

**A KIERKEGAARDIAN-EXISTENTIALIST CRITIQUE OF PRAGMATIC
COMMUNICATION ON HIV/AIDS, WITH RESPECT TO SELECTED
IKAGENG RESIDENTS**

COLIN TINEI CHASI, B.A. (COMM.), HONS. Soc.Sci (COMM.)

Mini-Dissertation submitted in partial fulfilment of the requirements for the degree
Magister Artium in Communication at the Potchefstroomse Universiteit vir Christelike
Hoër Onderwys

Study leader: Professor G.F. de J. de Wet

December, 2001
Potchefstroom

ACKNOWLEDGEMENTS

Professor Gideon de Wet for his much appreciated, sincere, friendly and dedicated guidance during the entire period of my studies.

Professor Ponti Venter for his detailed and focused look and advice on the philosophical aspects of my work. His patience with a learning researcher was remarkable.

The Dean of the Faculty of Arts, Professor Annette Combrink, for faith to support me, financially, through my studies.

The Director of the School of Communication Studies, Professor Gideon de Wet, and the School of Communication Studies for taking care of my every need, to the limits of their ability, showing me aspects of life that I had previously not known.

Family and friends, thanking you feels useless. You are always there and too little thanked.

S.K. Those initials mean so much! Thank you!

Lord God, for this and much, much more I thank you.

DECLARATION

I declare that this study is my own, unaided work. It is being submitted for the Master of Communication Degree at the Potchefstroomse Universiteit vir Christelike Hoër Onderwys, Potchefstroom. It has not been submitted before for any degree or examination in any other university.

Signed _____

_____ day of _____ 2001

“I DIDN’T MEAN ANY HARM. MY LIFE IS LIKE A PIT. I DIG IT AND IT STAYS THE SAME. I FILL IT AND IT EMPTIES. LOOK AT US. ALL OF US IN ONE ROOM. I WALK FROM MORNING TILL NIGHT, SELLING THINGS, PRAYING WITH MY FEET. GOD SMILES AT ME AND MY FACE GOES RAW. SOMETIMES I CANNOT SPEAK. MY MOUTH IS FULL OF BAD LIVING. I WAS THE MOST BEAUTIFUL GIRL IN MY VILLAGE AND I MARRIED THIS MADMAN AND I FEEL AS IF I HAVE GIVEN BIRTH TO THIS SAME CHILD FIVE TIMES. I MUST HAVE DONE SOMEONE A GREAT WRONG TO SUFFER LIKE THIS. PLEASE, LEAVE US. MY HUSBAND IS MAD BUT HE IS A GOOD MAN. WE ARE TOO POOR TO BE WICKED AND EVEN AS WE SUFFER OUR HEARTS ARE FULL OF GOODNESS. PLEASE GO, WE WILL DO SOMETHING FOR YOU, BUT LET US SLEEP IN PEACE.”

(Okri, 1991:443-4)

Given the fact of the immortality of spirits, could these be the reason why I wanted to be born – these paradoxes of things, the eternal changes, the riddle of living while one is alive, the mystery of being, of births within births, death within births, births within dying, the challenge of giving birth to one’s true self, to one’s new spirit, till the conditions are right for the new immutable star within one’s universe to come into existence; the challenge to grow and learn and love, to master one’s self; the possibilities of a new pact with one’s spirit; the probability that no injustice lasts for ever, no road is ever complete, that no light is ever really extinguished, that no true road is ever complete, that no way is ever definitive, no truth ever final, and that there are never really any beginnings or endings? It may be that, in the land of origins, when many of us were birds, even all these reasons had nothing to do with why I wanted to live.

Anything is possible, one way or another. There are many riddles amongst us that neither the living nor the dead can answer.

(Okri, 1991:487-8)

A dream can be the highest point of a life.

(Okri, 1991:500)

ABSTRACT

HIV/AIDS is arguably the most terrible epidemic in recorded history and communication for prevention is the most important instrument that is available to halt the pandemic. The masses have universally gained awareness of HIV/AIDS and how it must be prevented. Yet the pandemic continues to grow.

The focus of this research is on the Ikageng township community of Potchefstroom. Issues related to high-risk HIV/AIDS behaviours are seen from the Kierkegaardian-existentialist approach as symptomatic of individual existential dilemmas of the historical being.

A phenomenological look is presented in order to illustrate the existential phenomenon of the dilemma of HIV/AIDS. It is argued that current approaches do not recognise HIV/AIDS as an existential phenomenon and hence messages on HIV/AIDS do not aim to address the existential dilemma of the aesthetic Black people of South Africa.

This research critiques current communication on HIV/AIDS, which roots its methods in Western rationalism. It is emphasised that life and death issues cannot be conceptualised and communicated in the same way as selling the image and products of a toothpaste manufacturing company.

With the affirmation of findings from phenomenological interviews and hermeneutic phenomenological analysis, it is suggested that existential communication is needed to facilitate the individual to choose in freedom to protect themselves from contracting HIV/AIDS. Yet, continuously the researcher refuses to advance simple tonics for life-sized dilemmas.

Still, ironically, throughout the text there is hope that the being finds success in trying; that being is becoming. Resting on failed communication strategies and possibilities is not good enough. Current communication strategies in the fight against the HIV/AIDS pandemic go against the existential grain of being. If this existential crisis is not faced, it seems inevitable that future dangers will cause as much death and destruction as the HIV/AIDS pandemic.

OPSOMMING

MIV/Vigs word beskou as die mees vernietigende pandemie wat die mensdom die afgelope tyd getref het. Terselfdertyd word kommunikasie beskou as een van die belangrikste instrumente waarmee die MIV/Vigs-pandemie beveg en waardeur mense ingelig kan word. Maar, ten spyte van die oordaad aan inligting en kommunikasie, stu die pandemie steeds voort.

Dié studie is gemik op die Ikageng-gemeenskap van Potchefstroom. Die problematiek van hoërisiko MIV/Vigs-gedrag word deur die toepassing van die Kierkegaardse-eksistensiële-benadering bespreek en ontleed. Die klem val op die individu se bestaansdilemma en as historiese wese.

'n Fenomenologiese navorsingsbenadering word in hierdie studie gevolg ten einde die eksistensiële verskynsel van MIV/Vigs verder te ontleed. Die uitgangspunt is dat MIV/Vigs 'n eksistensiële verskynsel is en as sodanige benader moet word. Pragmatiese boodskappe oor MIV/Vigs spreek dus nie die eksistensiële bestaanskrisis van Swart mense in Suid Afrika aan nie.

Hierdie studie spreek hedendaagse MIV/Vigs kommunikasiebenaderings baie krities aan omrede dit in Westerse denkwyses gevestig is. Die punt wat hier gemaak word, is dat sake van lewe en dood nie op dieselfde wyse gekommunikeer kan word as wat die geval met verbruikersprodukte soos byvoorbeeld tandepaste is nie.

Deur die gebruik en aanwending van fenomenologiese onderhoude en hermeneutiese ontledings word die punt gemaak dat eksistensiële kommunikasie benodig word ten einde die individu as vrye wese die keuse te laat uitoefen om hom/haar te beskerm teen MIV/Vigs. Daar word egter nie aangedring op oppervlakkige pragmatiese oplossings vir hierdie bestaans krisis nie.

Ironies genoeg is daar telkens tekens dat daar hoop is vir die mens en dat die werklikheid van "om betekenisvol" te bestaan deurlopend bevestig en herbevestig word. Om dus op uitgediende kommunikasie metodes te steun dien geen doel nie. Huidige pragmatiese MIV/Vigs kommunikasiebenaderings druis dus in teen die eksistensiële wyse van menslike bestaan. Indien hierdie bestaanskrisis nie tromp op aangespreek word nie, sal dit wat die toekoms betref, net soveel verwoesting soos die MIV/Vigs pandemie in die hand werk.

TABLE OF CONTENTS

CONTENT	PAGE
1 RESEARCH OVERVIEW AND ORIENTATION	1
1.1 INTRODUCTION	1
1.2 CURRENT APPROACHES TO COMMUNICATION ON HIV/AIDS	2
1.3 THE PLACE OF A KIERKEGAARDIAN CRITIQUE OF PRAGMATIC COMMUNICATION	3
1.4 PROBLEM STATEMENT	5
1.5 RESEARCH QUESTIONS	6
1.6 OBJECTIVES	6
1.6.1 <i>General objective</i>	6
1.6.2 <i>Specific objectives</i>	6
1.7 CENTRAL THEORETICAL ARGUMENTS	7
1.7.1 <i>Theoretical Statements</i>	7
1.7.2 <i>Supporting statement</i>	7
1.8 METHOD OF INVESTIGATION	7
1.8.1 <i>Analysis of literature</i>	8
1.8.2 <i>Approaches to the interviews</i>	8
1.8.2.1 Method 1: The phenomenological group interview	9
1.8.2.2 Method 2: The phenomenological interview	9
1.9 DISCUSSION OF KEY CONCEPTS	9
1.9.1 <i>Pragmatic communication</i>	10
1.9.2 <i>Rationality</i>	11
1.9.3 <i>Phenomenology</i>	11
1.9.4 <i>Existentialism</i>	12
1.9.5 <i>Existential-phenomenology</i>	12
1.9.6 <i>Kierkegaardian-existential communication</i>	12
1.10 CONCLUSION	13
2 KIERKEGAARD AND EXISTENTIALISM IN THE TIME OF HIV/AIDS.....	15
2.1 INTRODUCTION	15
2.2 KEY CONCEPTS OF KIERKEGAARDIAN-EXISTENTIALISM AS APPLIED IN THIS RESEARCH	16
2.2.1 <i>Kierkegaard's concept of spheres of existence</i>	17
2.2.2 <i>The Socratic as it relates to the Kierkegaardian oeuvre</i>	18
2.2.3 <i>Choice and the individual</i>	19
2.2.4 <i>The concept of freedom introduced</i>	21
2.2.5 <i>Dread as consequence of choice and freedom</i>	22
2.2.6 <i>Despair in the time of HIV/AIDS</i>	27
2.2.7 <i>Ethics in the time of HIV/AIDS</i>	29
2.3 BAD FAITH IN THE FACE OF HIV/AIDS	32
2.3.1 <i>Aesthetic communication</i>	33
Ironic appearance or relative irony	34
The aesthetic wit	34
Jest	35
2.4 THE INDIVIDUAL AS COMMUNICATOR (IN THE COLLECTIVE)	36
2.4.1 <i>Subjectivity</i>	37
2.4.2 <i>The relational expression of subjectivity</i>	38
2.4.3 <i>From subjectivity: The case for indirect communication</i>	39
2.4.3.1 The expression of subjectivity	39
2.4.3.2 Subjectivity and relationship	41
2.4.4 <i>Indirect communication</i>	41
2.4.4.1 Irony	43
2.4.5 <i>Steps in indirect communication</i>	44
2.4.5.1 Double reflection	44
2.4.5.2 Reduplication	44

2.4.5.3	Deception	45
2.4.5.4	The meiotic	47
2.5	CONCLUSION	49
3	PRAGMATIC COMMUNICATION ON HIV/AIDS.....	50
3.1	INTRODUCTION	50
3.2	A BRIEF ORIENTING DISCUSSION OF PRAGMATIC COMMUNICATION.....	51
3.3	THE NATIONAL AIDS COUNCIL	52
3.3.1	<i>A systems approach to the National AIDS Council of South Africa</i>	52
3.3.2	<i>The National AIDS Council as a system of production</i>	54
3.4	LOCATING THE DEBATE IN THE BROADER SPHERE OF SOCIETY	55
3.4.1	<i>Production systems of HIV/AIDS communication at work</i>	58
3.5	WESTERN RATIONALISM AND THE BREAKDOWN OF THE FAMILY	61
3.5.1	<i>Sex and the problem of capitalist rationalism</i>	64
3.6	CONCLUSION	68
4	METHODOLOGY.....	70
4.1	INTRODUCTION	70
4.1.1	<i>Context and background of the study</i>	70
4.2	RESEARCH ORIENTATION AND POSITIONING	73
4.2.1	<i>Existential-phenomenology as method</i>	74
4.2.2	<i>Towards a choice of existential-phenomenological methodology</i>	75
4.3	RESEARCH DESIGN: HERMENEUTIC PHENOMENOLOGY.....	76
4.3.1	<i>The interview methods</i>	76
4.3.1.1	Method 1: The phenomenological interview.....	76
4.3.1.2	Method 2: The group interview.....	77
4.3.2	<i>Carrying out the interviews</i>	77
4.3.2.1	Pilot.....	78
4.3.2.2	The interviews	78
The group interview	78	
The individual interviews.....	78	
4.3.2.3	Sampling	78
4.3.2.4	Ethical considerations.....	79
4.3.3	<i>Analyses of findings</i>	79
4.3.3.1	Data analysis.....	79
4.3.3.2	Issues of validation and reliability.....	80
4.4	ORIENTATION TO THE METHOD AND STYLE OF WRITING	82
4.5	CONCLUSION	83
5	ANALYSIS OF FINDINGS AND SYNTHESIS DEVELOPMENT	84
5.1	INTRODUCTION	84
5.2	IDEOGRAPHIC ANALYSIS OF THE INTERVIEWS	84
5.2.1	<i>Ideographic analysis of the group interview</i>	85
5.2.1.1	Overview.....	85
Theme: "Birds of a feather flocks together"	85	
Theme: "AIDS is busy killing our nation".....	85	
Theme: "Denial that HIV and AIDS is there".....	85	
Theme: "The influence of evil forces in them"	86	
Theme: "Black people"	86	
Theme: "The inner man"	86	
5.2.2	<i>Ideographic analysis of the interview with Moira</i>	87
5.2.2.1	Overview.....	87
Theme: "It has to be confidential thing"	87	
Theme: "That feeling that even when I can touch her I will have HIV"	87	
Theme: "HIV doesn't change".....	87	
Theme: "You need some – maybe someone who knows more about HIV"	88	
Theme: "Then try to use only your mind and the things that you've been taught"	88	
Theme: "I do it with the will of my heart".....	88	
5.2.3	<i>Ideographic analysis of the interview with Thomas</i>	89
5.2.3.1	Overview	89
Theme: "The people who doesn't has".....	89	
Theme: "Some of the information are myths"	89	
Theme: "The person that I trust most"	90	

Theme: "You find you have to go beyond your capability"	90
Theme: "I stand with my faith"	90
5.2.4 <i>Ideographic analysis of the interview with Elizabeth</i>	91
5.2.4.1 Overview	91
Theme: "Them"	91
Theme: "They feel bad"	91
Theme: "I feel so helpful"	91
Theme: "You are very ignorant. Why not you?"	92
Theme: "They want something who has that thing"	92
Theme: "They should have hope"	92
Theme: "It's very difficult"	92
Theme: "It affected me a lot"	93
5.2.5 <i>Ideographic analysis of the interview with Frank</i>	94
5.2.5.1 Overview	94
Theme: "The infected group"	94
Theme: "They are bringing AIDS"	94
Theme: "Abusive names"	95
Theme: "HIV/AIDS affects everybody"	95
Theme: "Walk tall"	95
Theme: "People having a bad attitude to HIV and AIDS"	95
Theme: "Stress in, in one's self"	96
Theme: "I want them to be aware of everything"	96
Theme: "The inner person becomes happy"	96
Theme: "There is a need for motivation for people"	96
5.2.6 <i>Ideographic analysis of the interview with Catherine</i>	97
5.2.6.1 Overview	97
Theme: "The community is stigmatising these people"	97
Theme: "Our community is still ignorant"	98
Theme: "They are afraid"	98
Theme: "This is depressing"	98
Theme: "Those who are committed"	99
Theme: "Blame"	99
Theme: "Experts have the responsibility"	99
Theme: "Create meaning"	100
5.3 GLOBAL THEMES THAT EMERGE FROM THE INTERVIEWS	100
Global theme: "Depression"	101
Global theme: "There is a need for motivation for people"	101
Global theme: "Some of the information are myths"	101
Global theme: HIV/AIDS is a "burden"	101
Global theme: "Experts have the responsibility"	101
Global theme: "Do it with the will" of your heart	101
5.4 SYNTHESIS DEVELOPMENT AND SYNTHESISED CONCLUSIONS	102
5.4.1 <i>The research problem</i>	102
5.4.2 <i>Findings in relation to the objectives</i>	102
5.4.2.1 First specific objective	103
5.4.2.2 Second specific objective	104
5.4.2.3 Third specific objective	104
5.4.2.4 Fourth specific objective	105
5.4.2.5 General objective	105
5.5 CENTRAL THEORETICAL STATEMENTS ON THE FINDINGS	105
5.6 SYNTHESISED CONCLUSION	106
6 NOTES OF CONCLUSION	110
6.1 INTRODUCTION	110
6.2 OPPORTUNITIES FOR FURTHER STUDY	110
6.3 CONCLUSION	112
7 BIBLIOGRAPHY	113
8 TRANSCRIPTION OF THE INTERVIEWS	I
8.1 THE GROUP INTERVIEW	I
8.2 INTERVIEW WITH MOIRA	IX
8.3 INTERVIEW WITH THOMAS	XVII
8.4 INTERVIEW WITH ELIZABETH	XXI

8.5	INTERVIEW WITH FRANK.....	XXVII
8.6	INTERVIEW WITH CATHERINE.....	XL
9	INFORMATION GIVEN TO INTERVIEWEES.....	L
10	NOTES ON RAPE AS RELATED TO THE HIV/AIDS DILEMMA.....	LI
11	NOTES ON THE PARABLE, FOLK AND FAIRY TALES.....	LVII
12	ENDNOTES	LIX

CHAPTER ONE

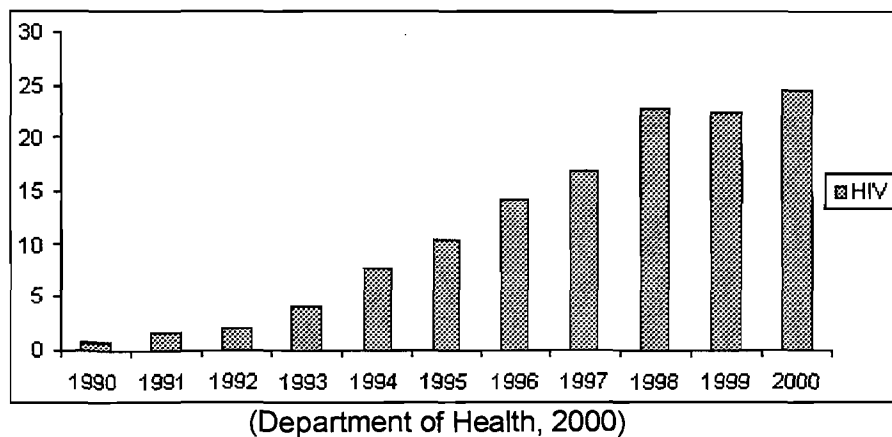
1 RESEARCH OVERVIEW AND ORIENTATION

1.1 INTRODUCTION

Hooper (2000:265) says, in June 1981 five gay men fell sick with rare symptoms suggestive of immunological problems. This resulted in two local, Los Angeles, doctors writing a paper for a journal published by the Centres for Disease Control and Prevention in the US. At about the same time in Mugana, northern Tanzania, a German missionary doctor saw similar symptoms in five women from the Ugandan border region, who were all suffering from untreatable anaerobic ulcers of the groin and anus. AIDS was 'discovered'.

For South Africa, the World Health Organisation (WHO, 2000) estimated 4,2 million adults in the 15-49 age range were living with HIV/AIDS at the end of 1999. 19.94% of women (15-49) were HIV positive, as were 2,3 million children (0-14). WHO went further to report that antenatal data suggested the epidemic was growing, particularly in younger women below 20 years of age.

Figure 1. HIV prevalence trends among antenatal clinic attendees in SA: 1990-2000.



In the year 2001, the Medical Research Council in South Africa calculated that:

... about 40% of the adult deaths aged 15-49 that occurred in the year 2000 were due to HIV/AIDS and that about 20% of all adult deaths in that year were due to AIDS. When this is combined with the excess deaths in childhood, it is estimated that AIDS accounted for about 25% of all deaths in the year 2000 and has become the single biggest cause of death. The projections show that, without treatment to prevent AIDS, the number of AIDS deaths can be expected to grow, within the next 10 years, to more than double the number of deaths due to all other causes, resulting in 5 to 7 million cumulative AIDS deaths in South Africa by 2010 (Dorrington *et al.*, 2001.)

Shell (2000:9) says, "If the pandemic's age is in question, its size is not. There is no recent historical example of any infectious disease threatening to take so many lives as the HIV/AIDS pandemic. The closest in time is the Spanish Influenza epidemic of 1918/19 [which] killed close to a million South Africans." It would appear that the only real questions relate to the exactitude of the figures estimated.

1.2 CURRENT APPROACHES TO COMMUNICATION ON HIV/AIDS

Communication has been cast as the agent to bring changes in behaviours, which will prevent the spread of HIV/AIDS. The South African national plan to combat the pandemic has acknowledged that, in the absence of a cure, the only way to prevent the further spreading of the disease is the communicative promotion of preventive behaviours to HIV/AIDS (HIV/AIDS and STD Directorate of Health, 2000). This decision is in line with the trend elsewhere in the world (Airhihenbuwa & Obregon, 2000). South Africa has identified mass communication media (Harrison *et al.*, 2000), as have most other countries affected by the pandemic (Myhre & Flora, 2000), as a very important tool to transmit messages of HIV/AIDS and of its prevention to the mass.

A brief overview of current approaches to communication on health issues is that of Bowes (1997). Bowes separates models used in Health Communication into those based on "Communication and Change" (Myhre & Flora, 2000; Backer & Rogers, 1998) and those based on "Community Health and Education" (Ybarra, 1996; Airhihenbuwa & Obregon, 2000; Wulfert & Wan, 1995; Lux & Petosa, 1994; Parker *et al.* 1998). This brief overview suggests, at least vaguely, that HIV/AIDS communication is consumed in a battle of lifetimes, as shall be shown in chapter three.

Current communication on HIV/AIDS shall be described as pragmatic communication. The case shall be made that current communication on HIV/AIDS derives from a process that is wedged in Western rationalism. This wedging shall be discussed in terms of its implications for the communication of the National AIDS Council, which will be understood as the backbone of the HIV/AIDS communication drive in South Africa.

Pragmatic communication on HIV/AIDS, while achieving almost universal success in knowledge acquisition about the disease, has not achieved the required effect of changing behaviours in such a way as to reduce the spread of HIV/AIDS (Kelly *et al.*, 2000; Harrison

et al., 2000). King (1999) goes as far as to write in a review that current communication theories have not brought much success in the fight against HIV/AIDS.

1.3 THE PLACE OF A KIERKEGAARDIAN CRITIQUE OF PRAGMATIC COMMUNICATION

The reader will find that this research seeks to problematise communicating on HIV/AIDS. It argues that this approach is justified because the problem is not simple; the human being is not simple. Life is not simple. This thinking is very similar to the reasons given pseudonymously by Kierkegaard (1846:194) for why he became a writer. Kierkegaard says, whimsically and also ironically,

For when all combine in every way to make everything easier and easier, there remains only one possible danger, namely, that the easiness becomes so great that it would be too great; then only one want is left, though not yet a felt want – that people will want difficulty. Out of love for mankind, and out of despair at my embarrassing situation, seeing that I had accomplished nothing and was unable to make anything easier than it had already been made, and moved by a genuine interest in those who make things easy, I conceived it my task to create difficulties everywhere. (Kierkegaard, 1846:194.)

This research is a Kierkegaardian-existentialist critique and a study of pragmatic communication on HIV/AIDS. Special attention is paid to issues of individual choice, freedom and responsibility with regard to the prevention of HIV/AIDS. This critique is made in the backdrop of various forms of criticism having already been levelled against methods, models and theories used in communicating information in this regard, as well as to models and theories in this field.

Many issues are related to high-risk HIV/AIDS behaviours. These range from the historical (Lurie, 2000; Vorster *et al.*, 2000), the socio-economic (Rogers, 1992), the moral and cultural (Singer, 2000), gender with respect to sexuality, culture, power (Niehaus, 2000), to more specific issues such as rape (Molitor *et al.*, 2000).

From Kierkegaard's existentialist approach, these factors can be viewed as symptomatic of individual existential dilemmas; seen through the 'mass' and the attendant destruction of *the principle of individuality in its immediate and beautiful formation* (Kierkegaard, 1947:268). Kierkegaard refers to the individual whose existence is unauthentic and wretched because it lacks passion (Kierkegaard, 1847:33). Rauche (1975:53) says, "on the whole, it can be stated that the irruption of Western culture and civilisation has to a great extent led to an unauthentic way of life among Africans." Steve Biko, the father of the South African Black

Consciousness Movement, says, "all in all, the black man has become a shell, a shadow, of man, completely defeated, drowning in his own misery, a slave, an ox bearing the yoke of oppression in sheepish timidity..." (quoted by Vagenas, 1986:89). The MEC of Health in the North-West Province (wherein Ikageng lies), Dr M. Sefularo (2000), relates the need for an African Renaissance to the current HIV/AIDS crisis. The logic of this position is described by then Deputy-President Mbeki (1996) in the "I am an African" speech. Mbeki suggests the human problems of the country are related to the impact of its Apartheid past on the individuals. Fanon (1970, 1963) shows that colonial history can be tied to the destructive and often violent existential states of individuals.

The aesthetic (hedonistic) person is unable to subjectively own the message and to take cognisance of the choice of behaviours that exists (Jolivet, 1950:124-31; Sartre, 1956:89; Kierkegaardian, 1846:210-214). This is to say that high-risk HIV/AIDS behaviours are a choice the individual makes. The aesthetic individual is, arguably, at high-risk of engaging in high-risk HIV/AIDS behaviours. "Thus, existentialism's first move is to make every man aware of what he is and to make the full responsibility of his existence rest on him. And when we say that a man is responsible for himself, we do not only mean that he is responsible for his own individuality, but that he is responsible for all men." (Sartre, 1970:278.) Complimenting the understanding of this responsibility in a Buberian way, Roelofse (1980: 95-6) implies that responsibility finds expression also in sexual relationships, such that "my" duty is also to accept the equal partnership of the "other" in decision making. It is not only a responsibility "for all men" but also and rather a responsibility *with* the other, especially the apparently weaker.

Where pragmatic communication seeks to transmit the primary facts, for Kierkegaard, a relationship to primary facts (e.g. on HIV/AIDS) can only be a paradox, but a paradox that, nevertheless, is possible within the paradox of the existing (religious) individual (Kierkegaard, 1846:210-11; Sjurgen, 1974:162). Thus it becomes possible to existentially see the universal and even the historical in the immediate (Kierkegaard, 1846:226; Sjurgen, 1974:14). Likewise it becomes possible for the individually oriented existent, through relationship with God, to become a member of the universal or collective. "Human finitude is surpassed by infinitude and a higher meaning is given to one's life." (Kierkegaard referred to in Slaaté, 1995:23.)

Kierkegaard's philosophy advances human dignity and rights by accentuating individual choices and individual responsibilities – based on various norms and levels of norms, *viz.* the aesthetic, the ethical and the religious. Individuals create themselves by making choices on

each of the mentioned levels (norms). Although Kierkegaard accentuates the individual, he does so with the view that the Christ/God love relationship ensures that the individual has an essential need for other beings (Sjursen, 1974:219). A philosopher such as Sartre does not accept Christ's love relationship as the needed leap for the individual to create the self (Sartre, 1970:275-7).

As opposed to populist conceptions of existentialist thinking and to thinking associated with the existentialist, Sjursen (1974:220) comes to the conclusion that Kierkegaard's "primary concerns are to be found in the space between man and man, that he cannot in fact 'be' man except in so far as he fulfils this need, while precisely because he is an individual, his concerns are not worldly concerns, i.e. not the concerns of the world or the public as such." Kierkegaard, as the corrective of an age which was in his opinion damaged by a collective Christendom and by the levelling of the mass media, focuses on the individual and does not focus on the individual's social relationships. It will, therefore, be necessary to complement Kierkegaard's approach with that of Martin Buber, who critically developed Kierkegaard's individualism and provides a way of modelling individual responsibility as a responsibility which always functions in *I-thou* and *I-it* relationships (Buber, 1987:11; Roelofse, 1980:94). The views of Fanon (1963, 1970) will be brought forward to elucidate the possibility of an existentialist approach in an African context. These views are particularly important when one considers the religious and so-called collective nature of the African as described by Van der Walt (1975:103).

Existentialist thinking has been previously proposed for work in psychological counselling of HIV positive people (Milton, 1994). But, how does one express the enormity of the danger of HIV/AIDS? And if one does so, would that same, incredibly large danger remain its enormous self, or would we have reduced it to a concept whose length and breath we can measure? It is here that Kierkegaard's approaches to communication thrive (Smith, 1998:369).

1.4 PROBLEM STATEMENT

It therefore appears reasonable to, note the problem and subsequently, ask: Why have pragmatic communication based interventions not worked, in South Africa, to promote the reduction of behaviours which increase the chances of the spread of HIV/AIDS? Can a critically complemented existentialist approach to HIV/AIDS communication serve as an alternative, theory-based guideline for communication strategies, which may possibly

overcome the limited success of the pragmatic communication based interventions to induce individuals to act responsibly in high-risk contexts?

1.5 RESEARCH QUESTIONS

1. What can a critically developed Kierkegaardian-existentialist critique contribute to the understanding of selected pragmatic communication practices of government and other sources of information (including public service announcements of all kinds and mass media communication) on HIV/AIDS as seen in Ikageng, Potchefstroom City?
2. What role can existentialism - especially in its Kierkegaardian and Buberian sense - play in a cultural context described as collectivistic?
3. What relation exists between individual states of existence and the choices individuals make with regard to risky HIV/AIDS behaviours?
4. If there is a relationship between individual states of existence and choices with regard to risky HIV/AIDS behaviours, do current pragmatic communication based interventions address people's current existential state?
5. What alternative modes of communication can be proposed to communicate about HIV/AIDS?

1.6 OBJECTIVES

The research questions that pertain to this study are translated into research objectives.

1.6.1 General objective

The general objective is to show that the central reason for the lack of success of pragmatic communication based interventions in reducing high-risk HIV/AIDS behaviours is that this communication does not address individuals' current existential state, which culminates in the making of choices that affirm the essence of existence.

1.6.2 Specific objectives

Specific objectives of this research are:

1. To critique (from the Kierkegaardian-existentialist approach) selected pragmatic communication practices of government and other sources of information (including public service announcements of all kinds and mass media communication) on HIV/AIDS as seen in Ikageng, Potchefstroom City.
2. To demonstrate that behaviour following the awareness of HIV/AIDS is related to the existential state of individuals.

3. To demonstrate that those individuals who engage in high-risk HIV/AIDS behaviours are what Kierkegaard labelled aesthetics.
4. To point to the value of a Kierkegaardian-existentialist orientation to communication on HIV/AIDS.

1.7 CENTRAL THEORETICAL ARGUMENTS

The overall theoretic concern of the study is presented in the form of theoretical statements.

1.7.1 Theoretical Statements

This study will view communication on HIV/AIDS in its current pragmatic form. It will be argued that this communication addresses the need for knowledge about the disease and for skills for its prevention and treatment. However, it will be argued that it does not address, as does the Kierkegaardian existentialist approach to communication, the existential position of the individual. Thus, in the highest sphere, existence culminates in the making of choices that affirm the essence of existence, i.e. of life, and, in its lower spheres, it culminates in the individual making choices that are more likely to disregard the high risk of HIV/AIDS.

1.7.2 Supporting statement

Kierkegaard's existentialist approach to communication would serve as an ideal approach to communication aimed at addressing people's current existential state (which culminates in the making of choices that affirm the essence of the individual existence).

1.8 METHOD OF INVESTIGATION

This study accepts Roelofse's (1980:33) view that the general method of phenomenology is one that readily comports itself to use in studies based on the existentialist approach. To this end, the paradigm chosen for this research is existential-phenomenological. Thompson *et al.* (2001:133) note that this paradigm blends the philosophy of existentialism with the methods of phenomenology in such a way as to view human beings in non-dualistic, descriptive terms. The focus is on first-person description of experience. The methods of existential-phenomenology are intended to give a scientific description of the existential being.

Guided by the insight into the methodology that Kierkegaard felt was best for reading and understanding his authorship, it is possible to come to the conclusion that within the existential-phenomenological paradigm, hermeneutic phenomenology is best for this research. "Hermeneutic phenomenology is a research method based on phenomenological

philosophy.... What this means in practical terms is that the hermeneutic phenomenologist will study how people interpret their lives and make meaning of what they experience.... The other practical ramification of this definition of hermeneutic phenomenology is that the object of research is both language and the individual user of the language. Meaning takes place when a particular tradition – that is, the language of a group of people – is interpreted by a speaker.” (Cohen, M.Z. *et al.*, 2000:5-6.)

This research will utilise a multi-layered approach to achieving validity and reliability. Between methods it shall be seen that triangulation is utilised. Within methods it can be seen that member validation is applied.

The research seeks to utilise a literature study, then group phenomenological study, and finally in-depth interviews to progressively interrogate the assumptions and objectives of the study, dialectically establishing issues and possible solutions and questions that arise therefrom. It is understood that, particularly in the case of the interviews held, the intent behind applying a group and an individual interview method is not to compare results, but to compare and enhance the understandings of the interviews that are obtained.

1.8.1 Review of literature

Literature will be used in this study to chisel out the researcher’s ideas and to add onto them by exposing other ideas and approaches to them. In this way it can be seen that the literature is not just an appendage. It is part of the ongoing triangulation and member validation exercise that is this research.

A search of the Social Sciences, Humanities and Business Periodical indices, and of the Nexus, ERIC, ISAP and Ebscohost databases, as well as of the University library catalogue confirmed that this research topic has not been previously studied. The same searches revealed sources that can be used for reference purposes.

1.8.2 Approaches to the interviews

The two methods of non-literature based study chosen for this research are both based on the interview technique, adapted for use within an existential-phenomenological paradigm.

The District Health Manager in Potchefstroom, Mr Mahech Roopa, from the very start of the research planning phase gave assurances that the Health Department would give the researcher access to the human contacts within his compass (especially those for the various interviews) via the government, local government and community structures. To this

end, contacts were provided with the District Nurse in charge of STDs and HIV/AIDS programmes, members of Potchefstroom Hospice (who deal with the terminally ill), and of the Tshepong Youth Project (who deal with the terminally ill and also provide counselling and other communication services, including for the prevention of HIV/AIDS). Members of these groups availed themselves to be interviewed, within the limits of practical constraints. These groups were chosen for their intensive contact and knowledge of issues to do with HIV/AIDS. The research also intends to interview individuals with HIV/AIDS, with whom both the Tshepong Project (some of whose members are HIV positive) and Potchefstroom Hospice have much contact.

1.8.2.1 Method 1: The phenomenological group interview

Spiegelberg (1975:24) introduces the group phenomenological interview as a method of phenomenological research. This group phenomenology is part of a project to develop co-operative phenomenology which becomes particularly important in the context of HIV/AIDS, as it places much value on the intersubjective aspects.

It is intended that one group phenomenological discussion of the issues be held with selected individuals from Potchefstroom Hospice. These discussions will seek to describe the phenomena of HIV/AIDS as perceived by the participants.

1.8.2.2 Method 2: The phenomenological interview

In-depth, unstructured phenomenological interviews are proposed with selected individuals to explore further the findings of theory and of the focus group discussions. Denzin (1989:28-9) says, the interview technique is "rated very high on nearly every dimension." It combines symbols and interaction, takes the role of the observed, enters subjects' social worlds linking symbols to them, records behaviour settings, reflects change and process, and it sensitises concepts. It is thus suitable for this study which investigates the phenomenological view of HIV/AIDS of the existential being, who is thrown into society. The intention is to interview individuals from the Tshepong AIDS Project, Potchefstroom Hospice and individuals with HIV/AIDS.

1.9 DISCUSSION OF KEY CONCEPTS

Whereas important concepts are generally explained as they come up within the text, this section allows a brief overview of key concepts to the study.

1.9.1 Pragmatic communication

The research is a critique of pragmatic communication. "The broadest interpretation of pragmatics is that it is the study of understanding intentional human action. Thus, it involves the interpretation of acts assumed to be undertaken in order to accomplish some action." (Green, 1989:3.)

In the time of the Information Age, communication has become closely linked to information processes and language games, as they have been technologically developed to define the new society. Thus, in the case of HIV/AIDS, it is believed that the right combination of words will achieve specific desired goals. With reference to Norbert Wiener, Qvortrup (1986:172) notes that information is thought to be "the lowest common denominator of all human cognitive and interactive processes. Piously raising our eyes to the heavens, or attempting to penetrate the inmost recesses of human nature will thus not help us to understand humanity. Instead we should focus on the sum of information available to, and stored within, each individual person, and on his or her manner of processing such information."

Pragmatics as the study of intentional action is seen as the base for a unified science, "just as the real world's artificialisation and professionalisation of human social interaction squarely place information science in the centre of the social sciences." (Qvortrup, 1986:172.) This is an argument that is placed in context in chapter three, where it is argued that current communication theories are built on a Western capitalist rationalism manifested in scientism and empiricism.

This study will be limited to exposing the inefficacy of pragmatic communication on HIV/AIDS. This pragmatic HIV/AIDS communication will include that relating to public service announcements and all other messages from media institutions. These, as understood by McQuail (1994:11), are in the public sphere and operate in the institutional or organisational level and, to a lesser extent, at the local community level as these are described by McQuail (1994:7). "Media organisations are seen as possessing the same attributes as other large-scale industrial organisations." (Curran *et al.*, 1982.) Government shall be considered a mass media institution, as it (in Gerbner's terms of describing mass media) originates communication for "social interaction through messages" (McQuail, 1994:10). This current pragmatic communication on HIV/AIDS will be exposed to ironic criticism based on Kierkegaardian-existentialist positions.

1.9.2 Rationality

However variously the concept of rationality is defined, it relates to the thinking that underlies intentional action.

“Rationality” is variously defined and used even though there is a fairly constant and old tradition surrounding its meaning. The rational is associated with mind as a realm over and against matter. But within mind, sense is taken as different from reason. Genuine knowledge, even when founded in sense experience, is authentically cognitive only because it is rational. Rationality is conceived to be autonomous, subject to no criteria except its own. Usually all of reality is taken to be subject to these criteria and there is no higher principles to which anything can be subject. Rationality is always logical and is the foundation of truth and reliability in the world. The universe is itself rational as well, so that rational knowledge is objective. Science is the most perfect type of knowledge. (Hart, 1977:1.)

Through the mediation of Habermas (1981:8), it is shown that rationality is a concept that is rooted in the Western capitalist project. Hart (1977:1) describes the rationality that operates in the creation of HIV/AIDS communication messages in a way which suggests their basis is Western and scientismic and therefore cannot easily take up any other cultural basis.

1.9.3 Phenomenology

Phenomenology is the descriptive science of things as they are, ideal typically, experienced. Roelofse (1980:33) quotes Ortega as saying, “Here phenomena means simply the virtual character that everything acquires when we suspend its natural executive value and view it contemplatively and descriptively, without awarding it a definitive character.” Such an approach does not negate the existentialist notions of freedom, choice and subjectivity.¹

¹ It in fact upholds it. Sartre (1956:5) indicates this in saying: “Does it seem that by reducing the existent to its manifestations we have succeeded in overcoming all dualisms? It seems rather that we have converted them all into a new dualism: that of finite and infinite. Yet the existent in fact can not be reduced to a finite series of manifestations since each one of them is a relation to a subject constantly changing. Although an object may disclose itself only through a single *Abschattung*, the sole fact of there being a subject implies the possibility of multiplying the points of view on that *Abschattung*. This suffices to multiply to infinity the *Abschattung* under consideration. Furthermore if the series of appearances were finite, that would mean that the first is absurd, or that they can be all given at once, which is still more absurd. Let us understand indeed that our theory of the phenomenon has replaced the reality of the thing by the objectivity of the phenomenon and that it has based this on an appeal to infinity.”

The hidden problem with Sartre's view is that it does not clearly allow for the possibilities that the subject changes within the boundaries of patterns of interaction with an environment that, itself, also changes in response to patterns. Sartre does not fully reflect the pattern metaphor of existential-phenomenology which seeks to describe “experience as it emerges in some context(s) or, to use phenomenological terms, as it is ‘lived’.” (Thompson *et al.*, 2001:135.)

1.9.4 Existentialism

Sartre (1970:276) says, what existentialists “have in common is that they think that existence precedes essence, or, if you prefer, that subjectivity must be the starting point.” Cole (1971:23) notes that Kierkegaard distinguished between two kinds of change: *alloiosis*, which is a qualitative change or a change in essence; and *kinesis*, a change in the mode of being.

1.9.5 Existential-phenomenology

The method chosen for this research is existential-phenomenological. Existential-phenomenology has been referred to as an alternative to social science methodology because it, unlike the social sciences, only became a method after it had emerged as a philosophy. Social sciences on the other hand are defined by their basis in method (Holthus, 1973:1).

Thompson *et al.* (2001:133) note that the existential-phenomenology paradigm blends the philosophy of existentialism with the methods of phenomenology to view human beings in non-dualistic, descriptive terms. The focus is on first-person description of experience. The methods of existential-phenomenology are intended to give a description of the existential being that is scientific.

1.9.6 Kierkegaardian-existential communication

Communication is often understood in terms of the process of a sender-receiver transmitting a message through a channel to another sender-receiver who receives the message with noise and has the possibility of feedback. This manner of defining communication, often, then leads to its being discussed simply in terms of its components such as persuasion or manipulation. For Kierkegaard communication is *not merely an exercise in persuasion or manipulation, but first and foremost, a mode of existence* (Jansen & Steinberg, 1991:20; Van Schoor, 1980:33). Thus communication relates to Kierkegaard’s three spheres of existence, which from the highest to the lowest are; the religious (the existent), the ethical, and the aesthetic (Jansen & Steinberg, 1991:21).

An existential definition of communication, ideal typically, involves the essences of the structure and process of communication. The following definition was derived through phenomenological and eidetical reduction to the essences of the concept of communication:

Human communication is the dialectical and dialogical traffic of messages, intentionally set in motion by a communicator/s, between a communicator/s and a recipient/s through

a process of expression, coding, transmission, decoding and interpretation in an attempt to reach understanding by assigning and acquiring meaning. It is the way in which humans experience reality and it is an ontological concept of man's being, ideal-typically aimed at achieving existential meaning or well-being. (Roelofse, 1980:44.)

This research applies this definition to understand Kierkegaardian-existential communication. This definition of communication places the individual at the centre of communication. Meaning is the creation of the individual through choice and freedom. The communicator of the message of HIV/AIDS is hence forced to give recognition and respect to the individual for whom the message of prevention is intended. The role of the communicator (who aims at stemming the HIV/AIDS pandemic) can at best be that of facilitating individual choice in a manner that fosters recognition of existential realities such as responsibility.

1.10 CONCLUSION

The first chapter has offered an introduction and orientation to the study. Broadly the chapter sought to sketch the outlying theses that are found in the research. Effort was put to locate the study within the spheres of current practice and context and, most importantly, within a specific context of need and relevance. Subsequent chapters will attempt to fill out the sketch to create a full colour image of the thought that has precipitated this research.

The second chapter will outline the theoretical orientation of the study. The chapter will briefly overview Kierkegaardian-existentialist thought with the intent of lighting up elements that are invaluable in this thought for critical analysis of current communication on HIV/AIDS. Great devotion will be paid to the understanding of the context and its relation to the individual who relates to HIV/AIDS. At the end of the chapter it will be assumed that the need to understand the function of irony, as it is employed and related in the research, will be appreciated.

This creates footing for passage to chapter three, which will interrogate current pragmatic communication on HIV/AIDS in terms of its historical antecedents, i.e. where it comes from and what has motivated its structure and function. This interrogation will serve to ironically demonstrate the validity of suggesting that there needs to be sought an alternative view to communication on HIV/AIDS.

A brief discussion of the research design and methodology will thence follow in chapter four. This discussion will be couched in the ongoing questioning of the approach to seeking

understanding within the sciences. To this end a debate of the research design and methodology will resolve, in part, into a discussion of empiricism, scientism and Western rationalism. The research design chosen will be seen to reflect a willingness to deal with a new problem using old thoughts that are applied in a new manner. This is understood by the researcher to be indicative of the manner that is suggested for those who seek answers to the communication on HIV/AIDS.

Chapter five will comprise the analysis of findings, using methods as explained in chapter four and the literature review as enunciated in the research.

This will culminate in chapter six, which will put forward recommendations and list shortcomings of the study as part of making notes of conclusion for the research.

CHAPTER TWO

2 KIERKEGAARD AND EXISTENTIALISM IN THE TIME OF HIV/AIDS

2.1 INTRODUCTION

This research critically views current HIV/AIDS communication from the perspective that whereas messages have been constructed and delivered on this matter, these messages have not managed to address the complexity of the problem meaningfully. To this extent a significant portion of this chapter will be devoted to illustrating in what manner the individual to whom communication on HIV/AIDS pertains should be seen as the significant complexity in communication for the prevention of HIV/AIDS. It will be argued, between the lines, that this individual should be respected and accepted as the central being within his or her world.

This section of the work will also attempt to discuss Kierkegaardian-existentialist thinking within the ambit of justifying the central communication position of the being. To this end issues relating to existence, which include subjectivity, dread, choice and freedom, will be discussed and placed as foci within the infinitude of limitation (and possibility) that relates to communicating to another about existential issues. It will be shown that HIV/AIDS is one such existential issue.

The task of communicating to allow individuals (particularly those who have knowledge of HIV/AIDS and its methods of prevention) to not engage in high-risk HIV/AIDS behaviours brings Kierkegaard's indirect communication to prominence. There are strong indications that the youth in South Africa have good access to accurate HIV/AIDS information and that they are regularly being exposed to HIV/AIDS media from a range of different sources (Kelly *et al.*, 2000:ii; Harrison *et al.*, 2000).

Søren Kierkegaard (1813-55) is a Danish religious philosopher who has come to be increasingly more influential since his death, being considered the father of Existentialism, though he never used the term "existentialism" in its modern sense. Kierkegaard focused on the individual¹. He dedicated his life to the task of communicating in a manner that would allow individuals (particularly those with prior knowledge of Christianity) to receive fully the Christian gospel. Kierkegaard understood this task to relate significantly to fighting Hegelianism and the massifying influence of the press of his day.

The approach to the method of enunciation for the theoretic position of this research will be illustrated in the discussion of Kierkegaard's relationship to Socrates. This discussion will highlight the indirect communication and its basis on irony as Kierkegaard conceived it. It is

argued that this is the most appropriate manner to demonstrate meaningful understanding and application of the Kierkegaardian oeuvre. For this reason and for general congruence the research utilises this ironic approach in the creation of the arguments that will be brought forward. This usage stretches from the title of the research, which proposes not to advance a new mode of communication, though the research itself would seem to.

This research seeks to apply a Kierkegaardian approach to the dilemma of communicating on HIV/AIDS. It believes the underlying convictions of Kierkegaard and existentialists are competent to suggest a helpful basis for beginning to construct understanding of the dilemma and thence beginning to take action in facilitating the empowerment of individuals facing HIV/AIDS. It must be understood that in as much as Kierkegaard advances, indirectly, the face of Christianity, this research does not seek to be a dogma on the gospel of Jesus Christ. To this end Kierkegaard is, even, tied with an atheist such as Jean-Paul Sartre to elucidate an existentialist thought on HIV/AIDS. It is also important to re-emphasise the fact that the title of the research clearly indicates that this is a "Kierkegaardian-existentialist" work. This indicates the central role of existentialist thought other than that attributable to Kierkegaard in laying a foundation for the critique of pragmatic communication on HIV/AIDS that this research advances.

While Kierkegaardian-existentialist philosophy is not, itself, the study of this research, it remains fundamental that it be expounded upon briefly and succinctly for understanding of the arguments made.

2.2 KEY CONCEPTS OF KIERKEGAARDIAN-EXISTENTIALISM AS APPLIED IN THIS RESEARCH

The term "existentialism" was coined and popularised by Gabriel Marcel and other French journalists during and after the First World War. But even in 1946 a meeting of prominent philosophers at the Club Maintenant in Paris agreed that only Sartre, Simone de Beauvoir and Merleau-Ponty, the Paris Club, could be called existentialists since only they had accepted the term thrust upon them.

Those who were meeting doubted whether Kierkegaard should be called an existentialist or even a philosopher of existence because of his stated and known disdain for dogma and philosophic doctrine. "They agreed that 'the word' *existence* in the philosophical connotation it has today was first used by Kierkegaard. Wahl realised that such thinking might be traced back to the philosophies of Schelling, Kant, and even St. Augustine. But he felt also that 'we are able to recognise and understand these early prefigurations of the philosophy of existence only because a Kierkegaard existed.'" (Kern, 1970:1-2.)

To illustrate this status of Kierkegaard as prefigure of existentialism, a comment of Sartre is brought together with a description of Kierkegaard's views on change as it relates to being. Sartre (1970:276) says, what existentialists "have in common is that they think that existence precedes essence, or, if you prefer, that subjectivity must be the starting point." Cole (1971:23) notes that Kierkegaard distinguished between two kinds of change: *alloiosis*, which is a qualitative change or a change in essence; and *kinesis*, a change in the mode of being. In passing, it can be said that the African in understanding that a person is a person through and in others (Ruth referred to in Van der Walt, 1975: 108) understands that the self is not the essential being, but rather is existence that precedes essence.

2.2.1 Kierkegaard's concept of spheres of existence

Kierkegaard understood individuals to fall into three spheres of existence distinguished by different orientations towards the being. An illustration is made "In one case [relating these spheres to a] house, consisting of cellar, ground-floor and *premier etage*, so tenanted, or rather so arranged, that it was planned for a distinction or rank between the dwellers or the several floors..." (Kierkegaard quoted in Moss, 1987:70.) From cellar to *premier etage* the spheres would be the aesthetic, the ethical and the religious.

For Kierkegaard, the creation of the view of the existential spheres was a manner to understand how communication could be used to communicate the message of Christianity to a people who, though hearing it, were not partial to it in existential essence.

Yet, Kierkegaard did not propose a categorisation of being into classes of masses where the individual escaped one to homogenise in another. Such a change would be incompatible with his understanding of the basic dilemma of existing. So whereas each sphere of existence delineates a fundamental alternative point of view in existence, the individual is a "blending of these viewpoints, with the notion of one of the spheres providing the dominant perspective. The existing spheres are all possible modes of existence, and as such are always present to the existing individual. In actuality no one of these spheres can stand alone." (Sjursen, 1974:130.)

This Kierkegaardian conception of man as existent in three distinctly delineated spheres, which blend together in various manners and proportions, will be applied towards the end of this study. It shows that Kierkegaard visualised indirect and direct communication as important and applicable to each and every individual.

2.2.2 The Socratic as it relates to the Kierkegaardian oeuvre

Manheimer (1977:3) says to understand Kierkegaard's contributions to processes of education it is necessary to view his interpretation of Socrates and the principles called the Socratic. Kierkegaard regarded Socrates so highly that from as early as his university dissertation, "The Concept of Irony," references to Socrates can be found. It seems possible to follow Kierkegaard's lead (via his aptly named pseudonym, Constantine Constantius) and say in the cycle of things Kierkegaard and Socrates were "the same in the same." (Kierkegaard, 1843:149.)

Kierkegaard believed that Socrates did not lead individuals to some wisdom to which he (Socrates) was elite in the privy. Such a wisdom would have made Socrates a historically necessary link to knowledge. Kierkegaard, as Socrates, saw that he did not even understand his own life; knowing and thence teaching another about life was therefore clearly out of the question. Socrates realised this limitation of the teacher, hence he is understood as a great ironist whose would-be students were shown that he could not teach them life.²

Kierkegaard argues that irony was the truth of Socrates' life and not a method. Thus, Manheimer (1977: 57-8) says, Kierkegaard, as Socrates, claims not to be a witness for the truth. Kierkegaard claims to falter in being the witness because: he was of the privileged class; second, he was far too much of a poet; and third, even while he was too much of a poet, he was also too ethicist, too existential, to be a poet. Both Kierkegaard and the authorship lie on the borderline between them, which corresponds categorically to the future, to the coming historical age. Neither author nor authorship should be mistaken for the truth as each strives to be the communication to the single witness. This discussion of Socrates is pursued below, in the section entitled "The meiotic", in seeking understanding of Kierkegaard's concept of indirect communication of essential knowledge using irony.

This research then must be understood to not wish to be seen as a blueprint for communication about HIV/AIDS. Neither must the research seek to reproduce the thinking of Kierkegaard. Instead, much as with Socrates with his meiotic method, and with Kierkegaard and his indirect

² The understanding of the Socratic is also an important site of disagreement between Kierkegaard and Hegel. Manheimer (1977:13) suggests that Kierkegaard viewed Hegel as saying Socrates educated his fellow individuals to the realisation that the truth of being was Becoming. The truth of the objective world was located in the reflection of subjectivity. Once having made that discovery individuals would then automatically make themselves as subjectively identical with the Good as objectivity. The resulting synthesis would then be the universal and immutable from which morality, the knowledge of right and wrong, could be derived. To this end Manheimer (1977:13-4) argues that Kierkegaard agreed with Hegel that the life of Socrates represents "the flowering of subjectivity – not speculative philosophy but individual activity, and, second, that Socratic irony introduced the reflexive life of self-consciousness – the 'return' to self and negation of substantiality in the given cultural view."

communication (and in the relationship of the two), it should be seen to midwife infinite possibility for the (communicating) individual in the face of HIV/AIDS.

