

'It's a matter of trust': Young People in South Africa and the Discourse of HIV/AIDS Prevention

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Introduction

This article examines how young people are talking to each other about HIV/AIDS and how they tackle related challenges of agency. The article attempts to do this on three levels. Firstly, it draws on a research project conducted by university students, who examined how young people are speaking to their close friends and intimates about HIV/AIDS. The purpose of the research project was to examine the communicative challenges young people face, and to understand, from their discourse, how they are developing their capacity to deal with the crisis. Secondly, the article examines what reflexive roles young people are playing as emerging intellectuals and leaders in the HIV/AIDS crisis, and what they can do to tackle linguistic practices, attitudes and behaviour. Thirdly, as part of the research has been based on work done with and by students as part of a class project in the module Language and Power, the article also engages reflexively with the issues of curriculum development while documenting a method for research and pedagogical intervention¹.

HIV/AIDS and Linguistic Constructions of Self and Identity

One of the key issues underpinning this research is the question of what does

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HIV/AIDS have to do with linguistic constructions of the self and identity? Mesthrie and Tabouret-Keller (2001:165) make the point that speech and language are often associated with life itself. This is both an encouragement and a challenge to language practitioners working in the area of HIV/AIDS prevention, for the ability of people to protect themselves against the virus seems to be closely related to social and personal empowerment. This includes the empowered use of language. In their work on the relationship between identity and language, the researchers reiterate Tabouret-Keller's argument about 'the concrete physiological basis that makes speaking seem a part of one's being', and go on to refer to Le Page and Tabouret-Keller's Projection Model, which construes 'linguistic behaviour as "a series of *acts of identity* in which people reveal both their personal identity and search for social roles"' (Mesthrie & Tabouret-Keller 2001:167). This poststructuralist approach to understanding linguistic behaviour has particular value for HIV/AIDS research for it treats identity and language use as being neither fixed nor determined but fluid and open to innovation. This is consonant with the tendency of young people to experiment with identity in the development of their social roles.

The Learning Context

As the HIV/AIDS project represents the culmination of the 50-lecture second level module, a brief outline is offered to clarify the pedagogic and historical context. I have been teaching Language and Power in the English department since 1991, and have focused on the generative roles young people may play as emerging public intellectuals. With the creation of the School of Languages and Literature in 2000, Language and Power moved to the newly-constituted discipline of Sociolinguistics and from level three to level two, as it served as the interdisciplinary programme core module (along with Language and Gender, which was created for level three).

Language and Power has focused on HIV/AIDS since 1997 (Narismulu 1999a, 1999b, 2001, 2003a, 2003b). This is an interactive module that begins by examining how identity is constructed in the family, in society, by individuals, and by subcultures. Through a focus on concepts such as woman-man, mother-father and the individual, the subjectivity of the self and its relation to the other is examined. This is used as the basis for

deconstructing the assumptions and stereotypes that tend to occur in the development of race, ethnic, gender, class and national identities. Attention is given to intellectual discursive practices (eg., Fairclough, 1989, 1992, Bourdieu 1994, Mesthrie 2000, Kress 2001) throughout the module, and particular consideration is given to the historical and social inequalities that inform voicing and silence. Students are also introduced to the challenges facing the languages of South Africa and other countries on the continent, and this is done through the textbook *African Voices* (Webb and Kembo-Sure 2000). The last third of the module is spent on a key discursive and development challenge, and in recent years this has involved a focus on HIV/AIDS.

The Students

In 2003 the project was developed from the outset with the students. There were 47 students in the class, most of them aged about nineteen, and about a third in their twenties, with a few in their early thirties. There were 42 South Africans, comprising eighteen African women, eighteen Indian women, one coloured woman, three African men and two Indian men. There were five students from other countries: two women came from Swaziland, one black and one Coloured; two women were from the United States, one African-American and the other white; and there was an African woman from Malawi.

While the foreign students tended to be middle class, of the South Africans about 70% were working class and 30% middle class. About 60% of working class students were Africans, while the middle class students tended to comprise similar numbers of African and minority students. These characterizations are subject to interpretive error as I do not inquire about the personal data of individual students. However, in a module that deals with identity constructs students tend to identify themselves while tackling questions about subject position.

