Media-Mediated AIDS

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Differences in Early Print Media Coverage of AIDS and Lyme Disease

Matthew P. McAllister and Uriel Kitron

ABSTRACT

This chapter compares print media coverage of two medical conditions that emerged during the 1980s as major health problems: acquired immune deficiency syndrome (AIDS) and Lyme disease. Differences in their coverage include the distribution of articles, the whimsical tone of Lyme disease language, and the more sympathetic portrayals of people associated with Lyme disease. These differences in news coverage may encourage different cultural meanings for those affected by the conditions.

Our understanding of illness involves more than just an understanding of physiological manifestations. As Kleinman, Eisenberg, and Good (1978) have noted, an illness is “the human experience of sickness” (p. 251), or “personal, interpersonal, and cultural reactions to disease or discomfort” (p. 252). Illness, then, is a cultural concept, involving socially constructed meaning: obviously, different illnesses have different cultural meanings. For very serious conditions, these sociocultural meanings often become so solidified, and so monolithically applied, that the illness may become a metaphor for specific, usually socially undesirable, values and characteristics (Sontag, 1979). Those
with certain serious conditions can be seen as exhibiting these various undesirable characteristics. The ill person may even be seen as responsible for the illness because of flawed character. As Sontag describes, “The tubercular could be an outlaw or a misfit; the cancer personality is regarded more simply, and with condescension, as one of life’s losers” (p. 55).

Logically, mass media may be central in the social construction of illness meaning. Research indicates that the mass media are the second most important source of medical information after physicians or clinics (cited in Greenberg, Freimuth, & Bratic, 1979). Print media are especially important as sources of medical information: one study found that newspapers and magazines were utilized more often than the electronic media for health information, and were especially sought out by those anxious about their own personal health (cited in Kreps, 1988).

Other factors besides frequency of media utilization would indicate that the media are important sources for constructing illness meanings for individuals. Previous interpretive and critical analyses of health print news have found that such news carries assumptions beyond the purely medical, such as implying causal and normative relationships between health and factors like gender roles, social classes, and sexual behavior (Albert, 1986; Fisher, Gandy, & Janus, 1981; Gabe, Gustafsson, & Bury, 1991; Myrick, 1996; Treichler, 1987; Watney, 1986). One last reason why news media coverage of health issues may lead to the social construction of illness is the news tendency to personalize issues (Bennett, 1988). Other writers (Gabe et al., 1991; McAllister, 1992) have noted this personalization characteristic of health stories as well. Stressing the “who” element in news makes news accounts concrete and readable. With health coverage, news stories tend to focus on individuals with the condition, a process that can solidify a stereotype of the person who has particular conditions, as well as imply that personal factors (individual motives, behaviors, or attitudes) are the best explanations for the disease.

Several questions may be asked about the interaction between the print media and illness. What specific roles do print media play in constructing the sociocultural meaning of illness? Do the media tend to solidify, or contest, dominant illness connotations? How do the media construct relatively “new” illnesses? How are different illnesses, illnesses that have different epidemiological characteristics, discussed in print media?

We address these issues by comparing print coverage of two illnesses that have received significant media coverage during the 1980s and early 1990s: acquired immune deficiency syndrome (AIDS) and Lyme disease, a tick-borne disease. These two biomedical conditions emerged as major health problems in the same era, rekindling medical and public interest in infectious diseases. As is shown, early print news coverage of these two biomedical conditions was quite different and a potential reason for, and effect of, the difference is the distinct cultural meanings of the two conditions. Comparing the news coverage between AIDS and Lyme disease not only helps to illustrate general tendencies about how illness is portrayed, but also reveals the strikingly different social biases in which the two conditions were embedded—biases that are strongly linked to the perceived “risk groups” of each condition.

This chapter is organized into three sections. First, there is a brief description of both AIDS and Lyme disease as they were medically understood through the early 1990s. Second, the methodology of the study is briefly explained. Finally, we explore the differences in news coverage between AIDS and Lyme disease, drawing some conclusions about the nature of media and the social construction of illness.

