SOCIAL REPRESENTATIONS OF AIDS: TOWARDS ENCOMPASSING ISSUES OF POWER

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Abstract: Dominant social representations concerning the origin and spread of AIDS have frequently contained allusions to 'risk groups'. This paper focuses on the social psychological consequences of these allusions for members of one of the 'risk groups': gay men. As part of a wider study, depth interviews were conducted with a sample of British and South African gay men, a number of whom had HIV/AIDS. They were prompted to talk about where HIV/AIDS originated, how it spreads and which groups are worst affected by it in their own country. The representations contained in the mass mediated AIDS campaigns were examined in parallel to the analysis of lay thinking. Many of the gay men echoed the 'you get what you deserve' ethos which circulated in their social world, blaming their in-group and themselves for AIDS. However evidence of a spoiled identity was accompanied by signs that mechanisms which were being used (consciously and unconsciously) to manage this identity. These mechanisms ranged from active group empowerment, to idealisation and externalisation of AIDS. These inter-related mechanisms can be recast as forms of resistance to dominant social representations of AIDS. This paper aims to highlight the importance of power in the formation of dominant versus resistant social representations, since it has been under-represented in the literature to date.

One of the most intriguing aspects of the AIDS crisis is the direct link that has been made between AIDS and homosexuality. In drawing an equation between the two phenomena, HIV, the virus that causes AIDS, is often overlooked. This is exemplified in Herek and Capitano's (1993) finding that 46.2% of a random sample of Americans believe that two homosexual men, neither of whom are infected with HIV, can transmit AIDS to one another during sexual intercourse. Homosexual acts are seen to *create* AIDS, even when practised between two HIV negative partners.

Homosexual male identity has been indicted in the spread and genesis of AIDS. Institutions including science and the mass media have been centrally involved in this indictment. When American medics isolated the syndrome that was later called AIDS (in five American gay men), in 1981, they termed the syndrome Gay Related Immune

Deficiency, officially placing the name of an out-group in the name of the syndrome. In the mass media's attempt to turn the medical finding into interesting, catchy, media material, they drew on social representations of plague and linked the plague to out-groups as had occurred historically. In the circulation of the new, abstract phenomenon between the Western medical, media and lay worlds, it came to be anchored and objectified not just in plague imagery but in a plague which afflicted only foreign identities: principally - the 'gay plague'.

From the start AIDS has been rendered controllable by social representations that limit it to identities, to risk groups, rather than to behaviours practised by anyone. Such representations render the world controllable by locating mass threats and thereby circumscribing them, allowing those who do not hold blamed identities to distance themselves from the threat (Joffe, 1994). Those responsible for public health, as well as the gay movement, internationally, have made an attempt to foil this assumption, by communicating that everyone who practises certain behaviours is at risk. Yet the central core of the representation of mass, incurable illness prohibits absorption of this message. With remarkable resilience through history, this core has linked such illness to out-groups.

The blaming of certain groups for AIDS leaves those who blame feeling protected and safe. Paradoxically, the projection of blame onto the 'other' renders those who blame more vulnerable to the virus because they feel no need to take precautions against it. What are the consequences of the 'otherisation' of AIDS for those who are indeed members of groups which are construed as 'other'? This paper focuses on the consequences of AIDS-related blame for members of one group construed as 'other': gay men.

Social representations which link AIDS with gay men serve a defensive function. The very act of social representation formation is defensive (Kaes, 1984) since it anchors a social object in a familiar guise, thereby protecting the thinker from the potentially threatening 'shock of the new'. However a social representation which links AIDS with gay men would not be experienced as protective by gay men themselves. Consequently, the question arises concerning whether gay men hold different social representations to those commonly held in the society, social representations which successfully protect their identities, distancing them from the threat too. Alternatively, they may adhere to the dominant social representations, with deleterious consequences to their effort to maintain a positive group and individual identity. They may, indeed, combine the two patterns of representation.

