How the general population reacts to AIDS is partly related to how it is depicted in the media. How it is portrayed in the media is a function of the stigma attached to the disease itself and to the people at highest risk in getting AIDS. What results is a socially constructed picture of illness and disease, morality and stigma, couched in a language which conceals meanings while creating new ones in their place. In other words, because of confounding concepts of morality and medicine, the media reports AIDS using language that perpetuates the stigma attached to it and to the people dying from it. As evidence of this process, this chapter investigates obituaries and their role in socially constructing meanings about AIDS.

INTRODUCTION

Just as homosexuality was becoming demedicalized—that is, no longer perceived as a medical illness but as an alternative set of natural behaviors—AIDS enters to reinforce the connection between disease and sexuality. As Conrad and Schneider (1980) argue, many forms of deviant behavior have been defined as immoral, sinful, or criminal. But as social conditions changed, so too did definitions about deviance. What formerly were labeled as moral weaknesses, eventually were talked about as illnesses or diseases. Medicine emerged as the agent of social control, not the church or police.

These changing definitions of deviance are "treated as products of a political process, as social constructions usually implemented and legitimated by powerful and influential interests and applied to relatively powerless and subordinate
groups” (Conrad and Schneider, 1980: 36). The medicalization of deviant behavior is clearly illustrated in the definitions imposed on sexuality (in particular, masturbation and homosexuality) throughout the nineteenth century, just as religious prohibitions were becoming less powerful agents of control.

But unlike other forms of variant behavior, homosexuality in the post-World War II years has been shedding its medical label. From the Kinsey studies in the late 1940s, through the rise of gay liberation and the changes in the diagnostic manuals used by the American Psychiatric Association, homosexual behavior has been in the process of becoming demedicalized and depathologized.

Still, a stigma remains to being gay and engaging in homosexual relations. Goffman (1963: 4), for example, discusses various types of stigma, in particular, stigma based on “blemishes of individual character” and stigma based on “abominations of the body—the various physical deformities.” Homosexuality is given as an example of the first kind. With the physical deformities attributed to AIDS, one can argue that it is an example of the second kind. Since two-thirds of American AIDS cases are homosexual or bisexual men, being diagnosed with AIDS is like taking on two stigmas in the public’s eye: a physical deformity and a defect in character. AIDS reintroduces medical labels and moral weaknesses to account for its high incidence among gay men. A similar argument could be made about the stigma attached to being an intravenous drug user.

What we are seeing, then, is the social construction of definitions and labels to explain a complex set of behaviors and characteristics often viewed as stigmatized. Conrad and Schneider (1980: 36) state the thesis succinctly:

Illness, like deviance, is a social construction based on social judgment of some condition in the world. Although based partly on current cultural conceptions of what constitutes disease, and (in Western societies) typically grounded in biophysiological phenomena, the social evaluative process of classifying some condition or event as a disease is central rather than peripheral to the concept of disease and illness. In this fundamental sense a disease designation is a moral judgment, for to define something as a disease or illness is to deem it undesirable.

To be designated a “person with AIDS” is to carry a double stigma: the disease itself and the possibility of being a gay man. In a medicalized era, these are both viewed as illnesses, and thereby moral weaknesses. As such, AIDS is seen as something brought on oneself due to poor character, bad judgment, and a sick life-style (see Sontag, 1978). Albert (1986a: 167) argues that the occurrence of AIDS overlays “an undisputed illness on a highly disputed behavior that carries with it three judgmental options: alternative lifestyle, illness, or deviance. AIDS presents a situation in which the physiological problem occasions the reaffirmation of one of these already-held conceptions concerning the nature of homosexuality.”

Constructing AIDS in these terms, thus, leads to the concealment of it by many in everyday life. To publicly acknowledge it is to take on dual stigmatized 

labels that signal the “out” as a person who either is/does not involve identity and allegiance to the self and/or others. For AIDS, this is the case regarding the media portrayal of the condition. The AIDS epidemic has been characterized as an oppositional culture (Helgeson, 1984).

THE MEDIA

How people respond to a crisis, whether a natural or human-made disaster, as well as how they view the changes associated with it, provides the context in which their responses are constructed and subsequently shared experience. The AIDS epidemic has been characterized as an oppositional culture (Helgeson, 1984).