The Rationale for the HIV/AIDS Project

The focus on HIV/AIDS was driven primarily by the situation that although language is key to communication and HIV/AIDS is a communicable disease

very little is understood about how language is being used as people deal with the epidemic. It was also influenced by concerns about the prevalence of HIV infection among young people, the way in which they are responding to the epidemic, and their level of involvement in HIV prevention:

- Nearly half of all HIV infections occur in men and women younger than 25 years, and, in many developing countries, data indicate that up to 60 percent of all new HIV infections are among 15- to 24-year-olds (UNAIDS/WHO 1998; UNAIDS 2004).
- The CASE National Survey of Youth indicates that the fact young people have information about HIV/AIDS does not seem to be sufficient to protect them from the virus: 'there is no direct relationship between personal experience and knowledge of HIV/AIDS on the one hand, and the measures taken to identify and fight it on the other hand. Beliefs about the disease seem to be at odds with personal experience' (www.case.org.za/html/yo2000.htm)
- Strategies for dealing with the epidemic generally disregard young people (UNICEF 2002).

Given that young people are the group most affected by HIV/AIDS and key to addressing the epidemic, the research project was initiated in an attempt to understand how young people are using language in relation to the crisis. Further, given that the state is struggling to discharge its responsibilities, it is necessary to work out what members of civil society can do to help themselves. It is also important to understand what young people need to develop as they are well located to intervene in the process. As the group most affected it is in their interests to develop skills and strategies for dealing with HIV/AIDS.

It was important to choose an issue that would engage students' interest in language and illustrate the sociolinguistic and intellectual value and applications of the discipline. For all the personal and social trauma that HIV/AIDS can wreak, it can also be used as an opportunity for education and empowerment in areas such as gender relations. The topic of HIV/AIDS may be used to raise students' awareness of their capacity and potential for addressing major social and linguistic challenges. It can also be used to explore the value of linguistic attentiveness in addressing social challenges

and, in an engaged way, to attend to the 'social' in language teaching and research.

The focus on HIV/AIDS has helped to bring together and reinforce other foci of the syllabus, such as identity constructions, gender relations, and the deconstruction of stereotypes. The approach that is used in this study examines how language about the self can be deployed in constructive, assertive and creative ways. The HIV/AIDS project was also useful to illustrate the equal value of all South African languages in a very immediate way in that students with a command of several South African languages have been able to gather and analyze data from a wider and more representative range of subjects. In this way students recognize the urgent need to develop all lexicons in order to tackle this social challenge effectively. Such a project also enables the use of the classroom to teach Humanities students how to become involved in community work. Much of the approach to handling the project was informed by the philosophy and methodology of action research (McNiff, 1988; MacIntyre 2000), which enables one to achieve understanding and social change at the same time. The methods of action research were used and they were useful for teaching basic research methods, asking in-depth questions about agency, and rehearsing the theoretical, conceptual and cognitive skills taught earlier in the course. Barbara Johnstone's book *Qualitative Methods in Sociolinguistics* (2000) was used to help locate the methods of action research in sociolinguistic approaches.

The HIV/AIDS Project

Establishing the Focus of the Research

The focus of the students' research was on the ways in which young people are speaking to their close friends and intimates about HIV/AIDS and, more reflexively, on the roles young people are playing as emerging intellectuals and leaders. I began by asking the class if they would discuss what their peers were saying about dealing with HIV/AIDS in their personal and intimate relationships and many students made the comments 'nothing' or 'very little' to describe what their peers were saying. Asked why this is the case there was broad agreement among the students that the issue was 'too personal'. Many students responded to the silence that seems to surround

HIV/AIDS by feeling discouraged from pursuing this line of research while, a smaller number (about twenty per cent) of the students conversely argued that the silences justified the need for research. One student made the following argument: 'Well, we know it's difficult to talk about race and gender, but we also know that that doesn't mean we should just cave in.' The way in which her argument combined the interactional functions with the transactional functions of language served to clinch the debate. The student's repeated use of the plural personal pronoun signaled solidarity with the class as a community (Pennebaker, Mehl, Niederhoffer 2003:24) even as she expressed disagreement with most people in the class. Her choice of language was strengthened by her reference to the work done earlier in the module, which reminded her fellow students that they already had some experience in dealing with such challenges. This speech act reflects the 'close links between the concept of community and the linguistic realizations of a strategic behaviour' (Íñigo-Mora 2004:48).

