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Exploring Race Talk and HIV among South African youth

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Declaration

I, Jacky Mendes, hereby declare that this research report is my own, unaided work. It is submitted for the degree of Masters of Arts in Research Psychology by Coursework and Research Report at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination at this or any other university.

Sign:_____ Date:_____

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Abstract

This research was an explorative study of the race talk present in discourse when discussing HIV/AIDS and aimed to explore the discourses drawn on by participants during discussions around HIV and AIDS, to explore whether these discourses differed in one-to-one interviews with the author (private talk) compared with those in focus group discussions (public talk) and to investigate how learners navigated race during discussions around HIV/AIDS.

The sample was made up of 26 grade 11 learners at a private school in Johannesburg. Data collection was conducted using three focus group discussions (FGD) and several individual one-on-one interviews. Both the interviews and focus groups were conducted using a semi-structured interview guide and recorded on Mp3 players. The data was transcribed using several conversation analysis transcription conventions and later analysed using discourse analysis.

An important methodological innovation of this research was its use of HIV/AIDS discussion to capture race discourse. Seven broad themes were analysed and discussed in the research and included (a) HIV/AIDS and the 'Other', (b) Race and 'common sense', (c) Navigating the perception of racism, (d) Race Trouble and location, (e) Race, Education and Government (f) Race and Apartheid and (g) Public talk Vs Private talk

While this research was mainly exploratory and attempted to investigate as many instances of 'race talk' as possible, as well as offer various feasible explanations for the learners' use of race talk, it was suggested that it may be necessary to explore the possibility of expanding on existing theories to explain the use of race talk among black learners to 'Other' people of the same race. Furthermore, while this research did not specifically set out to explore the implications that the intersections between race and HIV/AIDS could have for education, it was suggested that the attachment of apartheid meanings to race (and HIV/AIDS) could lead to learners' reluctance to critically engage with historical and contemporary texts or avoid discussing issues around HIV/AIDS.

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Chapter 1: Introduction

1.1 Introduction

Human Immunodeficiency Virus (HIV) is a serious problem worldwide and remains the focus of many scholarly articles, research projects, social mobilization strategies and activism. It is an epidemic that has entrenched itself in social, cultural and political areas of life and as a result research within this area draws on a multitude of different theories, paradigms and disciplines. Race is often used as a way of understanding political and social constructs that have emerged in South Africa, especially taking into consideration the country's history of racial segregation.

HIV/AIDS

The Human Immunodeficiency Virus (HIV) is responsible for the lowering of an individual's CD4 cells and T-lymphocyte cells which are imperative for the normal functioning of the immune system (CDC, 2008). HIV causes AIDS by lowering the immune system to a point where it can no longer fight off infections (AVERT, 2011). This leads to increased susceptibility to opportunistic infections such as pneumonia, tuberculosis and cancer which further compromise an individual's health. While this research acknowledges that HIV and AIDS are not in fact the same thing and there are case definitions which should be referred to when differentiating between HIV and AIDS among adults, adolescents and children (CDC, 2008), instead of discussing HIV *and* AIDS, this research will refer to HIV/AIDS. This is because this research deals with grade 11 learners' discourses around the virus rather than their scientific knowledge of the virus.

Race

The construction of race has been understood as both an objective category (Menand, 2002) and an ideological construct (Fields, 1982). Some writers have even posited that the construction of race is solely dependent upon the use of language, without which they believe race would not exist (Gates, 1986). Even though 'race' is a difficult concept to define it has been used throughout history to label and discriminate against the 'Other'. During apartheid for example the National Party used a "Biculturalism" understanding of race, which understood the ontology of race as a mixture of culture, class, appearance and biology (Posel, 2001b), to classify individuals into racial groups. This was then used to identify groups of people who were then unfairly advantaged and disadvantaged based on the colour of their skin. Racial categories have therefore played a significant role in apartheid South Africa and continue to be used in contemporary discourse. For this reason this research will make use of the South African apartheid racial categories (Indian, white, coloured and black) when describing participants and when exploring racial discourse.

1.2 Rationale

The negative affect that HIV has on social, economic and personal aspects of life has meant that in order to better understand the virus and its effects on society , it has become a well researched topic both nationally and internationally. Although other studies have explored the intersection between HIV and social, economic and personal factors most studies have neglected to explore race talk among South African youth when discussing HIV and AIDS. The study of race talk when discussing HIV and AIDS is important because HIV and race are both pertinent factors in contemporary South Africa and may influence people's understanding of HIV as well as race.

This study therefore investigated instances of race talk among 26 learners in a private school in South Africa, and was interested in exploring the various discourses and discursive techniques used by participants during race talk in varying situations. These situations included one-on-one interviews with the researcher (a white female), which made up the condition of private talk; and focus group discussions, which made up the public talk condition.

While many theories of racism have previously relied on cognitive representations of prejudice for example, this research attempted to explore the constructive and action oriented nature of racial discourse during discussion around HIV/AIDS and therefore adopted a discursive psychological approach to understanding racial discourse. The exploration of discursive aspects of talk that occurred in the focus groups and one-on-one interviews provided an opportunity to investigate how youth constructed their knowledge of HIV (and thus how they positioned themselves around constructs of vulnerability for example), as well as how these constructs reflected broader discourses of race in South Africa. By exploring the constructive and action oriented nature of racial discourse the research was able to focus on the way language was used to construct and continue individual and collective realities of race during discussions around HIV/AIDS. Through the exploration of discursive techniques and discursive strategies used by learners during the focus groups and individual interviews, the research investigated the way learners navigated race issues (including the ease/difficulty with which these issues were navigated, racial categorisation and accountability) and what the use of this discourse potentially meant for the construction of race in the context of discussions around HIV/AIDS. The exploration of race in discussions of HIV is important because race affects the way people

construct their realities around the virus which could impact on their constructs of vulnerability to the virus as well as their willingness to listen to take heed of prevention messages.

1.3 Research Question and Research Aims

Research question:

Whether race-talk was present in discourse when discussing HIV/AIDS and whether these discourses differed in one-on-one interviews with the author (private talk) compared with those in focus group discussions (public talk).

The aims of this research were:

1. To explore the discourses drawn on by participants during discussions around HIV and AIDS.
2. To explore whether these discourses differed in one-to-one interviews with the author (private talk) compared with those in focus group discussions (public talk).
3. To investigate how learners navigated race during discussions around HIV/AIDS

Chapter 2: Literature Review

2.1 HIV AIDS in Sub Saharan Africa

The first cases of HIV in South Africa were recognised in the 1980's (Department of Health, 2006) with HIV incidence increasing rapidly since then. While the 2007 AIDS Epidemic update reported South Africa as having the highest amount of HIV infections in the world (UNAIDS, 2007), HIV prevalence rates among the population have stabilised since the 2002 South African National HIV Prevalence Survey. However HIV prevalence continues to fluctuate along age groups and there has been a slight increase in incidence among the 15-49 age group (Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay-van-Wyk , et al, 2009). While antiretrovirals (ARVs) are used in the treatment of HIV, it has no cure. It was estimated that 350 000 South Africans died of AIDS in 2006 alone (Republic of South Africa, Department of Health, 2007).

The HIV literature has investigated the effects of ARV's and their role in reducing Mother-to-child transmission (MTCT), ways in which to improve the lives of people living with Aids (PLWA) (Department of Health, 2006) and the effectiveness of HIV prevention methods in preventing the rate of HIV incidence (Shishana, Rehle, Simbayi, Parker, Zuma, Bhana, Connolly, Jooste, Pillay, et al, 2005; Parker, 2003). Prevention takes the form of HIV prevention campaigns and social mobilization strategies. These strategies are especially important in developing countries like South Africa where the cost of prevention is significantly less than the cost of treatment (Irwen, Millen, Fallows, 2003). However, the scope of HIV literature is large and while research on the effectiveness of prevention strategies, ARV treatment and

improvement of life for People living with AIDS (PLWA) are necessary and vital in the ongoing fight against the HIV epidemic, the importance of exploring race talk during discussions around HIV/AIDS needs to be considered. Race talk can be described as talk which contains racial descriptions, racist ideas and racial themes. The "specific communicative event" (van Dijk, 2002, p., 146) that occurs when discussing race is known as race discourse. Race discourse therefore includes race talk (as described above) as well as the techniques one uses to frame one's position in relation to others, history and society. The exploration of race talk through discourse analysis is indispensable because it provides insight into the various subjective realities that are shaped by individuals when discussing HIV/AIDS as a result of their past and previous experiences (Wodak, 2004), which allows for the exploration of both micro and macro levels of racial discourse. Furthermore, an analysis of learners' discourse encourages the exploration of the way they approach and navigate race talk during interpersonal interaction.

2.2 Race, HIV and AIDS

Apartheid was first conceptualized for the purpose of addressing mounting white anxiety around the fate of white supremacy during the 1940's and was also an attempt to manage the perceived danger created through the increased presence of black South Africans in predominantly white urban cities (Posel, 2001b). The population Registration act was one of the most prolific acts passed during the reign of the National Party government and has become synonymous with apartheid. This act literally divided the inhabitants of South Africa into racial groups (black, white, coloured and Indian). The classification of individuals into racial groups was dependent on a "Bioculturalist" understanding of race which supposed the ontology of race to be a mixture

of culture, class, appearance and biology (Posel, 2001b). These racial classifications became the basis on which proceeding legislation was constructed and included the Areas Segregation Act and Bantu Education Act (Posel, 2001). Race was used to identify groups of people who were then unfairly advantaged and disadvantaged based on the colour of their skin.

While the racial classification of individuals into racial groups was predominantly subjective, based on the prejudices and racial stereotypes of white classification officials who relied on non-scientific methods such as the 'pencil test', 'ear lobe test' and 'pubic tests' (among others) to identify the racial classification of individuals (Posel, 2001b), the racial classifications identified during apartheid continue to be used in discourse today and are still relied on by individuals and society to identify the self and the other.

Even though race is predominantly a social construction which has relied on unscientific categorization and subjective racist stereotypes to categorize individuals as black, white and coloured, race continues to be used to describe and divide society. The construct of race relies heavily on the presence of 'difference' (social, cultural and biological–skin color for example) in order to separate the self from the 'Other'. The creation of the 'Other' and its use in health discourse to create boundaries between the 'self' and the threat, has meant that it is a theme that is closely linked with HIV/AIDS discourse and the distancing of the 'self' from the virus. Race and HIV/AIDS are therefore closely linked because of the role that race plays in 'Othering' that takes place during HIV/AIDS discourse.

Various factors, including the prevalent 'Othering' theme present during HIV/AIDS discussions and the socio-political influence of apartheid on discourse (which constructed HIV/AIDS as a black disease) have linked race with HIV/AIDS discourse. Race is therefore one of several constructs which play an important role in an individual's creation of reality around HIV (the way he/she understands the virus, his/her perceived vulnerability to contracting the virus and his/her understanding of the role individual agency plays in contracting the virus for example). Furthermore an exploration of race discourse during discussions around HIV/AIDS contextualizes an individual's language as an interaction between past and present social, historical and personal experiences and suggests ways in which individuals create their present understanding of the virus. In addition, the exploration of race discourse allows for the exploration of how individual understandings of the virus may create and perpetuate racial differences within society.

While South Africans have been greatly influenced by a history of racial segregation, oppression and racial categorization which has possibly contributed to racialised understandings of HIV/AIDS, these racial attitudes and understandings are not limited to South Africans. Westerners have often overlooked the differences that make up HIV in Africa, disregarding the nuances of the various countries and cultures and exacerbating the existence of racist understandings of HIV (Crewe, Aggleton, 2003). This generalization is often extended to African sexuality (Rohleder, 2007; de Kock and Wills, 2007) which is seen by Westerners as 'different' to Western sexuality. This understanding can be found in much of the literature on racism and prejudice and usually depicts African sexuality as being primal and uncontrolled

(Schneider & Fassin, 2002). Although these views were common during Apartheid South Africa (Caldwell, Caldwell and Quiggin, 1989; Goldin, 1994; Oppong & Kalipeni, 2004), the idea of African sexuality as violent and promiscuous is still evident in post-apartheid literature on race and prejudice examples of which are clearly evident in a study on the representations of HIV/AIDS by white female teachers in post-apartheid South Africa by Kock and Wills (2007). In this study the white teachers reveal old understandings of African sexuality that paint a picture of exoticism and exceptionality which is evident in their explanation of "'perverse' sexual practices, such as sex with a virgin, having 'sugar daddies' and polygamy" (de Kock & Wills, 2007, p., 233), which the teachers believed were the results of African sexuality.

These understandings of HIV, which are partitioned along racial lines, feed into conspiracies around the conception of HIV and AIDS and have been noted in South Africa and beyond (Stadler, Delany, Mntambo, 2008; Niehaus & Jonsson, 2005; Klonoff, Landrine, 1999). While Westerners believe that HIV/AIDS began in Africa as a virus originally found in monkeys that jumped species as a result of primitive practices and bestiality (Crewe & Aggleton 2003), Africans believe that HIV/AIDS was brought over by white Europeans or Americans (Petros, Airhihenbuwa, Simbayi, Ramlagan, Brandon, Brown, 2006; Niehaus & Jonsson, 2005). Irrelevant of the supposed origins of HIV, these theories have always indicated the existence of the 'Other' as responsible for the virus. Africans, Europeans, Americans and homosexuals have all been blamed for the existence of HIV/AIDS in some form or another (Goodwin, Kozlova, Nizharadze, Polyakova, 2004; Robins, 2004), which has encouraged discourses of displaced responsibility and non-susceptibility to contracting the virus. These interpretations of the virus

abound and continue to contribute to racist understandings of the disease worldwide (Crewe & Aggleton, 2003). Furthermore, the existence of conspiratorial understandings among Africans in South Africa for example, means that there is a reluctance to accept HIV messages as well as significant distrust of HIV information (Amadi-Ihunwo, 2007).

In South Africa, not only was apartheid responsible for the creation and reproduction of stereotypes, prejudice and racist attitudes among South Africans but schooling and health care were unfairly delineated among racial lines too (Fiske & Ladd, 2004; Schneider, Barron and Fonn, 2007). The 1953 Bantu Education Act for example, which was later followed by the Coloured Persons Education Act and the Indian Education Act (Indian Education Act, No.66, 1965) ordered segregation in education along racial lines. Under the 1959 Extension of University Education Act, blacks, coloureds and Indians were barred from attending universities with whites and were mostly prohibited from attending the same courses as whites (Seekings, 2008).

The constant emphasis that was placed on race and its attachment to colonial ideologies contributed to the circulation of negative discourses around race. 'Blackness' became seen as deviant and diseased while 'whiteness' became associated with discourses of normality and health. This was due in part to the racist information that was being given to white South Africans about black South Africans as "germ carriers" (Rohleder, 2007). There is literature to suggest that the Apartheid government went so far as to attempt to limit the reproductive

capacity of blacks (Schneider & Fassin, 2002). Ideas of HIV as a black man's problem were rife during apartheid as HIV was attributed to race rather than circumstance and this acted to further separate black from white where black became synonymous with promiscuity, dirtiness and death which were seen quite literally as being contagious (Ashforth, 2002). Therefore ideologies of whiteness became normative in discourse because of micro level interaction at the interpersonal level and macro level processes at the political level.

The racial categories that were made so pertinent during apartheid are still familiar (Walker, 2005) and discourses around deviant blackness and normative whiteness remain visible (Martin & Durrheim, 2006), as does the idea of HIV as a 'black disease' (Amadi-Ihunwo, 2007). The high prevalence of HIV among the black population reported by the Medical Research Council (MRC) in 2001 acted as a catalyst for the public manifestation of many controversial ideas and understandings around race and HIV/AIDS and fuelled many pre-existing HIV/AIDS related conspiracy theories. Former president Mbeki, as well as various other public figures, became caught up in the whirlwind of race and HIV which followed the appearance of these statistical figures as they believed "that the report reinforced media and popular beliefs and prejudices that AIDS is a 'black disease' concentrated in the rural areas of the former black 'homelands.'" (Robins 2004). Through his controversial support of the AIDS dissident document posted on the ANC website (Castro Hlongwane, Caravans, Cats, Geese, Foot & Mouth and Statistics: HIV/AIDS and the Struggle for the Humanisation of the African) and its questionable assumptions about HIV/AIDS, race and biomedicine (Robins, 2004), former president Mbeki argued that HIV is not just a disease but a problem that is deeply embedded in socio-political issues.

Although these controversies took place years ago, linkages between race and HIV are still rife in society. The reality that young people may continue these attitudes thereby perpetuating a culture of racial 'Othering' is concerning. The perpetuation of racial categories and therefore racial divisions in society is noted in McKinney (2007). This is worrying as the inclination towards 'Othering' means that responsibility and susceptibility to HIV may be understood as being the 'Others' problems (de Kock & Wills, 2007).

While much of the research on HIV has looked at populations that are most vulnerable to the disease such as migrant labourers and black women, for example (Lurie, Williams, Zuma, Mkaya-Mwamburi, Garnett, Sweat, Gittelsohn, Karim, 2003; Gilbert & Walker, 2002; Stadler, Delany, Mntambo, 2008), this research was undertaken with black, white and coloured learners in a private school in Johannesburg South Africa. Exploring the discourses of South African youth in relation to HIV is an important addition to the literature because HIV and AIDS is a social problem that affects everyone in some way or another. A focus on the discursive techniques and strategies used by participants when discussing HIV/AIDS and race provides an opportunity to explore how youth construct their knowledge of HIV through 'race-talk' and thus how they are positioned in constructs of vulnerability for example, as well as how they navigate issues and difficulties arising from discussions around race. The broader construct of HIV/AIDS may act as a way in which different races create divisions between the in-group and out-group ('us' and 'them') thus continuing racist understandings and beliefs.