A number of psycho-social theories shed light upon the consequences of blame, for the blamed. Tajfel's (1981, 1982) social identity theory, in particular, indicates that when the status of a group is undermined by ideas which circulate in the broader society, its members might adopt an out-group bias rather than the usual bias towards the protection of the positive identity of the in-group. This maps onto Allport's (1954) earlier notion that despite a resilience to thinking ill of oneself, victims of prejudice cannot help but be affected by the constant exposure to 'high consensus stereotypes' concerning their inferiority. Goffman (1963) offers a phenomenological explanation of the consequences of stigma for the stigmatised. He talks of stigmatised people undergoing 'identity ambivalence' since they are embedded in the wider norms of the society, norms which view their group as deviant. Identification with fellow stigmatised

group members binds the stigmatised to a deviant identity which is seen as offensive and repellent in the broader society. They become ashamed of this identity and thereby gain a 'spoiled identity'.

While it may be expected that aspects of the stigmatised group's identity are spoiled, it is important to stress that groups associated with stigmatised conditions are not purely victims of the social representations which circulate. Tajfel lays out conscious forms of resistance which out-groups may adopt, among them redefining the previously negatively viewed characteristics in a positive light, as seen in the 'Black is Beautiful' movement. Inspired by the political consequences of this movement, the 'Gay Pride' movement provides a more recent manifestations of such a redefinition. Indeed, membership of a broader community of people who are subject to the same stigma may protect the positive self-esteem of a community member (eg. Rosenberg, 1979). In keeping with the notion of minority influence, political empowerment is an important way in which a minority group can impact upon dominant social representations. Yet it is not only through empowerment that members of stigmatised groups can raise their self-esteem and their positive profile in the community at large. Jones *et al.* (1984) point out that drawing attention to the stigma can take the form of idealising the stigmatised condition. At a group level this manifests in the equation of blackness with beauty, or gayness with pride. On a more individual level, stigma can galvanise the stigmatised into experiencing life in a more noble, spiritual or meaningful way. The search for a 'silver lining' is a common response to avoid the despair of affliction. It certainly manifests as a form of resistance to stigma. Foucault (1976/1990) suggests a further way in which a threat to the status of one's self or in-group can be experienced as empowering. He talks of the pleasure that those who are stigmatised for their sexuality gain from making a travesty of the dominant discourses. The more institutional laws oppress a group, the greater the pleasure group members find in the power of making a travesty of the laws. Power rests not only with mainstream institutional discourses but with those who have the ability to scandalise, to resist such discourses. Potential for change in the relationship between the mainstream and the marginalised lies in resistance. It is in the context of the potential for resistance to the preferred meanings emanating from various institutions, that the exploration of the social representations held by members of a stigmatised group will proceed.

METHODOLOGY

Empirical data will be used to develop a composite picture of the applicability of these theoretical ideas to expressed social representations. From a wider study of social representations of AIDS, this paper focuses on depth interviews conducted with 20 gay men between 1990 and 1992. Half of the men were British and half South African. Sixty percent of the men, in both samples, were white. A third of the men were HIV positive or had AIDS. It was important that more than one culture be sampled. The representations of British gay men, who are viewed as highly empowered (eg. see Watney 1992), were considered in parallel with those of South African gay men, a group embedded in a conservative and moralistic culture. Furthermore, South African gay identity contains the fragmentary, non-unified nature of the Apartheid-embedded parent

culture (Isaacs and McKendrick, 1992). As part of a wider set of prompts, the men were requested to talk about:

– Where HIV/AIDS originated;
– How HIV/AIDS spreads;
– Which group/s may be worst affected by AIDS in their country.

Any study of social representations requires contextualisation within the institutional discourses which establish the terms of the debate from which social representations draw. In aiming to give salience to the social context of representation, such a study resists the tendency to atomise specific variables as well as to look for causal laws which lie solely within the individual psyche.

Mass mediated AIDS campaigns represent a central official position on AIDS to the masses. Such campaigns react to existing discourses, discourses which government bodies see as deleterious to the health of their target audiences. They are not only reactive but also set the terms of future discourses. An overview of the central messages which the campaigns intended to emit, from their inception to the time when the gay men were interviewed, provides a backdrop against which the representations of the men can be viewed. Interviews with AIDS policy makers, parliamentary reports concerning AIDS and the campaigns themselves are used to discern this intention (see Joffe (under review)).

