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SOCIAL REPRESENTATIONS AND THE AIDS FIELD

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Abstract. Social representations theory is evaluated with a view to ascertaining the contribution it makes to the AIDS field. Utilising a primarily European body of research, the various processes involved in social representation formation, and the functions served by social representations, are explicated. Social representations theory's fundamental contribution to the AIDS field is to enhance understanding of how lay people make meaning of the epidemic. Rather than focusing on how individuals process information about risks, the concern is with group-based understandings of health issues. The impetus towards identity protection motivates, and informs the shape of, the social representations of AIDS which emerge in a particular group.

IINTRODUCTION.

The field of social representations provides a valuable framework for showing how socio-cultural and historical forces impact upon the individual's health-related thoughts and actions. In particular, it allows researchers to identify lay people's common sense assumptions and to examine how these evolve. AIDS has been a major focus within the social representations rubric in the 1980s and 1990s. This is related to the theory's particular concern with the way in which *new* ideas and events, that confront the public, are integrated by lay thinkers. In addition, there has been a strong tradition of illness research within the social representations framework and the AIDS research is an offshoot of this work. Owing to the scarcity of contemporary, English language texts which cover the terrain of social representations theory, the theory is evaluated in detail in this paper, with a view to highlighting its relevance to the AIDS field.

WHAT ARE SOCIAL REPRESENTATIONS?

The field of social representations is concerned with the explanations which people give for phenomena which they encounter in the social world. The objective of the approach is the systematic study of common sense thinking. The originator of the theory, the French social psychologist Serge Moscovici states its purpose: "These are the questions then to which we hope to find answers: What goes on in people's minds when they are faced with life's great enigmas such as illness ...? How do the systems of social representations ... come into being and then evolve?" (Moscovici, 1984a:941).

A concern with how individuals arrive at common representations of phenomena, such as illnesses, lies at the heart of the theory. People's commentary on the world, the spontaneous philosophies they concoct in cafes, offices, hospitals and laboratories is presumed to build up their sense of reality. The chatter that surrounds people - in newspapers and on the television, in the snippets of conversation overheard on the bus - acts like a material force. It is just as "real" an environment to people, and as influential on the course of their actions, as more physical entities: "where reality is concerned, these representations are all we have, that to which our perceptual, as well as our cognitive, systems are adjusted." (Moscovici, 1984b:5).

Social representations are studied in themselves, but are presumed to underpin both thoughts and actions. Social representations are deep-seated. Other processes observed by psychologists, such as attributions of blame for misfortunes (see Kelley, 1973; Walster 1966), are underpinned by underlying social representations. Farr and Moscovici (1984) state that attributions are made on the basis of a widely shared representation of "the individual", in modern, Western contexts. "Individuals" are represented as entities who engineer the consequences which befall them. Consequently, misfortunes, such as contracting HIV, are viewed as self-procured.

The link between social representations and action can be illustrated via empirical examples. Having reviewed the French literature on sexuality in the context of the HIV/AIDS epidemic, Giami and Schiltz (1996) show that a particular social representation underpins unsafe sexual practices in all of the studies. When people hold a representation that a partner is a "good" one, they *do not* practice safer sex consistently. The "good" partner includes one that is loved, long-term, known, from the same social network, and/or has a pleasant appearance. People are likely to have no sex, or to practice safer sex with those who are represented as "bad". This is corroborated by Bajos et al (1997) who show that condom use is inversely related to the degree of perceived intimacy, regardless of what is known about the partner's HIV status. In particular, people who represent themselves to be "in love" are less likely to protect themselves against HIV infection. This has been corroborated by many studies both within and outside of the social representations framework (see Joffe, 1997a).

Most of the work conducted within the social representations rubric has been European, and more recently, the paradigm has flourished in South America. Moscovici has dubbed the approach the "anthropology of modern culture" (Moscovici, 1987:514). The theory is a modernist one, and tends to refer to the circulation and transformation of ideas in a manner commensurate with the workings of contemporary, Western culture. It will be demonstrated that science tends to be considered the key source of expertise within this paradigm, and that the mass media are regarded as the mediators of scientific ideas to lay thinkers. Yet the theory can be utilised in non-Western contexts. At heart, it is concerned with the communication of expertise to lay thinkers, and the transformation of knowledge that occurs in the course of this communication process. The experts need not be scientists. The communication need not involve mass mediation. Therefore, even in cultures in which scientific expertise and mass mediation play a very limited role, the theory is useful. The tenets applied to science and to the mass media can be applied to equivalent experts in other cultures, and to relevant forms of communication.

Processes involved in social representation formation.

"Social representation" refers to two notions which are inter-linked. It refers to the content of understandings of the everyday world: the ideas that circulate in a society, and constitute common sense. Beyond the concern with what people think, it focuses on the specific processes by which these contents are shaped. In this sense it is similar to lay theory, lay belief and common sense idea.