2.3 Race in a Colour Blind Society

The section above provides examples of how the implementation of racial categories and the encouragement of blatantly racist ideologies during apartheid promoted ideas of the 'Other' based on perceived racial categories and difference which maintained the dominant apartheid ideology of the time. While racism during this period was made up of hostile irrational behaviours which were easily noticeable (Bonilla-Silva, 1997) and included apartheid and slavery for example, society and its focus on equality, tolerance and non racism has made racism and even taking notice of race 'taboo'. Society has adopted a 'colour blind' ideology in response to this newly created emphasis on tolerance and equality which is predominantly characterized by "slipperyness, apparent non racism and ambivalence" towards racism and racial issues (Bonilla-Silva, 2002). Gramsci (1971:324, as cited in Fairclough, 1992) conceives that subjects are structured by numerous ideologies always to be found in their practice. This gives them a 'strangely composite' character (Gramsci, 1971, p., 324; as cited in Fairclough, 1992) and a "view of 'common sense' as both a repository of the diverse effects of past ideological struggles and a constant target for restructuring in ongoing struggles" (Fairclough, 1992, p., 93).

This suggests that the 'colour blind' ideology is created for its need to address race and is sustained as a way of navigating racial issues. Its continued use therefore makes it 'common sense' and it becomes a resource for navigating racial issues of the past as well as structuring the discourse that is used to describe and navigate race in the present. This naturalises 'colour blind' discourse as a way of approaching race and racism and makes contemporary racism more covert (Myers & Williamson, 2001). 'Colour blindness', with its apparent disregard for race and its

race-neutral discourses is one response that individuals can adopt when navigating issues of race in a society where these issues create difficulty and anxiety for speakers. It may therefore offer one suggestion for the slipperiness and myriad of discursive strategies that are used by the learners to navigate race during their discussions.

2.4 Racial Formation, Racism and Race Trouble

There are many different ways of understanding the construction of race which range from an understanding that race is an objective category (Menand, 2002) to the belief that race is an ideological construct (Fields, 1982). Omi and Winant (1994) suggest that race is neither an objective category nor an illusionary belief but rather a concept which "signifies and symbolises social conflicts by referring to different types of human bodies" (Omi & Winant, 1994, p., 55). They further propose that racial formation which is defined as "the sociohistorical process by which racial categories are created, inhabited, transformed and destroyed" (Omi & Winant, 1994) is reliant on the relationship between structure and representation and suggest that a racial project makes the link between structure and representation (Omi & Winant, 1994, p., 55).

According to Omi and Winant's theory, a racial project plays a vital role in understanding racial formation and therefore racism, because a racial project is "Simultaneously an interpretation, representation, or explanation of racial dynamics, and an effort to reorganise and redistribute resources along particular racial lines" therefore connecting what race "*means* in a particular discursive practice and the ways in which both social structures and everyday experiences are racially organised, based upon that meaning" (Omi & Winant,1994, p.,56). The theory of racial

formation posited by Omi and Winant (1994) briefly discusses ways in which racial formation is present at the level of everyday social interaction however, the focus of the theory lies mostly on macro-level social processes. This means that they believe that the interpretation of meanings attached to race can only be undertaken if racial formation is framed "social structurally" (Omi & Winant, 1994. p., 56).

Omi and Winant's (1994) focus on a specific point in history (marked by distinctive features and events) as contributing to racial formation and racism is a useful way of understanding the effects that certain points in history have had and continue to have on the construction of race and racism. For example, during Apartheid the state categorized people along racial lines, affording certain races privileged positions over others. This differential racist treatment directly impacted on the opportunities and life paths of many black South Africans unfairly disadvantaging them in education and limiting their employment opportunities (Henrard, 2002).

In a world that is in a state of constant flux, the theory of racial formation and its reliance on macro-level social processes becomes a dated means of understanding race because it fails to take into account the nuances that occur in race talk in a time where race is a tricky term to navigate and racism is no longer easily noticed. Furthermore the theory of "racial formation" doesn't take into account the subtleties of race and the way people approach race in an age of political correctness.

Race trouble however is a relatively new framework that provides another way of understanding race which offers a holistic understanding of the interaction between macro and micro level processes (Durrheim, Mtose and Brown, 2011). This framework suggests that race and racism occur in contexts of continuous change and flux and are dependent on one's own racial category, history and ways of understanding race and racism. Race trouble links the local with the global through the understanding that individual interactions occur in collective instances or "repetitive sequences" which then "create a global whole of collective and patterned social life" (Durrheim, Mtose and Brown, 2011, p., 202). Importantly, this theory takes into account the role that history (and therefore racial segregation) has played in the lives of South Africans and suggests that as a result we are still involved in racially structured social lives (which are located in social and material contexts). This then contributes to the positioning of individuals as racial subjects at the micro level of interpersonal interaction and at the macro level of society and social structure (Durrheim, Mtose and Brown, 2011).

While both theories understand race and racism as the interaction between micro and macro level process (although with different emphasis on these), it is important to note that these theories are both fundamentally similar in that both reflect the importance of language during racial formation and the navigation of 'race trouble'. Omi and Winant's (1994) understanding of race as an "unstable 'decentered' complex of social meanings" (Omi & Winant, 1994, p., 55) and "a concept which signifies and symbolizes social conflicts and interests by referring to different types of human bodies" (Omi & Winant, 1994, p., 55), intrinsically points to the importance of language. This is because language plays a role in forming individuals as social subjects (Robson

& Stockwell, 2005) and individuals then make 'meaning' through the use of language which is then used in social interactions to 'signify' and 'symbolise' social interests and 'refer' to different types of human bodies. Durheim, Mtose and Brown (2011) specifically refer to the importance of language by suggesting that language helps people to "make meaning of the world" as well as "position [themselves] and others within it" (Durrheim, Mtose and Brown, 2011, p. 87).

Gates (1986), in his critical response paper titled *Talkin' that talk*, posits that if it were not for language, "race" would not exist. This, he believes, is because "race" is not an actual thing and therefore relies on the act of language for its creation. He further argues that racism is a product of language because of its role in the formation of "race" (Gates, 1986). While there are obviously many ways of understanding race, the examples given above suggest that language plays a fundamental role in the construction of race and racism. It therefore follows that the exploration of language and language use is important when investigating race, racism and the navigation of racial issues. The creation, understanding and perpetuation of race, racism and racial categorization are effected by both macro and micro level processes which are mediated by language. Whether one understands race as a social construct, social practice or ideology, racism expresses itself discursively and racial opinions and beliefs are created and perpetuated through discourse (Wodak & Reisigl, 1999) which makes the study of discourse and discursive techniques an important point of exploration when investigating constructions of race.

It is important to note that the subjective and social realities that exist around race are created through discourse (and include discursive strategies and discursive structures). Discourse is therefore "the vital medium for *action*" (Potter, 2003, p., 791, emphasis added) and through it individuals construct various versions of their social and individual realities. Therefore different realities are constructed by different individuals in varying situations and "the study of discourse becomes a powerful way of studying mind, social processes, organizations, events, *as they are live in human affairs"* (Potter, 2003, p., 791, emphasis in original).

This post-structural approach suggests that meaning is dependent on the individual and the meaning they attach to discourse as well as the way an individual interprets a situation. While this research may draw from the theoretical perspective of racism for example, it is the participant's creation of reality and meaning that is of import in this study. As well as what their discourse means for broader constructs of race for example. In a nutshell, this research looks to investigate the data from an "emic" perspective in order to better understand race talk and HIV from the *perspective* of the individuals being studied.

2.5 Discourse and race talk

Race talk can be described as talk which contains racial descriptions, racist ideas and racial themes. While race talk refers to these instances, race discourse is the "specific communicative event" (van Dijk, 2002, p., 146) that occurs when *discussing* race. This means that race discourse refers to race talk (racial descriptions, ideas and themes) as well as all the methods used within race talk to frame one's position in relation to others, history and society. This is achieved

through the use of language, metaphors, discursive strategies and discursive techniques (van Dijk, 2002). By investigating race talk and the language, discursive strategies and discursive techniques that individuals use when discussing HIV/AIDS (and therefore through the exploration of racial discourse), one is able to explore the construction of realities that are created around race and the manner in which such formations link and are representative of "broader patterns of racism and inequality" (Whitehead & Lerner, 2009).

Most of the popular research on race talk has been done in the USA and centered around politics and conversations between white people, in an attempt to explore the way white people perpetuate racist ideals and racist understandings among themselves (Barnes, Palmary and Durrheim, 2001; Harris-Lacewell, 2003). Toni Morrison (1993) posited that race talk is the insertion of racial signs and symbols into everyday conversation with the sole purpose of reducing African Americans to the lowest most primary level of the racial hierarchy. In line with this understanding of race talk, a prevalent factor in race-talk research has therefore been an emphasis on the use of race talk by whites and the way that the white elite construct and maintain racist ideologies and opinions through racialised discourse (van Dijk, 2004). The main function of studying and investigating race talk and racial discourse has therefore been to explore the reproduction of racist opinions, behaviors and ideologies through the use of language and discourse among whites (van Dijk, 2000). This research however explored the discourse of both black and white learners when discussing HIV/AIDS and found that race talk was prominent among both black and white learners. While **the language** of racial prejudice and racial stereotypes are common in race talk and often occur hand in hand with discourse around the

racialised ‘Other’, it is not uncommon for black individuals to use these same stereotypes and prejudiced understandings against themselves or other black individuals. This is known as self-stigmatisation and is often the result of black individuals’ internalizing common racist stereotypes or prejudices and seeing themselves through “white eyes” (Durrheim, Mtose and Brown, 2011).

Thus race talk is not limited to the racial descriptions, racist ideas and racial themes used by whites to perpetuate racism and maintain the racial status quo. Rather, it can include racial stereotypes and prejudices held by members of a racial group about themselves or members of their racial group. Race talk should therefore be understood as one facet of racial description which is used to verbalize the interaction between micro and macro level processes. Investigating race talk and racism today is challenging because of the complexities related to race talk, the taboo’s associated with race, as well as the emphasis on non-racism and racial ‘political correctness’ that exist in society. These factors place pressure on the individual to behave in ways that conform to social standards of non-racist social norms (Whitehead, 2009). Furthermore individuals are forced to navigate these social standards and non-racist norms while juggling their own experiences and racial categories in various social situations, all the while having to be accountable for any race talk they may use during interpersonal interaction (see for example Whitehead, 2009).

While the research does explore the creation and perpetuation of racism through race talk, this is not its main focus. This is because the instances of race talk that arise in the learners' discussions around HIV/AIDS are a complex interaction between the normatively non-racist, 'colour blind' ideologies present in society and the learners' attempts to appropriately navigate these while drawing on the lexicon of 'common sense' which is used to explain difference. Furthermore, research that investigates constructions of racism usually looks at the discourse of white individuals. This research however explores race talk among participants of various races. The research therefore acknowledges the creation and perpetuation of racism through discourse but focuses on the way individuals discuss and grapple with issues around race in their discourse. Furthermore the rich exploration of the subtleties and nuances of race talk through discourse analysis allows the research to investigate the way participants of all races navigate race and what this means for broader constructions of race.

In this work, race discourse was explored through the investigation of the discursive strategies and discursive structures present in learner's discourse. Popular examples of discursive strategies used by individuals during discourse included "referential strategies, predication, argumentation, perspectivation and mitigation" (Wodak, 2004, p., 207) and are explored in the proceeding paragraphs. Popular discourse structures included disclaimers, lexical choice and syntactic variation as well as rhetorical structures (van Dijk, 1989). These strategies and devices helped the researcher to identify instances of 'Othering' and the separation of 'us' and 'them' that occurred during the focus groups and interview discussions around HIV/AIDS. Through the exploration of the aforementioned devices, the research was able to explore discourse on both a

macro and micro level of interaction and what this meant for constructs of vulnerability (to HIV/AIDS) for example. The following examples provide some explanations of the discursive strategies and discursive structures that were present in the data.

The use of *referential strategies* refers to the tendency for individuals to construct in-groups and out-groups through race talk. Bredström (2009), while discussing racist discourse around HIV/AIDS between Swedes and Immigrants in Sweden, states that discourse around cultural differences act in a way that forms a division between "us" and "them" thus perpetuating the existence of the 'Other' and allowing for the continuation of racist generalizations. The perpetuation of the 'Other' during race talk means that ideas of 'Otherness' are maintained. This is especially concerning when considering issues around HIV whereby the existence of ideas around 'Otherness' could lead to a diffusion of responsibility.

Predication refers to the "labeling of social actors more or less positively or negatively, deprecatorily or appreciatively" and the devices used here include stereotypes and "evaluative attributions of negative or positive traits" (Wodak, 2004, p., 207). In other words certain stereotypical traits are used to evaluate the individual and create a label for them (which create a space between 'us' and 'them'). The presence of stereotypes and negative traits attributed to the 'Other' are used to maintain divisions of "us" and "them" and thus perpetuate the use of racial categories and racial understandings of HIV.

Argumentation is another strategy that was identified in the focus groups and individual interviews. Argumentation can be looked at by examining attempts to justify a particular position or attribution (Wodak, 2004, p., 207) and includes discourse that is used to justify the inclusion or exclusion of a particular group or 'Others'. In this study race is understood as a defining characteristic of the 'Other' and when discourse is used to support this distinction/category of 'race' then argumentation has taken place. Quite often racist remarks are defended through argumentation as the speaker tries to protect and justify an attribution that may have been identified in the race talk (Wodak & Reisigl, 1999). Dubow (1995; as cited in McKinney, 2007) notes that in an attempt to protect and continue the racial status quo put into effect during Apartheid 'Theoreticians of apartheid' were careful to be ambiguous when discussing the matter of scientific racism which masked the overt racism that would have been identified had they used biological explanations of racial difference (Dubow, 1995, p., 288; as cited in McKinney, 2007). Thus the presence of argumentation in the discourse used by participants could be an attempt to substantiate racist attitudes or the use of racial references.

Perspectivation describes the positioning of the speaker's point of view (Wodak, 2004, p., 207). This refers to the way the speaker views himself/herself in relation to the discourse. Is s/he the vulnerable party or the affected party? Or is s/he merely an observer of these 'facts'. This concept can be explored by examining the speaker's use of various linguistic strategies. Quite often perspectivation can be identified in the way the individual reports occurrences and describes events. Amadi-Ihunwo (2008) provides excellent examples of the positioning of South African teachers around the virus. One teacher expresses his distrust in HIV information and

whites because of the occurrences of the past. Furthermore he adds that somehow the disease is only transmitted among blacks because of their inability to understand/use the information put forward by the whites (Amadi-Ihunwo, 2007). This provides an example of these teachers' positions in relation to the virus and demonstrates discourses of blame and vulnerability. Lastly, Mitigation (also referred to as intensification) looks at the way different comments are said. Specifically mitigation looks at the way in which the seriousness attached to stereotypical comments and prejudices are reduced through discursive strategies such as legitimation. For example in a study by Tusting, Crawshaw and Callen (2002) on the use of personal experience to legitimate cultural experience students mitigate a generalizing statement by using the phrase "I don't know". For example: *I don't know if it's just because he's French and likely to be more blatent because I'm foreign and seem more like an object than a person because I can't always express myself, or I'm just different.* In this example "I don't know" is used to soften the severity of the generalization about the French learner that follows. While many blatant forms of mitigation were present in this study, Tusting, Crawshaw and Callen (2002) note that the appeal to personal experience used by students to legitimize a generalization or stereotypical claim also acted as a mitigation strategy and suggested that students were aware that stereotypical claims against other cultures were taboo and therefore needed to be legitimated and softened in some way which was then done through the mitigation of the generalizing statement.

The abovementioned discursive strategies are examples of a broad way of investigating discourse. Discursive structures however refer to a more basic level of language and language usage in discourse and can occur within discursive strategies or can occur on their own.

Disclaimers are rhetorical and semantic moves that are used to either deny, mitigate or concede a certain description or statement. It takes the form of "A BUT B" where "A" is a positive self-statement and "B" is a negative 'Other' statement (van Dijk, 1989). These denials and mitigations are used to 'save-face' during impression management in interpersonal interaction (van Dijk, 1989). Lexical choice and syntactic variation are discourse structures that refer to the use of language based on social norms, situational constraints, and the race of the listener and are often identified by the use of demonstratives which often signal social distance. Demonstratives include words like "they", "them" and "those" (van Dijk, 1989). Some conversational properties of spontaneous speech can also be looked at when investigating discourse and can include "pauses, false starts [and] repairs" (van Dijk, 1989).

Thus we see examples of some discursive strategies and discursive structures that are present in the data. These strategies (used by individuals to separate "us" from "them" and create the 'Other') allow us to investigate the way that an individual positions himself/herself in relation to HIV/AIDS through race talk and also allows the researcher to explore the way individuals approach race and racial categories and how this leads to uncertainty and difficulty when discussing race which in turn leads to the usage of various discursive techniques and strategies to manage this uncertainty and difficulty.

2.6 Private Talk vs. Public Talk

While the abovementioned strategies are effective in exploring the creation of 'us' and 'them' and the 'Other', it is necessary to add that the creation of boundaries is another strategy that can

be looked at in the creation of 'Otherness' and negative other representation. This is explored by Myers and Williamson (2001) who capture examples of race talk and highlight the existence of racial perceptions of the 'Other' in a society that professes not to take note of colour. Due to the nature of the world today and the 'color blind' attitude and normatively non-racist frame adopted within society, discussing race has become taboo and people therefore avoid discussing race publically except perhaps by accident (van Dijk, 1993). The data that has been used when researching race talk has primarily been public talk (texts and speeches for example) and have therefore been ideas that have been knowingly shared with others and carefully navigated (Myers & Williamson, 2001). One study in particular that relied on survey data to measure Americans' attitude to race, suggested that Americans were on the way to becoming less racist (Jorgenson & Jorgenson, 1992).