2.2.3 Choice and the individual

The individual is at any given moment faced with an infinite number of possibilities from which he or she must choose. The act of choosing is the act of being. In the face of HIV/AIDS, the consequence of applying a Kierkegaardian-existentialist approach is that the individual is not denied respect with specific regard to issues of responsibility and authority over existence as they characterise the individual. As Sartre says:

The essential consequence of our earlier remarks is that man being condemned to be free [by realisation of his authority over his existence] carries the weight of the whole world on his shoulders; he is responsible for the world and for himself as a way of being. We are taking the word "responsibility" in its ordinary sense as "consciousness" (of) being the incontestable author of an event or of an object.... He must assume the situation with the proud consciousness of being the author of it, for the very worst disadvantages or the worst threats [such as HIV/AIDS] which can endanger my person have meaning only in and through my project; and it is on the ground of the engagement which I am that they appear. It is therefore senseless to think of complaining since nothing foreign has decided what we feel, what we live, or what we are. (Sartre, 1956:707-8.)

A significant implication of this line of thinking is that the individual is seen to have nothing that *per se* compels him or her to risky HIV/AIDS behaviours. This is because the existentialist position stands opposed to today's approaches to HIV/AIDS which take responsibility from the being to the context.

The Kierkegaardian-existentialist thinking of this research accepts that the individual exists in a historical context where being is meeting. "The explanation has two layers. We understand the outer psychical layer when we consider man in himself separated from history, and the inner factual layer, the primal phenomenon of religion, when we replace him in history. The two layers belong together." (Buber, 1987:113.) Much as in Fanonian thinking (Bulhan, 1985:80) this approach is concretised in its contrasts with the ahistorical 'blame the victim' approach of Western psychology as it manifests itself as a strong force driving thinking on HIV/AIDS communication. In Africa, Fanon argues that this Western approach is often hidden in contextual analysis, which suggests individual Westerners are more capable of making choices in relation to their environments while individual Africans are prone to being subjugated by it. Fanon ultimately argues that the being must be understood within his or her historical circumstance.

The individual, in historical context, has no essential nature and neither does he or she have self-identity other than that involved in the act of choosing. Thus for any given being, the

likelihood of engaging in high-risk HIV/AIDS behaviours remains the infinite likelihood of all that individual's potentiality, i.e. it may not be statistically calculated as such scientism and empiricism as that of modern psychology would give. This is to say:

[One may not] proceed from the postulate that an individual fact is produced by the intersection of abstract, universal laws. The fact to be explained – which is here [why South African Blacks are most susceptible to HIV/AIDS] – is resolved into a combination of typical, abstract desires such as we meet in “the average adolescent.” What is concrete here is only their combination; in themselves they are only possible patterns. The abstract then is by hypothesis prior to the concrete, and the concrete is only an organisation of abstract qualities; the individual is only an intersection of universal schemata. (Sartre, 1956:713-4.)

Kierkegaard shows that human existence and human actions are comprehensible only in terms of the possibility of possibility (Stacks, 1977:45). With exposure to the same information on HIV/AIDS, South Africans have continued to show differing responses to the information given them about HIV/AIDS. This has led to debate about the levels of knowledge and responses. Thus, for example, key findings of a recent study

...run contrary to the findings of much previous South African research which suggests that there has been a negligible positive response on the part of youth to the HIV/AIDS epidemic. The present study shows a generally high perception of vulnerability to HIV infection (personalising of perception of risk), although with varying levels of preventive response to such awareness. In sites where such perception has not translated into pervasive preventive behaviour there are higher levels of ‘worry’ about HIV infection and more active attempts to dispel the perception of risk, for example, through cultivation of attitudes of bravado or indifference. This is especially evident in the two rural areas in this study. (Kelly *et al.*, 2000:ii.)

An unpublished study of HIV/AIDS attitudes (De Wet, 2001) in the Ikageng community also suggests that while knowledge on HIV/AIDS is widely prevalent, individuals make differing choices with relation to this information based on differing issues. For example, one may decide to base one's decisions on the messenger and not on the message, as Mbennah (1999) suggests is the inclination of those who hold an African world-view.³ In this context, a student in Ikageng is able to distrust teachers and the HIV/AIDS message they bring “...because teachers are unfair, tell talk about Aids and involve themselves in extramarital activities.”

³ Mbennah (1999:288) suggests that those of an Afrocentric world-view (who are not necessarily Black or White) utilise credibility sets of the speaker which they form on the basis of criteria that emphasise the evaluation of speaker competence, moral qualities and aesthetic qualities. On the other hand, those with a Eurocentric world view (not necessarily Blacks or Whites) are said to view and apply credibility sets of the persuasive speaker which emphasise moral aspects, dynamism and subject competence.

As discussed later, Fanon (1970:111-2) suggests, using the case of the medical practitioner, that colonial history can impinge upon the persuasive effects elicited by individuals, whether or not of the (former) oppressed and of the (former) class of oppressors.

The example of teachers being seen to behave differently from what they preach is indicative of the complication of the human being as a maker of choices. In the transition from understanding to acting the individual has the right to choose. Yet, one cannot not choose; i.e. even not choosing is choosing. “[L]iberty and necessity are bound up together, in such a way that liberty to choose culminates in the necessity of the choice.” (Jolivet, 1950: 101.)

Understanding of the being in relation to HIV/AIDS has implications upon the understanding that this study has of health education and health promotion. Historically there was a conceptual gap in understanding the science and practice of both health education and health promotion. These practices were often seen as the same thing, and later on, health education was seen as a contradictory approach whose focus on individual behaviour change placed the responsibility on individuals to make choices that would maintain or improve their health status. For example, the South African approach to curtail tobacco smoking can be seen as health promotion, aimed to “impact on the political, economic, environmental, social and cultural aspects of all South Africans. Furthermore for these strategies to be implementable, they had to be imbued by a philosophy that supported inter-sectoral collaboration both in terms of sharing resources as well implementation.” (Reddy, 2000.)

It will be seen in the next chapter that the South African government's approach to HIV/AIDS communication is that of health promotion. This research argues that the health facilitation approach to communication, as indicated by the Kierkegaardian oeuvre, is more practical and applicable. At the least such an argument would hold serious sway because it accepts that the individual has ultimate responsibility and authority over his or her actions. The role of the communicator who aims at stemming the HIV/AIDS pandemic would then be that of facilitating individual choice in recognition of existential freedom.

2.2.4 The concept of freedom introduced

There is freedom and there is choice. These exist in an environment where, as Martin Buber (1987:11) would say, all existence is meeting. Sjurgen (1974:186) argues that the freedom of choice spoken of relates to the will and not *libertas indifferentias* or *liberum arbitrium* as some other, e.g. *laissez-faire* or anarchist, understanding would give. Freedom could mean either that the individual is owner of his or her life. The life is thus his or her responsibility. The individual is possibility in its infinity and has only the self to prevent or cause the actualisation of any possibility. Second, and quite differently, the individual can live meaningfully with his or her limitations. The individual can live within finitude without being slave to either.

It is through freedom that the individual is able to recognise and choose to grow. Sjurgen (1974:86) says, the ideal that Kierkegaard regards is that of the progression/growth of the

individual through four stages: 1) innocence characterised by possibility/anxiety; 2) responsibility, sin and guilt; 3) repentance and 4) salvation.

As with the spheres of being, in reality the individual is not limited completely to any given stage of freedom. One tends, however, to be mainly in the one stage, though moving constantly, in difficult to conceive ways between innocence, dread and other stages of freedom. The relation between stages of existence can be related to Martin Buber's notes on the *I* and the *Thou*:

Every *Thou* in the world is by its nature fated to become a thing, or continually to re-enter into the condition of things. In objective speech, it would be said that every thing in the world, either before or after becoming a thing, is able to appear to an *I* as its *Thou*. But objective speech snatches only at the fringe of real life.

The *It* is the eternal chrysalis, the *Thou* the eternal butterfly – except that situations do not always follow one another in clear succession. (Buber, 1987:17-8.)

The first stage represents the first freedom and can be related very strongly with freedom from relation. It is freedom in ignorance. Knowledge of the prohibition, as in the case of Adam, awakens the desire. Knowledge of the prohibition to not engage in unprotected sex, no doubt, also awakens the desire to do this.

The relationship between stages 1 and 2 is spoken of in discussion of the relation between innocence and dread respectively.⁴ Stages 3 and 4 relate to the individual's ability to choose to accept the dread associated with being and to choose to make the "leap of faith" to Jesus as the saviour. This research does not deal in depth with the last two stages because this would convert the work into a theological debate. The research is intended to simply point to the possibility of the communicator to facilitate the individual to make choices that accept responsibility and the possibility to make choices.

2.2.5 Dread as consequence of choice and freedom

Because the individual can choose ignorance, he or she is able to have a childlike innocence. But, and ironically, through choice and freedom the individual does not recognise this. This form of innocence is like that of the child who does not realise that the search for adventure is a show of anxiety. This is a state that Kierkegaard described as characterised by dread (Sjursen, 1974:187).

⁴ These two stages are taken to be the same as what Kierkegaard called subjective and objective dread: "Taken in the strictest sense, subjective dread is the dread posited in the individual as the consequence of his sin.... But when the term is taken in this sense, the contrast with an objective dread vanishes, since dread manifests itself precisely as that which is, namely, the subjective. The distinction between the subjective and the objective dread has its place therefore in the contemplation of the world and of the state of innocence of the later individual...." (Kierkegaard, 1934: 50-1.)

Where it is clear that respondents to a questionnaire presented in Ikageng have an awareness of HIV/AIDS (De Wet, 2001), it becomes possible to see a picture of (collective) rationalisation of epidemic conditions that is covered up in a smokescreen of individual childlike innocence which is dread of freedom. A surreal childlike sense can be found from reading through notes of comments made by respondents to underline why they would not ask their friends for information on HIV/AIDS:

1. Because my friend is of the same age as mine therefore he is also having little information as I am. E.g. we can agree that Aids is a government propaganda and equally agree that there is no Aids.
2. My friend is not reliable. E.g. He can say today there is no Aids and tomorrow he can say there is no AIDS.
3. As friend you maybe know how friends are especially when coming to girl or relationship, they are sometime put you under pressure.
4. My friend is not so much informed about AIDS. I usually try my level best too keep him informed about Aids and causes of Aids.
5. [My friend] because she talk nonsense every time about Aids. (De Wet, 2001.)

The possibility for waking people from the childlike state in relation to HIV/AIDS is problematised by the relationship that Western medicine and its practitioners have maintained with the colonised (Fanon, 1970). This relation, having begun with the coming of the colonialist, can be seen as the third arm of colonialism, along with the church and the gun. This relationship positions the practitioner of Western medicine to be a representative of the coloniser and the project of Western rationality (which will be addressed in chapter three).

The colonised obscurely realises that penicillin is more effective, but for political, psychological, social reasons, he must at the same time give traditional medicine its due. (The healer fulfils a function and therefore needs to earn a living.) Psychologically, the colonised has difficulty, even here in the presence of illness, in rejecting the habits of his group and the reactions of his culture. Accepting the medicine, even once, is admitting, to a limited extent perhaps but none the less ambiguously, the validity of the Western technique. It is demonstrating one's confidence in the foreigner's medical science. Swallowing the whole dose in one gulp is literary getting even with it. (Fanon, 1970:111-2.)

This is even true of fellow Black people who occupy positions of Western medical authority. This Black medical practitioner is treated by their fellow colonised with both pride and hatred (Fanon, 1970:113). Ngugi wa Thiong'o (1996) suggests such a reaction might be normal in light of the argument that the new African class that is party to Western ideas simply assumes the duty of translating Western views and the hegemony that these views perpetrate. It is not surprising that, in relation to both Western and traditional African medicine, one gets a mixed or ambivalent response, which suits the pattern of the childlike state of dread. For example, individuals recommend the following methods to deal with HIV/AIDS:

1. By not eating healthy food By not using a bucket toilet/pit toilet
2. AZT. African potato. Smoke dagga. Pray to God very hard.
3. Doctors and traditional healers should come together to check if there is no cure for HIV/AIDS on both sides. They must first see what AIDS comes from so that can to see whether they can cure it. (De Wet, 2001.)

It would seem that the formerly oppressed Black South African of Apartheid who did not realise individual choice and freedom (Biko, 1970:28-9; Sono, 1993; Mbeki, 1996) needs a renaissance of being in order to realise and act on the health, life and death implications of HIV/AIDS (Sefularo, 2000).

What is the place of the historical circumstance of Apartheid and colonialist oppression in a discussion which seems to place all the choice and freedom in the individual? How can an understanding of the dread that consumes an individual, who has choice and freedom, be enhanced by an appreciation of the context?

Fanon (1963) makes the argument that a colonised people can be seen to become psychologically deformed by their experiences. Even though Fanon disputes the applicability of the Oedipus complex to the context of the colonised people of Africa, he does see sexual connections in the deforming role of colonialism and racial oppression (Bulhan, 1985:71-3). (The Oedipus complex is crucial to the construction of Freud's views of sexuality.) Evident links can be made, for example, between the South African phenomenon of gender violence, as talked about by individuals such as Vetten (1997) and Bennett (1999), and the theories of violence and neurosis that both Fanon and Freud propose. Freud shows that the breakdown of the family, which is a factor of the colonial process and of Apartheid, can lead to violence and neurosis. Fanon shows that the process of colonialism leads to violence and sexual expression that can easily be looked at within the campus of neurosis.

Cole (1971) makes an interesting connection between Freud and Kierkegaard suggesting, that the Freudian view of ego, id and superego is readily related to the Kierkegaardian conception of the aesthetic, the ethical and the religious. Freud (1910:46) made the argument that "psychoanalytic investigations trace back the symptoms of disease with really surprising regularity to impressions from sexual life, show us that the pathogenic wishes are of the nature of erotic impulse-components (*Triebkomponente*), and necessitate the assumption that to disturbances to the erotic sphere must be ascribed the greatest significance among the etiological factors of the disease. This holds for both sexes."

Freud came to see libidinal frustration not as the cause of anxiety but as the effect. It is here that Cole (1971:131) makes the interesting reinterpretation that relates Kierkegaard's understanding of the aesthetic to Freud's view of libidinal inhibition:

Libidinal inhibition is a psychic defence against anxiety [dread]. Thus Freud came to the same conclusion that Kierkegaard had reached by another route – anxiety is the presupposition of neurosis. Or as Kierkegaard expressed it, dread is the presupposition of sin.... Anxiety is an anticipation of impending danger, of an impending threat to the individual's security. (Cole, 1971:131.)

Through Fanon (1963) it can be seen that colonialisation and Apartheid can be seen to have led to the oppressed being reduced to shells of being. In this state these individuals can be described as primal in their innocence, which is a forced and accepted ignorance of freedom and choice. They are in dread.

In the primal stage, which is characterised by dread, the individual does not fully accept choice and freedom. This research does not seek to suggest that freedom in the existential sense is the same as political freedom. Still, for South Africa, and Black South Africans in particular, 1994 involved the 'undeniable' metaphor of freedom. Taking this suggestion aboard facilitates an interesting game of thought that can be used to illustrate some of the possibilities of applying the existential concept of freedom.

Though it is not possible to theologically or philosophically ascertain the causes of dread (Kierkegaard, 1934:35), it remains possible, through the mediations of Fanon, to say that the first and innocent stage of freedom can be related to the Black South African of the period before 1994. This individual could blame all his or her misfortune on Apartheid in "an attitude of entitlement." (Mogano, 1993.)

Political independence was the opening of individual Black South Africans to choice and freedom. The point can be raised that the transition brought on by political independence meant the Black South African came to a situation where the question of the legitimacy of the law could not be denied on the basis that it was a creation of the other, who was the oppressor. This is to say that the relation between prohibition, need and choice, which yield dread, came to the fore with the removal of the political barrier that facilitates denial of the legitimacy of the law.

Professor Hoosen Coovadia, head of Natal University's Department of Paediatrics, says "simply put, the epidemic hit us at the wrong time. AIDS hit in the midst of a complex political transition and society was just not stable enough to deal with it." (quoted by Taitz, 2001:21.)

Political independence can come with dread in the form of denial and bad faith. Where individuals can be described as having "higher levels of 'worry' about HIV infection", that awareness has woefully resulted in the "cultivation of attitudes of bravado or indifference" (Kelly *et al.*, 2000:7). In South Africa individuals continued and maybe even increased Fanonian,

manechien tendencies in their making of choices and understandings of freedom. To illustrate this, Shaw (1997) writes of crime having increased after the coming to majority rule in South Africa. Later in this research it will be shown that crime, understood as aesthetic expression, can be related to the context of HIV/AIDS as pandemic. Shaw (1997) sees crime as reflective of trends elsewhere where repressive regimes have been superseded by democratic institutions. Dladla (1996:15) eulogises of suicides having increased in the Black township of Tembisa. And Smith (2001) writes that the rate of murder in South Africa is 61 per 100 000, and the international average is 5.5 per 100 000.

In this context of manechien violence to the self and the community, it is possible for Botman (1998) to speak of a post 1994 South African attitude of entitlement. "Knowing the human rights language in the Bill of Human Rights, is a minuscule part of the formation of moral values inherent to a human rights culture. In order to get our nation to experience the feel of the goods internal to a human rights culture, we need embodiment and practices that capture the personhood and the activities inherent to the principles of a human rights reality." (Botman, 1998.)

It is possible to see that Botman speaks of the need for the individual to move from inauthentic to authentic being. One is as one communicates. Progression from one to four of Kierkegaard's stages of freedom is what Botman refers to. The authentic being chooses, in freedom, to be as he or she communicates. The unauthentic individual, in the first stage of freedom, chooses to act in the bad faith of pretending not to see the infinitude of his or her possibilities.

It is possible through Kierkegaard, to see that progression from stage one to four of freedom is what Botman speaks of when pointing out the need to choose authentic being. To arrive, through choice and freedom, to the stage of freedom where one is as one communicates, to be the authentic being, that was Kierkegaard's goal in communication.

The reason for this unauthentic behaviour is that in making the transition from the stage of innocence to salvation, one is faced with prohibitions. One sees the dialectical relationship between infinite and finite possibility. Ethical concerns, among others, limit the possibilities available to the individual.⁵ The word of prohibition awakens the individual to the possibility of

⁵ Does this mean that political freedom and personal freedom are opposed? Does this mean that the law destroys freedom? In Galatians 3:21-4, Paul writes of the law: "Is the law, therefore, opposed to the promises of God? Absolutely not! For if a law had been given that could impart life then righteousness would certainly have come by the law. But the Scripture declares that the whole world is a prisoner of sin, so that what was promised, being given through faith in Jesus Christ, might be given to those who believe.

existence in freedom. The biblical Adam realised that there was the possibility for freedom through being told not to eat of the fruit at the centre of the garden of Eden. The prohibition fascinates, and terrifies. The individual is then in dread. "The individual is consumed with ambiguous dread. Dread is not guilt. Dread is not wrong, is not sin, for it is the inevitable, the concomitant of freedom. Yet one becomes guilty in the moment of dread. In this moment innocence is lost." (Cole, 1971:81.) One moves to a stage where one must confront freedom and responsibility, the impossibility of which brings despair (which is discussed in the following sub-section).

Sartre (1956) shows that even for those who do not believe in the Gospel of Jesus Christ the realisation of dread is a necessity if one is to find true freedom in the true realisation of the choice that the individual has. This is the message in George Herbert's (1995:93) poem "The Pulley".

Dread can be seen as the abstraction that Kierkegaard uses to describe that which manifests to show need for the individual to choose to make the leap of faith to the feared possibility of possibility. The leap from dread to despair needs courage and is thus a leap of faith.

Innocence is lost as the individual comes from dread into despair, no longer can the individual claim ignorance, "this tormenting contradiction, this sickness of the self, perpetually to be dying, to die and yet not to die, to die death." (Kierkegaard, 1949:18.)

2.2.6 Despair in the time of HIV/AIDS

Despair is the state that comes after dread. It relates to the individual who has chosen the leap of faith and has thence moved out of the childlike state of freedom and dread to a higher stage of being. Dread is related to being afraid of knowing, it is a state of ignorance. On the other hand despair is related to the fear and trembling of one who knows.

Kierkegaard, in the "The Sickness Unto Death," discusses despair as defined by finitude/infinity, possibility/necessity, consciousness of the despair, despair over earthly matter, and finally despair of the eternal or over oneself. It is not difficult to show that all these categories can be seen to be categories that are related to HIV/AIDS and the despair that it raises in one who subjectively owns the message of HIV/AIDS.⁶ Whereas it is not possible to discuss all of these issues, it will be possible to suggest the manner that one may apply to all

Before this faith came, we were held prisoners by the law, locked up until faith should be revealed. So the law was put in charge to lead us to Christ that we might be justified by faith." (Bible, 1978:271.)

⁶ For example, it could be worthwhile to visit despair as growing with consciousness (Kierkegaard, 1949:42) and to relate this to the debates that have raged over how much people should and should not know about HIV/AIDS. This approach suggests answers to why more knowledge is related by some to the creation of panic and despondency.

the others by briefly focusing on how HIV/AIDS presents itself as despair along the dialectic of possibility/necessity.

Sontag (1989) shows that the metaphors of HIV/AIDS suggest that it can be understood by the individual as the impending death that is (almost) unstoppable. As Sontag argues and as this research acknowledges, HIV/AIDS is not a medical, physical phenomenon in its human construction and understanding; it is highly metaphorical. It is possible to understand that in the time of HIV/AIDS everything has become necessity. Being poor is not an option, unprotected sex is not an option, etc. "The determinist, the fatalist, is in despair and as one in despair has lost his self, because for him everything has become necessary." (Kierkegaard, 1949:40.)

It becomes important to discuss how despair comes about, linking concepts of psychology and of existentialist thought. It is the prohibition which makes the individual realise that there is a possibility of being where it, the individual, is no longer determined by prohibition. For the human child growing into adulthood, this could be related to the stage of being where the teen moving from childlike innocence, discussed as dread, comes to the realisation of the possibility of breaking away from parental control. With this control comes responsibility and guilt and all the things that have made people relate adulthood with difficulty. This is to say, with the realisation of the possibility of freedom comes a realisation of the possibility of despair, the sickness unto death. As briefly indicated, for the Black South African this freedom has been much discussed in terms of violent crime.

It is possible to understand HIV/AIDS as a prohibition that awakens the awareness of possibility, i.e. as a condition for despair. Present study seems to suggest that individuals in South Africa have "a generally high perception of vulnerability to HIV infection (personalising of perception of risk)" and they can be described as having "higher levels of 'worry' about HIV infection" (Kelly *et al.*, 2000:7).

This "worry" over HIV/AIDS is commonly encountered in everyday life where individuals refuse to acknowledge the presence of HIV/AIDS by using words and phrases such as "a long illness" to refer to it. This taboo of names is similar to the contamination and generalisation that is related by Sontag (1989) as pertaining to HIV/AIDS. Freud (1912:54-7) studied and understood such taboos as manifestations of fear in a condition that he labelled "complexive sensitiveness".

In the Ikageng community, research (De Wet, 2001) data also suggests that fear characterises people's views of HIV/AIDS. Thus, for example, trust seems to be a major factor in determining from whom individuals decide to get information about HIV/AIDS. But even this trust seems to

be “trust from” being harmed rather than “trust for” the good. One respondent said, “[My girlfriend] Is a very closest friend of mine and always talk about that always makes sense enough – she is trusted and she can keep a secret.” The fear comes through clearly, amongst other places, in discussing why knowledge on HIV/AIDS is important to the respondents:

1. It is useful for me to help me to prevent the virus not to harm me or not to fall a victim of AIDS
2. The information is very important because it help us to protect ourselves during these times of Aids. It also helps us to abstain from sex before marriage.
3. To make me aware that AIDS is there and it kills so that I should be aware me and my family and friends etc.
4. The information makes me to be alert and awakened to know about AIDS and to help others to know about Aids preventive manners.
5. [The nurse] cares about the citizens of SA and can not kill her beloved fellows of SA.
6. That it is important. That I should not get stress and die young.
7. Since there is obvious examples around, ‘People dying of the same disease’, this simply makes someone to listen carefully when it comes to AIDS.
8. It the question that one choose to die younger or older and reflex the sense of responsibility.
9. For my health and for that of others. You must know, because you can spread it if you’re not aware of your health state.
10. It prepares us to be able to deal with our daily experiences on the diseases and to be able to help others as well.
11. Because of the support that I can get I will know the effects of HIV/AIDS like my life can changes in many ways. My self-image, dreams, family life, friendships and sexuality are affected. Fear, denial and depression are common reactions.
12. Because she [my girlfriend] is protect herself and also protecting me. (De Wet, 2001.)

Fear of HIV/AIDS can easily be attributed to the fear appeals that characterise the media in its efforts to slow and stop the HIV/AIDS pandemic (Dillard *et al.*, 1996). Still, such an approach would be superficial in its critical coverage of why HIV/AIDS should occupy such a society-shattering role in its construction of fear. The historical look which this research has given to the individual in context is important to get a firm understanding of HIV/AIDS as pandemic. It is in understanding this historical context that one can understand why those who are affected by HIV/AIDS can feel guilt and despair. Individuals realise that they have and do act in bad faith.

2.2.7 Ethics in the time of HIV/AIDS

Because the ethical is not limited in space, time and culture, it becomes the point of reference around which bad faith in issues of HIV/AIDS can be judged. Kierkegaard (1843) argues that there is a definite ethical manner of being which is universal.⁷ He explains the universality of the ethical by noting that the “ethical does away with the disinterestedness of the possible by

⁷ Kierkegaard demonstrates that there a universal ethic by using the example of the Biblical parable of Abraham and the instruction to sacrifice his son. This story relates to Kierkegaard's views of the religious sphere, showing that it is the highest an individual on their own can achieve. “The story of Abraham contains therefore a teleological suspension of the ethical. As the individual he became higher than the

making existence the infinite interest." (Kierkegaard, 1846:226.)⁸ The ethical cannot be defined. To ask what the ethical is, is unethical because ethics are universal and do not need definition.

Well, if I put the question in this manner, I am asking unethically about the ethical, I am putting the question just as the whole confusion of the modern age does, and then I cannot put a stop to it. The ethical presumes that every person knows what the ethical is, and why? Because the ethical demands that every man shall realise it in every moment, but then he surely has to know it. The ethical does not begin with ignorance which is changed slowly to knowledge but begins with a knowledge and demands a realisation. (Kierkegaard quoted in Van Schoor, 1980:28.)

Within Kierkegaard's oeuvre the ethical is not the highest goal of the individual. The religious remains the highest goal that the individual can aim at.⁹ Whether one chooses to believe in the religious or to remain in the ethical sphere does not become the focus of this research because bad faith is condemned by both. The leap from the ethical to the religious is important for Kierkegaard because it is related to the increased ability of the individual to take knowledge inwards and subjectively own it. Paradoxically, only in this inward act can the individual arrive at the outward requirements of understanding (Kierkegaard, 1969:114-5).

HIV/AIDS, for example, can only be experienced existentially where the truth exists subjectively. Kierkegaard marries the truth with the moral and the universal and thus with God, who is the only absolute and the only one who can give entry into the subjective.

"Since communication exists in relationship, it can be mistakenly held that belief in God as the source of all that is good and of all that is bad means that those who maintain an *I-Thou* relationship through the Person God renege upon their individual duty to take meaning of the message. The ultimate reneging being to give the duty of meaning appropriation to [an]other Thou[s] or to the Person God." (Buber, 1987:83.)

However, to renege on personal responsibility by asking God to take charge would only be practice of a form of magic. Magic desires to obtain effects without entering into relation. Magic is therefore distinct from the sacrificing and/or praying motion that says the will of God be done

universal: this is the contradiction: this is the paradox which does not permit mediation.... Faith is a miracle." (Kierkegaard, 1843:134.)

⁸ For Kierkegaard this is true though it remains for him, "a misunderstanding to be concerned ethically about another's reality is also a misunderstanding, since the only question of reality that is ethically pertinent is the question of one's own reality." Thus one can understand why Kierkegaard structures aesthetic, the ethical and the religious in this order (from the lowest to the highest).

⁹ Only through God can one meet the truth in its entirety (Buber, 1957:136). It is important to realise that for Kierkegaard, "there is a non-Christian religious, which is 'pure dialectical, not paradoxical-dialectic'" (Jolivet, 1950: 169). The relationship of Socrates to the daemon, he credited with his wisdom, allowed him to rise above being just the ethical practitioner of irony (Kierkegaard, 1844:156). Thus Kierkegaard (Stacks, 1977:14) relates to Socrates being a person who managed to use irony to achieve inwardness and thus to reconcile the outward and inward paradox of being that all individuals face.

(Buber, 1987:83). Such beliefs in magic are seen in those who believe sex with a virgin will cure HIV/AIDS.

Through colonialism, the African has lost relationship with God (Sartre, 1963:1), and even relationship with the historical context (Kim, 1997). Black Theology under the influence of Black Consciousness argues that Christianity, the religion brought by the colonisers, needs to find ways of dissociating itself from the coloniser. Black Theology seeks to relate God and Christ to the Black man and woman and to daily problems. "It wants to describe Christ as a fighting God, not as a passive God who allows a lie to rest unchallenged. *It grapples with existential problems and does not claim to be a theology of absolutes.* It seeks to bring God to the black man and to the truth and reality of his situation". (Sono, 1993.) Fanon (1963:42-3) shows that the African has fallen into fatalistic dismay, believing God is punishing him or her. He or she takes up beliefs in magic and myths to by "a kind of internal restabilisation [acquire] a stony calm." This African is an unauthentic being.

Rauche (1975:47) in approaching the problem of authentic behaviour among the Black people of South Africa in the 1970s says, "The problem of man's authentic existence, i.e. an existence where man's conflict has been largely overcome emerges from the changing circumstances in the world. In other words, the problem of man's authentic existence rises from man's historicity in the above sense of the word." History can and does influence the experience of phenomena. On the whole, the forced acceptance of Western culture and civilisation has significantly led to an unauthentic way of life among Africans.

Yet, no one can escape history, and Rauche's point of departure becomes superfluous since even this history can only exist to the individual in a subjective sense. It therefore becomes evident that the individual in fact has an infinitude of choice, which is dialectically related to the finiteness of his or her being, and that in becoming the individual exercises the human necessity of choosing. This view refutes any sense in which the human being is historically or otherwise predetermined.

Such predetermination can only occur where the individual exists as part of some system, but an existential system can only be constructed by God. "System and finality correspond to one another, but existence is precisely the opposite of finality. It may be seen, from a purely abstract point of view, that system and existence are incapable of being thought together; because in order to think existence at all, systematic thought must think it as abrogated, and hence not existing. Existence separates the various moments of existence discretely apart; systematic thought consists of the finality that brings them together." (Kierkegaard, 1846:201.)

Are individuals predetermined by God then? In part, for example, they are controlled by (the God who made) genes as they determine issues such as drives to procreate. In Plato's dialogues Socrates makes the point that people are like marionettes with the gods pulling at the strings. But, Socrates also goes on to add that individuals have the golden string of reason to reclaim their unique status as individual autonomous entities (Barash, 2000).

Still, this research does agree that the individual existential position is influenced by many factors including the individual paradox related to having freedom to choose in a context that one does not choose (Buber, 1987:11). Thus, it can be argued that the historical context can have an impact on the manner in which the African experiences phenomena such as HIV/AIDS.

But it is also argued that the individual has choice and freedom. To abdicate this freedom and choice and the implications thereof is bad faith.

2.3 BAD FAITH IN THE FACE OF HIV/AIDS

The individual is capable of lying to the self, for example, about HIV/AIDS and the dangers it poses his or her being. The individual consciousness is able to dupe the self into a lie, but since it is the consciousness that must do this, the individual is acknowledged to in fact fool the self and to have consciousness of it. This is what Sartre (1956:89) called "bad faith" whereas, Kierkegaard speaks of the individual in the aesthetic sphere, as an unauthentic being.¹⁰ The individual is able to do this through choice and freedom applied detrimentally to the self.

As earlier pointed out, the freedom of choice spoken of is not of *libertas indifferentias* or *liberum arbitrium*. For Kierkegaard truth is subjective. It is found within the communicating being as a deep and personal awareness. The truth can never be 'what is out there'. At the same time and dialectically, when the question of truth is raised objectively, "reflection is directed objectively to the truth, as an object to which the knower is related. Reflection is not focused on the relationship, however, but upon the question of whether it is the truth to which the knower is

¹⁰ Kierkegaard does not use the term "bad faith", but he refers to unauthentic behaviour which refers to much the same and is used interchangeably in this research. Harper (1966:115-6) quotes John Wild as saying, "Unauthentic existence remains detached and views itself as one object among others or as a universal mind. It does not feel itself to be an individual with an existence of its own. It evades the thought of that death which the individual must die by himself alone. It is easily fooled by doctrines of inevitable progress and pragmatic meliorism. Death is regarded as something morbid to be banished from private conversation. Dread is there, but never openly faced. Choice is suppressed. It seeks for confirmation in materialistic theories of determinism which dismiss the ethical and the religious as theoretical delusions.

Authentic existence on the other hand is always personal. This person is concerned and passionately committed, though he does not confuse his faith with world structure. He knows himself as a limited and contingent existence, who soon must die. He realises that he has already chosen and must go on choosing by himself. He knows the risk and feels the dread of this responsibility."

related.” (Kierkegaard, 1846:210-11.) It is possible to study the relation of the individual to the truth, but it is not possible to study truth itself.

The Kierkegaardian (1846:210:214) definition of truth is then understood: “An objective uncertainty held fast in an appropriation-process of the most passionate inwardness is the truth, the highest truth attainable for an existing individual.”

The aesthetic, as discussed in Kierkegaard’s “Either/Or” through the mask of the character Judge Wilhelm, does not have this truth because he or she persists in placing options to questions of truth which have none. The aesthetic is ambivalent in the face of questions of the truth. Where truth demands passion, the aesthetic can only say “Either/Or” (Kierkegaard, 1843, 97).

Essential communication on HIV/AIDS cannot be achieved meaningfully where the individual persists in bad faith, insisting on the aesthetic position of refusing to make committed choice. Observe the either/or evident in the following responses to a questionnaire survey in Ikageng.

1. Aids cannot be cured so we should use a condom and I don't agree because I believe and trust God as his child for a divine healing of any sickness or disease in my body.
2. Medical medicine only. Pray.
3. They say there is no cure. But my ideology is only if the entire world can kneel and pray God to forgive us where he had sinned.
4. Some people say Universal Church priest can preach for you and heal the HIV/AIDS. (De Wet, 2001.)

This bad faith is seen in the communication of the aesthetic. Recall that the individual is as they communicate.

2.3.1 Aesthetic communication

Bad faith in communication has the appearance of comic or lower irony. According to Sjurseren (1974) Kierkegaard’s conception of the lower forms of the ironic include ironic appearance or relative irony, aesthetic wit and jest. These forms of irony are distinguished from the real comic which is that of the true sufferer.

The more one suffers, the more I believe, has one a sense for the comic. It is only by the deepest suffering that one acquires true authority in the use of the comic, an authority which by one word transforms as by magic the reasonable creature one calls a man into a caricature. This authority is like the self-assurance of the policeman when he lays hand upon his stick without ceremony and permits no back-talk and no obstruction of the street. The man who is struck would retort, he makes a protest, he would be treated with respect as a citizen, he threatens an investigation; at that instant the next

rap of the stick follows, with the warning, "Hold your tongue, keep moving, don't stand still. (Kierkegaard, 1978:30.)

The impression should not be given that the aesthetic is a lark, to the contrary the aesthetic can be highly or lowly intelligent, introverted or extroverted as is seen in the "Diary of the Seducer" (Kierkegaard, 1843:35). Rather, the aesthetic can be compared to a plot of ground (Kierkegaard referred to in Moss, 1987:71). He or she has a soul in which herbs of all sorts are planted, with the same claim to thrive; good or bad knowledge about HIV/AIDS can take root in the aesthetic. It is, also, inadequate to create an impression of the aesthetic which is almost pleasant as the terms jest, aesthetic wit and relative irony may convey in their more conventional use.

The aesthetic must be seen in the broader perspective which an overview of the category would give. (Appendix 3 has been created for those who might be interested to see the manner in which the aesthetic's communication can be read into the context of HIV/AIDS in South Africa. It uses the example of rape to illustrate the impossibility of communicating for the prevention of HIV/AIDS by approaches other than those that relate to the existential being. It is important in reading through this section to recall that one communicates as one is.)

Correctly Judge Wilhelm says the aesthetic's whole nature contradicts itself, the aesthetic is a child though he or she is not young (Kierkegaard, 1843:101-2). The real question is how the individual relates to the truth as subjectivity. The relation to truth as subjectivity is what determines how one acts. One acts as one is.

The aesthetic demonstrates the lower forms of the comic.

Ironic appearance or relative irony

Ironic appearance or relative irony is explained as "feigned irony, as an occasion in which an individual acts ironically to some definite purpose" (Sjursen, 1974:99). This form of irony can be easily contrasted with those in the ethical sphere, as Kierkegaard shows in his work "Either-Or". "The contrasts from higher to lower, which form the basis for ironic appearances, are all basically within what Kierkegaard denotes the aesthetic. In this realm all values are relative for any individual and change with situations accordingly.... The fact that the ironic appearance leaves the individual when the relationships of higher to lower are altered is what distinguishes relative irony from genuine irony." (Sjursen, 1974:102.)

The aesthetic wit

The aesthetic wit "is the wit of the aesthetic man. The individual is characterised by indifference, both in rational and emotional affairs.... The aesthetic individual may be either amused or upset by the same circumstances, or neither; hence his amused reaction is only

accidental, dependent on his particular mood at a given time. It reflects nothing of commitment, nor of cognisance of the universal God-man contradiction. Aesthetic wit, as, too, aesthetic sadness, is entirely a function of an individual's personal and particular reaction to the events of the immediacy." (Sjursen, 1974:103-4.) Thus there is no lasting standard of value as illustrated in Kierkegaard's "Diapsalmata". This wit is used to evade the problems of facing decision with their attendant inward crises. As the old saying goes, "The dragon lives within you." It is in the inwardness of despair that the existing individual can find the truth.

Jest

Jest is treated as a category of the lower comic, says Sjursen (1974:105-7), in the first part of Kierkegaard's "Stages in Life's Way". Constantine Constantius, the host, sets the rule that no speech shall be made except in *vino veritus*. Then, Constantius in his speech says a woman can only be properly construed under the category of jest.

She can only be rightly construed under the category of jest. It is a man's part to be absolute, to act absolutely, to give expression to the absolute; woman has her being in relationships. Between two such different beings no reciprocal action may take place. This incongruity is precisely what constitutes jest, and it is with women that jest first came into the world. (Kierkegaard quoted in Sjursen, 1974:106.)

Jest is exposed not just as an aesthetic, but as a flawed ethical category. It is not that the aesthetic are necessarily ignorant of the ethical demand; they have not willed the ethical. Jest is a lower form of the comic which acknowledges the paradoxes of existence and the thrownness into the world that the being represents. Thus, jest begins to approach the authenticity of *Øieblickket*¹¹, in attempting to face the truth, but it remains demonstrative of the individual in the sphere of the aesthetic.

Clearly knowledge is not itself the prerequisite of appropriate action. After relating how knowledge of HIV/AIDS and its prevention is now endemic to the communities that were studied, Kelly *et al.* (2000:7) come to say, "There is evidence of inconsistency in risk prevention practices and there appears to be a greater need to emphasise maintenance of risk prevention practices, rather than simply encouraging their adoption."

Yet, for example, there continues to be emphasis on programmes such as the Beyond Awareness Campaign of the HIV/AIDS and STD Directorate of the National Department of Health. This programme was developed in light of the fact that mass awareness of HIV/AIDS was obviously not slowing the pandemic (HIV/AIDS and STD Directorate, 2001?:1.) Yet, nothing fundamental, save perhaps the greater emphasis on the help-line facilities and

¹¹ The being in the fullness of time; i.e. when the being has resolved the finite-temporal and infinite-eternal.

symbolic projects such as the memorial quilt project to promote social action, is done to facilitate the capacity of the individual being to better relate to HIV/AIDS. The old saying is that new wine is for new wine skins. Surely the new problem of HIV/AIDS and the new requirements it has given demand new approaches. One cannot hide behind the old saying that nothing on earth is new for it is the very newness of everything that makes it all old.

2.4 THE INDIVIDUAL AS COMMUNICATOR (IN THE COLLECTIVE)

The arguments advanced thus far suggest the need to recognise the existence of others with whom the individual interacts. The form of existentialism this research envisions sees Kierkegaard, as the corrective of his age, grappling with the relation of the self with its essence to correct the mass forming paradigm of Hegel.¹² William Afham, the pseudonymous name given the writer by Kierkegaard, in the banquet scene of "Stages in Life's Way" says,

But who then, am I? Let nobody ask. If it has not occurred to anybody to ask, I am relieved, for then I am over the worst of it. Besides, I am not worthy asking about, for I am the most insignificant of all things, it makes me quite bashful to have people ask about me. I am "pure being" which is the accompaniment of everything yet never observable, because I am constantly *aufgehoben*¹³. (Kierkegaard, 1845:189.)

In "The Present Age" (Kierkegaard, 1846) this disparagement was also meted out to the press of the day in famous polemic which has made Kierkegaard an important early critique of mass communication. Christendom and the Reformation also came under attack for their effects of massification and levelling.

Since this research concerns itself with HIV/AIDS, whose transmission is strongly related to the relationships between individuals, it is important to note that Kierkegaard did believe in relationships, though his ironic manner did not allow this to come through easily.¹⁴ An interesting place to show this is Socrates who Kierkegaard so admired. One of Socrates' major attributes was that he could maintain individual relations (in conversation) even though he was a miserable player of the crowds, by his own design, as his trial and death show.

¹² Kierkegaard (1958:187) says that "fundamentally Hegel makes men into heathens, into a race of animals gifted with reason. For in the animal world 'the individual' is always less important than the race. But it is the peculiarity of the human race that just because the individual is created in the image of God 'the individual' is above the race." But he also knows that this credo can be misunderstood and misused. He says, "But that is Christianity. And that is where the battle must be fought."

¹³ *Aufgehoben* is a Hegelian term, given by Lowrie (1845:189) to mean "taken up" or "raised" or "cancelled as an entity while preserved as part of a larger whole".

¹⁴ Kierkegaard, the communicator to the individual, believed the challenge of communicating "means that one doesn't begin directly with the matter one wants to communicate, but begins by accepting the other man's illusion as good money." (Kierkegaard quoted in Pyper, 1992:134.) Thus, for example, Poole (1993:47) writes, "The difficulty involved in coming to the plain sense of The Concept of Irony [Kierkegaard's university dissertation] is that Kierkegaard has taken a great deal of trouble to make sure

Finding that Kierkegaard valued relations between individuals allows Kierkegaard's critique of the mass communication of his day to be seen as criticism of the fact that modern mass communication loses sight of the importance of individual relations. In the *Gorgias* Socrates disputes with Gorgias, the rhetorician (Manheimer, 1977:55). The dispute offers an illustration of the battle line that can be drawn between the communicator to the masses and the communicator who would focus on the individual.ⁱⁱ

In relation to HIV/AIDS it is clear that communication exists by the individual in appropriation of meaning, self-expression and the acknowledgement of the personal self of other participants. As noted before, for Kierkegaard communication is not merely an exercise in persuasion or manipulation, but first and foremost a mode of existence (Jansen & Steinberg, 1991:20; Van Schoor, 1980:33). This centres communication in the being who communicates and not on 'process', 'mass' or any other conglomeration and abstractions, as linear models of communication would suggest.

2.4.1 Subjectivity

Centring communication in the being who communicates brings forth the primacy of subjectivity, seeing that the communicating human being exists in communication and gives meaning by virtue of choice and freedom. This is different from communication which focuses on 'process', 'mass' or anything else, as linear models of communication would suggest.

Yet, the practitioner of safe sex is the practitioner of safe sex. The one who does not practice safe sex does not practice it. "The appearance is not supported by any existent different from itself; it has its own being," says Sartre (1956:7). That the individual is the only one who knows his or sexual practices does not make his or her behaviours safe or unsafe. Thus the subjectivity spoken of here can only be relational.

Kierkegaard argues that existence cannot be demonstrated, i.e. logically determined. Reasoning always proceeds from existence, not towards it (Sjursen, 1974:54). Thus, too, the existential dilemma which locates the individual in high-risk HIV/AIDS behaviours cannot be fully justified by reason. As Buber (1987:11) says, "The relation to the *Thou* is direct. No system of ideas, no foreknowledge, and no fancy intervene between *I* and *Thou*."

Pyper (1992) applies Kierkegaard's use of the parable of Nathan found in 2 Samuel 12 to illustrate the meaning of subjectivity. Kierkegaard writes:

that there is no plain sense to be had. There is some internal property of the text that makes 'the heresy of paraphrase' impossible."

I imagine that David listened to this attentively and thereupon declared his judgement, did not, of course, intrude his personality (subjectively) but impersonally (objectively) evaluated this charming little work. Perhaps there had been a detail he thought could be different: he perhaps suggested a more felicitously chosen phrase, perhaps also pointed out a little fault in the structure, praised the prophet's masterly presentation of the story, his voice, gestures – in short, expressed his opinion the way we cultured people today tend to judge a sermon for the cultured [or a message about HIV/AIDS] – that is, a sermon [message] that is itself objective.

Then the prophet says to him, "Thou art the man."

Behold, the tale which the prophet told was a story, but this "Thou art the man" – this was another story – it was the transition to the subjective. (Kierkegaard quoted in Pyper, 1992:127.)

Thus, subjectivity can be understood to relate to the individual taking ownership of knowledge such that it applies to the self. Because the individual is historic, i.e. exists in time, the subjectivising of knowledge means that the knowledge enters into the problematic realm of the dialectical relationship of infinity and finity. The knowledge that needs to be communicated to individuals, concerning HIV/AIDS prevention, is not 'just' fact(s), it is as complex and problematic as the person it is communicated to/from.

2.4.2 The relational expression of subjectivity

Buber (1987) underlines the dialectical relational (historical-contingent) nature of this subjectivity in his discussion of the *I-Thou* relationship. It must be understood that the *Thou* can be a person, an animal or even an object.

The *Thou* meets me through grace – it is not found by seeking. But my speaking of the primary word to it is an act of my being, is indeed the act of my being.

The *Thou* meets me. I step into direct relation with it. Hence the relation means being chosen and choosing, suffering and action in one; just as any action of the whole being, which means the suspension of all partial actions and consequently of all sensations of actions grounded only in their particular limitation, is bound to resemble suffering.

The primary word *I-Thou* can only be spoken with the whole being. Concentration and fusion into the whole being can never take place through my agency, nor can it ever take place without me. I become through my relation to the *Thou*; as I become I, I say *Thou*.

All real living is meeting. (Buber, 1987:11.)

One can only know that which one meets. There is no possibility of knowing what one does not know. Yet, in meeting that which one can know, one has the possibility to relate to it in different ways that are expressed in the manner that one behaves to the phenomenon one meets. For the individual who has come upon knowledge relating to HIV/AIDS this knowledge has meaning only to the extent that the individual gives it meaning.

That is, as Kierkegaard understood, to say, the individual “acts by speaking” (Van Schoor, 1980). “There is no truth for the individual except in so far as he creates it himself in his actions.” (Jolivet, 1950: 93.) Buber makes it clear that in the *Thou* relationship, one respects the *Thou* in the other, while in the *It* relationship one only seeks to use and experience the other, i.e. one is not in relationship with *It*.

2.4.3 From subjectivity: The case for indirect communication

An argument has been sketched which has sought to say the individual has choice and freedom. The argument has further advanced that freedom and choice place the individual in dread when he or she realises the implications of this freedom and choice. It has been argued that this situation is dictated by the paradoxical irony of human existence. In this light it has been recognised that the individual may and should be subjective in relation. It is in the recognition of this subjectivity of human communication/existence that the irony of being is exposed.

2.4.3.1 *The expression of subjectivity*

Higher order irony, referred to in this research simply as irony, is exposed and even recommended as a mode of communication to facilitate real relationship that subsists in subjectivity. This understanding has created a quandary, which suggests the impossibility of communication since communication of essential knowledge has been exposed as strongly related to individual subjectivity as expressed in freedom and choice. Yet, Buber says,

THIS IS THE ETERNAL SOURCE OF ART: a man is faced by a form which desires to be made through him into work. This form is no offspring of his soul, but it is an appearance which steps up to it and demands of it the effective power. The man is concerned with an act of his being. If he carries it through, if he speaks the primary word out of his being to the form which appears then the effective power streams out, and the work arises.

The act includes a sacrifice, a risk. This is the sacrifice: the endless possibility that is offered up on the altar of the form. For everything which just this moment in play ran through the perspective must be obliterated; nothing of that may penetrate the work....

I can neither experience nor describe the form which meets me, but only body it forth....

To produce is to draw forth, to invent is to find, to shape is to discover. In bodying forth I disclose, I lead the form across – into the world of *It*. The work produced is a thing among things, able to be experienced and discussed as a sum of qualities. But from time to time, it can face the receptive beholder in its whole embodied form. (Buber, 1987:9-10.)

Buber draws the vision of true art, which the would-be-writer of texts directed to the existential dilemma of HIV/AIDS should seek. It is, however, the last sentence in the quote that makes Kierkegaard all the more important. Kierkegaard in his pseudonymous and non-pseudonymous

work made the failure of the human in communication very clear. Smith (1998) labels this the “violence of communication” and it is this that founds the basis of Kierkegaard’s writings.

Martin Buber attempts to explain the nature of the eternal source of art (and to an extent even the nature of art) in a manner that does not fully illustrate that abstractions can neither grasp nor communicate the reality of individual existence. This failure of Buber is very much like that of CS Lewis, who attempts to find the elusive logic to justify Christianity, but at last must make the leap of faith that Kierkegaard acknowledges so well. “Lewis in his apologetics emphasises life after death and uses reason in a straightforward defence of Christianity, Kierkegaard works in the opposite direction....” (Watson, 1992:137.) Kierkegaard shows that an existential system can not be described or shown. HIV/AIDS, as Christianity, is an existential question that only the individual can answer.

The possibility of being exists in the possibility of possibility. Systematic thought kills this possibility by creating a finality that is not possible. This finality is an abstraction. Sartre (1956:33-4) defines the concept of an abstraction as when something incapable of isolated existence is thought of as an isolated state. HIV/AIDS cannot exist as an isolated thing though it is often thought of in such terms. An abstraction is the description of that which is not there, which cannot be there without the system, which itself is a fallacy. It is important here to note that Kierkegaard does not oppose all application of abstractions. It could well be argued that communication exists by the use of abstractions. It is to the use of abstractions as truths, which relate to existential matters, that Kierkegaard objects.

Kierkegaard distinguishes between two types of knowledge, the accidental and the essential, where the former is much like the *It* relationship and the latter like the *Thou* relationship as put forward by Buber.

Accidental knowledge does not affect the inner existence of the knower; he would not live and die for any such accidental knowledge. But essential knowledge is a point of vital concern to the existing individual. Kierkegaard speaks in one place of the “ethical demand” of becoming “infinitely interested in existing.” This is to speak of a knowledge which is more than cognitive, logical, or intellectual; it is the reality of existence itself, i.e., one’s own existence which is not object but subject. This latter realm is what Kierkegaard carefully delineates as the ethical and the ethico-religious. (Sjursen, 1974:159.)

In the instance of HIV/AIDS the communicator of objective knowledge gives information focusing on HIV/AIDS as the subject matter. The subject indifferently validates the knowledge such that what is learnt is much like the knowledge in the mathematics and history taught in school. The knowledge communicated is clearly accidental in Kierkegaardian terms. This is

unlike the essential knowledge whose claim is that it must, in uncertainty, be clung onto as appropriated passionate inwardness (Sjursen, 1974, 159-60).

People indeed have accidental knowledge of HIV/AIDS, but they do not have the essential knowledge to realise the crisis of being that the HIV/AIDS pandemic manifests.

2.4.3.2 *Subjectivity and relationship*

Martin Buber (1987) makes a valuable contribution to understanding the manner in which the individual relates to the world around him or her and to what position abstractions have for the individual being. This understanding is found in realising that abstractions become such when the individual is in an *I-It* relationship. He or she tries to experience, define and manipulate the other.

Buber makes it clear that in the *Thou* relationship one respects the *Thou* in the other, while in the *It* relationship one only seeks to use and experience the other, i.e. one is not in relationship with *It* but is in such relationship with *Thou*. In the Kierkegaardian sense, this is to say, the individual "acts by speaking" (Van Schoor, 1980). "There is no truth for the individual except in so far as he creates it himself in his actions." (Jolivet, 1950: 93.)

But Buber (1987:112) acknowledges that the *I-Thou* relationship is destined to always become the *I-It* relationship. The mechanism by which this reversal of *Thou* to *It* is overcome is not really ventured to in any meaningful manner by Buber who posits that:

Every *Thou* in the world is by its nature fated to become a thing, or continually to re-enter into the condition of things. In objective speech, it would be said that every thing in the world, either before or after becoming a thing, is able to appear to an *I* as its *Thou*. But objective speech snatches only at the fringe of real life.