Three key processes forge a social representation: (i) the transformation of expert ideas, via communication, into lay thinking; (ii) the bringing forward of past ideas and imposing them on the new event which needs to be understood; and (iii) the saturation of the event which needs to be interpreted with the symbolic meanings which exist in the culture. Each of these three processes will be explored, in turn. The emphasis is upon how an array of forces impact on the individual's thoughts about a given event, such as the arrival of AIDS in one's community. Broadly speaking, history, culture and societal institutions such as science and the mass media, impact upon individual representations. Yet lay representations also play a transformative role, making inroads into the historically perpetuated representations.

For Moscovici (1984b) the transformation of scientific knowledge tends to be deemed a fundamental aspect of common sense: common sense is science made common. The finding that scientific experts are those most likely to feed common sense in the Western context is based upon Moscovici's (1976) extensive study of how psychoanalytic concepts came to pervade everyday talk in France. However, this point is disputable. Duveen and Lloyd (1990) illustrate that social representations of phenomena such as intelligence do not originate in the sciences. Even Moscovici's own position is equivocal. Moscovici (1984a) states that every representation is rooted either in science or in another representation. For the purpose of the discussion of social representations of mass risks such as AIDS, however, knowledge about them, at least in contemporary Western culture, often originates in the sciences and the vocabularies and images that science invents are diffused to the masses via the mass media. The prime position of science in this process relates to its high status in such cultures.

A particular concern, within social representations theory, is with the *transformation* that occurs as knowledge moves from the more reified, scientific universe into lay thinking. The mass media play a leading role in transforming expert knowledge into lay knowledge. "Without the press, AIDS would have, for a rather long time, concerned at most a few thousand persons worldwide" (Herzlich and Pierret, 1989:1236). The lay person's first contact with a crisis is often via the news media, or via other people relaying items presented in the news. The news media do not merely present a "photocopy" of expert knowledge for lay people to assimilate. The news media have to hold the attention of mass audiences. To do so they simplify and sensationalise expert issues. They convey the quarrels which occur between the experts who attempt to explain the new event, and set up issues of responsibly and blame. In their analysis of the news media, Brown, Chapman & Lupton (1996) show that health risks are framed in a manner more related to moral outrage than to scientific notions of calculable risk. This finding, which corroborates that of Herzlich and Pierret (1989), highlights the role of the media in disseminating expert knowledge to the lay sphere. The transformation

involves the saturation of this knowledge with the core values and social norms of the culture.

Transformation, by its very definition, involves making changes to the initial content. Moscovici (1984a) utilises this concept precisely to emphasise the modifications that occur as scientific knowledge gets re-presented in media and then in lay terms. Although the media may give issues a particular slant, it should not be assumed that the audience adopts this leaning, as if by way of direct transmission. Ideas which pervade the media may be accepted directly, yet their meaning may be negotiated or even challenged by lay thinkers (Hall, 1980). The term "lay thinker", rather than "lay person" is used in this paper in order to highlight that lay people are not passive recipients of ideas from experts and the mass media, but actively forge their own representations. A particular outcome of the circulation of knowledge between science, the mass media and lay thinking is that scientific knowledge tends to acquire a moral dimension (Moscovici's, 1984a). It is integrated into a moral system which regulates what is to be regarded as acceptable or unacceptable in a society.

This raises a further issue: Is scientific thinking free of the value dimension that the media are said to inject science with? Moscovici (1984b) and many of his followers claim that scientific thinking proceeds from premise to conclusion relying upon a system of logic and proof. It utilises laws such as maintaining distance from the object, repetition of experiments, falsification and confronting evidence with counter-evidence. It epitomises the very attempt to overcome the tendency found in lay thinking, to confirm the familiar, to prove what is already known. Other researchers who utilise the social representations framework have found that the processes that occur in scientific circles, at least at the point of assimilation of new, threatening phenomena, are similar to those that occur in the media and lay realms.

Herzlich and Pierret (1987) show that while medical debates are rooted in sophisticated epidemiological models, they draw upon the "us" versus "them" thinking that exists in the society at large. This can be demonstrated by many aspects of response to AIDS, including that North American medics initially placed reference to an out-group in the official name of the illness, calling it Gay Related Immune Deficiency (GRID). They linked GRID to homosexual sex and to the ingestion of the drug Amyl Nitrite (or "poppers") which was practised in sectors of the North American gay community. Joffe (1996a, 1997b) has documented a number of further ways in which in the early stages of the discovery of what was later termed AIDS, many prestigious, medical scientific papers posited links between the syndrome and "the other". "The other" includes foreigners, out-groups and aberrant practices. The link between AIDS, Haitians, and voodoo practices entered prestigious North American medical journals in the early eighties, and was conveyed to lay thinking by the mass media. Farmer (1992:224) has investigated the line of medical thinking which associated AIDS with voodoo practices and concludes: "North American scientists repeatedly speculated that AIDS might be transmitted between Haitians by voodoo rites, the ingestion of sacrificial animal blood, the eating of cats, ritualized homosexuality and so on - a rich panoply of exotica".