Bonilla-Silva and Foreman (2000) suggested however that the findings by Jorgenson & Jorgenson (1992) were a result of the data collection method (Surveys and therefore public talk) rather than a measure of any real attitudinal changes towards race among Americans. They therefore conducted their own study using face-to-face interviews and surveys which measured and explored issues on race. The study found that respondents appeared to be much more 'race' tolerant when being surveyed. However, during the on-one-one interviews participants used various semantic moves, which included hesitations ("Yes and no") and topic avoidance by claiming ignorance and ambivalence ("I don't know" and "I am not sure"), in an attempt to make racist comments without being perceived as racist (Bonilla-Silva & Foreman, 2000). The private face of racism is therefore very different to the public face of racism (Bonilla-Silva, 1999).

While the examples above refer to public and private talk as a way in which people navigate racial issues in a public or private space through surveys and one-on-one interviews, this research methodologically explored the different contexts in which private talk and public talk occurred by using one-on-one interviews and focus group discussions.

The private and public talk conditions that were used in this research were put in place to explore participants' public and private *representations* of race and HIV. In the public talk condition and therefore school-based focus group situation, learners were surrounded by their peers when discussing issues around HIV/AIDS. This meant that group dynamics and group identity may have played an important role in the way individuals discussed certain topics as well as what they said. In contrast, the one-on-one *interview* situations with the interviewer (in which confidentiality was guaranteed) may have offered a sense of privacy which wasn't afforded in the group setting. This condition might therefore have allowed the participants to feel more at ease when discussing their personal and private representations of HIV which they may not have been inclined to share in a public setting for fear of how others may have interpreted and challenged their ideas.

The striking differences that present in public talk and private talk (as they occur in focus groups and interviews respectively) are interestingly contrasted in an article by de Kock and Wills (2007) on the representations of HIV/AIDS by white women teachers in post-apartheid South Africa. This study provides a clear example of the racial tensions that shroud discussions of HIV

even though these may not be blatantly evident during "public talk". During their "public talk" (a focus group discussion), these women discussed HIV as a disease that everyone has to face, a disease that can happen to anyone and as a result needs to be tackled by all in an urgent manner. However, their "private talk" (a one-on-one interview with the researcher), revealed the presence of racial distinctions and 'Othering' attached to their understandings of HIV.

Although acknowledging in their public talk that HIV occurred in poorer communities and accepting that as an advantaged group (white women) they may have contributed to this occurrence through past actions, during their private talk these same women described HIV as a predominantly black disease. This distinction was attributed to cultural and traditional differences, promiscuity and lack of education (de Kock & Wills, 2007). The privacy that is afforded to an individual in a private setting allows people to discuss issues that they would not necessarily discuss in more public forums (Myers & Williamson, 2001). It is therefore important that research takes into account the role of discourse within a private and public setting as well as the effect that context has on discourse.

2.7 Summary of the gaps in the literature

This research focused on discussions of HIV/AIDS as a way of analysing race talk because the exploration of race talk through discourse analysis provided insight into the various subjective realities that were shaped by individuals when discussing HIV/AIDS. The research adopted a discursive approach to analysis with specific focus on the way language was used to construct and continue various individual and collective realities around race during discussions around

HIV/AIDS. Through the exploration of discursive techniques and discursive strategies used by learners during the focus groups and individual interviews, the research investigated the way learners discussed HIV/AIDS and navigated the discordance that existed between the use of racial categories and the need to adhere to the normative non-racist, 'colour blind' ideologies of society. While previous research on race talk and race discourse has focused on the creation and maintenance of racism through discursive strategies and discursive structures, this research notes that instances of race talk, while adding to the existence of racialised discourse and therefore racial categories and racial differences, are not necessarily racist in and of themselves. Furthermore the research understands that instances of racism are difficult to isolate in discourse today because of the various social, situational and individual constraints on speakers when discussing race. The individual's discourse is therefore affected by both micro and macro level interactions which make the navigation of issues of race difficult.

This research will therefore address the need to understand race talk holistically while exploring the difficulty individuals encounter when using race to create the 'Other' when discussing HIV/AIDS. Furthermore while the topic of race is usually contrived in research studies by researchers and issues of race are discussed specifically with participants, this research focuses on race talk that occurred in actual interactions and discussions around HIV/AIDS with black and white students. Lastly, the use of both focus groups and individual interviews (i.e. private talk and public talk) allowed for some exploration of the different ways individuals navigated race in differing situations.

This research therefore differs from previous research because (a) it explores interactional race talk which occurs during interviews and focus groups with learners around HIV/AIDS; and (b) it compares race talk in different contexts through the use of focus groups and interviews (public and private talk).

Chapter 3: Methods

3.1 Research Design

This study was a cross sectional qualitative design. It made use of focus groups and interviews and evaluation took the form of critical discourse analysis.

3.2 Sample & sampling

As this study was qualitative in nature it made use of purposive sampling. This sampling strategy is commonly used in qualitative research because it is designed to provide an in-depth account of the individual's experiences. Thus inquiry (rather than extrapolation of results to the population) was the main focus of the strategy (Patton, 2002). This means that a smaller sample was sufficient. However, it is important to note that because of the nature of this research the results of this study cannot be extrapolated to the population. Participants were both male and female youth in grade 11 between the ages of 17-18. Since race was not requested as part of the participant's biographic information, the researcher identified learners as white, black, Indian and coloured. This was done based on the researcher's impressions of the learner's race and the subsequent self-identification of race by some of the learners in the focus group discussions and one-on-one interviews.

The research took place at a private school in Randburg, a Northern suburb in the province of Gauteng. The school was relatively small with approximately three hundred students. Three focus groups were conducted with between 7 and 11 participants of varying 'races' in each focus

group. Two of the focus groups were divided according to the gender of the learners while the third was mixed. The purpose for the use of heterogeneous focus groups was because research has suggested that social conformity is reduced in same-sex groups therefore increasing the diversity of opinions expressed during the focus group (Reitan & Shaw, 1964; as cited in Stewart, Rook and Shamdasani, 2006).

Learners were approached during school time after an exam and asked whether they would be willing to participate in the study. Each student was given a slip of paper which asked if he/she would/would not like to participate in the study and requested that learners provide their contact numbers should they want to participate. Care was taken to ensure that learners understood that even though the research would be taking place at the school, it was being done independently of the school and participation was voluntary. During this process students were also informed that two hours would be required of their time should they wish to participate in the research which included an hour after school on a day separate to that of the focus group. The slips of paper were collected from each student after ten minutes.

During the focus group discussions students were once again reminded of the possibility of being asked to participate in an individual interview after the focus group. After the focus groups were held some participants were asked to participate in a short interview after school at a time of their convenience. While initially it was hoped that participants would be selected for interviews based on their answers during the focus group, many students were not able to participate in the

interviews after school because of extra-mural activities, lack of transport and homework demands. Therefore students were conveniently selected for interviews. Interview questions were structured similarly to the focus group questions but the one-on-one design allowed the researcher to probe statements further during the interview.

3.4 Procedure

This study was a qualitative analysis using focus group discussions (FGD) (Morgan, 1998) and personal interviews (Rapley, 2004). The study chose to use this method because FGD's allowed for an interesting interaction between the participants (Macnaghten & Myers, 2004) and created a situation in which participants actively engaged in "public talk". Furthermore the FGD's allowed participants to interact with each other as well as interactively discuss the many different themes that were brought to the fore. This allowed for the capture of interesting and rich data (Macnaghten & Myers, 2004).

The focus groups comprised of between 6-10 individuals. Research has shown that most focus groups comprise of an average of nine individuals (Millward, 2000), because smaller groups allow for the researcher to better control the group. Furthermore it was hoped that by ensuring that the numbers of the participants in the focus groups were small, no sub-groups would be formed and no one was left out of the conversation (Millward, 2000). However, because the research took place with Grade 11 learners, social groups had already been formed and the presence of sub-groups was apparent during the focus group. The presence of sub-groups in the focus groups meant that learners may have felt comfortable with discussing these issues with

their friends. However this may also have meant that learners, who were in different social groups to those of the dominant speakers, may have felt self-conscious during the discussions which could offer an explanation for why some learners were more comfortable with expressing their opinions than others. Importantly, the use of the smaller groups made the recording and later transcription of the data easier (Millward, 2000).

The three focus group discussions were held during a Life Orientation period in three different classrooms at the school and therefore conducted by three different interviewers. The interviewers comprised of two white female post-graduate psychology students who were completing their Masters in Research Psychology (including the researcher) and a white female social worker. The duration of the lesson was 40 minutes and therefore the focus group discussions lasted between 30-35 minutes.

Of the 26 learners that participated in the focus groups only 7 individuals were interviewed in later one-on-one discussions with the researcher. Interviews were conducted with learners from all focus groups which allowed for interesting data which included race talk among participants of all races. The main reason for the interviews was to explore the presence of race talk in a private space and obtain more in depth discussions around HIV/AIDS. Interviews followed a semi-structured interview schedule and were presented in English by the same researcher. However the questions presented to participants did change depending on the exchange between the interviewer and participant (Millward, 2000). The interview schedule acted more as a guide

The interviews followed the methods implicit in cooperative interviewing and involved presenting the participant with the topic, listening to their comments and asking them to elaborate on ideas (Rapley, 2004). The interviews were conducted after school in October 2010. The interviews spanned over a period of three weeks as most students had after school commitments and were in the process of preparing for exams and therefore could only contribute some of their time on specific days. All seven interviews were conducted by the same researcher (a white female researcher) and lasted between approximately 20- 45 minutes. Interviews were conducted after school in classrooms which were conveniently located to ensure privacy during the interviews.

Questions were broken down into *two main components*: (a) Knowledge around HIV and AIDS and (b) whether learners used race talk when discussing HIV/AIDS. The first component provided the researcher with some indication of participants' general knowledge of the virus and provided an opportunity for participants to acclimatise to the focus groups and interviews. The second set of questions were divided into questions which explored whether race talk was present during discussions around HIV/AIDS and included questions like: "How does HIV/AIDS prevalence vary between groups", " What role if any do culture, gender or race play in HIV/AIDS" (See appendices 1&2 for interview and focus group questions).

It is important to note that the questions for both the focus groups and interviews explicitly dealt with HIV/AIDS and the questions around race were not overt. The interview and focus group

questions were designed in a manner that would allow race talk to present itself without explicitly being introduced. For example: “Who do the youth think are the people most affected by HIV/AIDS?” The reason for not explicitly asking questions around race was so that race talk could be explored in an interactive naturalistic way. However, it is important to note that once participants introduced race talk the researcher would then ask probing questions about issues that the respondents had raised.

3.5 Data Analysis

Focus group sessions and interviews were recorded using an audio recorder and were stored on the researcher’s computer in a password protected file. After listening to the data a few times the data was transcribed (Typed up verbatim) by the researcher. The research used several conversation analysis transcription conventions which included making notes of intonation, pauses, stops and inaudible segments of conversation (Jefferson, 2004). Once transcription was completed the transcripts were read over against the recorded interview. These transcripts were then also saved on the researcher’s computer and password protected. Thereafter the data was re-read and categories for analysis were identified.

Once the data had been transcribed it was analyzed using discourse analysis. Approaching the data discursively allowed for a “broader more culturally embedded set of possible constructions and relevancies to be identified” (Potter, 2003, p., 791). Importantly it was the realities of the participants that were created through their interaction with one another, in the different settings through discourse, that was important to this research rather than the “objective reality” of race

and HIV. This research used the steps highlighted by Wodak (2004) as a basis for the exploration of the data captured in this research. These steps include exploring different fields for theories and theoretical perspectives once questions have been formulated, "operationalizing questions into linguistic categories" and most importantly, applying " these categories sequentially on to the text while using theoretical approaches to interpret the meanings resulting from the research questions" (Wodak, 2004, p., 210). In other words during analysis, categories that were identified as being important during the transcription phase were analyzed through the use of various theoretical approaches in an attempt to identify discourses of interest in the data. These included discourses of the 'Other' that were present during the race talk (Wodak 2004; Price, 1999). Furthermore, the discursive strategies employed by the learners were explored using different linguistic approaches that helped to investigate the creation of realities around HIV through race talk (Wodak, 2004).

3.6 Ethical considerations

This study required the participation of individuals between the ages of 17-19 and was aimed at meeting the ethical standards of the University of the Witwatersrand (Ethics number: MPSYC/10/005).

Informed Consent

The school principal was required to sign a consent form allowing the researcher to recruit participants from her school. Furthermore participants were required to sign a consent form as well which gave the researcher permission to record the focus group discussions as well as the

interviews (Ryen, 2004). These forms have been kept confidential and will be destroyed once they are no longer needed.

Volunteer Participation

Participants in this research were not coerced into participation. It was made clear in the consent forms, information forms and at the beginning of each session, that participation was entirely voluntary and participants would not be reimbursed in any way. Furthermore, participants were made aware of their right to withdraw from the research at any point in time as well as their right to abstain from answering certain questions.

Confidentiality

As this research made use of focus group discussions and interviews there was no way of ensuring anonymity. Participants were therefore made aware that anonymity could not be guaranteed. However the researcher ensured confidentiality wherever possible. Each focus group was asked to not speak of whatever was said during the session and all data captured from the sessions (including recordings and thereafter transcriptions) were kept confidential. Transcriptions have therefore not made use of participant's names (Ryen, 2004). Transcriptions will be deleted after three years or once the article has been published and they will not be viewed by anyone other than the researcher and the research supervisor.

Access to information

Lastly, the completed research will be made available to any participant who would like to read it. Participants were given the researcher's details in the participant information form and will be able to contact the researcher directly or via e-mail should they want a copy of the completed research. Participants can also be directed to the WITS research library should they prefer.

Chapter 4: Results and Discussion

4.1 Introduction

This research aimed to explore the discourses that learners engaged in when discussing HIV/AIDS and whether or not discourse differed between situations (namely in private talk and public talk). Examining and exploring the discourses that arose in the focus groups and one-on-one interviews is important because of the role language plays in the construction of psychological and social reality (Durrheim, Mtose and Brown, 2011). Questions were broken into *two main components* which allowed the researcher to introduce general issues for discussion around HIV/AIDS. The reason behind the use of broad questions was to allow the participants to naturally discuss the issues they felt were pertinent to the situation.

Subsequent analysis of the transcriptions revealed that race talk, and therefore racial discourse, was the most prominent discourse in the discussions. It was however accompanied by the use of complex discursive strategies and maneuvers which served a number of important and very complex functions. This called for a critical contextual analysis of race talk in order to better understand the way in which issues around race were discussed and navigated and what this meant for the creation of the participant's social and individual realities around race and HIV/AIDS. This report was therefore concerned with investigating the discourse present in the research in order to explore and analyse discursive linkages to race, prejudice and stereotypes, and how these were maintained and reproduced in broader social, economic, political and historical contexts.

4.2 HIV/AIDS and the "Other"

The creation of the 'Other' is a common occurrence in health discourse and the 'Othering' of people living with HIV/AIDS (PLWHA) as well as stigma and denial attached to and surrounding the virus has contributed to the complex nature of the epidemic (Petros et al, 2006). Research has shown that an 'Othering' of blame in HIV/AIDS discourse plays a central role in the use of culture and race to mediate individual and group perceptions about the groups of people who are responsible for and therefore vulnerable to HIV/AIDS infection (Petros et al, 2006). Therefore 'Othering' acts as a way to distance oneself from discourses of vulnerability and responsibility, as well as protect the 'positive-self concept' through the separation of 'self' and 'Other' or 'us' and 'them'. The following section highlights the presence of 'Othering' in participants discourse and explores the way in which it is used to distance participants from the severity of the virus. It concludes with an explanation on how 'Othering' is used to project negative stereotypes and prejudices onto individuals different from the self which is usually steeped in issues of power and inequality thus strongly linking discourses of the 'Other' with discourses of race and racial difference.

During the focus groups and interviews participants were asked to discuss their ideas of "who contracted HIV, where HIV was most prevalent, why HIV was a problem and who was responsible in the fight against HIV". Responses indicated that participants had positioned themselves in relation to the virus by stressing the seriousness of HIV/AIDS and noting that HIV was a disease that needed to be taken seriously by everyone because it could potentially affect anyone. The extract below was taken from an individual interview conducted by the researcher

with a black female participant and shows how she positions herself within an HIV/AIDS discourse. This extract takes place quite early in the short interview and after the learner had briefly answered questions on popular myths around HIV/AIDS and how the disease is spread

Extract 1

Researcher: Can you maybe explain any popular myths?

Lebohang: That skinny people have it and like, the bigger the person the less chance that they have it.

Researcher: And what about myths around how you contract HIV?

Lebohang: No, it's just like through sexual intercourse, mother to child and drug users

Researcher: And how is the disease spread?

Lebohang: Like that.

Researcher: And now, um, you know HIV is a very big problem..and why do you think this is?

Lebohang: Because it's a deadly disease. There is no cure and its killing a lot of people. So we need to wake up and realise.

Researcher: And who is we, who do you think we is?

Lebohang: Everyone. Like us. Every single person.

Researcher: When you say US? Who is US?

Lebohang: Umm, So people in school, working.. Everyone.

