haemophiliacs and intravenous drug users – are being shunned by their communities, their fellow workers, and sometimes their friends and families. Three nurses at a hospital in San Jose, Calif., quit rather than deal with AIDS cases; some staff members at San Francisco General Hospital refused to carry trays to such patients.

About half of the dentists in San Francisco, which has had 160 known AIDS cases, now wear some protective covering, usually rubber gloves, while treating ‘high-risk’ patients. ‘It’s awkward,’ admits Dr. Gerald Fraser, ‘but there’s no way around it.’ According to the American Dental Association, gloves are not enough: its council on dental therapeutics recommends that dentists and their assistants wear masks and eye coverings as well while treating their patients.

As more and more homosexuals contract AIDS, gay men in general are encountering a new strain of prejudice. One family, dining in a San Bernardino restaurant, remanded that an effeminate waiter be fired on the spot. Several conservatives, including Columnist Pat Buchanan, have raised the question of whether homosexuals should be barred from all food-handling jobs, and diners in several cities boycotted restaurants rumoured to have gay chefs. A New York City prison official conceded that there is no evidence linking AIDS to food handling; nonetheless, to calm other prisoners, he barred ‘overt homosexuals’ from food

lines. One AIDS victim, having dinner at the home of a homosexual friend in Los Angeles, noticed that he was the only guest whose food was served on a paper plate.

(TIME, 1983, 4 Jul, Vol.122, No. 1, p.36)

There is a high level of dialogicality in Extract 3, but they are mainly non-specific attributions, with only two specific attributions: Dr. Gerald Fraser, and columnist Pat Buchanan. The non-specific attributions to sources are the members of the public (i.e. WABC-TV crew, family, diners), medical and dental workers (i.e. nurses, staff members at San Francisco General Hospital, dentists), high-risk groups (i.e. homosexuals, effeminate waiter), New York City prison official, and an AIDS victim.

There are many 'voices' heard in Extract 3, especially from those who view AIDS as a contagious disease. These 'voices' belong to the people who are in contact with the disease, the victims of AIDS and also members from the high-risk group (i.e. male homosexuals, Haitians, haemophiliacs and intravenous drug users). There are only two 'voices' heard from those who are affected: 'One of the homosexuals in the office,' and 'One AIDS victim.' This finding denotes an imbalance in the 'voices' heard in Extract 3 as there is more space given to 'voices' from those who fear the disease, than those who are being affected by the reaction of the public. Thus, there is the point of view of the whole situation from the public, and not from those who are affected by the disease.

Looking at the issue of 'framing,' Extract 3 shows evidences of how the 'voice' of another is contextualised in the text to show that there is the perception that AIDS is a highly contagious disease. For instance, the report that states that there are '160 known AIDS cases' is framed within the report that 'About half of the dentists in San Francisco...now wear some protective covering, usually rubber gloves, while treating 'high-risk' patients.' This framing of the number of AIDS cases within the preventive measure taken by the San Francisco dentists clearly imply that even the dentists themselves are afraid that the disease is highly contagious. Furthermore, the following sentence ('It's awkward,' admits Dr. Gerald Fraser, 'but there's no way around it') is framed as admittance to their precautionary measures taken to protect themselves from the contagion. The reporting verb, 'admit', used to frame the words of Dr. Gerald Fraser, indicate that the dentist is rather embarrassed about his and his fellow dentists' preventive measures. In addition, the following sentence has the American Dental Association's voice recontextualised in ID stating that 'gloves are not enough: its council on dental therapeutics recommends that dentists and their assistants wear masks and eye coverings as well while treating their patients.' This framing is conducive as a further build-up to the negative interpretation of AIDS as a highly contagious disease. Additionally, the comment made by 'A New York City prison official' is framed by the reporting verb, 'conceded.' The use of this reporting verb instead of 'say' holds a deeper impact on the statement he makes 'that there is no evidence linking AIDS to food handling; nonetheless, to calm other prisoners, he barred 'overt homosexuals' from food lines.' This statement clearly denotes the prison official's awareness that AIDS cannot be contracted through 'food handling' but to ensure that 'other prisoners' remain calm, he goes to the extent of not allowing members from the high-risk group to be at the 'food lines.' The use of the sentence connector, 'nonetheless,' displays the contrast between the prison official's awareness and his action.