AN OVERVIEW OF EARLY MEDICAL KNOWLEDGE ABOUT AIDS AND LYME DISEASE

According to the Center for Disease Control in 1993, AIDS was defined as “a specific group of diseases or conditions which are indicative of severe immuno-suppression related to infection with the human immunodeficiency virus (HIV)” (Centers for Disease Control, 1993b, cover). A person becomes infected with HIV by the exchange of certain bodily fluids (such as blood and semen) with an already infected person. For a currently unknown percentage of those infected with HIV, the body’s immune system becomes weakened by the virus, allowing “opportunistic infections”—like the most publicized infections in the 1980s, Kaposi’s Sarcoma and Pneumocystis carinii pneumonia—to infect and damage the body. By September 1993, it was believed that more than 334,000 people in the United States had contracted AIDS, and over 201,000 of these people had died of the condition (Centers for Disease Control, 1993a). The late 1990s saw key medical advances in treatment that greatly increased life expectancy, but in the early 1990s AIDS was strongly perceived to be a fatal condition.

Early epidemiological research on AIDS contributed to the firm cultural linkage of the condition with the disenfranchised of society: gay males, IV-drug users, and Haitians (and, later, prostitutes and the poor). In 1981 the Centers for Disease Control published reports in their Morbidity and Mortality Weekly Report (MMWR) about unusual diseases appearing in “active homosexuals” (Centers for Disease Control, 1981, p. 250). One focus of the CDC during these early years was the
investigation of the link between the disease and the perceived "gay lifestyle" of those afflicted. This investigation, along with such terminology as GRID (gay related immune deficiency, an early label for AIDS), helped to anchor the AIDS/gay male association.

Gradually mainstream medicine noticed that other people besides gay men were being afflicted with the condition. In 1981 and 1982, MMWR published accounts of heterosexual drug users, Haitian immigrants, and hemophiliacs with immune suppression. Although medicine now knows that specific behaviors rather than specific demographic characteristics determine the risk of infection with HIV, groups considered "deviant" to the mainstream are the ones most strongly linked with AIDS.

Lyme disease, a tick-borne disease, was medically discovered only a few years before AIDS. In 1975, two parents telephoned the Connecticut State Health Department, concerned about their children who had been diagnosed with juvenile rheumatoid arthritis; describing others in the area with the symptoms, they suggested an infectious condition. Fifty-nine cases of "Lyme arthritis" (named after the affluent eastern Connecticut community in which many of the early cases were clustered) were reported in 1975 (Habicht, Beck, & Benach, 1987, p. 78).

It was suspected that the condition, characterized by inflammation of the joints, flu-like symptoms (headache, fatigue), a "bulls-eye" shaped rash, and cardiac abnormalities (such as an irregular heartbeat), was caused by infection with a virus or bacteria which was tick- or arthropod-transmitted. In 1977, a *Ixodes dammini* tick, "barely larger than a pin-head" was caught by a person afflicted with the condition (Habicht et al., 1987, p. 79), and in 1982 a bacterial spirochete (later named *Borrelia burgdorferi*) taken from *Ixodes dammini* was isolated as the causal agent of Lyme disease (Steere, 1989). Like HIV, the antibodies produced by the body in response to *Borrelia burgdorferi* may be detected by ELISA and other tests, although both false negatives and false positives are a danger (Steere, 1989). Lyme disease is generally not a fatal condition, and it often can be treated effectively with antibiotics.

Epidemiologically, the numbers associated with the spread of Lyme disease are considerably less than with AIDS. National surveillance for Lyme disease began in 1982 (Centers for Disease Control, 1989), and in the next decade nearly 50,000 cases were diagnosed (Centers for Disease Control, 1993b). Early in the medical history of the condition there was a link with active, affluent people. Those who lived in rural and suburban areas and/or participated in outdoor activities in wooded areas were seen as those most at risk.

**METHOD**

This study combines a quantitative measure with a qualitative analysis. The quantitative measure was designed to illustrate the frequency of news attention to the two conditions compared to the actual medical incidence of the conditions over time, a similar method to one used by Freimuth, Greenberg, DeWitt, and Romano (1984) and Greenberg et al. (1979) in their analyses of different types of cancer news. Using The New York Times Index, we analyzed the number of relevant articles about AIDS and Lyme disease in the newspaper, focusing especially on the first decade of the conditions, as found under the headings of "AIDS," "Lyme Disease," "Arthritis," "Cancer" (for the Kaposi’s Sarcoma connection to AIDS), "Hepatitis" (as an early suspected correlate to AIDS), "Homosexuality," "Immunology," and "Viruses." The New York Times was chosen because of the paper’s prestige and its ability to influence other media; also it is reasonable to expect that this newspaper would carry articles about both AIDS and Lyme, given the high number of cases of AIDS in New York City, and the high number of cases of Lyme disease in upstate New York (specifically, Westchester County).