Through further reflective discussions about the behaviour of their friends, many students pointed out that although young people know how HIV is transmitted, they seem to find it difficult to change the behavior that puts them at risk. It was interesting that this seemed to bear out the results of the CASE survey (2000) and I encouraged this line of research without telling students about the survey at this stage of the project, so as not to influence their findings. The class decided that the point of the project was to understand how young people talk to each other about sex, disease and death.

Preparing for the Interviews

As the students were not certain how to turn these ideas into a research project I suggested that they use the interview method, based on open-ended questions (Johnstone 2000) to gather data on how young people talk to each other. After more discussion, it became clear that the students were finding it difficult to work out ways to get strangers (let alone friends) to talk to them frankly about HIV/AIDS. The World Health Organisation uses a method of dealing with sensitive issues by asking interviewees questions that are not about their own behaviour but about their friends (Stimson et al 2001). I suggested that students try this strategy. We decided that each student would

interview at least three young people, who would be randomly selected. It took a few periods to work through possible questions and evaluate combinations that were tested through pilot interviews. Eventually the following combination of questions was developed to elicit responses that offer an indication of young peoples discursive responses to HIV/AIDS:

1. Would an HIV+ friend inform other friends in your circle of his/her status, and why?
2. Are any of your friends engaging in casual and unsafe sex, and why?
3. Do any of your friends think their partner/s are worth dying for, and why?

The class then had the task of formulating the assignment question, which many found daunting. Reminded that Language and Power is about their own empowerment, they worked through possible questions, and eventually their confidence was boosted by the framing question that they developed: Are young people responding to the challenges of HIV/AIDS?: an examination of language and behaviour. The process also helped the students focus on key issues in their challenging project. This approach is part of a transformative pedagogy (eg., Hope and Timmel 2002), which is necessary to strengthen learning and intervention in this urgent social problem.

In line with one of the module's sub-themes of fair exchange, the class was encouraged to use the interviews to do more than gather data. After each interview students could, for example, share relevant information about discursive strategies for exercising personal and social agency. The students were enthusiastic about this and paid closer attention to the information they had on HIV/AIDS. Some shared information they had collected from the internet, magazines, the press, clinics and agencies. The students were much more motivated to develop their knowledge when their tasks involved interactive communication, and many drew skillfully on this process to answer an examination question at the end of the semester.

Findings and Analyses

The interviews were conducted mostly with tertiary students from the Westville and nearby campuses, but also included some young people who are either at school, working, or looking for work. During the interviews the students recorded the answers to all questions, collated their data, selected

the information relevant to their project, and drafted their arguments in the form of essays that were discussed in class. In this way they honed their analytical and writing skills, and I collected each draft for marking and accrediting.

The students reported interesting responses to the questions. Although the class had been urged not to ask interviewees to speak about their own lives, some interviewees, of their own accord, responded to the questions in the first person. Other interviewees began their answers by speaking about their friends and then went on to talk about themselves. The reason for this could be either that they thought that the third-person form of the question was mainly a matter of diplomacy, or that young people have a pressing need to communicate (under conditions of anonymity) about the subject of HIV/AIDS.

This seemed to be the case in the responses even to the first question (Would an HIV+ friend inform other friends/partner of their status, and why). It was interesting that many of the interviewees were reported to have immediately or gradually answered the initial question in the first person, stating quite categorically as one did that she would 'definitely not reveal her HIV+ status to her close friends [because she] did not trust them to deal with it well'. The emotive content of the subject and the tension generated by the social/psychological contradiction (that a person feels unable to trust close friends with such information) seems to clarify why many interviewees chose not to remain in the more distanced zone of the third person that the interviewers offered. Such unsolicited direct involvement in the responses early in the interview may be an indicator that the interviewees felt able to speak freely. Or it may indicate the scale of the contradiction that moved them to respond quite intensely in the first person.

One interviewee addressed fears that were present but less explicit in other interviewees' responses: 'If it were me I would be so afraid of condemnation from my friends. To be honest, if my best friend told me she had HIV I would feel uncomfortable around her'.