The Haitian-voodoo and homosexual-anal sex-poppers links to AIDS do not complete the picture. The link between AIDS and "otherness" also exuded from medical reports which claimed a link between Africa, Green Monkeys and AIDS: The Green monkey

theory became popularised in 1985 when two Harvard professors isolated an HIV-like virus from wild Green monkeys. Sections of the medical world felt that this link had been firmly established. A haematologist from an eminent Cambridge University department wrote, in Nature magazine: "There is now little doubt human AIDS began in Africa. Not only is the disease widely spread in central Africa, but only in Africa are the monkey species naturally infected...Although the first such virus was isolated from the macaque, that animal was probably infected in captivity with... the African sooty mangabey monkey" (Karpas, 1990:578). Karpas suggests that the transfer of an HIV-like virus from monkey to human may be related to the sexual habits of the people of the large African lakes. These people are injected with monkey blood to induce them to intense sexual activity.

The "panoply of exotica", evident in North American and European medical scientists' early understanding of AIDS was mirrored in lay accounts. A process of "sin cocktail" formation (Joffe, 1996a) was at work in lay thinking: it involved the combining of a number of what were judged as alien or "perverse" practices, over-generalising the extent to which they were practised, and linking them to specific out-groups within a society or to foreigners outside of it. This appears to contradict the tenet that scientific knowledge is different from lay knowledge. Both involve a value dimension, at least at the point of assimilation of a new threat.

It is at points where new links are being forged, such as between the appearance of new constellations of symptoms and a potential epidemic, that there is a tension between what the experts and lay people know. This is often a time when the experts try to feed knowledge of how to avert mass risk to lay people. However, even when knowledge is not actively disseminated, lay people seek out explanations. A lack of understanding perturbs people and motivates this exploration. For Moscovici (1984b:24) "the purpose of all representations is to make the unfamiliar, or unfamiliarity itself, familiar". Following from this, a key focus of social representations theory is the way in which *new* ideas and events are integrated by lay thinkers. New information, at some level, is inherently threatening since it jeopardises the individual's sense of mastery of a known universe. In ancient contexts words for "new" contained inherently negative connotations such as "strange", "startling" and "unwelcome". Yet that which is new is also associated with novelty and excitement. Notwithstanding the dual sets of emotions which can be evoked by new events, the potential epidemic is, by definition, a new event in which threat inheres.

It is not surprising that the processes at work in early scientific, journalistic and lay thinking are similar, since the individuals who work in these spheres all begin their thinking by way of conjectures. Thereafter, they proceed along different pathways with only the scientists adopting, at least to some degree, the methods of verification mentioned above. Two specific processes are used when people, be they scientists, journalists or lay people, initially integrate new ideas: anchoring and objectification (Moscovici, 1984b). These processes ensure that the core values and norms of the society get stamped onto new events. They enable the person to forge ideas about new events in a way that induces comfort by maintaining the existing sense of order. The link that was made initially in scientific, media and lay circles, between AIDS and "the other" is best understood by way of the *anchoring* (Moscovici, 1984b) mechanism. When a new event must be understood, its integration is accomplished by taking the

event which is, by definition, unfamiliar, and moulding it in such a way that it appears continuous with existing ideas. AIDS was configured in terms of past epidemics, the majority of which had been linked to foreigners, out-groups and perverse practices (see Joffe, *in press*).

Anchoring is not an individual process of assimilation. Rather, the ideas, images and language shared by group members steer the direction in which members come to terms with the unfamiliar. The anchoring process is a social form of the more cognitive categorisation process. This act of classification, of naming, makes the alien, threatening event imaginable, representable. Since the new phenomenon gains the characteristics of the category to which it appears similar, opinions which were held in relation to the earlier phenomenon are transferred to the new one. The classic example of this process derives from Moscovici's (1976) study in which he found that prior to widespread knowledge concerning psychoanalysis in France, people transposed the unfamiliar phenomenon psychoanalysis, to the more known concept of the Catholic confession. This removes the mysterious edge from the new phenomenon: psychoanalysis is no more than a form of confession. Of course it removes from the field of thought that which is specific and different about the new event. Sayings which refer to past epidemics such as the "black death" were revitalised in early references to AIDS. Since it was "gay plague" in the West (see Wellings, 1988), its sufferers were to be "avoided like the plague".

A characteristic feature of social representations studies is to explore the continuities and discontinuities between current and past representations. Herzlich and Pierret (1987) point out that dominant social representations of mass illnesses were not substantially challenged by the ill groups, in the past. These illnesses do not appear to have struck heterogenous, politically organised groups. Plagues struck so fast that sufferers did not remain alive for long enough to be heard. By way of contrast, AIDS develops a number of years after entering the body and has unfolded within a political milieu. People with HIV/AIDS have an impact on the unfolding social representations of AIDS. Herzlich and Pierret's study raises the issue of "voice", developed so well in the work of Bakhtin (1981) and Gilligan (1993). Markova and Wilkie's (1987) study of the parallel social representations of AIDS and syphilis provides a useful illustration of how the "voice" of marginalised groups can impact upon social representations.