The qualitative analysis was used to interpret the assumptions embedded in the language of the news coverage. Using The New York Times Index, Washington Post Index, and the Reader’s Guide to Periodical Literature from 1981 until 1993 as a data base, we identified significant hard news and feature stories about the two conditions, especially ones that provided details about the people with AIDS and Lyme disease (that is, articles that could contribute to the social construction of illness). These stories included front-page and feature stories about each condition appearing in The New York Times and Washington Post, and cover stories appearing in major national magazines (Time, Newsweek, and People). Some of these news stories (such as the first front-page and feature stories about the two conditions appearing in The New York Times and Washington Post) were purposefully selected for analysis. Others were randomly selected. A total of 60 news articles (30 for each condition) were then qualitatively analyzed. Because the total population of Lyme disease articles is relatively small, it was determined that the sample of 30 would accurately reflect the nature of the coverage. To help measure reliability for the AIDS analysis, which involves a much larger population of news stories, the findings of the AIDS stories were compared to the conclusions of other qualitative AIDS news coverage analyses (Albert, 1986; Altman, 1986; Treichler, 1987; Watney, 1986).

The analysis itself focused on the different linguistic and pictorial constructions in the articles. Following the lead of other interpretative analyses of print news, the factors considered relevant to
the analysis included word choice, such as metaphor and symbolic connotations (van Dijk, 1988); the arrangement and juxtaposition of elements in the news story (Jensen, 1987); and the summarizing power of headlines (Freimuth et al., 1984; van Dijk, 1988).

Given the difference in the two conditions, how did they compare? What “illness meanings” may be extrapolated from their portrayals in print news? The next section explains the differences in their coverage.

DIFFERENCES IN PRINT MEDIA COVERAGE

News coverage of AIDS and Lyme disease of course shared certain commonalities: an impressive breadth of coverage (stories about the two conditions appeared in a large number of diverse publications), an extensive use of medical sources, and the highlighting of the “mystery” elements of the two conditions (with epidemiologists and other medical researchers being positioned as the “medical detectives”), especially early in the news history of AIDS and Lyme disease.

But perhaps more revealing about the nature of “illness meaning” in our society, and the nature of press discourse, are the significant differences in print coverage of AIDS and Lyme disease: differences that help reveal certain social biases about these two illnesses. There are basically three differences in how AIDS and Lyme disease were covered in the print media. First, the distribution of news articles about each condition over time is different. Second, Lyme disease was characterized with more whimsical language than AIDS in its coverage. Finally, related to the second difference, the way the respective “risk groups” were portrayed for each condition was drastically different. Taken together, these three distinctions created illness stereotypes, and may mean that people exaggerate the differences between AIDS and Lyme disease, apart from the two phenomena’s epidemiological differences.

As mentioned earlier, both conditions were discovered as distinct medical phenomena only a few years apart: Lyme disease in 1975, and AIDS in 1980-81. How does the distribution of AIDS and Lyme disease articles correspond to the spread of the two conditions, especially in the decade of their development, the 1980s? Table 3.1 compares the number of articles about AIDS and Lyme disease in The New York Times, distributed by year, with the reported spread of the two conditions. Coverage of both illnesses got off to a slow start. Although the very first Times Lyme disease story appeared on the front page of the paper in July 1976 (Rensberger), coverage after this was sporadic for


<table>
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<tr>
<th>Year</th>
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<th>Articles²</th>
<th>Lyme Cases³</th>
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<td>7</td>
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¹Source: Centers for Disease Control. (1993, October). HIV/AIDS Surveillance Report. Atlanta: Centers for Disease Control. These numbers were later revised by the CDC, but the 1993 estimates are listed here to historically contextualize medical beliefs about AIDS during the time-frame of this study.