The language of this interviewee indicates the extent to which people feel blocked on the question of HIV/AIDS. It is interesting that this interviewee decided to respond to the question at a personal level ('If it were me') and with an emphasis on candour ('to be honest') at the same time as she chose a hypothetical formulation that served to distance her. What she

goes on to express is even more interesting. The word 'afraid' is unexpected and not normally used in relation to friends, and this suggests the depth of the social crisis generated by HIV/AIDS. That the word is qualified by the use of the word 'so' makes it even more curious and suggests the extent of the fear of condemnation. What is most curious is that the speaker expects to be condemned by people who are her *friends*, and the unexpected adjective 'afraid' suggests the extent of condemnation that can be expected from people who are not friends. But before the listener can process that deeply anomalous statement the speaker follows it up with an even more striking confidence that seems to parallel the first sentence (in the repetition of the conditional 'if') but which completely abandons the cautious distance that it establishes. In this statement the speaker refers to her own response to news of infection from not just any friend but from 'my *best friend*'. The structure and frankness of the respondent's statements offer an indication the extent to which people are socially demobilized by the virus and how their responses to it are informed by fears that are not rational but all too human.

It seems that young people who are involved in friendly peer networks feel blocked in their social expression by fear of rejection. Fear of being infected seems to be so powerful that it produces judgements and silences that destroy the possibility of empathy or sharing. This quotation this seems to be the case even among friends who have lived in this region that has been so badly affected by HIV/AIDS, who have received HIV/AIDS education at school, who have been exposed to the advertising and know that this is not a disease that is normally communicable between friends.

It appears that public education about HIV/AIDS is not addressing the deep crisis young people are experiencing, and that communication about this subject is stymied even in close friendships. Most of the student-researchers who examined the issue showed awareness of the disjuncture between what is publicly articulated and the private fears that force people into silence. One student expressed the contradiction as follows: 'HIV/AIDS seems to have a public and a private face. The public face has all the right information and can talk about it rationally while the private face fears the virus and anyone infected with it'. This neat juxtaposition captures the fact that this Derridean binary (Derrida 1981) does not reflect opposites (that more or less balance each other) so much as a communication pathology, skewed towards the hegemony of silence.

Many students found that silence also seems to characterize intimate relationships. These students reported that young people seem to be experiencing a communication crisis, with one student arguing that: 'HIV is often contracted in the context of intimate relationships yet that is where the most silence is. Partners do not talk about it'. Such an analysis is alert to the fact that close relationships by definition involve close communication. The analysis renders the social contradiction and the norm it violates through an ironic balancing of the two halves of the first sentence. The argument made by this student was supported by other students who also made ironic observations such as 'The silence around HIV/AIDS is deafening', while also recording that their interviewees were reporting (in response to the second question) that many of their friends engage in casual and unprotected sex. There were many explanations for the silence. Some of the students who take another module, Language on Gender, drew on a reading by Carole Boyce Davies and 'Molara Ogundipe-Leslie (1995) to suggest that the reasons women seem to be without speech is the result of patriarchal control of language and relationships, that women have been raised to believe that they should be silent and accept subordinate social roles, that there are concerns with being characterized as difficult or having loose morals, and that there is fear of violence.

The students reported that most of their interviewees who chose to answer the questions (either partly or fully) in the first person were shocked by the third question (Is the partner worth dying for, and why) because 'they had not thought of [the issue] in that way'. The students reported on this response with some satisfaction, believing that the question had been enlightening for their interviewees, even though many interviewees went on to say that they loved their partners and were willing to die for them. On analysing this finding, many students felt that despite the responses, the question would 'make them think'. Another student took a less optimistic line of argument, concluding that: 'It seems that once young people enter relationships they feel obliged to risk their lives'. There seems to be a clash between the discourse of romance and the safe sex messages. Whether or not many young people are aware of this contradiction is not clear, what is clear is that it is not being addressed between friends or partners. It seems that as young people do not talk about their emotions and HIV/AIDS among their friends or partners, they do not get a chance to articulate the contradictions,

much less reflect on what they can do about them, either individually or as a group. What seems to be emerging from the research of the students is that the discourse of romance seems to have a more powerful impact on young people's behaviour than the more overt discourse of safe sex.