These situations do not necessarily follow one another in clear succession. The *It* is the "eternal chrysalis" that is experienced, and the *Thou* is "the eternal butterfly" which one can never grasp, and these two are never really identifiable one with the other (Buber, 1987:17-8). This is much as with the physical chemistry concept of the electron which can never be located in space and have its velocity measured.

2.4.4 **Indirect communication**

Kierkegaard holds that the communication of accidental knowledge, such as the description of a chair, is direct communication. This is because such knowledge depends upon the acquisition of the objects of thought that can be straightforwardly transformed from one to another who can appropriate them by means of the medium of imagination. However, essential truth can never be transmitted directly from one to another. Hence indirect communication must be used. In

indirect communication the listener (reader) is confronted by more than one possibility; through his or her own decisive choices he or she becomes genuinely engaged (Sjursen, 1974:xii).

The indirect method of communication is not just a pie in the sky. Parables, folk and fairy tales are examples of indirect communication. (Appendix 4 discusses these applications.)

The “eternal butterfly” is the *Thou*. It is the essential truth which one must pass on. As noted earlier, for Kierkegaard the truth is “An objective uncertainty held fast in an appropriation-process of the most passionate inwardness.” (Kierkegaard, 1846:210:214.) *Thou* can only be beheld in truth. It cannot be held and be yet the *Thou*. Writing on Kierkegaard’s conception of communication, Smith (1998:369) asks:

COMMENT NE PAS PARLER? How to not speak? How to avoid speaking in certain manner [as that prevalent on HIV/AIDS today] that in fact denies and conceals? How is it possible to speak and yet not grasp (*con-cipere*) in a concept, enframing and thereby stilling that which is spoken of? How can you speak without betraying the object of speech, giving it up and delivering it over to be manhandled by the interlocutor as something present-at-hand? (Smith, 1998: 369.)

The answer to the above question (“Comment ne pas parlez?”) is that it is not possible to speak an existential truth to another, as Auden (1995: 13) makes clear in his poem “Their Lonely Betters.” To transmit a relevant message on HIV/AIDS the communicator must be able to assess the communication need for the communication and the target. As illustrated above, this target is a moving target. The individual is easily any number of beings and easily also seen to be in constant change. Van Schoor (1980: 33) quotes Kierkegaard as saying, “To say something to a passer-by while talking to him, is not so difficult as to say something to a passer-by in passing, without standing still and without delaying the other, without attempting to persuade him to go the same way, but giving him instead an impulse to go precisely his own way. Such is the relation between one existing individual and another, when the communication concerns the truth as existential inwardness.”

Kierkegaard approaches the challenge of communicating truth by proposing the method of indirect communication which is based on irony (Smith, 1998: 372). “The historical [in this case knowledge about HIV/AIDS], then, is something that cannot be communicated and yet can be communicated: it cannot be communicated directly, laid open to the loupe of “the historiographer’s scrupulous accuracy”, argues Kierkegaard (Smith, 1998: 374). And this ‘mystical or even strange’ suggestion is made practicable by Kierkegaard when he posits that “One does not become a contemporary [of the teacher in awareness of the issue being taught, i.e. Christianity and in this instance HIV/AIDS] by virtue of historical proximity but rather by faith.” (Smith, 1998: 373.) The only real teacher of existence is existence itself since for a being

to be teacher is inconsistent with the truth of human being in becoming. To teach suggests to be on the side of finality and to thence have results to communicate (Manheimer, 1977:170).

2.4.4.1 Irony

The instrument which Kierkegaard believed the being has in trying to overcome the problems of communication that Smith summarises above is irony. The concept of irony has been touched upon, but it still seems important to dedicate a specific section to it because of the central role it holds in Kierkegaard's oeuvre. An understanding of irony will also be vital for the last sections of this chapter and even for understanding the logic and presentation of this entire research.

Moss (1987:31) says irony is based on discrepancy, particularly a tension within a discrepancy. The term "irony" is derived from the Greek word *eironeia*, which means "dissembling" or "dissimulation". In Greek plays, particularly tragedies, the *eiron* (ironist) distinguished him or herself with a mask. Thus, the ironist reveals, in the play, the contrast between what is real and what is illusory. (The Latin terms *ludens* and *illudere*, "meaning to play, to mock, and to deceive," comprise the word illusion.) In short the speaker of irony says one thing and means another, and in such a manner that comprises the communication of the intended.

Sjursen (1974:99) relates Kierkegaard's argument that inwardness cannot be communicated from one to another, other than as irony and humour which are so essentially alike that Sjursen classifies them under the general rubric of comic apprehension. Here comic apprehension is the outward presentation of the individual existing in *Øieblickket*. (As noted earlier, Kierkegaard distinguishes between genuine and lower forms of irony and humour which are only outwardly similar. The individual who presents lower irony is not living in *Øieblickket*.)

Kierkegaard believed that genuine irony, as exemplified by Socrates, is indicative of the existing individual's initial turn inward to subjectivity.¹⁵

Irony is the unity of ethical passion, which in inwardness infinitely accentuates the private self, and of development, which in outwardness (in association with people) infinitely abstracts from the private self. The effect of the second is that no one notices the first; therein lies the art, and the true infinitising of the first is conditioned thereby. (Kierkegaard quoted in Sjursen, 1974:108.)

In Kierkegaard's oeuvre, genuine irony can be seen to be "a dwelling-within-contradiction by the person, rather than a method of advancing to the resolution of the Idea of the good, by the abstract thinking of the individual." (Manheimer, 1977:17.) The genuine ironist exists in the

¹⁵ "One must understand the self before knowing anything else (*συνωδι σαυτον*). It is only after a man has thus understood himself inwardly and has thus seen his way, that life acquires peace and significance...." (Kierkegaard, 1835:6.)

border sphere between the aesthetic and the ethical. Genuine irony in facilitating the individual to look inwards towards the self allows them to see, without aesthetic 'ignorance', the dread that characterises the self. The genuine ironist, overcoming the immediate, does not overcome the limits of the self to reach the universal. Recognition of this lack, and the paradox which stands as the single possibility to fill it, locates the boundary whereupon Kierkegaard's ironist resides. For Kierkegaard, "It is an inwardly acknowledged recognition of the truth of Christianity but... the leap has not been made." (Sjursen, 1974:140.)

2.4.5 Steps in indirect communication

Van Schoor (1980:34) says Kierkegaard in his notes for "The dialectic of ethical and ethico-religious communication" refers to four steps that must be taken in communicating essential knowledge. These are: 1) double reflection, 2) reduplication, 3) deception and 4) the meiotic. Central to the indirect communication effort is irony because, as stated earlier, it facilitates inwardness. This great power of irony lies in that it is contradiction in structure, through a medium which is the language of reflection, a style that is antithesis, and the aim which is self-discovery (Kierkegaard referred to in Moss, 1987:38).

2.4.5.1 Double reflection

Van Schoor (1980: 34) says in double reflection the communicator verbalises (communicates) the idea (to be communicated) to the self as the first act and objective step of double reflection. The second act of double reflection involves thinking by the communicator about the idea that he or she wants to communicate, reflecting upon the relationship between the speaker and the idea, such that the idea is no longer objective but subjective knowledge, owned by the communicator. At this point, "truth is within the experience of the communicator to such an extent that he cannot abstract from his passion, but is called back to relate the tangency of speech and existence." (Sjursen, 1974:164.) The communicator has discovered that what is to be communicated is not grabbed by human communication.

2.4.5.2 Reduplication

Being now ready to communicate that which is truth and not communicable, the communicator in a process of replication (as with Kierkegaard and Socrates denying their roles as teachers) has to withdraw his authority and to present the communication as a puzzle (Van Schoor, 1980:34-5; Kierkegaard, 1978:32-3). Rogan (1994) writes about Kierkegaard's admiration for Lessing, who is said to have remained silent through speaking. For there is a way, as Kierkegaard's pseudonym Climacus says, to give "a piece of information to the effect that everything... is so to be understood that it is to be revoked." (Kern, 1994:93.) Communication is seen to effectively transfer certain states and modes of being, analogous to those of the communicator to the listener, who is the most significant locus of communication. The listener

must now act upon the communication (Sjursen, 1974:164). Communication thus occurs in the irony of no communication.

[Kierkegaard] uses the word "transfer" (*overføre*) – a literal equivalent of the Greek *metapherein* (*pherein*, to carry; *meta*, beyond) to describe language that not only conveys a meaning but conveys speaker and recipient to a meeting or event in which the truth of the "beyond" (whether we call it the unknown kingdom, the eternal, the future) is disclosed. The helper's language is essentially metaphorical because it points to a hiddenness, bringing unlikeness into proximity, and because it reveals the nature of the power in which the helper takes his stand. Transferred speaking aims to establish a continuity between unlikeness: between eternal and temporal existence, between the familiar and the strange, between the *I* and the *Thou*. (Manheimer, 1971:185.)

For Kierkegaard, the role of the communicator, which suits existence as dialectical, is that of the midwife. This is the position of both Kierkegaard and Socrates, the ironic communicators.

The subjective thinker has a form, a form for his communication with other men, and this form constitutes his style. It must be as manifold as the opposites he holds in combination. The systematic *ein*, *zwei*, *drei* is an abstract form, and must therefore fail when applied to the concrete. In the same degree that the subjective thinker himself is concrete, his form will become concretely dialectical. (Kierkegaard quoted in Sjursen, 1974:165.)

It is in this way that Kierkegaard is able to view the perfection of the art of conversation as the perfection of the art of not saying anything to the other, of letting the other speak to themself.

One gift has been given me and in such a degree that I can call it a genius – it is the gift of conversation, of being able to talk to everyone.

This happy gift was given me in order to conceal the undoubted fact that I am the most silent man of my day.

Silence hid in silence is suspicious, arouses mistrust, it is just as though one were to betray something, at least betrayed that one was keeping silence. But silence concealed by a decided talent for conversation – as true as ever I live – that is silent. (Kierkegaard, 1958:245.)

2.4.5.3 Deception

The third step in indirect communication is that of deception. Kierkegaard calls it the "deception to the truth," says Van Schoor (1980:35). Kern (1970:22) notes that Kierkegaard viewed his aesthetic writings as "deceits". "One can deceive a person about the truth, and one can (remembering old Socrates) deceive a person into the truth. Indeed, when a person is under an illusion, it is only by deceiving him that he can be brought into the truth." (Kierkegaard referred to in Kern, 1970:22.)

Whereas Kierkegaard speaks of deception, it must be understood that the “unreliability is not a quality of the truth [spoken], for he admits of his communication that as content it is valid. But because the point which matters is the existence-in-truth, the communicator appears deceiver in his disunity.” (Sjursen, 1974:168.) This deception lies in the irony of the communication as a carrier of the personal truth which cannot be communicated. The irony of the communication in grasping this communicates the essence of the missing truth which the receiver must create in the coming to existence of their self.

No illusion can be destroyed directly, and only by indirect means can it be radically removed. If it is an illusion that all are Christians – and if there is anything to be done about it, it must be done indirectly, not by one who vociferously proclaims himself an extraordinary Christian, but by one who, better instructed, is ready to declare that he is not a Christian at all. That is, one must approach from behind the person who is under an illusion. Instead of wishing to have the advantage of being oneself that rare thing, a Christian, one must let the prospective captive enjoy the advantage of being the Christian, and for one’s own part have resignation enough to be the one who is far behind him – otherwise one will certainly not get the man out of his illusion, a thing which is difficult enough in any case. (Kierkegaard, 1848:332.)

For Kierkegaard the deception is strategic; the illusion needs to be couched in “aesthetic achievement”, and “if real success is to attend the effort to bring a man to a definite position, one must first of all take pains to find HIM where he is and begin there.” (Kierkegaard, 1848:332-3.) In any event, as earlier discussion has shown, irony relates to the telling of a lie where the receiver should immediately know that the truth lies in other than that which is said. The speaker is in the first person and the receiver is addressed directly as “you” such that the text converses with its reader more easily.

In the end, ironically, the strategic deceit is no deceit since in the first instance what was said was valid and because a being cannot rightly speaking teach life to another. To be a teacher is to be a learner. With the Kierkegaardian indirect method of communication “instruction begins when you, the teacher, learn from the learner, put yourself in his place so that you may understand what he understands and in the way he understands it, in case you have not understood it before. Or if you have understood it before, you allow him to subject you to an examination so that he may be sure you know your part.” (Kierkegaard, 1848:335.)

All this aims to achieve a communication in which the poetic communicator’s role can be summarised as follows:

1. He sees his poetic task as one of merely describing rather than imaginatively constructing the religious ideals.
2. Unlike the usual poet, he is able to bring to bear a dialectical understanding of the ideal.

3. He sees his task as being to provide an existential rather than a purely poetic expression of the ideal.
4. He is ethically aware that the task is not to poetise the ideal but to be like it.
5. Finally, he does not merely present the ideal, like the ordinary poet, but is personally engaged in striving toward it. (Walsh, 1992:19-20.)

2.4.5.4 *The meiotic*

The fourth step involves the meiotic method of Socrates which involves asking and answering questions in a manner that leads the other to find the truth for his or her own self. Here Kierkegaard would remind the would-be-communicator of essential knowledge that he or she communicates with a particular being (as has been shown earlier in discussion of Kierkegaard's application of Socrates and his debates with Gorgias).

"Kierkegaard uses three key infinitives to describe the Socratic postures: to hover, to vanish, and to witness... In his theory of life stages, these infinitives correspond generally to intermediary phases or, if you will, interfacing between spheres of being. We identify them for now as the attitudes of the "ironist," the "humorist," and the ethical-religious individual not yet a Christian who we might entitle the "theist," says Manheimer (1977:5-6).

As earlier stated, irony can be seen as more than just a method. When Socrates leaves the would-be-pupil who has come to realise the need for answers and seeks these from him, he sets them free. Kierkegaard says, "some pupils became grateful the more they recognised that they were not indebted to Socrates for the treasure of consciousness." (Manheimer, 1977:19.) Socrates hovered in the same way that the genuine ironist hovers, unable to point out the true way to the individual who must discover it on their own.

For the ethical being, Kierkegaard speaks of a Socratic helper who is a humorist. The humorist applies irony to convey a deep seriousness in his or her communication, showing the limits of human striving (which is the boundary sphere of the humorist). "But humour is comprehensive and embraces the other by first letting go of itself. Humour requires the humility that lets something more be seen." (Manheimer, 1977:39.) Socrates as the humorist disappears for, as argued earlier, he understood that the truth could not be taught by another, since the other could not understand one's life.

... Now if the learner is to acquire the Truth, the Teacher must bring it to him; and not only so, but he must also give him the condition necessary for understanding it. For if the learner were in his own person the condition for understanding the Truth, he need only recall it. The condition for understanding the truth is like the capacity to inquire for it: the condition contains the conditioned, and the question implies the answer. (Unless this is so, the moment must be understood in the Socratic sense [that the individual inherently possesses the knowledge].)

But one who gives the learner not only the Truth, but also the condition for understanding it, is more than teacher....

The Teacher is then God himself, who in acting as an occasion prompts the learner to recall that he is in Error, and that by reason of his own guilt. But this state, the being in Error by reason of one's own guilt, what shall we call it? Let us call it *Sin*. (Kierkegaard, 1844:157-8.)

Tracing Manheimer's (1977:51-2) argument, it can be stated that learning would not be over between the Socratic communicator and the would-be-learner since, as we must assume, they began conversation at different levels of knowledge. Much as with the progressive (though not exclusive) movement of Kierkegaard's own works from the aesthetic, to the ethical, and then to the religious (i.e. from indirect to direct communication) the time comes for direct communication.

Tracing the arguments brought forward, the communicator for HIV/AIDS must first hover over the aesthetic in ironic communication which makes him or her untrustworthy, but which paradoxically forces the listener to view the communication seriously and to see that they lie in deceit. The communicator's deceit in creating this is not real deceit since it lies in truth and is valid in its context.

It must be appreciated that Kierkegaard does not conceive exclusive spheres of existence. However, because the descriptions of the Kierkegaardian oeuvre of communication depend on the concept of the spheres, sometimes the implication seems to prevail that a progressive, linear progression is proposed with respect to the conduct of indirect communication. This is not the case. The Kierkegaardian concept of time, critically complimented by Heidegger's concept of *Augenblick*, exposes the communication as existing in a moment unlike the Aristotelian model of the ontic temporality of objective instances which come to pass (Sjursen, 1974:85-6). In the *Augenblick*, the living moment of time, the Kierkegaardian individual can be seen most clearly as "open to whatever possibilities are met in the situation." This individual, as explained elsewhere in this research, thus, exists in all the spheres of existence. The communication to this individual which is appropriate is all the methods or modes of communication, not one or the other. This conception of Kierkegaard's contribution to communication constitutes a general re-reading of Kierkegaard as communicator and communication theorist.

2.5 CONCLUSION

Human existence is not entirely determined by circumstances and it is not predictable from these. The human being gives meaning and significance to the circumstances because the being only knows something once he or she has made it a part of his or her subjective reality and removed it from being an objective entity. HIV/AIDS has no meaning in so far as that meaning is not by and for a being. Thus prediction of behaviour cannot be achieved since another cannot understand the phenomena that relate to a being.

Even for the African, who is often described as collective, it is necessary to see that individual action is unpredictable. This is because the individual in freedom cannot help but make choices. The fact of freedom and choice confronts the individual with dread, then guilt and sin. But the individual is able through bad faith to avoid accepting the dread, guilt and sin. The Kierkegaardian approach points to the need for subjectivity so that the individual can accept the dread, guilt and sin as part of the existential being. It can be said that Kierkegaard's existentialist philosophy occupies itself with the individual and the need for the individual to remove him or herself from the ubiquity of the 'mass' which threatens the very essence of individual existence. It is argued that only in individual, subjective visualisation and expression can one find truth; except the truth of God, which can only be revealed by an absurd leap of faith.

If the horror of HIV/AIDS is to be communicated in a manner that does not limit and do damage to the truth being communicated, it is necessary that a manner of communication be found to carry the meaning to the receiver without holding it and killing it. Kierkegaard's indirect form of communication, critically complimenting the communication that prevails, appears suitable for this demanding cause.

The next chapter looks at current communication which is understood to be pragmatic. In the backdrop of the discussion up to this stage, it is understood that the nearly total absence of the existential approach in chapter three is not the non-existence of this approach. By arguing from without the existentialist approach in such a manner as to show the deficiencies of the pragmatic communication, the coming chapter serves to indicate strongly the importance of the indirect method of communication and of the existential ideal.

CHAPTER THREE

3 PRAGMATIC COMMUNICATION ON HIV/AIDS

3.1 INTRODUCTION

The South African national plan to combat the HIV/AIDS pandemic has acknowledged that, in the absence of a cure, the only way to prevent the further spreading of the disease is the communicative promotion of preventive behaviours to HIV/AIDS (HIV/AIDS and STD Directorate of Health, 2000). This decision is in line with the trend elsewhere in the world (Airhihenbuwa & Obregon, 2000).

This chapter begins by giving a brief orientation to pragmatic communication. Then it focuses on showing that the systems approach is important to understand the role of the National AIDS Council of South Africa, as the main organisation involved, in pragmatic communication for the prevention of HIV/AIDS in the country. From there the argument proceeds to say Western rationalism underlies the systems approach. Continuously it is shown that Western rationalism acts as a filter for scientific, capitalist and other knowledge processes on which pragmatic communication for the prevention of HIV/AIDS programs is based.

There is a societal trend towards greater public and private sphere dichotomy. This trend is seen by Habermas (1981, 1985) as inherent to the Western rationalist project of development.

This research points out that public sphere organisations such as the National AIDS Council of South Africa are rooted in the Western project of development. This Western project is seen to have great impact on society. It is related, for example, to the breakdown of the family and the concomitant inability of the family to nurture the individual's ability to control the sex drive.

The pragmatic communication on HIV/AIDS from public sphere organisations is related to the Western project. It is on the implications of links of pragmatic communication and the Western project that this research focuses.

This section of the research is intended to discuss current HIV/AIDS communication from the inside, much as with the Kierkegaardian critique of Hegelian thinking which applied Hegelian logic against itself. As Sartre (1956) shows, the non-being of such thinking in this chapter is not the same as absence. A look at Jean-Paul Sartre's concept of negation sees the character of being and nothingness as revealed only with acceptance that being and non-being are not opposites.

[N]on-being is not the opposite of being; it is its contradiction. This implies that logically nothing is subsequent to being since it is being first posited, then denied. It can not be therefore that being and non-being are concepts with the same content since on the contrary non-being supposes an irreducible mental act. Whatever may be the original undifferentiation of being, non-being is that same undifferentiation *denied*. (Sartre, 1956:47.)

It is intended to show that pragmatic communication on the HIV/AIDS dilemma, which does not look outside Western rationalism, fails to see that the problem is best addressed to and in the individual. The particular is greater than the universal. Individuals move masses.

3.2 A BRIEF ORIENTING DISCUSSION OF PRAGMATIC COMMUNICATION

"The broadest interpretation of pragmatics is that it is the study of understanding intentional human action. Thus, it involves the interpretation of acts assumed to be undertaken in order to accomplish some action." (Green, 1989:3.)

From the perspective of pragmatics, "The ultimate goal of the communicator is to alter his hearer's thoughts, and that is why he engages in communication at all." (Tanaka, 1994:18.) And this is assumed to be possible through direct communication of "thoughts" or "mental representations" of the need for such actions. It is assumed that this knowledge will ultimately bring changes in behaviour to prevent the further spreading of HIV/AIDS. It is in this context that campaigns for HIV/AIDS prevention are accompanied by slogans such as Love Life's "Let's talk about it".

In the time of the Information Age, communication has become closely linked to information processes and language games, as they have been technologically developed to define the new society. Thus in the case of HIV/AIDS, it is believed that the right combination of words will achieve specific desired goals. With reference to Norbert Wiener, Qvortrup (1986:172) notes that information is thought to be "the lowest common denominator of all human cognitive and interactive processes. Piously raising our eyes to the heavens, or attempting to penetrate the inmost recesses of human nature will thus not help us to understand humanity. Instead we should focus on the sum of information available to, and stored within, each individual person, and on his or her manner of processing such information."

What this research argues upon is in the area of the approach to the communicating being. To this end current pragmatic communication practices are discussed. The chapter will be limited to exposing the inefficacy of pragmatic communication on HIV/AIDS. This pragmatic HIV/AIDS communication will include that relating to public service announcements and all other messages from media institutions. These, as understood by McQuail (1994:11), are in the

public sphere and operate in the institutional or organisational level and, to a lesser extent, at the local community level (McQuail, 1994:7). "Media organisations are seen as possessing the same attributes as other large-scale industrial organisations." (Curran, *et al.*, 1982.)

Government shall be considered a mass media institution as it, in Gerbner's terms of describing mass media, originates communication for "social interaction through messages" (McQuail, 1994:10). The most important organisation in HIV/AIDS promotion in South Africa is, arguably, the National AIDS Council.

3.3 THE NATIONAL AIDS COUNCIL

It appears instructive to begin from the centre of current efforts to communicate on HIV/AIDS. The Government of South Africa has set up the National AIDS Council to engage people in communication to discourage high-risk HIV/AIDS behaviours (HIV/AIDS Directorate, 2000). The highest body advising government on all matters relating to HIV/AIDS is the National AIDS Council. Its major functions are to: "(a) advise government on HIV/AIDS/STD policy, (b) advocate for the effective involvement of sectors and organisations in implementing programmes and strategies, (c) monitor the implementation of the Strategic Plan in all sectors of society, (d) create and strengthen partnerships for an expanded national response among all sectors, (e) mobilise resources for the implementation of the AIDS programmes, and (f) recommend appropriate research." (HIV/AIDS Directorate, 2000:12.) In essence, its role is to facilitate and manage the communication process regarding HIV/AIDS.

The application of the systems approach to the National AIDS Council is intended to show the efficacy of regarding the Council and the organisations that communicate on HIV/AIDS as rooted in the Western project of development.

3.3.1 A systems approach to the National AIDS Council of South Africa

It can be argued that the National AIDS Council and the organisations that it works with in the pragmatic communication on HIV/AIDS can and do function as a system (organisation) which has a communication system (with its subsystems) as output. The systems theory has been used to describe the South African District Health System (Barron & Sankar, 2000).

This position is not made light by the view that "systems theory" remains with no general acceptable definition. As De Wet (1991:19) says, systems theory has a long and diffuse history that can be traced back to the times of Aristotle. A unified systems theory has not been developed even though there are many special theories. For this reason the researcher refers to a systems approach.

There are areas in common between all systems theories, as Bahg (1990) makes clear in an overview of major systems theories:

A system can be defined as a complex of elements standing in interaction (Bertalanffy, 1952); elements are the interacting components within the system; and those things outside the system are called the environment for the system. The differentiation among the three is not absolute, rather, relative; the same object can be regarded as an element, a system, or a component of the environment, according to a different frame of reference. (Bahg, 1990)

As Angelopulo (1994:42) says, "All systems are seen to possess five qualities: wholeness, hierarchy, self-regulation, openness and adaptability." They are goal oriented and self-maintaining, operating through feedback where information is the crucial input-output in the system (Jansen & Steinberg, 1991:42). The National AIDS Council can be seen to possess all these qualities.

Against using a systems approach to the structures that cater for HIV/AIDS in South Africa is the fact that they are not *per se* one body. However, Johnstone (1995) offers further precedence for seeing the National AIDS Council as a system by applying the living systems theory to loosely structured independent practice associations (IPA) of physicians. Perhaps more importantly, Salmon and Kroger (1992:142-3) see the American National AIDS Information and Education Programme (NAIEP), which is very similar in structure to the National AIDS Council of South Africa, as a system. Salmon and Kroger apply their argument in a manner which shows that "virtually all communication and public health systems and subsystems dealing with AIDS were [and can be] mobilised to speak with a clear, consistent voice on how the disease is and is not transmitted." (Salmon & Kroger, 1992:140-1.) This is possible even though it has no fixed, inherent structure. It is instead organised around certain values, which may at times conflict and need to be resolved.

Such adaptation can be explained by the father of systems theory, Von Bertalanffy, with the aid of the concept of equifinality which is defined as the tendency of an open system towards a characteristic final state from different initial states and in different ways (Von Bertalanffy, 1968: 45). The values, around which adaption occurs, are often related to the position of the NAIEP as a government institution which is health focused. For example, it tends to be led by values of being non-profit making and by those of the Hippocratic Oath.

Talcott Parsons (1956), has defined an *organisation* as a system that, to attain its goals, "produces an identifiable something which can be utilised in some way by another system; that is, output of the organisation is, for some other system, an input" (p.15). Essential to a systems analysis of organisations, Parsons continued, is an understanding of the dominant values of the system. Values legitimise and prioritise

organisational goals; hence, the underlying value structure must be identified before the organisation as a whole can be understood. (Salmon & Kroger, 1992:135.)

The survival requirements of the NAIEP and the turbulent and contingent environment of pragmatic communication on HIV/AIDS ensure the organisation operates as an open system¹⁶, requiring knowledge from the outside world to fuel the processes that the system exists for. The change processes relate to those of system survival and to those of system output as it refers to the achievement of organisational goals and missions. As Miller and Miller (1995) say, knowledge can be understood as energy when living systems require this information for their survival.

It would seem that logically the application of systems theory to the current pragmatic communication on HIV/AIDS makes sense. The system is geared to feed upon the context, taking in knowledge about the context, in order to produce an output, which is able to create the required change.¹⁷

Yet pragmatic communication on HIV/AIDS has proved insufficient to make the desired behaviour change happen (Kelly *et al.*, 2000; Harrison *et al.*, 2000).

It seems reasonable to look into the production process of pragmatic HIV/AIDS communication output by organisational systems such as the National AIDS Council of South Africa to see if there is something intrinsic to them which disables them from giving output which is able to achieve the desired goal – i.e. of changing behaviours with relation to HIV/AIDS.

3.3.2 The National AIDS Council as a system of production

It can be argued that structures set up to fight HIV/AIDS can be defined as a system of production, an organisation, and as a system of influence (Salmon & Kroger, 1992:132). Salmon and Kroger (1992:135) then note that application of this logic allows the pragmatic communication which is produced to itself be analysed as a system.

The need to view pragmatic communication as a system is justified by the increasingly strategic role that communication has. This role has moved emphasis from a view of communication as

¹⁶ An organisation can be defined as an open system such that it is seen to be “coalitions of shifting interest groups that develop by negotiation; the structure of the coalition, its activities, and its outcomes, are strongly influenced by environmental factors.” (Scott, 1987:23.) The open systems model sees the import of energy from the environment as needed to ensure the “open system does not run down, because it can import energy from the world around it. Thus the operation of entropy is countered by the importation of energy and the living system is characterised by negative rather than positive energy.” (Katz & Kahn quoted in Rogers & Agarwala-Rogers, 1976:51.)

¹⁷ A good example of such direct application is the application of information technology to take in, process and output information within the conceived South Africa District health system (Health Systems Trust, 1999).

a discrete activity. Such a view was advocated during the heyday of the silver-bullet theory of communication. Current change “reflects the emerging consensus that single modes of communication, particularly mass, are inadequate in and of themselves for inducing significant degree of social change and must instead be integrated vertically with other communication subsystems.... Mass communication; community-based programmes; communication programmes for the workplace, schools....” (Salmon & Kroger, 1992:135.)

For the ordinary person on the street the pragmatic communication on HIV/AIDS that he or she encounters from the National AIDS Council will be the output of the system. This output is meant to relate directly to the *raison d'être*, the mission-goal of the Council as a system. This is to say, this pragmatic communication is intended to change the individual's behaviours.

Paradoxically this mission-goal of the organisation as system is intended to achieve results which exist outside of its direct control and mandate in the sense that the real goal of the organisation is behaviour change – which is a province of another. This seems to be a major weakness in applying systems theory and the concept of output with regards to the production of output being conceived within the systems realm as related to the processes of the organisation/system.

3.4 LOCATING THE DEBATE IN THE BROADER SPHERE OF SOCIETY

This section will introduce the concept of rationality and how it relates to the organisational context. The relationship between rationalism, scientism, empiricism, capitalism and other issues that relate and interrelate with HIV/AIDS will subsequently be discussed in following sections. Specific focus will continue to be located in identifying the relationship of rationalism and pragmatic communication.

An important characteristic of organisations as systems relates to their ability to adapt and change within a changing environment. “Those processes that alter flows of matter and energy among subsystems allow living systems to adapt to imbalances and stresses within the system and to relate appropriately to a continually changing environment.” (Miller & Miller, 1995.) Concepts such as organisation, wholeness, directiveness, teleology, equifinality and differentiation are alien to the natural sciences and yet general systems theory is, in principle, capable of giving exact definitions for such concepts and, in some suitable cases, of putting them to qualitative analysis (Von Bertalanffy, 1968:33).

Systems theory is able to explain the relatedness of change in the system and its environment but it fails to address clearly the effects of the system on the individual. As Thayer (1987:67)

argues, the systems approach limits the view of human communication to the structures of organisation and interrelatedness.

Salmon and Kroger (1992:143) introduce change in the health system by saying, "Theories of organisational change can be classified in terms of three types of precipitating causes: purposive action, necessity and secondarily by a theory of purposive action."¹⁸ De Wet (1991:19-20) notes that views on the systems approach vary from those who perceive it as a heuristic framework, to those who see it only as a theory in the loosest terms possible, or even as an ideology. Still, clearly underlying the three characteristics named by Salmon and Kroger (1992) is a belief that the individual is able to overcome his or her circumstances by use of his or her mind. It is conceived that the individual is able to know the truth about his or her reality in order to thence take actions, which are known to give desired results. The individual is objective. The use of science as the base for knowledge in the health system is justified by the belief that it is the basis for objective knowledge.

What is the base for such thinking? It is this basis in systems thinking that concerns this research. Das (1996) suggests that in the 1980s the rational belief model was at the base of the thinking which dictated HIV/AIDS communication. Das then argues that in the 1990s the approach had become culturally more atuned. As late as 1997, the Joint United Nations Programme on HIV/AIDS (UNAIDS, 1999) was making the finding that there was need for a new communication framework for HIV/AIDS. The framework proposed was that of a "move from a focus on the individual to a focus on five domains of 'contexts' that influence behaviours: government policy, socio-economic status (SES), culture, gender relations, and spirituality." It seems that there is recognition of a difference in rationalities as they apply to HIV/AIDS communication imperatives.

Hart (1977:1) describes rationality¹⁹, which this research argues operates in the creation of HIV/AIDS communication messages, in the following way that suggests their basis is Western and scientismic and therefore cannot easily take up any other cultural basis:

¹⁸ Theories of change are applied to illustrate the conceptual leap that can be made from the specific application of systems theory in the organisation, to the interrogation of an understanding of the roots of systems theory, which is what the next sections of the research dwell upon. Later, a link is made to Habermas (1985) who draws the link between systems thinking and the Western rationality that underlies it.

¹⁹ Jarvie and Agassi (1970, 172:91) argue from the point of view of anthropology that positivist views of rationality such as that of Hart have negatively and unfairly evaluated "primitive cultures". They suggest that all basis for evaluating effectiveness of action is centred on culturally constructed self-critical traditions.

Other conceptions of rationality include that of Anselm of Canterbury in the eleventh century which preceded the division of thought into objective and subjective thought as the process of modernisation went on. Anselm of Canterbury, though accepting logic as strictly rational, viewed rationality as the

“Rationality” is variously defined and used even though there is a fairly constant and old tradition surrounding its meaning. The rational is associated with mind as a realm over and against matter. But within mind, sense is taken as different from reason. Genuine knowledge, even when founded in sense experience, is authentically cognitive only because it is rational. Rationality is conceived to be autonomous, subject to no criteria except its own. Usually all of reality is taken to be subject to these criteria and there is no higher principles to which anything can be subject. Rationality is always logical and is the foundation of truth and reliability in the world. The universe is itself rational as well, so that rational knowledge is objective. Science is the most perfect type of knowledge. (Hart, 1997:1.)

The three areas Salmon and Kroger (1992) raise in describing the theory of change in the health system are key to Habermas (1985). He argues for the theory of communicative action in part by showing how the concept of rationality²⁰, which underpins scientific conceptions of knowledge, becomes a filter for the Western world-view. Mbennah (1999:36-7) points out that Habermas’ theory of communicative action does face the problem that its claim that no dispute about a validity claim is beyond rational argumentation is itself open to similar rational disputation. Yet, it is this scientific filter which the communication practitioners who choose to apply the current methods of communication on HIV/AIDS apply when they refer to knowledge.

Habermas (1981:8) shows that the rational is closely associated with knowledge because knowledge has presuppositional structures and beliefs. This is such that rationality does not refer *per se* to having knowledge, but to how that knowledge was acquired and is thence used. In the case of HIV/AIDS, this suggests that the source and method of knowledge and the use of that knowledge are central to determinations of the rationality of decisions. Those who use so-called traditional means are thus seen to be unrational/unreliable. For example, those who base their decisions on religion are seen as unrational/unreliable, even if the outcome is commonly understood and their shared beliefs, such as abstinence, are preventive of HIV/AIDS. Knowledge and rationality are closely related. The rationality of an expression relies on the knowledge embedded in it, and it has been shown that the scientific filter is based on Western worldview structures.

discovery of norms. “For the rational nature is rational exactly to distinguish between just and unjust, between good and evil, and between more good and less good. Otherwise it would have been created as a rational being in vain. But God did not make it [as] rational in vain. For this reason it has undoubtedly been created [as] rational for this specific purpose.” (Anselmus Cantuariensis: *Cur Deus homo?* 11:1.)

Karl Jaspers (Jaspers, 1952:38ff) says reason is eternally in movement, critical in every position it reaches of all fixed ideas as it seeks to unite the One and the alien.

²⁰ Habermas (1981:4) makes the pointed argument that his concept of rationality is based on Sociology. “Its [Sociology’s] theme was the changes in social integration brought about within the structure of Old-European societies by the rise of the modern system of nation states and by the differentiation of a market regulated economy.” This argument suggests strongly, as do his views on the “primitive society”, that the unique African situation of forced and accelerated ‘modernisation’ was not primary to Habermas’

Logics which justify the models and theories applied to HIV/AIDS prevention often refer to a Western scientism and empiricism for their legitimisation. Witness the calls saying, "Scientifically valid methods were applied."²¹ There is rarely reference to how findings relate to the system itself and its ability to change the behaviours and opinions of individuals. It is possible, as Qvorstrup (1986) has shown, to view the communicative actions from the viewpoint of pragmatics. Pragmatics seeks understanding of intentional human action. For this reason, it aims to interpret acts that are assumed to be directed at the achievement of some action (Green, 1989:3).

Qvorstrup (1986) shows that understanding communication as pragmatics demands answering questions relating to ownership, concepts of privacy that by inference are also concepts of publics, and concepts of "who is going to take the responsibility of supplying *what* information to *whom*, *when*, *where* and *how*?" (Qvorstrup, 1986:171.) This should be kept in mind when reading subsequent discussion of capitalism, which is a system based on ownership; the public and private spheres, which are products of Western capitalist rationality; and of systems of production as they relate to HIV/AIDS messages.

3.4.1 Production systems of HIV/AIDS communication at work

It is necessary to view the processes which construct the systems that are entrusted with the vital task of changing people's behaviours to HIV/AIDS. This section will give instances and logics, which demonstrate that communication on HIV/AIDS does not exist in a void of no assumptions. They are related to and are given meaning in various historical patterns and issues that constitute significantly to the context of HIV/AIDS as the individual relates to it. This sub-section will therefore act as grounding for the reading of the next section, which will deal with communication systems and the breakdown of the family. The communication which will be criticised will be understood to be pragmatic communication.

All human behaviour exists within the sanction of assumptions. This is particularly so when planning has occurred in setting programmed behaviour into action. Thus it can be seen that

reconstruction of Critical Theory. Not surprisingly, Habermas' approach would strengthen the rational capabilities of the modernising force that is ruining the fibre of African society.

²¹ Witness Freimuth *et al.*'s (2000) definition of health communication and health communication theory: "Health communication has been defined as the study and use of methods to inform and influence individual and community decisions that enhance health (1). Communication methods are used to create and increase public awareness of a disease; educate the public about a disease, its causes, and treatment; change a person's or group's attitudes about a disease; change individual behavior to prevent or control a disease; advocate for policy changes in favor of disease prevention and control; and create social norms that favor healthful living. Health communication theory utilizes four key elements of the communication process: audience, message, source, and channel. Effective health communication programmes identify and prioritize audience segments; deliver accurate, scientifically based messages from credible sources; and reach audiences through familiar channels."

the decision to communicate the message of HIV/AIDS via the mass media is based on certain assumptions about the power of the mass media to effect the desired change. Importantly also it can be seen that the communication models used in the developing world are based on the dominant Western paradigms (Servaes, 1983). Thus, it becomes important to note that, often, Western understandings and solutions are forced onto the African situation of HIV/AIDS. Observe how Harrison *et al.* (2000) say that around the world studies "have shown that behaviour interventions including information, education, and communication programmes, condom promotion and behaviour change initiatives that encourage people to reduce the number of their sexual partners can bring about a reduction in high-risk sexual behaviours."

Models based in community health and education include social learning models such as the health belief model. These models have found much application in pragmatic HIV/AIDS communication (Ybarra, 1996; Airhihenbuwa & Obregon, 2000; Wulfert & Wan, 1995; Lux & Petosa, 1994). This is illustrated by Bandawe & Foster's (1996) work on HIV/AIDS in Malawi which is based on Ajzen & Fishbein's theory of reasoned action. The study says, "Results showing that intentions were primarily guided by attitudinal rather than normative influence suggest that informational and educational strategies should continue to be regarded as important. Results also suggested certain content areas, particularly the pleasure-related associations of condoms that would seem worthy of attention in attempts to change attitudes." Such findings are made despite the fact that study applying the theory of reasoned action to HIV/AIDS is known to be problematised by individual, gender and partner characteristics (Von Haefen *et al.*, 2000), and individual stages of psychological change (Malotte *et al.*, 2000).

Western rationality has intrinsic problems in dealing with specific issues such as those of poverty and depravation which are related to HIV/AIDS (Lurie, 2000; Singer, 2000). To illustrate this, Halttunen (1995) shows that it is possible to relate pragmatic communication and "the Pornography of Pain" to the humanitarian tradition. This humanitarian tradition was also birthed (by the Western rationalist project) at the birth of the processes of industrialisation and modernisation that are often conveniently seen as the first child of the Western rationalist project. The pornography of pain is the linking of a growing aversion to pain and the isolation of the painful to the other in a process that creates a pitying class that morbidly takes pleasure from the pain of others. This is witnessed everyday in the joy that the privileged people in the West have taken when watching the pain of poor Africans dying from hunger. Yet, after a while even this pity dies away and is replaced by a wish to see more and newer pain. The humanitarian project can therefore be seen as just a part of the Western capitalist process of creating categories of advantage where the advantaged compare themselves with the less fortunate who must suffer pain. With regard to HIV/AIDS it can be seen that similar processes have surrounded its pragmatic communication. There has evolved a class of individuals who

claim to feel the pain of those who have the virus. Images of the pornography of pain are flashed and people are drawn to pity the other who has the virus. In South Africa, these classes of the privileged are numerous and include that of the rich who pity the poor, the whites who pity the Blacks, the healthy who pity the 'HIV/AIDS victims and sufferers'.

Haltunnen's argument may seem far-fetched, but it is brought to brighter light when one considers that the economy, in the words of Latouche (Venter, 2001:287), "is the religion of our time." To this extent, progress, science, technology and reason have among others become gods that people would kill for.

There is an intricate web which ties Western rationality, systems of capitalist production and pragmatic communication processes. It is not surprising upon accepting this argument to understand that, as noted earlier, the pragmatic communication models applied to the HIV/AIDS crisis in Africa tend to come from Western practices in the process of modernisation.

"Most theories and models used to develop human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) communication are based on social psychology that emphasises individualism," say Airhihenbuwa and Obregon (2000). Prevention strategies in Africa have in the main been based on education and the promotion of general HIV/AIDS awareness, condom promotion and the management of STDs, say Parker *et al.* (1998). As Airhihenbuwa and Obregon (2000) referring to Glanz and Rimer say, "Models of behaviour change typically used to guide health communication programmes are the same ones used to inform health promotion programmes. Some of the most important theories and models include the health belief model (HBM), the theory of reasoned action, social learning/cognitive theory, diffusion of innovation, and social marketing."

Thus models applied for pragmatic communication and change include the various transmission models which are relatively mechanistic and simple with their roots in early post-war models such as the linear "Shannon-Weaver Model and Berlo's human communication adaption of it" (Myhre & Flora, 2000). It would be a fallacy to assume that all transmission process models are simple. Rogers' Diffusion Model is an example of a Health Communication Model that is much more complex and that has been applied to pragmatic HIV/AIDS communication (Backer & Rogers, 1998). That these models differ in complexity does not really affect the underlying rationality of these models, which suggests what happened in Europe is what should happen in Africa. Servaes (1983) notes this fact of the theory of diffusion of innovations and the rootedness of this theory in sociological research of agrarian society as carried out by Everett Rogers. This is seen to culminate in a theory which advances the notions of modernisation. Modernisation is then a process of diffusion of the benefits of Western

development. The theory of diffusion of innovations suggests individuals move from a traditional way of life to a more technologically developed and more rapidly changing way of life via the adoption of cultural innovations, primarily from the West. Mass media are important agents for the diffusion of these innovations, but most individual change is seen to rely on personal communication between a Westernised elite and the mass.

In South Africa the taking up of these Western models can be seen clearly from a reading of the article entitled "Health Promotion" from the Health Systems Trust (1999b). This article justifies all its arguments for why health promotion is desirable in South Africa most significantly on the fact of their having been accepted by international agreement, "Ottawa Charter".

It must be noted that in arguing that the models and theories applied to HIV/AIDS are intended to change and arrange individuals and society to a Western norm, the argument seems to proffer that a process akin to colonialism occurs. Mudimbe (1988:1) says, "Although generalisations are of course dangerous, *colonialism* and *colonisation* basically mean organisation, arrangement". The two words derive from the Latin word *colère*, meaning "to cultivate" or "to design". To this extent models of pragmatic communication for change and education with relation to HIV/AIDS, particularly when fostered by Western concepts of right and wrong, scientific and non-scientific, can be expressed in terms of neo-colonialism. The pragmatic HIV/AIDS communication related to change as envisaged through Western scientism and empiricism can be understood as neo-colonial.

3.5 WESTERN RATIONALISM AND THE BREAKDOWN OF THE FAMILY

Pragmatic HIV/AIDS communication promotes a Western scientism and empiricism located in a Western rationalism. In this light Bowes' (1997) breakdown of the models used in Health Communication into two broad categories, those based on "Communication and Change" and those based on "Community Health and Education", is an important one. It assists understanding that pragmatic communication for HIV/AIDS prevention is part of an agenda of changing the society and in this sense is part of the movement displacing the family and other traditional institutions which have acted as social control mechanisms in the past. The articulation of this argument shall be the focus of the following discussion which shall lead into discussion of the breakdown of society and thence to a discussion of sex in modern capitalist times. It must be noted that, particularly with the influence of Habermas, pragmatic communication shall remain the important centre of the ongoing discussion.

Jürgen Habermas (1985:319) says the capitalist system of production is seen as having driven the creation of private and public spheres, which stand in complementary relation to one

another. Within the geographic bounds of South Africa such spheres were not seen before the advent of the Western style organisations which De Beer (1998) dates from 1652. In the brief space of time since then the communal sense, which included a strong sense of extended family and of the totem-clan, has been replaced by an institutional core of the private sphere, i.e. by the nuclear family. This nuclear family is relieved of productive functions and is specialised in tasks of socialisation. From the systemic perspective of the economy, it is viewed as the environment of *private households*. "The institutional core of the public sphere comprises communicative networks amplified by a cultural complex, a press and, later, mass media; they make it possible for a public of art-enjoying private persons to participate in the reproduction of culture, and for a public of citizens of the state to participate in the social integration mediated by public opinion. From the systemic perspective of the state, the cultural and political public spheres are viewed as the environment relevant to *generating legitimation*." (Habermas, 1985:319.)

The construction of the public and private spheres is built on an underlying rationality that is understood as Western. Habermas (1985:315), in the lines of Max Weber, argues that institutions that mark the transition to modern society as an evolutionary learning process have the rationality structure which was previously that of structures of worldviews. Modern medicine as an institution can in this case be seen to have a rational structure which is rooted in Western worldviews.

Habermas (1985:307-8) came to see, from Max Weber, that "With these new organisations, system perspectives arise from which the lifeworld is distanced and perceived as an element of system environments." Institutions and organisations become autonomous by "neutralising demarcation from the symbolic structures of the lifeworld". They become removed from the everyday, from culture and society. They possess a dehumanised personality of their own which is objectified and not easily identified with its normative ties. This process is made possible through the capitalist agency of money and power as they relate to the public sphere.

Wellmer (1985:57-8) shows that these world-views are structured in a manner that is teleologically directed towards utilitarian ends which conceive of communicative action as a mechanism, for example, for conflict resolution. This undermines the relational goals that, for example, structure family life.

Seen historically, monetarisation and bureaucratisation of labour as resultant from Western style rationality exact the high-cost of the destruction of traditional life. Yet the world, which is formed, is one which is seen to be unsustainable, resulting in a situation Weber views as placing aesthetic experience, in particular the sexual and erotic, to the centre of existence. This

happens as the individual, removed from relationship and religious salvation, rebels from increasing theoretical and practical utilitarian rationalism as seen in pragmatic communication (Habermas, 1985).

Organisations as institutions of this rationality assume the leading role in promoting rational communication, which is wedged in pragmatics. The assumption of systems such as the National AIDS Council of South Africa in the fulfilment of roles previously reserved for the family is discussed by Marcuse (1989) in relating "The Obsolescence of the Freudian Concept of Man".

Marcuse (1989) makes the psychoanalytic argument that without the family contribution to the development of the ego to control the id, children find themselves at the mercy of systems. The society, which Habermas calls the public sphere, takes over the development of the child's nascent ego through the media, schools, sports teams, etc. This is interrelated to the reduction in the role of the father figure which has already been reduced by the increasing independence of the son, through modernisation, in finding a job and earning a living. Socially necessary repressions and behaviours are no longer formed in the classic psychoanalytic manner. Poorly formed super-egos are asked to deal with adult pressures of society, sex(uality) and family building. This is to say that "the ego ideal is rather brought to bear on the ego directly and 'from outside,' *before* the ego is actually formed as the personal and (relatively) autonomous subject of mediation between him-*self* and others." (Marcuse, 1989:235.)

The philosophy of psychology of Herbert Marcuse in particular, and of others such as Sartre, relating to psychoanalysis is criticised by Erich Fromm (1989:247) who believes it to be located in ignorance of psychology. Still, Marcuse (1989:237) makes the interesting point that a society in which the father figure and the family are destroyed has lessened ability to nurture the ability of children to control their sexuality. Systems take the role of the family resulting in the formation of "masses" which are undifferentiated by their reliance on institutions for their learning and on basic drives for making individual decisions. This society is liable to suffer the violent and unrestrained behaviour as a result of the little developed egos of the adults it raises being unable to cope with the demands of the id.

It is possible, Freud (1992) argues, to see that the study of civilisations can be related to the psychology of neurosis and hence also of taboo. In discussion of the metaphors of HIV/AIDS, Sontag (1989) comes to relate to HIV/AIDS as a taboo. Sigmund Freud (1912) argues that there are essential similarities between taboo prohibitions and moral prohibitions, notwithstanding the fact that there is a psychological difference between them. This argument is made further to the note that there is also much similarity between taboo and neurosis. The

“only possible reason why the prohibitions no longer take the form of taboos must be some change in the circumstances governing the ambivalence underlying them” (Freud, 1912:71).

Freud (1912:71) assists in showing that problems of the individual are not dissimilar to those of society. In fact, Freud also shows that there is a remarkable connection between the individual and society. For example, he argues that it is possible to see similarities between social and cultural institutions such as art, religion, philosophy and neurosis. In these similarities, neurosis appears as distortions or caricatures of these institutions. The major difference being the fact that neuroses are social structures representing the attempt to achieve by private means what is manifested in society by collective means.

“Social needs are not capable of uniting men in the same way as are the demands of self-preservation. Sexual satisfaction is essentially the private affair of each individual.” (Freud, 1912:71.) One can see that the possibilities for a relation between sex and taboo, when extended past the individual to the society, can have interesting input to a discussion of HIV/AIDS which is significantly sex-related in the construction of its taboo, as Sontag (1989) shows.

3.5.1 Sex and the problem of capitalist rationalism

In a line of important argument that is reminiscent of past thinkers such as Herbert Marcuse, Singer (1990) discusses gender and HIV/AIDS and shows that it possible and important to see that there is a link between the construction of taboos and the needs of the (Western) capitalist project.

Singer (1990:335) follows the paths laid by Michael Foucault and says capitalism depends on the production of profit from the efforts of workers. In terms of sex, capitalist focus tends to fall into areas of the erotic (such as prostitution and pornography) or as necessary and controlled reproduction. The justification for such control is the notion of scarcity.²²

The picture of the effects of Western capitalist rationality is complicated. Singer (1990) argues, that seen properly, the invasion of societal agencies such as government and private companies into people’s ‘private’ lives can be witnessed as a result of the need to create demand for sex. The sex demand however may not be quenched directly and substitution must take place through the agency of items of capitalist production, e.g. directly through prostitution, pornography and the consumption of vanity products and indirectly through advertising. The current driver of the world economy is the communications sector, led by high-tech computer,

internet and e-commerce business that makes a significant proportion of its business from sex, from pornography in particular.

It is not surprising in its capitalist context of social construction that Adelman (1992:72-3) argues that in its current pragmatic practice, at the sexual encounter, the scripted communication on HIV/AIDS focuses on the metaphor of negotiation, hence the focus on influence strategies, power and goals.²³ The effects of Westernisation which have seen the dislodging of family control over sexuality now emerge in a discourse that seeks to control sexual practice, contorting it to a process of negotiation. In the context of HIV/AIDS, the discourse of sexual pleasure becomes submerged in “the hegemony of epidemic [which] is affecting sexual practice, a change with existential and political implications.” (Singer, 1989:114.)

Singer (1989:117) points to Michael Foucault who with a certain prescience understood the power deployed in construction and circulation of (especially a sexual) epidemic. The determination that a situation is epidemic is always a political determination based in part on mathematical abstraction from individual cases to effects on the population. Epidemics emerge as the product of a socially authoritative discourse in light of which bodies will be mobilised, resources will be dispensed, and tactics of surveillance and regulation will appear to be justified. The epidemic can thus be understood under the category Foucault called “biopower”. It gives the occasion and rationale for multiplying points of intervention in individual bodies and in the population at large.

Albert Camus is understood by Singer (1989:119) to show well that plagues are not only medical predicaments, they are world-changing ontological crises, rupturing the logic of existence by asking fundamental questions. O’Brien (1970) shows that it is possible to read Camus’ “The Plague” as a writ against colonialism and a statement therefore questioning the

²² Much of the strategic work on the South African health scene and therefore on HIV/AIDS can be shown to be rooted in discourse of scarcity, as Buch (2000) unwittingly illustrates in discussing the Department of Health’s 1999 – 2004 Strategic Framework.

²³ Instead of this metaphor Adelman (1992) proposes the metaphor of play. This metaphor of play is, however, also unfortunate in that it does not adequately bring out the element of seriousness and responsibility that, for example, the existentialist insistence on personal responsibility carries.