several years. AIDS coverage likewise was slow to develop (Altman, 1986). Both conditions have certain time periods in which more articles appeared than in other time periods; however, the peaks in the number of articles for each illness are different. For AIDS, three surges in coverage occurred in 1983, 1985, and 1987 (declining after 1987); for Lyme, the high point is 1989. What factors may explain these peaks in coverage? First of all, one factor that does not completely explain the changes in Times coverage of AIDS reporting is the changes in the numbers of those afflicted with the condition. As Table 3.1 shows, with AIDS there had been a steady climb in the number of cases diagnosed from 1981 to 1989. Thus, the peak news coverage years of 1983, 1985, and 1987 are unremarkable as far as the reporting of new cases of AIDS. With Lyme disease, the number of articles in The New York Times more closely followed the number of cases reported, with 1986 and 1990 showing a reduction in articles published and cases reported, and 1989 being the peak year in both number of articles and cases.
However, perhaps a factor with more explanatory power is the perceived risk to "the general population" that was associated with each condition. As noted at the beginning of this chapter, and as will be developed later, AIDS was at first associated with those who have been marginalized in society: especially gay males, drug users, and Haitians. It was constructed more as an illness of the "other" than of "us" (as many scholars, including Treichler, 1987, have illustrated). However, there were, in fact, three brief time periods that seriously challenged the construction of AIDS as the "other's" illness; that is, three times when the illness was constructed as more of a threat to "everyone."

The first concern over "general population" breakout occurred when research was published in 1983 speculating about the possibility of spreading AIDS through "close" or "household" contact. Statements such as those found in a Journal of the American Medical Association editorial by Anthony S. Fauci (1983) of the National Institutes of Health fueled fear by speculating on the likelihood of "routine close contact." During this time, publicity about children with AIDS and the possible presence of the virus in saliva further strengthened the "casual contact" hypothesis. By the end of 1983, however, this hypothesis was discredited. Table 3.1 shows that this coincides with the number of AIDS news articles in 1983 (sharp increase) and in 1984 (decline in number of articles).

The second factor that challenged the construction of AIDS as a "disease of the other" was Rock Hudson's announcement in July 1985 that he had AIDS, followed by his death three months later. In fact, more specific analysis shows a strong correlation between the number of articles and Hudson's announcement. Between January and June 1985 The New York Times published 52 articles about AIDS; between July and December 1985 the paper published 323 articles about it. Regardless of whether the publicity surrounding Rock Hudson was the cause of the increase, AIDS was placed on the news agenda consistently after 1985.

A third factor causing concern about the "breakout" of AIDS was highly publicized speculation in 1987 that the growth of AIDS would continue to increase until humanity was threatened. For example, Dr. Otis R. Bowen, then the Secretary of Health and Human Services, estimated during a January 1987 speech to the National Press Club that AIDS would "dwarf such earlier medical disasters as the Black Plague, smallpox and typhoid" (Associated Press, 1987, p. 24). Similar predictions followed suit. Stephen Jay Gould speculated in an April 1987 essay for The New York Times Magazine that, "AIDS may run through the entire population, and may carry off a quarter or more of us" (p. 33). The point is that the perceived threat of AIDS to "the entire population" came at the same time that the number of articles increased in 1987, not at some dramatic increase in the number of cases. In fact, claims that

AIDS would devastate the planet became less visible by the beginning of 1988 and, perhaps not coincidentally, the number of AIDS articles in The New York Times decreased by over 300 from 1987 to 1988.

With Lyme disease the number of articles more closely paralleled the number of cases—perhaps because Lyme, rather than being considered a "disease of the undesirable," is more of a "disease of the desirable," a disease of active and affluent people. Thus, news organizations do not necessarily need a "shocking event" (like Rock Hudson's announcement) to prove the legitimacy of covering Lyme. Although the number of Lyme articles in the Times would never approach the number of AIDS articles because of the huge differences in the number of cases and the more deadly nature of AIDS, it is significant that Lyme coverage more closely mirrored the epidemiological tendencies of the disease than did AIDS coverage.