(Individual interview; Black Female Learner)

In the above extract we see how Lebohang positioned herself within the discourse of HIV by *including herself* in the group that she thinks needs to take responsibility for realising that HIV is

a serious and deadly disease. This communicated her position in relation to the virus to the researcher. However, other participants' relationships with the virus, and therefore their perspectivation (the way they viewed themselves in relation to the virus) was different to Lebohang's. This could be seen by their use of statements such as "I am not at risk of contracting the virus" or "[HIV effects] mostly rural people". For example, after being asked during one of the focus group discussions if they had been exposed to issues around HIV/AIDS one of the participants responded in a way that suggested that HIV was not something that he was at risk of contracting.

Extract 2

Lee: what is a normal person's blood count?

Darren: Isn't it like 250 something?

Michael: Near 300…

Darren: Ja, it's taken time he has had it for like five years already or something?

Lee: and he is still living?!

Darren: Ja, he is still living, as long as you keep your count up you will be fine. HIV is a disease and AIDS is like the…

Michael: The final phase that brings everything on…the sickness on.

Tiro: The acquired syndrome that you get when all the other sicknesses take advantage of you. So it's not the HIV that kills you.

Michael: The HIV just gets rid of your count and makes it easier for the HIV Virus to just get bigger.

Researcher: What did you have to say?

((Inaudible))

Researcher: Have you been exposed to any issues around HIV?

Michael: Not really just learning about it in school.

Darren: I have been learning about it for five years already.

Lee: Oh Ja, this place I visited, I had to learn about them you know Ja, and see how you know the orphans live with HIV.

Researcher: When you think of HIV what is the first thing that comes to mind?

((Inaudible))

Darren: Uhh, It really sucks for anyone.

*Michael: **It's not like I don't worry about it**, if it's something that I could get, then I would think about it or try and sort out my life. **But I don't worry about it**. But...I'm, I'm not just going to get HIV. It's like someone asking me about dying from a random disease.*

(Male Focus Group)

The answer given by Michael (a white learner) follows the researcher's question of "when you think of HIV what comes to mind?" The question was used to refocus the learners' conversation back to the topic at hand which was necessary because the learners had become involved in group discussions concerning the issues they had been exposed to with regards to HIV/AIDS. It is important that one takes the essence of the conversation preceding Michael's response into account because participants were grappling with issues about where they had received their information and were discussing the progression of HIV to AIDS. Therefore the mood of the group was one that highlighted the severity of the virus as participants understood it from the messages they had received, as well as their personal experiences. Michael's answer to the question of "when you think of HIV what comes to mind?" therefore seems to indicate that his

thoughts on HIV are discordant with those of his colleagues' and are incongruous with the mood of the group. Michael's contradiction in his answer (bolded) may therefore act as a way of managing the discordance between the messages of the severity of the virus (that he has most likely received from social messages and is indeed receiving from his colleagues at that point), and his own ideas of his susceptibility to contracting the virus. Furthermore, the disclaimer "it's not like I don't worry about it" acts as a mitigation for the stereotypical statement that follows "if it is something that I could get" which is an attempt to lessen the severity of the statement and is also used as a strategy to manage his colleagues' and the researcher's perception of him. In a later one-on-one interview with the researcher (a white female Masters student) the participant disclosed knowing people who might behave in ways that would make them vulnerable to contracting HIV.

Extract 3

Researcher: Who do you think is most likely to contract the virus?

Michael: Prob… ahhh. It's also… you can get that in underprivileged areas but then also you get the higher class people who also might umm, fall into the ring of prostitution so they could also get it so you can't exactly give a definite answer.

Researcher: When you say underprivileged areas, what do you mean? Can you describe that for me?

Michael: Um... just like an underprivileged area. Like they don't have health facilities for sanitation, also like… up in Diepsloot, 'cause we did a ride for them, a bicycle ride. But generally… squatter camps and people without TV's and radio's and advertisements. So like they will advertise beer in underprivileged areas but not AIDS.

Researcher: Um, do you know anyone, and I don't need names or anything, who behave in ways that might make them vulnerable to contracting HIV?

Michael: Yes, some close friends.

Researcher: Are they in the same social class as you?

Michael: Yes, and they are very Philanderous.

Researcher: So what makes them different to you?

Michael: I am not philanderous. I know that as a fact. But ja... that's what makes a difference

(Individual Interview; White Male learner)

The participant's disclosure of knowing people who might behave in ways that would make them vulnerable to contracting HIV came about after the researcher had asked him who he thought was more likely to contract the virus. In his answer he revealed that he felt that people in "underprivileged areas" were more likely to contract the virus. However he also suggested that "higher class people" could also "fall into the ring of prostitution". The learner's use of "fall into the ring of prostitution" implies that "higher class people" are unlikely to have HIV unless something out of their control happens and they unintentionally "fall into the ring of prostitution".

The interview that took place with Michael was interesting because of his reluctance to discuss issues around HIV/AIDS and his nonchalant attitude towards the virus, which was at one stage reduced to the result of his over-exposure to issues around HIV/AIDS. This can be seen in the extract below which proceeds Michael's explanation of the term "underprivileged" which he uses as a way of differentiating between the incidence of HIV/AIDS among social classes. In his definition of "underprivileged" he refers to "squatter camps" and "people who can't afford to

send the kids to school". The interviewer responds to this by probing whether Michael see's school as a preventative measure against contracting the virus.

Extract 4

Researcher: Do you think that being in this school acts as a preventative measure for HIV?

Michael: Ja, but also if they do it too much then the kids stop caring cause it just gets tedious and irritating.

(Individual Interview; White Male learner)

As can be seen from extracts two and three above, which took place in different settings (Focus group and one-on-one interview), the learner attempted to position himself away from the virus on both occasions. The question asked by the interviewer during the interview ('do you know anyone who might be vulnerable to contracting the virus?') was an attempt by the interviewer to further explore the learner's constructs of vulnerability to the virus which had thus far appeared to be minimal (Extract 2). The question also acted as a way of allowing the learner to position himself in relation to constructs of risk and vulnerability indirectly, through his association with others.

The interviewer's question about whether the participant knows anyone who may, through their behavior be at risk of contracting HIV/AIDS is met with a quick concise answer of "yes, some close friends". In an attempt to find out more information about these friends and to understand the learner's vulnerability to the virus the interviewer asks "are they in the same social class as you?" While this question may not have been a very well thought out one, it was used by the

interviewer as a response to the participant's short answers with the intention of learning more about the learner's friends and understanding what differed between them that made them (as perceived by the learner) more likely to contract the virus than the learner.

The participant's answer to this question provides the interviewer with the information that she was looking for and offers a reason for why the learner's friends may be more susceptible to contracting the virus than he is, "they are philanderers" for example (they have sex with many men/women). While this answer provides the interviewer with information about the participant's vulnerability to the virus it also suggests that the participant does not want to be seen as being in proximity of, and therefore vulnerable to, the virus. This is seen through the way that the participant 'dances away' from the potential link to the virus by stating that he, unlike his friends is not a philanderer. This supports his earlier statement that he doesn't worry about the virus because he will not "just get HIV" because he is not engaging in risky sexual behaviour for example.

It is important to note that the nature of this extract and the way in which the questions were answered by Michael, were co-constructed by the interviewer. When one examines the questions asked by the researcher for example "Are they in the same social status?" and "what makes them different to you?", it becomes clear that the interviewer is perhaps pushing the learner to lose the inhibitions attached to 'political correctness' and provide what the interviewer may have

interpreted as the ‘real’ reasons for these apparent differences which she may have understood as being racial in nature.

Even though the researcher may have expected the learner to refer to race in his answer, the learner continued to avoid issues around race or personal responsibility (with regards to HIV). Statements like these are an example of how language is used to distance oneself from the virus behaviourally (I am not engaging in risky sexual behaviour) and personally (“I would think about it and try to sort my life out” reflects a sense of individual responsibility when discussing HIV). Participants also distanced themselves geographically from the virus which can be seen in the extract below which occurred during a one-on-one interview between the researcher and a black participant.

Extract 5

Researcher: Are there any other myths that you would know?

Tiro: Umm, No, not that I know of, I don’t think, no.

Researcher: How do you think it spreads?

Tiro: From having uh, unprotected sex obviously and drug users and things and.. giving birth, I think natural birth when you have HIV then it goes to the child…and if you have a cesarean it prevents or something, I don’t know, ja… and breastfeeding.

Researcher: And who do you think...where you think you are more likely to see it [HIV]?

Tiro: I think in the less fortunate areas, ahh.. ja...cause they are not usually educated about how the disease is spread and what not.

Researcher: My idea if a less fortunate area may be a bit different to yours so what do you think a less fortunate area is?

Tiro: Umm, rural areas... without formal education, like townships. Like really RURAL areas."

(Individual Interview; Black Male learner)

The distancing of oneself from a virus as serious as HIV/AIDS is not uncommon in research and can occur because of negative death discourse (which is introduced in extract 1 for example). This distancing may lead to a denial of the severity of the virus, an example of which occurred in Graffigna and Olson (2009). This may also reinforce ideas that HIV and AIDS "are conditions that affect not the self but others" (Petros et al, 2006, p., 68). Often the ability to successfully distance oneself from a virus as visible as HIV/AIDS relies on the creation of the 'Other'.

Discourse around the 'Other' was prominent in the data which was not surprising as reference to, and use of the 'Other', is often present in discussions around HIV/AIDS and has often been explored in research (Petros et al, 2006; McKinney, 2007; Deacon, 2006). Reference to the 'Other' has been described psychodynamically as a method of protection from threats to the self, where negative notions of the self are then projected onto the 'Other' who, in this situation, is seen as more likely (than the Self) to contract HIV (Rohleder, 2007).

The concept of the 'Other' is a commonly used discursive strategy which has, as a result of the changing nature of discourse, come to hold many different meanings. This umbrella term acts as

a way of differentiating between the self and the 'Other' and marks and labels those who are different to one's own group (Weis, 1995). Furthermore, it refers to people who one perceives as different to oneself (Canales, 2000). While some researchers have explored 'Othering' as both an exclusionary and inclusionary process (Caneles, 2000), the most obvious and visible forms of 'Othering' are exclusionary, and 'Otherness' is a form of stigmatising certain groups by race, sexuality gender or health (Dear, Robert, Lord Gaber, and Takahashi, 1997).

Reference to 'the Other' is common when exploring health discourse and 'negative Other', 'positive self-presentation' is often the result of prejudices and stereotypes held by groups who have been socialized according to shared social norms (van Dijk, 1984). Thus, the 'Other' acts as a social scapegoat on which to project negative opinions, stereotypes and prejudices. Quite often these projected prejudices are linked with discourses of inequality and power. Race was therefore a common point of reference for discussion around the "Other" because it is plagued with prejudices and stereotypes and is heavily affected by contexts of power and inequality.

4.3 Race and 'common sense'

The most common form of 'Othering' that was present when discussing HIV/AIDS in the focus groups and individual interviews was 'Othering' based on racial descriptions, racial themes, racial ideas and racial categories. Participants therefore actively engaged in various forms of race talk to categorise the racial 'Other' when discussing issues around HIV/AIDS. However, while some of the race talk that was identified in the data was obviously a form of racial 'Othering' and

thus an indication of the continuation of racially biased attitudes, much of the racial 'Othering' that occurred was subtle.

The following section will explore and investigate instances of racial 'Othering' through the race talk that occurred during exchanges with the participants in one-on-one interviews and focus group discussions. It will investigate how racial categories are still used in day to day interaction but approached with a mixture of ease and apprehension depending on the situation and the context of the interaction. It will also explore how many instances of racial 'Othering' occur by drawing on language that has, after years of use and reuse, fallen into the lexicon of 'common sense' (Omi & Winant, 1994; Whitehead, 2009) and is used effortlessly and almost automatically to categorise the racialised 'Other'.

The extract below is taken from a focus group held with female participants and shows the responses of two learners to the question of whether the participants felt protected from HIV/AIDS. This question was brought up after discussion within the group about how people shouldn't treat those with HIV differently and should understand that "they" (People living with HIV and AIDS) are still normal people. The learners' responses are examples of how racial categories are referred to both explicitly and implicitly when discussing issues around HIV/AIDS.

Extract 6

Tira: I think to a point yes cause when I was in primary school, I came from a government school and we were a lot… like from grade 6 and grade 5 we were learning about AIDS and how to not treat them differently. Like constantly saying like they are our friends. I don't judge them any differently, but as soon as I came here, a lot of people were like snottier, if that makes sense? And like, I know that most of us are middle class, we are not all high class and stuff but some of the people are snobbier and they say that no that they are different and meanwhile they are all the same.

Caylee: I don't mean to sound racist but it is mainly black people in our country, the poor group, that have AIDS... So I am thinking, what happens if you don't know that your... helper has AIDS and now she baths your child every night and cares for your child and passes it on that way, so you can't keep.. you just don't know"

(Female Focus Group)

The question "do you think you are protected from AIDS" was a direct attempt by the interviewer to probe the learner's positioning within discourses of vulnerability when discussing HIV/AIDS. Interestingly, both learners understood the question in different ways and therefore each learner answered the question differently. The first respondent (a female coloured learner), understood the question as referring to whether she felt sheltered from issues around HIV/AIDS. Her response suggested that she does feel sheltered from issues around HIV/AIDS because, while it was a subject that was dealt with at her other school (a government school), it is not as spoken about in her current school (a predominantly white, middle to upper class private school), because students in her current school are "snobbier" and more inclined to think that they are different to people who contract HIV/AIDS. It is clear that the participant is drawing from common discourses of perceived vulnerability among white students where they (whites) might

be perceived as less likely to take HIV/AIDS seriously because they are white and upper middle class.

By positioning herself as having been part of a government school the speaker indicates, to the listeners and the interviewer, that her statement can be trusted because she has been in both situations. By implying that she has been taught tolerance and respect for people living with HIV (while at the government school), she removes herself from the group that she is calling out as intolerant: the "snobby" private school learners. The learner draws on the 'common sense' discourse that exists around the race and social status of private school learners and implicitly comments on their lack of concern for the virus because of these (race and social status). The learner circumnavigates potentially having her remarks interpreted as a racist by her peers (who were predominantly white) by positioning herself in the same social class as her classmates "we are not all high class and stuff", thus giving her permission to make such an observation (because she is also 'part of this group'). This is an example of how the learner borrows from the lexicon of 'common sense' (which makes presuppositions about people of certain race groups) to make a subtle remark about the lack of feelings of vulnerability to HIV/AIDS that are present among the predominantly white, upper to middle class learners at her current school.

The next learner's response (a white female learner), is an example of a more overt form of racial categorization as she expresses the concern that she doesn't feel safe from the virus because it might be brought into homes by domestic workers. The extract above shows the use of

justification when expressing racist views. It follows the pattern of "A BUT B". For example, "'I did express a negative judgment, but it was justified in this case, and that does not mean I am a racist" (van Dijk, 1993, p., 181). In other words, the participant expressed the negative judgment that "mainly black people" in South Africa are infected with HIV/AIDS, and links this to infection among domestic workers. She justifies her judgment by highlighting the danger of unknowingly having one's helper pass the disease on to one's child. Interestingly the speaker chose her words carefully after making the statement that "mainly black people" are HIV positive and took a long pause before using the term "helper" (a more "politically correct" term available in social discourse) to refer to domestic workers. While the speaker has justified her judgment to the best of her ability and carefully chooses her words, her concerns, which are implicitly linked to negative racial undercurrents, could possibly be understood as contradictory to the social norm because they depict black domestic workers as carriers of the disease into unsuspecting homes, thus linking discourses of white middle-class vulnerability to discourses of "black threat". The idea of "black threat" is not a new one and was found to be prominent in the discourses of 'coloured' adults in the Western Cape and included their concerns regarding the perceived economic, physical and socio-economic threat posed by black South Africans in post-apartheid South Africa (Stevens, 1996).

Even though the learner made negative racial remark about domestic workers in South Africa, her hesitation (the pause after "your…helper") and careful selection of the word "helper" indicates that the learner is aware of the need to be careful when discussing race and therefore reverts to using 'acceptable' language to refer to domestic workers. Extract six is an example of

the way learners use apparent non-racist language and slippery discursive strategies to navigate race in a society that adopts apparent 'colour blind' ideologies. This makes it increasingly difficult identify race talk in post-apartheid South Africa.

Durrheim, Mtose and Brown (2011) suggest a way of understanding race which can be referred to as "Race trouble". Race trouble can be defined as a "social psychological condition that emerges when the history of racism infiltrates the present to unsettle social order, arouse conflict of perspectives and create situations that are individually and collectively troubling" (Durrheim, Mtose and Brown, 2011, p.,27). They further suggest that one of the key ideas in identifying "Race Trouble" is not the way in which racial ideas are represented or made visible but people's *concern* with racism and race in discourse and, it follows then, their navigation and handling of this issue (Durrheim, Mtose and Brown, 2011). Similarly, Edwards (2003) suggests that researchers should refrain from using their own judgments to decide what constitutes as racist in discourse but should explore the way the speaker "treats the talk" and therefore analyse the way the speaker manages and navigates this in their social interaction. The way learners' navigate perceptions of racism and the learners' use of and reliance on 'common sense' discourse to navigate their concern with perceived racism in discourse and in their interaction with others is explored in the following section.