Moving on to the other form of framing is the ordering of ‘voices’ in relation to each other. The forms of reporting in Extract 3 are DD and ID. The three cases of DD are attributed to agents, both specific (Dr. Gerald Fraser) and non-specific (‘one of the technicians’, ‘One of the homosexuals’). As for the reporting form, ID, there are altogether four cases with agents: two specific agents (American Dental Association, Pat Buchanan), and two with non-specific agents (‘One family,’ ‘A New York City prison official’). The reporter chooses to set off the voice of the person being reported from his own when the boundaries of the reported words are clearly demarcated in scare quotes (i.e. ‘Look, nobody knows anything about AIDS. What makes them so cocksure I’m not going to get it from a sweaty palm?’). This is to represent the belief of a possible contagion from direct contact by a member of the public. Note also that in this extract, the reporter chooses to use ‘common sense’ terms or informal words (i.e. ‘balked,’ ‘cocksure,’ ‘sweaty palm’) to represent secondary discourse in his own words. This choice of representation helps to make it easier for the reader to go along with the meanings in the extract, as these are terms that the reader himself may use.

Continuing with the subject of ‘framing,’ one of the aspects of Extract 3 is indirect reporting. The predominant use of primary discourse signifies that a high degree of recontextualisation has occurred in the representation of AIDS as a ‘contagious’ disease. This representation of AIDS as a contagious disease is evident in the two ways it has been represented. The first representation is through the reaction of the public towards AIDS victims (‘Three nurses at a hospital in San Jose, Calif., quit rather than deal with AIDS cases; some staff members at San Francisco General Hospital refused to carry trays to such patients,’ ‘One AIDS victims, having dinner at the home of a homosexual friend in Los Angeles, noticed that he was the only guest whose food was served on a paper plate’) and members of the high-risk group (‘In Manhattan last week ...from a sweaty palm?’,’ ‘AIDS victims and members of high-risk groups...their friends and families,’ ‘About half of the dentists...while treating ‘high-risk’ patients,’ ‘One family...rumoured to have gay chefs’). The second way AIDS was represented as contagious is the preventive measures taken by the San Francisco dentists (‘About half of the dentists...while treating their patients’) and also the New York City prison official (‘A New York City prison official conceded that there is no evidence linking AIDS to food handling; nonetheless, to calm other prisoners, he barred ‘overt homosexuals’ from food lines’). With these methods of representation, there is a conducive build-up of placing AIDS in an unfavourable position as a highly contagious disease.

3.4 AIDS and immorality

One of the means in which AIDS can be transmitted is through sexual intercourse. As such, the disease has been implicated with the question of morality. Many religious leaders and conservatives have voiced their opinions with regards to AIDS and morality, and they have concluded that the disease is linked with immoral behaviour. The following extract, Extract 4, is an example, which clearly draws this association describing how the disease is linked with immorality.

Extract 4. THE REAL EPIDEMIC: FEAR AND DESPAIR

For homosexuals, the AIDS scare is also a political setback: after a decade of social gains and increasing tolerance, gays are suddenly pariahs again. ‘What we’re seeing here is the re-diseasing of homosexuality,’ says Rick Crane, programme director at San Francisco’s AIDS/Kaposi’s Sarcoma Research and

Education Foundation. 'We get everything from fundamentalist crap about AIDS being a moral scourge to pseudo concern for gays,' says Los Angeles' Schulte. 'There's this soft, ugly underside that gets fed by the AIDS scare. It's scarier than the disease, because that kind of stigmatising will outlast the disease.'

Last week the Rev. Greg Dixon of the Moral Majority wrote: 'If homosexuals are not stopped, they will in time infect the entire nation, and America will be destroyed.' Some gays are beginning to feel a moral responsibility for AIDS. Says the Rev. Jay Deacon, a homosexual minister in Chicago: 'There's a lot of 'This is God's judgment on wicked sinners – the Sodomites are being judged.' Intellectually people don't buy that, but in their guts there's a lot of guilt.' The threat of AIDS can awaken old doubts about the homosexual life, or sexual activity in general. Says Fishman of Boston's AIDS Action Committee: 'Many men have internalised social and moral judgments that being gay, and/or being sexually active, is sinful.'

Unquestionably AIDS is reshaping homosexual communities and pushing many toward mainstream mores, just as the herpes epidemic has restricted the sexual adventuring of many straights. The sexual revolution clearly is not over, but the '80s are proving to be a dangerous decade both for gays and straights who like casual sex and plenty of it.

(TIME, 1983, 4 Jul, Vol.122, No.1, p.38)

There is quite a high level of dialogicality in Extract 4, especially in the early part of the text. The attributive sources and quotes belong to AIDS activists (Rick Crane, Schulte, Fishman), religious leaders (Rev. Greg Dixon, Rev. Jay Deacon), and homosexuals ('some gays'). Note that the attributive sources for AIDS activists and religious leaders refer to specific agents, while for homosexuals, there are no specific agents involved. The later part of the text is in authorial account without any attributive agents. These are non-modalised assertions about how AIDS is determining the sexual practices of promiscuous 'gays and straights.'