Several students made the observation that, of the women who were prepared to speak openly about their own lives, many reported 'being in sexual relationships that do not allow the use of a condom'. The words 'do not allow' signify the operations of patriarchal control and contradict the fact that this generation has grown up under a constitution that recognizes gender equality. Many women interviewees reported not being able to talk about the use of condoms with their partners. This adds weight to Strebels' observation that owing to their positioning 'in discourses of gendered power relations', these women seem to be 'dependent on men, lacking control over their lives, and so unable to insist on condom use, abstinence or monogamy of male partners' (1997:116). This seemed to be quite a pervasive subject position for women even as many were expressing awareness that their partners engage in unprotected sex with other people. Clearly some of the silences that surround romantic love, sexual behaviour and HIV have their roots in the asymmetrical power relations that accompany patriarchal dispensations of power. One student drew on work that was done on stereotyping and Derridean dichotomies earlier in the module to make the observation that:

Stereotyping seems to play a big role in HIV/AIDS transmission: men try to act macho and value having many partners while women have no say in negotiating condom use and feel that their partner will leave them if they insist [M]any know that their partners are unfaithful to them and do not seem to be able to talk to them about it [condom use] or to leave them.

The qualified nature of this analysis is apparent in words such as 'seems,' 'try,' 'feel,' and 'do not seem able' and as the analyst addresses various stereotypes about men and women but keeps a cautious distance from them, at both the macro- and micro- levels of the analysis. There are two unqualified statements pertaining to women who 'have no say in negotiating condom use' and who 'know that their partners are unfaithful' and these

occur along with the conditional '[women] feel that their partner will leave them if they insist'. Through such juxtapositions the statements challenge various assumptions to suggest that while stereotypical men may have agency in heterosexual relationships, women cannot simply be stereotyped as being bereft of agency or language.

Equally interesting among women and men interviewees who answered the second question in the third person, was the revelation that their men and women friends who had a steady partner were also engaging in casual and unprotected sex with other people. Dealing with this finding, several students drew conclusions along the lines that responding with empowered behaviour (which includes assertive language) to the challenges of HIV/AIDS appears to be closely linked to levels of self esteem and interpersonal negotiating skills. Some students suggested that what seems to be missing in the discourse of young people, particularly women but also men, is the ability to speak and act assertively on their interests and rights as people expressing themselves sexually in the context of the epidemic. Women and men's ability to take responsibility for safe sex seems to be curtailed by the ways in which men are able to exercise power in heterosexual relationships. It seems that even though the young urban people, who were the subjects of most of the interviews, are fairly well informed about HIV/AIDS, there is a gap between knowledge and behaviour, and awareness and action. This suggests that consciousness and its most overt and effective instrument, language, is centrally involved in the spread of the HIV/AIDS epidemic. Students argued that what compounds this challenge is the existence of a culture of denial that seems to pervade, 'to the extent that the person denies that s/he can get infected, or that the virus exists'. Some students tried to analyse the various ways in which their interviewees were denying reality, and a few challenged the conventions of disavowal that accompany the culture of silence.

What was equally interesting in the students' findings was that several women and men who said that they were willing to die for their partners also indicated that they and/or their partners were engaging in casual sex with others. Alerted to this issue during the testing of the initial questions, some students probed the issue further. They recorded that interviewees expressed no emotions about partners engaging in other sexual liaisons while placing them at risk by insisting on sex without condoms.

Perhaps these are cases of the most abject silence or resignation. The students identified other contradictions in their interviewees' responses to the different questions, such as people who admitted to shunning friends with HIV while at the same time participating in sexual relationships that placed them at risk of contracting the virus:

So many report being terrified if a friend discloses being HIV+ and withdrawing from the relationship even though the friend's virus cannot harm one, yet at the same time most of the women report being in sexual relationships that do not allow the use of a condom.

Although most of the students did not comment on these silences directly, it seems that many individuals feel that despite being in the middle of an epidemic that is threatening everyone's wellbeing, they cannot discuss issues of sex and infection with friends or intimates. These indicators of communicative disempowerment suggest the need for further research. What is interesting about these contradictions is that they offer insights into how young people are navigating various permutations of social isolation. It also indicates how irrational fears may drive them to foreclose on the social networks of support that are integral to how people cope with the realities of the epidemic, with the result that individuals may be left even more silenced and dependent on risky intimate relationships for social sustenance. Perhaps it is the combination of fear and patriarchal hegemony that drives people to treat these relationships like binaries, as though sacrificing friendships that pose no threat of HIV may magically secure immunity in the intimate relationship/s.