The mass mediated AIDS campaigns in both Britain and South Africa were born against a backdrop of pressures on the respective governments to make the 'general population' aware of its risk of HIV infection. They were intended to counter the link which science, and then the mass media, had made between AIDS and 'Gay Related Immune Deficiency' or 'gay plague' internationally.

A central aim of the British Campaign was to foster individual responsibility for contracting HIV. This is explicit in the parliamentary statement of the Secretary of State at that time which calls for a *"change in people's behaviour, everybody taking responsibility for his own actions"* (House of Commons Official Report, 1986:804). The logos of the British Government sponsored AIDS campaigns which were first issued in 1986 advocated a powerful message concerning individuals' responsibility for their own actions. The five successive logos, running from 1986 until 1989, were: 'DON'T AID AIDS'; 'DON'T DIE OF IGNORANCE'; 'YOU KNOW THE RISKS THE DECISIONS IS YOURS'; 'YOU'RE AS SAFE AS YOU WANT TO BE'; 'CHOOSE SAFER SEX'. Once responsibility for contracting HIV had been placed in the hands of individuals, those who contracted it could be held responsible for doing so, and therefore blamed. In fact a study conducted on a representative sample of Britons before the early campaign and then repeated one year into the campaign, found an "increase in feelings that AIDS sufferers 'only have themselves to blame'" (Department of Health and Social Security, 1987:19). The proportion of British people who saw AIDS as a reflection of low moral standards also increased after the screening of the first AIDS campaign (Clift and Stears, 1988). Along with various other institutional discourses which advocate a 'you get what you deserve' ethos, the Government campaigns may have fostered a climate of moralising and blaming. When applied more specifically to AIDS, this ethos has its roots in a religious doctrine that equates illness with punishment for sinful behaviour.

The intention of those who devised the mass mediated British AIDS campaign was to increasingly remove its focus from identity to behaviour. This can be demonstrated by

way of the shifts which occurred in the text. Whereas the text of one of the early campaigns headed by the 'DON'T DIE OF IGNORANCE' logo read: "At the moment the infection is mainly confined to relatively small groups of people in this country. But the virus is spreading", this theme of leakage from 'small groups' to others is downplayed in all subsequent campaigns. AIDS is democratised, giving it potential to affect equally all individuals who act 'irresponsibly'. As a consequence of pressure from Gay groups on the Government, coupled with fears in medical circles that stigma and blame were producing feelings of immunity in the 'general public', the campaign undoubtedly intended to diminish the stigma and blame levelled at the 'risk groups'. Yet, as the studies cited above show, it produced the opposite effect. Such effects relate both to the power of the 'you get what you deserve' ethos, as well as to the fact that certain identities have been anchored to deviance throughout history, and since this is functional in terms of providing a common morality to the rest of the community, the anchor requires a powerful weight to shift it.

In broad outline, the central goal of the South African campaign was similar to that of the British campaign. It aimed to instil an ethos of individual responsibility in the population. In the early phase there was a distinct lack of government responsibility for the containment of the epidemic. This reflects the lack of a welfare system in the history of South Africa, as well as a representation which linked AIDS to 'others'. In an interview concerning AIDS campaigns, a key South African AIDS policy-maker (Personal communication, 1989) states: *"I never understand why everybody points a finger at the Government, when they themselves do nothing to curb this disease. If everybody just lead a normal life, a non-promiscuous life, then the Government wouldn't need to put anything into it"*. Since people do not conform to his notion of the 'normal life', he proposes that: *"You have to educate them not to sleep around"*. A Government official (Personal communication, 1989) corroborates this: *"We feel that this [AIDS] is the responsibility of the community"*.

The first South African Government-sponsored AIDS poster, issued in 1988, contained both moralistic and individual responsibility messages: "PREVENT AIDS. DO NOT SLEEP AROUND. ONE-PARTNER RELATIONSHIPS ARE SAFE. IF IN DOUBT USE A CONDOM". A differentiation was made between salubrious and, by implication, responsible, sexual partners and insalubrious sexual partners: If you are 'in doubt' about your partner, use a condom. Only practices which take place outside of the 'one partner relationship' allow AIDS to spread. Whilst this text was common to both the white and black-targeted versions of this poster, it is important to note that differential targeting occurred, and that the visual image of the black-targeted poster was far more fearsome than that contained in the white-targeted version. The black population were regarded as a 'risk group'.

