THE DIVISION OF DEONTIC LABOUR IN THE DISCOURSE OF HIV/AIDS POST-1996.
A CRITICAL DISCOURSE ANALYSIS OF NECESSITY AND OBLIGATION IN THE BRITISH PRESS AND INTERVIEWS WITH GAY MEN WITH HIV

by

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ABSTRACT

The aim of this thesis is to investigate the tenor of the discourse of HIV/AIDS post 1996 in Britain. 1996 is understood as a watershed in the medicalisation of HIV, when, thanks to the introduction of highly active antiretroviral therapy (HAART), HIV moves from being a fatal to a chronic but manageable condition (Arts and Hazuda 2012; Newman et al 2010). In light of this, my research sets out to identify the way in which the virus and people with HIV (PWH) are linguistically evaluated. To this end, two corpora form the basis of my research: a news corpus, comprising the news texts published by the British media between 1996 and 2015 on HIV/AIDS and gay people, and an interview corpus consisting of 15 semi-structured interviews with gay men with HIV (GMWH). The variable 'gay' is considered to be a crucial one. Indeed, as the first social group to be associated with HIV in the history of HIV/AIDS, gay people have found themselves at the centre of a 'moral panic' type of reporting that has gradually extended to include other social minorities (Altman 1986a, 1986b, Fee et al 1993)

The analysis situates itself within the tradition of Critical Discourse Analysis (CDA) and selects deontic modality as the entry point, as an evaluative linguistic feature capable of providing some insight into the tenor of the discourse at hand. Moreover, links made in the linguistic and philosophical literature between deontic modality and morality make the former a viable tool for the identification of potential moral undertones. It is argued that the import of analysing deontic modality is twofold: not only does it provide evidence of the tenor of the discourse at hand, but also enables the identification of new strands in the discourse of HIV/AIDS regarding the public and private management of the virus.

For Calum and Helen

(remembering Rosella, always)

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TABLE OF CONTENTS

TABLE OF FIGURES

CHAPTER 1 – INTRODUCTION

1.1 INTRODUCTION

The aim of this thesis is to investigate the tenor of the discourse of HIV/AIDS post-1996 in Britain. More than three decades have elapsed since the first cases of AIDS were reported in the American media in 1981 (Parker 1996), and yet HIV still qualifies as a topical issue, evidenced by the hefty number of contagions registered in the UK, only. According to UNAIDS 2017 since 1981, 78 million people have contracted HIV and 35 million have died of AIDS, globally. Whilst the introduction in 1996 of highly active antiretroviral therapy (HAART) has meant that HIV is now a chronic and manageable condition, no cure or vaccine is available to eradicate it altogether. Reports (Avert 2015; UK Government 2016) on the levels of contractions in the UK show that an estimated 101,200 people are HIV-positive (0.16% of the entire population), just under half of whom are gay men. The estimated rate of infections amongst gay men is 1 in 7 in the London areas, and 1 in 25 in the rest of the country. These data indicate that HIV still remains closely linked to the gay community, despite the fact that anyone is theoretically at risk of contracting the virus.

Despite its successful medicalisation, HIV is still a medical and social issue for the people living with it and society as a whole. For this reason, investigations into the way in which HIV and people with HIV (PWH) are discussed is considered here to be worthwhile. To this end, two corpora that reflect the public and private dimensions of the discourse of HIV/AIDS form the basis of my research: a news corpus, comprising the news texts published by the British media between 1996 and 2015 on HIV/AIDS and gay people, instantiates the public dimension; an interview corpus consisting of 15 semi-structured interviews with gay men with HIV (GMWH) realises the private dimension. The 'gay variable' was considered to be a crucial one for my research aims. As the first social group to be associated with HIV in the history of HIV/AIDS, gay people have found themselves at the centre of a 'moral panic' type of reporting that has gradually extended to include other social minorities (cf. **1.2**) Altman (1986a, 1986b, Fee et al 1993).

The analysis situates itself within the British tradition of Critical Discourse Analysis (CDA) (Fairclough 1989/2014, 1992, 1995). Previous linguistic analyses on this topic have dealt with the metaphorisation of HIV/AIDS (Kothari 2016 in Tanzania; Sontag 2001 in US), or nominal and predicational strategies to define PWH (Potts 2013 in the American press), to name a few. This thesis works, instead, with instantiations of British discourse, and focuses

on deontic modality as the entry point capable to provide tangible evidence of the tenor of the discourse at hand. As an evaluative feature, the potential of deontic modality is considerable, since the latter can 'evoke positive or negative evaluation […] shift blame or express writer sympathy or criticism' (Bednarek 2006: 109). All these evaluations work collectively to provide a barometer of the tenor of the discourse at hand. Finally, links between deontic modality and moral judgements identified both in the linguistic (Myhill 1997; Nuyts 2006 Saed 2003; Spencer-Bennett 2018; White 2002) and philosophical (Hare 1952; Knobe 2013) field, makes deontic modality a viable linguistic candidate in the identification of potential moral undertones in the discourse at hand.

Deontic meaning can be communicated by a wide range of linguistic features. The modal auxiliaries make up the core set of forms that realise deontic modality. In addition, lexical means such as nouns ('obligation, necessity'), adjectives ('forbidden, necessary'), verbs ('expect, require') can deliver deontic meaning too (Jeffries 2010: 118-119). Because of this wide variety of linguistic forms doing the deontic job, the analysis will focus on a more selective choice of deontic markers, i.e. the five core modal verbs, and investigate how they are used and what evaluation in the discourse at hand they communicate. As will be explained in further detail in **1.5**, the selection of these five modal and semi-modal verbs is rooted in Palmer's (1986/2001), Fairclough's (2003), Iatridou and Zeijlstra's (2010), and Iatridou's (2013) theorisation of (deontic) modality.

The thesis addresses the following research questions (RQs):

1. What deontic patterns occur in the news and interview corpora? What are the possible variations in terms of deontic patterns between the two corpora under analysis?

2. What are the linguistic construal(s) of HIV that emerge(s) from attending to deontic modality in the two corpora under analysis?

2.1 What normative evaluative positions do the linguistic construals of HIV tend to communicate? Are there any variations between the two corpora?

2.2 By attending to deontic modality, what is the tenor of the private and public discourse of HIV/AIDS post 1996?

The following is a brief overview of the coordinates and key terms upon which this thesis is built. I will introduce the notion of moral panic and medicalisation of HIV forming the backdrop against which this thesis is built (**1.2**). I will briefly highlight the role that media and interviews play in (C)DA and in my research (**1.3**), before dealing with the linguistic aspect of this investigation: evaluation (**1.4**) and deontic modality (**1.5**). The latter provides the base for the development of the concept 'deontic labour' (**1.6**), and 'social responsibility' (**1.7**). The structure of the thesis is in (**1.8**).

1.2 From a moral panic to the medicalisation of HIV

Between the early 1980s and mid-1990s, media reporting on HIV/AIDS has often been associated with the notion of moral panic (Hunt 1997; Lupton 1994; Watney 1987). This term was originally coined by Cohen (1972) and subsequently employed to shed light on 'the nature of certain types of reporting' (Rocheron and Lineé 1989: 410). Cohen (1972: 9) defines it in the following terms:

> *A condition, episode, person or group of persons emerge to become defined as a threat to societal values and interests; its nature is presented in a stylised and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions; ways of coping are evolved or (more often) resorted to.*

The sudden outbreak of a fatal health condition (later identified as AIDS) affecting groups of young gay men located in the area of San Francisco, Los Angeles and New York was the initial sign that marked the beginning of a global epidemic (Grmek et al 1990: 3). The fact that gay men were originally most affected by this disease is the reason why AIDS was first labelled GRID (gay-related immunodeficiency) and the 'gay plague' (ibid: 10, Lupton 1994). This representation is claimed to be also responsible for establishing a damaging causative relationship between the spread of AIDS and gay men (Fee et al 1993: 1478) and consequently attitudes of stigma towards them. The identification of gay men as the culprit of this epidemic corresponds to one of the mechanisms for manufacturing moral panic (Cohen 1973: 272). According to Altman (1986a, 1986b), the nature of the moral panic surrounding

gay men is mainly political: AIDS becomes a proxy for the fight of an ideological battle between the moral order represented by the heterosexual community, and anything that is deviant associated with the homosexual community. The use of AIDS as a moralistic and political weapon is also echoed by De Waal (2006).