Trust

Given the urgent need to intervene to effect social change through understanding discourse (Strebel 1997) the initial part of the module has long focused on deconstructing key markers of identity such as 'individual', 'gender', 'race', 'class', 'ethnicity' and 'nationality' (Narismulu, 1999a, 1999b, 2001). Drawing on this background during their classroom discussions, many students took to treating the constructs of 'love' and 'trust' as key concepts in the spread of epidemic and tried to understand how these are deployed among close friends and intimates. One student explained what many other students were reporting in various ways: 'Women feel that

once they are in love they are obligated to trust their partners without question'. This observation alludes to the gendered nature of trust in the discourses that she has encountered in her research.

One of the purposes of the module was to enable students to tackle problems of communication. To this end the HIV/AIDS project challenged the students' capacity for interpreting and reporting on challenging questions. It required them to pay particularly close attention to their interviewees and peers, and to their own practice as interpreters, analysts and activists. During the course of the project they tackled these challenges in thoughtful ways, with one striking exception that arose during their discussions of their third draft and had everyone engaged during the discussion of the fourth (final) draft of the assignment. This had to do with the way the students represented and argued the responses of those women interviewees who articulated the issue of trust in the following terms: 'To show your boyfriend that you are not cheating or interested in someone else you will let him have sex with you without a condom'. Those students who interviewed young men who addressed this matter reported corresponding arguments along the lines of: 'If she wants you to use condoms that means she does not trust you', or (more commonly) 'then you have reason to wonder whether she has been faithful'. Questioned about this finding in class, most students dealt with it laconically as 'a matter of trust'. Asked to explain further, they would shrug as though experiencing a conceptual barrier and return to the formulation 'It's a matter of trust' as their most substantive argument. This particular interpretive frame (Goffman cited by Eckert and McConnell-Ginet 2003:105) turned out to be very significant. For one thing, it contradicted my assumption that if fairly well educated young people are aware of the dangers of HIV/AIDS and 'empowered to' articulate their rights and interests, the threat of the disease could be substantially reduced.

Even though the students had been working on assertiveness, identity constructs and stereotyping for several months and were producing sophisticated analyses, they turned out to be quite susceptible to their interviewees' conceptions of victimhood and to their explanations for their failure to protect their rights and negotiate safer sex. When asked to reflect on what they were saying a range of students each in turn unconsciously repeated the statement 'It's a matter of trust' in their otherwise rambling

answers, as though it is a magical formula that clarifies everything. Other students nodded in assent whenever this formula was produced. No one in the class seemed to recognise that the stock phrase had beguiled them into accepting an explanation that either denied reality or made excuses for an abdication of responsibility.

It seems that the arena of intimate relations, as it is configured in South Africa today, is largely inimical to the exercise of basic human rights. This is exacerbated by the fact that "private" relationships are a central locus of the gender order" (Eckert and McConnell-Ginet 2003:113) and these relationships therefore vulnerable to mystification and abuse. It is these factors that seem to have impacted on even the most engaged students in the class, who did not think of questioning the pervasive though patently faulty assumptions in the construction of trust. The students appeared to have accepted the construction that trust in an intimate relationship is expressed through a willingness to risk dying for one's partner. Despite a series of disbelieving questions from me, it did not occur to any of the 47 students in the class that they could question the supposedly romantic assumption that the only way in which trust manifests in an intimate relationship is through behaviour that signals a willingness to risk dying for one's partner. The pervasiveness of such a belief among young people is corroborated by the research dealing with secondary school students (Reddy 2003) as well as a recent paper about Mozambican youth (Manuel 2004).