4.4 Navigating the perception of racism

It is important to note that because of a history of colonial repression and apartheid's legacy of racial categorization, the idea of South Africans fitting neatly into four distinct racial categories

for example, 'whites', 'Coloureds', 'Indians' and 'Africans', continues to abound in post-apartheid South Africa and has become a facet of shared thought and experience and therefore 'common sense' (Posel, 2001b). These categories, while having no legislative basis on which to be defined (McKinney, 2007), are still used in everyday conversation and interaction. However, discordance exists between the use of these categories which have fallen into the realm of 'common sense' and social pressure to conform to a normatively antiracist society that fosters apparent 'colour blindness' thereby making it difficult to navigate issues of race in interpersonal interaction and conversation. See for example the extract below which occurred in a one-on-one interview between the researcher and a coloured learner.

Extract 7

Researcher: With this whole idea of making these choices, what role do things like race, culture gender and religion play?

Lee: Well, we all have different beliefs in our different races, cultures and religions. So hey, what role do they play? Uuuh I…

Researcher: Well, do you think they play a role?

Lee: Yes I do think they play a role. Like for example Christians believe that umm, sex before marriage is prohibited and Muslims as well and some cultures are more open to expose, like all these like sex before marriage. There are like some of them out there, I am not sure what they are called or whatever but in the same sense they play a large role because it's basically the way of life. Your belief system, your religion, your culture and your race, it's the way of life and it varies from person to person and if your religion and your culture and your race feels that.. no its ok to, touch each other's bloods and what not and cut each other and what what. It's what you were forced to believe or… chose to believe, you know what I am saying. It depends on you.. it all, everything sums up to what you choose as a person. About the race thing…

Researcher: Does it mean anything to you with regards to the whole HIV and race thing?

Lee: Umm, like, I dunno, like… I duno. Just ask the question again?

Researcher: Does race mean anything?

Lee: I think… ey, I duno I duno… like race race can. And Like Different races…and like honestly speaking we are all one big family and what not but at the same time, different races and cultures they like, they, they might, it… uuuh, mostly ((Inaudable)). So whatever, so if I see someone in my community that is the same race as me… I am more, more or less likely to follow in their footsteps. Whereas if I was a different race and I was in a different uh.. and the way that different race group lives their lives will determine what I am bound to become one day or will allow me to choose. Do you know what I am saying. We basically living. We are all together but.. you know… yeah.

(Individual Interview; Coloured Male learner)

Before this extract Lee offers his opinion on common myths about HIV and how HIV spreads. In his explanation he suggests that people are given choices in life but even then they may experiment and contract the virus. When asked "what role do things like race, culture gender and religion play?" Lee deliberately avoids answering the question by providing an example of how religion might affect an individual's decisions. In providing the researcher with this example he alludes to the role of race and culture in HIV/AIDS. This is made clear through his statement that "*Your belief system, your religion, your culture and your race, it's the way of life..."* By equating the role of culture and race with religion (in the example that he provided), he assumes that the researcher will "fill in the blanks" and make her own assumptions about the apparent role race and culture play in contracting HIV/AIDS. Lee draws on a discourse of 'common sense' that he assumes the interviewer will share. This allows him to avoid outright discussion of race and culture and therefore protects him from making any comments that might be perceived as racist by the interviewer.

The researcher however notices Lee's discomfort and avoidance of race and in an attempt to extract race from the realm of 'common sense' she explicitly asks him about whether he thinks that there is a link between race and HIV/AIDS. Lee uses a number of discursive techniques to avoid answering the question and his pauses and false starts show that he is engaging in a "high level of self monitoring" and is aware that he needs to choose his words carefully (van Dijk, 1989, p., 136). Lee hesitates when answering the question and asks the interviewer to ask the question again. He eventually concedes his belief that "race *can*" (emphasis added) play a role in HIV/AIDS but defends this statement by suggesting that "honestly speaking we are all one big family and what not". This phrase demonstrates Lee's adoption of a 'colour blind' ideology and shows that he worries that by noticing race he might be perceived as racist by the interviewer. He therefore uses the phrase "we are all one big family" to offer a commonplace understanding that exits in the prevalent ideology of equality that is attached to 'colour blindness'. However his attachment of "what not" suggests that he himself may find this statement questionable.

Lee's hesitation and stammering shows the difficulty he has with navigating the question on race and it also acts as a technique where the interviewer is invited to "fill in the blanks" by drawing from the realm of 'common knowledge' (Barnes , Palmary, and Durrheim, 2001). By allowing the interviewer to 'fill in the blanks' the learner creates a protective space in which he will be able to deny that he made any racist remarks if the need arises. Interestingly Lee suggests that race "will determine what I am bound to become one day or will allow me to choose" and therefore, even though he has stressed the role of individual agency and the role of individual

responsibility in contracting HIV/AIDS he also suggests that whether one gets the virus or not is largely dependent upon race.

Extract seven illustrated the discursive techniques that were drawn on by the participant to avoid having his conversation labeled as racist by leaving it to the interviewer to 'fill in the blanks'. The extract also briefly shows how the participant expects the interviewer to draw from racial 'common sense' to understand what the respondent is implying through his omission of certain words. This idea of drawing from the lexicon of 'common sense' during discourse is an activity that leads to 'racial formation' whereby we interpret racial meanings based on "preconceived notions of a racialised social structure" that have fallen into the realm of (racial) 'common sense' (Omi & Winant, 1994, p., 59).

The respondent's use of racial 'common sense' to explain the behavior of another based on racial difference/categorization can necessitate the listener's use of the respondent's own racial membership to explain the respondent's use of discourse (Whitehead, 2009). This means that the listener (in this case the interviewer and researcher) needed to draw on the lexicon of racial 'common sense' to recognize the learner's own racial membership in order to understand what he was saying. This process could however lead to moral evaluations of the respondent by the listener which leads to a need for accountability (on the part of the speaker) when using racial 'common sense' and navigating issues of race during interaction (Whitehead, 2009). The presence of a normatively antiracist society, and the need for accountability when drawing on

'common sense' in discussions around race, leads to the desire to effectively control one's use of language in order to avoid being perceived as racist. The extract below is an example of the way one participant carefully navigates her way through the conversation to avoid being perceived as racist or holding racist views and it takes place after the learner has spoken about the role of culture in HIV.

Extract 8

Researcher: Who is most likely to contract HIV?

Stacy: Hmm, it's definitely the uneducated rural .. where there is a lot of poverty. Townships .. those kinda places.

Researcher: What do you think about the fact that some people turn around and say it's just black people?

Stacy: Nuts, It's just like nuts! I would take that offensively… like because I don't like racists, racism, cause it's not, do you know like no..That's like not, No, there is lots of white people with HIV it's just that people don't come out with it so if you automatically start assuming that you know that you know it's this group its then how is that trying to solve HIV and AIDS

Researcher: Do you feel like your friends or family have that understanding, or have you encountered it?

Stacy: Definitely cause if you think.. honestly if you think rural poverty you think black … but that's not always the case so it is kinda like the black people, they do kinda see it as that, but it's not only them. I guess it's what they have grown up with.

Researcher: What do you mean?

Stacy: Like my parents, their parents said "its black people" and their school teachers said "its black people", so obviously they are going to grow up thinking.. you know.

(Individual Interview; White Female learner)

When asked who is most likely to contract the virus, Stacy makes an allusion to race by referring to rural areas. Stacy however realizes that this might be perceived as a negative racial comment by the interviewer and, using a strategy similar to the one Lee makes use of, she defends her point and the one that follows (that HIV/AIDS is mostly found in townships), by saying that there is "a lot of poverty" in these areas. This acts as a way of justifying her observation that the virus is most present in these areas. Stacy alludes to race by drawing on the lexicon of 'common sense' but also draws on this 'common sense' as support for her inference that people living in rural areas and townships are more likely to contract HIV/AIDS due to the statement that there is "a lot of poverty" in these areas.

When directly confronted by the researcher, who has read between the lines of her comment and transports the discussion from the lexicon of 'common sense' to a discussion about race, Stacy becomes defensive and struggles to find the appropriate words to convey her sentiments and move herself away from the possibility of being categorized by the interviewer as racist. The interviewer however does not make the task simple for Stacy and asks a few aggressive questions that probe the reasons behind Stacy's earlier comment that the individuals in "uneducated rural .. where there is a lot of poverty. Townships .. Those kinda places" are more susceptible to contracting the virus. In order to show the interviewer that her comments weren't meant as racist she vehemently distances herself from the 'categorisers' (and perhaps distances herself from the possibility of being labeled a 'racist') by stating that she doesn't like racists or racism. Stacy further distances herself from the role of 'categoriser' and from being understood as making racist remarks by suggesting that she does know racist people but she is not one of

them. She does however sympathize with these people by suggesting that they are justified in linking black people with poverty ("honestly if you think rural poverty you think black"). Through this reference to the lexicon of 'common sense', Stacy reduces this racial 'Othering' that has occurred to a 'common' incidence and suggests that people think this way because they draw on the common racial discourse that they are socialized into by family. This is an example of how Stacy has unknowingly become part of the racial structure that exists in society through her use of language , her micro-level interaction with the interviewer and her use of 'common sense' to explain her discourse. The use of common sense to continue racial 'Othering' reinforces the chain of racism that exists in society "by taking the rules for granted" (Myers & Williamson, 2001). In other words racial categorization and racial 'Othering' could perpetuate the "racialized social structure" (Omi & Winant, 1994, p., 60), that occurs in society because race, racial stereotypes and racial prejudices are taken for granted and made use of in everyday conversation which then entrenches them in the lexicon of 'common sense'.

While Omi and Winant (1994) suggest that everyone learns some form of racial identity and racial classification without "obvious teaching or conscious inculcation" which makes us active members of a "racialized social structure" (Omi & Winant, 1994, p., 60), this process is largely dependent on an interaction between macro and micro level practices. Therefore, Stacy for example, through her response (a micro level interaction) to the question of who she thinks is more likely to contract HIV, uses and legitimates "group knowledge, attitudes and ideologies" around race (van Dijk,1993b, p., 122). This has an effect on macro level processes through its

reproduction of racial prejudices which form the bases of racial discrimination and prejudice which in turn make up racial inequality (van Dijk, 1993b).

While Omi and Winant (1994) consider the ways in which racial formation occurs at micro-levels of everyday life through the mere recognition of race, their theory adopts a macro-level focus on epochs and decades therefore locating racial formation in "social structural (and historical) context" (Omi & Winant, 1994 p., 60); Durrheim, Mtose and Brown (2011) adopt a more micro-level response to race and suggest that one cannot represent and understand race in discourse without understanding the routines, events and issues which problematise race and therefore add to "race troubles".

4.5 Race Trouble and location

The anxiety and 'trouble' that race creates for individuals during social interaction in a normatively non racist society means that racism and racial discourse has become taboo. However, socialization into categories of racial difference and the reliance on race to explain difference and locate oneself within social discourse has meant that discourses of race are needed for interaction within society. This however leads to anxiety which is caused by incompatibility between the taboo of race and the need to use it to locate oneself within, as well as understand society. This discordance has made it necessary to manage the need for racial discourse while navigating societal non-racial norms.

While the previous sections have investigated how this discordance may manifest itself in learners' difficulty with navigating race issues and their slippery use of discursive techniques to appear 'colour blind' and navigate perceptions of racism, this section explores the use of 'socially acceptable' categories such as location and education in disguising racial discourse, perhaps with the intention of making it easier to navigate. Refer to the extract below which was taken from a focus group discussion held with male learners:

Extract 9

Researcher: When you think of HIV what is the first thing that comes to mind?

((Inaudible))

Darren: Uhh, It really sucks for anyone.

Researcher: And you?

Kyle: It's just like, it makes me feel like you have to think healthier, like you can't, like he said… you can do most of your normal stuff like maybe some things you have to take out, so your lifestyle has to change just that little bit, you have to do things healthier. So like your lifestyle has to change that little bit

Darren: I mean, when you think, when you hear about someone with HIV you think they are careless with sex and what they do.

Michael: and that they live in rural areas.

Other: Uneducated

Researcher: O.k, Tell me more about the rural areas?-Why do you think …

Darren: ahh, 'cause umm, like there are lots of diseases there and so maybe, That's probably why they die.

(Male Focus Group)

When asked to reflect on the first thing that came to mind when discussing HIV/AIDS the male learners associated the virus with underprivileged areas, rural areas and townships. The use here of perspectivication suggests that respondents have physically (and geographically) distanced themselves from the virus (and have therefore avoided discourses of vulnerability). Furthermore using words like "township" and "rural areas" suggest that participants are drawing from 'common sense' discourse to racially categorize the disease using the locations mentioned above. The reciting of such stereotypical racial images of groups of people means that locations become bound up with race (Durrheim, Mtose and Brown, 2011, p., 124) and reduced to the representation of certain 'types' of people. The use of words like, 'township' and 'location' by individuals to refer to black urban settlements and therefore to stereotype black individuals was also found in a study by Nduna and Mendes (2010) in their research on HIV prevention messages among youth. In this study participants used these terms to identify the groups that they supposed should be targeted by HIV prevention education campaigns, which led to the negative stereotyping of black youth (Nduna & Mendes, 2010).

Referring to the idea that HIV/AIDS is more prevalent in underprivileged areas (and therefore 'black' areas) is a way of covertly suggesting that HIV/AIDS is a 'black disease' which continues racialised understandings of the disease and allows a separation based on racial classification which continues to perpetuate discourses around the racial 'Other' when discussing HIV/AIDS. However, the use of terms like 'rural areas', townships and 'hoods' when identifying the 'Other' were not limited to use by white participants. In the extract below we see how Neli (a

black leaner) has herself adopted racialised categories for the 'Other'. Interestingly this extract occurs after the learner suggests that one of the myths she has heard about HIV is that mostly black people, gays and prostitutes contract the virus.

Extract 10

Researcher: Where are you more likely to see the disease?

Neli: Around. In the hood. Especially where you have like umm, mixed groups. Especially the adults they still have that belief that HIV is only for certain people and you can't get it if you go to a thing … a witch doctor, they will cure your AIDS in like 3 days. Or if you sleep with a…baby… a new born baby you will get your HIV cured.

Researcher: Who are "these people"?

Neli: These people are old aged people cause they say that there was no HIV before and HIV is just like any other disease so, like any other disease if you want to get rid of it you have to go to a witch doctor and they will cure it. So, I think that mostly the grown up population is the population, that umm that say these things. Ja like the older people and people who were raised… umm, especially the homeland people and people who are raised around old people cause umm, they don't believe in AIDS.

(Individual Interview; Black Female learner)

Through her suggestion that HIV is more prevalent in the "hoods" (also known as townships, squatter camps and rural areas) and therefore among black people, Neli distances herself from black people by suggesting that HIV occurs because of ignorance of the older generation in the homelands ("*Especially the adults they still have that belief that HIV is only for certain people"; "umm, especially the homeland people and people who are raised around old people cause umm, they don't believe in AIDS")*. Neli further distances herself from the disease by judging

'these people' for their dated understandings of HIV/AIDS because of their cultural beliefs ("*a witch doctor, they will cure your AIDS in like 3 days"*). Here Neli uses stereotypes which are often used by white South Africans to pass judgment and in turn stigmatizes against her own racial group. This is sometimes referred to as 'self- stigmatization' (Durrheim, Mtose and Brown, 2011). Neli's use of self-stigmatization could be the effect of having internalized the pervasive stereotypes of 'blackness' that still exist in society. Alternatively, her self-stigmatization could be an attempt to align herself with the researcher (who was a white female) because perhaps she believed that the researcher (a white female) would hold stereotypical racist beliefs and opinions of black people herself because of her race.

It is important to note that while Neli does distance herself from the people in the "hoods" her use of this term suggests that she is trying to attach credibility to her statement by showing the interviewer that she is 'part' of the "hood" and therefore knows what it is like but can at the same time separate herself from 'those' people. In using these racialised stereotypes to differentiate herself from the 'Other', Neli doesn't seem to think that they will be perceived as racist because the listener is white. However Neli does tread more carefully when she is subtly asked to make an observation of white people's use of racial categorization and stereotypes. Refer to the extract below:

Extract 11

Researcher: Do you think there is a perceived thing that it's just black people that get AIDS?

Neli: Some people, NO no I don't think so…. Ja, no.

Neli: Some people still think so but it is only a small people 'cause you will hear sometimes when they have conversation among one another you will hear that MOSTLY black people get AIDS. Mostly black people have AIDS…but Not JUST black people.

(Individual Interview, Black Female learner)

The extract above proceeds a conversation between the learner and the interviewer probing why the learner mentioned the myth that black people contract the virus, and how this made the learner feel. In extract 11 both Neli and the interviewer are attempting to navigate the present racial issues at hand appropriately yet both encounter some discomfort and difficulty. Even though the discussion is now blatantly dealing with race and the racial stereotypes encountered in society the researcher and the learner battle to express themselves in ways that they consider to be appropriate for the conversation. This extract is an example of the different approach that the interviewer had when interviewing white learners and when interviewing black learners and acts as an example of how interviewers and researchers have their own racialised constructions of their world (Milner, 2007) and together with the participants co-construct the nature of the interview/focus group. In extract 8 for example, the interviewer quite unashamedly and very directly asks the learner (Stacy, a white learner) "What do you think about *the fact* that some people *turn around* and say it's just black people?" (Emphasis added). In contrast, the interviewer avoids blatantly asking Neli if she believes that white people are responsible for stereotyping black people as having HIV/AIDS. Instead she asks the learner if "there is a perceived *thing* that it's just black people that get AIDS?" (Emphasis added). This contrasts the interviewer's earlier use of strong 'matter of fact' terms like "fact that" and "turn around and say" which were much more direct. The researcher's evasion of the word 'white' when

questioning Neli may have been an attempt to avoid being perceived by the learner as holding these views herself (that only black people contract HIV). Furthermore, the researcher's use of the term "perceived *thing*"(emphasis added) may have been a strategy to nonchalantly introduce the stereotype (that white people view black people as more susceptible to HIV/AIDS) without being caught up in the stereotype herself (because of her own race) and without offending the learner. The difference in the way the interviewer questions the learners may be a result of the interviewer's own racialised construction of reality which perhaps make her wary when approaching the topic of race with a learner of a different race to her (the interviewer).