Adelman suggests rules and structures which focus on the play-event, not on a goal; where no boundaries are set between sex and negotiation. Adelman, in effect, suggests communication practices that are not necessarily as engineered and overt as those in classic negotiation scenarios, e.g. as the metaphor of negotiation could suggest. Adelman argues in the lines of psychoanalysis that play has an enabling role in safe sex encounters that is related to adaptive regression, dissociation, regulating sexual arousal, constructing new meaning, strategizing sexual invitations, coping with embarrassment, and object transformation. It is interesting to note that Kierkegaard has always pointed to irony and humour as the basis for human relations, adaptation and for human existential progress from one sphere of existence to the next.

ontological logics of colonialism, such as the right of colonial preachers to hold the moral high ground (O'Brien, 1970:51).

Singer (1989:121) then discusses two typical responses which arose from HIV/AIDS; "safer sex" and "the new sobriety". Emerging from the American gay and lesbian experience, "Both strategies assume that sexual proliferation, like nuclear proliferation and the national debt, is not something one can hope to eliminate. The goal instead is to try to manage it strategically so as to minimise the risks of sexual contact without resorting to abstinence, which for many is an untenable option." (Singer, 1989:122.)

In the South African context the safer sex debate can be exemplified by the pragmatic communication of the Love Life Campaign. To this end condom use and practices such as abstaining, e.g. through masturbation, are recommended as methods to prevent HIV/AIDS.

But the aspirations of such campaigns are more ambitious and relate strongly to the 1960s Western call from taboo and secrecy to openness of sex. The slogan of Love Life is "Let's talk about it". This is to say, the campaigns represent movement from "an ejaculatory teleology toward a more polymorphous decentred exchange, reviving and concretising the critique of genital condensation begun over twenty years ago by sexual theorists like Marcuse and Firestone." (Singer, 1989:122.) Thus Adelman (1992:73) argues, in an analysis that rests very strongly on psychology, that the term safer sex is an oxymoron because sex is not really sex without the excitement of danger that accompanies it. Sex is the forbidden, the secret. Plot lines of negotiating sexual encounters are suggested by Adelman to be tied to this. The concept of safer sex demands a form of openness in negotiation that defeats the secrecy and taboo nature of the sexual encounter.

The new sobriety is a construct represented in South Africa by the Department of Health, the Department of Education, the church and interestingly by certain cultural groups. All call, for example, on young people to maintain their virginity until marriage and to take care of themselves holistically to improve the likelihood of a long and prosperous life. "The new sobriety constructs a body well designed for the complexities of life in late capitalism, which requires a worker's body and a body of workers that are well managed in the way a portfolio is well managed, i.e., a body with flexible and diverse investments which maximise accumulated surplus as negotiable profits." (Singer, 1989:123.) As Singer (1989:123) notes, it is not difficult to make a link between the discourse of "body management" and "primary narcissism", as they manifest themselves in modern fitness regimes and the proliferation and success of businesses such as the health-and-racket concern Virgin Active. A Durban based study (Stavrou & Kaufman, 2000) found that teen-sex choices and behaviours, especially in economically

marginalised Black communities, are strongly influenced by the ability of males to offer valued financial favours which can range from free bus rides to paying school fees. In all the racial communities, it was shown that the ability of males to offer luxury 'gifts' is very important in the determination of girls' sexual choices and behaviours.

The need for the capitalist system to gain control of the private lives of individuals destroys the family, manipulates the sex drives of individuals, and *inter-alia* leaves the social capacity to regulate individual sexuality to the mass and to the pragmatic communication of the public sphere structures.

And yet individuals maintain behaviours which stress that they continue to phenomenologically give individual and contingently negotiated meanings to safer sex (Metts & Fitzpatrick, 1992:3-4). These same individuals also continue to not act on information which would give them "the new sobriety". In South Africa, pragmatic communication on HIV/AIDS, while achieving almost universal success in knowledge acquisition about the disease, has not achieved the required effect of changing behaviours in such a way as to reduce the spread of HIV/AIDS (Kelly *et al.*, 2000; Harrison *et al.*, 2000). In Uganda where success has been hailed in reducing the rate of transmission, it has been argued that this could have resulted from natural and other trends besides those related to effective pragmatic communication for behaviour change (UNAIDS, 1999).

As this chapter began by saying: The South African national plan to combat the pandemic has acknowledged that, in the absence of a cure, the only way to prevent the further spreading of the disease is the communicative promotion of preventive behaviours to HIV/AIDS (HIV/AIDS and STD Directorate of Health, 2000). This decision is in line with the trend elsewhere in the world (Airhihenbuwa & Obregon, 2000).

It has been shown that the communication to induce HIV preventive behaviour, which is sought, is from the agent of institutions that are inherently dehumanised. Communication as understood in this context becomes a mechanical undertaking, a pragmatic exercise. For what else can communication be when its source is defined by its institutionality? It appears reasonable to conclude this section by a note from Søren Kierkegaard (1947) which seems to summarise that which is happening:

In order that everything should be reduced to the same level it is first of all necessary to procure a phantom, a spirit, a monstrous abstraction, an all-embracing something which is nothing, a mirage – and that phantom is the public. It is only in an age which is without passion, yet reflective, that such a phantom can develop itself with the help of the Press which itself becomes an abstraction. In times of passion and tumult and enthusiasm, even when a people desire to realise a fruitless idea and lay waste and

destroy everything – even then there is no such thing as a public. There are parties and they are concrete. The Press, in such times as those, takes on a concrete character, according to the division of parties. (Kierkegaard, 1947: 264-5.)

The concern of our day is not just the press as an institution, it is the capitalist institutionalisation of communication and the pragmatic rationalism of communication. When it is understood that communication is the act of the existing being, then it becomes inevitable that one sees that abdicating responsibility to the phantom of the press, or the phantom of the institution, is sufficient to suggest abdication of existential possibility.

3.6 CONCLUSION

This research questions the value attached to pragmatic approaches to communication for HIV/AIDS prevention by arguing that the existent human being is lost in an “individualism” which does not meaningfully engage the “individual”. For example, social marketing techniques utilising fear appeals which are based on persuasion theories, have also demonstrated themselves to be problematic in the construction of the HIV/AIDS message. These fear appeals give multiple affects which may lead to many and unpredictable behaviour and/or attitude outcomes (Dillard *et al.*, 1996).

It also argues that the individual is the only real target of communication aimed at changing the individual. To this extent the proposal by Airhihenbuwa and Obregon (2000) that culture could form the basis of a pragmatic communication that can change the individual is also seen to be based on a faulty premise. It fails to identify the individual as the sole unit of behaviour change.

Is it true to say that every manner of crisis can be made better by pragmatic communication, by talking about it? Is it possible to talk about everything?

It is often said that you know that you are in love when you cannot, in words, express how you feel. How then does one express the enormity of the danger of HIV/AIDS? And if one does so, would that same, incredibly large danger remain its enormous self, or would we have reduced it to a concept whose length and breath we can measure? If pragmatic communication about HIV/AIDS, when it achieves the function of encapsulating the individual and societal reality of HIV/AIDS only serves to reduce the value of that which it stands to communicate, what view should we give to such communication? Would it be better to not communicate? Smith (1998: 369) labels this inability of human, pragmatic communication to carry some messages without doing harm to them “the violence of the concept”. But, as Smith asks (1998: 369), “*COMMENT NE PAS PARLEZ?* How not to speak? How to avoid speaking in a certain manner which in fact denies and conceals?”

This critique paves the way for the submission of the proposal to apply Kierkegaardian-existentialist thought, enunciated in chapter two, on being and communication on HIV/AIDS. This proposed framework for investigating the communication on HIV/AIDS is based on the work of Kierkegaard in communicating messages to a listener who is hostile or who chooses in freedom to ignore the message. The proposed communication is such that the receiver, without being manipulated, is given the benefit of the opportunity for personal growth that will lead to him or her, as the existent, facing up to the recommended solutions to the HIV/AIDS dilemma.

The methodology put forward in chapter four will outline how an existential-phenomenological method can be and is applied to arrive at scientifically valid conclusions that address the existential nature of HIV/AIDS as dilemma.

CHAPTER FOUR

4 METHODOLOGY

4.1 INTRODUCTION

In previous sections of this research, particularly in chapter 2, a Kierkegaardian-existentialist position was outlined. This approach was applied so that choices and behaviour with relation to HIV/AIDS are understood in what constitutes a vigorous critique of current pragmatic communication on HIV/AIDS. The third chapter, in particular, made this evident in a critique that importantly raised the shortcomings of current practices while pointing at the strong Western rationalist structures and the scientific method that goes with them. These structures and methods were shown to be part of the symptoms and problems that relate to HIV/AIDS being the epidemic it is in South Africa. For example, it was suggested in the previous chapter that Western rationalist thinking has birthed production systems that have been the Trojan Horse hiding broken families, distorted value systems and other such matters which create a situation conducive to a sexually transmitted pandemic such as HIV/AIDS.

To begin with, a view of the context is given in this chapter. This is in recognition of the fact that research has demonstrated that the environment is a very important part of achieving meaningful understanding of the HIV/AIDS pandemic. It is in this light that this chapter of the research will attempt to describe a scientific methodology that respects and recognises fully the individual to whom the pragmatic communication on HIV/AIDS prevention is directed.

4.1.1 Context and background of the study

According to the Potchefstroom City Council (2001), the city is located on the south-eastern border of the North-West Province, 116 km from the rapidly growing Gauteng Province.

Potchefstroom is:

- situated on the main road and rail link between Johannesburg, Cape Town and Namibia – (where almost 50% of the Republic's retail turnover and total personal income is generated).
- situated in the agricultural (maize) and mining (gold) heartland of South Africa.
- a fairly diverse (civil and defence) industrial growth point.
- a city with four tertiary education institutions and other centres of education.

Approximately 62% of the total population of at least 120 000 people fall within the 16-64 age group.

This research chose to specifically focus on the Ikageng area, a former Black township. Because the suburb has a high population density it is particularly vulnerable to high rates of HIV/AIDS, as with all other such areas (Williams *et al.*, 2000). In addition the community of Ikageng is chosen because the Black community in South Africa faces the largest HIV/AIDS threat, as the following table illustrates.

Table 1. Projected population of the study area

POPULATION	2000	2005	2010	2015
Potchefstroom CG=2.1%	48 727	54 063	59 982	66 551
Ikageng – * CG=4 & 2.1%	116 181	141 363	159 939	180 952
Promosa – CG=3.08%	10 165	11 830	13 767	16 022
Mohadin – CG=2%	1 273	1 405	1 551	1 713
TOTAL	176 346	208 661	235 239	265 238

CG =Cumulative growth rate
 * = 4% Growth rate to 2005
 – 2.1% Growth rate 2005-2010.
 (Development Research, 2000:3.)

In Ikageng, according to the Development Research Unit at the University of Potchefstroom (2000:4), 32% of the people are between the ages of 15 and 29. 36% are in the 30-64 age range. This shows that a large percentage of the population of Ikageng, as with the rest of Potchefstroom, is in the highly sexually active category that is highly vulnerable to HIV/AIDS.

Table 2. Gross individual income of people employed in within the study area.

GROSS INCOME	POTCHEFSTROOM	PROMOSA	MOHADIN	IKAGENG
None –R1 500	2 589	1 538	146	13 293
R1 501-R2 500	1 545	379	47	2 069
R2 501-R3 500	1 437	171	31	681
R3 501-R4 500	1093	72	17	341

(Development Research, 2000:4.)

According to the Central Statistics Service, in 1996, of the 16 943 economically active people in Ikageng 39% had “elementary occupations”, 1% were plant and machine operators and assemblers, 2% worked in craft and related trades, and another 1% were service workers, shop

and market workers (Development Research, 2000:5). It is not surprising that 78% of individuals in Potchefstroom earn from nothing to R1 500.

Shell (2000) notes the following:

- HIV/AIDS spreads fastest along road networks; the bigger and better the roads, the faster the transmission.
- Migrant labour, which supports mining, is greatly vulnerable to HIV/AIDS.
- Military personnel are very vulnerable to HIV/AIDS.
- Youths are very vulnerable to HIV/AIDS.
- Poverty is highly related to the spread of HIV/AIDS.

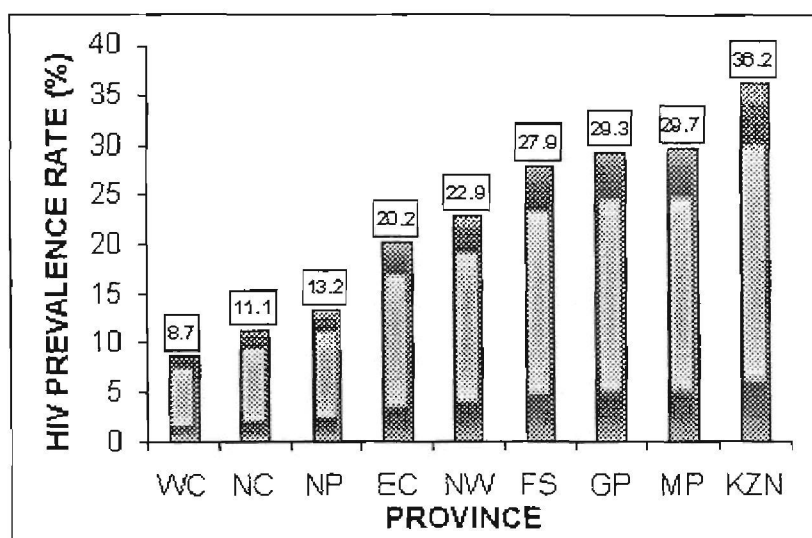
Table 3. Prevalence of HIV by age group, 1997-2000 in the North West Province.

YEAR	UNDER 20	20-24	25-29	30-34	35-39	OVER 40	TOTAL
1997	13.9%	20.3%	21.8%	18.4%	11.8%	7.5%	18.1%
1998	13.6%	23.7%	28.7%	18.2%	14.5%	8.2%	21.3%
1999	15.0%	24.0%	31.7%	19.7%	19.7%	4.5%	23.0%
2000	11.5%	25.6%	29.3%	25.8%	13.8%	8.2%	29.9%

(North West, 2000:9.)

From correlation of Potchefstroom's demographic facts and the general trends of HIV/AIDS transmission provided by Shell (2000), it becomes credible to believe that Potchefstroom is a location that needs to be paid special attention with relation to HIV/AIDS. This supposition is strengthened by findings that, in the North-West Province, the Southern region, where Potchefstroom lies, had the highest HIV prevalence of 28.4% during 2000.

Figure 2. SA provincial HIV prevalence among antenatal clinic attendees in 2000.



(Department of Health, 2000.)

This research argues that current thinking has rightly realised that, in the absence of a cure for HIV/AIDS, communication is an important tool for the prevention of the spread of HIV/AIDS (Kelly *et al.*, 2000:ii; Harrison *et al.*, 2000). The research has, however, argued that current pragmatic communication on HIV/AIDS is based on a faulty understanding of the communicating individual. To this end Kierkegaard's views on communication and of the individual, critically accompanied by existentialist thought, have come to prominence.

4.2 RESEARCH ORIENTATION AND POSITIONING

The arguments that structure this research logically lead to the pronouncement that:

Facts *per se* do not yield knowledge in the scientific sense. It is the constitution of these facts into a scientific whole by the application of a method that yields scientific knowledge. (Rauche, 1992:95.)

This section of work enunciates the research method applied in light of the importance of this method as that which yields scientific knowledge. The process of developing a research study is referred to either as "research design" or as "experimental design". Wimmer and Dominick (1994:54) distinguish between these two terms by noting that the former refers to laboratory study, while the latter refers to research design. They go on to define a "research or experimental design...[as] essentially a blueprint or set of plans for collecting information." This section of work attempts to draw up these plans for this study.

In the modern rationalism of the West, the quantitative research methods are emphasised. Silverman (1997:12) notes that the choice of research method should be based on its appropriateness as understood in the concepts, validity and reliability. The research objectives inform the approach that should be used, irrespective of the differing evaluation criteria methods may be exposed to. The importance of this is revealed when one comes to asking how far the experimental design has yielded useful insight into the problem under investigation.

The research requirements are for an existential description of HIV/AIDS. The application of an existential-phenomenological approach suggests a more philosophical orientation. "Those who ascribe no scientific merit to description perhaps have only considered descriptive research conducted and reported from a third-person perspective. If experiential descriptions are considered, existential-phenomenology may be seen as a descriptive science (Giorgi referred to in Thompson *et al.*, 2001). The study may be described as qualitative and it is intended to investigate the noetic basis of the research as underlined in Husserl's distinction between the logics of research (Pivcevic, 1970:37), understood with the critical-complement of Sartre's

argument of the *percepti*. Sartre notes that it is not possible to have a hybrid variety of the real and the perceived as Husserl construed.

For the purposes of this analysis the *quantitative approach* may be described in general terms as that approach to research in the social sciences that is more highly formalised as well as more explicitly controlled, with a range that is more exactly defined, and which, in terms of the methods used, is relatively close to the physical sciences. In contradistinction, *qualitative approaches* are those approaches in which the procedures are not strictly formalised, while the scope is more likely to be undefined, and a more philosophical mode of operation is adopted. (Mouton & Marais, 1991:155-6.)

4.2.1 Existential-phenomenology as method

The method chosen for this research is existential-phenomenological. Thompson *et al.* (2001:133) note that the existential-phenomenology paradigm blends the philosophy of existentialism with the methods of phenomenology to view human beings in non-dualistic, descriptive terms. The focus is on first-person description of experience. The methods of existential-phenomenology are intended to give a description of the existential being that is scientific.

Phenomenology is the descriptive science of things as they are, ideal typically, experienced. Roelofse (1980:33) quotes Ortega as saying, "Here phenomena means simply the virtual character that everything acquires when we suspend its natural executive value and view it contemplatively and descriptively, without awarding it a definitive character." Such an approach does not negate the existentialist notions of freedom, choice and subjectivity.ⁱⁱⁱ

Spiegelberg (1975:56) describes existential uses of phenomenology as falling into six main categories though "their name is legion". His six categories are:

1. Direct exploration, analysis, and description of particular phenomenon, as free as possible from unexamined presuppositions, aiming at maximum intuitive presentation; I shall call this "descriptive phenomenology".
2. Probing of these phenomena for typical structures or "essences" and for the essential relations within and among them; this can be called *phenomenology of essences*, or, even shorter, but perhaps more risky, *essential* ("eidetic") *phenomenology*.
3. Giving attention to the ways in which such phenomena appear, e.g., in different perspectives or modes of clarity, to be called here *phenomenology of appearances*.
4. Studying the processes in which such phenomena becomes established ("constituted") in our consciousness, often labelled as *constitutive phenomenology*.
5. Suspending belief in the reality or validity of the phenomena, a process which may be considered as implicit in the preceding phases, though later Husserl insisted on its explicit performance as basic for phenomenology; in short, *reductive phenomenology*.
6. Finally, introduced by Heidegger, and to some extent Sartre, a special kind of phenomenological interpretation, designed to unveil other wise concealed meanings

in the phenomena, which he called *hermeneutic phenomenology*. (Spiegelberg, 1975:57.)

4.2.2 Towards a choice of existential-phenomenological methodology

To come to a suitable method of studying existential phenomenon under the rubric of a Kierkegaardian-existential framework, it is useful to note the following words of Kierkegaard in relation to the hermeneutic of his authorship. Kierkegaard (1848:327) says, "everyone will admit that when one is able to show respect to a phenomenon that it cannot be explained in any other way, and that in this particular way the authorship can be explained in every detail, or that the explanation fits in every point, then this explanation is substantiated as evidently as it is ever possible to establish the correctness of an explanation."

The method Kierkegaard (1948) follows in "The Point of View of My Work as an Author" suggests that through one's reading of the text, validity is declared with the finding that one's understanding does not contradict the needs of the story as it progresses. In the case of those who challenged his claim to always have been an existential writer, Kierkegaard pointed to the fact, for example, that from his first publications there was a coupling of pseudonymous aesthetic (indirect) writing and direct, edifying discourse. He then asked that those who claimed that his authorship had changed with time (from being aesthetic to being edifying) to test their preconceptions against the texts of his work.

Let the attempt then be made. Let us try to explain the whole of this literary production on the assumption that it was written by an aesthetic author. It is easy to perceive that from the beginning it is incongruous with this explanation, which breaks down when it encounters the *Two Edifying Discourses*. If, on the contrary, one will experiment with the assumption that it is a religious author, one will perceive that, step by step, the assumption corresponds at every point. The only thing that remains inexplicable is how it could occur to a religious author to employ aesthetics in such a way. That is to say, we are confronted again by the ambiguity or the dialectical reduplication. Only the difference now is that the assumption of his being a religious author will have to be taken firm hold, and it remains only to explain the ambiguity. (Kierkegaard, 1848:327-8.)

A reading of Gadamer's concept of "game" suggests that the method advanced and used by Kierkegaard is readily understood within the framework of hermeneutics.

Interpretation is always a moment in the "event of tradition". Gadamer models the relation between the interpreter of a text and the event of tradition on the structure of games. The structure of a game is such that the players lose themselves in it; it is not so much a question of us playing a game as our being played by the game in which we are engaged. The game realises its possibilities through the action of the players. The positive analogies of this model imply that interpretation of a text does not start with a clean slate but with a pre-conception of the possible meaning of the text, much like a chess player has a pre-conception of the possible moves of a game of chess. The anticipation of meaning is initially vague but as the interpretation progresses,

possibilities are eliminated, much like the chess player's moves are progressively determined by the exigencies of the particular game he is engaged in. Analogously, the interpreter has to consider the demands of the text and he has to modify his preconceptions of meaning, or even abandon them as the interpretation progresses. (Van Veuren, 1993:129-30.)

Guided by this insight into the methodology that Kierkegaard felt was best for reading and understanding his authorship, it is possible to come to the conclusion that within a Kierkegaardian-existentialist framework, hermeneutic phenomenology is best for this research. "Hermeneutic phenomenology is a research method based on phenomenological philosophy.... What this means in practical terms is that the hermeneutic phenomenologist will study how people interpret their lives and make meaning of what they experience.... The other practical ramification of this definition of hermeneutic phenomenology is that the object of research is both language and the individual user of the language. Meaning takes place when a particular tradition – that is, the language of a group of people – is interpreted by a speaker." (Cohen, M.Z. *et al.*, 2000:5-6.) This would seem to agree very much with the Kierkegaardian notion of communication and being conceived as one. It clearly also bridges the Western-scientific mind-body dichotomy as existential and phenomenological approaches would require (Cohen, M.Z. *et al.*, 2000:5).

4.3 RESEARCH DESIGN: HERMENEUTIC PHENOMENOLOGY

In phenomenological research the most common approach is that of the individual interview. This research will utilise both individual and group interviews. The critical complementing of the individualistic approach of the individual interview with the collectivistic approach of the group interview will better reflect the elements of individual subjectivity and the elements of individual thrownness into a world of relations that literature review and discussion have yielded.

4.3.1 The interview methods

4.3.1.1 Method 1: The phenomenological interview

Though other methods for conducting phenomenological research are there, such as the analysis of written statements, the interview remains arguably the most effective for arriving at an in-depth understanding of another person's experiences (Thompson *et al.*, 2001:138).

The phenomenological interview is an 'unstructured' interview that aims to elicit the phenomenological views of the interviewee. The interview itself is meant to resemble a conversation more than a question and answer session, save for the opening question. The interviewer acts more as a facilitator for the discussion initiated and directed largely by the interviewee. The interviewer has the job of creating a context which is non-threatening to the

interviewee from whom first person responses are sought. These answers should not seek answers to “why” questions because phenomenologists believe that these questions seek answers beyond the descriptive which is the reality that they accept.

4.3.1.2 Method 2: The group interview

Spiegelberg (1975:24) introduces a new method of doing phenomenological research as part of a project to develop co-operative phenomenology. Spiegelberg (1975:32) argues that group phenomenology stimulates new perspectives; controls impulses to less-self critical responses; it intersubjectivises; it enriches and complements the efforts of the single phenomenologist to get to the truth with the assistance of fellow participants; it can attune, i.e. direct and redirect attention to factors previously overlooked. Spiegelberg (1975:34) concludes that group phenomenology offers some advantages over the individual phenomenological interview, but that this does not change the fact that group phenomenology should remain a supporting application for phenomenological research through the individual phenomenology.

The group phenomenological interview is a data-gathering method. Its structure is similar to that of the focus group interview. Krueger (1988:18) says, the “focus group is a special type of group in terms of purpose, size, composition, and procedures.” A group is understood here to be a number of individuals between whom a distinguishable pattern of interaction exists. Though Krueger speaks of a focus group being made up of between seven and ten people, most of the literature that this researcher came across suggests a focus group usually consists of 6-12 people. These people are interviewed simultaneously, with a moderator (or discussion leader) who leads the participants in a relatively free discussion about a topic. The intent is to interrogate and bring forth information relating to the objectives of the study. The role of the researcher is to facilitate this process without putting undue-pressure on participants.

Often to ensure reliability in the focus group meeting, the researcher requires an assistant to ensure that all little hurdles are handled well. This assistant also assists in the note-taking duties to give a more complete hand-written record of the interview than that which the interviewer can take. These notes are in addition to the audio recording (and sometimes even the video recording) that is used. The assistant also keeps a good record of possible other questions that should be asked in future (Schurink *et al.*, 1998:319).

4.3.2 Carrying out the interviews

In the beginning of the year, Mr Mahech Roopa, the Potchefstroom District Health Manager, gave his assurances that he would assist with the research project, giving access to individuals and information as they would become necessary. The researcher, and Professor G.F. de Wet, were also involved with the Local AIDS Council whose members were very helpful. Mr Simon Africa, of the Local AIDS Council and fund-raiser for Hospice, was particularly helpful in liaising

with both Potchefstroom Hospice and members of Tshepong AIDS Project to arrange meeting times and interview rooms which would be free from undue disturbances.

4.3.2.1 Pilot

A pilot run of the interviews was carried out in the PU vir CHO School of Communication Studies to ensure that the researcher was comfortable with the methodology. Though the findings of the pilot run are not of consequence to this research, they did enable the researcher to establish possible interpersonal communication difficulties and remedies which would have to be kept in mind in carrying out the interviews.

4.3.2.2 The interviews

Beginning at 11:45 in the morning of 14 September 2001, at the Promosa Hospice Clinic, a group interview involving a total of nine people and an individual interview were held with Hospice volunteers. These volunteers do most of the patient care work with terminally ill patients, thus they have great contact with those who have HIV/AIDS.

The group interview

For this research a phenomenological group discussion of the issues were held with people working with terminally ill HIV/AIDS patients (Potchefstroom Hospice). The Hospice volunteers were 15 in total number on the day arranged for the interview. A random sample of four males and three females was selected.

An assistant, Ms Samia Krippendorf (MA), was present during the interview to ensure that procedure was followed and also to assist in ensuring that all necessary care and attention was given, to both interviewees and to the issue under discussion.

The individual interviews

On 14 September 2001, at the Promosa Hospice Clinic, one individual interview was held with a Hospice volunteer worker. She was not one of those spoken to in the group phenomenological interview.

Then, on 25 September 2000, one female and two males were individually interviewed in Ikageng, Potchefstroom, at the Tshepong AIDS Project Offices in Boikiklapi Clinic. The interviewees were all volunteers within the Tshepong AIDS Project.

4.3.2.3 Sampling

"Sampling in hermeneutic phenomenology means about the same as it does in other research, even though it is approached differently. Sampling implies that a researcher is choosing informants because those informants might have something to say about an experience they share with others." (Cohen *et al.*, 2000:45.)

Given that this study uses a phenomenological approach, it needs to be noted that sheer numbers in themselves are insufficient to increase the validity of the findings. It is believed that the chosen matrix can yield a picture (not the only picture) of the phenomenological reality of HIV/AIDS of those people living in Ikageng. It was hoped to be able to speak to those with HIV/AIDS but this was found to be difficult to facilitate within the given time frame of this one-year study project. Their input would have been valuable, though it is thought to not be essential, since what was sought was to increase the number of dots on the picture to assist in making out a clearer image. However, it is understood that it is never going to be possible to get a full picture of the existential reality.

4.3.2.4 Ethical considerations

Ethical considerations must be made, particularly because the phenomenological interview can seek information of a private and confidential nature. For this reason, the interviewer must, for example, inform the interviewee of the purpose of the research, that proceedings will be recorded and that confidentiality will be protected.

For this study, orally and on paper, individuals were told what the purpose of the interviews was. They were also informed of their rights (including that of privacy) and privileges, and that all interviewees would be anonymous. In accordance to that, interviewees' names have been changed. Interviewees were also asked for their consent to be interviewed and for the interviews to be recorded. A sample of a paper given to all respondents on which these issues were detailed is attached (see Appendix 2).

4.3.3 Analyses of findings

4.3.3.1 Data analysis

Phenomenological analysis is carried out in this study on the interviews whose transcripts are found in Appendix 1. Discussion of the process of phenomenological analysis is difficult within the existential-phenomenological paradigm because it implies a beginning, stages, and an end (Cohen, M.Z. *et al.*, 2000:71). As Kierkegaard (1846: 201) so emphatically said, such “[a]n existential system cannot be formulated.”

The goal of data analysis is a “thick description”, i.e. “one that captures the experience from the perspective of the informant in its fullest and richest complexity.” (Cohen, M.Z. *et al.*, 2000:72.) The dialectical (part-to-whole) process of the hermeneutic circle guides this operation. Analysis begins as parts of the text are understood in relation to the whole text and vice versa. The process of analysis will already have begun, albeit unsystematically, with the collection of data. Then, the individual texts are understood in relation to all the texts and vice versa.

Spiegelberg (1975:57) notes that in drawing distinctions between the six types of phenomenology, it is still important to note that there are essential connections between them. Thus, for example, the process of hermeneutic phenomenology can be understood to have much in common with the process of eidetic reduction.

Eidetic reduction is a process that presupposes essences and hence makes appeals to the manifestations of phenomena, which are tested by variation. It “involves a variation of the characteristics of an intended reality, so as to see whether this reality remains a reality of the type intended, after the various characteristics have been switched around or have been ignored completely. By variation, the essential structure of the reality should be confirmed or denied. (Roelofse, 1975:31.)

The intention of the application of the hermeneutic circle is to critically examine the picture one has of the whole to get to greater levels of understanding, arriving at global themes across interviews. It is important to understand that these global themes are the very essences that distinguish the method of phenomenology from other methods.

First, the interpretative group seeks an idiographic (individual) understanding of each interview, which involves viewing each transcript as a whole and relating separate passages of the transcript to its overall content. After each transcript has been interpreted at the idiographic level, a new part-to-whole phase begins in which separate interviews are related to each other and common patterns identified. These patterns of commonalities are referred to as global themes (Kvale 1983; Wertz 1983). This is not to imply that global themes offer exhaustive descriptions of the phenomenon, only that they capture figural aspects emerging from a given set of experiences. (Thompson *et al.*, 2001:141.)

4.3.3.2 Issues of validation and reliability

This research utilises a multi-layered approach to achieving validity and reliability. Between methods triangulation is utilised. Within methods member validation is applied. It is important to note that a variety of techniques, which are not discussed in detail, were used to ensure the reliability of the interview findings.

These include the use of a moderator in the group interview, the writing of detailed transcripts of the interviews, the use of an audio tape recorder to record the interviews, note taking during the progress of the interviews in case of any breakdowns in the tape recorders (Schurink *et al.*, 1998). A pilot study was carried out to ensure that interviewer discomfort with the methodology would not hamper the success of its application in the field.

The basic tenet of triangulation utilises many methods with the view of thence giving the resultant findings greater validity (Denzin, 1989:25). To this end, the research seeks to utilise a

literature study, then group phenomenological study, and finally in-depth interviews to progressively interrogate the assumptions and objectives of the study, dialectically establishing issues, and possible solutions and questions that arise therefrom. It is understood that, particularly in the case of the interviews held, the intent behind applying a group and an individual interview is not to compare results, but to compare and enhance the understanding of the interviews that are obtained.

Of perhaps more importance to the research process that directs itself at interrogating the research aims and objectives is member validation. Member validation is applied as a method “to validate findings [within a given method, such as the individual interview] by demonstrating a correspondence between the researcher’s analysis and collectivity member’s descriptions of their social worlds.” (Bloor, 1997:41.)

It is argued that member validation does have a basis for being applicable in an existential-phenomenological study as indicated in the following quotation:

A philosophical justification for member validation exercises can be found in the work of the phenomenologist Alfred Schutz, who pointed out the several continuities between the “commonness thinking” of community members and the “scientific thinking” of the social scientist. All scientific thinking has its roots in commonness thinking (if it did not, then it would be dismissed out of hand as non-sense), and collectively members may be required periodically to provide accounts of their behaviour that may be similar in purpose to scientific accounts. Schutz’s ‘postulate of adequacy’ famously required that scientific propositions be understandable to members themselves (Schutz 1967). Giddens (1976) has castigated Schutz’s postulate as a unreasonable requirement for social scientific thinking, without denying the linkages between such thinking and common sense. Member validation may be acknowledged to be an unreasonable *requirement*, while simultaneously being seen as effective *corroboration* of a scientific proposition. (Bloor, 1997:41-2.)

It is seen that within the review of literature that is used in this study, the researcher’s descriptions, conclusions and conceptions are continuously validated with reference to findings and conclusions in other contexts. Similarly, too, within the application of the hermeneutic circle it can be seen that the various parts and wholes which are perceived are used to dialectically validate findings.

Member validation is not sought as the objective of the application of different methods. To the stead, the interviews seek the corroboration of the various triangulated sources (wherein member validation is applied) to scientifically describe the context as experienced by some individuals.

Bloor (1997:41) says the requirement for a member validation exercise is that individual experiences represent different and valid perspectives of the reality. It is viewed as unintended and unexpected that there be such "correspondence between the researcher's analysis and collectivity member's descriptions of their social worlds."

To this extent it can be said this research maintains a strong pattern metaphor for existential-phenomenology. This is to say, it "seeks to be a descriptive science that focuses on the life-world of the individual. Rather than separating and then objectifying aspects of the life-world, the purpose is to describe human experience as it is lived. On this view the meaning of life is always situated in the current experimental context and is coherently related to the ongoing project of the life-world." (Thompson *et al.*, 1989:133.)

This clearly brings the situation where triangulation may be said to involve juxtaposing of findings from the best method with that from inferior methods. In the case of this research, this would apply to results between individual interviews and group interviews, where the former would be the favoured. Bloor (1997:39) comes to the conclusion that even though such comparison is a serious objection, "in practice it will rarely be encountered because findings collected by different methods will rarely be of such a character that they can readily be compared so as to pronounce them to be matched or mis-matched."

As stated earlier, this research utilises a multi-layered approach to achieving validity and reliability. Triangulation is utilised between methods, while member validation is applied within methods.

4.4 ORIENTATION TO THE METHOD AND STYLE OF WRITING

The study applies a method of writing that must be consistent with the thought that it enunciates. To this end, it seeks to remain Kierkegaardian and therefore it is ironic in its construction. Moss (1987:31) says irony is based on discrepancy, particularly a tension within a discrepancy. For this reason, for example, chapter three is presented with the non-being of Kierkegaardian-existentialist notes. It is argued that such non-being is not the same as absence. To the stead, it is argued that this non-being accentuates the value of the non-being.

4.5 CONCLUSION

In order to maintain the congruence of the study an existential-phenomenological paradigm was selected. This methodology allows the researcher to obtain knowledge of the individual perceptions of HIV/AIDS that is suitable for the research to later interrogate the arguments presented in the body of theory which led up to the present chapter.

The methodology of existential-phenomenology has several limitations, some of which were discussed within the limits of this chapter. These limits must not be overrated considering the involvement of theory that draws on a body of knowledge that was formulated with more than just the application of existential-phenomenology. It is important to note that whereas this study has and continues to strongly critique other methodologies as they have been applied to the problematic of HIV/AIDS, it does not forget that these methods also have their uses. The great congruence of this study is that, much as with the re-conception of Kierkegaard's view of communication which was brought forward earlier (at the end of chapter two), this study believes in the use of a measured blend of techniques and methods to arrive at better scientific conclusions. Thus, whereas it is strongly argued that to arrive at existentially and phenomenologically justifiable findings, such an approach as the one applied here is important. It is also valid to say that an existentialist view would not give an adequate socio-structural view of existential phenomena.

The next chapter will outline and analyse the findings from the application of the method(ology) enunciated in the present.

CHAPTER FIVE

5 ANALYSIS OF FINDINGS AND SYNTHESIS DEVELOPMENT

5.1 INTRODUCTION

The intention of the existential-phenomenological analysis, which entails the application of the hermeneutic circle, is to examine the picture of the phenomenon of HIV/AIDS. This will permit arrival at greater levels of understanding as global themes emerge from the interviews. It is important to understand that these global themes are the very essences that distinguish the method of phenomenology from other methods.

The first part of this chapter shall consist of an idiographic understanding of each interview (Thompson *et al.*, 2001:141). Each transcript shall be viewed as a whole and its contents shall be related to separate passages of the text. This is a parts-to-whole approach. After the entire transcript has been interpreted idiographically, a new part-to-whole phase will be applied to bring out common patterns, called global themes, which will be identified. The global themes shall then be used, together with the rest of the analysis, to evaluate the objectives of the study against the findings of the research interviews. At this point theory and interview findings will be synthesised. Only then shall it be possible to make (in)validating comments on the central theoretical statements on which this research rests.

5.2 IDEOGRAPHIC ANALYSIS OF THE INTERVIEWS

In this section an idiographic (individual) understanding of each interview is sought. This involves the viewing of each transcript as a whole. The view of the whole interview is presented in sub-headings called "Overview". With constant view of the picture that emerges from this overview, a part-to-whole analysis of the interview will commence, where parts of the interview are related to the whole under further subheadings that correspond to themes as they emerge from the interviews.

After all the interviews have been analysed in the manner described above, it will then become possible for global themes to be identified. The analysis of these global themes will be presented as a separate section because, in a sense, it appears as a summary of the picture presented by the findings. These global themes will capture descriptive aspects of HIV/AIDS as a phenomenon.

It is important to note that an eidetic approach is applied in this analysis. To this extent the words of the interviewees are used as much as possible in expressing themes and findings as they emerge.

5.2.1 Ideographic analysis of the group interview

5.2.1.1 Overview

People with high risk of HIV/AIDS are different from others, separated because there is need for someone “to take care of the lives of the people” and separated by the old wisdom that “birds of a feather flocks together.” In a time when “AIDS is busy killing our nation”, “denial” becomes the order of the day, as do conceptions that HIV/AIDS is propagated by the “influence of evil forces in them”, and that “white people are attacking Black people with this disease”. “The inner man” becomes the only source of hope in resisting high-risk HIV/AIDS behaviours.

The overview of the whole shall now be related to separate passages of the text in a parts-to-whole approach. The following themes are eidetically presented in this parts-to whole analysis. This is in compliance with the rigour of the hermeneutic circle and will allow the overview to be (in)validated.

Theme: “Birds of a feather flocks together”

Those seen to have or be at high risk of having HIV/AIDS are referred to as “other people”, “many people”, “those people”; they include the individual who “just does things because of friendship”. “Birds of a feather flocks together’. So according to the groups, you know; gangsters, what the group decides.” They need someone “to take care of the life of these people who are in danger of not knowing their HIV status.” “Those people doesn’t believe in HIV and AIDS but if you are dealing with such a person, you can see that AIDS is a reality and you will be able to teach other people.”

Theme: “AIDS is busy killing our nation”

HIV/AIDS is a “a killer disease,” a “danger”. One is “scared” that “maybe he's gonna spread those germs on my food and toilet and everything.” Those with HIV/AIDS are faced with a world that says, “You must die, you must die.” But when you say, “Hey people, AIDS is busy killing our nation, let us do something’, they just say, ‘We are all going to die,’ so that it is why this thing called AIDS is not quite so easy because people tell themselves that we are going to die.” “We need to start teaching them about this.”

Theme: “Denial that HIV and AIDS is there”

“They now believe, eh, believe that AIDS is now living. But they don’t want to accept it because they are now busy continuing with many friends.” “In our community we are still in denial that HIV and AIDS is there because when you are all – you are healthy, you go for check-up they say you are HIV positive – you keep quiet. And when you, when the HIV turn to be AIDS you

start to – to call that I bewitched. Hey, hey! We are denial that HIV and AIDS is there because when you start to have AIDS they start to say their child is bewitched, they don't know what is happening, they don't know what is wrong." Those "people who doesn't believe in HIV and AIDS," who do not "understand what is going on" and "who are not clear about this", these are the "millions" who have not been "telled about this HIV and AIDS and I think they will know to differentiate what is right and what is wrong."

Theme: "The influence of evil forces in them"

"And that mind of them, it is the influence of evil forces in them. So if it was somebody who is with clear heart, people who, who like his nation or her nation, or she would not have said AIDS is there and it kills, its very dangerous -- stay away, be abstaining from many wrong things that influences you -- You end you having sex, unprotected sex that we Black people are doing." Or they get drunk and "don't know who is that person you gonna left out there sleeping with him and then after that, after two weeks you gonna hear maybe my friend when I went with him there in the club, I lost him there then he get a person, a new boyfriend there and you gonna sleep with him, the after two week or three months or whatever, you gonna hear that person has got HIV."

Theme: "Black people"

Black youth believe "I have that right to do that [sex] thing." "I think our people have a problem, eh, our people believe in what they see, rather than what they hear, you see. Our people believe that HIV is there or its alive because of this they believe in that if I have HIV/AIDS I have been bewitched. So, and, they say, many people say that Black people we don't own that we, they say AIDS is being own by white people. So its like, eh, white people are attacking Black people with this disease." "I can say because white people are rich and most Black peoples are poor and the pleasure time they do is for sexual, because white people are rich -- if they, they, they, went out, they go to the cinema, and they, they are four, and like -- because we the black people, because when I just want to go out I don't be faithful, I go with other, maybe my boyfriend is away. I think that is why AIDS and HIV is more in Black people than Whites."

Theme: "The inner man"

"[W]ith this HIV positive and AIDS nowadays the problem is in a one thing. Because the inner man, if you are not, eh, you know mannered, then there is some point that is saying manners begin at home. Sometimes you can not take this HIV positive into the consideration, but a one thing -- if you can say, if you are a person, that I'm let them say 'I want to be a well man, a well person. I want to live with a right person.' So it will be better because sometimes I'm just a people and my manners is not very well, I'm just like, you know, wrong people, like, eh, gangsters. I don't feel nothing. You know." "People can change their attitudes." "It is simple that

God can help us out of this sickness.” “If I go there I invite God – if God help me to talk with this other guy. And the thing go better.”

5.2.2 Ideographic analysis of the interview with Moira

5.2.2.1 Overview

HIV/AIDS is a condition for separation. “It has to be a confidential thing.” One gets “That feeling that even when I can touch her I will have HIV.” “HIV doesn’t change,” it is “depressing”. You need “someone who knows more about HIV – you see, maybe someone with that HIV and AIDS.” Then “try to use only your mind and the things that you’ve been taught” and “do it with the will” of your heart.

The overview of the whole shall now be related to separate passages of the text in a parts-to-whole approach. The following themes are eidetically presented in this parts-to whole analysis. This is in compliance with the rigour of the hermeneutic circle and will allow the overview to be (in)validated.

Theme: “It has to be confidential thing”

Those who would help in HIV/AIDS programmes meet “people discouraging” them, saying things like, “You are not going to work for that AIDS bloody shit.” HIV/AIDS is a condition for separation until death. A patient “died because she didn’t have a lot of support from the family.” “It is not nice.” HIV/AIDS has “to be – it has to be confidential thing”. The volunteer counsellor may be “the only one with that secret.” If the secret is let out “people will not take care of her.”

Theme: “That feeling that even when I can touch her I will have HIV”

Individuals are “scared for HIV person.” They ask, “What must I do now when I come across her?” They have “that feeling that even when I can touch her I will have HIV.” “[T]hose people [with HIV/AIDS] are being discriminated and then you didn’t have to go and touch the people with HIV – they say will be getting infected.” The patient sees her “husband didn’t stay with her. The minute he hear that wife she is ill, the she leaves her.” “The people are scared. The people are scared because when they tell someone that I have HIV, they are going to take you the same level that they take you... you see. Mnn. It’s the only problem thing, the families.”

Theme: “HIV doesn’t change”

“HIV doesn’t change. Doesn’t change much. But the thing is that the darling persons – I don’t want to see somebody die, especially when I am close to her. I don’t want that.” “I am feeling depressed you see. I am having two nights not sleeping – thinking about that patient of mine... My body wasn’t like this, you know, but since I started working in Hospice, I’ve loosing more and more kilos or whatever. I didn’t, I don’t know. Maybe when I can get a counselling, I can be OK somewhere, somehow, because I get two patients died.” Even though, “inside you don’t know them,” those who are told about HIV/AIDS “understand each and every thing, but I don’t

know. You can get, with somewhere, somehow you can get, you do understand that HIV and AIDS, but what about the rapist, she can get do that and get HIV and AIDS, who to be blamed? You see. They know each and everyone knows, let me tell you, in my family, each and everyone knows, but the problem is when she gets raped, what about that?" On television, "they said condom is no more safe. Which one to believe? The condom safe or not? Ah, we don't know where are we standing. I don't know. But I think let us go on and try. The problem that. Let us try – about using them – but I was discouraged when I see, on the television, they say 'Condom is no more working' I don't know how."

Theme: "You need some – maybe someone who knows more about HIV"

A person can be told to change their behaviour, "but you need some – maybe someone who knows more about HIV – you see, maybe someone with that HIV and AIDS. There are some that have HIV and AIDS and they talk about it. Let me take maybe, Tshepong people. We have a funeral of some of our friend in our street and that lady come and talk that I can make HIV dead, but HIV can't make me dead. You see. She is having HIV – her boyfriend passed away – then if we can get someone like that – because maybe I can tell myself I have the whole information about HIV and AIDS but somewhere, somehow, you see..." Or an organisation such as Hospice can "take our mind and then we know each and everything about HIV." "[C]an someone come over there and say, 'Now that person, she or he is dead and I have to not prevent myself from HIV and AIDS.' I think each and everyone has to. The status is just like that. Each and everyone has to prevent, whether or not they have HIV and AIDS."

Theme: "Then try to use only your mind and the things that you've been taught"

"Mnn. It's always difficult, because some, others say like that, which one to believe, "Just go on and then try to use only your mind and the things that you've been taught. You see, that way, I think that way it will work – not listening again and then they say, "No it's no more right. And again this thing is right and then again this thing is no more right. I don't know which one to listen to now. I think this one is going to spread the HIV worse. And if the condom is no more working and if we didn't take the experience so that we can be serious that the condom is no longer working." In the face of possibilities' such as, rape, "When she or he is right. I don't think like that. Because of, I don't think – you have to try. You have to try. Talking to people... I don't know how other people take this, but I think to try – you'll be successful. I think that. But I don't know how about other people's mind. What's going on. But I think trying is the best thing."

Theme: "I do it with the will of my heart"

"And I think this thing to come and to work her in Hospice, I think its only that I am willing to work with patients because when I was young, I dreamed about becoming a nurse and that because of the money problem... that thing it falls apart." "I think whenever you wholeheartedly is the thing that I am dependent on and I do it with the will of my heart. But because of other

things, when people are discouraging me, but I keep on, you see. It is the way I think it is because I love this, mnnn, place.”

5.2.3 Ideographic analysis of the interview with Thomas

5.2.3.1 Overview

HIV/AIDS is associated with the “people who doesn’t has”. “Some of the information are myths and some of the information are correct information and people tend to believe myths than the right information.” “And looking at our situation here, we tend to believe more of our friends than our teachers, than our priests, than, eh, eh, our educators.” For the person who would work to fight this situation, it becomes a “burden”; “you find you have to go beyond your capability”. It remains that one can say, “I believe in miracles. Eh, I stand with my faith.”

The overview of the whole shall now be related to separate passages of the text in a parts-to-whole approach. The following themes are eidetically presented in this parts-to whole analysis. This is in compliance with the rigour of the hermeneutic circle and will allow the overview to be (in)validated.

Theme: “The people who doesn’t has”

“Seeing the people who has and the people who doesn’t has I think that, somewhere somehow I think I have to chip in, eh, not to say I have that much that I can help, but at least I have the mind, I have the mental resources, I can say, that might be able to help some other people.” Those people who “doesn’t have” include “young criminal offenders”, “young people catching the virus of HIV/AIDS”, those involved in conflict, “children living in the street”, those involved in “women abuse,” those needing an “intermediate person between parent and a child” and those needing education.

Theme: “Some of the information are myths”

“I will say most of the people knows about HIV, but because of the different informations that we get about HIV, people start to get confused. And they don’t know which one is the right information, because some of the information are myths and some of the information are correct information and people tend to believe myths than the right information. They tend to have excuses about not doing things because they are using the myths as excuses. Than using the right information. And the worst things is that they tend to transfer those myths to other people, whereby it tends to become a very big, eh, problem that makes attitude, eh, eh, that makes HIV to carry the stigma that it has. So I believe if there were a chance where the myths can be cutted and more and more people can preach the right information and education, then we won’t have the problem that we have with HIV/AIDS. I think people will be able to take it as any other disease.” The status of these people as the other is brought out most clearly when it is said, “I think they prefer the myths because that’s the first information they get into contact

with. And they get more people talking the real information. And, that, that eh, packs on. Its like when you say, when you say to a child, don't eat sugar because you will get sick, and you repeat that every day and your brother or your sister still repeats that. The child stays with that mind, that sugar is not that good for me. But, once you say, no, eat sugar, you will get healthy and stuff and somebody else come with something else. The child will take the knowledge of the person he trusts the most."

Theme: "The person that I trust most"

"And looking at our situation here, we tend to believe more of our friends than our teachers, than our priests, than, eh, eh, our educators. Then, eh, I think that is where the problem lies. Because if I have got a problem I will go to the closer person that I live with. The person that I trust most that's the one that I will believe whatever information I get from him." "Well, eh, somewhere, somehow, there is always two sides of this, of this, of the, eh, coin. You find people, some people are happy that there is somebody who is there, who is willing to help, to give advices, but also takes, eh, a lot of work before you can get through there. And there is people who is negative – they are not negative as such, like they want to protect their own privacy, and that is one part that I always want to respect when I step into somebody's territory."

Theme: "You find you have to go beyond your capability"

"Yah, yah, that's always the, the, the case, I, mnn, and it takes a lot of work to actually gain their trust. To say I am not only here to tell you about a condom, eh, or about your sexual life, I am also here to talk to you about your social life, to talk to you about the situation you find yourself in the house and how you can better it. That's when they start to open up and start to tell you about the problems they encounter in their families. Eh, and then, eh, once they start trusting you, they start going in depth, they start seeing you as somebody who can solve everything, and that's one of the burdens that most of finds – that you can only do so much. Eh, and you've got such a big area to cover and at the end of the day, you find you have to go beyond your capability." "Eh, and then, eh, once they start trusting you, they start going in depth, they start seeing you as somebody who can solve everything, and that's one of the burdens that most of finds – that you can only do so much. Eh, and you've got such a big area to cover and at the end of the day, you find you have to go beyond your capability." "I felt that I'd had it. Why – because it was starting to affect my social life, my family life as well. So, I left the job and I stayed the whole year without working, eh, just doing just – I am very good with my hands so that was what kept me going from day to day basis."

Theme: "I stand with my faith"

"Well, yes, I do have a lot of hope. Eh, I believe in miracles actually. I believe in miracles. Eh, I stand with my faith. I think the more, we, the more manpower we have to preach the right education, the more will be accomplished to, eh, minimise the stigma, to, eh, to get a positive

attitude instead of a negative one. And to see much more people living whilst they are HIV positive. And to get more people to take care after themselves than to wait until they got into, to, to, eh, the trap of being HIV positive.”

5.2.4 Ideographic analysis of the interview with Elizabeth

5.2.4.1 Overview

It is said “that most of them have this HIV and AIDS out of sex”. So “they feel bad”. And those who assist them “feel so helpful”, as they work so that those with HIV/AIDS “should have hope”. It is not possible to look at “this HIV and AIDS client”, and “feel, ‘Wow I did it.’ Not all the time.” Then the “most important thing” becomes “the point of preventing this HIV and AIDS thing.” But that “won’t be easy” because “people outside are ignorant.” “They have information but they are ignorant.” They tell themselves, “It’s not going to happen to me.” “In order for them to believe, in order for them to get touched”, people want to see “someone who has that thing [AIDS]”. In the end those who work on HIV/AIDS programmes find it has “affected” them “a lot”.

The overview of the whole shall now be related to separate passages of the text in a parts-to-whole approach. The following themes are eidetically presented in this parts-to-whole analysis. This is in compliance with the rigour of the hermeneutic circle and will allow the overview to be (in)validated.

Theme: “Them”

It is said “that most of them have this HIV and AIDS out of sex”.

Theme: “They feel bad”

They feel “kind of like” “silly”, they were not “protecting themselves from this HIV thing,” they were “sleeping around”, they were not able to say I am “responsible for my body I have to condomise and blah, blah, blah.” Yet maybe “its your very first time and you met your own person having HIV and AIDS and didn’t tell you and that having it.” “You don’t have to feel responsible, even though we are sometimes.” “Maybe you as an individual, you know that you got it by sleeping around. Then you have to tell yourself that I slept around and then, here I am. Sometimes these things happen.” “Some of them they didn’t want to disclose. They were kind of afraid to talk to people about it. Its because they feel bad to come to me and talk to me and ask counselling from me and blah, blah, blah.”