Besides analysing what is there in the text, analysis of absences can also be significant as in the case here in Extract 4. It can be noted that although the text is about homosexuals and promiscuous heterosexuals, their 'voices' are not heard or given space. Ironically, the 'voices' of AIDS activists and religious leaders are heard. Thus, AIDS activists and religious leaders are the accessed voices, while the non-accessed voices are the promiscuous heterosexuals, members of the high-risk groups, and AIDS victims. The latter groups' views about AIDS and the link with morality are not heard, nor are they given space to defend their moral status. This absence can be considered significant as their moral standing is at stake here. Hence, the main 'voices' heard in Extract 4 are the AIDS activists and also the religious leaders.

The issue of 'framing' in Extract 4 is noteworthy and rather distinctive from the other extracts analysed earlier. For starters, there is a realisation of a frame within another frame as evident in this example: "'There's a lot of 'This is God's judgment on wicked sinners – the Sodomites are being judged.' Intellectually people don't buy that, but in their guts there's a lot of guilt.'" This is the statement made by Rev. Jay Deacon, a homosexual minister in Chicago. The reference to homosexual as 'wicked sinners' and 'Sodomites' is framed within Deacon's view that many people are dealing with an internal conflict regarding their homosexuality and how AIDS is inextricably linked to the issue of morality. This frame within a frame is conducive in

casting an unfavourable light on homosexuals as they themselves are questioning their own sexuality. Another interesting observation made in Extract 4 is the framing of the authorial account with the original report. This form of framing is similar to the author first making an assertion about an issue to frame what the 'voices' have to say about the issue. For example, the non-modalised assertion 'For homosexuals, the AIDS scare is also a political setback: after a decade of social gains and increasing tolerance, gays are suddenly pariahs again' is used to frame what Rick Crane has to say about homosexuality: 'What we're seeing here is the re-diseasing of homosexuality'. The other example is when Rev. Jay Deacon's explanation of 'There's a lot of 'This is God's judgment on wicked sinners – the Sodomites are being judged.' Intellectually people don't buy that, but in their guts there's a lot of guilt' is framed by the authorial account of 'Some gays are beginning to feel a moral responsibility for AIDS.' And finally, the author's modalised assertion of how 'The threat of AIDS can awaken old doubts about the homosexual life, or sexual activity in general' is employed to frame Fishman of Boston's AIDS Action Committee view that 'Many men have internalised social and moral judgments that being gay, and/or being sexually active, is sinful'. All of the three examples plainly illustrate how the use of authorial account to frame a specific attributive agent can be seen as a rhetorical strategy to legitimise and further strengthen the claim of the authorial account.

The second issue of framing are the forms of reporting realised in Extract 4. There is only the reporting form of DD in the extract: five cases, where two of them belong to the 'voices' of religious leaders (Rev. Greg Dixon of the Moral Majority, Rev. Jay Deacon - a homosexual minister in Chicago), and another three belong to AIDS activists (Rick Crane, programme director at San Francisco's AIDS/Kaposi's Sarcoma Research and Education Foundation, Los Angeles' Schulte, Fishman of Boston's AIDS Action Committee). Their discourses are explicitly marked in DD to uphold a high level of boundary maintenance between the voices of the religious leaders and AIDS activists from that of the reporters. It is important to the reporter that the secondary discourse of Dixon, Deacon, Crane, Schulte, and Fishman are represented in DD as they are considered as people of authority in terms of moral and religious values. Thus by using DD, the reporter wishes to associate himself with the secondary discourse. Also, the use of authoritative sources helps to legitimise the reporter's own opinion on this matter. This is clearly the case as after presenting the views of the religious leaders and the AIDS activists, the reporter presents his own views on how AIDS has altered the 'immoral' lifestyle of many 'gays and straights who like casual sex and plenty of it' (i.e. 'Unquestionably AIDS is reshaping homosexual communities and pushing many toward mainstream mores, just as the herpes epidemic has restricted the sexual adventuring of many straights. The sexual revolution clearly is not over, but the '80s are proving to be a dangerous decade both for gays and straights who like casual sex and plenty of it').