Even with the researcher's circumnavigation of the question the learner easily interprets the question as asking whether she thinks that white people perceive black people as carriers of the disease and the learner's use of "they" refers to people who aren't black. Neli justifies her answer that there is not a perceived idea in society that only black people get AIDS ("*Some people, NO, no I don't think so…. Ja, no."*), by suggesting that it is only a small group of people who think this way and even then they say that "mostly" black people have AIDS as opposed to "just" black people have AIDS. Neli's hesitation that follows her statement of "some people" and leads to her use of "NO, no, I don't think so", indicates the difficulty she has with navigating the issue of white racism with the white researcher that has arisen in the discussion. Therefore her change from "some people" to "NO" may suggest that she has tailored her response after careful consideration to avoid accidentally offending the interviewer. By defending her statement that this idea is not prevalent in society and therefore by coming to the defense of whites, Neli may also be trying to avoid making any comments that might be perceived as racist by the white

interviewer. The concern of perceived racism of the learner by the interviewer (and of the interviewer by the learners) was a theme that extended throughout the interviews and focus groups. While the researcher herself faced difficulty with phrasing her questions in a way that would not make them racially biased and possibly invoke the learners to interpret her comments as racist, participants treaded carefully around issues of race too and used discursive practices like perspectivation and allusion to distance themselves from, as well as allude to, race.

A further example of the way issues around race were navigated using more 'socially acceptable' categories like location is offered in extracts nine and ten. The idea of attaching identity to place, known as place identity theory, is one that has emerged in literature from environmental psychology and has recently been given a discursive component by social psychologists to address the need to investigate the role that language, society and political structures play in the link between place and identity (for example see Dixon & Durrheim, 2000). Dixon and Durrheim (2000) posit that place identity theory can be looked at discursively and understood as a "collective construction, produced and modified through human dialogue" which "allows people to make sense of their locatedness" (Dixon & Durrheim, 2000, p., 32). The authors also emphasize that the construction of place performs a number of social actions that include "blaming, justifying, derogating, excusing, excluding" (Dixon & Durrheim, 2000, p., 32).

Reference to places such as "township" and "hoods" may perhaps afford individuals a way of navigating the discordance that exists between the social persistence of racial categories (and the

need to position oneself and others within these categories) and the charge to appease 'colour blind' ideologies, as well as avoiding being perceived as racist. However, as various terms and places continue to be used to covertly categorize race, they fall into the lexicon of 'common sense' and become synonymous with the racial categories they are meant to allude to. This emphasis on location leads to rural places for example, becoming understood as black spaces and urban areas becoming understood as white spaces. Therefore while this strategy might possibly be used to covertly allude to race, the unrelenting use of such words has meant that they have become inextricably linked with racial meanings and therefore their use in discourse maintains racial stereotypes and encourages the use of racial categories to 'Other' in HIV/AIDS discourse. Another category that was often linked to location and racial difference and used to identify the racial 'Other' was education.

4.6 Race, Education and Government

As we have seen in the above sections, the presence of race talk when discussing HIV/AIDS was common in the learners' discourse. The reliance on the racial categories of the past and the ease with which they are accessed from the realm of 'common sense' perpetuates race talk and racialised ideologies within society. Education is one facet of society that remains linked with racial ideologies. During the apartheid era for example, schooling was sanctioned along racial lines ensuring that individuals were educated in accordance with the jobs that they would one day be permitted to take up as a result of their race (Henrard, 2002). While some people adopt a 'colour blind' approach to race in post-apartheid South Africa and believe that race no longer holds sway in society, race does in fact continue to play an important role in education. This is

because racial categories are presently being used as a site of redress (Posel, 2001b). Current redress policies make use of racial categories to allocate resources and address social inequality that resulted from apartheid practices and legislation. This therefore leads to the perpetuation of various discourses of racial divisions and the reproduction of the relevance of racial categories that were constructed during apartheid (Posel, 2001a).

Durrheim, Mtose and Brown (2011) similarly suggest that the continued use of certain categories maintains racial overtones that exist in society, perpetuates a racialised way of interacting with one another and contributes to certain racialised stereotypes. The following section explores how race is linked with discourses of education and racialised stereotypes including the perceived inability of black leadership to provide reliable information. The extract below offers an example of the way racial stereotypes are maintained through the use of language and location (as explored in the previous section) and the way race is attached to discourses of education and ignorance.

Extract 12

Researcher: How do you think it spreads?

Tiro: From having uh, unprotected sex obviously and drug users and things and.. giving birth, I think natural birth when you have HIV then it goes to the child…and if you have a cesarean it prevents or something, I don't know, ja… and breastfeeding.

Researcher: And who do you think, where do you think you are more likely to see it?

Tiro: I think in the less fortunate areas, ah ja… cause they are not usually educated about how the disease is spread, and what not.

Researcher: My idea of a less fortunate area may be a bit different to yours so what do you think a less fortunate area is?

Tiro: Umm, Rural areas, without formal education, like townships, like really RURAL areas

Researcher: Why do you think that is?

Tiro: Cause they, they don't have the formal education and Ja..

Researcher: So do you think that education acts as like, a preventative measure?

Tiro: No it just educates people about it and the it's up to you after learning.. how its spread.

(Individual Interview; Black Male learner)

The conversation above is an extract taken from a one-on-one interview with a black male learner and occurs early on in the interview. In it we see how place ("rural areas") is once again used as a way of distancing the self from the 'Other'. These areas (as discussed before) have become racially categorised because of historic events of racial separation and continue to remain racially divided because of language and discourse. However, in this extract we not only see how race is attached to place but also how place (the rural area for example) is attached to discourses of education (and lack thereof). The 'ignorance' of people living in rural areas due to their lack of education is therefore offered as a reason for why HIV/AIDS is 'more likely' to be seen in rural areas. It takes place after the learner has suggested that prostitutes and drug users are most vulnerable to the virus.

Extract 13

Researcher: We discuss HIV SO MUCH and I have picked your brains, but WHY do you think it's such a common topic?

Constance: Cause people think that not everyone is completely aware, because not everyone is educated. SO I think that is why we are informed about it daily so that we know the risks are out there and we can guard ourselves and protect ourselves.

Researcher: And who do you think haven't heard these messages?

Constance: I think people in the rural areas. Uneducated people. Ja.

Researcher: What do you think could be done to change that?

Constance: I think that the government could advertise it more… 'cause not everyone has tv. You see the adverts on TV but not everyone has TV so I guess we could go around and spread the message somehow.

(Individual Interview; Black Female learner)

A linking of rural areas with discourses of education was common and can be seen in the above extract where Constance equates people in rural areas with a lack of education. Her suggestion that "we could go around and spread the message" suggests that she feels responsible for spreading the message and 'enlightening' the uneducated inhabitants of the rural areas. This suggests that only through intervention by educated 'urban' people can the incidence of HIV/AIDS be lowered within rural communities. These findings were paralleled in Nduna and Mendes (2010) where discourses of the need for educational enlightenment in areas such as 'townships' and 'locations' (and therefore 'black areas') reproduced racist discourse of ignorant 'blacks'. This discourse of 'helping' the poor uneducated rural (and therefore black) community through education echoes white supremacist ideology during Apartheid where black individuals are saved by the white man (Durrheim, Mtose, Brown, 2011). This suggests that old supremacist ideologies are being reproduced and maintained through education discourse (that is used to

describe the 'Other'). Another example of this appears in the extract below which took place during a one-on-one interview with a coloured learner.

Extract 14

Researcher: Who do you think is responsible for HIV/AIDS information?

Lee: I believe that we are all responsible in a small way. But, like I am sure like there is… I think that the people who are doing blood relations, they also say speeches on how the viruses are spread and STI's and what not. I think that the people that are responsible maybe are the people who are educated. Whether it be a person in a rural or in an urban area. 'Cause I feel that its, its sharing your knowledge and bettering your country you know. SO if I was educated by someone "ok, this is AIDS: Do A, B and C and you do A, B and C if you don't wana interact with that virus or whatever" and I feel that it's, the responsibility through word of mouth and, ja you know I feel that… I feel that whoever is educated enough has to deliver the message across cause it's no use keeping it to yourself cause then it spreads on to the person that wasn't educated and then somehow you meet up with them and you keeping it to yourself and then when you have sexual relationships and then you have yourself to blame cause you could have prevented it if you shared your knowledge.

(Individual Interview; Coloured Male learner)

Before the extract Lee had discussed how prevention of HIV is better than finding a cure and he suggests that education is a key component of prevention. In this extract we see how the educated individual is responsible for the education of the helpless uneducated individual (in this case either from a rural or urban area). The participant suggests that if educated people do not do their bit to educate the 'uneducated', the educated person may very well encounter the virus because of his/her lack of action in taking responsibility for educating the uneducated. Ideas of saving the 'uneducated' through education suggests that remnants of colonial ideologies continue

to float around in discourse and attach themselves to various racial and racist connotations and go on to be referenced in the discourses of learners through reference to urban and rural spaces and therefore, it follows, educated and uneducated spaces. When asked about whether he is referring to school education or street smarts, Lee goes on to say that:

Extract 15

Lee: No no no no. I strongly believe in school approven education cause the school, the government approves of textbooks, obviously… I am sure. Whereas the street smart mentality is not always good cause you don't know how… our president says no you can have a shower and then you won't get AIDS and what what what.. And that's that's street smarts cause it's not coming from a text book its coming from one individual's respective of the HIV. And umm, just repeat what you just asked.

(Individual Interview; Coloured Male learner)

The above extract provides a brief glimpse of the learner's idea of what information/education prevents HIV/AIDS. Lee understands education as being "school approven education" because the "government approves textbooks" which suggests he believes that it is necessary for a group to approve education to make it reliable. The language Lee uses when discussing the president suggests that he doesn't agree with the president's views and questions his position as an authority figure. Reference to the 'showering example' was provided in a few one-on-one interviews with the researcher and acted as a way to question the ability of government to rule as well as link government to race. Consider the extract below:

Extract 16

Researcher: Do you think these messages influence them positively or negatively?

Michael: Well, if its stuff like taking a shower and it saves you from getting AIDS then negatively.

Researcher: Do you think people follow that advice?

Michael: Ja cause people are sheep and also they might be obsequious…It means, like they might suck up. So they might suck up to government to get perks.

Researcher: Can you elaborate?

Michael: Like they might umm, believe more on their government so they keep going towards that… and because they listen to their government, the government might give them special perks or privileges like, other people in the underprivileged areas.

(Individual Interview; White Male learner)

This extract follows from Michael's comment that some of the myths he has heard have been in the media and included messages like "taking a shower" and "eating an entire onion". Michael refers to the 'shower example' in a way that questions the intelligence and reliability of the president. In questioning the intelligence of the president he undermines the president's role as an authority figure and a leader. The 'shower example' is one that arises quite often in HIV/AIDS discourse and in her study of the factors affecting the social responses of white South Africans to HIV/AIDS, Kholer (2008) found that of the 47 participants surveyed in her research, 92% of respondents believed that Jacob Zuma's rape trial had "seriously damaged South Africa's efforts to fight HIV/AIDS" (Kholer, 2008, p., 74). Furthermore of the sixteen in-depth interviews conducted with her participants almost all the participants made unfavorable mention of the rape trial with comments such as: "The man is an idiot. Hasn't he ever heard about how AIDS is

spread?" and "If he doesn't bother to wear one [a condom], why will anyone else?" (Kholer, 2008, p., 74).

Michael's statement that people who follow the president (who is a bad leader according to Michael's language) are 'like sheep' and believe that they will be given preferential treatment over others, could also be seen as an attempt to undermine the intelligence and moral character of the people who are being referred to in this discussion. While Michael does not explicitly name the people whose character he is undermining his use of demonstratives like "they" and "them" as well as describing the government as "their government" suggests that he could possibly be referring to black people. The following extract is an obvious example of how leadership can be connected to race and follows Lee's comments on how education is key to understand and prevent HIV.

Extract 17

Researcher: What do you think are the biggest stumbling blocks when trying to sort out HIV/AIDS?

Lee: In all honesty I really believe that the biggest, the largest reason why we as a country are failing to get rid of this problem or slow it down is because of the man upstairs. Not God, like our president. If he had to enforce that on to… cause everyone like…umm South Africa is mostly populated by… Africans and…they follow whatever the man upstairs says. Like he promised RDP, they followed. He promised free health care and like not free health care but education for them they would listen. If they listen to that then they would listen to whatever he says, do you know what I am saying? Delivered from them, I am not saying that Africans are… but I am just saying that everyone watches the news he is always on the news. They can have that in between the news hours cause that's when most of our SA citizens are watching the movie. If they are

advertising alcohol they can have the president speaking about AIDS. Of they can have billboards then they can also have on AIDS and ja.

(Individual Interview; Coloured Male learner)

In the extract above we see how Lee suggests that the prevalence of HIV/AIDS is a result of the "man upstairs". Due to the learner's use of this description, the interviewer assumes that the speaker is referring to God. Realising that this statement might be interpreted in this way Lee repairs this statement by saying that he is not referring to God but to the president of South Africa. According to Lee the president's 'godly' power is the ability to have people follow "whatever the man upstairs says". Lee however doesn't imply that this power comes from the presidents' ability to govern the people correctly (he has already questioned the authority of the president in a previous extract). Therefore he suggests that the president's following is due to South Africa being "mostly populated by Africans". There are various ways that this can be understood but Lee's use of language in extract fourteen has already demonstrated he doesn't trust the information submitted by the president because of the shower example. Through his use of terms like "sheep", it could be that Lee perceives "African" followers of the president as being simple people who would follow someone who (in his opinion) has little credibility. Race is therefore used to link the president to his followers and may act as a way of judging the credibility of both the president and his followers.

In the above four extracts we see examples of stereotypes of perceived government inability to lead as well as possible stereotypes of the apparent willingness of 'the masses' to blindly follow

a president whose credibility is questioned. These understandings could perpetuate racial stereotypes that black governments are unable to rule and that their followers (black people) are sheep, incapable of making their own decisions. These stereotypes echo past 'white supremacist' ideology and unearth archaic apartheid perceptions of race.

4.7 Linking Race and Apartheid

Thus far this research has explored the way 'race' is used to 'Other', how racial differences and prejudices have become 'common sense', the way learners grapple with navigating perceptions of racism, how racial difference is attached to 'socially acceptable' forms of difference and how issues of education and government unearth 'white supremacist' ideologies that were prominent during apartheid. Each theme has investigated the discourse of learners during their discussions around HIV/AIDS by exploring the race talk that occurred within the discourse as well as exploring what this meant for various racial issues. A common link between the themes which deal predominantly with race and racial constructions is the idea of apartheid.

The role apartheid played in the construction of racial categories, the perpetuation of racial 'difference' and the continuation of racism means that apartheid meanings of race and the consequences of apartheid are imbedded in the collective memory of South Africans. Apartheid meanings of race are therefore surreptitiously imbedded within discourse. This research has highlighted the various linkages of race and apartheid numerous times when explaining 'race' in South Africa. Its emphasis on macro and micro structures to understand race talk has especially highlighted the role that apartheid has played in the construction and perpetuation of various race

issues. In this research we have seen how (a) The negativity attached to race (as a result of the consequences of apartheid) has resulted in the adoption of 'colour blind' strategies to 'approaching' race, as well as the 'taboo' around discussing race. This means that learners have faced difficulty when discussing race and have grappled with navigating race in social interaction so as not to appear racist. The research has also explored how (b) Apartheid meanings have attached themselves to language which, if explored, may uncover old apartheid ideologies that are still present in discourse. This section will look at how apartheid meanings and effects are out rightly understood by learners as being attached to race and therefore attached to ideas of who is most likely to contract the virus. Extract 18 is an example of the way racial disparities that exist in society are explained as being a result of apartheid.

Extract 18

Researcher: About the whole race situation, what do you think.. do you think people speak about race or avoid it? Do they avoid it?

Stacy: I think race plays a big role because umm, I think also cause of apartheid it messed up a lot of things cause we do know that the black people and all types of dark skinned were the less fortunate and white people were on top so now that its still going on and its infiltrating through each generation it is… race is automatically what you think connects HIV, black people, poor black people. Because we know that black people were poor in apartheid, if you know what I mean?

(Individual Interview; White Female learner)

This extract was taken from a one-on-one interview with a white female learner and appears in the closing remarks of the interview, after the learner has been asked to share her opinion on who she perceives as being responsible for the fight against the virus. The question that the researcher

posed to Stacy was an attempt by the researcher to have Stacy expand on her earlier linkage between race and HIV/AIDS (see Extract 8). When asked if race is spoken of or avoided when discussing HIV/AIDS Stacy concedes that race *is* spoken of ("*I think race plays a big role because umm…").* However, she defends her statement by suggesting that race "plays a big role" in discussions around HIV/AIDS *"because of"* the apparent linkages between apartheid, privilege, poverty and HIV/AIDS. While Stacy does suggest that this connection is negative through her statement "*cause of apartheid it messed up a lot of things"*, Stacy argues that it is because of the racial inequalities caused by apartheid that people link HIV/AIDS with black people which (for her) substantiates why race is linked with HIV/AIDS. The idea that apartheid is linked to inequality which dictates whether an individual is apparently more likely to contract HIV/AIDS is reduced by one of the learners in the male focus group discussion, to a stereotype. Extract 19 takes place while the participants are discussing the role of culture and race in HIV/AIDS.