Theme: “I feel so helpful”

“It [is] very interesting working with clientele with HIV/AIDS” one feels “so helpful”. It is a “challenge” to put oneself “in their shoes.” “They don’t want people to feel sorry for them”, “to feel to feel like pity”, “to make them feel like they are not love and they are not wanted.” One must make “them feel special,” to feel “they are wanted and God is always there for them.”

Theme: "You are very ignorant. Why not you?"

"The most important thing" on "the point of preventing this HIV and AIDS thing" is that "it won't be easy" because "people outside are ignorant. They are ignorant means that its never going to be possible." "Its not going to be easy." "People are not condomising out there." Most take "it as a joke. They don't believe that HIV/AIDS it is existing". They say, "I want to see someone who is HIV or who is AIDS, or who has AIDS. Until I believe that AIDS is its alive and kicking."

"Some of them do have more information" that those who would teach them, "but they'll kind of like test you. They want to know if you have a clue what you are talking about." But "they are ignoring things. They are ignorant. They have information but they are ignorant." They say to themselves, "I know that AIDS is alive. And I know that AIDS is killing. But I kind of tell myself that its not going to happen to me." They say, "Its, AIDS is there. Its happening to other people. Its not gonna happen to me." "And by doing that, I mean, you are very ignorant. Why not you? Why not you? And why the others? Do you understand what I am saying?"

Theme: "They want something who has that thing"

"In order for them to believe, in order for them to get touched or to get rid of whatever it is that you are saying [people] want someone who has that thing [AIDS]." "Maybe if I am positive and disclose to them and tell them that I am positive but I am living like this and this and this. If I wasn't living like this and this and this, maybe I wouldn't be here now." Because of this, for the person who is HIV negative "its very difficult" to talk about AIDS. People will of ask questions about "how does it feel to be HIV and AIDS positive person," how does an HIV positive person "they live their life". The HIV negative person doesn't "know how does it feel," has "never been there," has "never experienced it. So it's a problem. It's a huge problem."

Theme: "They should have hope"

Those with AIDS "should have hope -- they shouldn't have hope that one day they will have a cure, but they should have that hope that one day and any time soon they will kind of like be blessed." "Whatever one is doing in life, it doesn't matter if it's a good thing or a bad thing... but at the end of the day, God is there for you and at the end of the day, your spirits and your goods and your whatever will be kind of like blessed because God will forgive you for whatever decisions you did wrong in life, you understand what I am trying to say?"

Theme: "It's very difficult"

"This preventing AIDS thing, its very difficult. Its never easy." It is not possible to look at "this HIV and AIDS client", and "feel, 'Wow I did it.' Not all the time." "Ooh! After working, after a long day, its not easy" one meets "different people from stage one up to the last stage [of HIV/AIDS infection], so sometimes" it is "very hard to sleep". One can "kind of like listen to [one's] music, in order to try and like make [the self] feel better." One can go in the morning to "clients to give them their medications." Then in the evening when you "get inside the house you see your clients crying... and they tell you... ooh! your client passed away, just hours ago after you left,

maybe two hours after you left. Its not very easy.” Client and volunteer are “quite close,” after “three or four months” of daily visits. The client “felt OK” to be with the volunteer worker. The client could talk “about everything” whatever it is that she felt now, “I need to talk about this’ she talked about the, the, those stuffs”. “Then to go to that kind of a place or house then to be told that the deadline is past away maybe two hours ago, thirty minutes ago, I mean, its not easy. As I’m saying its not, its not easy. We need to get rid of pains.”

“Sometimes you attend a patient, you attend a client and maybe he or she has two kids or one. She wasn’t making [money]. She didn’t have parents. Or maybe she was living with her uncle or aunt or whatever, but the but the person she was living with was not her real parents. And then you met a case when you enter the house, the kids is there, with an old bread. The mother is sick. The mother is dying. The kids is not taken care of. The mother still, she – she is sick, and at the same time she is moaning. She is worried about the kids. She asks me, ‘I know I am going to die. Please, please, we should make, we should please do something for my kids. Try to make some plan. I don’t care whatever it is that you are going to do. Just do something. You see, I want to die knowing that my kids are going to be taken care of at the end of the day.’”

“Still it’s not easy. You have to work hard, you have to go to health workers. See what is it that you can do. Try to convince them. Try to take them to that place. And to see that situation. If you understand what is it that I am saying. So working for those people, you see it’s not very easy. And in the case of sleeping at night. It’s not. Sometimes you kind of like – me myself, sometimes I used to feel like I need to be counselled, ‘cause its like I need some one to talk to and I cannot just go and talk to my friends. I cannot just go and talk to anyone about my clients. So the best and the easiest way is to talk to, I need a counsellor, I need to sit down to someone who can keep that confidentiality and talk, maybe at the end of the day I’ll feel better.”

Theme: “It affected me a lot”

In this situation, " To be frankly honest with you, it affected me a lot in a way that I’ve kind of told myself that I don’t have to be involved. I mean now that I’m still, I would tell myself that I am still young and now that the world is kind of like wrong outside – you’ll never know if you would have met the right person or not. So I decided not to be involved. To be frank, honestly, I don’t have a boyfriend. I am not involved with anyone. It’s me and my job and my counselling, I mean it’s me and my job and my counsellor. Whenever I need to talk I’m talking to my counsellor – to my counsellor and I don’t have anyone... who, whom I’m dating, so, its very easy for me that way. And I do feel if maybe, if I met someone and perhaps I’ll maybe like feel that this is the right person for me – if that particular person is truly honest, he’ll be loving me – he’ll agree, he’ll agree both of us, we should go for blood tests. We should know, where do we stand, both of us. I do, I do think that it will happen in that manner whenever I’ll met the person. I don’t know when will that be. But any time, I don’t know when will that be. But any time, I don’t know

if it will be today, tomorrow – Someone whom I will be feeling that I'm deeply in love with that person. I'll ask that person that, "Please, please I'm begging you. Would you please do this and this and this for me. If you can only go to the clinic because its, its – you don't have to pay. And you can go to the clinic for the blood test. If you don't want to go to the clinic you can go to the doctor, but the very important thing is we have to know where do we stand."

5.2.5 Ideographic analysis of the interview with Frank

5.2.5.1 Overview

There is a conception of there being an "infected group" who are understood to be "lean", "bedridden, they are not as healthy as anybody who would be moving, like you and me." They are seen to be "bringing AIDS". Those "associated with them are HIV positive". Both those with HIV/AIDS and those associated with them are given "abusive names", "mostly for the ladies" who are then called "bitches" and accused of "promiscuity". But "HIV/AIDS affects everyone". Those who are given names must "Walk tall" and continue to work to change the minds of those in the community who are "having a bad attitude to HIV and AIDS". But this changing of attitudes is not easy and easily leads to "stress in, in one's self" because one wants community member "to be aware of everything". When one person's attitude is changed, "the inner person becomes happy." "There is a need for motivation for people" so that they are able to act on their knowledge of HIV/AIDS.

The overview of the whole shall now be related to separate passages of the text in a parts-to-whole approach. The following themes are eidetically presented in this parts-to whole analysis. This is in compliance with the rigour of the hermeneutic circle and will allow the overview to be (in)validated.

Theme: "The infected group"

People want to see those with HIV/AIDS, "people would, would want to come and join the family of the infected group." It is thought that "people having who HIV are lean, they are bedridden, they are not as healthy as anybody who would be moving, like maybe you and me. So if you go out with somebody who is still, who is still, like, fresh, who is having a year or two being infected," people "would say, no?" that person is not HIV positive.

Theme: "They are bringing AIDS"

"AIDS hoere, jy maak net geraas, -- in Tswana actually, I'm just translating it into Afrikaans actually, not in English, because of I don't have a word for, for, for what she said. So, actually, what she said was, "Those promiscuous, ah, HIV positive, eh, people are making noise and they are from Ikageng, they are bringing AIDS here in Extension 6, and, and after they left, we will be all having HIV and AIDS. People who are like, eh, like, eh, associated with them are HIV positive. People who are, like, associated with them are also HIV positive. That was just, one,

that's one of the things that did demoralise, eh, us-eh- some of our members." "And, mnn, the thing, the other thing is you can't see HIV positive and HIV positive person by just looking at the person's eye and then you decide that person – that's the other point we, we are facing. We don't know who is HIV positive and who is not HIV positive so that's where some other people fell into, fall into a trap."

Theme: "Abusive names"

Those with HIV/AIDS and who work with those with HIV/AIDS are given For example, "when they are wearing the same attire and looking beautiful, people are saying, 'Oh! Look at those HIV positive bitches!'" and people say, "Look at those, ah, ah, AIDS people." Some other "abusive names" "are so much, eh, painful sometimes when somebody thinks of them. You, you, your spirit goes down, and then you say, "I am trying to help the community but they are not responding, they are not responding positively." And "Action speaks louder than words." People's actions say, "we mean nothing or we are doing nothing."

Theme: "HIV/AIDS affects everybody"

"We don't like say, that one is infected, that one is affected. We just accept him or her, being infected or affected because of HIV/AIDS affects everybody – So you might be having a problem at home, somebody being, eh, dead because of HIV and AIDS or you might be having a problem at home, somebody being, eh, dead because of HIV and AIDS or you might be living with it... or somebody close to your family – to the neighbour."

Theme: "Walk tall"

Those who face abuse for working in HIV/AIDS programmes have to tell themselves to "Walk tall." They "motivate each other from within," they "share" ideas and "problems", and "pick up" each others "spirits" so that they can "automatically start working."

Theme: "People having a bad attitude to HIV and AIDS"

"In the community", one can see "people having a bad attitude to HIV and AIDS, not knowing, not that they didn't know what is HIV and AIDS". " Young people "from the age of 12 to 17, are "exploring." If you tell them the dangers of HIV and AIDS, and the need to "prevent yourself from getting infected with the HIV virus or with sexually transmitted diseases. They will listen to you and they will take what you say as a very, very, they will put it as an important message. But they will, eh, like, go back and try to prove what you said. Is it, what you said, true, or were you just telling them what to do." "And then the other group," "the most difficult group," "the elders – and specifically the males, ".who are "thirty, upwards". "Ah, they don't – but now actually, with the present situation, they do – some – not all of them, eh, take initiative. But the others they would not agree. Even if we would come up with somebody who is having HIV. Eh, they wouldn't agree. They would still say no, 'You paid this person to come and tell us that there is HIV.'" And "people who have got money they don't take some other things seriously." They say, "Ah, OK, I've to, ah, money to buy... medication, so if I get infected like today,

tomorrow I'll buy 3TC and I'll have demolished everything." This is because some are "having a bad attitude towards life or some are having bad attitudes towards other people's lives."

Theme: "Stress in, in one's self"

It is "painful" when you meet and see many people with HIV and AIDS and some die "in front of" your "face". Knowing a great deal about HIV/AIDS "somewhere it kills because of, you already how many people are going to die, possibly in, in a months time or possibly in two months time. And that, also the, that brings stress in, in one's self. Like, maybe, what is it that I can do maybe to like, eh, to like makes the statistics to go low, maybe beyond the rate, maybe to five percent, to two percent..." You cannot trust a condom, "it's a man made thing," "it can burst," "the condom has people would say has 99.9%." In addition, there are "ideas running through other people's mind that alright, ah, I got it from a human being so I will also pass it to a human being. That's why the statistics are running." But with little information "the one thing that comes, maybe to that person's mind is 'Oh! Its me only in the world to be infected with the deadly virus." The future is what is left to work for. "Given a chance" one would choose to do campaigns on "young people, eh, young kids," because they are "tomorrows generation." "So they are the ones who are going to, to stay back, eh, not knowing how many of them." "The help that maybe the government or maybe the community can do will help them as the young people or young kids, presently, to conquer the HIV statistics in twenty or thirty years time."

Theme: "I want them to be aware of everything"

In giving information one can see "the attitude being changed," people can see, "maybe the danger or try to come in and help, the way they can." "The first thing" is "to be aware of everything. Anything that comes" and then "treat, ah, the other people as you want them to treat you". If you "prejudice" others, the same will happen to you. "The thing would be to prevent, the most, the most important thing to bring the message of prevention and to change their attitudes towards, not HIV, but towards life."

Theme: "The inner person becomes happy"

"The inner person becomes happy" when someone's "attitude is changed" And it need not be "the whole community, but one person." "One person can rule the country." "If you change one brain," you can "change the whole community." "Not everybody does that." People "we differ actually with the upstairs [indicates head]." The "something that drives me to do things" is the word that our President said, 'Don't ask what the government can do for me. Better do what, do something for the government so that you can see the difference. So that is one of the things that is driving me to do things.'"

Theme: "There is a need for motivation for people"

People are "aware" of HIV/AIDS. "We've been talking and talking and talking and talking about HIV and AIDS." There is "a need" "for strong motivation". "If we've got people who will motivate those who are infected, to still stick to the condom use and the statistics will, like stay level." We

need people “like Felicia to motivate” those who are infected,” churches must be “taking that initiative” for example at confession where “the confidentiality rule” holds, as must “traditional leaders”. We need “open discussion.” We need to hear “the voices of the children. Like, when Nkosi Johnson disclosed to the public.” “That is one of the things that did changed other people’s minds.” The one I would most recommend is, one on one discussion. “Counselling does change people’s minds.” For the entire community, mass action were everybody takes responsibility, for example, by “taking the initiative of telling their partners” if “they are HIV positive or not.” This is “breaking the silence”. Different strategies suit different communities and people since “there are different needs.”

5.2.6 Ideographic analysis of the interview with Catherine

5.2.6.1 Overview

The person with HIV/AIDS or who is at high risk of having HIV/AIDS faces “stigmatisation”; “it is difficult for the community to accept the people.” “Our community is still ignorant.” “They are afraid.” After gaining knowledge, “What after that?” There is “stress.” People “become depressed” and “suicide is a complication of depression.” And there are those who become “committed” and “try and destigmatise the disease and to deal with the myths around the HIV/AIDS pandemic.” There are also those who “are angry” and “blame” government. In this scenario “experts have the responsibility” and need to assist the people come to “have a meaning.”

The overview of the whole shall now be related to separate passages of the text in a parts-to-whole approach. The following themes are eidetically presented in this parts-to whole analysis. This is in compliance with the rigour of the hermeneutic circle and will allow the overview to be (in)validated.

Theme: “The community is stigmatising these people”

People are “encouraged to know their status” and to “disclose” it “and the problem we are having is stigmatisation”. “The community is stigmatising these people. It is difficult for the community to accept the people.” “Parents do not want to accept their children who are infected. There is the “terrible case of a child who was raped, who contracted this HIV through rape, but the parents could not accept her.” Hospital officials “went to the parents to try and talk to them,” but, “its difficult, its too difficult.” And if you as parents will “not accept the status” of your children, “do you expect the community to accept your children in the street?” People must “refrain from diagnosing people in the street”. You go on diet and people say, “Mnn, she’s lost weight, she is HIV positive.” “When someone dies in that [AIDS] chain” people “go around looking for others who are in that chain.”

Theme: "Our community is still ignorant"

Despite efforts to create HIV and AIDS awareness, "our community is still ignorant, especially, in our youth who believe in experimenting." One "cannot say," that "they are changing or modifying their behaviour". "We are giving them condoms as a form of protection... but still, the statistics are increasing and we do not have, we, we, we do not have that guarantee that these people are using these condoms. Hence say we need to go beyond awareness. "The thing that I can attach to that is the level of knowledge and the level of education. The people that I am talking about here are from the farms. They are from the farms. They are at risk. They do not know. They are ignorant." "Most of the people – of our people have traditional and cultural beliefs." "Now most of our people believe when they fall sick of this virus, they believe they've been bewitched and they tell it sijiso." "In door to door campaigns, one goes from the "first house to the fifth house to give them that information. When we come back to the first house, they will tell you they have never heard about AIDS. They don't know anything about AIDS. When you ask them – we tell them about the media – we tell them that people we have got radios, we have got television – are you not listening to the radios, are you not watching TVs here. 'We don't have those. We don't know anything'. If you ask a person what HIV and AIDS is, the person just says, 'I don't know.' So its difficult to measure..." "People become so bored when we come to, them, to talk to them about HIV/AIDS, they become so bored about the subject."

Theme: "They are afraid"

"This, with this rapid testing they may receive their results now, if they want to. But they are not obliged to receive the results on the same day. They are afraid of knowing their status. Most of them believe that knowing their status is going to kill them." People "are afraid to come out, because they feel – actually their perception is that we as government are doing nothing. We are only interested in knowing their status." You have the case of an individual "disclosing at the stadium without having told the family members at home." Immediately after that, before she could arrive at home, the family members knew about her status. They heard about it on the streets. I met with this person, at the local mall, crying hysterically, threatening to commit suicide. I tried to calm her down, and, yah, I calmed her down and then we were talking and then she was telling me her frustrations, problems at home and everything because, now, she's got kids and the kids also heard from the streets, and some of, someone from the family was just saying, 'Yes, your mother has got AIDS'".

Theme: "This is depressing"

"There are people who are infected and they go around infecting other people." When you talk about getting tested, people ask, "What after that?". After testing positive, there is "stress." "Most of them won't be able to accept easily, hence they become depressed and you know that, suicide is a complication of depression. Hence we have some people committing suicide

after knowing their results.” For the counsellor there is pressure, “because people who are coming to VCT, were targeting 15 to 49.” “Most of them are positive”. On a single day, two people can test positive. “That’s why I say its killing.” “This is depressing. Its quite depressing. “You know that is killing. Its frustrating.” Counsellors need “mentorship”. “We really need it. We need to be counselled because this thing is really getting into us.” People want treatment, but “treatment can never be hope.” “AZT and neverapene is not going to prevent one from contracting the disease. If we do not change our behaviour, if we do not revisit our morals, ethics... then I am afraid.” Neverapene is being used in some Clinics to try to prevent vertical transmission. “It is going to try to save babies, even though it is too late for the mom, but the mom will know that at least my baby, its safe. But again its sad – we have a doctor who gave this scenario that he gave neverapene to an, the mother who was expecting twins, the first twin, and you know the neverapene in administered when the woman is in labour. The first twin was negative, and unfortunately, the second twin was infected.”

Theme: “Those who are committed”

You know, in most cases now, I don’t go to people. People invite me. People are able to stand on their own to create awareness. All these other departments have seen the importance of creating partnership or establishing partnership against AIDS. The community, the youth, the youth that I’ve said that its ignorant – there are those who are committed, they will call me.” For example, the community is blessed to have “this NGO in our district called Tshepong AIDS Project... And they are very good at mass mobilisation – because mostly they consist of the age group – I can say youth – hence they are able to mobilise youth to attend.... They work like people who are paid or get a full salary.... Now, the main aim of the department is to try and retain and maintain these people.... I can say that this NGO is helping us a lot with regard to try and destigmatise the disease and to deal with the myths around the HIV/AIDS pandemic.”

Theme: “Blame”

“There are people who are angry” at government. They say that it is “doing nothing for their good.” But “AIDS is a challenge for all of us and we need to fight it head on. Its our responsibility. Its everyone’s responsibility. We have to take responsibility or we have to be responsible for our own health, we, we should not blame people for our failures. We should not blame the government. If there is a shortage of condoms in the district – people blame the government. Why can’t we refrain? Why can’t we abstain? Why can’t we be faithful? Why do we want condoms to direct our lives?”

Theme: “Experts have the responsibility”

“Traditional healers in Potchefstroom, will inform you that there is no cure for HIV and AIDS – because they know.” They have been “educated” and “taught” to know “that there is no cure for HIV and AIDS. What they will tell people is that, “We only manage the symptoms.”” In moments of distress experts, “a nurse, a doctor – a medical doctor, a psychologist, some other people

living with AIDS, some other volunteers from, from the NGOs” have the responsibility. In one case they talked to “family members” and “even though these people said they were very angry because this one did not have confidence in them, that’s why she did not tell them – they accepted and now they have accepted her.” The community depends on the work of organisations.

Theme: “Create meaning”

“Most of the people like action.” They “prefer to look at pictures and create meaning out of them. Rather than take a book and read. Most of the people prefer watching dramatised activities, you know, people performing dramas or what, or maybe songs, listening to songs or what – rather than listening to formal speeches. That’s why you’ll see that during our HIV and AIDS events, we’ll have the formal and informal activities. And during the formal programmes that’s where the MECs and all those people, politicians will be making formal speeches, but the youth is not going to listen. They will be making noise. But as soon as we come the informal programmes, they will listen attentively to the dramas, they will listen attentively to the songs and they even go to the extent of trying to imitate. Because now they can have a meaning, they have meaning out of participation. They understand. They are able to comprehend.” Meanwhile youth are involved in projects– “for example during the School’s AIDS week, we normally visit the schools,” there is the “quilt making project” which trains them “actually to remember, to commemorate the lives of the people who have died of AIDS... And to show care and support to those who are living with the virus.” In schools, they also make paintings which has have “got a message – which conveys a message to the community around HIV/AIDS – even if the statement they have painted is different.”

In existential-phenomenology, the intention of the application of the hermeneutic circle is to critically examine the picture one has of the whole to get to greater levels of understanding. The result intended is the emergence of global themes which traverse the interviews. These global themes are identified as common themes that emerge as patterns from the ideographic analysis of the interviews. It is important to understand that these global themes are the very essences that distinguish the method of phenomenology from other methods. The global themes give a picture of HIV/AIDS as the interviewees and people in Ikageng view it.

5.3 GLOBAL THEMES THAT EMERGE FROM THE INTERVIEWS

The analysis has carried out an eidetic reduction of the research findings. The eidetic reduction process has presupposed essences by making appeals to manifestations of HIV/AIDS as phenomenon. Variation in interviewee’s opinions has validated these manifestations. By variation it was found that the essential structure of the reality of HIV/AIDS for people living in Ikageng can be said to be represented by the following global themes:

Global theme: "Depression"

Pragmatic communication does not adequately address individual's "stress", "depression", "anger", the sense that "white people are attacking Black people with this disease" or the sense of an "infected group" made up of "other people" who can even be seen to have the "influence of evil forces in them". This group needs someone "to take care of the lives of the people".

Global theme: "There is a need for motivation for people"

Pragmatic communication does not take care of the need for the individual to "Walk tall", the need "to be aware of everything", "there is a need for motivation for people", for communication to facilitate that the "the inner person becomes happy".

Global theme: "Some of the information are myths"

"Some of the information are myths and some of the information are correct information and people tend to believe myths than the right information." "And looking at our situation here, we tend to believe more of our friends than our teachers, than our priests, than, eh, eh, our educators."

Global theme: HIV/AIDS is a "burden"

"HIV doesn't change," it is "depressing". "Those with HIV/AIDS continue to "feel bad", and those who work on HIV/AIDS programmes find this has "affected" them "a lot" such that even having relationships of their own becomes difficult. There is a sense that "AIDS is busy killing our nation". For the person who would work to fight this situation, it becomes a "burden", "you find you have to go beyond your capability".

Global theme: "Experts have the responsibility"

"Experts have the responsibility." The expert finds that when the community "start trusting you, they start going in depth, they start seeing you as somebody who can solve everything, and that's one of the burdens that most of finds – that you can only do so much. Eh, and you've got such a big area to cover and at the end of the day, you find you have to go beyond your capability."

Global theme: "Do it with the will" of your heart

It remains that one can say, "I believe in miracles. Eh, I stand with my faith." The individual has to "try to use only your mind and the things that you've been taught" and "do it with the will" of your heart.

A research project is based on specific research questions and problems, around which statements of theory are made. Research is structured around the efforts to validly and reliably, within the method of science, come up with answers in relation to the demands of these questions, problems and statements of theory. After the enunciation of theory, the research

method, and after the analysis of interviews to arrive at global themes; it now remains to synthesise conclusions that answer the questions which justified the research.

5.4 SYNTHESIS DEVELOPMENT AND SYNTHESISED CONCLUSIONS

5.4.1 The research problem

In the first chapter a research problem was identified. It was seen as reasonable to ask: Why have pragmatic communication based interventions not worked, in South Africa, to promote the reduction of behaviours which increase the chances of the spread of HIV/AIDS? Can a critically complemented existentialist approach to HIV/AIDS communication serve as an alternative, theory-based guideline for communication strategies, which may possibly overcome the limited success of the pragmatic communication based interventions to induce individuals to act responsibly in high-risk contexts?

From this research problem, objectives were laid out. These objectives were seen to be related to research questions. Central theoretical statements were identified to locate the areas of theory that deal with the research problem as elucidated through the research objectives and questions.

In chapter two research theory was presented as it relates to the problem identified. This explanation and presentation of theory began a process of digging for answers. The intention was to achieve greater depth, length and breath of understanding with regard to the research objectives and questions. Interviews and theory combine, as discussed in chapter four, to facilitate the achievement of scientific answers to the research objectives, questions and thence to present solutions to the research problem.

In this chapter an analysis of interviews carried out has been presented. It remains to deliver from this analysis findings which relate to the research objectives and to central theoretical statements. The concluding section of this chapter will relate to the research problem in general. It presents a picture of what the research has achieved.

5.4.2 Findings in relation to the objectives

A general research objective was enunciated. This general objective was delineated by specific objectives. The following text first discusses the specific and then the general research objectives in order to come to a determination on whether or not the research objectives have been met.

5.4.2.1 *First specific objective*

The first specific objective of the research was: "To critique (from the Kierkegaardian-existentialist approach) selected pragmatic communication practices of government and other sources of information (including public service announcements of all kinds and mass media communication) on HIV/AIDS as seen in Ikageng, Potchefstroom City."

- 1) It is shown in the theory that colonial and Apartheid histories place those who were subjugated into situations where they are prone to existential crisis. In interviews the racial and cultural identities of Black people emerged as part of the view of high-risk HIV/AIDS behaviours. "I think our people have a problem, eh, our people believe in what they see, rather than what they hear, you see. Our people believe that HIV is there or its alive because of this they believe in that if I have HIV/AIDS I have been bewitched. So, and, they say, many people say that Black people we don't own that we, they say AIDS is being own by white people. So it's like, eh, white people are attacking Black people with this disease." "They are ignorant. Why: most of the people – of our people have traditional and cultural beliefs."
- 2) Related to the colonial, Apartheid and Western rationalist capitalist context it was shown, in theory, that socio-economic realities promote existential crises among the disadvantaged. In interviews the economic and socio-historical context of Black people emerged as part of the view of high-risk HIV/AIDS behaviours. "I can say because white people are rich and most Black peoples are poor and the pleasure time they do is for sexual, because white people are rich."
- 3) The colonial, Apartheid and Western rationalist capitalist context was shown, in theory, to be related to the destruction of the family. In the interviews it emerged that "in our Black society, our parents they didn't like us to talk about the sexual whatever." "Experts have the responsibility" to teach and to educate about sex.
- 4) The destruction of the family was related, in theory, to existential neurosis, especially as it relates to sex.
- 5) Pragmatic communication on HIV/AIDS was seen, in theory, to not focus on the historical context of colonialism, Apartheid and capitalist rationality.
- 6) Pragmatic communication on HIV/AIDS was further seen, in theory, to not focus on the individual's existential crisis. It was shown in the interviews that people need to be communicated with in a manner that allows them to get "meaning, they have meaning out of participation. They understand. They are able to comprehend."

It is hence found that pragmatic practices of communication on HIV/AIDS are not capable of assisting with the individual dilemmas of HIV/AIDS. The first specific objective is met.

5.4.2.2 *Second specific objective*

The second specific objective was: "To demonstrate that behaviour following the awareness of HIV/AIDS is related to the existential state of individuals."

- 1) It was related that individuals have awareness of HIV/AIDS and of its prevention.
- 2) It was also related that the aesthetic does not identify his or herself in the situation of their existence, in this case, with the existential dilemma of HIV/AIDS. In the interviews it emerged that "people outside are ignorant." "They have information but they are ignorant." They tell themselves "It's not going to happen to me." "They are believing, their actions are showing that they don't believe in that AIDS it is there and kills."

A strong link suggests that behaviour following the awareness of HIV/AIDS is related to the existential state of individuals. The second specific objective is in significant part met.

5.4.2.3 *Third specific objective*

The third specific objective was: "To demonstrate that those individuals who engage in high-risk HIV/AIDS behaviours are what Kierkegaard labelled aesthetics."

- 1) It was shown that the aesthetic has an ironic appearance or relative irony, which is explained as "feigned irony, as an occasion in which an individual acts ironically to some definite purpose". It emerged in the interviews that, "People are not condomising out there. Most of the people, they take, they took it as a joke. They don't believe that HIV/AIDS it is existing. They'll kind of tell you that 'I want to see someone who is HIV or who is AIDS, or who has AIDS. Until I believe that AIDS is its alive and kicking'."
- 2) It was shown that the aesthetic has a wit characterised by indifference, both in rational and emotional affairs. In the interviews it emerged that in the case of door-to-door campaigns, "We can go from the first house to the fifth house to give them that information. When we come back to the first house, they will tell you they have never heard about AIDS. They don't know anything about AIDS. When you ask them – we tell them about the media – we tell them that people we have got radios, we have got television – are you not listening to the radios, are you not watching TVs here. 'We don't have those. We don't know anything'. If you ask a person what HIV and AIDS is, the person just says, 'I don't know'."
- 3) It was shown that jest is not just as an aesthetic, but is also a flawed ethical category. It is not that the aesthetic are necessarily ignorant of the ethical demand; they have not willed the ethical. In the interviews it emerged that the people ask, for instance with regard to being tested for HIV/AIDS, "What after that?" And "there are things happen, I mean, ideas running through other people's mind that alright, ah, I got it from a human being so I will also pass it to a human being. That's why the statistics are running."

A strong link suggests that those individuals who engage in high-risk HIV/AIDS behaviours are what Kierkegaard labelled aesthetics. The third specific objective is in significant part met.

5.4.2.4 Fourth specific objective

The fourth specific objective of the research was: "To point to the value of a Kierkegaardian-existentialist orientation to communication on HIV/AIDS."

- 1) It was shown that current communication on HIV/AIDS is pragmatic communication. Pragmatic communication is unable to deal with the communication needs, which have been shown to relate to:
 - a) The existential individual who can not be out of historical context, and
 - b) whose behaviour following the awareness of HIV/AIDS is related to the existential state of individuals; since
 - c) those individuals who engage in high-risk HIV/AIDS behaviours are what Kierkegaard labelled aesthetics.
- 2) It was shown that the task of communicating to allow individuals, particularly those who have knowledge of HIV/AIDS and its methods of prevention, to not engage in high-risk HIV/AIDS behaviours brings Kierkegaard's indirect communication to prominence.

The fourth specific objective was to point to the value of a Kierkegaardian-existentialist orientation to communication on HIV/AIDS. This objective was met.

5.4.2.5 General objective

"The general objective is to show that the central reason for the lack of success of pragmatic communication based interventions in reducing high-risk HIV/AIDS behaviours is that this communication does not address individuals' current existential state, which culminates in the making of choices that affirm the essence of existence."

In light of the fact that the specific objectives relating to the general objective have been met, it is possible to logically state that the general objective is itself achieved.

5.5 CENTRAL THEORETICAL STATEMENTS ON THE FINDINGS

The research analysis has sought to add insight to thoughts revealed through a critically developed Kierkegaardian-existentialist critique. This critique has aimed to contribute to the understanding of selected pragmatic communication practices of government and other sources of information, including public service announcements of all kinds, and mass media communication, on HIV/AIDS as seen in Ikageng, Potchefstroom City. To this end it is

important to seek the role that existentialism - especially in its Kierkegaardian and Buberian sense – can play in a cultural context described as collectivistic. The effort to find this role has led to fleeting exploration of the thought of various thinkers, especially Frantz Fanon and Jean-Paul Sartre. Others such as Sigmund Freud, Herbert Marcuse and Jürgen Habermas, who are not existentialist philosophers, have also been paid attention to in elaborating the argument.

The intention has been to find the relation that exists between individual states of existence and the choices individuals make with regard to risky HIV/AIDS behaviours. For if there is a relationship between individual states of existence and choices with regard to risky HIV/AIDS behaviours; do current pragmatic communication based interventions address people's current existential state? And what alternative modes of communication can be proposed to communicate about HIV/AIDS?

The synthesis of findings from the analysis of interview findings and of theory suggests that the central theoretical conclusions of this research validate the central theoretical statements elucidated at the beginning of this research.

Communication on HIV/AIDS in its current pragmatic form addresses the need for knowledge about the disease and for skills for its prevention and treatment. Awareness of this knowledge has arrived to the people. However, this awareness does not address the existential position of the individual engaged in high-risk HIV/AIDS behaviours. This individual who engages in high-risk HIV/AIDS behaviours is the aesthetic.

Kierkegaard's existentialist approach to communication would serve as an ideal approach to communication aimed at addressing people's current existential state (which culminates in the making of choices that affirm the essence of the individual existence).

5.6 SYNTHESISED CONCLUSION

Phenomenological interviews can never appeal to generalisation on the basis of statistical representativity to the general population. They can, however, appeal for acceptance as valid and reliable pictures of reality on the basis that they correspond largely to the picture presented by theory, and also on the basis that readers can most comfortably agree with the findings.

In what follows, a synthesised conclusion is presented for this chapter. The conclusion will be based on the theory and analysis of the interviews. It lays the foundation for chapter six to more broadly discuss the space of this research study.

A single paragraph summary of the arguments put forward is that: Kierkegaardian-existentialist thought has identified the individual in freedom as the maker of choices of high-risk HIV/AIDS behaviours. Yet choice and freedom are also related to the contingent context that the individual meets. All living and hence all reality is meeting. The being in choice and freedom subjectively takes ownership of his or her reality. In facing the world the being first faces dread of this reality. Then in choice and freedom the being is able to be in despair. In the time of HIV/AIDS despair results from seeing the possibilities of "death", "stigmatisation" and "depression" related to HIV/AIDS. It is only by being in despair and increasing despair that the individual can truly live with HIV/AIDS or with any other truth. Being is becoming. But the being is able, in bad faith, to be unauthentic. Through choice and freedom the being can deny reality and ethics and be the aesthetic. This aesthetic through the communication of behaviour can be seen to ignore the true dangers of HIV/AIDS and to engage in high-risk behaviours. The aesthetic even takes HIV/AIDS to be a joke. Further, the aesthetic also ignores ethical guidelines in refusing to use condoms and is seen to even go as far as to rape and deliberately spread HIV/AIDS. In the face of HIV/AIDS the being can deny that existence precedes essence. The being can blame the context and claim to be just a spoke in the wheel. It is in this context that the Kierkegaardian indirect method of communication becomes particularly important and where pragmatic communication is deemed to be failing in that it is unable to address the existential being.

The Kierkegaardian-existentialism of this research shows that the aesthetic does not acknowledge his or her freedom and choice. He or she can blame the environment: "Some of us are get to AIDS and HIV because of poverty. Poverty, some of our people pushes them to do what they don't want to do. They end up saying, 'Oh! Nothing I can do'." This is the thinking that such approaches as the systems approach would give. The individual's ability to choose the self, in freedom, is not granted.

Synthesis of theory and interview findings has collaborated that high-risk HIV/AIDS behaviours are choices that the individual makes. Individuals are seen as able to overcome circumstances. It remains that one can say, "I believe in miracles. Eh, I stand with my faith." The individual has to "try to use only your mind and the things that you've been taught" and "do it with the will" of the heart.

It has been shown that those who are involved in high-risk HIV/AIDS behaviours are aesthetics whose communication (behaviour) belongs to the lower comic. It is the aesthetic, understood through Kierkegaard's mediations, who does not live in despair. The comic irony of this is that it is the horror of HIV/AIDS that allows them to adopt this attitude. They dread HIV/AIDS too

much to accept it and live in the despair of knowing it is there: "People are not condomising out there. Most of the people, they take, they took it as a joke. They don't believe that HIV/AIDS it is existing. They'll kind of tell you that 'I want to see someone who is HIV or who is AIDS, or who has AIDS. Until I believe that AIDS is its alive and kicking.'" This is an example of bad faith. This is the expression of the aesthetic in the face of HIV/AIDS.

Where Kierkegaard has spoken of despair as characteristic of individuals who know the truth, the interviews have shown that individuals who know the dangers and preventions related to these times of HIV/AIDS suffer greatly. Being in the time of HIV/AIDS entails much despair. This is the higher irony of the ethical and the religious. There is no simple joy in being HIV negative. Witness the following comments: "I am feeling depressed you see. I am having two nights not sleeping – thinking about that patient of mine." "Very much. My body wasn't like this, you know, but since I started working in Hospice, I've loosing more and more kilos or whatever." Or to say, "To be frankly honest with you, it affected me a lot in a way that I've kind of told myself that I don't have to be involved. I mean now that I'm still, I would tell myself that I am still young and now that the world is kind of like wrong outside – you'll never know if you would have met the right person or not. So I decided not to be involved. To be frank, honestly, I don't have a boyfriend. I am not involved with anyone. It's me and my job and my counselling, I mean it's me and my job and my counsellor."

Interviewees have spoken of the "inner man" being able to change the actions of the self. Kierkegaard speaks of the ability of "the inner man" to receive the truth. The tendency towards despair increases with increased ability to see the truth. For Kierkegaard this ability increases as one grows from the aesthetic, to the ethical and thence to the religious sphere. It can be observed that the interviewees, who see the truth of the need to prevent HIV/AIDS, are religious and are ethical. For example, the interviewees refer to "the part that God gave me to play" and that "God help them." It is also observed that the interviewees have values that can only be birthed in ethics. For example, they speak of valuing the other when they say "our nation is dying".

People through choice and freedom are deciding not to subjectively take ownership of the message of prevention. People in Ikageng have knowledge of HIV/AIDS. "They are acting as they are ignorant. They are acting as if that thing is not there. It is like somebody will tell you about something that is horrible. He or she is trying to make as if that thing is not there." One cannot talk to the existential being who refuses to be talked to. The HIV/AIDS message is stopped by the noise of the listener who refuses to listen. "People become so bored when we come to them, to talk to them about HIV/AIDS, they become so bored about the subject."

But people must be talked to. They have abdicated responsibility to other people, who are often experts, and to the organisations from which these experts come. The family is no longer able to assist. The public sphere takes over the responsibility of the individual. "Experts have the responsibility." The expert finds that when the community "start trusting you, they start going in depth, they start seeing you as somebody who can solve everything, and that's one of the burdens that most of finds – that you can only do so much. Eh, and you've got such a big area to cover and at the end of the day, you find you have to go beyond your capability."

Organisations such as the National AIDS Council of South Africa are based on a Western rationality that also characterises their (pragmatic) communication, which is unable to carry the essential truth of HIV/AIDS. Where pragmatic communication on HIV/AIDS has been able to achieve its goals, it would seem that special circumstances were associated with this. For example, these successes are with people who can say things like, "OK, this, I once saw this and this and this in my brother, the late, my late brother. So, mmnn, mmnn, I kept on asking myself, what is it that maybe, eh, why didn't they tell me actually, that this is this problem." The experience of behaviour changes after deaths in the family have been examined as possible important causes of the slow down in the HIV/AIDS pandemic in Uganda.

The first goal of preventive communication on HIV/AIDS should be that of facilitating the individual to be able to subjectively take ownership of the message. Individuals will stop the HIV/AIDS pandemic when they, in freedom, start choosing to see and thence stop their high-risk HIV/AIDS behaviours. The Kierkegaardian oeuvre presents indirect communication as a means to get individuals to face up to themselves and the choices they must make.

Yet current pragmatic communication persists in attempting to inform people about HIV/AIDS.

CHAPTER SIX

6 NOTES OF CONCLUSION

6.1 INTRODUCTION

This research presents a critique of current pragmatic communication on HIV/AIDS. The Kierkegaardian, ironic path constituted a significant part of the research approach as it interrogated and queried current pragmatic communication on HIV/AIDS.

As stated above, because the intention of the argument is irony, the structure of the writing is itself ironic. A good example of this ironical layout is chapter three, which on the surface may appear to lack the presence of the stamp of Kierkegaardian input. Yet, perhaps more than any of the other sections, this chapter conforms to Kierkegaard's own method of fighting the enemy from within, as Kierkegaard did so well in his fight against Hegelianism. Even when Kierkegaardian-existentialist thought is not elucidated, it is non-being, not absence. From the very title of the research to the very end, Kierkegaard and existentialist thinking in general dominates the thinking of this research.

Though the method of writing is ironic, the findings cannot be labelled such. The findings suggest that those who engage in high-risk HIV/AIDS behaviours are aesthetics. The communication currently applied to change individual behaviours is pragmatic. It is shown that this pragmatic communication does not address the existential dilemma facing the individual. The Kierkegaardian indirect method of communication is advanced for the existentialist needs of communication in this time of HIV/AIDS. It is relative to this Kierkegaardian indirect communication approach that current pragmatic communication on HIV/AIDS is critiqued.

6.2 OPPORTUNITIES FOR FURTHER STUDY

The methodology applied shows potential to yield much more information and value than within the limits of its use in this research. It would be useful to further explore the use of this methodology in ongoing research on this topic.

Current practices must be credited with having unearthed much of the data used for this research. However, it does remain that there is need to pursue more inventive and individual centred methods to elucidate truths on important phenomena. For example, in this research, mass media communication could not be analysed because the methodology could not grasp their nature as individuals experience them. The researcher found that interviewees were not

able to conceptually describe communication media phenomena within the format of the interviews.

Not much time was devoted to the creation and development of a line of argument which seeks to justify the rationale of applying a Kierkegaardian-existentialist approach to the question of the African as human *qua* being. It does, however, remain a topic of interest that rises immediately from reading this text.

The research was not able to verify the assumption or argument that Kierkegaard's existential approach to communication would lead to behavioural change; this was not the lacuna identified for this study. It remains that it is suggested that the Kierkegaardian indirect method of communication be looked at for the existentialist needs of this time of HIV/AIDS. This would be an important area for further studies, particularly those which can be accompanied by tests of effectiveness in behaviour change outcomes with comparison to other communication methods.

The possibility was suggested for there being working relationships between the traditional African means of storytelling (Scheub, 1975) and the Kierkegaardian oeuvre. This could be particularly useful when one considers the observation, below, of a health professional interviewed for this research:

I've realised that most of the people like action. Most of the people prefer to look at pictures and create meaning out of them. Rather than take a book and read. Most of the people prefer watching dramatised activities, you know, people performing dramas or what, or maybe songs, listening to songs or what – rather than listening to formal speeches. That's why you'll see that during our HIV and AIDS events, we'll have the formal and informal activities. And during the formal programmes that's where the MECs and all those people, politicians will be making formal speeches, but the youth is not going to listen. They will be making noise. But as soon as we come to the informal programmes, they will listen attentively to the dramas, they will listen attentively to the songs and they even go to the extent of trying to imitate. Because now they can have a meaning, they have meaning out of participation. They understand. They are able to comprehend (see appendix:XLVI).

Prima facie it would seem that there are interesting audio-visual possibilities which could best exploit the possible link between Kierkegaardian indirect communication and traditional African modes of communication. This possibility remains as only one of many to be investigated on what use the Kierkegaardian approach can have within the mass media and even within the school curricula, e.g. in the assessing of literary texts aimed at advancing the existential states of both learners and 'teachers'.

Trends within the general social sciences and within the communication sector have moved from a deterministic, mass paradigm towards an evolving, much more participatory individualistic paradigm (Gomez, 2000, Servaes, 1983). It remains to be investigated where such a Kierkegaardian-existentialist approach as that advanced in this paper would fall.

6.3 CONCLUSION

This study has looked at communication of HIV/AIDS within the Potchefstroom area of Ikageng. It has located the HIV/AIDS pandemic within the aesthetic being who is the Black South African who inhabits Ikageng. HIV/AIDS has then been identified as related to an existential crisis. The existential dilemma presented by HIV/AIDS must be answered if the future is to have much hope. It is not enough to fight this current battle. One must look to tomorrow. Diseases may come and go. Modern medicine may find a cure for HIV/AIDS, but another scourge such as HIV/AIDS may come.

A communication truism holds that today's history is written as we live. An old adage says "those who do not learn the lessons of history are doomed to repeat its mistakes." It must be said, "Not again." The trauma of the HIV/AIDS pandemic and the trauma of the communication used to combat it, such as the fear appeals, will have long lasting negative impacts on our society. The continuing trend is of family roles in developing the child existentially being increasingly occupied by organisations such as the school, government and non-governmental organisations. It remains a challenge to see how communication strategies from these structures of Western rationality can be geared to take care of existential needs for which their historical course has not prepared them. The Kierkegaardian method of communication suggests a way forward in this critical area of national survival.

The communication applied for today's HIV/AIDS pandemic must serve as vaccine for tomorrow's scourge. Theories advanced on the basis of yesterday's problems need to be reconceived and sometimes new theories have to be developed to deal with new realities. The development demands of the children of generations to come commands it. Anything less is not good enough. It must remain the work of scholars to work towards this 'blue sky'.

7 BIBLIOGRAPHY

- ADELMAN, M.B. 1992. Healthy Passions: Safer sex as Play. (In Edgar, T., Fitzpatrick, M.A. & Freimuth, V.S. eds. 1992. AIDS: A communication perspective. Hillsdale, N.J. : Lawrence Erlbaum. p. 69-90.)
- AIRHIHENBUWA, C.O., & OBREGON, R. 2000. A critical assessment of theories/models used in health communication for HIV/AIDS. *Journal of Health Communication*, 5:5(11p.), Supplement. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 23 Feb. 2001].
- AIRHIHENBUWA, C.O., MAKINWA, B. & OBREGON, R. 2000. Towards a new communications framework for HIV/AIDS. *Journal of Health Communication*, 5 : 101-12, Supplement. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 26 Feb. 2001].
- ANGELOPULO, G. 1994. A systems approach to Public Relations. (In Lubbe, B.A. & Puth, C. eds. 1994. Public Relations in South Africa: A management reader. Durban : Butterworths. p. 40-52.)
- ANSELMUS CANTUARIENSIS. 1963. Cur Deus homo? Pourquoi Dieu s'est fait homme? Texte par R. Roques. Paris du Cerf.
- AUDEN, W.H. 1995. Their lonely betters. (In Smyth, S. & Swancina, V. ed. The wind at dawn: An anthology of poems. Johannesburg : Hodder & Stoughton. p. 13.)
- BACKER, T.E. & ROGERS, E.M. 1998. Diffusion of innovations theory and work-site AIDS programmes. *Journal of Health Communication*, 3(1):17(12p.), Jan.-Mar. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 4 Febr. 2001].
- BAHG, C. 1990. Major systems theories throughout the world. *Behavioral Science*, 35(2) :79, 29p. Apr. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 29 Mar. 2001].
- BANDAWE, C.R. & FOSTER, D. 1996. AIDS-related beliefs, attitudes and intentions among Malawian students in three secondary schools. *AIDS Care*, 8(2) : 223-33. Apr. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 4 Mar. 2001].
- BARASH, D.P. 2000. Evolutionary Existentialism, Sociobiology, and the Meaning of Life. *Bioscience*, 50(11): p1012-18. Nov. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 24 Jun. 2001].
- BARRON, P. & SANKAR, U. 2000. Developments towards a district health system. *South African Health Review*. [Web:] <http://www.hst.org.za/sahr/2000/chapter10.htm> [Date of access : 3 Nov. 2001].
- BENNETT, J. 1999. A Preliminary Assessment of Current South African Research Being Undertaken (or completed) on connections between Gender-based Violence, Peace-Building and Development Initiatives in South Africa: Report prepared for Oxfam IDRC. African Gender Institute, Dec. [Available on the Internet:] <http://www.uct.ac.za/org/agi/papers/oxrep.htm>, [Date of access : 11 Sep. 2001].
- BIBLE. 1978. Authorized King James Version: New Testament with Psalms. Cape Town : Bible Society of South Africa.

- BIKO, S. 1970. We Blacks. (In Aelred, S.C.R. ed. Steve Biko: I write what I like: a selection of his writings. Heinemann, Oxford, p.27-32.)
- BLOOR, M. 1997. Techniques of validation in qualitative research. (In Miller, G. & Dingwall, R. eds. 1997. Context and method in qualitative research. Sage, London. p37-50.)
- BOTMAN, R.H. 1998. The Language of a Human Rights Culture Religion and Theology: University of the Western Cape. Concept Paper for the Academic Workshop, Cape Town, 30 Sep. - 2 Oct. [Web:] http://www.uct.ac.za/depts/ricsa/confer/me99/con_paps/botman.htm [Date of access : 12 Sep. 2001].
- BOWES, J.E. 1997. Communication and community development for health information: constructs and models for evaluation. Review prepared for the National Network of Libraries of Medicine Pacific Northwest Region, Seattle. University of Washington, Seattle, WAS., Dec. [Web:] <http://www.nlm.nih.gov/pnr/eval/bowes/> [Date of access : 14 Feb. 2001].
- BRUCE, D. 2001. Suspect crime statistics cannot obscure grim truth. Centre for the Study of Violence and Reconciliation. (Originally published in The Sunday Independent: 10 June, 2001). [Web:] <http://www.wits.ac.za/csvr/articles/artdb10.htm> [Date of access : 22 Oct. 2001].
- BUBER, M. 1987. I and Thou. (Translated by Smith, R.G. 1987. N.Y. New York : Collier.)
- BUCH, E. 2000. The Health Sector Strategic Framework: A review. *South African Health Review*. [Web:] <ftp://ftp.hst.org.za/pubs/sahr/2000/chapter2> [Date of access : 3 Nov. 2001].
- COHEN, M., DEAMANT, C., BARKAN, S., RICHARDSON, J., YOUNG, M., HOLMAN, S., ANASTOS, K., COHEN, J., MELNICK, S. 2000: Domestic Violence and Childhood Sexual Abuse in HIV-Infected Women and Women at Risk for HIV. *American Journal of Public Health*, 90(4) : 560-6. Apr.
- COHEN, M.Z., KAHN, D.L., & STEEVES, R.H. 2000. Hermeneutic phenomenological research: A practical guide for nurse researchers. London : Sage.
- COLE, J.P. 1971. The Problematic self in Kierkegaard and Freud. New Haven : Yale University.
- CURRAN, J., GUREVITCH, M., & WOOLLACOTT, J. 1982. The study of the media: theoretical approaches. (In M., Bennett, T., Curren, J. & Woolacott, H. eds. Culture, Society and the media. London : Routledge.)
- DAS, M. 1996. Bad medicine. *Harvard International Review*, 18(3) : 72-5. Summer. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 26 Feb. 2001].
- DE WET, G. 1991. Communication and social structure in a rural Ciskei community: a network analysis. Johannesburg: RAU. (Thesis, Phd.) p. 378.
- DE WET, G. 2001. Unpublished data from random interviews held in Ikageng. Potchefstroom. (Records in possession of the author.)
- DENZIN, N.K. 1989. The Research Act: A theoretical introduction to sociological methods. 3rd ed. Englewood Cliffs, N.J. : Prentice Hall.
- DEPARTMENT OF HEALTH. 2000. National HIV and Syphilis Sero-Prevalence Survey of women attending Public Antenatal Clinics in South Africa. [Web:] <http://www.doh.gov.za/docs/reports/2000/hivreport.html#results> [Date of access : 2 Nov. 2001].

- DESCARTES, R. 1969. A Discourse on method. Meditations on first philosophy, Principles of philosophy. (Translated by J. Veitch & A.D. Lindsay. New York/London : Dutton/Dent.)
- DEVELOPMENT RESEARCH. 2000. Demographic projections for the Potchefstroom area. (Original copy in records of Potchefstroom City Council.)
- DILLARD, P.P., PLOTNICK, C.A., GODBOLD, L.C., FREIMUTH, V.S., & EDGAR, T. 1996. The multiple effective outcomes of AIDS PSAs: Fear appeals do more than scare people. *Communication Research*, 23(1):44-72, Feb.
- DLADLA, J. 1996. Suicide claims a new class of victim in black township. *Sunday Times*:22, Sep.
- DORRINGTON, R., BOURNE, D., BRADSHAW, D., LAUBSCHER, R. & TIMÆUS, I.M. 2001. The impact of HIV/AIDS on adult mortality in South Africa: Technical Report. Burden of disease research unit of the Medical Research Council of South Africa. Sep.
- FANON, F. 1963. *The wretched of the earth*. Translated by Farrington, C. Harmondsworth, Middlesex : Penguin. p. 27-255.
- FANON, F. 1970. *A dying colonialism*. (Translated by Chevalier, H. 1965. *A dying colonialism*. Harmondsworth, Middlesex : Penguin.)
- FREUD, S. 1912. Taboo and emotional ambivalence. (Translated by Strachey, S. ed. 1950. *Totem and Taboo*. New York : Routledge and Kegan Paul. p. 18-75.)
- FREUD, S. 1912. The Horror of Incest. (Translated by James Strachey ed. 1950. *Totem and Taboo*. New York : Routledge and Kegan Paul. p. 1-17.)
- FROMM, E. 1989. The crisis of psychoanalysis. (In Bronner, S.E. & Kellner, D.M ed. 1989. *Critical theory and society: a reader*. New York, N.Y.: Routledge. p.247-252.)
- GOMEZ, C.M. & VAN OSS, B. 1996. Gender, culture and power. Barriers to HIV-prevention strategies for women. *Journal of Sex Research*, 33(4) : 355-363. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 26 Feb. 2001].
- GOMEZ, R. 2000. The emmergence of a new paradigm in development communication. Web Source [<http://www.ias.leiduniv.nl/host/ccrss/cp/cp1/cp1-The.html>]. Date: 03 May, 2001.
- GREEN, G.M. 1989. *Pragmatics and natural language understanding*. Hillsdale, N.J : Illinois.
- HABERMAS, J. 1981. *The theory of communicative action. Volume 1: Reason and the rationalization of society*. (Translated by McCarthy, T. 1984. *The theory of communicative action. Volume 1: Reason and the rationalization of society*. Boston, Mass. : Beacon.)
- HABERMAS, J. 1985. *The theory of communicative action. Volume 2: Lifeworld and system: A critique of functionalist reason*. (Translated by McCarthy, T. 1987. *The theory of communicative action. Volume 2: Lifeworld and system: A critique of functionalist reason*. Boston, Mass. : Beacon.)
- HALTTUNG, K. 1995. Humanitarianism and the Pornography of Pain in Anglo-American Culture. *American Historical Review*, 100(2):303-34, Apr.
- HARPER, N.E. 1966. A comparative study of the educational implications of the thought of John Calvin and Søren Kierkegaard. University of Mississippi. University Microfilms, Ann Arbor, Michigan. Doctorate.