Markova and Wilkie show that social representations of AIDS reflect voices from the mass media, the women's and the gay movement, transforming the representations about sexually transmitted diseases that circulated in the syphilis epidemic of the First World War. Both syphilis and AIDS have been anchored to death, stigma, immoral behaviour and just punishment. The government-led campaigns accompanying both have, to varying degrees, emphasised protection of the body, via condom use, and defence of dominant value systems via monogamy. However, major differences between the responses to the two epidemics include: recognition of the sexuality of both genders in the time of AIDS, rather than dwelling upon male sexuality requiring outlet as occurred in the time of syphilis; sexually explicit AIDS campaigns when juxtaposed with the discreet nature of the discussion of sexuality at the time of syphilis; suggestion of a wide range of activities in relation to AIDS prevention rather than condom use alone, as was prescribed for syphilis prevention. These changes reflect, among other factors, the liberation of the voice of oppressed groups. Both women and

gay men have shifted the orientation of contemporary representations away from heterosexual masculinity to wider sexual forces. Lay thinking has had a major impact upon Government-funded, mass mediated campaigns.

In social representation formation the process termed objectification works in tandem with anchoring, transforming the abstract links to past ideas which anchoring sets up, into concrete mental content. Unfamiliar ideas can either be made familiar by being linked to historically familiar episodes or to the culturally familiar. Objectification saturates an unfamiliar object with something more easy to grasp. A recent study of social representations of health and illness in the Chinese community in Britain (Jovchelovitch and Gervais, *in press*) indicates that food objectifies a number of the more abstract systems of thought carried in this culture. Balance and harmony are considered to be basic components of health in the Chinese community, in line with the Ying-Yang principles. Manipulation of nutrition, to this end, is the first recourse to maintaining good health and preventing or curing illness. The authors conclude that food is a major carrier of social representations of health in this community. When food is prepared and eaten, traditional knowledge about health is transmitted. Objectification saturates an unfamiliar object with something more easy to grasp. The trove of familiarity which is drawn upon to make a new phenomenon more concrete lies in the culture's images, symbols and metaphors (Wagner et al, 1995).

The process of objectification overlaps significantly with that of symbolisation. A fundamental function of a symbol is to provide people with a means to experience abstract content. They make people feel that they understand a complicated scenario at just a brief glance. Ideals, values, norms, desires as well as entities such as gods and spirits are not easy to perceive. Once symbolisation occurs, both intellectual understanding and experience of the content follows: "symbols contain complex messages which are being represented in a simple and vivid way" (Verkuyten, 1995: 274). Symbols are related to an emotional charge, rather than purely to thinking and cognitive processes. They help to create and to maintain certain sentiments. In a social representational study conducted during the 1991 Gulf crisis, a sample of Europeans was asked to rate the effects of the Gulf War by choosing from a number of images. Pictures of birds in oil consistently had the greatest impact on the respondents, and resonated most powerfully with the crisis. When asked why those particular images corresponded with the crisis, respondents talked of the suffering of the innocent, of the devastating effects of war and of defencelessness. The "bird in oil" symbol for the gulf crisis expresses, amongst other things, sympathy with the plight of civilians caught up in a situation which was not of their own making.

Verkuyten (1995) notes the lack of focus on symbols within psychology and sociology, as opposed to it being a focal concept within anthropology, in which cultural symbols are held to be keys to understanding society. The concern with symbols highlights a crucial difference between the social representational approach and both purely cognitive and purely discursive frameworks. This focus locates social representations beyond the linguistic expressions of individual respondents. Social representations of epidemics, for example, lie in both non-verbal symbols - "wordless thought" (Verkuyten, 1995) - and in words. The messages condensed and made vivid by the red ribbons sported by many lapels worldwide, are a testimony to this. Symbols permit people to

communicate and to experience a realm beyond the bounds of speech. Meaning is understood without verbal interaction.

It has been shown that anchoring and objectification are used as tools to integrate unfamiliar events in a manner that calms the person faced with the crisis. The integration of new ideas in a non-disturbing fashion is accomplished by taking the unfamiliar event and moulding it in such a way that it appears continuous with existing ideas. The stock of familiar representations is drawn from the collective memories that exist in groups, as well as from existing symbols. The paper moves to an exploration of why this occurs.

What motivates the formation of particular social representations?

Having postulated that specific historical events and contemporary symbols shape the way in which each crisis is understood, it is necessary to decipher why certain, and not other, past events and current symbols are chosen. The motivation to form particular representations receives considerable emphasis in the social representational field. A core motivation is identity protection, which refers, simultaneously, to the protection of in-group and self identity. Unfamiliar events evoke unease. People's representations serve to orientate them towards gaining feelings of comfort and security. It follows that the processes involved in forming the social representation, and the end product, serve to defend individuals from a sense of personal vulnerability from the threat. Yet this defensive process is not an individualistic one. When new events are encountered individuals draw - often not consciously - on ways of thinking that have always been, and continue to be, acceptable to the groups with which they identify. When anchors are objectified, groups favour the images, symbols or metaphors compatible with in-group values. So the identity positioning of the representor determines the vision which is held of a new phenomenon. Different groups ascribe to different representations in accordance with the identities which require protection. This contributes to an explanation of why mass, incurable illnesses such as AIDS, among other risks, tend to get associated with "the other". This maintains a sense of purity and comfort for the self and in-group.