Similar ideological positions are espoused by scholars such as Aggleton and Homans (1988), Berridge 1991, Fitzpatrick and Milligan (1987), Marshall (1987), and Weeks (1985, 1986) to describe British media reporting. They argue that the British media and the government have purposefully manufactured a moral panic around AIDS, in an attempt to reinforce the traditional conservative value of family and morality, and moving the focus away from economic and political crises. Amongst this climate of irrationality and public fear, a crucial turning point in the social and medical history of HIV/AIDS coincides with the discovery and introduction of highly active antiretroviral therapy (HAART) in 1996 (Arts and Hazuda 2012; Newman et al 2010). Positive impacts of HAART relate to the reduction of the mortality rate associated with HIV (Collier et al 1996; D'Aquila et al 1996) as a result of improvements of the immune system (Autran et al 1997; Lederman et al 1998). Ultimately, this new medical technology gives rise to two eras, the pre- and post-HAART era. It also triggers a shift in the medicalisation of HIV from a fatal to a chronic but manageable condition.

Given its particular significance in the medical field, 1996 is adopted in this thesis as a watershed potentially marking the beginning of a new era in the discourse of HIV/AIDS, from a moral panic era, to a more medicalised and potentially more rational one. This thesis does not disregard the fact that stigma is still a social issue that affects people with HIV (PWH) (Herek et al 2002). However, whilst stigma is still considered an irrational attitude, it cannot be compared to the magnitude of exaggeration, irrationality and distortion that characterised moral panic tones in the pre-HAART era (Albert 1986; Naylor 1985; Weeks 1985). 1996 is also the starting point for the collection of my news and interview corpora, and through which I will explore the tenor of both news and interviews as instantiations of public and private discourse. Prior to this, it is deemed important to highlight the role of media and interviews in (C)DA and in my research.

1.3 THE ROLE OF MEDIA AND INTERVIEWS

As mentioned in **1.1.**, this thesis approaches the discourse of HIV/AIDS post 1996 using two data sets: the news and the interview corpora. The choice to collect them is based on their significant analytical import, as testified by the large body of work on both fields. In the next sub-sections, I give a brief overview on the reason underpinning the decision to work with both news and interview data.

1.3.1 THE ROLE OF MEDIA

Media is used as a collective noun to refer to various means of mass communication, such as the press, television and radio. Media has come to play a prominent position in modern societies, due to its persuasive power and influence (Lupton 1994; Seale 2003; Talbot 2007: 3). Moreover, media representations of social reality and facts are far from neutral (Fairclough 1995; O'Keefe 2011; van Dijk 2008), but slanting towards particular values clustered together to create 'a belief system shared by a particular group of people' (van Dijk 2013). For these reasons, this study endorses Talbot's call for the study of media: it does so by focusing on the British press and what the latter has written about the topic of HIV/AIDS and gay people between 1996 and 2015. The resulting corpus is labelled 'news corpus' and is presented as an instance of 'public discourse', 'for the fact that media discourse is easily publicly available' (O'Keeffe 2011: 441).

Many fields of research have engaged with the analysis of news media, each of them from a particular point of view. The following list includes but is not limited to: sociolinguistic approaches to the analysis of the production of news texts (Bell 1991; Schudson 1989), conversation analysis in institutionalised media contexts (Clayman 1988; Clayman and Heritage 2002; Greatbatch 1986; Heritage 1985, 1998; Hutbchy 1996, 2005) and critical discourse analyses of news media (Fairclough 1995; Fowler 1991; van Dijk 1988a, 1988b). My work primarily situates itself within the final tradition (cf. Chapter 2), with the aim of exposing, via linguistic analyses, the stances and social values built into media representations on HIV/AIDS (Fairclough 1995).

1.3.2 THE ROLE OF INTERVIEWS

Interviews are often presented as the site of a 'social production' of meaning, where the respondents are the 'narrators or storytellers' and the interviewer participates in this process of meaning-making (Holstein and Gubrium 1995: vii). Although the results yielded from the interview process cannot be taken as faithful representations of reality, interviews still qualify as a viable tool of research as they provide the interviewees with 'the opportunity to consider, reflect on and, in some ways, evaluate their experiences (McInnes et al 2011: 76). The interviewee is not perceived as a source of pre-existing information 'waiting to be tapped' but as endowed with 'interpretative capabilities that must be activated, stimulated and cultivated' (Holstein and Gubrium 1995: 17). Interviews as a way to gain insights into the interviewees' motivations and evaluations have been heavily drawn upon in the socio-psychological, and public health fields, and investigated using content analyses. Limiting the scope to HIV/AIDS, scholars have used interviews in order to obtain first-hand explanations from their respondents regarding how people negotiate safe-sex behaviour and their HIV status, navigate online dating with HIV-positive and negative people and construct their own identity as HIV-positive gay men (Flowers et al 2000; Keogh 2008; Jaspal 2018a, 20018b, Jaspal and Daramilas 2016; Robinson 2018).

In this thesis, the interview data offer a different take on the discourse at hand. It specifically looks at how interviewees construe evaluations in regard to their experience of HIV, as well as on the role of media in representing the virus. Due to the confidential nature of this data, the interview corpus is referred to as an instance of 'private discourse'.

Overall, the news- and interview-based research strands presented above converge in the way they are analytically investigated: what they have in common is the focus on linguistic evaluations, intended as linguistic evidence of the tenor of the discourse of HIV/AIDS post 1996.

1.4 EVALUATION

Evaluation refers to the act in which writers and speakers engage to express their 'attitude or stance towards, viewpoint on, or feelings about' a particular subject matter (Hunston and Thompson 2000:5). The analysis of evaluation in discourse entails looking at the language

that the producers of the discourse at hand employ to convey their attitudes regarding values of 'certainty or obligation or desirability' amongst others (ibid). The import of evaluation is mapped upon Halliday's (1994) three metafunctions of language: evaluation fulfils the ideational metafunction by representing the writer/speaker's viewpoint on a particular subject matter; it negotiates interpersonal relationships between speakers, writers and readers; it organises texts into a cohesive and cogent whole. (Hunston and Thompson 2000: 6)

This thesis focuses on the ideational use of evaluation in that it aims to pinpoint particular linguistic features that work to construe the social reality relating HIV/AIDS post 1996 from specific stances. Moreover, it is important to note that, whilst the term 'evaluation' has come to be associated with Hunston and Thompson's seminal work on evaluative language, this thesis employs 'evaluation' neutrally, as a nominalisation strategy to denote the evaluative function of language. For the purpose of analysis, the terms 'appraisal' (Martin and White 2005), 'stance' (Biber and Finegan 1988, 1989; Conrad and Biber 2000) and 'point of view' (Simpson 1993) are simply used as synonyms of the term 'evaluation' and not referring to different evaluation-based frameworks, with their own theoretical and methodological implications.

Applications of evaluative language to discourse are numerous: Bednarek (2006, 2008, 2010) and Lemke (1982, 1992, 1998) focus on evaluation in news media in order to identify the linguistic resources responsible for conveying ideological slants in texts. Because linguistic markers of evaluation can be both explicit (e.g. adjectives, nominal strategies) and implicit (e.g. semantic prosody, metaphor), their identification is dependent on both the co-text and the social context in which the text is situated (Bednarek 2006; Martin 2016; Miller 2002; Page 2003). Nonetheless, doing so qualifies as a slippery and subjective enterprise with imperfect inter-rater reliability (Bednarek 2010: 37-38), since not everyone is likely to agree on the same evaluative features. As suggested by Bednarek (2010), one solution to the open-ended nature of this task that this thesis has implemented is to draw upon previous work on evaluation and select some lexical or grammatical evaluative items to carry out new research. For reasons highlighted at the end of **1.5**, I have chosen deontic modality as a marker of evaluation through which to investigate the linguistic construal of HIV/AIDS post 1996 in the news and interview corpora.