A second difference in AIDS and Lyme disease coverage is the more whimsical, almost droll nature of the news discourse about Lyme disease, especially as reflected by the headlines of the stories. Certainly some Lyme news stories, most notably in eastern newspapers, stressed the serious of the condition (one 1993 New York Times headline, for example, lamented that "The Plight of Lyme Disease Patients Gets Lost in the Statistics"). But, in general, instead of stressing a feeling of dread or tragedy which accompanied many AIDS stories (such as "AIDS: Fatal, Incurable and Spreading" from People Weekly; "A Losing Battle with AIDS," from Time; "Watching the Babies Die" from Newsweek; "Inmates with AIDS Long for Death at Home" from The New York Times), Lyme disease articles, especially in the early 1990s, are characterized by catchy headlines and clever plays on words. Puns on "Lyme" and "Tick" were commonplace in Lyme disease coverage. One found news stories about Lyme accompanied by headlines such as "Lyme Disease: What Makes It Tick?" in Outdoor Life and "Picking out the Lymes from the Lemons" in Science News.1

Such approaches put a much less threatening image on Lyme disease than did most early AIDS stories. In 1992 one “playful” Lyme article in The New York Times headlined “The Attack of the 8-legged Vampires of Doom!” (Malcolm, 1992) led to a scolding Letter to the Editor complaining that such whimsical language discouraged people from treating Lyme seriously (Stolow, 1992). However, one could also argue that the whimsical treatment tended to “normalize” the Lyme phenomenon more than the typical alarming AIDS headline. The point is, then, not to say that “serious topics should not be joked about” nor “AIDS stories should be fun too,” but rather to note the reality of this distinction in news coverage: Lyme may be joked about; AIDS may not. No doubt an important reason for this difference is the strong association of AIDS with death (AIDS, after all, is the more serious condition medically). But, combined with the characteristics described next, one implication of this humor is that Lyme disease is linguistically less strange: rather than trivializing Lyme, these stories encouraged a feeling of identification in the reader with the use of humor. Lyme is something that can be integrated into our own lives. It also influences the image construction of the people with the condition, as will be developed further.

In fact, the difference goes hand in hand with the last, perhaps most significant, difference to be discussed: the contrast between the portrayal of the people at risk or afflicted by AIDS and that of people at risk or afflicted by Lyme disease. These portrayals were presented through photographs as well as verbal description, and include the symptoms of their subjects and risk situations. As may be expected, the people associated with Lyme disease—either at risk or afflicted—tend to be presented as more “normal,” more positive, and more active than those associated with AIDS.

Previous research about health news indicates that such news tends to reinforce negative stereotypes about illness, rather than dispel them (Greenberg et al., 1979). As was mentioned earlier, AIDS is a condition symbolically associated with the disenfranchised—those who do not fit into the stereotypical images of the prosperous middle class. Alternatively, Lyme disease is a condition of the affluent, a condition of middle or upper middle America, a condition of those who are living the American dream. News coverage seems not only to reflect this difference in illness meanings, but to enhance it. In print news, AIDS coverage emphasized strangeness; by comparison, Lyme coverage emphasized normality.

Comparing the first feature stories about each condition in The New York Times illustrates the different news frames. The first story about Lyme was a front-page feature story appearing in 1976. In this story, the people affected by Lyme (either those with the condition or family members of those afflicted) are discussed sympathetically and given a strong “voice.” Thus, early in the news story, a mother of a child with Lyme disease is quoted:

“It didn’t seem too unusual when we heard of the first case,” said Mrs. Judith Mensch, who lives in the heavily wooded, affluent suburb of Lyme (CT).

“That was the girl next door, who got it about a year and a half ago. She had to be in a wheelchair on her third attack. Then it hit a little girl around the corner. And after that it was the boy down the street.” (Rensberger, 1976, p. A39)

Not only is this person given a significant say in the story, the description of her home town (the “affluent suburb of Lyme”) and the quotes that were chosen to be included (“the girl next door,” “a little girl around the corner”) stress the normality of her life. Readers are urged to identify with Mrs. Mensch.

Likewise, in other publications, those with Lyme disease and their family members are constructed as active agents. According to Parade Magazine, “The [Lyme disease] story includes two mothers who would not accept their doctors’ diagnoses,” and the article goes on to explain their active struggle to get to the truth of the phenomenon (Ubell, 1991). The story of one of these mother’s search for the “mystery” disease was detailed in Good Housekeeping. Despite early medical confusion over the condition, “with her family’s health at stake, Polly Murray refused to give up” (Keiffer, 1977). Time notes that, “Americans have declared war on ticks” (Skow, 1991). This activism, coupled with the whimsical approach of much of the language, gives the Lyme disease news story a linguistically happy, upbeat ending: it involves good people, winning.