At the same time as protecting self and in-group vulnerability to risks, the chosen social representation maintains the status of certain groups in a society. By imposing culturally familiar ways of thinking on each new phenomenon, social representations function to maintain the status quo in a society. The perpetuation of history and existing culture, captured in the anchors and objectifications which are used to give meaning to new phenomena, serves as a safety net for most members of a society. It makes the social world seem more familiar and manageable, but simultaneously maintains the dominance of certain groups and ideas. This function can come into conflict with the identity protective function since some groups are not afforded protection by dominant representations. For example, Joffe (1996a) showed that in the first decade of the advent of AIDS, almost half of a matched sample of gay men in Britain and in South Africa internalised dominant ideas concerning the "disgusting" and "deviant" nature of their practices. Aspects of their identity were "spoiled", in Goffman's (1963) terms, rather than protected. However, using a social representations framework, lay people are not seen as "victims" of dominant ideas, but as active agents. Joffe (1995) shows that the gay men managed their spoiled identity by various means. One method was to adhere to conspiracy theories regarding the origin and spread of AIDS. In a

symmetrical pattern of representations, dominant groups blame "the other" for AIDS, and member of these "other" groups blame dominant groups, such as North American scientists, for creating AIDS. For them, AIDS is represented as a method of population control or of biological warfare.

A final motivation in terms of shaping a representation, is that the chosen representations fosters solidarity within groups and facilitate communication between group members. Kaes (1984) indicates that shared representations provide a nucleus of identification for the group, which distinguish it from its out-groups. Linking disasters with certain "others" builds the cohesion and identity of the in-group. Associated with "the other" are a set of practices which, by their very "deviance", define the norms of the group. The deviant "other" is needed to define the upright, righteous "self". Conspiracy theories concerning AIDS, among marginalised groups, indicate that this process occurs among hegemonic and non-hegemonic groups alike.

Motivations, by definition, are implicit. Evidence for them must be inferred, rather than being directly observable. The methodological implications of this will be explored later in the paper.

Why preface representation with the term "social"?

The social representation is a distinctive entity, differing from the more general concept of representation, lay theory or belief. Its distinctiveness stems from the very particular processes involved in its formation, and the specific functions it serves for the individual. These have been charted, yet no specific reference has been made to why the term representation is prefaced with "social"? There are two schools of thought concerning this issue. They are not schools in any formal sense, but their interpretations of the theory are fairly distinctive.

One strand of research sees "social" primarily in terms of sharedness. A representation can only be construed as social if it is shared by large numbers of group members. Within this school, much energy is devoted to how one ascertains, methodologically, which aspects of a representation are consensually shared in a given population. If one espouses this "social representation = primarily sharedness" approach, quantitative methods which are able to discern consensuality among group members regarding a particular set of attitudes are often used (see Doise, Clemence & Lorenzi-Cioldi, 1993). Paez and Echebarria's (1989) and Paez et al's (1991) work encapsulates this school of thought. When they found that the majority of their Spanish sample thought that AIDS was limited to fringe groups and blamed those groups, they termed this the "majority" or social representation. Aspects of the work conducted in the first school are indistinguishable from the attitude tradition of research, with its focus upon explicit, individual differences and similarities (see Rose et al, 1995).

Rose et al (1995) argue that while sharedness may be an aspect of the definition of the "social" in social representation, it is not the most salient one. A representation needs to exist in more than one mind for it to be called "social", yet this a necessary, and not a sufficient condition, for it being named as such. Utilising this starting point, the second school places less emphasis upon devising a method to tap consensuality in a society, and concentrates on the development of robust theory. A basic problem with the attitude model, from the stance of the second school, is that a number of people may

share a representation, and act accordingly, yet they are not necessarily consciously aware of the representation. Checklist measures are unlikely to tap this level. Furthermore, this school differs from the mainstream attitude tradition in that it views social representations as both an *environment* and as entities which exist in people's minds. Rather than viewing lay thinkers as representatives of a democratic opinion group, whose shared constellations of thought can be mapped purely by tapping individual attitudes, often via checklist measures, the latter school highlights issues such as the genesis, circulation and transformation of knowledge in a society, as well as the workings of dominant thinking.

Unlike attitude theories which tend to focus on more cognitive aspects of the human mind, social representations theory dwells upon emotions. In the classical study which originated the theory Moscovici (1976) went as far as to state that social representations emerge precisely in response to danger to the collective identity of the group and that, consequently, a central purpose of representation is to defend against feeling threatened. He posited that all concepts of the world are a means of solving psychic or emotional tensions, compensations to restore inner stability. Given this early work, the role of emotion has received surprisingly little attention in contemporary social representations theory. Other than Joffe (see 1996b, *in press*), the (translated) works of Kaes (1984) and Jodelet (1991) are unique, in terms of the English-language literature, in their focus on emotion. Other social representational studies, such as that of Markova and Wilkie (1987), have highlighted the need to theorise the precise role of emotions in responses to social phenomena. This emphasis requires development.