Deontic modality features as one of Bednarek's (2010: 15) parameters, i.e. 'necessity', 'along which journalists [and anyone] can evaluate the world in the stories they compose'. The parameter of necessity includes deontic expressions (e.g. modal verbs, nouns, adjectives) that express what is/is not necessary, what should/should not be done, with emotional implications of good and bad, right and just (Martin and White 2005).

1.5 DEONTIC MODALITY

Deontic modality (DM) 'is concerned with the necessity or possibility of acts performed by morally responsible agents' (Lyons 1977: 823), relating to 'moral principles' (von Fintel 2006: 2). Whilst philosophers have dealt with DM in terms of 'moral obligation, duty, right conduct', linguists are advised to treat DM as inclusively as possible, in order to account also for 'physicality' and necessity' (Lyons 1977: 824). This thesis endorses this position in the following way: for the purpose of analysis, it disregards the notion of 'permission' featuring in grammatical and discourse-based definitions of DM (cf. Bednarek 2006: 50; Saeed 2015: 135) and focuses, instead, uniquely on 'obligation' and 'necessity' (where the two terms are used interchangeably as synonyms –cf. Coates 1983; Verschueren 1999). Finally, Chapter 2 will propose a way to distinguish the deontic values of 'obligation' and 'necessity' as a theoretical construct specifically designed to approach the discourse at hand.

In the previous key concept, DM was referred to as an evaluative marker. Yet identifying a comprehensive list of linguistic features that instantiate DM can prove to be a hard enterprise. Bednarek (2006), Fairclough (2003), Halliday (1994), Hodge and Kress (1988), amongst many others, point to the abundance of linguistic features with deontic meaning, such as modal verbs ('must, should'), adjectives ('important, crucial, obligatory, recommended'), nouns ('obligation, duty'), multi-word expressions ('it is up/down to'). This thesis takes a conservative approach to DM and engages only with deontic modal verbs as the 'archetypical' explicit marker of DM (Fairclough 2003: 168). Specifically, based on Palmer's (1986/2001) grammatical theorisation of modality, it selects five deontic modal and semi-modal verbs associated with the value of obligation (rather than permission): *must*, *have to*, *need to*, *should*, *ought to*. Not only are these five modals being chosen for being explicit markers of DM, but also for qualifying as the 'universal deontic modals in English' (Iatridou 2013: 532; Iatridou and Zeijlstra 2010: 315). Finally, as will emerge in Chapter 3 and the

Analysis Chapters (4-11) the selection of these five modals facilitates their retrievability in the two data sets at hand through corpus searches and manually and, ultimately, comparability between the two sets of results. Despite this restriction, the corpus and manual searches yield hefty results which will be downsized, before in-depth qualitative analyses thereof.

1.6 DEONTIC LABOUR

As mentioned above, the evaluative aspect of DM lies in the assessment of the act it refers to as obligatory, necessary, desirable. In other words, DM identifies an ideal state of affairs (SoA) 'that will obtain if the act in question is performed' (Lyons 1977: 823). In (1.1)

(1.1) The government must urgently consider targeted screening and education programmes (Western Daily Press, 2001)

the desired SoA coincides with the availability of targeted screening and education programmes across the UK, that will be achieved if 'the act in question [i.e. urgently consider] is performed' by the government.

In this thesis, I introduce 'deontic labour' as an *ad hoc* concept to refer to the procedures that are involved in order to realise the SoA conjured up by DM.

Deontic labour is strongly connected to one of the characteristics of DM identified by Lyons (ibid: 824). DM is rooted in particular physical, legal, practical conditions, or morality, and can originate from personified authorities and/or institutions (ibid), or anyone in a position of power of some sort. The abovementioned conditions and authority/-ies make a case for the realisation of the SoA. However, the latter requires also an act to be performed, i.e. an imposition, and some form of personal entity that will perform it. In this light, (1.1) can be broken up into the following points:

As will be argued in Chapter 2, *must* can be taken to construe impositions that originate from a more or less explicit system of normative principles which is shared by a particular community. It follows that the imposition is defined as right and just. The imposition is to act in the way construed by the process 'urgently consider'. The social actor called upon to perform this act and realise the desired SoA is 'the government'.

Deontic labour is therefore used as a cover term for the operations that are involved in the realisation of the SoA. It collapses three variables which are mapped upon the previous three points used to analyse (1.1): *from whom?*/*why?*, 2. *what*?/*how?*, 3. *who?* To investigate deontic labour is therefore to investigate who is linguistically construed as being obliged/necessitated to do what.

Deontic labour becomes the lens through which the discourse at hand has been investigated. This is mainly because it enables a detailed mapping of the social actors that are called upon to fulfil a particular imposition, the origins of/reasons underpinning the nature of the imposition. Collectively, this in turn will provide tangible evidence from which to draw conclusions regarding the tenor of the discourse of HIV/AIDS post 1996.

1.7 SOCIAL RESPONSIBILITY

Deontic labour is employed in this thesis as the discursive/linguistic realisation of the concept of social responsibility. Etymologically, the latter comes from the Latin verb *respondeo* (to answer), and refers to the condition of being answerable for an action, in the sense of accountable for it (Lucas 1995: 5). Social responsibility often collocates with 'corporate' to indicate 'the social, economic, political, managerial expectations associated with a particular organisation' (Carroll 1979: 500). One of the arguments in favour of social responsibility listed by Jones (1995) considers the institutional benefits that the stakeholders of the organisation will enjoy as a result of fulfilling these expectations (in Jones 1999: 165). I argue that the same line of argument applies in the discourse of HIV/AIDS: the examination of deontic labour is concerned with the identification of particular social actors (i.e. the stakeholders) to whom particular 'deontic' expectations regarding the management of the HIV issue are allocated. The linguistic results of the analysis of deontic labour can be, in turn, used as the base for claims about social responsibility and about the benefits that can be achieved and enjoyed through the fulfilment of this deontic labour.

1.8 STRUCTURE OF THESIS

Following this introductory chapter, Chapter 2 provides an overview of previous studies in the field of CDA, mainly, and a theoretical discussion of DM. Chapter 3 deals with the

methodology implemented for the collection of both corpora and the analytical principles adopted for the analysis. The analysis spans eight chapters (the first five concerning the news corpus and the remainder on the interview corpus). Each of them revolves around one of the five deontic modals, as follows:

- Chapter 4 *must*
- Chapter 5 *need to*
- Chapter 6 *have to*
- Chapter 7 *should*
- Chapter 8 *ought to*
- Chapter 9 *must*/*have to*
- Chapter 10 *need to*
- Chapter 11 *should/ought to*

Chapter 12 tackles the concept of 'deontic source'. The conclusion offers a summary of the discursive trends and an interpretation thereof. It closes the thesis with reference to some limitations and future research avenues.

CHAPTER 2 – LITERATURE REVIEW

2.1 INTRODUCTION

In these sections I set out to introduce the theoretical scene against which this study is set. Given the fact that my thesis is situated within the tradition of Critical Discourse Analysis (henceforth CDA), I will briefly define CDA, the way in which it guides the analysis of the discourse data, and helps to contextualise the latter and its significance to the social and physical reality associated with the social issue under investigation. The second part of this chapter is dedicated to the main analytical tool of this thesis, i.e. deontic modality. Finally, a review of studies dealing with deontic modality across various research fields will reveal a gap in the research that this thesis aims to address and fill.

2.2 DEFINING CDA

Rather than a specific theory or method in the traditional sense of the two words, CDA can be better seen as a research paradigm, a 'program' (to put it in Wodak's 2011:50 words), whose main purpose is to analyse 'opaque as well as transparent structural relationships of dominance, discrimination, power and control as manifested in language' (Wodak 1995: 204). Doing CDA equates to taking an 'overt moral and political position with regard to the social problem analysed' (Richardson 2007: 1). As a social scientific research method, CDA is 'engaged and committed' (Fairclough and Wodak 1997: 258), in the sense that 'it intervenes on the side of dominated and oppressed groups and against dominating groups' whilst making its underlying 'emancipatory interests' explicit (ibid: 259). Discourse, as language use, is taken to be the starting point of this analytical enterprise, for the role it plays in 'the production and reproduction of power abuse and domination' (van Dijk 2001: 96).