Prior to the pronouncement of the official end of Apartheid those who devised the campaigns did not consult members of 'risk groups' - no black or gay people were to be found among those who forged the campaign. South African lay thinking took place against an institutional backdrop in which only the dominant voice was allowed expression. This voice seems to have successfully linked the 'you get what you deserve' ethos to AIDS. In a large scale South African survey (The McCann Group, 1988) 28% of English-speaking South Africans, 42% of Afrikaans-speakers, and 38% of black people agreed with the statement: 'Anyone who catches AIDS has only themselves to

blame'. Fifty six per cent of the English speakers, 72% of the Afrikaans speakers, and 71% of the black people agreed with the statement: 'If everyone acts responsibly AIDS will be kept under control'. Twenty eight per cent of English-speaking South Africans, 50% of Afrikaans-speakers, and 50% of the black people agreed with the statement: 'If people are informed, then catch AIDS, I won't feel sorry for them'. These statements assume that individuals have control over their destinies and are therefore blameworthy for the outcomes which befall them. Like the findings in the British context, the survey indicates that South Africans were more inclined to blame people for contracting HIV after the screening of the first government mass media campaign than they were beforehand.

LAY FINDINGS

A complex web of representations manifests when members of one of the groups seen to be the major 'sufferers' and spreaders of AIDS are asked to talk about its origin and spread, as well as their own susceptibility to it. These representations must be seen in the light of the wider institutional discourses within which they are forged. The brief empirical examination of such discourses which has been presented above forms a backdrop against which one can judge whether lay representations echo, defend against and/or resist wider institutional discourses. Hall's (1980) typology concerning the way in which lay people interact with media messages provides a useful way of categorising lay thinking: In the 'dominant-hegemonic position' the lay person decodes the message in terms of the meanings with which the message has been encoded. In the 'negotiated position' the lay person reserves the right to oppose certain elements of the meanings which exist in the encoded message. In the 'oppositional position' the lay person understands the nature of the meanings that are being encoded but opposes them or sees them in a different way to that intended by the message. This interaction of institutional discourses and lay representations is not one of cause and effect. Rather, meanings which circulate in institutions such as the mass media and in lay thinking are expected to echo one another, to a certain degree. Dominant external voices are expected to have an impact on the voices of the gay men.

SPOILED IDENTITY

Responses to questions concerning the spread of AIDS reveal that gay identity and AIDS have become interlinked in the psyches of at least some gay men, with over half of the sample indicating this. This link makes them believe that contracting HIV is inevitable, whatever their behaviour:

"Actually I read in a magazine, a Sunday magazine when it [AIDS] first came over here. That's when I had my first gay relationship, just after that, so I really thought I had AIDS...I thought 'I'm going to have an AIDS test'. And I did. I was only young. I was fifteen...When they showed me the results and said 'Look, it's negative' I still didn't believe it because I felt ill with stress. I was psychologically believing I had the disease...
Interviewer: And had you had any unsafe sexual experience at that time...?
Respondent: No, I didn't, I didn't have any unsafe sex at all" *(British gay man)*.

"I was afraid because AIDS was mentioned to be a disease for gay people, so I thought maybe it could attack me" *(South African gay man)*.

The British man's disbelief concerning his negative HIV test results indicates that he expects to acquire AIDS on account of his identity, rather than his practices: he has never practised unsafe sex. The South African man implies this too. Perhaps as a consequence of linking their identity to AIDS, homosexual men begin to view themselves in a highly negative manner, emerging with what Goffman termed the 'spoiled identity':

> "I was ashamed [when I heard about AIDS] because I wasn't open about my sexuality. I didn't want to bring any, I didn't want to get into a sphere where I was talking about something that was related to people being gay...I didn't talk about it, I didn't want to know what it was about because I had a stigma attached to it and I was trying to get away from that stigma, that gay stigma" *(British gay man)*.