Such portrayals stand in direct contrast to those portrayals of people with AIDS, as exemplified by The New York Times’ first feature story about the condition, published in February 1983. To begin with, it should be pointed out that this feature story was the ninth news story about AIDS that appeared in the Times, but the first one to quote a person with AIDS (as opposed to the quoting of those with Lyme disease, as well as family members, in the very first story about Lyme). This introductory portrayal of a person with AIDS is hardly flattering.

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2One of the few equivalent playful headlines associated with AIDS stories deal with the “fun” topic of condom use—an aspect of AIDS prevention most people may identify with—such as “Rubber Sales Expanding” (October 1988) and “Teen Boys Get Condom Sense” (October 1989) both from Psychology Today and “How the World Is Selling Safe Sex: Condom Conundrum,” from Mother Jones (January 1990).
To provide the *Times* with its first quote from a person with AIDS, Chuck, a 42-year-old gay man, is chosen. Initially the journalistic frame in which Chuck is placed seems quite heroic: “He feels neither guilt nor fear,” the article points out. However what starts out as self-affirmation quickly becomes framed as self-centeredness and self-destruction. In a paragraph remarkably similar to those found about “Patient Zero” in Randy Shilts’ (1987) *And the Band Played On* (p. 200, for example), Chuck’s “dark nature” is explored:

Chuck has been hospitalized twice since his *Pneumocystis* was diagnosed in December 1981. Yet, he has continued to have sex with strangers and admits to encounters with dozens of men, both at home and while he was vacationing in Europe. . . . He does not tell his sexual contacts that he has AIDS and seems genuinely surprised by the suggestion that he might tell them. “I wonder what would happen if I did,” he muses. (Henig. 1983, pp. F38, F42)

What is so disturbing about this journalistic frame is that the journalist chose Chuck as the first gay person with AIDS to be profiled, and chose to emphasize these quotations, despite the fact that such a selfish and self-destructive attitude is very atypical for people with AIDS, as Watney (1986), among others, have noted. In the journalistic realm of deciding significance/insignificance, this portrayal won out over others.

It is a portrayal not conducive to reader identification, to say the least: it emphasizes the “strangeness” of the gay stereotype. Unfortunately, this journalistic frame is typical: most news portrayals of people with AIDS tend to emphasize their “strange” nature (Albert, 1986; Treichler, 1987), especially when the person with AIDS is also a member of an oppressed group: gays, prostitutes, drug users, African Americans. Other elements in early news stories which hampered reader identification with those afflicted included the emphasis on the number of sexual contacts that people with AIDS were reported to have—for example, one early *Washington Post* article labeled these people as “hyper-sexual” (Hills, 1982, p. A11)—and even hints that “voodoo and spiritualism” might be responsible for the AIDS-Haitian connection (Henig, 1983, p. F30).

Also, especially early in the news coverage, those with AIDS and their family members are generally portrayed as passive victims. A typical example may be found in the following passage from a 1987 cover story from *People Weekly*, describing Andy, a person with “Full-Blown AIDS”:

[H]e weighs 104 lbs; his eyes are glazed. A hole has been cut in his throat so he can breathe, and he can hardly whisper to [Dr. Michael] Gottlieb that he thinks the tubing on his IV is kinked. Then he reaches for a Kleenex, and the effort is too great. He doubles over and emits a deep gurgling noise as mucous wells from his tracheotomy. (Friedman & Van Biema, 1987, pp. 63-64)

Six years later such images remained in the news. One 1993 *New York Times* story about the parole of prisoners with advanced stages of AIDS graphically described the hopelessness: “One typical AIDS-ridden parolee, Edward Carter, a 40-year-old drug offender, waited like a despairing shell of himself, debating suicide in a wheelchair in a crowded corridor” (Clines, 1993, p. B4). The news image of the passive and hopeless AIDS victim, an image also noted by other writers (Navarre, 1988), fits in with the tone of dread which accompanies many AIDS headlines, as discussed earlier.