As noted by Breeze (2011: 494), it would be incorrect to present CDA as 'a unitary and homogenous entity'. Indeed, whilst all CDA practitioners approach the analytical work with a critical stance, they might do so in different ways, according to the '"school" or groups within CDA' (ibid) to which they belong. Therefore, having recognised the existence of 'a multiplicity of methods' to do CDA (Baker et al 2008: 273), the present study works within the CDA tradition spearheaded and established by Fairclough (1985, [1989] 2014, 1992, 1995a, 1995b, 2000, 2003) which builds upon the British school of critical linguistics associated, for example, with Fowler et al (1979), and Hodge and Kress (1983).

The following discussion addresses in more detail the research implications deriving from following Fairclough's CDA research tradition.

2.3 FAIRCLOUGH'S CDA

As noted in the definition of CDA in the previous section, the analytical and emancipatory project that CDA promotes is founded upon the connection between language and social reality. To validate this link, it suffices to consider as one of the requirements of CDA the fact that the analyst has to 'focus upon a social problem which has a *semiotic aspect*' (my emphasis) (Fairclough 2001: 125) or the fact that the overall aim of CDA 'has been to link linguistic analysis to social analysis (Woods and Kroger 2000: 206). Given the strong emphasis on both language and social reality in CDA, I set out to explore how this translates in more specific terms for the benefit of the analysis.

Discourse is conceived of as 'language in use' (Brown and Yule 1983: 1), 'as part of the social process and social life' (Fairclough 2014: 7). Discourse, and particularly its capacity to represent or construe the world in which it is used, is endowed with the capacity of producing and reproducing social events and impact upon them. Discourse is said to work 'ideologically' (Fairclough and Wodak 1997: 258).

In this light, discourse plays an important role in the process of shaping and manipulating social reality, in the form of perpetuating injustices and ideologies, representing social actors in such a way that discriminations against them might arise. Fairclough ([1989]2014) and, more systematically, Chouliaraki and Fairclough (1999) define the relationships that exist between discourse and other social elements (e.g. power, social institutions, ideologies) in terms of dialectical mediations, that is, a form of mutual influence, but not of necessary determination. This means that discourse is both constitutive of and constructed by social reality: the former refers to the active role of influence that discourse has upon social reality, whilst the latter points to the external social conditions (e.g. see the structural, language-independent constraints upon the production and management of particular linguistic events such as interviews) impacting upon how discourse as language in use ought to occur.

By upholding this dialectical relationship between discourse and social reality, Fairclough adopts a somewhat social constructivist approach to discourse and social reality. It is a position which recognizes the constitutive role of discourse, and the idea that discourse offers a window onto social reality. In this thesis, social constructivism is taken in its most moderate form (Fairclough et al 2004, Sayer 2000) in opposition to the idea that we only have access to reality through the mediating power of discourse (Teubert 2010). A moderate view justifies the very purpose of doing CDA as a dialectical emancipatory critique (Fairclough et al 2004: 7). By contrast, refusing to recognise the influence that discourse has on social reality would invalidate any critical discursive investigations from the very onset. A moderate social constructivist approach to CDA is mitigated and counterbalanced by a realist perspective: the latter can help identify the 'causally efficacious' (Joseph et al 2004: 1) power that language and discourse wield in social reality, whilst firmly believing in the existence of a discourse-external, independent reality. This allows for the distinction between a transitive and intransitive realm. The former coincides with the type of knowledge that is 'embodied in theories, practices, discourses and texts' (ibid: 2), whilst the latter refers to the external reality, whose existence is independent of whether or not we have an awareness (and a discourse-related one) of it. Maintaining this distinction prevents epistemological fallacies and anti-realist conclusions, i.e. the overstatement of the power of discursive findings and reducing reality to its representation/reproduction in discourse.

Having explained the relationship between discourse and social reality, and what insights the discursive findings afford in the overall emancipatory and critique project, in the next section, I will outline the three different dimensions of discourse devised by Fairclough and the type of analysis associated with each of them.

2.4 CDA AS A THREE-DIMENSIONAL FRAMEWORK

Fairclough (1992) presents three levels of understanding and analysing discourse.

1. Discourse as 'text': text is to be intended as 'an instance of language in use, either spoken or written' (Stubbs 1996: 4) (e.g. a news article in the case of the present study). The analysis of text focuses on grammar, vocabulary and text structure. It is at this level that the analyst identifies linguistic patterns in the representation/ reproduction of a particular event. As instances of language in use, texts 'can bring

about changes in our knowledge (we can learn things from them), our beliefs, our attitudes, values and so forth' (Fairclough 2003:8).

2. Discourse as discursive practices: discourse is intended as 'something which is produced, circulated and distributed, consumed in society' (Blommaert et al 2000: 499). This means that the analysis of text needs to take into account the particular context of production, consumption and interpretation (ibid). Interpretation of the meaning of a text is also dependent on 'who produced [the text], given that we tend to trust, or believe those with practical knowledge' and particular authority in the field dealt with in the text at hand (Richardson 2007: 41). With reference to my study, this entails looking at the phases of production and distribution of news operationalised by the British press (which this thesis largely addresses in relation to the concept of 'deontic source' – Chapter 12).

3. Discourse as a social practice: i.e. focusing on the 'ideological effects and hegemonic processes in which discourse is seen to operate' (Blommaert 2005:29). Discourse as a component of the social practice is therefore responsible for producing real impacts on social reality by upholding and reinforcing dynamics of power, and ideologies (van Dijk 2008: 34).

In light of this three-dimensional framework, in this thesis, the study of discourse focuses on specific instances of language in use, i.e. news articles published by the British press between 1996 and 2015, and transcriptions of interviews held with GMWH. This exploration will attend to the linguistic patterns emerging from these texts, interpret them in relation to the context of production and consumption of the text and finally uncover how ideological, hegemonic powers function in and through discourse with more or less visible consequences for the social realm. The ultimate purpose of doing CDA is to bridge the gap between discourse and the so-called 'ontologically real' (Joseph et al 2004:5) and assess the role of discourse in creating meaning and naturalising ideologies and power relations, and the extent to which it impacts upon social reality.

2.5 DISCOURSES

So far I have dealt with discourse in the most abstract sense, as language in use, and a component of the social practice. Discourse is here grammatically identified as an uncountable noun. However, I will also use discourse in a more specific sense to mean particular instances of language in use, as clear and identifiable manifestations of language. In this case, the label 'discourse' is used as a count noun, preceded by a determiner (i.e. 'a/this/the discourse of x') (van Dijk 1998: 194-195), as a system of statements which construct an object' (Parker 1992: 5), 'a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events' (Burr 1995: 48). Stubbs (1996: 158) defines the countable notion of discourse as:

> *Recurrent phrases and conventional ways of talking, which circulate in the social world, and which form a constellation of repeated meanings. Vocabulary and grammar provide us with the potential and resources to say different things. Often this potential is used in regular ways, in large number of texts, whose patterns therefore embody particular social values and views of the world. Such discourse patterns tell us which meanings are repeatedly expressed in a discourse community.*

As mentioned elsewhere, this thesis investigates the discourse of HIV/AIDS post 1996 and it precisely focuses, at the textual level, on recurrent linguistic patterns and phrases that, by being reproduced regularly, encode and reinforce specific values associated with HIV and AIDS, as well as represent the social actors in the role of agents, or recipients of particular interventions and/or events. Therefore, the countable notion and term of 'the discourse of x' to refer to a systematic representation of a portion of reality is to be approached in a critical way. This thesis focuses on two 'discursive formations', intended à la Foucault, as 'a group of statements' where a form of regularity (in the shape of 'order, correlations, positions and functionings, transformations') is found (Foucault 1972: 38): 1. the discourse of HIV/AIDS produced by the British press, and 2. a collection of personal accounts given by 15 interviewees. To note is that these are *only* some of the many ways of dealing with the

HIV/AIDS topic (cf. Baker et al 2013: 3). In other words, 'there is no such thing as a single, natural, pro-ordained way of presenting it' (Partington 2015: 220)

The merit of attending to the discourse of HIV/AIDS is both epistemic and explanatory: an insight can be gained into how the social world is understood and represented through a series of discursive resources, although 'the latter do not determine the structure of the world itself' (Sayer 1992:89; 2000:2). Secondly, we highlight how language use and discursive resources can be deemed responsible for impacting the social order and social structures specifically linked to the virus and the related medical condition.