Albert (1986a: 167) argued that confusion arises from the media coverage of the AIDS epidemic. The intravenous drug user and the gay male life-styles, and AIDS in general, have been involved from the beginning. However, as college student who is a gay male, one cannot but wonder how one risk belongs and is stigmatized with AIDS stigma construction.

As the second part of the thesis, one need only ask oneself, “What is the basis, in which it is possible to know and to be experienced as an AIDS shine?”

Thus, one can see that the media and social constructions influence the disease dissemination, and that AIDS helps explain an AIDS crisis by means of it. In the end, to distance oneself from the disease, one must perceptually and culturally reframe the identification of AIDS. To identify oneself with a new label (gay, intravenous drug user, etc.) signifies the AIDS epidemic.
labels that risk exposure as a weak and sick person in the public's mind. "Coming out" as a person with AIDS is not unlike "coming out" as a gay person: both involve identity issues, labeling, and the reconstruction of interaction with others. For many, these risks are too much, even after death, as illustrated by the media problem of reporting obituaries.

**THE MEDIA AND AIDS**

How people construct and interpret reality is related to language. Language provides the categories and ordered meanings for experiencing the world around us, or as Berger and Luckmann (1966:68) state it: "Language objectivates the shared experiences and makes them available to all within the linguistic community... Language provides the means for objectifying new experiences." Such is the case with AIDS as it increasingly affects our social institutions and the language we use to deal with the changes in society. This is especially true when stigmas are involved, as evidenced by the language and methods used by the media in dealing with the AIDS epidemic.

Albert (1986a: 167) says that, "The media portrayals of AIDS reflect the confusion and ambiguity experienced by the society at large." He found that media coverage tended to reaffirm the stigmatized status of those at high risk: intravenous drug users and, especially, gay men. Reports emphasized deviant life-styles, thereby establishing a distinction between those who were not involved from those who brought the disease upon themselves (Albert, 1986b). However, as the media begin to associate the disease with other groups (such as college students, children, and heterosexuals), "the stigma attached to it cannot but diminish to the degree that those who we perceive to be at significant risk belong increasingly to socially valued groups" (Albert, 1987: 39). Yet, the stigma continues to hold. Albert (1987: 39) states:

As the second largest cause of death among young adults (rapidly becoming the largest) one need only to read the obituaries of persons who die prematurely to note the ways in which its name is often avoided. Instead of AIDS, pneumonia, meningitis, or other illnesses not usually found in the young are cited as the cause of death.

Thus, obituaries provide an excellent source for illustrating the thesis of the social construction of reality through language. In the context of a stigmatized disease disproportionately affecting stigmatized groups, the language used to explain early deaths among young men reconstructs the causes in an attempt to distance the deceased person from the disease and the risk group, thereby perpetuating those very stigmas. However, as more and more people learn to decode the language, the obituaries ironically have the opposite effect of actually signaling AIDS as the real cause.
OBITUARIES AND AIDS

For the past several years, journalists have called some attention to the dilemma of reporting AIDS deaths. David Sanford (1985), in an article appearing in the August 29, 1985, issue of the Wall Street Journal, discusses the increase of death notices in the New York Times of young men in New York either not mentioning a cause or providing some telltale clue:

the death of any young man is suspect, the unmarried man particularly. If the young man is said to have died of pneumonia, lymphoma, leukemia, meningitis, or "a long illness" that he fought bravely, courageously or valiantly, the AIDS hypothesis is strengthened.

Similarly, Alexis Jetter (1986), writing in the July/August 1986 issue of the Columbia Journalism Review, says that many people have learned how to read between the lines by looking for the diseases most associated with AIDS as a clue. Failure to specify the cause of death as AIDS is due to the stigma of the disease as much as it is due to the person's gay identity, Jetter feels. Jetter (1986: 16) reports that "the stigma of having lost a lover or family member to AIDS may loom larger than fear of having that person exposed as a homosexual. One family threatened to sue the Philadelphia Daily News, not for writing an obit eulogizing their son as a prominent member of the gay community, but for saying that he died of AIDS."