CONTRIBUTIONS OF THE SOCIAL REPRESENTATIONS APPROACH TO THE SOCIAL PSYCHOLOGICAL STUDY OF AIDS.

What are the key differences between the social representations and the mainstream social psychological theories which can be used to understand responses to AIDS? The mainstream models which dominate the health field have been used to look at the links between AIDS-related knowledge, attitudes, beliefs and behaviour. I will touch upon the assumptions implicit in such models, highlighting how problematic they are for social psychological AIDS research (see Joffe, 1996a for a more detailed exploration). They differ from the social representations approach in three key respects: they hold (i) individualist, (ii) cognitivist and (iii) rationalist assumptions about human beings.

The Health Belief Model (HBM)(Maiman & Becker, 1974; Rosenstock, 1974; Rosenstock, Strecher & Becker, 1988), the Theory of Reasoned Action (TRA) (Fishbein and Ajzen, 1975; Ajzen & Fishbein, 1980) and the Theory of Planned Behaviour (TPB)(Ajzen, 1985, 1988) focus on the individual decision maker. This decision maker is seen as the locus of all thought and behaviour. There is little emphasis upon interaction with others and its impact upon thought and behaviour. The decision maker is also viewed as volitional, agentic and self-efficacious. This downplays the role of external pressures which may militate against health behaviours. Decisions are assumed to be under conscious control: people are presumed to use information which they have in a reasoned fashion, to make decisions in relation to their behaviour. When their reasoning does not correspond with scientific reasoning, such as when they view themselves as invulnerable to a risk, this is attributed to cognitive errors, such as an optimistic bias (Weinstein, 1987). Reference to deficits in cognitive skills, minimises the

role played by non-conscious motivations, ranging from unconscious desires to taken-for-granted values, in risky behaviour.

Such models are inappropriate for AIDS-related social psychological research, much of which is concerned with the factors which facilitate safer sex. Sex is not generally conducted alone, and no-one who took a study of humankind seriously could argue that desire is particularly rational. Yet many prominent studies of condom use are conceptualised within the TRA and TPB. Not surprisingly, even those who utilise these models recognise that their models are unsuitable: "Cooperative behaviours such as condom use are not under complete volitional control ... and therefore go outside the theoretical scope of the TRA" (Kashima, Gallois & McKamish, 1993:237). The researchers suggest that "the dynamics of a sexual encounter are complicated by the fact that two people are involved" (ibid). The fact that the dyad is represented as a complication, in these models, reflects a particularly Western conceptualisation. As the anthropologist Geertz (1975:48) put it: "the Western conception of the person as a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic centre of awareness, emotion, judgement, and action organized into a distinctive whole and set contrastively both against other such wholes and against a social and natural background is, however incorrigible it may seem to us, a rather peculiar idea within the context of the world's cultures". This juxtaposition is useful in that it highlights that there are ways of thinking about AIDS-related thoughts and behaviours that extend beyond the individual.

By way of contrast to this set of individualist assumptions, the social representational approach insists that human thought and emotion is relational at its root. Explanations are constructed in the "unceasing babble", the "permanent dialogue" that people have with each other, rather than within individual minds (Moscovici, 1984b). Consequently, human thought processes cannot be modelled as if they arise within, and lie exclusively inside, individual minds.

A further contention of those who work within the social representations model is that human thinking is distinctive from information processing. The very notion of the mind as an information processor lends it a machine-like quality. One implication of a machine-like analogy conceals that which is essentially human: the sense of being alive, with the attendant emotional states. Furthermore, it obscures the symbolic, meaning-making quality of human experience. Moscovici (1984a:963) states that the cognitivist, rationalist view of the human is "a terrible simplification, not only because society is not a source of information but of meaning, but also because factuality is never at the core of the exchanges between members of society. Hence you cannot expect such a process [information processing] to reveal the depths of the human mind".

As an "anthropology of modern culture" (Moscovici, 1987:514) the social representational approach endeavours to tap these depths. In the place of attempting to track and to understand what the cognitive tradition labels "biases in decision making", human thoughts are studied in themselves, without reference to an ideal. It is presumed that different pockets of shared knowledge in different groups delimit what each group member sees as "rational". Researchers enter a community as if they were delving into the psychic life of a newly discovered group. In Western contexts, they

carry a set of assumptions concerning the influences of science and the mass media on this group, as well as the impact of cultural symbols and historical memories. In non-Western contexts, the role of other experts, such traditional healers, and of interpersonal communication, are borne in mind by researchers. They listen to what the group's members tell them. The outcome of the analysis is not compared to a normative yardstick, one in which people are seen to be either accurate or distorted perceivers. People's own understanding, their own "logic" and "rationality" are logged. Having listened to what is said about sexual partners, in the examples concerning unsafe sexual behaviour, cited above, researchers were made aware of the inter-personal issues, such as a long-term, loving connection, that inform representations of the "good" partner, which are linked to risky sex. The cognitive, predictive models, which downplay inter-personal and emotive factors, did not discover these pivotal links.