2.6 Introducing systematicity into CDA

So far, I have defined the three-dimensional framework of CDA, and explored the ontological nature of discourse, as language in use, and the epistemological nature of doing CDA. I have also drawn attention to the countable definition of discourse, as tangible manifestations of language use, produced in a particular temporal and social context, and endowed with the potential of representing/reproducing/enforcing social values, beliefs and representation of events through recurrent patterns of meaning. The copious amount of research in CDA demonstrates that the identification of discourses as routinized ways of representing aspects of social practice/reality is of fundamental importance. In order to contribute to this research tradition, this thesis must start from the identification and selection of texts, as instantiations of discourse, and specifically of a discourse.

In this section, I present Corpus Linguistics (CL) as capable of providing valuable support in the abovementioned enterprise. I will argue, with support from significant developments in CDA since the mid-1990s, that CL is a fruitful analytical resource to employ in order to systematize critical analyses of discourse, and counteract various criticisms levelled at CDA.

2.6.1 Corpus linguistics

Assessing how CL contributes to CDA and why such contribution may be needed are important aspects in this study, which, I believe, however, must come second to the major priority of addressing first what CL is. Doing this involves engaging with a multitude of definitions which are often contrasting. In her review, Taylor (2008) recognizes various alternatives employed to describe CL, and expressed in the following terms: 'a tool, a

method, a methodology, a methodological approach, a discipline, a theory, a theoretical approach, a paradigm (theoretical or methodological), or a combination of these' (ibid: 180). For the sake of this discussion, this debate is reduced to a simplified binary opposition, notably CL seen either as a theory of language or a methodology. So, on one end of the binary opposition are Leech (1992), Stubbs (1993), Teubert (2005) and Tognini-Bonelli (2001) for their view of CL as more than a simply methodology, as capable of providing a theoretical framework for the study of language. On the other end are McEnery and Wilson (1996), and Thompson and Hunston (2006) who endorse the methodological view of CL.

For the purposes of this thesis, CL is implemented for its methodological affordances. This, however, does not entail a refusal of the theoretical contributions that CL has made to the study of language (cf. for example Sinclair's (1991) 'open' and 'idiom principle' to define units of meaning). More specifically, regarding the methodological aspect, CL and CDA are often characterized as advancing respectively a quantitative and qualitative approach to the analysis of discourse (Orpin 2005: 38). In the following section, I briefly provide an overview of the criticisms that were levelled at the way in which CDA has been carried out, and that, subsequently, have paved the way for collaboration with CL.

2.6.2 Towards a synergy between CDA and CL

One common criticism that is often mobilised against CDA concerns the lack of rigour in the analysis: Widdowson (1995) raises concerns about the impressionistic methods that the analyst utilises in selecting linguistic examples to trace the ideological work in a selected text. Moreover, not only is the subjective selection of textual feature considered to be problematic, but also the fact that such linguistic examples often occur only once (Widdowson 1998:145). In this regard, Widdowson (ibid) reports Fairclough's (1995) analysis of 'killer riot' as an expression with exclusively negative connotations, whilst the other semantic possibilities are ignored in order to fit the analyst's point of view. 'Cherry-picking' infrequent textual evidence can lead to the dangerous risk of over-generalisation and over-interpretation of the text (ibid). Along with cherry-picking textual features is also the often ad hoc selection of texts which is argued to be problematic for its lack of representativeness of the discourse in hand.

In this particular context, CL is, therefore, hailed as a possible solution to improving the representativeness of the discourse under investigation with larger samples of data (Stubbs 1997) and counteracting analytical bias (Stubbs 1997, Toolan 1997). Breeze (2011:504) notes also that, whilst these criticisms are valid, they are, however, more relevant to the very early work in CDA and its forerunner, Critical Linguistics. As early as 1995, indeed, Hardt-Mautner was already experimenting with the potential of implementing CL methodologies into CDA, marking the beginning of new avenues of research in CDA. The success of this collaboration between disciplines emerges from the copious amount of research produced since then (Baker 2005, 2006, 2010; Baker and McEnery 2005; Caldas-Coulthard & Moon 2010; Gabrielatos and Baker 2008; Garzone & Santulli, 2004; Koller & Mautner, 2004; O'Halloran & Coffin, 2004; Orpin, 2005; Partington, 2004; Potts 2015a, among others). Building upon this collaboration, Baker (2012) and Baker et al (2008) go as far as systematizing it into a form of methodological synergy between CL and CDA, namely one whereby the former complements the other and strengthens the validity of the results whilst reducing the bias of the analyst.

In upholding the methodological synergy between CL and CDA, this study situates itself within the established so-called tradition of 'Corpus Assisted Discourse Studies' (CADS) (Partington 2004, 2010, 2012, 2015; Partington et al 2013, for a recent overview, see Partington 2008, among others).

For Partington (2013:12):

> *At the simplest level, corpus technology helps find other examples of a phenomenon one has already noted. At the other extreme, it reveals patterns of use previously unthought of. In between, it can reinforce, refute or revise a researcher's intuition and show them why and how much their suspicions were grounded.*

Linguistic patterns are identified based on their frequency in the corpus, and through statistical tests. In other words, they are not the product of whimsical choices made by the analyst looking for potentially isolated linguistic instances to suit their analytical agenda. CL methodology reduces the amount of bias and preconception allowed into the analysis thanks to the fact that it is the computer which 'counts and sorts linguistic patterns along with

applying statistical algorithms onto textual data' (Baker et al 2008: 277). The operationalization of this methodology brings methodological rigour, and enhances the replicability of the study (Stubbs 1997: 3).

Corpus-related methodology enables large-scale analyses: in doing so, bias in the selection of texts is also reduced, whilst the value of representativeness of the discourse in hand is foregrounded and pursued. Representativeness plays a pivotal role in CL and underpins the very definition of what a corpus is, i.e. 'a body of texts [stored electronically] which is carefully sampled to be *maximally representative* of a language or language variety' (my emphasis) (McEnery and Wilson 1996: 87). (See also Chapter 3 for further comments on how the news corpus meets the value of representativeness).

Finally, because CL works with texts to produce textual results for the analyst to further investigate, the implementation of CL methodologies makes it possible to counteract Verschueren's (2001: 68) criticism regarding the fact that CDA conclusions 'are rarely warranted by the textual analyses'. We must, however, highlight the fact that, in order for the potential of this synergy to be realised, the analyst must work in such a way as to relate findings to identifiable features of texts, i.e. to give their investigations text-linguistic foundations. In other words, whilst CL facilitates the identification of textual features, it only feeds them to the analyst who is, ultimately, responsible for carrying out the actual textual analysis and interpretation. This is a very important point to bear in mind, as it justifies my particular focus on the very textually situated phenomenon of deontic modals in the analysis of the two corpora at hand. Textual analyses resulting from the synergy of CL and CDA are not an end in themselves: in line with the aim of social explanatory critiques, the CL-based textual results provide 'unexpected leads towards relations between society and discourse' (De Beaugrande 1999: 273).

The aim of CADS-based research is to 'uncover non-obvious meaning which […] might not be readily available to perusal by the naked eye' (Partington 2010: 88). This thesis proceeds in this direction by taking a corpus-based approach, rather than a corpus-driven one (Tognini-Bonelli 2001: 66, 81). Namely, it uses *ad hoc* corpora to investigate how deontic modality (as a linguistic evaluative category chosen *a priori*) can provide useful information about the discourse of HIV/AIDS. Moreover, at a theoretical level, it also interrogates the semantic

profile of deontic modality as well as suggests, if and where possible, theoretical revisions and readjustments thereof (at least within the boundary of this particular discourse). As explained in Chapter 1, the choice of deontic modality is not unjustified. As will be argued in **2.7.1.2**, the required commitment to particular actions conveyed through deontic modal verbs is informed by 'norms of morality or principles of practical rationality' (Chrisman 2015). Given previous research findings (cf. Potts 2013) pointing to the discourse of HIV/AIDS as highly moralised, deontic modality affords a valuable window into the assessment of the tenor of the discourse of HIV/AIDS post 1996. Social, political context and knowledge outside the text therefore has a significant influence on how I have chosen to approach the corpus data (Partington 2003: 4, cf. also on the access to external context for corpus-based research). Finally, previous research and findings regarding this type of discourse function as terms of comparison, enabling my thesis to be comparative in nature. To put it in Partington's (2010: 89) words:

> *Even when a single corpus is employed, it is used to test the data it contains against another body of data. This may consist of the researcher's introspection, or the data found in reference works such as dictionaries and grammars, or it may be statements made previously by authors in the field. Corpus-assisted studies of discourse types are, of course, and by definition, comparative (my emphasis).*

In this thesis, CL enables systematic investigations into linguistic 'presences' in the news and interview corpora, and more specifically, the presence of markers of deontic modality.