Extract 19

Duran: What do you mean by culture?

Kyle: I think that it's the way that we have been brought up.

Researcher: So what role does race play?

Tiro: Nothing much

Kyle: I think that it's a big stereotype

Researcher: What's the stereotype?

Kyle: Where people, black.. that black people in the rural area's have AIDS. Which it is not because there is white people and coloured people, every race has AIDS.

Duran: And with regards to apartheid they are more unlikely to get an education and then they are more likely to get AIDS

Kyle: I mean, there is white people who have been educated all through school, but they still go and get AIDS.

(Male Focus Group)

In this extract Duran suggests that it is stereotypical to link apartheid with access to education and susceptibility to contracting HIV/AIDS. While this may be a positive indication of the learner's unwillingness to make use of racial stereotypes that may be attached to HIV/AIDS discourse, his introduction of apartheid into the discussion is important because it is a further example of the linkages that exist between HIV/AIDS discourse, race and apartheid. This is an additional example of how race cannot be divorced from apartheid because of its "'overpopulation' with apartheid meanings and uses" (McKinney, 2007, p., 227). The problem with the continued attachment of race to apartheid either explicitly (as highlighted in Extracts 18 and 19) or implicitly (as indicated in the section on race, education and government), is two-fold.

Firstly, apartheid may act as an excuse to validate the use of race in explaining social disparities between races. Secondly the overpopulation of race with apartheid meanings and uses may lead individuals to feel trapped and frustrated by not being able to move away from the effects of the past, which may lead to difficulty with navigating racial discourse. Students' frustration with race and apartheid was explored in a study by McKinney (2004) which investigated first year students' difficulties with dealing with the apartheid past when exploring critical literacy. Critical literacy can be understood as the critical investigation of texts which involves the "linguistic analysis of ideologies in texts" (McKinney, 2004, p., 64,) or a more loosely text-

focused critique which interrogates how knowledge is both a social and historical construction (Giroux, 1989; as cited in McKinney, 2004). McKinney's study suggests that students encounter difficulty when critically engaging with literature because their sense of identity as 'new' South Africans conflicts with South African history and literature (which constructs whites as the oppressors). As a result of this discomfort the students expressed their desire to move away from apartheid understandings of race so that they could embrace their identity as 'new' South Africans. The desire to distance oneself from apartheid understandings of race was also found in the learners' discourse in this research and is highlighted below by the response of one of the male learners to the question of whether he thinks that people might use race as an excuse for beliefs they may hold of their susceptibility to HIV/AIDS. Interestingly, the learner's desire to move away from apartheid meanings of race is linked to the need to stop using race as an excuse for who is most likely to contract HIV/AIDS.

Extract 20

Researcher: Do you think people our age might use race as an excuse?

Kyle: I think people would use race as an excuse, or culture cause a white person will say that so many black people have it and no white people that I know have it… so I am not going to get it cause I am white. So I think it plays a big role because it changes the way people look at it and think about it. So if you could educate people to take race out of it and say like everyone is the same. Everyone can get it, we are all human, I think people will realize that anyone can get it so you have to look out for yourself and the people around you.

(Individual Interview; White Male learner)

The extract above follows Kyle's comment that race doesn't play a role in HIV and in the extract we see that Kyle (a white learner) suggests that people use race and culture as an excuse for why they may not think they are susceptible to contracting the virus. However, the learner suggests that if people were taught to remove race from the discussion of HIV/AIDS, people would realise that everyone is "the same". The learner's emphasis on "everyone" as being the same, and "everyone" being susceptible to the disease because "we are all human", could suggest that he wants to break down the racial barriers that occur when discussing HIV/AIDS. However the desire to break down racial barriers in post-apartheid South Africa is often unsettled by the fact that apartheid meanings of race are still prevalent in society and even in individual's own identities and thinking (McKinney, 2007).

The infiltration of apartheid meanings into the identities and thinking of individuals is apparent in the extract below where the same learner who emphasises the need to separate race from HIV/AIDS holds stereotypical racial views of the 'types' of people who contract HIV/AIDS which are laden with apartheid identities.

Extract 21

Kyle: I think that a lot of people aren't cause they don't care. They think they will never get it.

Researcher: Why do you think that is?

Kyle: I duno umm, I think its cause they don't wana believe that it is out there and they can get it. And if they believe that it is out there and they can get it then it will actually like, scare them. And they don't wana think of it in that way so.. I think its cause of that.

Researcher: Do you know any…people who might be receiving these messages and are still behaving in a way that could increase their risk?

Kyle: No, I don't know anyone. There was, with people in school… now people are picking them up. With all my friends they take it seriously. But like I think it's the people in the less educated areas or like ja… around there and just like certain people who just, just don't care.

(Individual Interview; White Male learner)

This extract follows Kyle's comments on whether people are receiving HIV prevention messages. Kyle's reference to the "less educated areas" and to people who "just don't care" is an indication that the learner holds stereotypical racial views of the people who are likely to contract the virus (black, uneducated individuals affected by apartheid). The learner's need for non-racialism in one context and his assertion of racial difference in a different context highlights the discordance that exists in discourse. These contradictions are likely the result of the varying identities that individuals adopt (including white 'oppressor' and liberal 'new' South African) which make it difficult to navigate issues around race or sufficiently deal with these issues. This ambiguity was also found to be present in students' discourse in McKinney (2007) and may parallel the contradictory and conflicting discourses which exist in the broader South African society (McKinney, 2007). For example, the 'new' South Africa promotes a society of non-racialism and 'colour blindness' however it continues to make use of racial categories (white, black, Indian, and coloured) to address the disparities of the past. These categories remain attached to apartheid meanings and therefore make it difficult for individuals to navigate

identity in post-apartheid South Africa which may affect their ability to engage with society on a critical level and may make them reluctant to deal with the apartheid past (McKinney, 2004).

This may have varying implications for education. Specifically, learners' reluctance to acknowledge or deal with the apartheid past may mean that they become defensive when provided with information that deals with history. Furthermore they may be reluctant to critically engage with historical and contemporary texts thus not acknowledging the impact of history on their own ideologies and experiences (Giroux, 1989; as cited in McKinney). This may have a negative effect on their academic development as well as perpetuate the difficulty which exists in society when navigating race and race discourse. This may also have repercussions for learners' discussions of HIV/AIDS. For example, as we have seen from the research, race is common in discussions around HIV/AIDS. Race however is attached to apartheid meanings and consequences which have varying implications for an individual's identity as a white South African or a black South African. Discussing HIV/AIDS (because of its connection with race which is laden with apartheid meanings) may make individuals uncomfortable and may therefore lead to learners avoiding issues around HIV/AIDS and ignoring HIV prevention messages and campaigns.

It is therefore important that racial categories that emphasise apartheid meanings are deconstructed so that "apartheid ways of thinking and talking about 'race' and culture can be replaced" (McKinney, 2007, p., 228) which may allow individuals to navigate post-apartheid

identities with more ease. Furthermore "'white' and 'black' people need no longer be trapped in apartheid meanings of whiteness and blackness as well as their consequences" (McKinney, 2007, p., 228), which may make it easier for individuals to navigate issues of race and reduce anxiety when discussing contemporary social issues.

4.8 Private Talk Vs. Public talk

One of the aims of this research was to explore participants' private and public representations of HIV/AIDS and race in discourse. This was achieved through the use of different private and public settings. These settings were defined methodologically and included focus group discussions (to explore public talk) and individual interviews (to explore private talk). The different settings meant that participants were exposed to different conditions. For example, the focus group setting was made up of several individuals from the same school-setting. In contrast the interview guaranteed confidentiality and privacy. The section that follows explores the way in which individuals discussed race and HIV in the private and public talk settings.

Up till this point this paper has explored various themes around race and HIV/AIDS by discursively analyzing numerous extracts from both the interview and focus group settings. In section 4.7 for example, (Extract 19) we see how learners carefully navigated issues around race in the focus group setting. This can be seen by the way Tiro (a black learner) suggests that race doesn't play much of a role in HIV/AIDS. This answer allows Tiro to steer clear of the topic of race. Kyle picks up on Tiro's answer (that race doesn't play much of a role) and suggests rather that while some people may think race plays a role in HIV, this assumption is a stereotype. The

idea that the link between race and HIV is a stereotype (as suggested by Kyle) is substantiated by his provision of examples of people who have AIDS which allows him to conclude that people from all races have AIDS. This is an example of how issues around race are avoided or approached with care. Extract 6, (the female focus group) shows how even when racial categorization is present in a discussion it is *carefully* approached or alluded to. This can be seen by Tyra's subtle remark about the lack of feelings of vulnerability to HIV/AIDS among the predominantly white, upper to middle class learners at her school, while positioning herself in the same social class as her class mates to allow her to make such a racially laden observation as an "insider", belonging to the same social class as the people that she is referring to.

The abovementioned extracts are examples of the way learners' carefully approach race within the focus groups. It is suggested in previous sections that the care taken to avoid racial discourse could be a way of navigating other's perceptions or could be a result of an awareness of social norms which promote non-racialised colour blind discourse. The extract below is an example of how individuals who express certain "taboo" non-normative opinions may be corrected or challenged by fellow participants. The extract took place during the female focus group and followed the question of what role culture, gender and race play in HIV.

Extract 22

Researcher: What role do things like culture, gender and race play around issues like HIV?

Stacy: I think culture has a big thing to do with it cause we got brought… well, I think most of us have been brought up thinking that you only have once husband and one wife or whatever, but, a lot of the… Black cultures they know that, ok… well the man can have like 6 different wives and it

is not a bad thing. That's how they need to have it, so like they have a king and the different queens or whatever and they are meant to have children with all of them, so, it can easily be passed on like that, so if even one of those guys slept around and got it and then he has been sleeping around and so he has been giving it to everyone else, therefore it is starting to get bigger in a smaller lifestyle?

Madalena: I don't think culture can really, well not culture so much as tradition can take full responsibility because the practices of polygamy is so old and it has gone back so far that AIDS wasn't really a concern for them. So I don't think that it can take responsibility. However culture and upbringing and interacting with peers. That sorta takes a bit more responsibility as t9o, I dunno, how you should act in public and how you act with your friends and that sort of thing.

(Female Focus Group)

As can be seen in the above extract Stacy introduces the idea that culture plays an important role in HIV/AIDS because of the practice of polygamy. In many cases of discourse, culture acts as a euphemism for race (Wetherell & Potter, 1992). This can clearly be seen in this extract where the learner blatantly suggests that "*a lot of the Black cultures they know that, ok… well the man can have like 6 different wives and it is not a bad thing".* The learner does however hesitate before referring to black cultures which indicates her trepidation with introducing and using the racial term. Her peers do not however comment on her use of this racial label and allow her to continue. Stacy then substantiates her comment by suggesting that this practice is "not a bad thing" and "That's how they need to have it". However, the use of the demonstrative "they" in "that's how *they* need to have it" signals social distance. Furthermore, Stacy's use of a word like

"small" when she suggests that the virus gets bigger "in a smaller lifestyle" may be attached to negative connotations which structure the practice of polygamy as perhaps a diminutive practice.

After the learner's comment however, another student, Madalena questions her statement by substituting the previous learner's use of culture with that of tradition. This correction partially removes the discussion from the realm of race to that of tradition which could be understood by the learner as having less negative racial connotations. She then continues by suggesting that tradition (rather than culture) cannot be held accountable for the spread of HIV because the practice of polygamy is so old and yet HIV only occurred recently. This strategy is a conscious attempt to remove the conversation from the realm of race to one with which the speaker feels more comfortable. However, the move leads the learner herself to once again bring culture to the fore. Furthermore Madalena also includes upbringing and interaction with peers as factors that influence HIV prevalence. While the learner has herself reverted to the use of culture (and therefore alludes to race), it is important to note that the learner did make an attempt to diverge from race during the discussion. Furthermore she made her disapproval of her peer's opinion about black culture and polygamy quite clear in her initial challenge.

The fear of being judged as having socially "taboo" opinions and being perceived as racist, as well as the possibility of being challenged by one's peers might mean that individuals are more likely to use socially acceptable language and ideas in public settings. This may offer a reason for why learners were reluctant to discuss race in the focus groups. However, the need to use

socially acceptable language and carefully navigate issues around race during discussions around HIV/AIDS was not limited to participants in the focus groups. The careful navigation of racial issues and avoidance of race was also present in the one-on-one discussions with the interviewer. This was explored in section 4.4 which investigates the way in which two learners Lee and Stacy (extracts 7 and 8 respectively) navigate perceptions of racism. By drawing on the various discursive techniques an strategies available to them, the learners attempt to avoid the possibility of having their discourse interpreted by the researcher as being 'racist'. Therefore participants' careful navigation was not limited to the public, focus group setting, but also occurred in the private, one-on-one interview setting. This occurrence is important because it suggests that the participants' private and public representations of HIV/AIDS and race were similar in varying conditions.

Interestingly, these findings contradict those of de Kock and Wills (2007) who found that when discussing HIV/AIDS in a private setting (an interview) women positioned themselves as not at-risk to the virus. Furthermore their discourse focused on racism, heterosexism and negative, racially laden stereotypical discourse around black sexuality (de Kock & Wills, 2007, p., 234). However in the public setting the women in the de Kock and Wills study (2007) were anxious and uncomfortable when using colonialist and racist discourses (which they had reverted to with relative ease in the private talk setting) and they blamed the apartheid system for "creating social conditions in which the epidemic has flourished" (de Kock & Wills, 2007 p., 234). The findings of de Kock and Wills (2007) therefore contrast the findings of this study because, unlike the findings in de Kock and Wills which saw participants drawing from varying discourses in

different settings, in this study participants drew from similar discourses in both settings. These included discourses of the 'Other', location and education for example. Another significant difference between the two studies is that in this study participants expressed anxiety when drawing on racial discourse in **both** the private and public talk setting which suggests that unlike in the de Kock and Wills study (2007), the participants' representations of HIV remained similar in the private and public settings. This difference could be the result of the age difference between the participants in the two studies as the women in the de Kock and Wills study (2007) were significantly older than the learners in this study. Furthermore, because of the significant age differences and life experience of the participants in the studies, the participants in the de Kock and Wills study may have felt more comfortable in expressing their racialised expressions of HIV/AIDS in the private settings.

4.9 Integrated Overview

This section will provide a brief integrated overview of the seven themes that were discussed in this research namely, (a) HIV/AIDS and the 'Other', (b) Race and 'common sense', (c) Navigating the perception of racism, (d) Race Trouble and location, (e) Race, Education and Government (f) Race and Apartheid and, (g) Public talk Vs Private talk.

While these sections were discussed separately it is important that they are understood as being components of a greater "whole" namely the way some South African youth discuss issues around HIV/AIDS. As can be seen in this paper, participants often framed their discussions around the presence of the 'Other' when discussing HIV. This strategy is common in health

discourse where the ‘negative Other-presentation’ allows for ‘positive self-presentation’. Furthermore, by using the ‘Other’ to discuss HIV/AIDS participants distanced themselves from discourses of risk and vulnerability (see extract 4). Thus, the 'Other’ acted as a social scapegoat on which participants could project negative opinions, stereotypes and prejudices in order to distance themselves from the seriousness of the virus thereby preserving the ‘positive self’. However, due to the prejudice and stereotypes that embody discourses of the ‘Other’, the ‘Other’ was commonly attached to issues of race.

Exploring the way participants constructed the ‘Other’ and the discursive strategies and techniques they used (like disclaimers and mitigation for example), was an important part if this research because the ‘Other’ formed the foundation on which most of the participants’ HIV discourse was constructed. When identifying the ‘Other’ (rather than the self) as key to understanding issues around HIV, participants often relied on the use of common sense racialised discourse. This is because instances of ‘Othering’ often occur by drawing on language that has, after years of use and reuse, fallen into the lexicon of ‘common sense’ and become laden with racial meaning (see section 4.3). As a result of South Africa’s social history and the division of land and resources along racial lines, many words have become laden with racial meanings and racial undercurrents. However, participants’ socialization into categories of racial difference and their reliance on race to explain difference and locate themselves within social discourse meant that the participants relied on discourses of race for interaction within society. Therefore, the need to ‘Other’ (in order to distance oneself from the virus) forced participants to draw from the realm of ‘common sense’ and use language that was racially charged. The ‘taboo’ around using

racial language in a normatively antiracist society and the importance of accountability in discourse/discussions around race however, created a situation that participants found difficult to navigate.

The incompatibility between the taboo of race and the 'need' to use it to 'Other' and locate oneself within, as well as understand society may lead to anxiety when discussing issues around HIV/AIDS. This discordance made it necessary for participants to juggle the 'need' for racial discourse while navigating societal non-racial norms. Participants therefore employed numerous discursive strategies and techniques in an attempt to navigate perceptions of racism during their conversation with others (in order to avoid being perceived as racist by fellow participants or the researcher). Furthermore participants used somewhat 'socially acceptable' categories such as location and education to disguise racial discourse, (perhaps with the intention of making it easier to navigate).

Thus, the presence of race talk when discussing HIV/AIDS was common in the learners' discourse and the reliance on the racial categories of the past and the ease with which they were accessed from the realm of 'common sense' could possibly perpetuate race talk and racialised ideologies within society. Education is one facet of society that remained strongly linked with racial ideologies in the participants' discourse. These stereotypes echo past 'white supremacist' ideologies, unearth archaic apartheid perceptions of race as well as continue the use of racial difference in the discourse. A common link between the themes, which dealt

predominantly with race and racial constructions, was the idea of apartheid which was securely imbedded within the participants' racial discourse. This meant that the tension that exists between the negativity attached to race (as a result of the consequences of apartheid) and the need to use it to frame oneself within society caused anxiety for the learners when discussing and navigating the racial issues that surfaced in discussions around HIV/AIDS.