In focusing on *meaning*, rather than information processing, fascinating insights emerge. Herzlich's (1973) early study of French social representations of health and illness demonstrated that when asked to talk about health and illness, people's accounts focus on the *genesis* of illness. Her findings indicate that her primarily Parisian sample assign the urban lifestyle a major role in the emergence of illness. Contemporary urban living is unhealthy in that the urban environment - including the noise, air, rhythm of life and food - is "toxic". This is juxtaposed with the calmer, healthier life of the past, and of more rural areas. City life is deemed unnatural: people are not built for it. It weakens the individual, producing a world of fatigue and of nervous tension. The decline in health produces increased vulnerability to illness.

Herzlich shows that people confound the origin, cause and spread of an illness. In making a link between lifestyle and illness, they often imagine that lifestyle causes illness. The argument that the urban way of life facilitates the attack, by germs or viruses, on the immune system, easily slides into an argument that urban living generates the germs or viruses themselves. This conceptualisation is highly relevant for contemporary illness work which grapples with the link between blame and the confounding of the origin, spread and cause of illnesses such as AIDS. Since out-groups such as gay men have been viewed not merely as the conduit, but as the cause, of HIV, they have been held responsible for the pandemic, and blame has ensued. This representation appears to underpin certain results of large-scale surveys. In a representative sample of adults residing in the United States, Herek and Capitano (1993) found that almost half thought that homosexual sex could *cause* AIDS. AIDS could be transmitted between two HIV-negative men who failed to use a condom during sex.

Herzlich's later work on the meanings which in which health and illness are couched augments this (Herzlich and Pierret 1987). The authors propose that the "new myth" or key social representation which surrounds disease in the Europe of the 1980s is that of responsibility or choice. An appeal is made to people to assume responsibility for their own health. This stands in stark contrast to past perceptions, in which the effects of a mass illness were deemed inevitable. This shift reflects the increasing dominance of individualism. In a line of thought intimated by Crawford (1977) and Sontag (1979), Herzlich and Pierret remark that the seemingly biological phenomenon of illness is influenced by the ideological currents which exist in the society, as well as by memories of past illnesses. The link between contemporary illness and sin provides strong

evidence of past, biblically-generated ideas being brought into the dialogue of the present. Fatalistic ideas co-exist with beliefs that people bring illnesses upon themselves by way of their choices, and that victims can, therefore, be blamed.

Social representations theory is attentive to implicit, symbolic material, and to motivations. Individuals do not have easy access to this material. Theories allow one to infer implicit meanings. Internal classificatory systems inform the way people apprehend risks, such as that of contracting HIV, without them knowing it. Information about such risks is not merely conveyed to the individual's eyeballs or ears. Rather, those ears and eyeballs are embedded in certain pre-established social representations which influence how they respond to what is heard or seen. The explanations that circulate in particular groups are understood, within social representations theory, as responses to specific events which protect the self and the in-group, set up a sense of solidarity within the in-group and maintain the status quo of ideas in a society. These explanations must not be judged relative to "reality" or "fact" but should be understood as entities which reflect and shape a group's sense of identity, providing a safer vision of the world.

There is a stark contrast between the social representations framework and one with a similar name, within mainstream health psychology. They should not be confused with one another. A growing body of work on common sense and health threats has arisen in what is termed the "illness representations" model. Illness representations are very different from social representations of illness. The premises of illness representations research are quite different from those drawn on in the social representations arena. Illness representations are common sense perceptions and conceptions of the illness which includes how a particular illness feels, what causes it, how long it lasts, and how it can be controlled (Leventhal et al, 1997). Illness representations are viewed as the mental operations of the individual problem solver. They are treated from an intra-psychic perspective.

Interestingly, researchers who utilise this approach seek to understand "how individuals arrive at common representations of diseases" (Leventhal et al, 1997:39). They also declare a need for a theory which brings social contextual factors into their model. Yet it is inappropriate to treat the response to a threat from an intra-psychic angle, and to then expect to gain understanding of the social processes that underpin it. There is recognition of this problem within the literature. Leventhal and Nerenz (1985) state that their approach only has a partial understanding of illness representations, since it lacks a grasp of the contextual factors which impact upon them. They say of such contextual factors: "Their study requires methods that we have not discovered." (p549). If such methods are to be discovered by them, a radical shift away from the cognitions held by individuals will have to take place. A more truly social psychological approach is called for.

METHODOLOGY AND THE SOCIAL REPRESENTATIONS FIELD.

Considerable methodological challenges ensue when researchers shift their focus away from the conscious cognitions held by individuals. They often abandon the respected experimental and survey models in their quest for ecological validity, for gaining a fitting picture of the phenomenon under investigation. They cannot assume that the knowledge structure which underpins the behaviour of the individual will be

found within the private knowledge of individuals. Yet the cultural assumptions which influence individuals, which act like their "environment", are not easily accessible. A key solution to this problem is to triangulate (Flick, 1992). This involves exploring knowledge from various angles: in structures outside of individual minds such as the mass media or medical journals, as well as in interviews with lay people. The aim is not to validate the findings from one realm against that of another. Rather, the goal is to observe the transformations that occur when knowledge circulates between the different realms. In practical terms, this tends to involve comparing texts, related to a particular phenomenon, produced in scientific journals, the mass media and in transcribed interviews with lay thinkers (see Joffe, 1996a, *in press*). It may also involve the combination of participant observation and interviews (see Jodelet, 1991).