A frequency list is the first step towards the definition of textual 'presences': it is 'simply a list of all the types (namely a unique string of letters) in a corpus together with the number of occurrences of each type' (Hunston 2002). Frequency lists are also the first port of call to get an initial understanding of the corpus and discourse in hand (Baker 2005, 2006).

For the purpose of this thesis and as will be established in Chapter 3, the high frequency of the explicit modality markers modalising propositions about HIV and AIDS functions as a useful indication (here at the quantitative level) that deontic modality is a 'presence', namely

a prominent recurrent evaluating feature that deserves close analytical attention. This point about frequency sits alongside the above-mentioned theoretical salience of deontic modality in matters of morality and responsibility as a reason for paying attention to this particular linguistic phenomenon.

Whilst frequency is useful to determine the important 'presence' and therefore relevance of modal verbs in my two corpora, it does not provide any information about the co-text in which such linguistic feature occurs. There is, therefore, a need to go back to the original co(n)text out of which the word in question has been lifted and carry out a more traditional qualitative analysis. CL methodology, and software, allows this thanks to the concordance-line interface, i.e. the word in question (known as node word) flanked by the co-text on either side. Moreover, the shift from frequency to the analysis of concordance lines exemplifies the move from quantitative to qualitative approaches and ultimately the synergy between CL and CDA mentioned elsewhere before. As Leech et al (2012: 32) put it:

> *Whereas in other disciplines these terms are often regarded as incompatible opposites, in [CL] quantitative and qualitative methods are extensively used in combination. It is also characteristic of [CL] to begin with quantitative findings, and work towards qualitative ones.*

Whilst the extract mainly refers to CL, the same is claimed to hold true to CADS and, more specifically, to the present thesis.

The analysis of concordance lines can be particularly slow and laborious, especially when dealing with a high number of them. As a way of speeding up the analysis without compromising the reliability and replicability of the results, this thesis draws upon the use of collocation to produce samples of data. Collocation is intended to be the relationship of co-occurrence that holds between at least two words (Firth 1957). The significance of this relationship is defined by parameters such as statistical significance, minimum frequency of occurrence and word span where such collocation is taking place (Brezina et al 2015). The concept of word association through collocations has been explored and operationalised in

discourse analysis in multiple ways (Baker 2005, Baker and McEnery 2015, Xiao and McEnery 2006). Collocation is used in this thesis as a tool to produce a sample of the original corpus for in-depth qualitative analyses. The sample under analysis will contain the concordance lines that feature the most frequent collocates of the modal verb in question. (Chapter 3 deals with the downsizing and sampling process in detail).

Having described and vouched for the synergy between CDA and CL, one last point to address regards the opposition that applications of CL to CDA have raised. Fairclough (2014: 20) asserts that the contribution of CL to CDA is limited to simple counting of instances, whilst the large context of production and consumption of a text remains unexplored. The thesis rejects this view of CL as a mere tool. By contrast, in light of the definition of 'a discourse' as 'recurrent phrases and conventional ways of talking, which circulate in the social world' (Stubbs 1996), endorsed in **2.6.2**, CL becomes instrumental in the identification of patterns, and ultimately, in the definition of the discourse in hand.

As mentioned in Chapter 1, the patterns under investigation arise from the five modal and semi-modal verbs, *must*, *have to*, *need to*, *should*, *ought to*, intended as explicit markers of deontic modality. Given the pivotal role that these modals play in the identification of the linguistic patterns in my thesis, in the following sections I offer an overview of the concept of deontic modality that will be operationalized in my analysis. The remainder of the pattern that develops out of these five modal verbs is instead described in Chapter 3. Given the centrality of deontic modality, the pattern will be referred to as 'deontic tri-gram'.

2.7 DEONTIC MODALITY

The following discussion opens with an introductory definition of deontic modality. It must be noted that the review that I am proposing here does not claim to overhaul the theoretical linguistic landscape of deontic modality altogether. Rather what I set out to achieve is a streamlined definition of the concept that steers away from one of the contentious points that is often cause of fragmented and contrastive accounts in the existing literature. This point is addressed in **2.7.1.2** and concerns the objectivity-subjectivity notion that is used to define the semantic profile and related uses of the five modal verbs under analysis in this thesis.

Sections **2.7.1.1**-**2.7.1.2** deal with the two criteria implemented for the characterization of the five modals, namely the cline of deontic strength, and the deontic values of 'obligation' and 'necessity' as two separate semantic constructs of 'deonticity', respectively.

The ultimate aim is to be able to rethink and restructure, if only for the purposes at hand, the theoretical concept of deontic modality, in such a way that it becomes a useful tool to arrive at a linguistic construal of HIV/AIDS post 1996 and ultimately assess the tenor of the discourse under investigation.

2.7.1 DEFINITION OF DEONTIC MODALITY

As mentioned in Chapter 1, deontic modality performs the evaluative function in discourse of defining the extent to which the realization of an event is a desirable, obligatory/necessary, or permissible one in accordance with particular conditions, such as the social values upheld by a certain community of people (Fairclough 2003: 172). Given its evaluative function, deontic modality, like modality altogether, can also be rephrased in more traditional terms as the speaker's 'opinion or attitude towards the proposition that the sentence expresses or the situation that the proposition describes' (Lyons 1968: 308, 1977: 452). A similar position is also endorsed by Bybee et al (1994: 176, 1999: 966-986; 853-875), Calbert (1975: 51), Palmer (1986), and Verschuren (1999: 129), implemented by Halliday (2014) into his systemic functional view of language, and operationalized in discourse studies by Fairclough (1989, 2003), Hodge and Kress (1998), to name a few.

In this thesis, the notion of deontic modality relies on Palmer (1986) who categorises part of modality in English in binary terms, in other words, as either deontic or epistemic. This is as opposed to the complicated system of categorization found in the literature on this topic that Palmer (ibid) (among others) summarizes as follows.

Specifically, Jespersen (1992: 313-21) takes a wider approach to modality than the one adopted in this study. He includes 'moods' and distinguishes between those with an element of will and those without an element of will. These are re-labelled by Narrog (2005) 'volitive' and 'non-volitive', respectively. It is the former that most resembles my notion of 'deonticity'. The complexity of Jespersen's categories is illustrated by the fact that three

different syntactic constructions realise the volitive one, to perform a 'jussive' (do something!), a 'compulsive' (I have to do something), and an 'obligative' (one ought to/should do something).

According to Von Wright (1951: 1-2), modality concerns what is possible, necessary or permissible (alethic), what can be assumed as a possibility based on one's knowledge and evidence (epistemic), what is 'obligatory, permitted, indifferent or forbidden' (deontic) and what is 'universal, existing or empty' (existential). Rescher (1968: 24-26) further complicates the picture by adding also 'temporal modality' (which identifies a temporal cline starting from 'never' through 'sometimes' to 'always'), 'boulomaic modality' in the guises of 'it is hoped/desired/feared/regretted that…', 'evaluative modality' (it is good/perfectly wonderful/bad thing that *p*' (Palmer 1986: 12-13)), and 'causal modality' (the state of affairs will bring about /prevent its coming about that *p*' (ibid)).

Whilst acknowledging the complexity that typifies modality, for the purposes of my thesis, I endorse the more streamlined view proposed by Palmer. Specifically, I am interested in the broad deontic category (which certainly blurs into the abovementioned categories).