The ordering of voices in relation to each other in the text is another aspect of framing that is addressed here in Extract 4. The representation of 'immorality' is contextualised in terms of the link between AIDS and homosexuality - the sexual lifestyle and references to Biblical nuances. The allusion to homosexuality as an immoral sexual lifestyle is referred to many times in the text in different but equally derogatory means: 'pariahs,' 'moral scourge,' 'infect,' 'destroy'. In addition to that, Biblical undertones of AIDS as the penalty to being a homosexual are represented in a few terms: 'God's judgment on wicked sinners,' 'Sodomites,' 'sinful'. All these terms

used to link AIDS with homosexuality have effectively painted a negative impression of the disease and the homosexual lifestyle as something immoral.

3.5 AIDS and its stigma

Unlike other diseases, AIDS is a stigmatised disease and at the same time associated with marginalised people who have been categorised as belonging to the high-risk group. The social stigma that is attached to AIDS has made many people, especially those in the high-risk group, fear of being stigmatised if tested positive. Consequently, many people decline having themselves tested for the disease. Extract 5 illustrates how the AIDS stigma has affected national policy and also palliative care.

Extract 5. FRANK TALK ABOUT THE AIDS CRISIS

Admiral James Watkins, chairman of the 13-member presidential AIDS commission, called discrimination the 'foremost obstacle to progress' in combating AIDS. 'People simply will not come forward to be tested or will not supply names of sexual contacts for notification,' he said, 'if they feel they will lose their jobs and homes based on an HIV-positive test.' The chairman's recommendation: that the President issue an Executive Order extending federal antidiscrimination laws already on the books to include those infected with the AIDS virus. In Congress, conservative lawmakers, who vigorously oppose steps that would confer special rights on homosexuals, the group most directly affected by AIDS, promptly voiced their objections.

Watkins homed in on another Administration bugaboo: guaranteed confidentiality. Since the AIDS crisis began, programs to determine the focus and spread of the disease have been stymied because people at high risk have feared being stigmatised by showing up for tests. 'An effective guarantee of confidentiality is the major bulwark against that fear,' the report asserts. However, it also establishes clear exceptions to the rule: namely, when there is a need to protect those 'who may unknowingly be in immediate danger of being exposed' to the AIDS virus. Among them are victims of sexual assaults, health-care workers who are accidentally exposed and those who may be treating infected individuals.

(TIME, 1988, 13 June, Vol.131, No.24, p.41)

Extract 5 contains a high level of dialogicality, as there are many manifestations of attributive sources. There are two attributive sources pointing to specific agents: Admiral James Watkins and his Report, and congressmen ('conservative lawmakers'). However, the final two sentences are unclear attributes as there is no indication of a specific agent being referred to, even though there are quotes in one of the sentences: 'However, it also establishes clear exceptions to the rule: namely, when there is a need to protect those *'who may unknowingly be in immediate danger of being exposed'* to the AIDS virus. Among them are victims of sexual assaults, health-care workers who are accidentally exposed and those who may be treating infected individuals.' Therefore, there is no lucid indication that the two sentences belong to Watkins or the report.

In Extract 5, there is the notable absence of 'voices' from the high-risk group and members of the public. This is ironic considering that laws regarding AIDS and the public, especially those from the high-risk group, are being proposed here without any views from the public. Only the 'voices' of Admiral James Watkins and conservative lawmakers are heard in the text. As such, the main 'voices' and also the accessed

‘voices’ in the text belong mainly to Admiral James Watkins and in a small way, to the conservative lawmakers. The public, members of the high-risk group and not forgetting the AIDS victims themselves are the non-accessed ‘voices’ as they are not heard at all in the text.

On the issue of ‘framing,’ how the original report is recontextualised in authorial account is indirectly conducive in placing the U. S. government and the congressmen in an unfavourable light. There are two instances in Extract 5 where the government is contextualised in a negative way. For example, Watkin’s report frames the recommendation to ‘the President (to) issue an Executive Order extending federal antidiscrimination laws already on the books to include those infected with the AIDS virus.’ This recommendation hints at how the U. S. government has not taken any steps to protect the AIDS victims from discrimination. This inevitably casts the government in an unfavourable light. The second example is an addition to the first implication of the government not protecting AIDS victims: ‘Watkins homed in on *another* Administration bugaboo: guaranteed confidentiality.’ The use of the word ‘another’ implies that this is not the first ‘Administration bugaboo.’ This reiterates the notion that the Administration is not doing enough to protect AIDS victims from being stigmatised. Watkin’s pointing of this other governmental loophole, frames the specific flaw in government policy. The second framing is a build-up to the earlier framing that effectively places the government in a bad light. Besides that, the congressmen are also contextualised in an unfavourable light. For example, the report that conservative lawmakers ‘promptly voiced their objections’ is framed by the additional information about the congressmen’s sentiments toward homosexuals: ‘vigorously oppose steps that would confer special rights on homosexuals, the group most directly affected by AIDS.’ The objection from the conservative lawmakers framed with their opinions of homosexuals is a clear sign that the lawmakers will continue to oppose any recommendations that favour homosexuals. This objection places the conservative lawmakers in a negative light as they are seen to be discriminating the homosexuals and at the same time, opposing Watkin’s recommendations.