Certainly, some of the language used in obituaries is a result of family members not providing the information and of the reluctance of newspapers to investigate the story with the same fervor they do other stories. But this only further illustrates the negative images associated with the disease and the groups at highest risk. By not reporting the actual cause as AIDS, the families and the euphemistic obituaries perpetuate the stigma and the sense of otherness associated with the disease and the gay subculture. Nancy Spiller, in the Los Angeles Herald Examiner of August 24, 1986, writes: "Despite extensive media coverage, AIDS is an invisible epidemic. The widespread public fear of acquired immune deficiency syndrome has forced many of its victims to silence. They must deny the tragic truth to their last breath because AIDS patients have become the untouchables of our age."

One of the key issues raised by obituary reporting is personal privacy versus journalistic ethics. David Shaw (1986) asks in a September 3, 1986, article in the Los Angeles Times, "Should a newspaper mention AIDS as a cause of death if AIDS can be proved or is openly acknowledged...? Should a newspaper mention AIDS if it is only widely believed but neither acknowledged nor proved?" Unlike other diseases which often went unreported in earlier generations (such as tuberculosis or cancer), AIDS raises questions of both medical and sexual ethics. The deaths of fashion designer Perry Ellis, entertainer Liberace, and lawyer Roy Cohn brought many of these questions to the surface as
newspapers and magazines had to decide whether to report AIDS as the underlying cause of death when information came either from reliable sources or rumor. The dilemmas faced by the media in these and other less famous cases draw attention to the continuing stigma attached both to the disease and to homosexuality.

In addition to questions of ethics and privacy, AIDS deaths raise the issue of state laws governing death certificates. According to an article in the February 23, 1987, issue of Newsweek, “Death certificates are an important AIDS information source, but their effectiveness varies from state to state, depending in part on laws governing public access to the documents” (“Counting,” 1987). In California, anyone can see a death certificate, so it is estimated that approximately 17 to 20 percent of AIDS deaths go unreported as such. In New York, where death certificates are confidential and the incentive to cover up the cause of death is small, about 12 percent of AIDS deaths are concealed (“Counting,” 1987). The article goes on to state that the Centers for Disease Control claim 10 percent under-reporting, primarily because most states require doctors to report AIDS deaths in confidence even if not listed on death certificates. While these explanations can account for some of the obituaries failing to mention AIDS, the point still holds: the stigma attached to the disease and to the at-risk groups results in a reconstruction of the language used to report on it in the media.

METHODOLOGY

To illustrate this thesis, a content analysis of the trade newspaper Variety was conducted. Variety is the “bible” of the entertainment industry encompassing film, theater, television, radio, music, advertising, public relations, and allied fields. It is published in daily and weekly editions. Articles in the popular press repeatedly report the higher than usual incidence of AIDS in the entertainment fields. Variety also is one of a few papers that has an extensive obituary section. Most newspapers tend to report only the deaths of elites and other famous people. Variety’s obituaries include not only the famous, but also those known only to insiders in the business and those less known even by insiders, such as the more anonymous set builders or relatives of entertainment people. As a result, it provides a larger than normal sample of death notices than most other media.

Three years of the weekly edition of Variety were sampled by selecting the second issue of each month during the years 1980, 1984, and 1986. In order to get a baseline of information, 1980 was chosen since it was the last year before the first cases of AIDS were discovered. The two other selected periods represent the years before and after the news of Rock Hudson’s battle with AIDS made the topic more widely discussed in the media.

For each issue, the number of obituaries for men whose age at death was listed was counted. Then, the obituaries for those men who died between the
ages of 18 and 50 were coded for cause of death and who survived the deceased. Those survived only by parents and/or siblings were defined as "single" while those who were survived by a wife and/or children were considered "married." This is, of course, a rough labeling, since not all those without children and wife are necessarily single or gay. Some might have been married in the past. Similarly, not all those who are married or have children are necessarily heterosexual.

The 18-to-50-age range was chosen because the majority of AIDS deaths occur in that age group. It should also be pointed out that not all deaths among "single" men in the 18-to-50-age range attributed to cancer, pneumonia, or "long illness" are AIDS related. Furthermore, AIDS does not avoid married men, some of whom may be bisexual. Therefore, since there really is no way in knowing for sure which of the obituaries are covering up AIDS-related deaths, the figures presented here are only indirect and relative indicators of the extent of the social construction of obituaries.