The use of deontic modality for discourse analysis has received particular attention by critical linguists such as Fowler (1985: 68-81), who sees it as a valuable tool to study the power structure of society. Given deontic modality as the hypernym, Fowler's notions of 'desirability' (referring to practical, moral, or aesthetic judgments) and 'obligation' (the speaker's judgment that another person is obliged to perform some action) will function as hyponyms, and will be further developed to fit the analytical needs of the discourse in hand in **2.8** (especially **2.8.3**).

Having engaged with the general notion of deontic modality, I now set out to present the deontic modal verbs selected *a priori* as explicit and highly grammaticalised markers of deontic modality. To do so, I will draw upon and combine two variables as a means to sketch out the profile of the modal verbs in hand: the first one is the established notion of deontic strength, which I will refer to as 'cline of deonticity' comprised between the values of strength and weakness; the second one is a more systematic distinction of the deontic values of 'obligation' and 'necessity'. I will also take an agnostic position towards the notion of

'orientation' (Halliday and Mathiessen 2004: 619) used to distinguish between subjective and objective uses of modality.

2.7.1.1 THE CLINE OF DEONTICITY

The first parameter taken into account to classify my modals is the 'cline of deonticity'. The latter coincides with one type of modal assessment that Halliday and Matthiessen (2004: 620) refer to as 'VALUE'. VALUE defines the level of desirability of actions as 'high', 'median' and 'low' degree, paraphrased as 'required', 'supposed' and 'allowed', respectively (ibid). These three levels of desirability are illustrated by their modal-verb counterparts:

High → You *must*/are required to do that
Median → You *should*/are supposed to do that
Low → You *can*/are allowed to do that

The equation between values and modality is presented here as an unproblematic one. Moreover, little emphasis is placed on the difficulty of assigning values of desirability to the modal verbs and on the existence of grey areas in the classifying system.

I distance myself from this account of modal strength and I adopt the term 'cline' as a way of highlighting the fact that measuring the intensity of the modals involves a degree of approximation, and cannot be reliant on watertight categories. Moreover, in the words of Tagliamonte and Smith (2006: 345), 'a strong-weak distinction […] is virtually impossible to categorise impartially' for two reasons. The first one relates to the fact that defining the strength of deontic modality is often a matter of personal interpretation of the analyst (ibid). The second one arises from the fact that 'strength' can be defined in semantic or pragmatic terms: *must* which is described semantically as conveying a strong form of deonticity can be used pragmatically with a weak force (see 2.1-2.2) – the latter is referred to as 'pragmatic weakening' (the opposite applies too) (Huddleston and Pullum (2002: 176).

(2.1) <u>You must come</u> in immediately (deontically strong)
(2.2) <u>You must have</u> one of these cakes (pragmatically weak)

The above goes some way towards explaining why across the literature there does not exist a consistent definition or account of the notion of strength associated with deontic modality.

In this thesis, unless made explicit, both semantic and pragmatic uses converge to define the position of the modal in question on the cline of deonticity. As will be explained in **3.3**, with regard to the presentation of the extracts analysed in this thesis, the segments under analysis (cf. 2.1 and 2.2. above) are underlined and include the modal verb and related main modalised process and the subject to which the modalised process refers. Adverbs occurring between the modal verb and the modalised process (e.g. 'We also need to make testing more easily available') will not be underlined.

2.7.1.1.1 THE STRONG END OF THE CLINE: *MUST*, *HAVE TO*, *NEED TO*

In this section I focus on the modals that gravitate towards the strong end of the cline of deonticity.

Must

Must is presented as the marker expressing the highest, most compelling imposition on a subject to perform a particular act (Sweetser 1990:52). In Austinian (1962) terms, the force of *must* is associated with that of a directive (Collins 2009:35; Palmer 2002)

(2.3) Follow safe-sex practices! → strong compulsion

which is similar to

(2.4) You must adopt safe-sex practices → strong compulsion

Must (as in 2.4) does not allow for non-compliance (Coates 1983; Palmer 1990).

Must does not have a past form (Palmer 1990: 120) This is because deontic modality is performative, in the sense that the speaker performs the action of laying an obligation in the present and the recipient of such obligation is expected to perform it in the immediate present and/or near future. The past form of *have to*, i.e. *had to*, is used, instead, to lay an obligation in the past.

In reported speech, *must* can be used in past tense constructions to report a present-tense obligation

e.g. She said you must go (ibid: 121).

With regard to future uses of *must*, as per above, *must* lays an obligation in the present or immediate future, unless 'there is any suggestion […] that the necessity *is future or conditionally future*' (ibid) (my emphasis). In this case, *must* can be replaced by the form *will have to*.

(e.g.) For the next years, we will have to make do with the measures we have. (The Guardian, 2014)

When modal verbs are negated, two case scenarios arise: 1. the modal statement containing the modal verb, is negated (external negation); or 2. The statement connected to modalised verb only is negated (internal negation) (Leech 1971:87). *Must* is negated by adding the particle *not*. For illustrative purposes, let us consider the following examples:

a. We don't have to pay attention to HIV scaremongers
a'. It is **not** compulsory [for us to pay attention to HIV scaremongers]

b. We mustn't pay attention to HIV scaremongers
b'. It is compulsory [for us **not** to pay attention to HIV scaremongers]

Mustn't gives rise to an 'internal-negation' case scenario: namely, the obligation laid by *must* still applies, and the recipient of the obligation is obliged not to perform the modalised action (i.e. **not** paying attention to HIV mongers).

Have to

Have to is referred to as a semi-modal verb (Biber et al 1999: 73): from a grammatical point of view, it differs from the modal verbs in that it is followed by an infinitive form and its

negative and interrogative forms rely on the use of the auxiliary 'do/does..?' and 'don't /doesn't', respectively. (Leech 1990: 67; 118).

As mentioned in negative *must*, the negative form of *have to* realises an 'external negation', that is, the negative form negates the modalised sentence, cancelling the obligation.

Unlike *must,* positive *have to* can lay obligations in the past via the form *had* to, and in the future, by combining with the form *will*, *be going to* (ibid: 67). As will be discussed in Chapter 9, when used in the past tense, *had to* has implications of 'actuality', that is, the modalised action is likely to have taken place.

Other forms of *have to* include *have got to*, *got to* and *gotta*. *Have got to,* when conjugated in the past tense, does not imply 'actuality', like *had to*, but necessity only (Palmer 1990: 120). *Got to* and *gotta* are two examples of 'medial ellipsis', whereby the finite auxiliary operator *have* is omitted (Biber et al 1999: 1107). Their variation in spelling results from the ongoing grammaticalization of these forms (ibid). Regarding their use, they tend to be almost exclusively used in conversation, in the present tense (Biber et al 1999: 47). Deontic instances containing these forms will be encountered in the interview corpus.

Similar to *must, have to* construes a strong imposition (Leech 1980, Smith 2003). Unlike the majority of commentators on modality, Sweetser (1990: 54) differentiates *must* and *have to* in terms of degree of resistibility (the latter previously referred to in this thesis as 'compliance/non-compliance'): in other words, *have to*, unlike *must*, can be resisted under certain conditions, as illustrated by the following example:

(2.5) I have to / ??must get this paper in, but I guess I'll go to the movies instead. (Sweetser 1990: 54)

I label the type of deontic labour in (2.5) as 'necessity' (see **2.7.1.2**). The compelling force of a necessity, albeit high, can be temporally resisted.

Finally, it is important to note that, whilst this section presents possible ways of distinguishing uses of *must* and *have to*, no clear, absolute distinctions always apply. Overlaps between them are possible.

(2.6) I must pay attention to safe-sex messages
(2.7) I have to pay attention to safe-sex messages

In **2.7.1.2**, I will draw upon another variable that might help highlight another semantic difference between (2.6)-(2.7), even when *must* and *have to* can be used interchangeably.

Need to

The grammatical behaviour of *need to* is similar to *have* to: interrogative and negative forms require the auxiliary do/does and don't/doesn't, respectively. Similarly, negative *need to* negates (i.e. cancels) the necessity to perform the modalised action (external negation).