HARRISON, A., SMIT, J.A. & MYER, L. 2000. Prevention of HIV/AIDS in South Africa: A review of behaviour change interventions, evidence and options for the future. *South African Journal of Science*, 96(6):285, Jun. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 15 Feb. 2001].

HEALTH SYSTEMS TRUST. 1998. Health and related indicators. [Web:] <ftp://ftp.hst.org.za/pubs/sahr/1998/sahr/indicats> [Date of access : 2 Nov. 2001].

HEALTH SYSTEMS TRUST. 1999. District health informatin systems. *South African Health Review*. [Web:] <ftp://ftp.hst.org.za-pubs/sahr/1999/chapter12> [Date of access : 2 Nov. 2001].

HEALTH SYSTEMS TRUST. 1999b. Health Promotion. *South African Health Review*. [Web:] <ftp://ftp.hst.org.za/pubs/sahr/1999/chapter21> [Date of access : 2 Nov. 2001].

HERBERT, G. 1995. The pulley. (In Smyth, S. & Swancina, V. ed. *The wind at dawn: An anthology of poems*. Johannesburg : Hodder & Stoughton. p. 93.)

HIV/AIDS AND STD DIRECTORATE OF HEALTH. 2000. HIV/AIDS/STD Strategic Plan for South Africa:2000-2005, February 2000. [Available on the Internet:] <http://www.gov.za/documents/2000/aidsplan2000.pdf> [Date of access : 15 Feb. 2001].

HIV/AIDS and STD Directorate, 2001?:1. Health and related indicators. [Web:] <http://www.hst.org.za/sahr/98/indicat.htm> [Date of access : 25 Nov. 2001].

HOLTHUS, E. 1973. Existential phenomenology and the science of politics. Riverside, C.A. Anne Arbor, MI : Xerox University Microfilms. (copyright 1974 by Harold P. Sjursen).(Thesis – Phd.) p. 383.

HOOPER, E. 2000. How did AIDS get started? *South African Journal of Science*. 96 : p265-267, June. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 16 Oct. 2001].

JANSEN, N. & Steinberg, S.1991. Theoretical approaches to communication. Kenwyn: Juta.

JANSEN, N. 1989. Kierkegaard's divinely appointed teachers, the lilies and the birds: some reflections on communication. *Communicatio*, 15(1):49-56.

JASPERS, K. 1952. Reason and anti-reason. London : SCM.

JOHNSTONE, P.M. 1995. A glimpse of an IPA as a living system. *Behavioral Science*, 40(4):304-14, Oct. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 24 Mar. 2001].

JOLIVET, R. 1950. Introduction to Kierkegaard. London : Fredrick Muller.

KELLY, K., DE BROIZE, A., VAN RIET, M., WORT, B., MNGOMEZULU, P., SEDUMEDI, S., SQUARES, A. 2000. Communicating for action: A contextual evaluation of youth responses to HIV/AIDS. Sentinel Site Monitoring and Evaluation Project. Stage One Report. Commissioned by Beyond Awareness Campaign HIV/AIDS and Std Directorate Department of Health. Co-ordinated by Parker, W. & Dalrymple, L. [Available on the Internet:] <http://www.aidsinfo.co.za/html/research.htm> [Date of access : 18 September 2001]. February.

KERN, E. 1970. Existential thought and fictional technique: Kierkegaard, Sartre and Beckett. Yale University. New Haven.

KIERKEGAARD, S.A. 1834. The concept of dread. (Translated from the Danish by Lowrie, W. 1946. The concept of dread. Princeton, N.J. : Princeton University.)

- KIERKEGAARD, S.A. 1835. The Journals. Entry of August, 1, 1835 in Gilleleie. Translated from the Danish by Dru, A. (In Bretall, R. ed. 1947. A Kierkegaard Anthology. Princeton, N.J. : Princeton University. p. 134-152.)
- KIERKEGAARD, S.A. 1843a. Either/Or. Translated from the Danish by Swanson, D.F., Swanson, L.M. & Lowrie, W. (In Bretall, R. ed. 1947. A Kierkegaard Anthology. Princeton, N.J. : Princeton University. p. 19-107.)
- KIERKEGAARD, S.A. 1843b. Fear and trembling: A dialectical lyric. (Translated by Lowrie, W. In Bretall, R. ed. 1947. A Kierkegaard Anthology. Princeton, N.J. : Princeton University. p. 116-133.)
- KIERKEGAARD, S.A. 1843c. Repetition. Translated from the Danish by Lowrie, W. (In Bretall, R. ed. 1947. A Kierkegaard Anthology. Princeton, N.J. : Princeton University. p. 134-152.)
- KIERKEGAARD, S.A. 1844. Philosophical Fragments. Translated from the Danish by Swenson, D.F. (In Bretall, R. ed. 1947. A Kierkegaard Anthology. Princeton, N.J. : Princeton University. p. 153-171.)
- KIERKEGAARD, S.A. 1845. Stages in Life's Way. Translated from the Danish by Lowrie, W. (In Bretall, R. ed. 1947. A Kierkegaard Anthology. Princeton, N.J. : Princeton University. p. 172-189.)
- KIERKEGAARD, S.A. 1846a. Concluding unscientific postscript to the "philosophical fragments": An existential contribution by Johannes Climacus. Translated from the Danish by Swenson, D.F. Swenson, L.M. & Lowrie, W. (In Bretall, R. ed. 1947. A Kierkegaard Anthology. Princeton, N.J. : Princeton University. p. 190-257.)
- KIERKEGAARD, S.A. 1846b. The Present Age. Translated from the Danish by Alexander Dru. (In Bretall, R. ed. 1947. A Kierkegaard Anthology, Princeton, N.J. : Princeton University. p. 258-269.)
- KIERKEGAARD, S.A. 1848. The point of view of my life as an author. Translated from the Danish by Dru, A. (In Bretall, R. ed. 1947. A Kierkegaard Anthology. Princeton, N.J. : Princeton University. p. 323-338.)
- KIERKEGAARD, S.A. 1949. The sickness unto death: A Christian psychological exposition for upbuilding and awakening. Translated by Howard, V. Hong & Edna, H, Hong. (In Howard, V. Hong & Edna, H, Hong eds. 1980. The sickness unto death: A Christian psychological exposition for upbuilding and awakening. Princeton, N.J. : Princeton University.)
- KIERKEGAARD, S.A. 1958. The journals of Søren Kierkegaard: 1834-1854. (In Dru, A. 1958. Translated by Dru, A, ed. 1958. The journals of Søren Kierkegaard: 1834-1854. London: : Fontana.)
- KIERKEGAARD, S.A. 1969. Truth is Subjectivity. (In Kaufmann, W. ed. 1975. Existentialism from Dostoevsky to Sartre. New York, N.Y. : Penguin. 110-120.)
- KIERKEGAARD, S.A. 1978. (In Oden, T. ed. 1978. Journals of Kierkegaard. Princeton, N.J. : Princeton University.)
- KIM, K. 1997. Historical Consciousness Experienced by Tswana-speaking Students at the Potchefstroom University for Christian Higher Education: a 1997 case study. Potchefstroom : PU vir CHO. (Dissertation, M.A.) p215.

- KING, R. 1999. Sexual behavioural change for HIV: Where have theories taken us? Joint United Nations Programme on HIV/AIDS (UNAIDS). [In Eldis : Full Display: <http://www.eldis.org>] [Date of access : 14 Mar. 2001].
- KJÆR, G. 1992. The role of folk and fairy tales in Kierkegaard's authorship. (In Pattison, G. ed. 1992. *Kierkegaard on Art and communication*. London : Macmillan. p78-87.)
- KRUEGER, R.A. 1988. *Focus group kit*. Newbury Park, CA : Sage.
- LURIE, M. 2000. Migration and AIDS in southern Africa: a review. *South African Journal of Science*, 96(6) :343-85. Jun. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [date of access 23 Feb. 2001].
- LUX, K.M. & PETOSA, R. 1994. Using the health belief model to predict safer sex intentions of incarcerated youth. *Health Education Quarterly*, 21(4) :487-98, Winter. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [date of access 26 Feb. 2001].
- MALOTTE, C. K., JARVIS, B., FISHBEIN, M., KAMB, M., IATESTA, M., HOXWORTH, T., ZENILMAN, J. & BOLAN, G. 2000. Stage of change versus an integrated psychosocial theory as a basis for developing effective behaviour change interventions. *AIDS Care*. 12(3) : p357, 8p. Jun.
- MANHEIMER, R.J. 1977. *Kierkegaard as educator*. Los Angeles, C.A. : University of California.
- MARCUSE, H. 1989. The obsolescence of the Freudian concept of man. (In Bronner, S.E. & Kellner, D.M ed. 1989. *Critical theory and society: a reader*. New York, N.Y.: Routledge. p.233-245.)
- MBEKI, T. 1996. Statement of Deputy President TM Mbeki, on behalf of the ANC, on the occasion of the adoption by the Constitutional Assembly of "The Republic of South Africa Constitution Bill 1996", 8 May 1996. [Web:] [<http://www.gov.za/awards/mbekiafrican.htm>] [Date of access : 2 Mar. 2001].
- MBENNAH, D.M.L. 1999. The impact of audience world view on speaker credibility in persuasive speaking: The case of Afrocentric and Eurocentric audiences. Potchefstroom : PU vir CHO. (Thesis, Phd.) p376.
- MCQUAIL, D. 1994. 1994. *Mass Communication Theory: An Introduction*. 3rd ed. London : Sage.
- METTS, S. & FITZPATRICK, M.A. 1992. Thinking about safer sex: The risky business of "Know Your Partner" advice. (In Edgar, T., Fitzpatrick, M.A. & Freimuth, V.S. ed. 1992. *AIDS: A communication perspective*. Hillsdale, N.J. : Lawrence Erlbaum. p. 1-20.)
- MILLER, J.L. & MILLER, J.G. 1995. Greater than the sum of its parts III. Information processing subsystems. *Behavioral Science*. 40(3) : p171, 12p. July. Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 30 Jun. 2001].
- MILTON, M. 1994. The Case for Existential Therapy in HIV-Related Psychotherapy. *Counselling Psychology Quarterly*, 7(4) : 367-75. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 3 Feb. 2001].
- MOGANO, R. 1993. The Resurgence of Pupil Power: Explaining violence in African schools. 24 March 1993. Seminar No. 1 at the Centre for the Study of Violence and Reconciliation, Johannesburg, South Africa. [Available on the Internet:] <http://www.wits.ac.za/csvr/papers/papmogan.htm> [Date of access : 12 Sep. 2001].

MOGODI, H.M. 1991. A psychological study of juvenile delinquency among Blacks in the Republic of Bophuthatswana. Potchefstroom : PU vir CHO. (Dissertation, M.A.) p141.

MOKWENA, S. 1991. Contextualising the rise of youth gangs in Soweto. Date: 30 Oct. 1991
Venue: University of the Witwatersrand, Johannesburg, South Africa.

MOLITOR, F., RUIZ, J.D., KLAUSNER, J.D. & MCFARLAND, W. 2000. History of forced sex in association with drug use and sexual hiv risk behaviours, infection with stds, and diagnostic medical care. *Journal of Interpersonal Violence*, 15(3):262-279, March. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 29 Jan. 2001].

MOUTON, J. & MARAIS, H.C. 1991. Basic concepts in the methodology of the social sciences. Pretoria : Human Sciences Research Council.

MOSS, 1987. The parables of Kierkegaard in the context of his concept of existential communication. Pretoria : UNISA. (Dissertation, M.A.) p.154.

MYHRE, S.L. & FLORA, J.A. 2000. HIV/AIDS Communication Campaigns:Progress and Prospects. *Journal of Health Communication*, 5:29-46, Supplement. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 4 Feb. 2001].

NIEHAUS, I. 2000. Towards a Dubious Liberation:Masculinity, Sexuality and Power in South African Lowveld Schools, 1953-1999. *Journal of Southern African Studies*, 26(3):388-409, September. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access :19 Feb. 2001].

NORTH WEST PROVINCE, 2001. Provincial Council on AIDS Bill. 20 Mar. 2001.

NORTH WEST PROVINCE. Department of Health. 2000. Results of the HIV and Syphilis seroprevalence survey of women attending public antenatal clinics in the North West Province. Mmabatho : Department of Health.

O'BRIEN, C.C. 1970. Camus. London : Fontana/Collins.

OKRI, B. 1991. The famished road. New York : N.Y. Anchor.

PARKER, W., DALRYMPLE, L. & DURDEN, E. 1998. Communicating beyond aids awareness: A manual for South Africa. Commissioned by the HIV/AIDS and STD Directorate of Health as part of the 1997/1998 Beyond Awareness Campaign. Department of Health, South Africa: The Beyond Awareness Consortium comprising the Community Agency of Social Enquiry, Dramaide, Society for Family Health, Soul City, and Ulwazi Educational Project, supported by AIDS Media Research Project (AMREP and Siyakha Communications).

PIVCEVIC, E. 1970. Husserl and phenomenology. London : Hutchinson University Library.

POLKA, B. 1992. Aesthetics and religion: Kierkegaard and the offence of indirect communication. (In Pattison, G. ed. 1992. Kierkegaard on art and communication. London : Macmillan, p23-54.)

POOLE, R. 1993. Kierkegaard: The indirect communication. Charlottesville, VA : University Press of Virginia.

POTCHEFSTROOM CITY COUNCIL. 2001. Potchefstroom City Council web page. [Web:] [http://www.potch.co.za/cc/cc_main.htm] [Date of access : 2 Mar. 2001].

PYPER, H.S. 1992. The apostle, the genius, and the monkey: Reflections on Kierkegaard's "The Mirror of the Word". (In Pattison, G. ed. 1992. Kierkegaard on Art and Communication. London : Macmillan. p125-136.)

QVORTRUP, L. 1986. The renaissance of Pragmatics, and beyond. (In Johansen, J.D. ed. 1986. Pragmatics and Linguistics: Festschrift for Jacob L. Mey on his 60th birthday 30th October 1986. Stockholm : Odense. 163-172.

RAPE CRISIS CAPE TOWN. 2001. Statistics. [Web:]
<http://www.rapecrisis.org.za/statistics.htm> [Date of access : 22 Oct. 2001].

RAUCHE, G.A. 1975. South African blacks and the problem of authentic existence. (In Georgiades, D.S. & Delvare, I.G eds. 1975. Philosophy in the African context: "to be is to participate": Paper delivered at a seminar organised by the Philosophy Society of the University of the Witwatersrand at Wits in July, 1975.) Johannesburg : Johannesburg: Philosophy Society, University of the Witwaterand. p47-60.

REDDY, P. 2000. Tobacco Control as a Model of Health Promotion in South Africa: Health Promotion in South Africa: An Overview. *American Journal of Health Promotion*. 3(4)
<http://www.healthpromotionjournal.com/publications/global/2000-09/index.htm>. Sep/Oct.

ROELOFSE, J.J. 1980. An existential critique of mass communication. Pretoria :UNISA. (Thesis – D.Phil.) 123 p.

ROGAN, J. 1992. Keeping silent through speaking. (In Pattison, G. ed. 1992. Kierkegaard on Art and Communication. London : Macmillan. p88-99.

ROGERS, E.M. & AGARWALA-ROGERS, R. 1976. Communication in Organizations. New York, N.Y. : Freepress.

ROGERS, R. 1992. HIV and Harm Reduction for Homeless Youth. *Youth Studies*, 11(4):23, Summer. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 24 Feb. 2001].

SALMON, C.T. & KROGER, F. 1992. A systems approach to AIDS communication: The example of the National AIDS Information and Education Programme. (In Edgar, T., Fitzpatrick, M.A. & Freimuth, V.S. ed. 1992. AIDS: A communication perspective. Hillsdale, N.J : Lawrence Erlbaum. p131-146.)

SARTRE, J.P. 1943. L'Être et le Néant. (Translated by Hazel, E. Barnes. 1956. Being and Nothingness: a phenomenological essay on ontology. New York, N.Y. : Pocket Books.)

SARTRE, J.P. 1956. Being and Nothingness: A phenomenological essay on ontology. (Translated by Hazel, E. Barnes, ed. 1956. Being and Nothingness: A phenomenological essay on ontology. New York, N.Y. : Washington Square.)

SARTRE, J.P. 1970. Existentialism. (In Hamalian, L. & Karl, F.R. eds. The Radical vision: Essays for the Seventies. New York, N.Y. : Thomas Y. Crowell. p 274-297.)

SARTRE, J.P. 1981. Existential Psychoanalysis. (Translated by Barnes, Hazel, .E. 1981. Existentialism and Psychoanalysis. Washington D.C : An Eagle.)

SARTRE, J.P. Preface. (In Fanon, F. 1963. The wretched of the earth. Translated by Farrington, C. Harmondsworth, Middlesex : Penguin. p7-27).

SCHEUB, H. 1975. The Xhosa Ntsom. Oxford : Glasgow.

- SCHIFTER, J. & MADRIGAL, J. 2000. *The Sexual Construction of Latino Youth: Implications for the spread of HIV/AIDS*. Binghamton, N.Y. : Haworth.
- SCHURINK, W.J., SCHURINK, E.M. & POGGENPOEL, M. 1998. Focus group interviewing and audio-visual methodology in qualitative research. (In De Vos, A.S. 1998. *Research at Grass Roots: A primer for the caring professional*. Pretoria : J.L van Schaik. p.313-333.)
- SCOTT, W.R. 1987. *Organizations: Rational, Natural and Open Systems*. Englewood Cliffs, N.J. Princeton-Hall.
- SCULLY, P. 1995. Rape, Race, and Colonial Culture. *American Historical Review*, 100(2):335-359, Apr.
- SEFULARO, M. 2000. Budget statement of North_West Province MEC of Health, Sefelaro, M., 18 APRIL 2000. [Web] [<http://www.gov.za/province/nwest/18apr2000.htm>] [date of access : May 20, 2001]
- SERVAES, J. 1983. Development communication – for whom and for what? *Communicatio*, 21(3). [Web] [<http://www.unisa.ac.za/dept/press/comca/211/servaes.html>] [date of access : 20 August, 2001]
- SHAW, M. 1997. SOUTH AFRICA: CRIME IN TRANSITION. Project Leader, Crime and Policing Project, Institute for Security Studies. Occasional Paper No 17 - Mar.
- SHELL, R. 2000. Halfway to the Holocaust: the economic, demographic and Social Implications of the AIDS pandemic to the year 2010 in the Southern African Region. In Konrad Adenauer Stiftung. Occasional Paper Series, Jun.: HIV/AIDS: a threat to the African Renaissance?
- SILVERMAN, D. 1997. The logics of qualitative research. (In G. Miller & R. Dingwall, ed. 1997. *Context and method in qualitative research*. London : Sage. p12-25.)
- SINGER, L. 1989. Bodies-pleasures-powers. (In Butler, J. & MacGrogan, M. ed_ 1990. *Erotic Welfare: Sexual theory in the age of the pandemic*. New York, N.Y. : Routledge, Chapman and Hall. p113-131.)
- SINGER, L. 1990. Sex and the logic of Late Capitalism. (In Butler, J. & MacGrogan, M. ed. 1990. *Erotic Welfare: Sexual theory in the age of the pandemic*. New York, N.Y. : Routledge, Chapman and Hall. p34-61.)
- SINGER, R. 2000. South Africa's morality campaign. *Christian Science Monitor*, (92) : 245-56 Oct. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 19 Feb. 2001].
- SJURSEN, H.P. 1974. *Kierkegaard: The individual and the public. A study in the problem of existential communication*. Anne Arbor, MI : Xerox University Microfilms. (copyright 1974 by Harold P. Sjursen).(Thesis – Phd.)
- SLAATÉ, H.A. 1995. *A Re-appraisal of Kierkegaard*. New York, N.Y. : University Press of America.
- SMITH, C. 2001. SA's dead speak: How we died. *Mail and Guardian*: 22-28, Jun 2001. [Available on the Internet:] <http://www.gca.org.za/pressreleases/releases/m&q20010706.htm> [Date of access : 12 Oct. 2001].
- SMITH, J.K.A. 1998. Alterity, Transcendence, and the violence of the concept: Kiekergaard and Heidegger. *International Philosophical Quarterly*, XXXVIII, 4(152) : 369-382), Dec.

SONO, T. 1993. Reflections on the origins of Black Consciousness in South Africa. Pretoria : Human Sciences Research Council.

SONTAG, S. 1989. AIDS and its metaphors. New York, N.Y. : Farrar, Straus and Giroux.

SPIEGELBERG, H. 1975. Doing phenomenology: Essays on and in phenomenology. The Hague : Martinus Nijhoff.

STACK, G.J. 1977 Kierkegaard's existential ethics. Alabama : University of Alabama.

STAVROU, S.E. & KAUFMAN, C.E. 2000. "Bus fare please": The economics of sex, gifts and violence among adolescents in urban South Africa. To be presented at the Annual Meeting of the Population Association of America, March 23-25, 2000, Los Angeles, California, United States.

STORM, D.A. 2000. A primer for Kierkegaard. [Web:] <http://home.pacbell.net/newcov/sk/intro.htm> [Date of access : 2 Mar. 2001].

SUSSER, I. & STEIN, Z. 2000. Culture, sexuality, and women's agency in the prevention of HIV/AIDS in Southern Africa. *American Journal of Public Health*, 90(7) : 1042-9. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 4 Feb., 2001].

TAITZ, L. 2001. From despair to a gleam of hope. *Sunday Times*.:21, Nov. 25.

TANAKA, K. 1994. Advertising language: A pragmatic approach to advertisements in Britain and Japan. London : Routledge.

THAYER, L. 1987. On Communication: Essays in understanding. Norwood Park, C.A.: Sage.

VAGENAS, C. 1986. An analysis of black consciousness in South Africa according to the theoretical criteria of a revolutionary philosophy. Port Elizabeth : UPE. (Dissertation, M.A.) 199 p.

VAN DER WALT, B.J. 1975. A comparison between Bantu and Western Thought. (In Georgiades, D.S. & Delvare, I.G eds. 1975. Philosophy in the African context: "to be is to participate": Paper delivered at a seminar organised by the Philosophy Society of the University of the Witwatersrand at Wits in July, 1975.) Johannesburg: Philosophy Society, University of the Witwatersrand. p85-123.

VAN SCHOOR, M. 1980. Kierkegaard and communication. (In Joubert, D. ed. 1980. *Societas*: A series of social science monographs. Pretoria : Academia.)

VAN VEUREN, P. 1993. Hermeneutic positions on scientific rationality. (In Johan Snyman ed. *Conceptions of Social Inquiry*. Pretoria : Human Sciences Research Council. P113-158.)

VENTER, J.J. 2001. Economism: The debate about the universality claims of orthodox economics. *Analecta Husserliana*. LXXVI : 287-318. The Netherlands : Kluwer.

VETTEN, L. 1997. Centre for the Study of Violence and Reconciliation. Roots of a Rape Crisis. In *Crime and Conflict*, No. 8, Summer.

VON BERTALANFFY, L. 1968. General system theory: Foundations, development, applications. Harwoodsworth, Middlesex: Penguin.

VON HAEFTEN, FISHBEIN, M., KASPRYZK, D., MONTANO, D. 2000. Acting on one's intentions: variations in condom use intentions and behaviours as a function of type of partner,

gender, ethnicity and risk. *Psychology, Health & Medicine*, 5(2) : 163-72. May. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 4 Feb. 2001].

VON HAEFTEN, I., FISHBEIN, M., KASPRYZK, D. & MONTANO, D. 2000. Acting on one's intentions: variations in condom use intentions and behaviours as a function of type of partner, gender, ethnicity and risk. *Psychology, Health & Medicine*. 5(2) : p163, 9p. May. Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 5 June, 2001].

VORSTER, H. H., KRUGER, H. S., KRUGER, A., MALAN, N. T., WISSING, M. P., DE RIDDER, J. H., VELDMAN, F. J., STEYN, H. S., MARGETTS, B. M., MACINTYRE, U. 2000. The impact of urbanization on physical, physiological and mental health of Africans in the North West Province of South Africa: the THUSA study. *South African Journal of Science*, 96(9/10) : 505-15. Sep/Oct.

WALSH, S. 1992. Kierkegaard: Poet of the Religious. (In Pattison, G. ed. 1992. Kierkegaard on art and communication. Macmillan, London. p137-149.)

WA THIONG'O, N. 1996. The Allegory of the Cave: Language, Democracy and a New World Order!: Lecture III of the Clarendon Lectures in English, Oxford, May 15, 1996. *Black Renaissance/Renaissance Noire*, 1(3). [Found on the Web] <http://www.iupjournals.org/blackren/brn1-3.html> [Date of access, 4 May 2001]

WATSON, J. 1992. Fighting for Narnia: Søren Kierkegaard and C.S. Lewis. (In Pattison, G. ed. 1992. Kierkegaard on art and communication. Macmillan, London. p137-149.)

WILLIAMS, B.G., MACPHAIL, C., CAMPBELL, C., TALJAARD, D., GOUWS, E., MOEMA, S., MZUIDUME, Z., RASEGO, B. 2000. The Carletonville-Mothusimpilo Project: limiting transmission of HIV through community-based interventions. *South African Journal of Science*, 96(6) : 351-60. Jun. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 19 Feb. 2001].

WIMMER, R.D. & DOMMINICK, J.R. 1994. Mass media research: An introduction. Wadsworth, Belmont, California.

WINGOOD, G.M. & DICLEMENTE, R.J. 2000. Application of the Theory of Gender and Power to Examine HIV-Related Exposures, Risk Factors, and Effective Interventions for Women. *Health Education & Behavior*, 27(5) : 539-566. Oct. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 19 Feb. 2001].

WORLD HEALTH ORGANIZATION. 2000. South Africa epidemiological fact sheet on HIV/AIDS and sexually transmitted infections 2000 Update. [In Eldis: Full Display: <http://www.eldis.org>] [Date of access : 14 Mar. 2001].

WULFERT, E. & WAN, C.K. 1995. Safer sex intentions and condom use viewed from a health belief, reasoned action, and social cognitive perspective. *Journal of Sex Research*, 32 (4):299-312. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 29 Jan. 2001].

YBARRA, S. 1996. AIDS prevention in college women. *College Student Journal*, 30(2) : 223-32, June. [In EBSCOhost : Academic Search Elite, Full Display: <http://www-sa.ebsco.com>] [Date of access : 24 Feb. 2001].

APPENDIX 1

8 TRANSCRIPTION OF THE INTERVIEWS

8.1 THE GROUP INTERVIEW

Colin: I have just switched on the tape recorder. The day is 14 September, the year 2001. The time is a quarter to 11. This is a focus group interview to discuss issues related to HIV/AIDS. We are meeting today with a group of volunteers of Tshepong-Hospice in Promosa at the local clinic. We are in total 1,2,3,4,5,6,7,8,9. My name is Colin Chasi, facilitating the discussion. With me is Samia Krippendorf, also of the University of Potchefstroom who will be acting as my assistant, writing notes and so on. We are recording our discussion. Everyone in the room has been assured of their confidentiality. This is to say, we are not going to be saying Colin Chasi said this and this and this – after all whatever is said here belongs to the people in this room. We believe that the work we do in this room will assist people both in Potchefstroom and hopefully elsewhere in terms of understanding the situation relating to HIV/AIDS.

Are there any specific questions you might wish to ask before we begin?

Two pieces of paper have been handed out. One simply tells you the things I have said. It tells you that the interview is intended to find out about the communication of HIV/AIDS and views on HIV/AIDS in terms of your views as an individual. In fact, throughout I am looking at your views. I am looking at you and what you think. Your confidentiality is strictly assured. You have been selected specifically because we think your view is of particular importance. At most we look at 1-2 hours – hopefully we take less than that. All answers are important. And of course there is one other individual who is mentioned here who you might not have noticed, who I have not mentioned, so far and that is a gentleman called Professor de Wet of the University of Potchefstroom. That gentleman acts as my supervisor in terms of making sure I follow certain practices and policies, for example, I cannot tell you here that I will maintain your confidentiality and then go somewhere else and do something different. If I do something different that gentleman will sit on my head – that is his job. He is also there to make sure that I make the best use of everything that we discuss here.

The other, the second piece of paper is basically one where if you may I would be very happy if you would put your first names on the corner and to simply give us these details. I think they just help us to know we are talking to a young man, and things like this. I think you will find that there is nothing specific to you other than your first names which you will put on the corner there. Samia will hand out some pens in a short while.

Any questions?

On the backsides of these papers, if we may turn this way -- on the backsides of this one that you have you have to fill in if you may write your particular individual opinion, just shortly. If you may write what you have encountered, what has made you what to participate in this project. What you saw as an individual. Just briefly, just a brief paragraph and then from there we can begin by reading that out to each other so that we sort of have a nice starting point because I am not so much interested in what I think and where I think we must start, but if we can start with what made you take part in this programmeme.

Jason: You say a paragraph – just a paragraph?

Colin: Yes, as much as you like, any how you like.

Jason: Colin – the question again...? What made you want, what makes you think that taking part in a project like this is helpful?

Colin: When you are finished and ready, please feel free to just say something.

Colin: Ok, I think we are through. This is the normal way of going around, no? If we can start, if you do not mind if we start from Jane. If you can just read what you wrote and then we can go around. Please read aloud and talk aloud – we must pretend as if we are at a taxi rank!

[laughter all round].

Jane: It is important to discuss this seriously to help other people to understand what is going on. To discuss it as volunteers is to make sure that everyone is clear about this. Group work is simpler to solve it. Many people didn't understand what is AIDS/HIV.

Colin: That is good. That was Jane. Now it is Roger. No sorry, Jason.

Jason: My desire is to help all people who are sick, paralysed, deaf and blind because I believe that no one can do it without me. For anyone in this world has a part to play and no one can take or play the part that God gave me to play. My wish is to see all people healed.

Colin: Ok. thanks Jason. Roger.

Roger: It is very important, it is very important for me to take care of the life of these people who are in danger of not knowing their HIV status. It is a killer disease. I want to give our people information relating to this disease.

Colin: Ok.

Susan: As I was unemployed for a long time, I decided to be a volunteer at Hospice to help others instead of sitting a home doing nothing. I also help myself by the things I experienced when I am doing care giving in the homes of my patients. Those people doesn't believe in HIV and AIDS but if you are dealing with such a person, you can see that AIDS is a reality and you will be able to teach other people.

Ivy: Me Ivy, about this taking part of session we are giving today, I like to welcome Colin and Samia and it's a good thing to discuss about what is happening here in the whole world. HIV is

here and everywhere. It is a shame to see a lot of our teens are those who have it. And HIV is spread when you had sexual intercourses with too many boyfriends.

Daniel: I was feeling very shame of this sickness that is now taking place in our world that is why I was feeling so shamed cause our world is now perishing. Many people are now dying with this sickness of HIV/AIDS. I am now a volunteer so I decided to advice the people with that illness, especially our young people to make him or she alert by this HIV/AIDS. I think if we stand together and say one word to the people – eh, I was thinking that it is, eh, better to abstain or prevent so a better thing is that to prevent or abstain. Because prevent is better than cure. Our world is – will be coming OK That is why... that is my opinion.

Colin: Thanks, thanks Daniel. Michael.

Michael: To be here for volunteer is to help the, eh, community about this virus called HIV/AIDS to tell some guys out there about this virus. Ah, to be here I think will make a difference to the youth. My desire to, eh, be here, eh, to be a volunteer is to tell the community - and I – I, I think that is why I am here. Eh, mmm, that is why I am here to volunteer. I think it will make a difference to the youth. And I think it will help millions of South Africans if we telled them about this HIV and AIDS and I think they will know to differentiate what is right and what is wrong.

Colin: From the things I have heard, I don't know how wrong – I don't know how much I understood what the whole group is seems to be saying in terms of everything together, I mean, putting everything together. Susan, I heard you talking about – I thought you were a nice summary – you are also sitting between everyone. Can you read again what you said.

Susan: As I was unemployed for a long time, I decided to be a volunteer at hospice to help others instead of sitting a home doing nothing. I also help myself by the things I experienced when I am doing care giving in the homes of my patients. Those people doesn't believe in HIV and AIDS but if you are dealing with such a person, you can see that AIDS is a reality and you will be able to teach other people.

Colin: OK I think we are talking about you yourself, your experiences going out there talking to people, trying to help the whole community and seeing that people could not believe in this thing called HIV/AIDS and you are trying to find a way to talk to them. Is this a feeling that you guys – that you have seen in the way that you are experiencing directly.

Group: Yes.

Colin: Can you give examples of this, what is happening, people that you have talked to...

Michael: About the person who is HIV?

Colin: About the belief – you know, about the belief that AIDS is not really there. Do you have friends that believe this?

Jason: Yes, now I was seeing many people. They now believe, eh, believe that AIDS is now living. But they don't want to accept it because they are now busy continuing many friends.

Colin: You talked about the world perishing – is this a feeling that you see the way people are behaving – you see people not taking enough care.

Daniel: Why – I – that what I am now saying – because our world is now perishing, because actually our professional people, that is now getting HIV positive, but they are still continuing this, eh, sexual harassment. So now if we can start to be feeling seriously to take care of this, this – our world will now be becoming OK because our children there are starting now growing – and you know we must start teaching them about this, eh, sickness that is now taking over and taking place in our world.

Colin: Roger, you wanted to say something. Yes, eh, Jason [laughter all round because I meant Jason, not Roger].

Jason: All I wanted to say is, eh, that I see many young men and women, some are teenagers in this township of us all. Everywhere I have been, they're so much fast to do things. I mean, sex, unprotected sex, they are just doing. It's like today is Friday they are just doing all these things that are pushing them or influencing them to have sex. That is I believe it is a point I give that it shows that these young people today are too much in this thing. They are believing, their actions are showing that they don't believe in that AIDS it is there and kills.

Colin: Ivy.

Ivy: To emphasise Jason's point, eh, yes, it is true what you are saying because teenagers of today we like clubbing too much and when we go clubbing we drink lots of liquor, too much liquor and you meet different kinds of people there in the club. After that, after you get drunk you gonna do some sort of things that is out of your mind and everything. Then you get a person, you don't know who is that person you gonna be left out there sleeping with him and then after that, after two weeks you gonna hear maybe my friend when I went with him there in the club, I lost him there then he get a person, a new boyfriend there and you gonna sleep with him, then after two weeks or three months or whatever, you gonna hear that person has got HIV. So we teenagers we have to learn that we have to get out of this clubbing thing, protect ourselves, be at home, you know we don't even listen to our parents when they are talking to us, you know, so that is what happens to all the teenagers nowadays.

Colin: Susan, you said something when you were talking, you said you, when you are out there, what you have seen tells you even more that this thing HIV/AIDS is there because you see it.

Susan: Yes, sometimes when you go out there you get a patient maybe status is HIV positive. In our community we are still in denial that HIV and AIDS is there because when you are all – you are healthy, you go for check-up they say you are HIV positive – you keep quiet. And when you, when the HIV turns to be AIDS you start to – to call that I'm bewitched. Hey, hey! We are in denial that HIV and AIDS is there because when you start to have AIDS they start to say their child is bewitched, they don't know what is happening, they don't know what is wrong. We are still looking for – we must teach the teenagers and the youth that it is there and sometimes it is

maybe because when you are open with your status of HIV/AIDS, people think that you promiscuous, you sleep there, sleep there, even if you are not sleep there, sleep there, maybe because of blood. So we are scared to tell people that I am positive because they are going to judge you – even before I tell them, they are going to judge you “no you are too promiscuous. You have got too many partners,” so we are still in denial.

Colin: Now, one of the points you raised and a number of the other guys also raised, you said those people are educated, some of them are professional people. Ah, what is the problem, is the problem that people don't know, you know, that they haven't read these things, you know, that HIV/AIDS exists, what makes a.... what makes you, we've all been there I think, we're all people. What makes, do you think as a person I can take a risk? Or making this risk or doing this thing that can give you HIV/AIDS?

Jason: The thing that makes me so is that most of the people especially those people who are educated, they are acting as they are ignorant. They are acting as if that thing is not there. It is like somebody will tell you about something that is horrible. He or she is trying to make as if that thing is not there and it is not their child's and I feel my sister said some people if they know that they are HIV or they have AIDS, they are trying to spread it. They are saying to themselves, "I am not going to die alone." You see. And that mind of them, it is the influence of evil forces in them. So if it was somebody who is with clear heart, people who, who like his nation or her nation, or she would not have said AIDS is there and it kills, it's very dangerous -- stay away, be abstaining from many wrong things that influences you -- You end you having sex, unprotected sex that we Black people are doing.

Colin: Jane, if you can, why is it, how is it, do you think that we are naturally disposed to do this. Is there any specific reason why people in Ikageng, Promosa, all of us as Black people, why we have more of this problem of HIV/AIDS than other people.

Jane: I don't hear what you said.

Colin: Do you think that there is something about us, about -- that makes us as a people more likely to get HIV/AIDS -- you know, why is it that if you go to Promosa, to Ikageng, there are more people with HIV/AIDS than if you go to the 'white' suburbs. Do you know anything -- do you have any suspicions on that.

Susan: I can say because white people are rich and most Black people are poor and the pleasure time they do is for sexual, because white people are rich -- if they, they, they, went out, they go to the cinema, and they, they are four, and like -- because we the black people, because when I just want to go out I don't be faithful, I go with other, maybe my boyfriend is away. I think that is why AIDS and HIV is more in Black people than whites.

Colin: You have something to say, Roger.

Roger: I think our people have a problem, eh, our people believe in what they see, rather than what they hear, you see. Our people believe that HIV is there or it's alive because of this they believe in that if I have HIV/AIDS I have been bewitched. So, and, they say, many people say

that Black people we don't own that we, they say AIDS is being own by white people. So its like, eh, white people are attacking Black people with this disease.

Colin: Yes, Jason.

Jason: Eh, I don't disagree with my brother, but I want to rectify something. Let us say some Black people, some people in our Black people believe in what they see, not all of them. Not all of us. Some of us are get to AIDS and HIV because of poverty. Poverty, some of our people pushes them to do what they don't want to do. They end up saying, "Oh! nothing I can do." You see, it is like, if I be somebody, maybe an MEC, or Minister of Health, and some people under poverty, even if I can come in Ikageng to give some speeches, they don't even think to come to listen to me because they are just fighting against this poverty. They are doing anything so that they can get something to eat. That is why its so simple in our people that the number of AIDS and HIV is higher than the whites. It is because of that.

Colin: You wanted to say something, earlier on.

Michael: Like Jason said, if you can see to the whites. I think they, they talk about this, eh, virus to their child, they family they discuss about this thing. Now, eh, told, eh, for an example, if some of the, eh, Blacks -- if you told them guys there is a danger zone out there, if you can do this and this, they say, "go back". But as, eh, the elite Black people, some of guys they believe on the things that they see. So, eh, that is why the rate of this virus is higher to the Blacks than the whites. I think the problem is that, eh, mmn, the problem is that, if you can see the, the, youth and the generation of today, we, they do things because of, eh, Daniel is doing this thing, now I, I have that right to do that thing. Now that is why, if, some of guys we get this virus from our partners.

Colin: You know, but there is something that interests me. You pointed out this thing that we do what our brothers are saying in things like this, you know. There are two issues for me that sort of come to my mind. One is from what I heard you saying, all along. I seem to get this sense that our brothers and our sisters really know don't know about HIV and AIDS. So what makes us follow them when we don't believe in them. And the other thing is most of the time when people talk about us as Black people, if we can call ourselves that. People say we have ubuntu -- about being together, helping each other -- but then we have got these things, Jason, you talked about "I want to revenge," "I want to kill," "I want to kill as many as I can," "I don't want to go alone." How can this , how does this, I mean, what do you see, what is happening? What is happening? What is happening to make this happen?

Ivy: You know what, eh, mnn, eh, I have an HIV friend who, I mean, I have to bring her up. She was terrified, crying, everything, not going to school, but I, I make him to feel at home, talk to her, listen to what happened and everything and it was so, so that his parents chase him away like that. And I take a risk of taking him home. I take him like my sister, even though we are not relatives. Well, I, I, I set a goal for myself that I want to see this person healed and be alright. He was taking her pills and everything, but I can tell you that today that person, its like she is

like you and me, she's alright, OK. But the problem was the first-time when I see her I was so scared that maybe he's gonna spread those germs on my food and toilet and everything, but I take all those things out of my self then I heard people from the t.v., the radio and the media itself that you cannot get AIDS from hugging or kissing that person. But this, this -- to see her mother treat -- treating her like that.... And I, I, I, said to that person he must go again home and talk to her mother. Right now she went home and they just accepted because its OK.

Colin: What is needed to make people accept? You have seen a lot of people....

Ivy: Yes....

Colin: What makes people accept, you know, that this person can actually live with us, like -- eh, I've actually got HIV/AIDS, but I live. What makes that happen?

Ivy: We have to treat them well, we have to treat them well, to give them lots of support, lots of love and encouragement -- to not giving in -- "You must die, you must die." Then you're gonna just be thing and not getting better.

Colin: You wanted to say something....

Daniel: I actually, I just want to say this -- Eh, according to my opinion, with this HIV positive and AIDS nowadays the problem is in a one thing. Because the inner man, if you are not, eh, you know mannered, then there s some point that is saying manners begin at home. Sometimes you can not take this HIV positive into the consideration, but a one thing -- if you can say, if you are a person, that I'm let them say "I want to be a well man, a well person. I want to live with a right person." So it will be better because sometimes I'm just a people and my manners is not very well, I'm just like, you know, wrong people, like, eh, gangsters. I don't feel nothing. You know.

Colin: What makes you as an individual see HIV/AIDS to be a problem? To be something that... to understand that HIV/AIDS is, is...? What made you realise that.

Jason: The thing make me see is that most of the time, AIDS in many things radios, T.V., everywhere, many people talks about AIDS, so I just wanted to say that there are other diseases that can kill too. But AIDS, it is been recorded as number one; AIDS most highly dangerous disease. So according to my statement here, I believe that no one can do it without me. Eh, my part is to convince the people to lead them to a healthy life, life and a holy life also. And then people can change their attitudes. Those with bad attitudes, those who said, "I don't care," those who also said, "I don't know what to do," those who are depressed. Then its to help them, to talk to them, and make them free. SO think that we can fight this thing and conquer it.

Colin: Jane, what do you view/think that HIV/AIDS....

[tape cut off]

Jason: I just, let me just finish. So many young people, he, they are young and fresh. Some of them, they just do things, like we said, the other's have said, they just do things like you've said, the other's have said. They just do things like you've said, the others have said they are just doing things because this one is doing because of friendship. There is a proverb says, "Birds of a feather flocks together". So according to the groups you know; gangsters, what the group decides. Is this the reason why AIDS is so high on young people? The reason that many old people don't believe this because they didn't do the same as the young of this generation. That is why AIDS has become so high in this time of our youth.

Colin: How can we talk to our friends? How do you talk to your friends? They listen to it on TV. They listen to it on radio. They read it in the newspaper. How do you talk to them that is different from that?

Jason: I can say it n short. I talk, I attend them in their house, everywhere I can get them. I talk to them about this danger of this earth and even about with the word of God, trying to make them aware of this.

Michael: Jah, and the thing is that like, for example, if you go to them and tell them about this HIV virus they, they are they, they, can --- let me put it in short. The first thing if you want to go there is you must be first patient with them, talk with them, spend a bit of time with them, and the best thing for example is my moto if I go there. My first thing I pray for them, and say "God help them," and to go there because the word of God says in the proverbs chapter 3 verse 6, "In all thy words acknowledge thee," so I acknowledged him, eh, if I go there I invite God -- if God help me to talk with this guy. And the thing go better.

Colin: Any other very important comments related or interrelated to what we talked about? Anything that somebody wants to say? Things that somebody thinks should be said?

Jason: I think to add upon my brother what he has said. It is time if all people can listen to the word of God, follow what God wants us to do. It is simple that God can help us to out of this sickness.

Roger: I think some of these youths lack information regarding to this matter. And some people when you try your level best to talk to them and say to them, "Hey people, AIDS is busy killing our nation, let us do something", they just say, "We are all going to die," so that it is why this thing called AIDS is not quite so easy because people tell themselves that we are going to die.

Ivy: Can I say something.

Colin: Yes.

Ivy: Eh, in our Black society, our parents they didn't like us to talk about the sexual whatever, so that is why most of the teenagers they can't even attend to those who are talking to them. So that is why you have to make, eh, sort of like going to the schools and make, and just gather a meeting there, because it's the only chance that they can get that information. Only at school, but at home their parents resist to tell them what's going on around globally and locally.

Colin: Folks let me thank you. Your time is very valuable. Your time is very appreciated. Your words that you have shared with us here and your thoughts are very important, very appreciated. If necessary, I would, I might be forced to come back and ask you for certain other things; clarity here and there. But, please, be assured that I will work as hard as I can to justify your time here that you have dedicated, and maybe we can together do something for this situation. Thank you and God bless you.

8.2 INTERVIEW WITH MOIRA

Colin: Our first today is with Moira, ah, we, the day is the 14th of September, 2001, in Promosa, Potchefstroom, The Republic of South Africa. The interview is intended to find out issues related to the communication of HIV/AIDS that your confidentiality will be completely respected. We respect the fact that your opinions are your opinions and that we have no right to go around talking about them at all, except for purposes of science and for which all the respect necessary will be given to what you have told us. You have been chosen for this interview, the people here, because we really believe that you have something important to say and so therefore for us whatever you think you can and should say is very important. We hope to spend a little bit of time, not much, on this. My name is Colin Tinei Chasi. I hope you know me....

Moira: Yes.

Colin: And my assistant is Samia Krippendorf. I think you know her.

Moira: Yes.

Colin: We are working under the supervision of a Professor de Wet of the University of Potchefstroom. He basically makes sure we follow the rules and regulations and don't abuse any of the information we get and things like that.

My first question for you – I don't know if you have any questions....?

Moira: No, I am still fine.

Colin: I have one request – that you speak up a little.

Moira: Alright.

Colin: OK My first question is, what made you want to work in this project, as far as HIV/AIDS is concerned?

Moira: Mmmn, I think let me start, first, where did I hear this thing of Hospice? I heard over the phone, then I – over the radio, not over the phone – Radio Lesedi, then from that I tried to phone the people that were in Radio Lesedi, the I get the information from Bloomfontein, up to Klerksdorp, from Klerksdorp up to here. Then they tell me that I have to go to Promosa, its where Hospice Clinic I can find it. Then when I come here I thought it what only the courses that they were going to give us but when I see they tell us we have to come to the meeting the next Tuesday. When I come here I found that there were two sisters, ne? Sister Shirley and

Sister mm, the other sister. They told us that day they were not going to give only the courses because they've got patients that we have to look after them. And I think this thing to come and to work her in Hospice, I think its only that I am willing to work with patients because when I was young, I dreamed about becoming a nurse and that because of the money problem... that thing it falls apart.

Colin: ...but something... You were listening to this programmeme. What made you... You know you were listening to this programmeme talking about, eh, Hospice and the work that Hospice did. Other people were not affected the same way as you. Why is that? What made you want to do something about what you heard on, on...

Moira: I think whenever you wholeheartedly is the thing that I am dependent on and I do it with the will of my heart. But because of other things, when people are discouraging me, but I keep on, you see. It is the way I think it is because I love this, mnnn, place.

Colin: People discouraging you – what sort of discouragement do you get from working in Hospice?

Moira: Let me take at home, the family didn't agree from the first time that I have to go and work with people with that diseases. And the family has to give me that support. Then I come here and talk to Sister Shirley and she says "Why don't we go and talk to the family so that you can be committed to Hospice." Then I tried. Each and everyday I try and try out of long last when I come home with the certificate they see – oh, then they are working for something. But the thing is that here in Hospice, there is no financial, eh... Yes, then the family becomes cross about that, you see. There is no salaries, there is no... we are just working for free. Then maybe its that, that... [indicates its that which makes her doubt]

Colin: What was it about... you said these diseases that people who were at home were against, in terms of your working?

Moira: Akiri you know? Let me take this one of AIDS. Those people are being discriminated and then you didn't have to go and touch the people infected with HIV – they say will be getting infected, but when you come here and then we find akiri teach us how will HIV infect you and all those things, then I go back to my family and I told them that this way I have to go under Hospice then when they get the information about HIV and AIDS they become relieved.

Colin: Do you find that people do not know as much about HIV

Moira: Yes.

Colin: ...as they should?

Moira: Yes, because we are having patients now and we are running around to the family that the family want to know from us what does these patients have. Then we say, look, we are not going to, we are not the diagnoser. We are not the doctors. We don't diagnoses the patient. Why do we have to know what the person/patient have or had. It's the problem – because the families also, now my patient unfortunately die without telling anyone that I'm having HIV. The people are scared. The people are scared because when they tell someone that I have HIV,

they are going to take you the same level that they take you... you see. Mmn. It's the only problem thing, the families. The patient – she lives on – because my patient she died because she didn't have a lot of support from the family.

Colin: Do you think that... you are saying therefore that it seems that there is a lot of discrimination against people who have HIV/AIDS. So somebody says to them – you have HIV/AIDS – I do not want you near me. So I take it from you that, that people do know there is HIV/AIDS?

Moira: Yes they do

Colin: What they don't know is, what, how it can be transmitted...?

Moira: Yes, Yes.

Colin: What do they think about this?

Moira: Ha, mina, I don't know. I don't want to tell you some other stories I don't know, but what I know is that you have to leave her there, lying there and going around in the location and after that they come again and they find that patient there. I don't know how do people have to be taught about this HIV thing.

Colin: Have you tried to talk to people...?

Moira: Especially the family of my patient. I tried them, at long last... we didn't communicate then they fire me out of their house, then they also have to go to her family because that one it was her married family where she was married then he/she go to her father's brother to live there. But this family, you know, there is something that, how must we do so that people can understand?

Colin: How did they react to you? This family...

Moira: It was not nice. They would nearly hit me. Then I have to go out to that family and talk to the Sister and you have to go to her – where must I go? At long last when she was at her brother – her father's brother, then that way, I think that the second family is alright until she die.

Colin: Why did they want to hit you? What reason...?

Moira: They want me to tell them that -- what is the reason that she is died, mmn and I am not the diagnoser.

Colin: What did they want to know specifically? Did they want to find out if she

Moira: They...

Colin: ...was HIV positive?

Moira: Yes.

Colin: And if they know that she was HIV... what did they want?

Moira: I don't know. I didn't tell them.

Colin: Did you not have any thoughts...?

Moira: Mmn, mmn [with shake of head of indicate, "No"]. We here in Hospice, we are not allowed to talk with the patients diagnosis of the patient. We are not allowed to talk about that.

You see. But you can see them – at long last she told me. I was in the hospital when I talked to her on Friday. Then she told me that, "Moir, you know. I am having this disease HIV and I come back here. I didn't speak to each and every one of us because she tell me that I have to be – it has to be confidential thing. She died then I am the only one with that secret.

Colin: Did she tell you...

Moir: When I was in the hospital.

Colin: ... anything else about why she didn't want anyone else to know about – did she say anything about that?

Moir: She said people will not take care of her. Now she don't want to speak about it.

Colin: Had she told anyone else before?

Moir: No one.

Colin: Not from the time when she was told by the doctor?

Moir: Did she have a husband, a boyfriend?

Moir: Yes, her husband. Then the problem is that her husband didn't stay with her. The minute he hear that wife she is ill, then she leaves her.

Colin: How did you feel seeing the whole thing?

Moir: I am feeling depressed you see. I am having two nights not sleeping – thinking about that patient of mine. But anyhow, the problem is that you are taking patients to your heart. You take them as your family. When she died it's the thing that you have to get counselling somewhere somehow. But I was feeling very, very, I don't know. Until now because they are having a fight from the husband's side and from the wife's side. That which one has to take the corpse then.

Colin: Is the fight because they don't want it...

Moir: They don't want. They want the body. But from the start they didn't want her. They didn't want her. But now they need the body.

Colin: You live through all this and you have experienced this, has this changed your attitude in any way towards HIV/AIDS, having contact with people with HIV/AIDS, seeing people dying, has it changed your attitude in any way?