What is important, however, is the overall increase between 1980, 1984, and 1986 in the percentage of death notices that report single people dying from AIDS-related diseases without specifying AIDS. The hypothesis is that as the national figures for AIDS deaths increased between 1980 and 1986, more obituaries reported cancer, pneumonia, and "lengthy illness" as causes of death among single men between the ages of 18 and 50, thereby indicating a continuing stigma attached to the disease even among a population more likely to tolerate variant life-styles.

THE FINDINGS

As Table 10.1 shows, there were 38 obituaries for men in the 18-to-50-age range in the twelve issues of Variety surveyed for the year 1980. Of these, 23 (60.5 percent) listed a wife and/or children as surviving the deceased and 9 (23.7 percent) reported only parents and/or siblings. In 1984, 16 of the 36 (44.4 percent) obituaries in the 18-to-50 age range mentioned wife and/or children, while in 1986, only 24.3 percent (9 out of 37 obituaries) did. The percentage
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Table 10.2
18- to 50-Year-old Males and Cause of Death Listed among “Single” Men

<table>
<thead>
<tr>
<th></th>
<th>1980</th>
<th>1984</th>
<th>1986</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>0</td>
<td>1 (7.7%)</td>
<td>5 (22.7%)</td>
</tr>
<tr>
<td>Cancer</td>
<td>1 (11.1%)</td>
<td>0</td>
<td>2 (9.1%)</td>
</tr>
<tr>
<td>Lengthy Illness</td>
<td>1 (11.1%)</td>
<td>3 (23.1%)</td>
<td>4 (18.2%)</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>0</td>
<td>0</td>
<td>3 (13.6%)</td>
</tr>
<tr>
<td><strong>SUBTOTAL:</strong></td>
<td>2 (22.2%)</td>
<td>4 (30.8%)</td>
<td>14 (63.6%)</td>
</tr>
<tr>
<td>Heart</td>
<td>1 (11.1%)</td>
<td>2 (15.4%)</td>
<td>1 (4.5%)</td>
</tr>
<tr>
<td>Other*</td>
<td>6 (66.7%)</td>
<td>7 (51.8%)</td>
<td>7 (31.8%)</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>9 (100%)</td>
<td>13 (100%)</td>
<td>22 (100%)</td>
</tr>
</tbody>
</table>

* "Other" includes accidents, suicides, and not specified.

In 1986, it includes one case of meningitis and two cases of liver disease.

...
Table 10.3
18- to 50-year-old Males and Cause of Death Listed among “Married” Men

<table>
<thead>
<tr>
<th></th>
<th>1980</th>
<th>1984</th>
<th>1986</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cancer</td>
<td>9 (39.1%)</td>
<td>3 (18.7%)</td>
<td>1 (11.1%)</td>
</tr>
<tr>
<td>Lengthy Illness</td>
<td>0</td>
<td>1 (6.3)</td>
<td>0</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

SUBTOTAL: 9 (39.1%)  4 (25.0%)  1 (11.1%)

<table>
<thead>
<tr>
<th></th>
<th>1980</th>
<th>1984</th>
<th>1986</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart</td>
<td>4 (17.4)</td>
<td>4 (25.0)</td>
<td>3 (33.3)</td>
</tr>
<tr>
<td>Other*</td>
<td>10 (43.5)</td>
<td>8 (50.0)</td>
<td>5 (55.6)</td>
</tr>
</tbody>
</table>

Total: 23 (100%)  16 (100%)  9 (100%)

* "Other" includes accidents, suicides, and not specified.

1986. It is also interesting to note that the mean age in 1986 of those dying from pneumonia is 37.6, from lengthy illnesses is 36.7, and from AIDS is 36.1.

On the other hand, among men whose obituaries listed a wife and/or children (see Table 10.3), the percentage of deaths due to pneumonia, cancer, or a lengthy illness, decreased from nine (39 percent) in 1980, to four (25 percent) in 1984, to one (11 percent) in 1986. None had AIDS listed as a cause of death. When comparing the total number of deaths between the “singles” and “marrieds” over the three years, the results are statistically significant (chi-square = 15.13, df=2, p<.01).