The forms of reporting realised in Extract 5 are DD, ID, FID and NRSA. The DD form of reporting belongs to Admiral James Watkins and the Report by Watkin’s 13-member presidential AIDS commission. As for the ID form of reporting, it is also by Watkins when he made the recommendation. The FID form of reporting is realised when Watkins ‘homed in on another Administration bugaboo.’ The final form of reporting NRSA is when the conservative lawmakers ‘voiced their objections.’ One of the emerging trends of news reporting is seen in Extract 5. Extract 5 contains a new form of news reporting where the official viewpoints are translated into public idiom to make the news more accessible to the general public. The reporter has translated many of Watkin’s and also other congressmen’s opinions into primary discourse and there are only several instances where Watkins’ secondary discourse is clearly marked in scare quotes as DD. This denotes a shift in power from the newsgivers to the consumers. Perhaps, the content or message of the extract, which is to propose new laws to protect those tested positive, is aimed at encouraging the public to step forward to be tested for the disease.

An obvious indication of recontextualisation occurring in a text is when the report contains a lot of indirect form of reporting. This is evident in Extract 5 where the text contains mainly indirect reporting. Hence, the recontextualisation of the notion of ‘stigma’ is apparent in the text where it is represented in three cases. The first is the

suggestion that the law does not cover discrimination faced by AIDS victims: Watkin's recommendation to extend 'federal antidiscrimination laws...to include those infected with the AIDS virus.' This is followed by the second suggestion that there is stigma attached to the disease and high-risk group, when conservative lawmakers 'oppose steps that would confer special rights on homosexuals.' Finally, the phrase 'people at high risk have feared being stigmatised by showing up for tests' frames how unsuccessful past AIDS programmes have been due to the stigma attached to the disease and high-risk group. The three examples above illustrate how the author has chosen to frame the idea of 'stigma' during the process of recontextualisation in indirect reporting form.

4. Conclusion

The intertextual analysis reveals the manifestations of 'voices' from various quarters. These 'voices' are heard intermittently throughout the twenty three years analysed, from 1983 to 2005. The 'voices' are realised in the construction of the notion of AIDS in media discourse. In the construction of AIDS the disease, the association of the disease with death, fear, contagion, immorality, and stigma is analysed. Findings from the analysis of the representation of the AIDS are significant as the analyses indicate that the level of dialogicality within the text illustrate the level of ideology at work in the text. The higher is the degree of dialogicality, the lower is the level of ideology and there is more room for differences.

Analyses also illustrate that there are certain 'voices' that are figured prominently in the text while there are some 'voices' which are notably absent from the text. The absence of certain individuals are significant as their absence signify that their 'voices' are not deemed important by the author to be included in the text, and as such power relations are at work here.

The analysis on recontextualisation prove how 'framing' is about choices made over how to 'frame' certain voices and contextualise them to put certain parties in either a favourable or unfavourable light. Additionally, the forms of reporting (DD, ID, FID, NRSA) are also evident in the intertextual analysis, and how they are employed to in terms of the ordering of voices in relation to each other to represent certain subjects or topics or processes in the text.

References

- Caldas-Coulthard, C.R. and Coulthard, M. (1994) On reporting reporting: The representation of speech in factual and factional narratives. In M. Coulthard (ed.), *Advances in Written Text Analysis*. London: Routledge. pp.295-308.
- Fairclough, N. (1989) *Language and Power*. London: Longman.
- Fairclough, N. (1992) *Discourse and Social Change*. Cambridge: Polity Press.
- Fairclough, N. (1995a) *Critical Discourse Analysis*. London: Longman.
- Fairclough, N. (1995b) *Media Discourse*. London: Arnold.
- Fairclough, N. (2003) *Analysing Discourse: Textual Analysis for Social Research*. London: Routledge.
- Zuraidah Mohd Don and Lean, M.L. (2002) Discourse, power and subjectivity: Print media and the discursive construction of AIDS. In A.H. Omar, H.M. Said and Z.A. Majid (eds.), *Language and Empowerment*. Malaysian Association of Modern Languages, University of Malaya. pp.361-73.