> "I am gay myself, but gay people are so damned disgusting. Um, you've got, I mean, let's not beat about the bush here... the element is so strong whereby now we are living in an age whereby a man will approach a man in broad daylight...there's a lot of deviant behaviour going on and that's, I'm not saying it's wrong, but I, it's certainly deviant, you know" *(British gay man)*.

> "When they told me I was infected with HIV it was a relief because I think in the back of every gay guy's mind, they all think they are positive. You don't know. We haven't been angels. We have slept with lots of people and you always think that you could be infected. When I was told that I was HIV positive...for the first time in my life I felt guilty about being homosexual, I have never ever had that issue of feeling guilty because I am gay, but at that time I felt immense guilt. And you know why? Because society was pointing a finger at me" *(South African gay man, HIV positive)*.

Where once those who sought sexual conquests were regarded with sanction and support in the gay community, these extracts reveal moral censure by fellow gay men. There is evidence of a desire to conceal that which might stigmatise one, in an effort to allay the threat of censure. The accounts also indicate that identity and practises cannot be separated out. These men's 'spoiled identity' is linked not only to the mere fact of being gay, but to their representation of what gay men do. The link between AIDS, gay men and God's punishment contributes to a spoiled identity:

> "On some unconscious level the sort of idea of AIDS being punishment for gay people might have permeated my brain" *(British gay man)*.

> "I had a test in January, and I sort of psyched myself, and I had a test and I was negative, thank God, and I put it down to, it's not that God was fair, he just didn't want me basically, just didn't want to know. He like, you know, 'there's no room for this one here'" *(British gay man)*.

These extracts bring to light the issue of how voices that circulate within society's institutions become internalised. The notion that we echo, in our talk, that which we hear, is vividly illustrated. As indicated at the beginning of the paper, many American lay thinkers view sex between two gay men as potentially AIDS generating, and British and South African studies indicate a similar trend. Vass (1986) found that 44% of a British sample felt that homosexuality itself was the cause of AIDS, and in a study of South African health care professionals (Schlebusch *et al.*, 1991) 19% agreed with the statement 'Homosexuality causes AIDS'. Many gay men concur. Gay men absorb society's judgement of the unnaturalness and punishment-evoking nature of their acts. However, this view co-exists with resistance - sometimes within the same person. Blame, stigma and a consequent spoiled identity are not fixed and uncontested. On the contrary, they are marked by unconscious and conscious forms of resistance. Spoiled identity is managed in at least three ways in the talk of the respondents in this study.

MANAGING SPOILED IDENTITY: IDEALISATION

Spoiled identity is resisted when people with HIV and those with AIDS cast their condition in an idealised light. They subvert the representation of 'AIDS as punishment' to one in which 'AIDS is a gift from God'. This phenomenon can be understood in terms of the workings of the unconscious. In the face of an extremely serious illness, which is accompanied by immense social stigma, most of people with HIV/AIDS in the sample paint a highly positive vision of their condition. This may be viewed as idealisation - the attempt to hold onto a good, perfect world at a time when one's world feels unhinged:

> "Being told I was [HIV positive] has changed my life for the better, and it has been a, I know I can honestly say categorically, it has been a wonderful gift for me. I am not saying that's right for everybody because I am very aware that there's lots of people out there that might be aghast at someone coming out with a statement like that, but all I am saying, for me it has been a gift, and I have made it a wonderful gift, and it has enhanced my...I am not into any orthodox form of religion, but what has, what it has really got me in touch with is the power of love and being loved and being connected to love and just life and spirit really" *(British gay man, HIV positive).*

> "People used to say to Paul 'Do you think this is a punishment from God?' He said 'Definitely not a punishment, it's a gift from god'. If we have to take it in a religious aspect, yes, maybe it is a gift from God, because it brings you back to more reality, more, not sober, [but] more natural person. It brings you back to earth" *(South African gay man, with AIDS).*

Of course this conversion of what are widely seen as negative circumstances into positive ones is common to many other chronic illnesses and the imminence of death often heightens the enjoyment and valuing of life. In addition, Jones *et al.* (1984) suggest that there is a tendency among stigmatised people to cultivate the spiritual self, thereby providing distance from the physical or material self. It is therefore necessary to suggest only tentatively the operation of idealisation, though this is not incompatible with explanations which emphasise the valuing of life or the shift to a spiritual focus. It is also corroborated by clinical work on AIDS (eg. see Hilderbrand, 1992).