Perhaps the most blatant example of the narrative differences between AIDS and Lyme stories occurred in a June 1988 *Discover* article, “Why I Like Lyme Disease,” by Elizabeth Rosenthal, MD. At the time a resident in internal medicine (and later a science journalist for *The New York Times*), Rosenthal discussed the almost ecstatic attitude toward Lyme in her hospital, which she illustrates by quoting one physician excited about diagnosing Lyme in a patient: “Lyme disease! What a great case!” (p. 28). Later, she analyzed this reaction: “Why all the fuss? For one thing, Lyme disease has novelty value. Like toxic shock syndrome, Legionnaires’ disease, and AIDS, Lyme disease is a rather new foe for doctors” (p. 28). Ultimately Rosenthal cuts to the heart of the matter, the real reason why she (and presumably other doctors) likes Lyme disease:

Because the deer tick tends to live in the nicer seaside communities, Lyme is a disease of the young and upwardly mobile . . . in a world where disease weighs disproportionately on the poor and homeless, *Borrelia burgdorferi* preys on the rich and trendy. . . . Although it may sound offensive, I readily admit that I like Lyme disease. So much of what I see involves diseases of neglect and self-abuse. . . . Lyme disease victims, in contrast, have done nothing to contribute to their disease. They are innocent victims who fall prey to a bug while jogging or barbecuing or sunning. They are unequivocally my allies in their quest to be well. (p. 29)

Rarely are the classist and “blame the ill” tendencies of medicine presented so nakedly as in this physician’s discussion of the attractions of Lyme disease. The bias favoring those who have affluent life-styles is obvious. The rich are innocent and help the doctor. Alternatively, the
poor cause their own illnesses and antagonize the doctor, who is only trying to help.

The photographs that accompany these news stories also signal the differences in portrayals. Although Lyme disease articles contain pictures of scary-looking ticks, most of the other photographs are bright and pleasant. Those who are at risk for Lyme disease are healthy people who like to be active and “natural”; photographs of them emphasize their health and normality. One color photo accompanying a 1989 Newsweek article shows a Park Ranger explaining self-protection against tick bites to white, well-dressed hikers. Prevention is shown by pictures of outdoors people pulling up their socks. Even those afflicted with Lyme disease appeared healthy. Often they are shown smiling and facing the camera. Featured is a picture of a healthy-looking family of five, all with an advanced case of Lyme disease, sitting around the dining room table “getting intravenous antibodies” (Padgett, 1989, p. 68). Even the portrayals of researchers are colorful and active: rather than being in a sterile laboratory wearing a white lab coat, Lyme researchers are more likely to be portrayed wearing flannel shirts and jeans, searching a wooded area for ticks.

This is quite different from typical pictures accompanying AIDS news stories. With a few systematic exceptions, most photos of those with AIDS, or those perceived as “at risk” for AIDS, stressed the abnormality of the subjects. Those at risk are shown as faceless people shooting drugs, or as men kissing or holding hands with their faces away from the camera (examples of both may be seen in the January 30, 1989 issue of Time), or as represented by a prostitute on a street corner (see the June 25, 1990 issue of Newsweek or the Los Angeles Times, July 25, 1993, p. A14). Photos that most emphasize the “strange” nature of AIDS are the photos of those with AIDS. People with AIDS are shown with disfiguring sarcomas (such as the only photo of a person with AIDS appearing in Time’s Fall 1989 “150 Years of Photo Journalism”), or as horribly emaciated (see Newsweek, November 24, 1986; People Weekly, August 3, 1987; and National Geographic, January 1991). One photograph accompanying a story in the Los Angeles Times about government-supported AIDS housing in New York features a picture of a thin African American male, holding up his shirt while surrounded by onlookers, with the caption “Greg Taylor, who once danced in strip-tease clubs, begs on the subway by declaring he has AIDS and showing his scarred chest” (Bearak, 1993, p. A14). The strangeness is often emphasized in other ways. Gaunt adult men with AIDS were pictured with stuffed animals, essentially infantilizing them (again, People Weekly, August 3, 1987).

CONCLUSION

This study has discussed three significant differences in the early news coverage between AIDS and Lyme disease, including the distribution of articles, the lighter tone of Lyme disease coverage, and the more sympathetic portrayals of people associated with Lyme disease.
These three differences in coverage cumulatively combined to solidify the cultural meanings of these two medical conditions. As noted at the beginning of the chapter, AIDS and Lyme disease do have significant medical differences; yet, news coverage has exaggerated, even “purified,” the nature of the differences. Lyme is the disease of the mainstream, the Yuppie, the active, the healthy, the pure. Magic Johnson and Ryan White notwithstanding. AIDS is the disease of the peripheral, the poor, the deviant, the morally ill (and is really only newsworthy when it threatens the “mainstream”). For the most part news coverage has reinforced these meanings.