Moir: Very much. My body wasn't like this, you know, but since I started working in Hospice, I've loosing more and more kilos or whatever. I didn't, I don't know. Maybe when I can get a counselling, I can be OK, somewhere, somehow, because I get two patients died. Now, it's the second one.

Colin: How long have you been involved in this?

Moir: From February this year.

Colin: When people, has it changed your views of HIV as such beyond just making your life very stressful, very difficult?

Moir: I think HIV doesn't change. Doesn't change much. But the thing is that he darling persons – I don't want to see someone die, especially when I am close to her. I don't want that.

Colin: What I meant was, perhaps in terms of your relations, maybe with boyfriends, with girlfriends, your sisters, your father, you know, and all of these people... What you see people doing around you, has it changed your sort of views of things as far as HIV/AIDS is concerned?

Moira: Now, I didn't see nothing. Maybe when times goes on. I don't know. Yes, the boyfriend its OK because he do realise that in Hospice we are getting something – study something – you do learn each and everything – and the family also is supporting but from now I didn't see nothing – maybe as time goes on.

Colin: Something that one of the people I spoke to today said was that coming here has allowed them to, OK, yes, they had always respected AID and HIV, but now they take it more, they know more how real it is than they ever knew before.

Moira: Yes.

Colin: Do you find that this is so?

Moira: We don't know, we don't know. But Hospice take our minds and then we know each and everything about HIV. That why when I wasn't here working here, me also, I was scared for HIV person. What must I do now when I came across her? I was having that feeling that even when I came touch her I will have HIV. But since I came to Hospice I think each and everything is OK. I know each and everything about HIV and AIDS.

Colin: Have you managed to tell anybody else so that they came also to the point of knowing something about HIV – like maybe your parents, to tell them and make them understand.

Moira: And the neighbours also.

Colin: And do you think that has changed their behaviours?

Moira: Yes, they are. They have changed their behaviour. But I don't know, people can change on the outside, but inside you don't know them.

Colin: Is this changing in terms, even of prevention?

Moira: Prevention? Yes, in terms of prevention. Yes. How can they prevent because we are having some kind of group in our street, then we talk each and every Saturday. We have a talk then about HIV and AIDS.

But most of our neighbours in our street, I think they now understand what is HIV and AIDS and how can they prevent it.

Colin: Is this a group to discuss HIV/AIDS prevention?

Moira: Yes.

Colin: The youth in your area?

Moira: The youth in my area.

Colin: Do they attend and talk about these issues. Are they willing, happy to talk about....

Moira: Yes.

Colin: Do you think that being told about HIV/AIDS is enough to know...?

Moira: Yes, but you need some – maybe someone who knows more about HIV – you see, maybe someone with that HIV and AIDS. There are some that have HIV and AIDS and they talk about it. Let me take maybe, Tshepong people. We have a funeral of some of our friend in our street and that lady come and talk that I can make HIV dead, but HIV can't make me dead. You see. She is having HIV – her boyfriend passed away – then if we can get someone like that – because maybe I can tell myself I have the whole information about HIV and AIDS but somewhere, somehow, you see...

Colin: Do you think having been here at Hospice, you have also got friends at Hospice, do you think even an experience like this, seeing people dying, talking to them. Do you think someone can still go and not prevent HIV and AIDS in terms of not using a condom, in terms of things like this?

Moira: I think the status of a patient, we can have (-- let me take Hospice, ne?). We can take it high, but the problem is that each and everybody we have to prevent it, you see. We are taking it high, but I don't think when we know each and everything like now, about HIV, can someone come over there and say, "Now that person, she or he is dead and I have to not prevent myself from HIV and AIDS." I think each and everyone has to. The status is just like that. Each and everyone has to prevent, whether or not they have HIV and AIDS."

Colin: Do you have brothers and sisters who you talk to about HIV and AIDS?

Moira: Two sisters, sisters and one brother.

Colin: When you talk about HIV/AIDS. What has been your experiences in talking to them about HIV and AIDS?

Moira: I told you that the family was very cross about this thing, but now, they are taking it as it comes and then they understand each and every thing, but I don't know. You can get, with somewhere, somehow you can get, you do understand that HIV and AIDS, but what about the rapist, she can get do that and get HIV and AIDS, who to be blamed? You see. They know each and everyone knows, let me tell you, in my family, each and everyone knows, but the problem is when she gets raped, what about that?

Colin: So, you think that, sometimes even knowing enough does not, it doesn't make you feel safe?

Moira: Yes.

Colin: It, its almost like it doesn't help.

Moira: Yes.

Colin: One of the people we talked to today said, "People say what's the use of trying?" Do you think that this is something that can actually – sometimes come into your mind? You know, where you say, "What the use of trying to prevent..."

Moira: No.

Colin: When...

Moira: No. I don't think....

Colin: When...

Moira: When she or he is right. I don't think like that. Because of, I don't think – you have to try. You have to try. Talking to people... I don't know how other people take this, but I think to try – you'll be successful. I think that. But I don't know how about other people's mind. What's going on. But I think trying is the best thing.

Colin: From what you have seen and how you have reacted, what do you think could make a person ignore, or what could make you ignore HIV/AIDS and the, the dangers of say preventing and wearing a condom or something – what would make somebody think like that when they know there is that thing...

Moira: I don't want to make myself think of something like that [laughs]. I don't know, I don't want to take myself into that one [laughs again].

Colin: OK, I can understand.

Moira: Yes.

Colin: Its fine. I think, one important set of questions we must not forget – You have seen adverts, you have seen newspaper articles There is one on the wall there now, "Housing to cater for the AIDS orphans." "Housing to cater for the AIDS orphans". You have also seen adverts on TV, on radio, on those big notice boards, how do you react to them?

Moira: Mnn. I don't know. But when we can have those orphanage houses here in Potch. We are depending on that. Maybe each and everyone. I didn't work with the AIDS orphanage, orphans, but now we are having that sort of baby now. I can know from that. I don't know.

Colin: What about adverts like, you know, "Use a condom," ah, "The ABCs of Prevention." How do you react now as a person who understands these issues when you see them. Do you think that they work?

Moira: Yes.

Colin: That when people take them and use them...

Moira: I don't know about the condom. But last time when I looked at the television, they said condom is no more safe. Which one to believe? The condom safe or not? Ah, we don't know where are we standing. I don't know. But I think let us go on and try. The problem that. Let us try – about using them – but I was discouraged when I see, on the television, they say "Condom is no more working." I don't know how.

Colin: Where was this. Eh, was it on the news bulletin.

Moira: On the "Take Five," on Monday".

Colin: Who was saying... was it, this past Monday.

Moira: No, maybe two weeks back.

Colin: Who was saying this, was this a Ministry of....

Moira: Not the ministry, the presenter of that....

Colin: "Take Five".

Moira: I don't know [chuckles].

Colin: Do you believe that, eh, because we get, I seem to hear that we get so much different, so much different news from television and radio. Its difficult to know what the truth is.

Moira: Mnn. Its always difficult, because some, others say like that, which one to believe, "Just go on and then try to use only your mind and the things that you've been taught. You see, that way, I think that way it will work – not listening again and then they say, "No its no more right. And again this thing is right and then again this thing is no more right. I don't know which one to listen to now. I think this one is going to spread the HIV worse. And if the condom is no more working and if we didn't take the experience so that we can be serious that the condom is no longer working.

Colin: No, I think... how when you have spoken, I think this is my very last question, unless we get other things which arise from it – how have you communicated to people. How have you gone and talked to them, like when you went and talked to them, like when you went to talk to your sister. How have you talked to them? How did you talk about this.

Moira: But firstly, went to them there was the old family, ne? and I went to them. "I want to speak you about something?" But I started saying there are courses that people are taking in Promosa, and they said to me? "What sort of courses?" And I said to them you have to go to the nursing college and then they said to me, "How much do we have to pay for that?" Then I said to them, "Nothing. It's for free." Then they say, "Are you sure?" then I say, "Yes." Then they say "Go." When I come back home then they talked, "How did it go?" Then I say this was this, was this and this. And this Hospice is working with the terminally ill, whatever. But there are courses on two weeks from now. Then they say that, "You are not going to work for that AIDS bloody shit," then, ooh... but I think it's the, the thing that I want to do. Then now, I think now, each and every day they accept it. But from the first time, mmm, they nearly killed me.

Colin: Moira, I see your courage to do the nursing, to do as much as you can to help other people through nursing. I think it's a special courage. You know, to say to your parents, you know, "This is what I want to do." I know a lot of people who have never managed to say that once in their lives. Some of them are very old. I wish you a lot of luck with your career. I hope it lands you... I hope your efforts put you where you want to be.

Moira: Yes.

Colin: We thank you for everything that you have told us. You have told us nothing which is not very important. Everything you have told us is particularly important, particularly because you will not get two people who will tell us this. We really appreciate it and your time. Please remember that.

Moira: Yes.

Colin: Thanks.

Moira: Well, the rural, the urban, just stop it [Moira laughs and gives permission for tape recorder to be switched off.]

8.3 INTERVIEW WITH THOMAS

Colin: Now I put on the recorder, but I needed to talk about what I am trying to do. I am trying to research issue on HIV/AIDS and communication that is going on in HIV/AIDS. Eh, how are we communicating about it, eh, how are we as individuals dealing with it. Eh, I, I need to reassure you, I think it is always important – but I think you know more about that than I do actually, issues to do with confidentiality – that in all ways and in every way, these, what I am doing now and what we are doing now, the interview that we will have, will be confidential. The information that I get here will be practically for the use of the research project that I will be involved with. That I am involved with. Eh, I hope that, especially with the continuing work that I am thinking of doing, that this will be something that will something like some meaning. You know, I am not one of those guys who started, who went to University when they finished school and then at the end of that said, look at the end of that course, I have to look for interviews.

If there is anything that you are uncomfortable with, please say, “I am uncomfortable with this, I do not want to talk about that.” And if there is something else at all.

Thomas: That’s fine.

Colin: My question, I have only got one question actually, all these guys, I have only talked about one question. Eh, what made you get involved, why are you involved, how are you involved, what do you see when you are involved, in your involvement.

Thomas: EH, basically, eh, eh, before I got involved with Tshepong Project I used to work with Youth and Children living in the streets in Cape. I used to work for a community based programme called Streets Community Development. Eh, through that I got involved in many sectors of life, social life, I got involved with, eh, young, eh, young criminal offenders, I got involved with, eh, young people catching, eh, the virus of HIV/AIDS. I got involved with conflict resolution between street people themselves, I got involved with changing the mindset of the community about the issue of the children living on the street. The issue of HIV/AIDS. The issue of crime. I got involved in, eh, women abuse, eh, as well as, eh, being in touch with, eh, being eh, the intermediate person between a parent and a child. Eh, doing family counselling as well as peer counselling, I got involved with education. And then, eh, when I came down to Potchefstroom, I just came down to Potchefstroom, on the 28th of December last year, I left my work in 99 when I felt I’d had it, eh, I was a founder member of the project, which is Street Community Development. We were seven of us who started the project, and then, in 1999, I felt that I’d had it. Why – because it was starting to affect my social life, my family life as well. So, I left the job and I stayed the whole year without working, eh, just doing just – I am very good with my hands so that was what kept me going from day to day basis. Then when I came to Potchefstroom, I felt that there is a need, because I was born in Potchefstroom, I grew up in

Potchefstroom, and I left, so I felt that whatever service I was doing outside Potchefstroom, there is a need for that, so that's how I got involved. I didn't care about money because me and money, money is not a priority to me, that is how I got involved, actually. When I got to Tshepong, there was this issue that this is a volunteer organisation, I said, well, I am used to it because when I started Street Community Development we went for almost three years without getting paid. My first salary was 100 rands. They were amazed. And yah, I, I think that is basically how I got involved. And also seeing the people who has and the people who doesn't has I think that, somewhere somehow I think I have to chip in, eh, not to say I have that much that I can help, but at least I have the mind, I have the mental resources, I can say, that might be able to help some other people.

Colin: You said seeing those who don't have, and so on, I wasn't sure, one of those things that somehow, sometimes comes up when you talk about HIV/AIDS is the issue of poverty and how poverty – being poor puts you into position to be more likely to be involved in HIV/AIDS – high-risk HIV/AIDS behaviours.

Thomas: Yah, it is a point, because, eh, taking, looking back at the scenario where I was, in Cape Town, whereby the girl-child would actually go and sell his body, not to provide himself, but to provide for the family back home, and at the end of the day, get used to it and he end up living in the streets forever. That's part of poverty. I've seen children, actually, begging to provide their families. And you get into that family you find there is nobody working and there is nobody capable of working. And you ask yourself, how can't our government intervene. And the other you find is that yes, the government can intervene, but these people doesn't know about the resources around them that they can use that are from the government. So, so, eh, it takes a person like you and me with the knowledge, to say there are resources for you, you can tap into these resources and get some help.

Colin: Now, in the community, you have gone around and talked to them and to friends and to anybody that you have talked to. What has been your view? What have you seen? How are people reacting to the message that you bring?

Thomas: Well, eh, somewhere, somehow, there is always two sides of this, of this, of the, eh, coin. You find people, some people are happy that there is somebody who is there, who is willing to help, to give advices, but also takes, eh, a lot of work before you can get through there. And there is people who is negative – they are not negative as such, like they want to protect their own privacy, and that is one part that I always want to respect when I step into somebody's territory.

Colin: Oh, so you think that a lot of what is happening is that people are not willing to listen because they think their privacy is being messed with – so you go there and start talking about sex and about, eh, using a condom and they see you as somebody who is trying to control them.

Thomas: Yah, yah, that's always the, the, the case, I, mnn, and it takes a lot of work to actually gain their trust. To say I am not only here to tell you about a condom, eh, or about your sexual life, I am also here to talk to you about your social life, to talk to you about the situation you find yourself in the house and how you can better it. That's when they start to open up and start to tell you about the problems they encounter in their families. Eh, and then, eh, once they start trusting you, they start going in depth, they start seeing you as somebody who can solve everything, and that's one of the burdens that most of finds – that you can only do so much. Eh, and you've got such a big area to cover and at the end of the day, you find you have to go beyond your capability.

Colin: You mentioned that in Cape Town you were finding it difficult, it that the same sort of reasons that you are mentioning? That all of a sudden you find you are trying to be responsible for the life of other people and it is so difficult to live your own life.

Thomas: I will say, partly yes, but somehow, somewhere, it came to a point whereby my work was more to, eh, my family was not the priority anymore – That's where I started to cutting the, the point, to say I can't just live my work. I was having my work, but somewhere, somehow, my family wasn't happy and I had to balance to two, and that's why I left.

Colin: Some people, here in Potchefstroom (people that you have talked to). In your mind, do they know about HIV/AIDS?

Thomas: I will say most of the people knows about HIV, but because of the different informations that we get about HIV, people start to get confused. And they don't know which one is the right information, because some of the information are myths and some of the information are correct information and people tend to believe myths than the right information. They tend to have excuses about not doing things because they are using the myths as excuses. Than using the right information. And the worst things is that they tend to transfer those myths to other people, whereby it tends to become a very big, eh, problem that makes attitude, eh, eh, that makes HIV to carry the stigma that it has. So I believe if there were a chance where the myths can be cutted and more and more people can preach the right information and education, then we won't have the problem that we have with HIV/AIDS. I think people will be able to take it as any other disease.

Colin: In talking to people, do you think that when you come with the right information they are willing to listen?

Thomas: Somewhere, somehow, yes, but I will say, it takes out of a 1000% you will get about, at least, 45% that will believe you and the rest of the 55% will dwell on the myths.

Colin: Why do you think they prefer the myths?

Thomas: I think they prefer the myths because that's the first information they get into contact with. And they get more people talking the real information. And, that, that eh, packs on. Its like when you say, when you say to a child, don't eat sugar because you will get sick, and you repeat that every day and your brother or your sister still repeats that. The child stays with that

mind, that sugar is not that good for me. But, once you say, no, eat sugar, you will get healthy and stuff and somebody else come with something else. The child will take the knowledge of the person he trusts the most. And looking at our situation here, we tend to believe more of our friends than our teachers, than our priests, than, eh, eh, our educators. Then, eh, I think that is where the problem lies. Because if I have got a problem I will go to the closer person that I live with. The person that I trust most that's the one that I will believe whatever information I get from him.

Colin: Do you have hope?

Thomas: Hope for... ?

Colin: The success of the HIV/AIDS communication programmes, or do you think something should change and if something should change, what do you think should change?

Thomas: Well, yes, I do have a lot of hope. Eh, I believe in miracles actually. I believe in miracles. Eh, I stand with my faith. I think the more, we, the more manpower we have to preach the right education, the more will be accomplished to, eh, minimise the stigma, to, eh, to get a positive attitude instead of a negative one. And to see much more people living whilst they are HIV positive. And to get more people to take care after themselves than to wait until they got into, to, to, eh, the trap of being HIV positive.

Colin: OK, I see. do you have something else to say that you think is important to say on....

Thomas: Eh, I think, somewhere, somehow, eh, we as educators, we should actually search for information rather than sit with what we have and say this is enough. Search for more information in the sense that we must keep up with the developments that are happening from day to day life – not wait for three months later and say, oh! let me go and look for, for, eh, more information, eh, wait for another conference to be run. I think we should be constant listen to the news. Read more materials to that are published. Keep our eyes open for whatever possibilities are coming in day to day life.

Colin: Is this because people ask for certain information and sometimes you don't have it and you think it is very important to have that information?

Thomas: Yah, yah, you find that the people ask information – that's also part of the problem, because somewhere, somehow, educators instead of saying I don't know, they tend to say, let me look for a common sense in my mind and to give a common sense and of which at the end of the day it becomes a myth.

Colin: I see your point. I'm very grateful. You know, its very difficult, most of the time to know, I have been telling the other guys that its very difficult to know how important what you give is. I hope in my own small way I can be able to contribute. I am giving a bit of time of my life and a lot of effort. Hopefully something will come out of it that is good. Thank you, very much.

8.4 INTERVIEW WITH ELIZABETH

Colin: What we are trying to talk about. I haven't asked you your name. What we are trying to talk about is issues around HIV/AIDS and issues around the communication that going on with HIV/AIDS. You might know that Tshepong, the Tshepong Project is running a lot of projects where you go into the community and talk about HIV/AIDS, and prevention of HIV and trying to do things like destigmatising HIV/AIDS and things like this. My study – the thing I am trying to do is to try and find out what is going on with HIV/AIDS and its prevention projects and so on. I believe there is more that we can do in terms of prevention. And I think that one of the problems is that not enough attention has been paid to what people who are involved in HIV/AIDS prevention projects are doing. So, for example, all the work that you read will tell you that government says this, or the non-governmental coalition says this. But I think its not about what those people say. Its about what you say as an individual and you are working with this everyday. At the end of the day it's the effort of 50 people like yourself, 100, a thousand people like yourself, which makes the difference. Which is why I think it is important to talk to you. So what I am trying to talk about is you, yourself and you and how being out there in the community works, or is or is whatever it is you want to talk about. So, for example, I have really only got one question, Frank and I talked it for an hour. If you want, we can talk about it for ten minutes or whatever. To the extent that whatever you feel comfortable with saying, you say, you don't feel comfortable – you don't say.

That's practically what I want to talk about. As I say your confidentiality will be respected.

Whatever information I get is purely and practically just for the study I am working on. Nothing further than that. I think issues of confidentiality you know more than I do.

Elizabeth: Ha (laughs), no, I won't have any problems talking to you, but the problem is I won't know what you want to know so I, I can't like think it would be better if you like ask questions or it would be better if I just like say, how do I feel about helping these people, how do I feel about working with them on a daily basis.

Colin: I will ask questions, but the questions I ask will be to achieve some clarity. So I will ask one question and then to understand what you have said I will be forced to ask maybe one or two again.

Elizabeth: OK, then it is understandable (she has been saying OK and yes, etc during the explanation given).

Colin: But it's not – I am trying to run away from this thing case where I come from where I coming from with these questions which in the end give answers to what I want to know. What I am want – what I am trying to do – it doesn't work perfectly naturally, but I am trying to find out what you want to say.

Elizabeth: OK. Well I find it very interesting working with clientele with HIV/AIDS because I feel so helpful whenever I am with them. I feel so helpful. To me it's a challenge because I always

imagine myself in that situation because I always imagine someone like myself doing the same thing that I am doing to them. I always imagine that someone doing those things to me and, eh, whatever it is that I am doing on daily basis, I am always put myself in their shoes and that's one thing that I don't like. They don't want people to feel sorry for them and they don't kind of like want us to feel to feel like pity. They don't want us to make them feel like they are not love and they are not wanted. So on daily basis I make them feel special, I make them feel that they should they are wanted and God is always there for them. And they should have hope -- they shouldn't have hope that one day they will have a cure, but they should have that hope that one day and any time soon they will kind of like be blessed and you know, I don't know how to put this, but I always said that, whatever one is doing in life, it doesn't matter if it's a good thing or a bad thing. It doesn't matter, but at the end of the day, God is there for you and at the end of the day, your spirits and your goods and your whatever will be kind of like blessed because God will forgive you for whatever decisions you did wrong in life, you understand what I am trying to say?

Colin: Mmm.

Elizabeth: And why I am saying that is that most of them have this HIV and AIDS out of sex and so they feel that they were like silly, you know, they were like, kind of like, I don't know how to put that, let me say, they thought that they were, they were not, kind of like, protecting themselves from this HIV thing. They were not, they were kind of like sleeping around, they were kind of like not, kind of like I am responsible for my body I have to condomise and blah, blah, blah. And I have always told them that, having HIV and AIDS does not mean that you were sleeping around and I wasn't there and I don't know how did you get it. Maybe you as an individual, you know that you got it by sleeping around. Then you have to tell yourself that I slept around and then, here I am. Sometimes these things happen. You sleep around, no, you don't sleep around much, you met someone, its your very first time and you met your own person having HIV and AIDS and didn't tell you and that having it – you understand what I mean – You don't have to feel responsible, even though we are sometimes, but they don't have to feel it they are. The most important thing that I would like to say is, eh, when coming to the point of preventing this HIV and AIDS thing, it won't be easy because people are like, people outside are ignorant. They are ignorant means that its never going to be possible. You understand what I mean. Its not going to be easy.

You tell a person that why don't you have safe sex. When I am talking about a safe sex, I mean, when you are having a safe sex doesn't mean that you are condomising. You have a safe sex you don't have to make love at all. I am not saying they shouldn't be involved. You may be involved with someone but you should know that you should have some rules in your affair in that you are not going to make love. You may touch, you may kiss, and touch each

other. And you may accept that, OK. "Listen, eh, eh, we are kind of like in this affair together and we are not going to make love." It should be an agreement.

And when coming to safer sex, is then that if you don't feel like you may have a safe sex then you may condomise. But still it is not happening. People are not condomising out there. Most of the people, they take, they took it as a joke. They don't believe that HIV/AIDS it is existing. They'll kind of tell you that "I want to see someone who is HIV or who is AIDS, or who has AIDS. Until I believe that AIDS is its alive and kicking."

So with this, preventing AIDS thing, its very difficult. It's never easy.

Colin: It's never easy. You've talked to people.

Elizabeth: Many of them.

Colin: And, eh, do they not know?

Elizabeth: Some of them they don't. Some of them do have more information, more than I do. But they'll kind of like test you. They want to know if you have a clue what you are talking about. But I can say, they do know much, they do know much. Just that they are ignoring things. They are ignorant. They have information but they are ignorant.

Colin: How can that be? It's a bit of a strange, eh....

Elizabeth: No, its kind of that, "I know that AIDS is alive. And I know that AIDS is killing. But I kind of tell myself that its not going to happen to me." Do you understand what I am saying? "Its, AIDS is there. Its happening to other people. Its not gonna happen to me." And by doing that, I mean, you are very ignorant. Why not you? Why not you? And why the others? Do you understand what I am saying?

Colin: So people think for some reason that it will not happen to them?

Elizabeth: Yah, yah, they took the thing in that way. That, "No, no its not going to happen to me."

Colin: So you go and talk to people. What do you tell them?

Elizabeth: Ah, whenever I go and talk to people, I always tell them that I know that right now the youth of today, they are sexually active. So whatever these people whatever they do, whoever they are with, they should condomise, because obviously they are sexually active. So the only way is to condomise. And they should know how to use a condom properly. And still, I tell them whatever it is that I am telling them but its entirely up to them. At the end of the I am not lying with them. So what I want to do, I am talking to them. I am showing, I show them things. I try to give them light. I try to give them examples. I try to show them pictures. But at the end of the day its entirely up to them.

Colin: What have you done in talking to them, or projects that you have been involved in, which you have said, "Yah, I go home and I feel this was it. I really did it today."

Elizabeth: "No, always [small cough] when I am looking at this HIV and AIDS client, I don't, I don't always I don't feel, Wow I did it." Not all the time. But when coming to this teenage pregnancy and all that stuffs. I feel that I've done something 'cause at the end of the day [cough, cough] I kind of like talk to youth, ne? I talk to these up coming [cough] people and I tell them and most of the time I am making example out of myself. I tell them. I make example of myself because I am still young and I had a kid at an early stage and I tell them had a kid at an early stage and I fell pregnant when I started making love. It was once and I fell pregnant. And I always tell them that its very hard to be a mother and to attend school. You understand what I am saying? You cannot attend school and be a mother at the same time. And still, and still you have needs. Your mother, your parents they cannot provide for you and your baby and your schooling. So I kind of make examples, by myself and they kind of see that honestly this thing *uwitsiking* its, its hell, this pregnancy thing its hell and still after talking to them I am going back to them after a while. Kind of like, its like I'm doing an ongoing thing, an ongoing topic. We are talking about it now and then, now and then.

Colin: So you think that actually people listen more issues of pregnancy that about HIV/AIDS.

Elizabeth: They, they. No if you talk to them about AIDS, they want someone, in order for them to believe, in order for them to get touched or to get rid of whatever it is that you are saying they want something who has that thing. Maybe if I am positive and disclose to them and tell them that I am positive but I am living like this and this and this. If I wasn't living like this and this and this, maybe I wouldn't be here now. If you understand what I am saying. If maybe, I am positive, I am talking to them and maybe some of them they are positive. Some of them they didn't want to disclose. They were kind of afraid to talk to people about it. Its because they feel bad to come to me and talk to me and ask counselling from me and blah, blah, blah. Then with this HIV and AIDS thing its very difficult because I don't have much to say. They will kind of ask you questions about how does it feel to be HIV and AIDS positive person, how do this person, how do they live their life. And one thing is that I don't know how does it feel. I have never been there. I have never experienced it. So it's a problem. It's a huge problem. So I'm not, its not like – I'm not working with them in most cases. In most cases I am doing the outreach programme while they are talking about HIV and AIDS I will be talking about some other things we are doing in the project.

Colin: It sounds, do you think – So do you find that these kids, when they are involved with sex very early on in life, especially now, I think,

Elizabeth: Yah.

Colin: ... a few years back AIDS was not such a big story,

Elizabeth: Yah.

Colin: ... don't they know the dangers of it.

Elizabeth: They do know because, they do know, they do know and... I might say that now that we are have AIDS these teenage pregnancies is not a big issue any more, the AIDS is, its HIV

and AIDS, because at the end of the day its like you're going to make love to somebody who is positive. You'll end up positive and negative at the same time. So, and still, if we as a youth don't kind of like tell ourselves that you're not going to be involved with sex, the high risks are there of getting this HIV and AIDS. They definitely know about it.

Colin: I think I understand what you are saying. Is there something that you want to say.

Elizabeth: I don't think so.

Colin: Nothing else that you think might be important in terms of your experience talking to people?

Elizabeth: Ah...

Colin: How do you sleep at the end of a day's work?

Elizabeth: Ooh!... (sigh). After working, after a long day, its not easy cause I meet different people from stage one up to the last stage, so sometimes I find it very hard to sleep. So I kind of like listen to my music, in order to try and like make myself feel better. You understand what I mean? I mean sometimes I've got clients. Sometimes I am attending my clients. Like this morning. I went to my clients to give them their medications, in the evening you go back to them you kind of like get inside the house you see your clients crying and ask them what is wrong and they tell you, [cough] kind of like, ooh your client passed away, just hours ago after you left, maybe two hours after you left. Its not very easy because, now that we were quite close, because maybe the person he or she has been my client for three or four months. I'm checking him or her every day. And she can kind of felt OK whenever she was with me, she talked about everything. In spite of what, whatever it is that she felt like now she felt now, "I need to talk about this" she talked about the, the, those stuffs. Then to go to that kind of a place or house then to be told that the deadline is past away maybe two hours ago, thirty minutes ago, I mean, its not easy. As I'm saying its not, its not easy. We need to get rid of pains.

Sometimes you attend a patient, you attend a client and maybe he or she has two kids or one. She wasn't making [money]. She didn't have parents. Or maybe she was living with her uncle or aunt or whatever, but the but the person she was living with was not her real parents. And then you met a case when you enter the house, the kids is there, with an old bread. The mother is sick. The mother is dying. The kids is not taken care of. The mother still, she – she is sick, and at the same time she is moaning. She is worried about the kids. She asks me, "I know I am going to die. Please, please, we should make, we should please do something for my kids. Try to make some plan. I don't care whatever it is that you are going to do. Just do something. You see, I want to die knowing that my kids are going to be taken care of at the end of the day."

Still it's not easy. You have to work hard, you have to go to health workers. See what is it that you can do. Try to convince them. Try to take them to that place. And to see that situation. If you understand what is it that I am saying. So working for those people, you see its not very

easy. And in the case of sleeping at night. Its not. Sometimes you kind of like – me myself, sometimes I used to feel like I need to be counselled, 'cause its like I need some one to talk to and I cannot just go and talk to my friends. I cannot just go and talk to anyone about my clients. So the best and the easiest way is to talk to, I need a counsellor, I need to sit down to someone who can keep that confidentiality and talk, maybe at the end of the day I'll feel better.

Colin: Can I ask you something?

Elizabeth: Mnn.

Colin: I think this might be my last question.

Elizabeth: OK.

Colin: Unless, now (this seems to be what happens, you know) maybe you want to say something and its seems so important and I want to ask something else. It could be a difficult question if you feel you are uncomfortable....

Elizabeth: Its OK.

Colin: Yourself, do you feel that this influences your relationships, this situation?

Elizabeth: My relationships in which way?

Colin: In the sense of... you're young, you always think I am sure, that this guy is a guy that I would want to be with, or maybe he could be a good husband, or whatever it is that one thinks as a young person. How does all this experience affect you in that way? In terms of your outlook when you see a man, when you see....

Elizabeth: To be frankly honest with you, it affected me a lot in a way that I've kind of told myself that I don't have to be involved. I mean now that I'm still, I would tell myself that I am still young and now that the world is kind of like wrong outside – you'll never know if you would have met the right person or not. So I decided not to be involved. To be frank, honestly, I don't have a boyfriend. I am not involved with anyone. It's me and my job and my counselling, I mean it's me and my job and my counsellor. Whenever I need to talk I'm talking to my counsellor – to my counsellor and I don't have anyone... who, whom I'm dating, so, its very easy for me that way. And I do feel if maybe, if I met someone and perhaps I'll maybe like feel that this is the right person for me – if that particular person is truly honest, he'll be loving me – he'll agree, he'll agree both of us, we should go for blood tests. We should know, where do we stand, both of us. I do, I do think that it will happen in that manner whenever I'll met the person. I don't know when will that be. But any time, I don't know when will that be. But any time, I don't know if it will be today, tomorrow – Someone whom I will be feeling that I'm deeply in love with that person. I'll ask that person that, "Please, please I'm begging you. Would you please do this and this and this for me. If you can only go to the clinic because its, its – you don't have to pay. And you can go to the clinic for the blood test. If you don't want to go to the clinic you can go to the doctor, but the very important thing is we have to know where do we stand.

Colin: I understand. One question. [Both laugh] This is an easy one – its easy. I thin you'll find its easy. I go interested, I think because its also important for me to understand fully what you say.your age and when you had a baby – how many years ago – if you do not mind...?

Elizabeth: No, I don't mind. I had a baby, its like now six-seven years back. I was kind of like nineteen back then. And it wasn't that – I had a boyfriend by then, my parents they are not kind of like strict, but they are kind of open so they knew my boyfriend and eh, the problem is I had this womb problem and they decided that I didn't have any choice, I had to have a baby and then they talked to my boyfriends parents and we kind of like made a baby. Eh, the father is still there for the kids, but we are no longer involved. I was nineteen by then.

Colin: You know what, you actually look much closer to say, twenty!

Elizabeth: No, I'm over 21 [giggles]. And I'm over 23, I'm 24 [giggles], I'm 24 now.

Colin: 24 now.

Elizabeth: Yah.

Colin: No. Thank you very, very much. I was telling James that I'm trying to make use of the information that I'm getting and in a very important way. If I can switch off the tape and then I can talk and explain to you what I am trying to say.

8.5 INTERVIEW WITH FRANK

Colin: Ah, today is the 23rd, I think...

Frank: No, 25th.

Colin: No, 25th, I'm behind time! [laughter all round]. Ah, of October.

Frank: Yah.

Colin: 2001. We are in Ikageng, at the Tshepong Offices.

Frank: Yah. Based in Boikiklapi Clinic.

Colin: Based in Baikiklapi Clinic.

Frank: Boikiklapi Clinic.

Colin: Boikiklapi Clinic.

Frank: Yes. Yes.

Colin: Ah, and we are talking to, ah, our interviewee. I think you have decided that you would prefer that the name be left out and stuff like that...

Frank: No, it can – my name is Frank. I think the name is still OK. I don't mind. Yah.

Colin: OK. Thank you for that. Ah. We are talking about issues to do with HIV/AIDS and the communication work that Frank is doing and the things that he sees specifically as he goes about his work and life in general, actually, more than anything else. We have talked about the importance of the study, we have talked about issues to do with confidentiality and I think we have some general and complete understanding of what we are talking about.

Frank: Yah.

Colin: And I believe that this is important work. My one question, Frank, if you don't mind, is what made you – there's a lot of people in the Ikageng Community...

Frank: There are.

Colin: I think – what made you want to be involved in your work and as you are involved in your work, how do you see the community engaging with you, in a way that makes you feel at the end of each day when you go to sleep that, look, I have done something.

Frank: OK. Responding to the first, eh, question, question. What made me, if I heard you clearly, you said what made me be involved or what inspired me to, to, to take the initiative of working for the community, doing something for the community. Ah, it was in 1997, when, ah, one of my family member had a, a serious illness, I mean, just unaware that he would ill and what happened on that time, ah, in, in our culture it was said, ah, he is having something like sijiso, in Tswana, meaning he ate something that he was not supposed to eat before. So he kept complaining, saying he is having a stomach problem and, ah, what happened then – I didn't take the issue seriously up until, maybe, he went to Kadidihlas, ah, Potchefstroom. And, ah, he, he received a, a good treatment then at the hospital. I was like worried as a young person, what was happening, ah, to my fellow brother, and, ah, I couldn't get enough response from the family, actually, so I kept on praying and asking him kuri what is happening and then he kept on keeping quite and then, then came the time during Sept – October, the 12th, yah, when he passed away.

Colin: 97?

Frank: 97, yah. And I only realised that, alright something might have been wrong, they didn't want to tell me some – anything, so it didn't bother me actually, I just took it as a natural death.

And then, eh, we met, eh, the group in our church, we had a youth club – so we had a Sister there, she came and visited us and she had a health talk. She, when she visited – presented the topic that she had on that day, it was on STIs, HIV and AIDS, so we, as she outlined the symptoms, I started to realise that OK, this, I once saw this and this and this in my brother, the late, my late brother. So, mmnn, mmnn, I kept on asking myself, what is it that maybe, eh, why didn't they tell me actually, that this is this problem. But I didn't conclude at that time. Then from there we kept on inviting the Sister to the church so as she could give us more information because of I was more interested on what she is saying. Then as a group we formulated a young group, a small group, working on HIV and AIDS within the youth, eh, youth club. And then, eh, I went to a point of visiting the other groups where I met the, the other guy, presently he is a the Correctional Service, eh, he was doing drama. So I joined, also joined that group and then they – we were dealing with STDs, HIV and crime. So the crime point was not so much serious than the STIs and HIV. We like went to 1997 – 1997, eh, World AIDS Day, we were told that there are competitions on HIV and AIDS. So we started then to do drama on HIV and AIDS, so from there it just grew that I, I want to stand in front of the community and plan

more so as I can tell people what happened previously or what is it that we are facing as, as, eh, eh, as young people. Mostly I was looking at young people and then, mnm, mnn, ah, we attended trainings – we, we, before we attended training we met Walanani, I don't know – you know the name. Eh, Walanani they were from Cape Town so we visited them once or twice in a week whilst I was still in the youth group – trying to give them what I am having, what I am getting from the, from, eh, Walanani and also from the cultural group that we just formulated, eh, for, for, for, HIV and AIDS and crime as I just said before. So, then I was so much involved in Walanani, because they had what I needed, they had all the information that I wanted. And the lady who, whom we work with, she was kind to us and she could, she gave us the support or the moral that one would need. And then it is then that we started to do voluntary for Walanani. But in the meantime I kept on giving any information that I am having to the youth club in church there. Then from there, mmnn, we carried on they gave us training on basic HIV and AIDS.

And during 98 now, I am talking about 98 now, ah, we attended a counselling training facilitated by Department, the Department of Health. Then we, something came in that maybe if you volunteer for health maybe you will, eh, get employment for health, OK, that one was just one of the, the things that, eh, that forced me to do voluntary job. And as I, eh, wanted to know more, from Walanani I got more information. So I kept on going to Walanani and the more I went there it's the more I got information on how to deal with people– because of I didn't know how to stand – I, I, eh, had stage fright before to stand in front of the people and say, blah, blah, blah and this is HIV and this is AIDS and then they, ah, they taught me, ah, they gave me that opportunity to can start, to stand in front of the community and tell them about HIV and AIDS – and, ah, not only HIV and AIDS – to do like facilitation and then, from there, we were granted the opportunity to do counselling now and then eh, It was – we started in July 1998 to do counselling at Potchefstroom Hospital. Its there where, where things started to unfold or to roll faster now. Whereby we, as with the, eh, information I got before, and then with and then with, eh, the youth kind of mind, eh, we started to like explore many things, like, eh, meeting people who are infected. Eh, as we do counselling – as we do pre and post test counselling. So we would also do, we did follow up counselling. So this thing did touch me in that alright we, like, give pre and post test counselling and we don't give people anything after that. We, we then started income generating – whilst we were still working at Walanani – income generation whereby people we used to counsel, they would, like, do something for themselves, as the mind – if you tell a person he is HIV positive, he or she is HIV positive, the mind would be like dull, eh, meaning you said, maybe what you said would have, eh, doomed his or her dreams... so at least we try to like pick up the idea for people to can live positively. And then, mnn, from there we, I got so many more, so much involved in many things, like while at still at, in, in, in church, I, we started to have a group that will work on HIV and AIDS. And where in, in, in

Walanani we were like a group of five, so we used to visit different churches, so from there we were given chance to go to the, eh, community now. Ah, during, ah, Fridays, let me say, because we did counselling from Monday to Thursday. And then from Fridays then we were like free. We didn't do any counselling. Even though there was a need, but we didn't do it. So we visited schools and, ah we gave young people information the way we could. And the response from them was like, mnnn, what you are doing is good and that also gave us a motive, it gave it did motivate us to still do more. And, and, and with one see in the community, seeing people having a bad attitude to HIV and AIDS, not knowing, not that they didn't know what is HIV and AIDS. Then giving information and seeing the attitude being changed – eh, does give one, like, the inner person becomes happy that OK, like at least I have tried to change somebody's attitude. Not all of the, not the whole community, but one person. As it is said, only one person can rule the country. So one brain, if you change one brain then, you can be able to change the whole community.

So, mnn, from that whist we were still doing counselling there at the Hospital and the, eh school visits we went to an issue of being, eh, invited by churches to give information so what we did at that time, we share ourselves into groups – pairs (let me say), one, one or two, two, two, mnn, then one, mnnn, would, eh, target the issue of basic HIV and AIDS and there would be somebody who would do disclosure. Like, let me say, I would do basic HIV and AIDS and the person whom I would've counselled before would come and do a disclosure campaign. Telling people, I mean that he or she is HIV positive and then maybe with the help of me – ah, ah, that person was able to see and have a second chance – like there is a word that says there is always a second chance. So this, from there people would come and want to volunteer – so from there people would come and want to volunteer. So while we were working for Walanani, it was difficult for us to tell them to come and volunteer because of were headed by a white, eh, a white lady, I'm sorry to say that [chuckles].

Colin: Don't be sorry. I think its normal. I understand what you mean.

Frank: Jah. Its not that I want to be like a racist, I just want to explain what happened.

Colin: I think we live with certain realities. I think this is the truth. And we are looking for the truth and I think the truth is there are White people

Frank: Jah. [Chuckles]

Colin: ... and in certain ways, I think, in South Africa they are different from us.

Frank: Jah. So whilst I was still explaining people wouldn't like come in and volunteer all of them. So as I was explaining we were having a white lady who was heading us as, as the group. So what I was actually doing in Walanani was counselling and health education and I also did, eh, the books for Walanani. I did help the lady to do the books, eh, to account – because of, the would give at least something at the end of the week for travel allowance, only for volunteers. So we had to account for that. Ah, so during – that one was from 1998 up until

1999. So the year 1999, July that was when Walanani closed the doors for us, eh, they didn't – we didn't know what happened. But later we, we were informed that the mal-administration made it impossible to can carry on anymore, eh, with Walanani. So what we, what came instead we started to formulate, the very same group. The five guys that did counselling and, and, and office work – because like, we were like divided, as I told you that I did books. The others were doing like making sure that the material is there – its in the office all the times and we had the resource centre. People, when people are coming had to make sure that they got information, you see? So, as with the information we got from Walanani, and with the experience we got from Walanani, what happened, we formulated Tshepong AIDS Project and getting from the scratch was very, very difficult. We didn't have an office. We didn't have a chair. We didn't have nothing.

Colin: And you go and talk to people and they say, who are you?

Frank: Yah, the people, the people already knew us, from Walanani, so when we went in to the Hospital – when we spoke to the, to the, eh, Chief Executive Officer in the Hospital, he referred us to, actually, what did he say, he said we are actually still working for Walanani, but we clarified and said we are no more working for Walanani. And then, clarifying to people who are at the top management that we are no more working for Walanani and that we want to open up another NGO was like, you are closing doors for yourself – making sure that those people don't respond positively to you. But we managed to fight that stress – that difficulty because of we had to start from one up to maybe where we are today. As I said we didn't have any office or any chair or any anything. We were like going to the very same place and finding it locked and then we would stand outside and try and plan – what is it that we could do because of there was a pressure from the community, eh. We did pre and post test counselling, we did education at school, we educated young people – So they kept on coming to us and their mind kept on coming to us – saying, I mean, that, OK, you started now you have, ah, unfinished, ah, business. So you have to make sure, ah, that you, ah finish this kind of business. So, mnn, one idea came that purposefully we will do anything. We will crush anything that comes our way and we will make sure that everything is fine. Alright. Then we carried on doing voluntary for Tshepong while we were applying for section 21 – as a non-profit organisation. So whist we were still, like everyday moving from Ikageng to the hospital by foot, eh, we, one idea came and we visited Dr Mabotcha. Its then we started to get our acts together because the community was like pushing us. Some people came to us; "OK guys, the last time you said I must come to your office and blah, blah, blah... so I don't have anywhere to go. What is it that you can help me with."

So like I say we didn't have anything to do. Anything to give. So since we went with Dr Mabotcha, things went, eh... there was at least a positive picture in the line.

Colin: Can I ask you something? One big question seems to come out from what you are saying.

Frank: Yah.

Colin: I have been trying to pay attention and to listen to what you were saying. There is one thing. Many people are in this community – I understand that it is a very important and powerful point, it's a very good reason, actually, when you have a someone close to you who passes away, that you begin to care about, for example what is happening with HIV/AIDS. My big question is really about the fact that not everybody does that....

Frank: Yah. Not everybody does that. And, and, mnn. As – we differ actually with the upstairs [indicates head]. Mnn, people will ask, why do you do it. Why do you want to go for that. And, and, to say for short, its, its from within that OK I want to do something. As, OK, something that drives me to do things, eh, under my own without being driven by somebody is the word that our President said, "Don't ask what the government can do for me. Better do what, do something for the government so that you can see the difference. So that is one of the things that is driving me to do things.

Colin: Now you go and talk to someone. You have many campaigns that you've had....

Frank: Yes.

Colin: What are you trying to make them see? What are you trying – you, you know, what is your immediate thought today, ah, you go and present something to people. What is your immediate – you know, when you go there, what is it that you want them to do now. What is it that they don't know that you want them to know?

Frank: Ok. Ah, the first thing is, like, I want them to be aware of everything. Anything that comes their way, and then the other thing would be like, treat, ah, the other people as you want them to treat you. Ah, if you are going to put, ah, pre – to put prejudice against the other people... meaning they are also going to do that to you. And, ah, seeing and meeting and, and having, having, I met many people, people with HIV and some I didn't believe that they had it and some they died in front of my face and it was painful, so the, the, the reason for me to go there and tell people, alright, eh, when we – let me say I am going to do a presentation or something a something to be in charge anywhere in the community – ah, the thing would be to prevent, the most, the most important thing to bring the message of prevention and to change their attitudes towards, not HIV, but towards life. Because of some are, are, having a bad attitude towards life or some are having bad attitudes towards other people's lives. So, eh, the reason why I am going outside is to give them information so as they could see, maybe the danger or try to come in and help, the way they can.

Colin: Can I ask you something related to this?

Frank: Mnn.

Colin: Do people know about HIV/AIDS or is it an issue to do with the attitudes or do they not know – I find it more and more difficult to believe as time goes on, you know, to think that

people don't know there is something called HIV/AIDS... but maybe they don't know enough, or maybe....

Frank: OK. Eh... do you want me to classify them? Let me...

Colin: If you can, I mean.... If you can...

Frank: Yah,

Colin: If you can classify the people that you talk to, the people that you see...

Frank: OK. When we talk to young people. Their minds are like, they are exploring. And, and, and if you tell them something now, they would know, and, eh, when I talked about young people its from the age of 12 to 17. But there is one thing, if you tell them the dangers of HIV and AIDS, meaning, eh, you come and say, eh, be, eh, prevent yourself from getting infected with the HIV virus or with sexually transmitted diseases. They will listen to you and they will take what you say as a very, very, they will put it as an important message. But they will, eh, like, go back and try to prove what you said. Is it, what you said, true, or where you just telling them what to do.

And then the other group, that I wanted to, we meet mostly and this is, eh, the most difficult group. The elders – and specifically the males...

Colin: These are the guys who are above twenty?

Frank: Ah, the, I'm talking about, the, not twenty – no, no, no, not twenty— eh, thirty, upwards. Ah, they don't – but now actually, with the present situation, they do – some – not all of them, eh, take initiative. But the others they would not agree. Even if we would come up with somebody who is having HIV. Eh, they wouldn't agree. They would still say no, "You paid this person to come and tell us that there is HIV." But, ah, the thing would be like the attitudes. People when you talked about HIV and AIDS – previously, eh, when, when, eh, the HIV epidemic, eh, came into South Africa, or, when we started to focus on it, there was different words and labels put on HIV and AIDS – That OK, people having who HIV are lean, they are bedridden, they are not as healthy as anybody who would be moving, like maybe you and me. So if you go out with somebody who is still, who is still, like, fresh, who is having a year or two being infected, and then you tell them, you say to that person, "OK, if you want to disclose, you can disclose. And then maybe that person, if he or she discloses to the community, being fit and healthy, as maybe, eh, a normal person, eh, then there is a clash, because previously we were told that a person who is having HIV and AIDS is like, is lean, bed ridden, so if you come up with somebody who is, who is healthy, they would say, no?

And then that is where, that is what we are now trying to change, the idea. The mindset that OK, with the people, that OK, people who are HIV positive are like any other person who is healthy. So that's why I say that age group is having difficulty.

Colin: You know, I was talking to somebody who was telling me that for example – in fact, I think, this is a big debate, for example in Zimbabwe, about belief, about knowing, about what it means to know. And this person was suggesting that even those people who know, for example, you know –nurses, doctors, people who work in prevention projects... are themselves, people who not follow what the precautions, the precautions are.

Frank: Yah, that one, that one, I would agree, eh, partly with it, why – because of, eh, its also practically happening – because people who have got money they don't take some other things seriously. They say, "Ah, OK, I've to, ah, money to buy... medication, so if I get infected like today, tomorrow I'll buy 3TC and I'll have demolished everything. And, mnn, the thing, the other thing is you can't see HIV positive and HIV positive person by just looking at the person's eye and then you decide that person – that's the other point we, we are facing. We don't know who is HIV positive and who is not HIV positive so that's where some other people fell into, fall into a trap. And, and, and, eh, as I've explained previously, you come with two people, the other person is lean and the other one is, like, eh, healthy. And then the healthy one would disclose and that one who is having, like, or maybe had malnutrition, you – people would say no, you are playing monkey tricks with them – the other one is positive, the healthy is like not having HIV. So that's the other point.

Colin: So do you... What I wanted to get to was that, how do you get to was that, how do you find it, in terms of who you are, the ease of living with the knowledge, all this knowledge that you have, do you not find sometimes that you wish you didn't know some things that you know, ah, about the HIV/AIDS. Like the know – the information that you sit down with and you sit and you think that you know the percentages of people in Ikageng with HIV/AIDS, I know this, I know that -- does that not make it somehow difficult to look at things in a normal, easy, relaxed way... ?

Frank: Yah, sometimes, there, eh, is, sometimes, there is, eh, that mind does come – but I don't take it very much serious because of – the reason that makes that mind come in its people who comes and visit, I've got many, many friends, and the others when I visit, they would ask, "Hey, Ntate, how are those statistics Ikageng, how are they, things like that... and then, eh, the confidentiality rule says you don't have to publish everything to the people, but, no, no, no, its against the law. I know that, and – Eh, somewhere it kills because of, you already how many people are going to die, possibly in, in a months time or possibly in two months time. And that, also the, that brings stress in, in one's self. Like, maybe, what is it that I can do maybe to like, eh, to like makes the statistics to go low, maybe beyond the rate, maybe to five percent, to two percent...

Colin: You've been on many campaigns, which one's do you think were most useful. Were most useful. Where, were most – the ones that you think, if you had a choice, if you could make, maybe, make a choice, which ones would you say: "These are the sort of things that I want to do."

Frank: Oh, mmnn. What you actually, saying, if I get you clearly, you are want to say.... Ah, is it when I want to change people's minds, when...

Colin: When you want to stop the HIV/AIDS pandemic, or whatever it is that you want to call it. When if you wanted to – if you were given that job for example, what would you really say this is something that should be done?

Frank: The voices of the children. Like, when Nkosi Johnson disclosed to the public. Eh, I liked what he said. And, and, eh, I think that is one of the things that did changed other people's minds. And, ah, if I was given a chance to, to, eh, make an awareness, I would make an awareness out on, on, on young people, eh, young kids. Eh, the reason why: they are tomorrows generation. At least, we are today's generation... and to... [laughs at failure to explain concepts of "today's" and "tomorrow's" generation]. So they are the ones who are going to, to stay back, eh, not knowing how many of them. So its better to like, start with them now. Then taking that responsibility. Telling their parents and the community at large, that, OK, the abuse that they, the kids, are feeling will destroy the future. The help that maybe the government or maybe the community can do will help them as the young people or young kids, presently, to conquer the HIV statistics in twenty or thirty years time.

Colin: Tell me, do you think that yourself as an individual, which of those projects that you have been in, are projects that you would want to repeat. Or which of those methods you have used when you talked to people. When you meet me today, when you meet me, which of those methods would you want other people to use.

Frank: The most one I'll really would recommend is, one on one discussion. Counselling does change people's minds. And for the entire community, would be, the mass action. Everybody taking responsibility. I still remember. We were at Wedela. Wedela is like a mining place, a village where people who are working at the mine are staying. So what happened then... people used, were, were, marching, marching and were a part of it, eh, marching against HIV and AIDS. And, everybody took the initiative of telling their partners – not all of them – of telling their partners, are they, that they are HIV positive or not – So what I am trying to say, its breaking the silence. I know there are many campaigns on breaking the silence – but that one was like being open to your partner firstly, and then you tell the community. So, we really, really did make a difference when we visited, eh, Wedela.

Colin: So is this a mass action, say for example, here in Potch or in Ikageng, lets have a mass action through the town?

Frank: Yah, but, in Ikageng, because of there are different needs, eh, Wedela is like different in Potch. In Potch we've got... Alright, moPotch we would go for, one: eh, condom distribution, because that is one of the things that will help to, eh, lets stand the statistics of HIV and AIDS. And then the other point would be openness. Open discussion. Ah, the very same way as at the breaking the silence. And, mnn, the churches, like as I said the one that I would recommend is counselling – churches taking that initiative because of I have realised that they

are part of the comm... traditional leaders, mnn, so if they are taking respon – I mean, eh, eh they are taking part in issues like HIV and AIDS, people would respond to that, mnn. Where.... during the, what do we call it...? In Tswana we say its Maipulelo. Mnn... where you and the preacher on a separate room discuss...

Colin: Confession.

Frank: Confession! Thank you. Yah, ah. If they, they, we, we, we start to have such sessions in churches. If churches take responsibility of making, eh, confidentiality rule stand on, on...