MANAGING SPOILED IDENTITY: EXTERNALISATION OF THE THREAT

Blame for the origin and spread of AIDS is often externalised by the gay men in this study. Farmer (1992) claims that groups who have been blamed for AIDS by the wider culture are suggestible to conspiracy theories of its origin and spread. Half of the Britons in this sample adhere to such theories, yet only one South African hints at such ideas. This can be cast in terms of a mechanism of resistance to an internalised, spoiled identity.

> "I think it [AIDS] could possibly be chemical warfare...I have read wee snippets in publications where the CIA have been linked, and let's be realistic here. You know, it could well be, you know, if you want to eradicate a species from the world or a minority, or a category from the world, whether it be insects or whatever, you go for their reproductive system, don't you, something where it was going to be contact, or intimate contact...it would certainly possibly be the gay community" *(British gay man, HIV positive).*

Farmer found that conspiracy theories have received regular attention in the gay press of North America and of Europe and in the developing world. AIDS is believed to have been manufactured in a research laboratory - often by the CIA or the FBI - for the purpose of genetic engineering or biological warfare. So precisely those who have been

accused of introducing HIV/AIDS to the Western world have been the chief purveyors of conspiracy theories. Farmer views such theories as a rhetorical defence of powerless groups, carrying less weight than dominant theories, such as those which link AIDS to a gay 'other'. From the perspective of the theory of social representations, his work can be used to shed light on the fact that all representations are not equal in terms of the weight which they carry in mainstream thinking. Representations cannot be seen in a relativist manner: democracy does not exist in this field. Differing groups hold different social representations but they do not compete equally. Certain representations are perpetuated through history and dominate the shared assumptions of the culture.

Even if the projection of 'badness' into an external conspirator does not radically change dominant social representations of AIDS, it has the potential to chip away at their core. This potential is absent if no counter-theories are given airing, as in the South African sample. The lack of such lay theories may be related to the fact that conspiracy theories had not, as yet, entered the South African media at the time when the interviews were conducted. The social context in which lay thinking occurred did not provide cues to the taking up of such theories. In parallel to this, the South African gay minority may have had little recourse to counter-theories since it did not experience sufficient power to summon resistance to dominant representation of AIDS.

Managing Spoiled Identity: Empowerment

Whilst the two former methods of resistance contain an unconscious element, empowerment is a conscious strategy, one used by various oppressed groups in order to effect unification at a time of threatened group identity. In order for unification and consequent empowerment to arise, members of the oppressed group need to acknowledge their group identity, and need to have a history of unity prior to the onset of the crisis.

In the 1970s many British homosexual people organised themselves into various gay rights movements, created a gay press, and were instrumental in abolishing repressive sexual legislation. The Terence Higgins Trust, formed by gay people in 1983 in Britain, had the explicit aim of influencing national policy on AIDS. It instigated the fight against the spread of HIV, disseminating information and setting up help-lines prior to Government initiatives. The sufferers of the AIDS 'plague' had a voice. They used this voice in a number of ways, one of which was to create awareness of the deleterious social representations of AIDS which were circulating. This reflexivity is exhibited in the discourse of a small number of the British respondents:

> "Most of the source theories seem to be about blame...I suppose like past sexually transmitted diseases, epidemics, until there's a cure there's hysteria...I think it's a panic. Racism and I am afraid all sorts of things come flooding in because people can't cope with it in any other way" *(British gay man).*

A further aspect of the politicised British gay voice is the association of AIDS prevention with 'safer sex' rather than with issues of individual responsibility, as occurs in the dominant representations. In addition, 'safer sex' has been associated with practices which mainstream society has, historically, deemed unnatural, such as sado-masochism and masturbation. This is in line with the Tajfelian mechanism of recasting a negative judgement, in this case concerning gay 'perversity', in a positive, erotic way.