DISCUSSION AND CONCLUSION

Although the sample size is small within each year, the data suggest an increase in the percentage of deaths due to illnesses not typically associated with men in the 18-to-50-year-old age group. Since the percentage of “single” men dying from pneumonia, cancer, or a lengthy illness is substantially greater than “married” men in 1986, and since the mean age for those who died from pneumonia and a lengthy illness is similar to those who were listed as dying from AIDS, it is reasonable to conclude that many of these are really AIDS deaths concealed in the language of more “acceptable” diseases. Furthermore, it is customary for many newspapers (and a policy of Variety) not to report any male lovers as survivors. When they are mentioned, they are typically referred to in the concealing language of “long-time companion." Variety does not even use this language; not a single case was found of any hint of a surviving male lover. Not only, then, the public, but also the press may be ignorant of an alarming trend.

The obituaries of men who died of AIDS (see Table 10.3) in cases where they were not listed as having that illness, often stated that they died of "leukemia" or "aids". Yet, in most cases, these "illnesses" were listed as "AIDS: leukopenia," "AIDS: Pneumocystis," or "AIDS: cancer." The obituaries of men who died in February 1986, however, suggest that they may have died from AIDS as a result of AIDS-related opportunistic infections. The obituary for an AIDS victim states: "As AIDS is currently defined, there is no specific medical cause of death. The symptoms and complications of AIDS make diagnosis complicated and often delayed...."

Although this is not an official definition, it is clear that AIDS is often reported as "leukopenia," "Pneumocystis," or "cancer," when the disease is clearly due to AIDS. Also, the obituaries of AIDS victims are often not reported as such, as the media is reluctant to use the word "AIDS."
only, then, is the stigma removed from the cause of death, but so is the stigma of an alternative gay life-style.

The decoding of obituaries also involves recognizing other phrases that reconstruct the real events. Newspapers typically use the phrase that someone died of cancer or pneumonia without attributing it to another person. However, in cases where there is a suspicion that someone did die of AIDS, newspapers often state it as follows: "his mother said he had cancer"; "a spokeswoman said he died of complications from pneumonia"; or "he died of encephalitis, said the director of [the company he founded]." All these quotations from actual obituaries appearing in the Los Angeles Times (April 20, 1987; August 22, 1987; February 11, 1988) indicate that the paper is not saying that the person actually died from a particular disease, only that the paper was given the information, leaving open the possibility that it could actually be from something else, such as AIDS. In each of the above cases, no indication was given that the person was married; their ages were, respectively, 49, 46, and 42 when they died; and only parents and/or siblings were listed as surviving.

Although more obituaries now include the word "AIDS" as a cause of death, this is in part due to the increasing number of people with AIDS. There is no indication, however, that the relative percentage of obituaries accurately reporting the cause of death has increased. Two recent examples typify the kinds of obituaries still appearing in newspapers. The following obituary from the Los Angeles Times (April 20, 1987) is a good example of the phrases used to reconstruct the stigmas: "A spokesman said he died . . . of pneumonia complicated by shigella, a parasitic disease that causes dysentery . . . . [A public relations director] said [the 39-year-old deceased man] contracted the disease during a trip." The New York Times (October 7, 1988) reported: "[the 57-year-old man] died of heart failure caused by a long respiratory illness, his family said . . . He is survived by three brothers . . . and two sisters." The usual codings are there, as in Variety, all working to redefine the meanings and to conceal the actual stigmatizing cause of death and stigmatizing life-style. In both cases, it was later confirmed (publicly in the former case, privately in the latter) that the men had indeed contracted AIDS and were gay.

As Albert (1986a: 175–76) concluded about his own research into media reporting of AIDS, "Although media coverage of AIDS does not appear, for the most part, to have been intentionally stigmatizing, it can, in fact, be seen to have approached the story in ways that have appeared to reaffirm the outcast status of at-risk groups, especially homosexual men." Given the associations of illness, disease, and homosexuality in the public's mind, and the assumptions of personal responsibility for disease and life-style, it is not unusual to see the media (and families) act in ways which reconstruct the language used to describe an event. It's just that in the case of AIDS, it results in the unfortunate perpetuation of just those stigmas and misinformed meanings which could result in misguided social policies and fear in the general population.
REFERENCES