Colin: Something that interested me always, you know, there are a lot of people who have said to me, "You can't trust the preacher, you can't them at all, I can't trust... I can't trust."

Frank: So that's why I say, if the, the, the preachers, ah, would be doing their jobs, I mean, really, really doing it... I think people would start to come out, because of after being told you are HIV positive, people's mind, as I have seen them, mnn, they are like destroyed and then they need someone to talk to. And who is, who is that somebody. The preacher or the minister would be the one. So, if he or she goes to the church and asks the, the preacher or the minister to, to please give him or her a hearing, then I think it's where things will start to....

Colin: Can I ask you one last question and then afterwards if you have anything else you want to say, you can always say it.

Frank: OK.

Colin: Do you, yourself trust a condom?

Frank: A condom? No. Do you want me to elaborate?

Colin: If you don't mind.

Frank: The reason why I say I don't trust it is that it's a man made thing and a man made thing can, like, anything can happen, it can burst. But, as we do education, we say. You take another percentage and also the condom has people would say has 99.9%. So, mnn, we.... OK. Let me talk to, about... me, myself and I. The Three of me [laughter all round].

Colin: The three of you.

Frank: Yah! Eh. As I, eh, said its not one hundred percent perfect, so... one would use it only for prevention, as I say... but not to, eh, trust it that... OK, everything will be, eh, in an each and everything we would us a condom. But somewhere somehow one needs to be open, eh, to the other partner and hear the view of the partner's idea concerning the condom. That's where, eh, one....the reason why.... OK. .Let me answer you clearly. Alright. Ah, I usually in my discussions or any topic that I'm having, stress the two points first. Abstinence and faithfulness. So, its then that I think that if you abstain there is no chance, that are no chances that you can be infected. And if you are faithful enough to your partner... chances are smaller. But if you are infected, its then that you can use a condom if you want to have sex. But, ah, its not that its surety that you, that you, that there won't be any mistake. One makes mistakes so it can burst. Then, eh, the, the, the third point would be like people use condom... not that I want them to be promiscuous. But if they are infected. They could use the condom. But we also know that, OK,

the condom is not only used, for, for, for prevention of HIV or other things like STDs. So the most thing that I would, that I stress mostly is abstinence and faithfulness. So if one can't abstain or be faithful to her, to his partner then we can use a condom. But its not that 100% perfect – that one each and every time I, we say it. And, and, and people will ask why do you say we must use a condom and then you say, ah, ah, ah, its not 100% safe. The, the, the issue is, as I said before, anything can happen, even though you've used it, eh, eh, according to the precautions or the lines that OK you must do this and this and this... But something can happen.

Colin: I think I do see your point. I do understand that. Do you have anything that you want to say. To do with the campaigns to do with talking to people. Anything....

Frank: Yah. Mnn. The, from now. Or from previously, we've been making people, like, aware, like, we've been talking and talking and talking and talking about HIV and AIDS, but we don't have, presently, there is a need for motivation for people, eh, even though there has been, like, counselling sessions and things. Ah, presently I think there is a need for, for, for strong motivation. We need, mnn, people, like Felicia, to motivate people who are – those who are infected. Because of, there are things happen, I mean, ideas running through other people's mind that alright, ah, I got it from a human being so I will also pass it to a human being. That's why the statistics are running. So if we've got people who will motivate those who are infected, to still stick to the condom use and the statistics will, like stay level.

Colin: Do you think then that there is not enough being done for people who already are HIV positive?

Frank: Ah. Yah. I would say, not enough. Because of the confidentiality issue – the – it makes people not want to be open.

Colin: But, even on the radio, say, for example, I can't remember any campaigns as such. There is some mention on the TV and radio and things like that. Would you want to see a lot more being done, for example by Felicia and stuff like that?

Frank: Yah... Like there was a, a, an it shook some, some, people... there was a, a discussion. She holds a discussion on Etv. On people who are living HIV virus. I think somewhere, somehow, some got information of I am not alone. Because of, what happens of if you do post-counselling to a person and then you tell him or her that OK, he or she is HIV positive... the one thing that comes, maybe to that person's mind is oh! Its me only in the world to be infected with the deadly virus. So, eh, having such topics or discussions, that Felicia... the very same discussions that Felicia had would open also.... **[tape end]**

[Had talked about people who are affected being discriminated against and that they feel they are alone in the world and that there is need destigmatise the disease.]

Frank: Yah I was saying people would, would want to come and join the family of the infected group and when they come, we don't like say, that one is infected, that one is affected. We just accept him or her, being infected or affected because of HIV/AIDS affects everybody – So you might be having a problem at home, somebody being, eh, dead because of HIV and AIDS or you might be having a problem at home, somebody being, eh, dead because of HIV and AIDS or you might be living with it... or somebody close to your family – to the neighbour. So, we, what we do is we accept everybody who comes and say, "I want to do voluntary work and then we just want to hear the skills that that person is having and what is it that he or she is expecting from Tshepong – because of some just come and say I want to be a member –an ordinary member because of what you are doing in the community its really, really, eh, impacted or its really, eh, eh touching because we, people think – thought that we were getting paid, like thousands and thousands of rands and we told them, no, no, no... we are just doing it ourselves.

Colin: You are actually paying yourselves! [laughter all round] With our time, and our efforts and our...

Frank: Yah, yah, so some would say, "Man! How do you make it... and then we say its just commitment and dedication. Those are the main two. And, eh, some wouldn't believe and some would like want to be in and see, how would we like use our money. Because, even the District Office, they thought, they once gave us money, last year. They thought, immediately they gave us money, they gave us money, they thought we would wheeew, finish it off, and go back to them and say OK give us another money. So, like we left them, we left them and saved it – because of, like I told you before, that, OK, we sometimes moved by feet from here to the hospital. And it was like fun when we moved by feet, so we saved money for the awareness campaigns that we want to run or for emergencies that we say, like there a need, we are asked to go to Wedela, or Vochville or Klerksdorp or Ventersdorp. Then we would like get a taxi and the taxi would take us there. That is now, things are starting to unfold themselves better cause of there is help that one is getting – because other departments have signed a pledge that OK, "let us help Tshepong AIDS Project." Ah coming to transport. The others have donated some other things, the ones that you see in the office there. Yah, some... we did touch their lives or we did touch them. I don't know how. But...

Colin: No, they have realised the work that you are doing. I have talked to a lot of people now and everybody definite now, it's a case sometimes that sometimes, a lot of people who have seen a lot of the things that you are doing are not in a position to change something... are not in a position to go to the national government and shake their pockets [laughter all round] and get some stuff out of there. Can I ask, you

Frank: You will always raise....

Colin: Let me ask you, just shortly, shortly... You talked about names... can you give me some of these names, some of these names, a translation to it, or whatever, if you don't mind.

Frank: Ah, those things are like [laughs]... ah, some were or are abusive names, that OK, those are the bitches – mostly for the ladies, or after when they are wearing the same attire and looking beautiful, people are saying, “Oh! Look at those HIV positive bitches!” and then and then, “Look at those, ah, ah, AIDS people,” and the others are so much, eh, painful sometimes when somebody thinks of them. You, you, your spirit goes down, and then you say, “I am trying to help the community but they are not responding, they are not responding positively.” Eh, then the spirit will go down. And also, mnn, eh, we are not only going, getting, you know, there is a word that says, “Action speaks louder than words.” We are not only told by, eh, eh, what’s people speaks, but people do something to show that OK, eh, we mean nothing or we are doing nothing. And we would also say, “Walk tall,” because of we, what we do, we motivate each other from within. When I am from home and depressed, I would come and share my, my idea, I mean, my, my, eh, problems with them and then they would pick my, my spirits up and then and then I would automatically start working, like we have formulated a support group.

And then, that is where, we’ve got, mnn, I still remember the... when we visited one of our nutrition gardens in, eh, Extension 6 – we’ve got a garden there. So after working, we were like happy as a family, alright, and one lady, that other side did, eh, give us a word, mnn, that, the hore, you understand what does the word hore means in Afrikaans? AIDS hores, jy maak nuur garaas, -- in Tswana actually, I’m just translating it into Afrikaans actually, not in English, [chuckles] because of I don’t have a word for, for, for what she said. So, actually, what she said was, “Those promiscuous, ah, HIV positive, eh, people are making noise and they are from Ikageng, they are bringing AIDS here in Extension 6, and, and after they left, we will be all having HIV and AIDS. People who are like, eh, like, eh, associated with them are HIV positive. People who are, like, associated with them are also HIV positive. That was just, one, that’s one of the things that did demoralise, eh, us-eh- some of our members – Some of those who are not infected, they would say, ah, ah, working with such an attitude is not good. But, we do understand it, OK that in each and every working place, ha, ha, there is a negative attitudes and a positive attitudes. So what we go for is the positive attitudes. So what we go for, is a positive attitude. So what we, eh, go for is a positive attitude. How people respond to us. It is sometimes difficult, for us to accept what eh, the community is saying, to just say, OK – eh, we’ll still go back to help them. Some people will say, what is the use, eh, to try and give somebody information, and to try and show somebody that you care and then that person will give you words and names that don’t even appear on you identity or in your date of – eh, eh, or in your certificate of birth. So. but, eh, with the assistance that we are having within the group, eh, some of us, even myself, even myself, I’m somewhere, somehow, getting down, down, down and after sharing it – I know somebody will respond to it – even though they do not respond immediately. Eh, but there will be a response.

Colin: I think that there is a good – at least one thing, Frank, that is coming out, you know, looking at what has happened across Africa – in Zimbabwe where I come from. Looking at what has happened in... eh...

Frank: Uganda?

Colin: Ugandan and the rest of these countries. I think we, we do – there is knowledge that, as a fact, what you are doing – fifty years from today, sixty – the grandchildren of some of the people who take seriously what you are saying now will know that those people...

Frank: They are the ones.

Colin:who did the community work – they are the ones. No, man, I must thank you. I don't know if you have something you want to say? I must thank you. Sometimes you might not know how useful, how important what you say is. I'm working on the same assumption myself. I'm working on the assumption that the work I am doing, all I need to do is to work as hard as I can.

Frank: Yah.

Colin: I'm working, I don't know – ten times harder than I think I should! [laughter all round]. We can talk about that when the tape is off.

Frank: Yah, yah, but its like, that's one thing I learnt at school. You don't have to aim at the middle, if you want aim at something, you have to aim high, I mean, high – like, eh, aim high so as when you miss, you at least get to one inch beyond your aim. So, maybe from what you say, working ten times the way you would expect to work, eh, its another way of aiming high, so as if you didn't reach your goal, or eh, reach your goal. At least you've got one inch from there, but, but I'll also like to say, "Keep up the good work." As you say, you are working ten times. Keep up the good work.

Colin: Thank you. Can I switch off the recorder?

Frank: No, no problem.

8.6 INTERVIEW WITH CATHERINE

Colin: OK. A brief rundown of what we are trying to do. Ah, we have talked about issue to do with confidentiality. I think, Catherine, ah, you have indicated the fact that you understand that your confidentiality will be respected and those issue to do with the ethics. Ah, we have mentioned the fact that we are going to be talking about HIV/AIDS and so on, the issues around the communication that's going on around that. Catherine, works with the Health Department in the district of Potchefstroom and with the surrounding areas. And, ah, basically, she has been in direct contact with these projects for the last two years. Ah, my question basically, that I want to ask, Catherine, is, what do you see? What is happening? What do you see? How do people receive these messages and so on? What do you see every day, in terms of your direct experiences?

Catherine: OK. My experience is that, even though we are trying to create HIV and AIDS awareness to the community or in the community, our community is still ignorant, especially, in our youth who believe in experimenting. I can tell you that at this moment, in our region, we are the highest with HIV/AIDS statistics in the entire province. The problem being that, as I mentioned, the community is ignorant. Yes, we are creating awareness, but I cannot say, that, that they are changing or modifying their behaviour. We are giving them condoms as a form of protection to carry, ah, for safer sexual behaviours, but still, the statistics are increasing and we do not have, we, we, we do not have that guarantee that these people are using these condoms. Hence say we need to go beyond awareness. Yes, we are encouraging people to disclose. We are running this disclosure campaign whereby people are encouraged to know their status and the problem we are having is stigmatisation. There are those people who come out to reveal and disclose their HIV positive status. Because the aim of this disclosure is to have a face behind the epidemic in an effort to try and reduce the statistics. The community is stigmatising these people. It is difficult for the community to accept the people. But, still, at the mnn, at the same time we have an NGO which is dealing with this – which is helping us with outreach campaigns in trying to promote health. It consists of both the affected and the infected. It provides care and support services to the community. I can say that this NGO is helping us a lot with regard to try and destigmatise the disease and to deal with the myths around the HIV/AIDS pandemic.

Colin: It's, it's, you know, its interesting. I know that for a long time now, that people have known have about HIV – at least have been told, they've – I don't know, I think there is nobody in South Africa, who has never heard the word HIV/AIDS. Eh, it interests me. Is it that people – I think that at some level people do know something about it. I mean, are they frightened, are they too few, are they unable to go beyond the fact that it exists? Is it that they too young, that they are too young to see that this thing is serious, or to see that life ends, or whatever it is, I mean, what...?

Catherine: You know, people are afraid to come out, because they feel – actually their perception is that we as government are doing nothing. We are only interested in knowing their status. That's what they are saying. You know we have this project, the VCT Project, that is the Voluntary Counselling and Testing Project that is running in our district. But people still feel that we want them to come for VCT, and then they ask us, "What after that?"

Colin: This VCT is the testing programme?

Catherine: Yah, it's the testing programme.

Colin: Have people not been coming in for that?

Catherine: They've been coming in, but now, this programme includes rapid HIV testing. They have been coming in but we have been sending blood to the laboratory for testing. This, with this rapid testing they may receive their results now, if they want to. But they are not obliged to

receive the results on the same day. They are afraid of knowing their status. Most of them believe that knowing their status is going to kill them. But the other thing that we are doing....

Colin: Kill them with stress or...?

Catherine: Yah, stress, you know. Most of them won't be able to accept easily, hence they become depressed and you know that, suicide is a complication of depression. Hence we have some people committing suicide after knowing their results. Which takes us back to the issue of counselling. We need to emphasise the importance of pre and post counselling to our service providers because it will reduce actually the statistics of suicidal tendencies.

Colin: As people, eh, you work in this, Catherine, does this not put a lot of pressure on you...?

Catherine: Personally I can say that it does. Why: because people who are coming to VCT, were targeting 15 to 49. That is a target group which is taken to be highly sexually active. But you know, that is, that is a target group which is taken to be highly sexually active. But you know, most of the people who are coming for VCT, it's the youth. And you'll see that their age, it ranges from 19 to 21 and most of them are positive. That's why I say its killing. And, eh, if I should respond to the question you raised earlier to a question you raised earlier. We have another campaign known as the door to door campaign – the question of ignorance. We've got influx of people coming in from the neighbouring farms to settle at the informal settlements – Extension 6 and 7 – that's the – those are the areas that we have targeted to carry out these door to door campaigns to give people information at their door steps -- HIV/AIDS information. We can go from the first house to the fifth house to give them that information. When we come back to the first house, they will tell you they have never heard about AIDS. They don't know anything about AIDS. When you ask them – we tell them about the media – we tell them that people we have got radios, we have got television – are you not listening to the radios, are you not watching TVs here. "We don't have those. We don't know anything". If you ask a person what HIV and AIDS is, the person just says, "I don't know." So its difficult to measure...

Colin: You mean...

Catherine: The output.

Colin: Do they say they don't know because they have never heard of it? Is this something that you really believe because you have been to this house, you've talked to this person and then you talked to them again and they say they don't know.

Catherine: These days, AIDS is a very boring subject.

Colin: Yes [laughs].

Catherine: People become so bored when we come to, them, to talk to them about HIV/AIDS, they become so bored about the subject.

Colin: So you are like those Jehovah's Witnesses who are knocking on everybody's door.

[Laugh]. How does that make, how do the guys – I mean, how does that make you feel. I mean, you have talked to this person. You know the statistics. You know the facts. How does it make

you feel to talk to this person. And you can see, maybe in this area, this person's chance of having HIV/AIDS....

Catherine: Yah, the other thing... mnn... the thing that I can attach to that is the level of knowledge and the level of education. The people that I am talking about here are from the farms. They are from the farms. They are at risk. They do not know. They are ignorant.

Colin: They are ignorant...?

Catherine: Yah.

Colin: They are ignorant of... You know, one of the things that has always interested me is the question of knowledge. What is it that a person needs to know. Ah, what is -- I mean, what do you need to know more than HIV/AIDS is here. HIV/AIDS kills. Wear a condom or abstain.

Catherine: Those are the basics, including life skills itself, you know, including behaviour modification, issues dealing with teenage pregnancies, ah, doing away with self-destructive behaviours. We know those are the things that lead to – contributory factors that lead to one contracting HIV and AIDS.

Colin: Eh, the guys here – everyday you go out there and you are trying to motivate the volunteers. Do you find that that is a difficult job in itself – just talking to these guys, keeping them going?

Catherine: You know, I can say that we are blessed to have this NGO in our district called Tshepong AIDS Project. We've got Tshepong AIDS Project and Hospice. You know, Hospice is dealing with home based care and it's funded. Unfortunately, Tshepong AIDS Project is not funded, but they are working very hard. Those people are the backbone of our department. They are very much supportive. They are with us in all the campaigns that we do. And they are very good at mass mobilisation – because mostly they consist of the age group – I can say youth – hence they are able to mobilise youth to attend. They are very much motivated, even though they do not get a thing. They work like people who are paid or get a full salary.

Now, the main aim of the department is to try and retain and maintain these people. How do we do that – because we are unable to create jobs for them and we are unable to pay them. We give them incentives. Incentives in the form of t-shirts, incentives in the form of meals, if we have got such occasions. And we, the, the... we give them logistical support in the form of transport, materials and so on – and I think this is the thing that keeps them going – keeps them going – they are fighting for the district.

Colin: Now Catherine. Eh...everyday [she sighs]. No, no, no, your insight is actually incredible. I must be honest. Its difficult to... I've talked to a lot of people now, between here and there – people who I think should know something and very often they don't have experiences of people. These are guys who have read the stuff, people who have administered certain projects – but they haven't talked to people. Ah, it's these people, for example... what I am trying to know Catherine, is, you have a case, for example, that they are HIV positive, goes and

commits suicide. How does somebody handle life with that. You know, with the thought always that I need to try and talk to this person to the best of my ability – or I need to give this person attention, because its such a thin rope that this person is walking on. Or whenever you talk to someone, you think, “Hey, this person, how can I persuade this person about HIV/AIDS.” How does one go about this? How do you go about this? How do you live with that?

Catherine: You're referring to people who are trying to... ?

Colin: Yah, who are, who are, doing the... who are doing the work that you are doing. How do you handle your job, the work you are doing, everyday, day to day, your job. Everyday to simply feel free and comfortable, you know. I'm getting up in the morning, or today I'm feeling a bit tired, I can get up a little late in the morning and get to work at five past eight. This is the way normal people work.

Catherine: Yes.

Colin: How do you do that with a job where you see... to be just a normal person who walks in the street. I mean I see you every day and you are just a normal person. I mean you are not... I talked to one lady from Hospice and she said she used to be very big and after a year of being at Hospice, she has lost a lot of weight.

Catherine: You know, this is depressing. Its quite depressing. I've mentioned that we have this VCT Project. I went to the Clinic to try to help them with the overload, to try to relieve... and I did four people on that day only. Two of them were positive – the youth itself. You know that is killing. Its frustrating. And we as counsellors we also need mentor – mentorship – or is that mentors.

Colin: Yah, mentors.

Catherine: Yah, mentors. We really need it. We need to be counselled because this thing is really getting into us. I also mentioned the disclosure campaigns, the people with AIDS, the PWAs, People living with HIV and AIDS Campaigns as well whereby we encouraged people to break the silence, talk about AIDS and issues a, around HIV and AIDS. And you know, what happened the other day is that we had... a person who was disclosing, only to find that this person is disclosing at the stadium without having told the family members at home. Immediately after that, before she could arrive at home, the family members knew about her status. They heard about it on the streets. I met with this person, at the local mall, crying hysterically, threatening to commit suicide. I tried to calm her down, and, yah, I calmed her down and then we were talking and then she was telling me her frustrations, problems at home and everything because, now, she's got kids and the kids also heard from the streets, and some of, someone from the family was just saying, “Yes, your mother has got AIDS”. You see?

So what I did is that I arranged a multidisciplinary team, consisting of a nurse, a doctor – a medical doctor, a psychologist, some other people living with AIDS, some other volunteers from, from the NGOs to go and talk to the family members. They went there and talked, even

though these people said they were very angry because this one did not have confidence in them, that's why she did not tell them – they accepted and now they have accepted her. You know? It goes with counselling, family counselling is very, very important to try to deal with the stigma and to try, to, eh, instil acceptance.

Colin: People don't accept, right now we are talking about many people who are dying, do people not see that next door, this guy has died because of HIV/AIDS? Do they not know that? When they say, "I don't know about HIV/AIDS"? Is it because they don't know this? Or do you see yourself that, no, this person knows, but...?

Catherine: They do, you know, they do. I mentioned that they are ignorant. They are ignorant.

Why: most of the people – of our people have traditional and cultural beliefs. We are dealing with traditional healers, that is our main NGO, you know – as we know that our people visit traditional healers first before they can come to the clinic. So we have established this partnership with the traditional healers to – we've educated them that there is no cure for HIV and AIDS. Our traditional healers in Potchefstroom, will inform you that there is no cure for HIV and AIDS – because they know. What they will tell people is that, "We only manage the symptoms and we've taught them to refer cases to the clinics – TB cases, STD cases to the clinic before they can be complicated. Now most of our people believe when they fall sick of this virus, they believe they've been bewitched and they tell it sijiso.

Colin: Sijiso?

Catherine: Yah, they call it sijiso.

Colin: I'm familiar with a similar word in Shona.

Catherine: Yes, they call it sijiso. You'll hear all of these people, because some people who are terminally ill, HIV positive people, who are terminally ill, people who have got AIDS, will present with funny things, some will just, r. their abdomen becomes distended, you know, when it is distended like that, they say, kitsona sijiso kakaso sakuru – something like that – those are the beliefs. And others...

Colin: You are saying the stomach is getting out and all that – I didn't understand that...

Catherine: Distended – It becomes...

Colin: No, I was wondering what that means in Tswana.

Catherine: OK, no, they will believe kitsona sijiso kakaso sakuru

Colin: Is sijiso like the same word, term that we have in Shona --- you know in Shona when people talk about things like this, they are talking about muti, the word in Shona is like muti. you know muti?

Catherine: Yah, muti.

Colin: But its... have you... You have gone and talked to people, you know... is there any way that you have found, for example, that you think this really works. I know that you have been involved in many campaigns, seen how they are working – is there something that you do, or that is done by people that you know that you think, "This is something that works."

Catherine: You know, in most cases now, I don't go to people. People invite me. People are able to stand on their own to create awareness. All these other departments have seen the importance of creating partnership or establishing, establishing partnership against AIDS. The community, the youth, the youth that I've said that its ignorant – there are those who are committed, they will call me. There are projects that they are involved in – for example during the School's AIDS week, we normally visit the schools. And, eh, we engaged them in the quilt making project whereby they are, they were trained actually to remember, to commemorate the lives of the people who have died of AIDS. To remember them. And to show care and support to those who are living with the virus. And I can say, that, that they did quite well. You, know, at their schools, you'll see, they have painted something which has got a message – which conveys a message to the community around HIV/AIDS – even if the statement they have painted is different. You know, I was telling someone the other day, that, "You know, the youth of Potchefstroom are very much involved in HIV and AIDS activities, not only on HIV and AIDS. No... All these other cultural activities and all those... the crime rate is not supposed to be this high because most of them are off the streets... most of them are doing something for the community."

Colin: When you look at these things, have you. have you ever had the opportunity... I'm sorry, it's a bit of an unusual question – where you sit down and talk to someone and perhaps there is a poster in your office or perhaps the radio, if you are in a house or something... talks about HIV/AIDS. Do you get the feeling, the sense that – of what these messages – how people relate to them? As, I know you have been working in this for two years and I know before that obviously you had seen HIV/AIDS posters, obviously before that you had seen all these things. Has the way that you have observed people observing TV messages on HIV/AIDS, observing posters on HIV/AIDS... has that changed your, your way of looking at them when they see that.

Catherine: Not at all. I've realised that most of the people like action. Most of the people prefer to look at pictures and create meaning out of them. Rather that take a book and read. Most of the people prefer watching dramatised activities, you know, people performing dramas or what, or maybe songs, listening to songs or what – rather than listening to formal speeches. That's why you'll see that during our HIV and AIDS events, we'll have the formal and informal activities. And during the formal programmes that's where the MECs and all those people, politicians will be making formal speeches, but the youth is not going to listen. They will be making noise. But as soon as we come the informal programmes, they will listen attentively to the dramas, they will listen attentively to the songs and they even go to the extent of trying to imitate. Because now they can have a meaning, they have meaning out of participation. They understand. They are able to comprehend.

Colin: Do you see hope.

Catherine: Ah, that's a very difficult question. What I can say is that treatment can never be hope. There are people who are angry at us –as I said earlier on they say that we are doing

nothing for their good. What I normally say is that people, we are providing care and support services... to you. We are managing opportunistic infections. Right now we are piloting the TB, HIV/AIDS programme Collaboration. We know that most of the people who are HIV positive will contract TB and vice-versa. Now, we have got prophylactic treatment for both TB and HIV. We've INH for TB, we have got bactri-cotrymotazol for HIV. Now, people who are TB and HIV positive should get both prophylactics. People who are HIV positive should get, cotrymotazol which is intended to prevent opportunistic infections from occurring. Those are the services we are providing. We are also helping the community with nutrition supplements. You know, they come to the clinics, and then we give them the supplements known as PVM, which is, which has all the nutrients that you can think of. And it helps to boost the immune system.

Colin: But hope...

Catherine: But the problem is that our people want treatment –want AZT, want neverapene. AZT and neverapene is not going to prevent one from contracting the disease. If we do not change our behaviour, if we do not revisit our morals, ethics... then I am afraid.

Colin: What would you tell your sister? Do you have sisters, brothers... what would you say to them? What do you say to them when you talk to them?

Catherine: You know, I tell them that there is no need to me to go around and tell people whom I do not know to apply ABC – the ABC principle and fail to do it in my household. I tell these people to take care of themselves, to be faithful – because all my brothers are married, to be faithful to their wives, and to condomise if they, if they feel that its difficult. I've got a sister who is not married and I told her also – to, to play safe.

And then the issue of hope. I need to mention the Prevention of Mother to Child project which is also piloted in our province, but we still have not received it in our, it has not yet been rolled over to other districts, .we are still expecting it; where Mothers are given neverapene to try to prevent vertical transmission. That is, transmission from other to child. I think that one is going to, actually it is going to try to save babies, even though it is too late for the mom, but the mom will know that at least my baby, its safe. But again its sad – we have a doctor who gave this scenario that he gave neverapene to an, the mother who was expecting twins, the first twin, and you know the neverapene administered when the woman is in labour. The first twin was negative, and unfortunately, the second twin was infected. So I think this is, its sad, but I think its going to help in some sort, you know to.... Because many babies have been dying. Many babies are born infected – you know, look at the issue of Nkosi Johnson. So it's going, its going to prevent the vertical transmission.

Colin: OK, you say that you've become used to the fact that HIV/AIDS is there...

Catherine: I have experience. HIV/AIDS is there and its with us. And truly speaking I don't see it ever going away.

Colin: So this is some thing that when you sit down and see people walking down the street, that's not something that comes to your mind... when you see somebody and you think they are rather weak, you know, or rather too thin or unhealthy looking... and so on, is that something that comes to your mind... something that maybe you're uncomfortable with, in each and all of those.

Catherine: It does, but I normally ask people to refrain from diagnosing people in the street. You know, if you talk about that person, diagnose that person and say that person is HIV positive – you don't know what other people are saying about you. You know, we ladies are trying to maintain our bodies – but the minute you try to maintain your body – other people will say, "Mnn, she's lost weight, she is HIV positive." And the other thing is that we need to break the AIDS chain. There are people who are infected and they go around infecting other people. And when someone dies in that chain, go around looking for others who are in that chain.

Colin: Are there people who are willing to assist you in that... in following the chain?

Catherine: No, no what I mean is that, that it is behaviour which is unacceptable. I mean, to... why follow the chain...

Colin: Oh, people are now saying, "Oh since she died and since she went out with him and since he died, she is positive?"

Catherine: Yes. Yes. Because anything can happen to you or your family. AIDS knocks at everyone's door.

Colin: No, I think I have asked a lot of what I wanted to ask, Catherine. But is there anything that you want to say, you know, like anything that you think is important, or that you just want to say for no reason, or....

Catherine: AIDS is a challenge for all of us and we need to fight it head on. Its our responsibility. Its everyone's responsibility. We have to take responsibility or we have to be responsible for our own health, we, we should not blame people for our failures. We should not blame the government. If there is a shortage of condoms in the district – people blame the government. Why can't we refrain? Why can't we abstain? Why can't we be faithful? Why do we want condoms to direct our lives?

....have I answered your question? No, I think I missed something.

Colin: You missed something? In what... is there something you think you want to say?

Catherine: Yah. No, I mentioned that we, we actually have to be responsible for our own health, we need to break the silence, talk about AIDS and HIV issues. We need to accept people who are living with AIDS, that is very, very important.

Colin: Do you... you think it's important... there is something that you said, I must ask, eh, eh, about it. Two things – the first one: you say its very important, these guys, people with HIV/AIDS... do you think that people are not accepting them, do you think that maybe there is not enough effort to make them accepted? What do you think we could do?

Catherine: Some are accepting them, some are not. I've mentioned that we've got this NGO which is dealing with the infected and the affected. And you know, most of the people who have joined that NGO are infected, but their family members do not know. You know, when you join it, they are just suspecting. You know, when you join it then the community, they suspect, they just suspect that you might be infected. And I think its time we really... we dealt with that or we deal with that. You know, we have got cases here of people, of parents who do not want to accept their kids or their children who are infected. We have, we had a terrible case of a child who was raped, who contracted this HIV through rape, but the parents could not accept her. Also we did same with that, we went to the parents to try and talk to them, but, you know, its difficult, its too difficult. And I normally tell them that, "You parents, if you, if you do not want to accept the status of your children, who do you expect to accept them in the streets? Do you expect, do you expect the community to accept your children in the street – because you are not – the first person who should start accepting your child now, at home.

Is it done?

Colin: I think it is? Catherine, I thank you. Its difficult, you know, most of the time we tend to not, to under estimate the things we say. I find it myself, sometimes, and you know, as I was saying, I mean, you know I am trying to do this work, I think I have read a lot, I think I have sat down long hours into the night and tried to work through with my things and a lot of times it's the other people who read, and sometimes you get the professors who read it and we forget, and it surprises it sometimes when somebody tells us what they think on what you're doing. I can definitely tell you that what you have mentioned here is 900% useful to me. I am hopeful that what I am doing now can be useful – in terms of as a useful project, in terms of as an outcome, I'm even beginning to think Catherine of staying in. I was talking to Mr Africa, Simon, when was this, Friday. Thinking of staying and thinking what I am doing here is important. I could go back, you know, good environment, you know, and get a job like I had before. You know, I think it is important at certain parts of our lives to see the things that are important and I must say that I am very grateful that you came today and I think what you have said is 900% important. I must try, if I can to show I will be able in one way or another to show you that final outcome of the things that we have done. Thanks.

Catherine: Thank you very much Colin. All the best.

APPENDIX 2

9 INFORMATION GIVEN TO INTERVIEWEES

FOCUS GROUP INTERVIEW

Thursday, 14 September 2001

Promosa
Potchefstroom
South Africa

This interview is intended to find out about

- 1) the communication on HIV/AIDS.
- 2) your views in relation to HIV/AIDS.

Confidentiality is strictly assured.

Selection for the administration of this sample was purely by consideration of the importance of the contribution specific individuals and groups can make.

It is approximated to require **30 minutes** of your time.

All answers are correct and important.

The interview will be recorded on radio-cassette and hand-written notes will be taken.

THE ONLY PERSON WHO IS IMPORTANT IS YOU.

OUR SUCCESS DEPENDS ON YOU.

Taking part will assist in understanding the role and needs of important stakeholders in the fight for a better South Africa (and Africa at large).

Your moderator, Colin Tinei Chasi, is a PU vir CHO Masters student.

With him is Samia Krippendorf. She works with the University and is here to assist in any ways she can.

Colin is conducting this interview with the expert advice of Prof G.F. de Wet of the PU vir CHO, School of Communication Studies.

Your co-operation is appreciated.

Instructions will follow.

THANK YOU

APPENDIX 3

10 NOTES ON RAPE AS RELATED TO THE HIV/AIDS DILEMMA

Current efforts to combat HIV/AIDS in South Africa such as the Beyond Awareness Campaign are unable to grasp the full breath of the existential crisis related to HIV/AIDS. It has been said that many issues are related to high-risk HIV/AIDS behaviours. A well thought out structural exposition of the interrelatedness of the environmental factors (and individuals), viz. HIV/AIDS, is that of Williams *et al.* (2000). The well run Mothusimpilo-Carletonville Project is based in the mining town of Carletonville, also in the North-West Province of South Africa. The case study presents a picture that in the end is very pessimistic and deterministic, seeming to suggest that elusive change in the environment is what is required for people's behaviours to change. To this end, the paper can be read to strengthen the arguments of this research.

Interrelating factors that impinge upon the high-risk HIV/AIDS behaviours of South Africans include the historical context of a society transient from Apartheid, factors "such as widespread inadequate wages, the migrant labour system and massive population removals", says Lurie (2000). Lurie's conclusions are supported by the research of Vorster *et al.* (2000) on the effects of urbanisation on the physical and mental health of Africans and is also supported by the work of Singer (2000) on the position of migrant labour. Homelessness is mentioned by Rogers (1992) as a source of increased high-risk HIV/AIDS behaviours. Other factors that have contributed to the high rate of high-risk HIV/AIDS behaviours include the breakdown of the moral, cultural fibre; incidents of rape (Molitor *et al.*, 2000); and the position of women with to respect sexuality, culture and power (Niehaus, 1999).

Without admitting that the problem is of an existential nature, one is going to continue to isolate and separate the root causes which then become impossible to follow.

This section will seek to illustrate the manner in which individuals in South Africa have become victims of the moment. They have come to deny their individual freedom and choice in the face of the intersecting abstract and universal laws mentioned above. "The fact to be explained – which is here [why South African Blacks are most susceptible to HIV/AIDS] – is resolved into a combination of typical, abstract desires such as we meet in 'the average adolescent'." (Sartre, 1956:713-4.) Health Systems Trust (1998), for example, notes that morbidity figures at antenatal clinics for 1994 revealed that 0.4% of Whites, 1.3% of Coloureds, 7.0% of Indians and 7.3% of Blacks tested positive for HIV.

In South Africa, gender violence is one manifestation of crime as post-Apartheid phenomenon. Bennett (1999) in discussing the problem of gender violence makes clear that gender violence

can be linked to issues as disparate as globalisation and its impacts on economic possibilities, culture and Apartheid. The argument that the moral decay of society can be attributed to Apartheid is an argument which has gained much political currency, with individuals such as Vice-President Zuma making speeches which focus on this connection and also making the connection with HIV/AIDS (Singer, 2000).

A questionnaire respondent from Ikageng said the last person she would talk to about HIV/AIDS is her boyfriend, "Because He is untrustworthy and He can dump me and leave me frustrated and deform my character wherever he goes. He can also leave me with kids or being pregnant, what I am going to do with an HIV unborn child without comfort of his father/kids that are going to be neglected by a frustrated mother." (De Wet, 2001.) This suggests the location of HIV/AIDS in a context characterised by gender violence, fear and discrimination.

Rape is an act of gender violence. The example of rape is chosen because it presents a very graphic portrayal of the sexual and personal, existential questions that HIV/AIDS represents and presents. Bruce (2001) says, though recorded rape (including attempted rape) incidents were highest in 1997 at 127 per 100 000 (52 000 cases), the 2000 figure of 120 per 100 000 is lower than this, even if it is still much higher than the 1994 figure of 110 per 100 000. Rape Crisis Cape Town (2001) says the South African police service estimated in 1997 that only 1 in 36 rapes were reported.

An example of the far-reaching effects of rape is that the risks of HIV/AIDS infection of the victim extend well past the initial act of sexual violence. Victims continue to be prone to high-risk HIV/AIDS behaviours for extended periods after the rape ordeal (Cohen, M. *et al.*, 2000; Molitor *et al.*, 2000). For example, they may begin taking drugs.

Vetten (1997) says there are biological factors that are said to contribute to rape. These factors include sexual urges, the evolutionary mating tactic used by men unsuccessful in climbing the social ladder and the psychoanalytical which argues that women are innately masochistic and seek out experiences causing pain. This research will argue, as do Freud and Kierkegaard, that the lowest and most basic state of the self (the id and the aesthetic respectively) focuses on the derivation of pleasure. This individual will be understood, in the Fanonian sense, to be the individual who, through exercise of choice and denial of freedom in historical oppression, is the shell of his or her possibilities. The self-concept is based on a higher faculty (the Freudian

super-ego and the Kierkegaardian ethico-religious sphere) that the individual develops and which controls the sexual drive of the individual (Cole, 1971). This is important to understand because the province of this study includes locating the individual as the aesthetic who is failing to rise above the basic urges of sex to protect the self from HIV/AIDS.

Socio-cultural factors are related by some as contributing to rape. Anthropologist Peggy Reeves-Sanday says,

In rape-prone societies women hold limited power and authority, and males express contempt for women as decision-makers. In such societies, 'masculinity' is predicated on an ideology of toughness and an acceptance of interpersonal violence.

[However] In rape-free societies by contrast, women are respected and influential members of the community, and the maternal features of nurturance and childbearing provide a basis of human interaction. The attitude towards the environment is one of reverence, rather than dominance and exploitation, while the relationship between the sexes tends to be symmetrical and equal.

Finally, rape is regarded with abhorrence and treated very seriously. (Referred to by Vetten, 1997.)

Discussion of rape prone society is often, as is a significant portion of anthropological and other scientific debate as it relates to Africa and the indigenous peoples of Africa, prone to constructions which seek to justify Western stereotypes of the African (Bulhan, 1985). Scully (1995) shows in a historical study based in the 19th Century Cape Colony that negative stereotyping has historically positioned the Black South African in a societal self-fulfilling prophecy to be sexually out-of control and prone to rape (in the case of Black woman) and raping (in the case of the Black men). Such stereotypes were perpetuated, for example, by not punishing the rape of Black women as severely as the rape of white women.

In a related manner, Niehaus (1999) gives the view that the Bantu South African education system has produced Black males who approach sex in terms of power and a deformed discourse of masculinity. The starting point of the analysis is the repressive regime in primary and high schools during the period of Bantu Education, from 1953 to 1986. The picture painted is of sexual prohibition that policed harshly all forms of sexuality between students while "male teachers freely engaged in sexual liaisons with schoolgirls. The revolt by Comrades in the schools between 1986 and 1992 was inspired in part by students' discontent about sexuality. Comrades demanded an end to corporal punishment, expelled teachers who engaged in sex with schoolgirls and celebrated their own sexual virility in a local campaign to 'build soldiers'". (Niehaus, 1999.)

Wingood and DiClemente's (2000) article "Application of the Theory of Gender and Power to Examine HIV-Related Exposures, Risk Factors, and Effective Interventions for Women" is a very insightful and integrated look at gender issues as they relate to HIV/AIDS. It suggests the use of Robert Connell's philosophically based theory of gender and power as a social structural theory of sexual inequality and gender and power imbalance. This theory rests on three structures; the sexual division of labor, the sexual division of power, and the structure of cathexis ("At the societal level, this structure dictates appropriate sexual behavior for women and is characterized by the emotional and sexual attachments that women have with men.")

Major reasons for the high crime levels in South Africa are structural. For example, "the jackroll [voyeuristic gang rape] menace coincides with a dramatic rise in youth unemployment." (Mokwena, 1991.) Jackroll gang rapes were carried out to humiliate and reduce the social status of women perceived as of an elitist attitude. Mokwena (1991) gives the opinion that the reasons why South African youth are violent in social (such as family instability), political, economic, cultural and other conditions of decay relate to Apartheid.

Schifter and Madrigal (2000) carried out a major study on "The Sexual Construction of Latino Youth: The implications for HIV/AIDS". A major finding of that study was that the youth's sexuality was determined in significant part by their socio-economic status. Thus, for example, those in the wealthier area tended to be less sexually involved and to be less secretive in their relationships. For example, gay males were more likely to hide their sexual orientation in the poorer areas where they would secretly practice bisexuality. Not surprisingly, therefore, it was also found that there is a strong impact that sexuality has on the nature and assimilation of hegemonic sexual discourses based on religion, gender and science. Those in the wealthier area were more responsive to scientific and gender discourses while those in the poorer area aligned more with religious discourses.

Mechanisms for resistance to the hegemonic discourse were seen to be wedged in contradictions and compartmentalisation of perceptions and views of sex and gender issues. Thus, for example, girls from the wealthier area tended to see sex as a potential liability which could spoil their chances for education and a better future, whereas those in the poorer area tended to view it as a way out of the home. Such views were found to have expression in formal erotic, romantic and feministic discourse; and in informal resistance that seems focused on socio-economic, gender, historical and other macro factors. Thus, for example, for the males in the poorer area, sexual expression was overtly more macho than in the wealthier area.

These findings led Schuster and Madrigal (2000) to conclude that there are issues in sexual culture, as related to socio-economic status, that act very powerfully as barriers in HIV/AIDS

prevention. This study shows, as do issues such as those on the practice of the jackroll in South Africa, that societal factors can and do bear upon the sexual construction of youths.

The Thusa Study (Vorster *et al.*, 2000) found that health conscious behaviours were worst in youth from the highest density areas. Those from lower density, socially and economically better off areas and from stable rural areas exhibited less risky behaviours.

The oppressive force of Apartheid is also related as one of the possible causes for the gender violence rate in South Africa (Shaw, 1997). Sartre (1963:20) notes that violence breeds violence. The individual born into the oppression of Apartheid was the "child of violence" who was also inclined towards violence.

As Shaw (1997) says, "Crime and politics in South Africa have been closely intertwined. In the era of race domination, Apartheid offences were classified as crime, while those people engaged in 'the struggle', particularly from the mid-1980s onwards", did not see their actions as criminal. The result was a society in which the use of violence to achieve political and personal aims became endemic.

Mogodi (1991) made a psychological study of juvenile delinquency among Blacks in the historically anomalous 'Bantustan Republic' of Bophuthatswana (which is now a part of the North-West Province, wherein Ikageng lies). The study shows the juveniles to have poor family relations, defective self-control, a high degree of nervousness, low moral sense, negative self-concepts, hostility to authority, a tendency towards social withdrawal, denial of sexual interests, a lack of achievement motivation, a lack of self-confidence, and an inadequate self-identity (Mogodi, 1991:121).

Thus, Mokwena (1991) refers to today's African youth as "survivalistic", violent and as a machismo culture "based on espousing the attainment of masculinity and male dominance". He puts a great deal of the blame for this on the psychological attack that the socio-economic and political context has made by forcing the young black male into the position of weakness. While such machismo violence is first directed against fellow oppressed people, it develops into violence against all (Fanon, 1963:40-1).

South African society has become hedonistic. As Vetten (1997) notes, South African society's response to sexual violence is inconsistent to the extent of showing a lack of caring. There is often condemnation of both the accused and of the victim. For a so-called collective society this is a very strong indictment. It is not surprising that Vetten (1997) is led to conclude that, "Rape is not a simple problem requiring simple solutions. As a complex social phenomenon, it has

multiple causes which require a range of prevention strategies. Condemning an individual rapist's behaviour may have its uses – but must also be accompanied by a careful analysis and change of the social support for rape.” The evidence seems to suggest that it is possible to view South Africa and South Africans as aesthetic beings.

That the hedonism which underlies these behaviours is a world-wide phenomenon is difficult to dispute. That such practices find extreme form in South African conditions of extreme economic depravity and of colonial and Apartheid legacy seems a very small extrapolation.

For all the reasons above, South African youths have met extremely limiting and controlling situations, which they have, with choice and freedom, dealt with as aesthetics. In Kierkegaard's "Either/Or", Judge Wilhelm describes five typical (but not necessary) aesthetic modes of life:

1. The life which finds the highest good in bodily health or beauty.
2. That life which seeks wealth or worldly position.
3. A life directed towards the development of a talent.
4. The life of pleasure seeking.
5. The most refined mode in the aesthetic mode is a conscious despair. Yet Kierkegaard (Judge Wilhelm) says this despair is not actual, because it is not 'self-reflexive,' but it is only a 'thought-despair.'

These modes of the aesthetic can be combined in various ways, and this list is not intended by Kierkegaard to be exhaustive. (Sjursen, 1974: 7.)

The context is problematic. It makes it easier to be an aesthetic than to be otherwise.

Communication for the prevention of HIV/AIDS should recognise this.

APPENDIX FOUR

11 NOTES ON THE PARABLE, FOLK AND FAIRY TALES

Even though Kierkegaard took exception to the aesthetic features of communication, he understood their importance in getting the attention of the individual to be communicated with. The qualities in the authorship of his day that he took exception to are:

1. Poetry transforms actuality, making it better or more perfect than it really is, and thus cannot give a true or adequate representation of it.
2. Poetry deals only with ideality or possibility and consequently is indifferent to actuality.
3. Poetic or aesthetic pathos takes us outside ourselves so as to run the danger of losing ourselves in the ideality of the possible.
4. Poetry may be used as a means of distancing ourselves from life relationships, thereby falsifying the ethical element in them.
5. Poetry deals essentially with immediacy and is undialectical within itself; thus it is incapable of grasping existential situations involving inner contradiction.
6. Poetry is unparadoxical in that it cannot be both tragic and comic at once; consequently it is inadequate for the interpretation of life situations in which these aesthetic elements are united.
7. Poetry is defective in that the aesthetic result it shows is only outward, not inward, in character.
8. Poetry can make no use of repentance, which belongs to the ethico-religious sphere and the realm of inwardness.
9. Poetry cannot explain life, or rather it explains things in riddles, which is really to explain nothing at all. (Walsh, 1992:2-3.)

In analysing why Kierkegaard took exception to HC Anderson's novel *Kun en Spillemand*, translated into English as "Only a Fiddler", Poole (1993:36) comes to the crux of the lack that Kierkegaard detected in the art of his day: "The one thing that Anderson pre-eminently lacks, of course, is any distance at all from what he writes. He never writes anything that differs from what he himself thinks and opines. What would be the rhetorical procedure necessary for creating some distance between what one writes and what one means? Why, irony of course. Anderson is a man totally without irony."

Of the techniques available to the communicator, the parable, folk and fairy tales will be noted.

Because the parable offers the communicator such elements as narrativity (the aesthetics of the story), tropicity (the figurative dimension), brevity, paradoxicality, reversal with the possibility for enigma, deception and conceit, and most importantly irony; it is a suitable technique for indirect communication. Moss (1987:59-63), following the arguments of Oden, writes that Kierkegaard found the following attributes to the parable:

1. Excellent storytelling which allows experiential (existential) learning which is not based on speculations and definitions or on third degree abstractions.
2. The ability to rouse reader interest and attention particularly through the use of metaphor.
3. It is a means of double reflection and putting together that which is dialectical.
4. It is communication of capability not of information, because a good parable teaches one about the self and not about itself.
5. The parable can be seen to belong to a different literary tradition from novels, plays or poems with its emphasis on imagery, storytelling, concise thematic development, and the characteristic twist. It is possible to relate these same attributes to fairy and folk tales.
6. The parable makes great use of irony.
7. Parables communicate more than the words they are made, touching one's inner being and conscience.

In early 1856, 2000 there was a 2000 book auction of the late SK Kierkegaard's private collection. The auction included about one hundred books on folk and fairy tales from Germany, Denmark and elsewhere (Kjær, 1994:78). Kjær (1994) argues that this was not only because Kierkegaard in his early days was influenced by the Romantic movement, which he later forsook for being proponents of an irony which led to "a negative contentless infinity". This was also because Kierkegaard used the Bible, Greek mythology, classic literature, folk and fairy tales to illustrate his various points; finding in the figuratively rich old folk and fairy tales a healthy ironic attitude to life. It is a naïve irony that seems unconsciously to negate the given finite actuality (Kjær, 1994:79). Kierkegaard understood folk and fairy tales to be able to give "an explanation of the world and of life in it in a form that ordinary people [can] grasp at once." (Kjær, 1994:81.) Though making cross-cultural comparisons of literature is not, *per se*, the focus of this essay, reading through Sheub's (1975) "The Xhosa Ntsomi" suggests there are possible comparisons which can, not unexpectedly, be made between the Western forms of folk tale and the Xhosa. The Xhosa tales can be loosely held as representative of the African forms of folk tale, in general.

The most important aim of folk and fairy tales was to introduce order and justice to an absurd existence. The earliest, most primitive fairy tales show an innocent confidence that everything must end well, which is a superior attitude, which raises itself ironically above actuality. Kierkegaard was so emphatic about the value of these tales for children that in 1837 he objected to Poul M. Møller's advice that children should not be taught fairy tales because they could harm them (Kjær, 1994:81).

12 ENDNOTES

ⁱ The battle with the self that Kierkegaard focuses on does not refer to an individualistic orientation that seeks to remove the value and validity of the being for whom “[a]ll living is meeting” (Buber, 1987:11). This paradox in Kierkegaard is clear in his view of Socrates who is revered as “the model par excellence of the ‘individual’ existentially engaged with the public,” says Sjørnsen (1974:xvii).

Even the view of Sartre who is often seen as the archetypal individualistic existentialist does not fully suit this bill. Sartre (1970: 279) says the individual person is “the man who involves himself and who realises that he is not only the person he chooses to be, but also a law-maker who is, at the same time, choosing mankind as well as himself, [thus he] cannot help escape the feeling of his total and deep responsibility”. Ethics, as the universal that Kierkegaard views, would raise their hand here and claim to be the source of such responsibility.

Kierkegaard did not believe in an individual who existed separately from the world, in much the same way that even those who are labelled collectivist do not believe the individual does not have a boundary with the world. Buber (1987:13) speaks of “the real boundary for the actual man [cutting] right across the world of ideas as well”.

ⁱⁱ The conventional politician (*rhetor*) concerns himself with the crowd. The politician’s communication is in the end understood as self serving, giving answers to questions of pleasure in place of the common goal, power rather than justice and knowledge rather than wisdom. “The benefactor becomes a tyrant, as Socrates can foresee, since the quantitative dialectic has no inner *telos* but requires the imposition of control in order to bring about the semblance of harmony. The qualitative resists orderliness as an unnecessary restriction against its infinite efforts; it has no self-limits.” (Manheimer, 1977:55.)

In “Training for Christianity” Kierkegaard’s (1978:32) explanation of the indirect communication, which is dealt with in more detail below, demonstrates that his conception of indirect communication relates also to the individual in relationship with another, or seeking such relationship.

This is portrayed through a parable where a lover’s direct advances are rejected, forcing him to indirectly pursue his beloved by cutting off all direct communication so that he becomes a “duplex being”, “a riddle”, “a question”, i.e. an indirect communication whose answer “reveal[s] a more fundamental way of eliciting faith. The aim of the latter method is to reveal the heart of the beloved in a choice; for in this duplex possibility she is obliged to choose which character she believes to be the true one.” The indirect communication is shown to be directed at facilitating real relationships and not for knowledge interchange as with direct communication. Kierkegaard who worked on the indirect method of communication believed in human relations.

This same theme can be noted in Poole’s (1993:43) discussion of how Kierkegaard used Socrates as the ironic dissimilar of Jesus in the first chapter of the Latin theses that he defended for his Magister degree. If the two teachers can be compared it is because there is a fundamental similarity. This similarity can only be so when it is accepted that Christ existed in *Øieblickket* (i.e. the fullness of time), able to resolve the finite and the infinite, in the inwardness of subjectivity and yet also in the outwardness of communication as the being. This was something that was beyond Socrates, as it is with all other human individuals. Christ was able to communicate with the full authority of indirect communicationⁱⁱ because he was in *Øieblickket*.

ⁱⁱⁱ It in fact upholds it as Sartre (1956:5) indicates in saying:

Does it seem that by reducing the existent to its manifestations we have succeeded in overcoming all dualisms? It seems rather that we have converted them all into a new dualism: that of finite and infinite. Yet the existent in fact can not be reduced to a finite series of manifestations since each one of them is a relation to a subject constantly changing. Although an object may disclose itself only through a single *Abschattung*, the sole fact of there being a subject implies the possibility of multiplying the points of view on that *Abschattung*. This suffices to multiply to infinity the *Abschattung* under consideration. Furthermore if the series of appearances were finite, that would mean that the first is absurd, or that they can be all given at once, which is still more absurd. Let us understand indeed that our theory of the phenomenon has replaced the reality of the thing by the objectivity of the phenomenon and that it has based this on an appeal to infinity.

The hidden problem with Sartre's view is that it does not clearly allow for the possibilities that the subject changes within the boundaries according to the patterns in interaction with an environment which also changes in response to patterns. Sartre does not fully reflect the pattern metaphor of existential-phenomenology which seeks to describe "experience as it emerges in some context(s) or, to use phenomenological terms, as it is 'lived'." (Thompson *et al.*, 2001:135.)