Chapter 5: Limitations and Conclusion

5.1 Limitations

The research was initially structured for the purpose of exploring race talk when discussing HIV/AIDS among white youth. The school principal and governing body who were approached for permission to perform the research at their school expressed concern with the researcher's proposal because of its emphasis on the exploration of race during discussions around HIV/AIDS. While the idea of research around race and HIV/AIDS troubled the school principal and the governing body, their main concern was the request by the researcher to select learners based on their race. After weeks of deliberation the school principal and the governing body rejected the idea of allowing the researcher to select learners along racial lines because the school and governing body felt that the categorization of their students based on race would contravene school policy.

The concern expressed by the school, which was uncomfortable with the researcher's request to explore constructs of race used by learners in their school, is an example of the discomfort, uncertainty and trouble that people (and institutions) have when navigating issues around race. Furthermore it is important to note that private schooling (also known as independent schooling), consisted of predominantly white learners during apartheid and while having increased their intake of middle-class black learners since 1994, most private schools have not yet reached a high enough percentage to change the racial dynamics and ideologies of various schools (Hofmeyer & Lee, 2004) and therefore continue to be made up of predominantly white, middle

to upper-class learners. Therefore private schools act as contemporary examples of the effects of past segregatory racial practices. In a society that has been greatly affected by racial segregation and now vehemently promotes non-racism and racial 'colour blindness' it makes sense then why the representatives of the school were averse to allow the researcher to select learners based on the racial categories of the past.

Therefore permission to use the school's learners was only granted once the research was restructured to include students of all races. While this change ended up being a hugely positive step for the research, it is the researcher's belief that the concern about race that was so prevalent in the school's governing body may have affected the research. This is because the governing body is made up of parents of students and it is therefore possible that these parents may have discussed the research with their children which may have affected the discussion of race in the research. Learners may have received information about the research from their parents and felt that they had to uphold the views of their parents and the school by treading carefully around issues to do with race. This may offer an alternative explanation for why participants grappled with issues around race during both the focus group discussions and one-on-one interviews.

It is important to note that participants may not have intended to convey the racial opinions that have been interpreted by the researcher but language is not neutral and therefore the participant's discourse has broader socio-political implications, whether this was intended or not (Van Dijk,

2001). Furthermore interpretation of the participant's discourse was largely affected by the opinions, racial category and experiences of the researcher.

The researcher was a white female and therefore researcher interaction may have affected the findings because the researcher played an imperative role in the facilitation of this research. Some white participants may therefore have felt comfortable using race talk in the one-on-one interviews and focus groups because they believed that the researcher held the same opinions as they did. Furthermore, black learners may have felt conscious of using race talk when discussing race because they may have feared that the researcher would interpret their discourse as racist. While participants were informed that the research was completely independent of the school they may have thought that information would have been shared with the school and they may therefore have been faking good/faking bad in order to supply comments that they thought would show themselves and the school in a positive light.

5.2 Self-reflexivity

During the focus group discussions and the individual interviews it became clear that race talk was a prominent theme when discussing HIV/AIDS. However it soon became evident that it was difficult to label race talk as racist. This was because the learners' discourse and interaction with one another and the researcher was so complex that to describe their discourse as racist would be to overlook the complexities of micro and macro level interactions in the learners' discourse. Therefore it became important that the research explore these complexities by taking into account the nuances of individual interaction as well as the effects of broader historical and

socio-political impacts on discourse. For this reason the theoretical framework of the research was expanded to allow for a deeper, broader exploration of race talk and what this meant for understanding HIV/AIDS discourse.

Due to the discursive nature of the research, as well as the intricacies and complexities invoked during discussions on race, my interaction with the learners as a researcher also played a pivotal role in discussions. This is because, as a white female my own race was taken into account by the learners during the interviews and focus groups. Furthermore, while analyzing the data I became aware of how the internalization of my own racial classification (that of a 'white' research masters student) had impacted on the way I understood the learners' discourse and the way I interacted with learners.

I was sometimes unsure of how to approach racialised issues with the learners and often navigated issues of race differently depending on my perception of the learners' race. For example, during the analysis portion of my research I realized that I had been more forceful when questioning white participants about race than I had been when questioning black participants. In fact, as I think back to my interaction with the learners I remember feeling uncomfortable and unsure when discussing 'race' with black learners. This discomfort may have been an indication that I was concerned with being perceived as racist by the learners I was interviewing.

I have always placed importance on remaining neutral and being as objective as possible while conducting research, however this research process helped me to realise that sometimes neutrality and objectivity in research are not possible nor are they ideal. In fact, it was important to acknowledge my subjectivity in the research and pay careful attention to the learners' as well as my own "racialized and cultural systems of coming to know, knowing, and experiencing the world" (Milner, 2007) in order to better understand the learners and my responses to issues around race. This insight allowed me to realise that I acted as an emblem of the racial disparities that exist in post-apartheid society and could therefore not ignore the presence of 'race' in society.

My categorization of the learners according to my own perceptions of their race was a glaring example of the racial stereotypes and prejudices that I held and was an indication of how I myself had become a racial categorizer through my own reliance on the lexicon of 'common sense'. Furthermore the difficulty I had in navigating race talk when interviewing black learners shows how I am also responsible for using discursive maneuvers to position myself as far away from being perceived as racist as possible. The fact that I had done the same thing and employed the same maneuvers as the learners that I had critiqued was an uncomfortable realization for me and yet I had found it so easy to highlight the 'slipperiness' of the learners' language during my analysis.

While the purpose of the research was to explore the instances of race talk present among learners when discussing HIV/AIDS and what this meant for the creation and continuation of racist stereotypes within this discourse, from as early as the proposal write up it became clear that race was not just a construct being pinned down in focus groups and interviews to be studied for a research report. The manifestation of race issues in various aspects of this research, including the difficulty expressed by the school with using only white participants and the trouble I encountered when navigating racial issues with black learners, was an indication of the pivotal role race plays in day to day functioning and social interaction..

My discomfort with discussing issues around race and the difficulty I had when discussing race with the learners made me aware of my own 'colour blind' ideologies which, had they not been realized during the analysis, may have led to the exploitation or misrepresentation of learners within my research (Milner, 2007). This research helped me to realise that 'race' is unavoidable and that if we are to have any success in addressing the difficulties created by 'race' at both macro and micro levels of interaction, we need to stop hiding behind 'colour blind' ideologies and embrace the role that race plays in our everyday lives.

5.3 Conclusion

This research was an exploratory study of the race talk present in discourse when discussing HIV/AIDS. It adopted a discursive approach to analysis and made use of discourse analysis to explore and investigate the discursive strategies and techniques used by participants when navigating race during discussions around HIV/AIDS. The research therefore adds to the existing

body of literature on HIV/AIDS discourse as well as on race talk. The exploration of discursive aspects of talk that occurred in the focus groups and one-on-one interviews provided an opportunity to investigate how youth of all races constructed their knowledge of HIV/AIDS in various settings and situations. This is important because it allows researchers to better understand how individuals position themselves in constructs of vulnerability as well as which discourses are relied upon for these constructions. The reliance on 'race talk' by the learners to create their social realities around the virus also allowed this research to explore how these constructs were molded by broader discourses of race in South Africa as well as examine how the learner's use of race talk reproduced discourses of race. Researching race talk among learners of all races helps address the need for research on race talk among black South Africans which is important because of the nominal amount of discursive studies of this nature. An important methodological innovation of this research was its use of HIV/AIDS discussion to capture race discourse. In other words, the research relied on questions that dealt specifically with issues around HIV/AIDS rather than ask the learners detailed questions on race. This meant that the presence of race talk was something that occurred naturally during the discussions.

The presence of 'race talk' during discussions of HIV/AIDS was complex and this research explored this complexity on different levels and in different ways. Race talk for example, and the presence of racial categories and racial differentiation during this talk, was used as an 'Othering' strategy to 'Other' along racial lines. This helped the speaker to position himself/herself away from the disease which suggested that participants didn't want to feel vulnerable to the virus. However the use of race as an 'Othering' strategy was complex and created anxiety and

discordance between using ‘common sense’ racial categories to describe the ‘Other’ and portraying oneself in a way that was not racist. Therefore, while ‘common sense’ racialised language was used when discussing HIV/AIDS, learners were aware of ‘colour blind’ social norms and therefore used slippery discursive techniques and discursive maneuvers to manage this discordance and avoid being perceived as racist. The myriad of discursive techniques that were adopted by the learners in an attempt to appropriately navigate race discourse, which is ideologically taboo yet easily accessible through the realm of ‘common sense’, is an example of the difficulty and trouble that issues around race create.

This research was mainly exploratory and attempted to investigate as many instances of ‘race talk’ as possible as well as offer various feasible explanations for the learners’ use of race talk. For that reason no ‘one’ instance of race talk was thoroughly analysed and there remain many unexplored reasons as to why participants might have approached race talk in the way they did when discussing HIV/AIDS. Perhaps one of the most important themes that could be looked at in future research is the race talk that occurred among black participants. While an explanation of self-stigmatization was offered by this research for the ‘race talk’ that occurred among black participants, this was not explored in great depth. Furthermore the literature to explain this phenomenon, while it may exist, was difficult to find and existed in grey literature. It therefore may be necessary to explore the possibility of expanding on existing theories to explain the use of race talk among black learners to ‘Other’ people of the same race. Or it may be necessary to create a new theory which addresses this complexity more proficiently.

While this research did not specifically set out to explore the implications that the intersections between race and HIV/AIDS may have for education, a brief look at how apartheid meanings are attached to race and learners navigation of conflicting identities suggested that HIV/AIDS (because of its connection with race which is laden with apartheid meanings) may make individuals uncomfortable discussing HIV/AIDS which could possibly lead to learners avoiding issues around HIV/AIDS and ignoring HIV prevention messages and campaigns.

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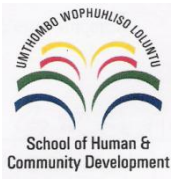
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Appendices

Appendix 1



Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, WITS, 2050
Tel: (011) 717 4500 Fax: (011) 717 4559



"Exploring Race Talk and HIV among South African youth**"**

Possible Interview Questions

1. How did HIV come about?
2. Can you explain any popular myths about HIV that you may have heard?
3. How does the disease spread?
4. Do you think that HIV *is* a problem in South Africa?
5. Where do you think that you are more likely to see the disease and why?
6. Who is most likely to contract the disease and how?
7. Why do you think HIV is such a common topic of discussion?
8. Do you think that you or anyone you know is at risk of contracting the virus and why?
9. Have you had any personal experiences with HIV that you would like to share?
10. What do you think HIV research should focus on?

Appendix 2



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"Exploring Race Talk and HIV among South African youth**"**

Possible Focus Group Questions:

Introduction

1. What do you know about HIV/AIDS?
2. Do you feel like you have been exposed to many issues around HIV?
3. When you think of HIV what is the first thing that comes to mind?
4. What do you think are the most important things that should be looked at when discussing HIV?
5. What do you think is the biggest problem with HIV information?

Whether racist attitudes towards HIV/AIDS prevalent among the youth

1. How does HIV prevalence vary between groups? (Who do the youth think are the people most affected by HIV/AIDS)?
2. What role do culture, gender and race play in issues around HIV?
3. What more should we do to address the HIV pandemic?

Appendix 3



Psychology
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University of the Witwatersrand
Private Bag 3, WITS, 2050
Tel: (011) 717 4500 Fax: (011) 717 4559



"Exploring Talk and HIV among South African youth"

Hello

My name is Jacky Mendes and I am a student at the University of the Witwatersrand. As part of my Masters degree, I am conducting a research study on how people understand HIV and the tools they use to discuss this topic.

I would like to invite you to be a part of my study. Please note however that participation is completely voluntary which means that you will receive no payment upon participation in this study. Furthermore should you choose not to participate there will be no negative consequences. If you do choose to participate in this study you will be invited to attend a one hour discussion group that will deal with social issues around HIV. You may also be invited to attend an interview that will last between 30-45 minutes sometime after the focus group discussion. The best care will be taken to ensure that both these events take place at a time and place that best suits you. If you do choose to participate, I will need to record the session so that I may accurately gather all the information needed for my research.

You will have the right to withdraw from the research at any point in time. You may also choose not to answer certain questions during the focus group or interview. Each session

and its conversations will be recorded and then typed up onto a file on my personal computer and all the gathered information/ transcriptions will be kept until after I have published an article. While I will use quotes from the focus groups and interviews, no names will be recorded in the data and any defining characteristics will be left out. While I cannot ensure anonymity in the focus groups I will ensure confidentiality in the interviews, reports and article.

If you do choose to participate in this study you will be asked to sign consent forms for both your participation and for the recording of the interview. After the research has taken place you are more than welcome to contact me or my supervisor and request to see the completed research.

If you are interested in taking part in this study please contact me on 083 687 0248 or e-mail me on jacky.h.mendes@gmail.com. Alternatively you can contact my supervisor Dr Brendon Barnes on 011 717-8333 or at brendon.barnes@wits.ac.za

Sincerely,

Jacky Mendes

Appendix 4



Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, WITS, 2050
Tel: (011) 717 4500 Fax: (011) 717 4559



"Exploring Talk and HIV among South African youth"

Informed Consent Form

Participant

I _____, have read the above letter and understand that I am volunteering for this research. I also understand that there will be no reward or payment for my participation and I may withdraw from the research at any point if I so choose or choose not to answer any questions, without negative consequences. I am also aware that two hours of my time (over two separate days) will be asked of me so that I can take part in a focus group discussion and interview.

I understand that all my responses will be confidential however I know that the researcher cannot guarantee anonymity because of the nature of the focus group discussions.

Furthermore, I am aware that quotes from the focus group discussion and/or interview may be used in the research and may be published in an article. However all quotes will be anonymous and will contain no defining characteristics.

I hereby consent to take part in this study.

Signature:_____

Date:_____

Appendix 5

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, WITS, 2050
Tel: (011) 717 4500 Fax: (011) 717 4559

"Exploring Talk and HIV among South African youth"

Permission to record the interviews

Participant

I_____ have read the information with regards to this study and I am aware that I am in no way forced to consent for the interview to be taped. I also understand that the information given during the focus group discussions and interviews will be confidential and recordings will be safe guarded and for a period of time so as to allow for the publication of scholarly articles.

Anonymous quotes from the focus group discussion may be included in the research report or other scholarly publications.

I hereby consent to being recorded during the interview.

Signature:_____

Date:_____

Appendix 6

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, WITS, 2050
Tel: (011) 717 4500 Fax: (011) 717 4559

Hello

My name is Jacky Mendes and I am a student at the University of the Witwatersrand. As part of my Masters degree, I am conducting a research study on how youth understand HIV and the tools they use to discuss this topic.

The main aim of my study is to explore the way in which South African youth talk about race in the context of HIV and AIDS. This research is important because it is necessary to explore how youth perceive race in relation to HIV because this will help us to understand how these perceptions are formed, why they are present (if they are) and how they can be changed.

I would like to ask students from your school to participate in this study. Please note however that should you allow your students to participate in this research the name of the school as well as student's names will be kept strictly confidential and will only be known to me and my supervisor. The school's participation in this research will need to be voluntary and therefore neither the school nor the participants will receive payment. Furthermore, non-participation in this study will in no way have negative consequences for the school or the students.

If the students do choose to participate in this study they will be required to attend a one hour discussion group that will deal with issues around HIV and they may be invited to attend a one-on-one interview with me. The focus group and interviews will be held at times that are convenient for both the school and the pupils. Also, if they do consent to it, I would like to record the session so that I may accurately gather all the information needed for my research.

Students will be provided with information on this study by the researcher and they will be required to sign both a participation and recording consent form. They will have the right to withdraw from the research at any point in time and may also choose not to answer certain questions during the focus group or request that the recorder be switched off. Each session and its conversations will be recorded and then transcribed onto a file on my personal computer and all the gathered information/ transcriptions will be deleted after I have published a research article in a scholarly journal. The transcriptions and data will not be viewed by anyone other than myself and my supervisor and will therefore not be placed as an Appendix at the end of my study. Neither the name of the school nor the names of participants will be recorded on the data and each individual will be allowed to use a pseudonym during the focused group setting if they so choose. Quotes from the focus groups and interviews will be included in the final document but all identifying factors (of the school or the pupils) will be removed. After the research has taken place you are more than welcome to contact me or my supervisor and request to see the completed research.

If you have any queries or concerns please contact me on 083 687 0248 or alternatively e-mail me on jacky.h.mendes@hotmail.com.Alternatively you could contact my supervisor, Dr Brendon Barnes, on 011 717-8333 or at brendon.barnes@wits.ac.za

Sincerely,

Jacky Mendes

Appendix 7



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University of the Witwatersrand
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"Exploring Race Talk and HIV among South African youth**"**

Principal Permission

I _____, the principal of _____,

have read the above letter and understand that the school and pupils would be volunteering for this research programme of their own accord and the researcher will be responsible for informing the pupils of the research. I also understand that there will be no payment for the pupil's participation in the research or the schools participation. I am also aware that one or two hours of the pupils' time will be required after school (on two separate days) in order for them to participate in this research but this will be arranged at a time that suits the pupils as well as the school.

Furthermore, I am aware that quotes from the focus groups and interviews will be used in the report however the student's and school's names will be kept confidential and no identifying information will be included in the research report or future publications.

I hereby consent to allow the pupils of this school to take place in this research.

Signature: _____

Date:_____