What may account for the different portrayals of those associated with AIDS and those associated with Lyme disease? Among other possible explanations, it may come down to one of the major purposes of news: to make the strange familiar. As Hall, Critcher, Jefferson, Clarke and Roberts (1978), among others, have pointed out, rhetorically it is the job of the journalist to take items that readers are not familiar with and discuss them in ways that the readers may understand. This task may be achieved in one of two ways. First, the journalist may try to emphasize the more familiar elements of the events: frame the events with “normal” symbols, explaining the people or events involved in terms that general readers may understand. This is the tactic used with Lyme disease coverage and with stories about white, middle-class heterosexual people with AIDS. A second tactic is making the readers understand a phenomenon by emphasizing its strangeness, essentially saying, “This is not a part of our experience: it cannot be made familiar.” By choosing this rhetorical strategy, journalists emphasize the uncommon elements: the elements that stress the bizarre (for the perceived audience, anyway). It appears that this second rhetorical strategy is the one most often picked for portrayals of AIDS.

Why were these different strategies chosen for the different conditions? Part of the explanation may be the demographic makeup of the reporters at major news outlets. Christians (1986) notes that the mostly middle-class values of journalists may influence their choice and “spin” on certain stories. Journalists, then, may feel more comfortable (and more familiar) with the stereotypes and illness-meanings of Lyme disease than with AIDS, and this ethnocentrism filters into the writing.

A second and related reason may be that one of the major sources for these stories, physicians and medical researchers, may also allow their ethnocentrism to color their newsworthy comments. As the above Rosenthal “Why I Like Lyme Disease” quote implies, medical sources may see and describe Lyme in more positive and inviting terms than AIDS. Because journalist are often dependent on medical sources for medical news (McAllister, 1992), the biases of these sources may influence the tone and “morals” of the news story.

Print Media Coverage of AIDS and Lyme Disease

Finally, the economic context of mainstream print news outlets may contribute to the difference. Because mainstream newspapers generate about 75% of their income from advertising, there is an incentive to construct news that is appealing to audiences held desirable by advertisers (Bagdikian, 2000). For local newspapers and nationally distributed news magazines, this audience is broadly defined—they want a lot of readers—but is also biased toward the middle and upper class. News topics that are perceived as affecting affluent suburban areas, like Lyme disease, may be framed heroically to appeal to this audience. On the other hand, a condition that was connected early to drug users, Haitian immigrants, and prostitutes could be framed differently as these readers are not advertising friendly.

One obvious task for the academic is to contest the monolithic nature of illness connotations—to “debunk” the idea of news portrayals as objective reality. This undertaking is part of this broader program. AIDS is not a disease of the morally ill. It is important to criticize news when it presents these conclusions. We need to point out that journalism is a process of selection, of inclusion and exclusion. In scholarship about news portrayals of illness, one must ask, “What illness meanings are being presented, and what alternative meanings are being filtered out?” Then, we must critically evaluate the answers.

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REFERENCES AND SUGGESTED READING


4

Typesetting Desire: A Critical Reading of Mainstream Press Construction of Gay Identity as Disease

Roger Myrick

ABSTRACT

The purpose of this discussion is to examine what cultural theorists are saying about the political construction of gay identity in mass media messages about AIDS; further, it examines how reporting of the disease in a major, ultra-conservative newspaper, The Daily Oklahoman, makes use of such strategies. The focus is on the way marginal sexualities are linguistically and rhetorically positioned and constituted through institutional media discourse about public health. Ultimately, gay identities, desires, and sexualities are not only being further marginalized by the media, but are being constructed in such a way that to exist means to be always under surveillance. And even in a conservative publication like the Oklahoman, there is more of an attempt to monitor and make visible gay identities than there is an attempt to silence those marginal voices.

A man was found guilty of first degree manslaughter Friday night even though he said he had been resisting a homosexual attack and had feared he would get the disease AIDS.

—N. Clay, 1988, The Daily Oklahoman