The approach to the study of social representations deems empirical investigation to be an essential component of research. This usually takes the form of interviews with people, concerning their explanations of phenomena such as AIDS, alongside a measure of an aspect or aspects of the representations that circulate in the social environment. This combined method is not sufficiently widespread in the existing work on socio-cultural facets of the response to risk. The work of some of the historians and cultural theorists in this field (e.g. Gilman, 1985a; 1985b; 1988) analyse the media, art and other texts and images in order to ascertain the dynamics of responses to mass risks. Yet they bypass the detailed interplay of different group affiliations in forging responses to mass crises such as AIDS.

Without devising studies which look at different group-based representations, one obscures the specific interplay of in-group and out-group sentiments at times of crisis. Epidemics have been linked to out-groups such as Jews, gays, women, and prostitutes, and these links have dominated the literature and art of the past, and, in contemporary times, the mass media. However, not all group members link marginalised groups to the misfortune. Some, particularly marginalised group members themselves, hold dominant groups responsible and this manifests in conspiracy theories. In addition, marginalised groups often hold themselves responsible for the crisis. Dominant ideas affect the ability of some group members to uphold a positive sense of in-group and self.

A social representations framework examines the content of the thought systems of those of different group identities. Much of the content evident in one group's set of ideas, bears the mark of the ideas held within other groups: Gay men's spoiled identity bears the mark of the heterosexual "not me - others are to blame" representation of AIDS initially advocated by scientists, the mass media and lay people. Similarly, conspiracy theories of AIDS, held by many marginalised groups worldwide, bear the mark of dominant ideas. They are a rhetorical defense against blaming aspersions.

In light of the approach advocated, one would expect that many social representations theorists have worked on methods for ascertaining implicit, symbolic material. Unfortunately, the field suffers from over-reliance on verbal data. Yet empirical methods for examining the symbolic content of thought are being developed. Tools such as word association tasks may yield useful results. In addition, in the social representations literature on madness, drawings and participant observation have been used effectively. The study conducted by Jodelet (1991), in particular, emphasises the

importance of the workings of the response to threat which have not reached a verbal level but are nevertheless informative of action. Her participant observation, which revealed that when mentally ill lodgers were invited to stay in host families their eating utensils and clothing were washed separately from those belonging to the hosts, indicates how a representation that cannot be put into words can be enacted in another form. Fears of some form of contagion are expressed via the keeping apart of the belongings of the lodgers through "wordless thought".

CONCLUDING REMARKS.

In this paper a wide-ranging European literature on social representations of AIDS has been brought to light. The review indicates how the theory of social representations can contribute to an understanding of the processes involved in the assimilation of phenomena such as AIDS. In modern Western contexts, in particular, expertise concerning new events is drawn from the sciences. The mass media communicate expert ideas to lay people, augmenting the moralistic qualities inherent in such ideas. Lay people do not simply absorb such ideas passively. Rather, they impose historically perpetuated ideas onto the expert ideas, as well as stamping culturally familiar connotations onto such ideas. Lay thinkers draw on the historical and cultural currents which are accepted within, and are protective of, their in-groups, when forming their social representations.

While this body of research is not without its critics (see Joffe, 1997c for an overview of the criticisms), the power of social representations theory lies in the interpretation it allows (see Silverman, 1993): Is it plausible? Does it incorporate the possibility of revision? Does it expand our knowledge base? Is it useful? Social representations theory is able to make a substantial contribution to the AIDS field. The social representational stance is distinctive in the psychology of the apprehension of risk in that it opposes the notion of the biased thinker and links risk-related thought to group identity. Instead of viewing people as distorted perceivers, a legacy which stems from a highly individualist, cognitive psychology, it respects people's own understanding, their own "logic" and "rationality". It follows people's pathways of thought in the belief that they reveal the meanings which people have made of an event, often not consciously. The dual focus on the group-based and internal rationality aspects of people's understandings of risks is particularly useful for preventive work targeted at the reduction of risk-taking behaviours. Certain communities or groups often fail to take up behaviours suggested by the experts, and this appears irrational in terms of the logic of the scientific and policy communities. Yet particular historical and socio-cultural forces, rather than problematic individual perceptions, may be at work in this process. Rather than judging people's explanations of risks relative to a yardstick of "reality" or "fact", they must be understood as entities which reflect and shape a group's sense of identity, often providing a safer vision of a phenomenon.

Social representations protect self and in-group identities, but also, the status quo in the broader society. In light of the safety and identity protection which they provide, social representations are fairly stable over time and not easily modified. Indeed, if one takes on board Douglas' (1966, 1992) assertion that the function of explanations of risks is to forge community and group solidarity, creating a boundary between the polluting outsiders and the pure insiders, there is little hope of engineering change in people's social representations of dangerous illnesses. However, the discontinuities

between past and present responses to epidemics indicate that group-based factors, such as the augmented voice of marginalised groups, change social representations over time.

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