There is also a conscious attempt to scandalise, to resist mainstream norms, in line with the Foucauldian notion of power. Whilst very similar threads of gay organisation exist in South Africa, often taking their cue from the British movement, the Isaacs and McKendrick notion of the Apartheid legacy leaving a fragmented gay identity seem evident. This has left the movement far less powerful, both in numbers and in its capacity to impose its voice on AIDS campaigns.

DISCUSSION

Dominant social representations which link AIDS to gay identity and practises provide a conceptualisation, they sustain a common sense which is central to the creation of spoiled identity in gay men. If it is accepted that dominant social representations reflect meanings or ideologies that are functional and self-reproducing, those whose practises are counter-ideological must view themselves as abnormal, allowing the status quo to run its course without challenge. Certain values are enshrined by self-blame among blamed group. By viewing AIDS as an affliction of deviant others, mainstream society remains unthreatened. By distancing itself from and demonising those whom the disease infects, mainstream society distances itself from fears of death and dissolution. So 'otherisation' and the resulting spoiled identity among the 'others' survives at the core of social representations of mass, incurable illness not just because of the anchoring process but because it has an ongoing system-justifying function, allowing mainstream society to view its practises as good and natural.

Yet forms of conscious and unconscious resistance to dominant social representations co-exist with, and ultimately modify, these representations. The British gay movement's AIDS campaign messages which eroticise safer sex have spilled over into mainstream AIDS campaigns, facilitating the demise of the 'you are responsible for contracting AIDS' message. At the same time, concerted political resistance, on the part of gay men, may well have influenced the course of the epidemic. Watney (1992) suggests that conscious empowerment is a method of HIV/AIDS prevention. He claims that as a result of the active politicisation of gay men in Britain the prevalence of AIDS in this group is much lower than in the equivalent French group. As a result of 'Gay Pride' British gay men identify with and act upon the AIDS-related information which is targeted at them, in a way that men who have sex with men, without possessing a gay identity, may not. Empowerment not only provides protection against contracting HIV. It also enables people with HIV and AIDS to cope with the unfolding of their illness via a range of lifestyle-based changes.

Empowerment by way of group unity may also relate to the prevalence of conspiracy theories among British gay men. These theories not only locate blame for AIDS outside of the gay community but create a sense of a shared enemy, in much the same way as out-groups are the shared enemy of mainstream society. The conspiracy finding is useful in that it indicates that blame cannot be explained purely in terms of an internal psychic mechanism. The social process of group empowerment allows the direction of blame to be relocated by group members. Political power appears to be a central variable in certain forms of psychological resistance. Other forms of resistance, such as idealisation of a serious illness, may be less social in their origin. However, Jones *et al.* point out that conversion of a stigmatised condition into a positive or romantic sign may be more likely

when the stigmatised individual possesses other sources of power. This finding may provide a link between 'Gay Pride' and the idealisation of AIDS.

This paper highlights the importance of certain factors which are presently under-represented in the social representations literature. Primarily, it sheds light on the salience of the issues of power and of psychodynamic defence, in the formation and evolution of social representations. Social representation does not re-present messages which have circulated in the historical and contemporary milieus of the representor. It operates in terms of defence and resistance. It allows people from different social groups to cope with the challenge of maintaining a positive in-group and self identity. Yet its self-defensive function does battle with its social function, that of reproducing the existing relationship between normality and deviance. Perhaps when a stigmatised group has little empowerment the social function prevails, shaping 'spoiled identity' filled representations. When such a group is more empowered, the self-defensive function takes precedence, revealing social representations which resist the pressures towards disfiguring a positive self-identity.

Whether dominant social representations are resisted or not, the very notion of 'dominant' as opposed to 'resistant' representations indicates that the relativism of many strands of post-modern theorisation is to be avoided. Different groups hold different social representations of phenomena in the social world, but they position themselves in relation to the dominant social representations. Hall's continuum, which flows from the 'dominant-hegemonic' to the 'negotiated' position of interacting with media messages, applies to the circulation of social representations between science, the mass media and lay thinking.

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