The students took part of two contact periods to reflect on their reasoning and the implications of their position, which seemed to foreclose on the silences and on the dangers of infection. Eventually I had to challenge them that it seemed as though they were entertaining discursive practices that disempower people. It seemed to me that at that point in the module they should have been questioning the assumption that trust comes down to the non-use of a condom and not surrendering their own agency by echoing a phrase that sounds wonderful but leaves people vulnerable to the virus. I asked the students what constituted trust amongst other couples they know, such as parents or other relatives: 'Is trust based entirely on the non-use of a small piece of latex or is it a function of much more?' This question helped to dislodge the power of the disabling myth, at least in the classroom, as indicated by the embarrassed responses, particularly from those students who see themselves as feminists of one sort or another. The class quickly

recognized that no person can afford to abdicate responsibility for her/his own welfare and that emotional needs have to be addressed in ways that are safe. They recognized that the HIV/AIDS epidemic makes the question of surrendering agency even more untenable, irrespective of how trustworthy the partner may appear. And they learned that analysts need to be wary of neat, all-encompassing expressions, for the warmth they generate may be at the expense of light and life.

The Projection model of Le Page and Tabouret-Keller helps clarify the hiatus in the transformatory agenda of these otherwise incisive young analysts. The model indicates that speakers implicitly invite others to share their projection of the world, and to share attitudes towards it. The feedback that people receive from those with whom they talk may fortify them or cause them to modify their projections, both in form and content (Mesthrie and Tabouret-Keller in Mesthrie 2001:167). Given the pervasiveness of what they had been hearing from their interviewees (which was reinforced by their friends and peers), the students seemed to have accommodated this particular line of argument and accepted its internal logic without questioning its foundations or even recognizing how it was disabling them. Their adoption of this mystifying and silencing way of dealing with HIV/AIDS shows how hegemonic the established logics and ways of speaking are, and how insidiously they function. It also shows how informed and ideologically alert subjects may be co-opted, even while in their community of practice as researchers into HIV/AIDS and language use. What this indicates is the scale of the challenge that has to be addressed in the struggle against the silences and discourses that participate in the advance of HIV/AIDS. In order to do this, Janks and Ivanic argue, the '[language] practices which maintain and reproduce patterns of domination and subordination in society [need to be identified and] contested' (Fairclough 1992:305).

The question arises, given their manifest skills and commitments, why did these young researchers struggle with the question of trust? It seems that unlike other generations of young people who did not have to worry about dying when they fell in love and/or wanted to have sex, this generation of young people have the difficult challenge of navigating taboos and sanctions that reinforce each other several-fold. The students' initial tolerance of the logic of 'trust' offers insights into the elisions and operations of the hegemonic ideology and language of patriarchy. Power, to

the extent that it operated through the logic of statements about 'trust', was concealed even from these analysts who knew that they needed to be alert to the vulnerability of their own subject positions. Whether in relation to HIV/AIDS or other challenges, such learning experiences suggest the value of discourse analysis in enabling young intellectuals, and for that matter their teachers, to translate their proximity and knowledge into critical practices of social empowerment. As Janks and Ivanic point out, and as I learned again and again in this project, '[k]nowledge about emancipatory discourse has to be learnt in the front lines' (Fairclough 1992:330).

Conclusion

Activist-intellectuals need to resist discourses that require the mystification of reality and that entrench self-defeating views of the world. Such usage norms can have the effect of disempowering activism critical to addressing the epidemic. Indeed, once alerted to the contradictions, many students went on to produce engaged arguments in their final drafts, portions of which have been quoted in this essay. As one student argued when she questioned the assertion of many interviewees that young people feel obliged to risk their lives in the name of love:

there is something wrong with the ideologies that define love and intimate or friendly relationships. The concepts of love and trust seem to be disempowering and make people irrational so they cannot protect themselves.

It emerges that despite the formal recognition of gender equality, the discourse of romance lies, unreconstructed, at the heart of much of the confusion around gender relations. Beginning, as Eckert and McConnell-Ginet (1994) suggest, even with small, if influential, communities of practice, it seems that linguistic activism can make a difference to such attitudes, behaviour and practices. What emerges from this exercise in action research is that the question, what does HIV/AIDS have to do with discursive constructions of the self and identity, is an important one for analysts in societies such as South Africa. As important, and perhaps more fundamental, is the question of what do discursive constructions of the self

and identity have to do with HIV/AIDS. These challenges have implications for research, teaching, service learning and curriculum development. They also suggest that work on discursive representations of identity in this postcolonial and multicultural society is key to tackling important challenges in HIV/AIDS prevention.

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