(e.g.) Some people don't need to have (that treatment) once they've completed the treatment. And it was five lots of the sets of 20 injections at a time on each cheek, and lots of blood. It was messy and painful. (Martin)

Finally, *need to* can lay an obligation in the past, through the past form *needed to*.

The President of the country I was representing, um, um, denying that HIV existed as a condition. And… And it was then that I realised that, um, uh, it's, it's a lot more needed to be done. (Drake)

In terms of deontic strength *need to* is theorized across the literature (Biber et al 1998: 205-210, 241, among others) as conveying a strong imposition. However, Leech (1980) introduces a further level of specification and measures the strength of deonticity of *need to* in a comparative way, in relation to *must* and *ought to*. In (2.8-2.10),

(2.8) you must have a haircut (most categorical)
(2.9) you need to get a haircut
(2.10) you ought to get a haircut (least categorical)

Leech (1980) presents *need to* as occupying a halfway house semantic position between the most and least categorical imposition construed by *must* and *ought to*, respectively. Similarly, Huddleston and Pullum (2002) maintain that *need to* belongs to the category of 'medium modality', 'though intuitively it is closer to the strong end than to the weak.' (ibid)

In this thesis, I subscribe to the position widely upheld in the literature on deontic modality that categorises *need to* as deontically strong. This is to streamline and simplify the analysis, whilst discarding possibly superfluous details with limited analytical import.

2.7.1.1.2 THE WEAK END OF THE CLINE: *SHOULD*, *OUGHT TO*

The weak end of the cline accommodates the modals *should* and *ought to*. They are also seen as the deontically weak equivalent of *must* (Coates 1983: 96, 131-132; Leech 1971:94-95; Palmer 1990: 123). In line with Coates (1983: 81), Leech (1971) and Palmer (1987: 131) *should* and *ought to* are handled together since the imposition they express is not absolute and allows for non-compliance. In other words, the weak sense of deonticity serves to highlight the ideal course of action, with no certainty that the modalised action will take place (Coates 1983), as in:

(2.11) I should take the medication

where (2.11) does not rule out the possibility that the event will materialise, as opposed to (2.12), where the social actor failed to act upon the imposition. Negative forms of *ought to* and should are achieved through the negative particle not; similar to *mustn't*, *oughtn't* and *shouldn't* trigger an 'internal-negation' case scenario: namely, the recipient of the obligation is recommended not to perform the modalised action.

(2.12) I should have taken the medication

When used in the past tense, *should* can convey criticism and/or regret for not implementing the imposition when it arose.

It is also worth noting that the semantic and pragmatic force of the two modals might not always coincide. Namely, whilst *should* and *ought to* are semantically known for the weak sense of imposition, this might be used as strong marker of modality under particular context-related conditions. As Smith (2003: 242) points out, cases such as (2.13)

(2.13) you should get a move on (ibid)

carry a stronger imposition than cases with the semantically stronger form *must* (2.14).

(2.14) you must come and visit some time (ibid)

Finally, the only discrepancy between *should* and *ought to* is potentially the frequency with which the latter occurs: in my news corpus only 13 concordance lines containing *ought to* are found dealing with the topic of HIV/AIDS, whilst only two instances are found in the interview corpus. This very low number is validated by Myhill's (1995) diachronic study of modal verbs in a corpus of American plays and Leech et al's (2009) diachronic study on the frequency of modal verbs. In practical terms, this discrepancy means that the majority of my analysis of weak modality will be analysis of *should*.

Having presented the cline of deonticity as one way of describing the modals considered for the analysis, the following section is dedicated to the second variable, i.e. the deontic values of obligation and necessity.

2.7.1.2 THE DEONTIC VALUES OF OBLIGATION AND NECESSITY

In this section, I introduce the second parameter employed to define the nature of the imposition conveyed by the modals under investigation. I obtain this parameter by rethinking and reorganising the semantic domain of deonticity in more specific terms. To do so I question whether the label of obligation used to define deonticity is too big a catch-all term not leaving enough room for enquiry into the more fine-grained deontic nuances that the term seems, at least *prima facie*, to soften into one unique monolithic definition. Consequently, I claim that collapsing the deontic modals into the same semantic domain of obligation can lead to the potential mistake of falling into the trap of a rough and ready semantic organisation that meets very well the needs of categorisation, but falls short of providing a toolkit for a multifaceted analysis of real messy data. This is especially significant for my particular research purposes since the nature of the deontic labour construed for social actors may vary a great deal, even where deontic modality is used. Not all deontic modality is likely to be equally *moral* in tone, to give an important instance.

I embarked upon this undertaking fully aware of the semantic indeterminacy that characterises the various, often contrasting accounts in the literature attempting to highlight the semantic features for the five modals under analysis. Specifically:

Must-based impositions are often described as being issued by a speaker who exercises their authority and power over the addressees (Biber et al 1998: 205-210; Leech 1980: 77, 1987:83; Palmer 1990: 69-70). Due to the clear connection between imposition and speaker, uses of *must* are also presented as subjective.

Have to is said to be used when the speakers issuing the imposition do not want to show their personal involvement: for this reason, *have to*-based impositions are described as objective (Collins 1991: 160; Leech 1980: 79).

Need to is described as conveying an imposition that is internal to the recipient/doer (Smith 2003: 244; Sweetser 1990: 53). According to Bybee et al (1994: 177), the issuer of the imposition is external and lays down the obligation in such a way that the latter is presented as being in the best interest of the recipient. It is therefore less of an overt marker of power and 'likely to have a more positive association of taking cognizance of individual needs and requirements' (Smith 2003:264). On the other hand, in lieu of the commonly shared view of *need to* as internally motivated, Loureiro-Porto (2013: 173) argues for a presentation of the modal as 'expressing volition, external obligation, and general need'.

Based on the short account presented above, subjectivity and objectivity are drawn upon as parameters for defining the nature of the imposition. In this thesis, the very label 'subjectivity' is held to be a rather divisive one, spawning different interpretations. Three of these are listed in Narrog (2012) as the most prominent ones: the first one is also known as 'performativity' and linked to the speaker's commitment to and involvement in a statement (Bybee et al 1994; Calbert 1975; Coates 1983; Lyons 1977); the second one is measured in terms of 'evidentiality' that Nuyts (2001) presents in relation to epistemic modal expressions, as the amount of evidence that is either available to the speaker only or is also shared by a large community; finally the third one is based on the grammatical construal of the sentence (Langacker 1990, 1991) and concerns, as Narrog (2005: 41) summarises it, 'the degree to which the speaker (conceptualiser) is expressed only implicitly as opposed to putting themselves on stage'.

In particular, I take issue not only with the different definitions of subjectivity, making the concept very difficult to apply from the onset, but also with how one is supposed to determine the cut-off point allowing the division between subjective and objective uses of modality (cf. Narrog 2005: 170). One could follow Coates's (1983) four conditions that need to apply in order to define uses of deontic modality subjective:

1. The subject needs to be animate;
2. The main verb needs to convey an activity meaning;
3. The source of the obligation issuing the command is 'interested in getting the subject to perform the action';
4. The speaker is in a position of power over the subject (1983: 33, 35).

As a result of Coates' four conditions mentioned above, (2.15)-(2.16) below can be classified as subjective and objective, respectively.

(2.15) We need to make standardised HIV testing a priority so that every woman knows their status and can make informed decisions (The Observer, 2010)
(2.16) Information about HIV and sexually transmitted diseases needs to be conveyed in stages, as part of a coordinated plan (The Guardian, 1997)

These conditions, however, lack systematicity and the rigour to be upheld and applied in this present analysis. Therefore, it is against this backdrop of uncertainty and unnecessary complexity that I propose to introduce 'obligation' and 'necessity' as two distinct deontic values to define, along with the cline of deonticity, the imposition conveyed by the five modals under investigation. By doing so, I aim not to engage with such concepts as subjectivity/objectivity, external authority, and internal motivation. While these concepts have been heavily drawn upon to describe the modals, they have also yielded contrasting and often unsystematic accounts.

The two deontic values have been used interchangeably in the literature on modality mentioned above, but no systematic account has been offered so far. What can be noted is that there is a tendency to see obligation as fairly subjective, associated with a position of power and authority and as fairly difficult to resist (Biber et al 1998; Palmer 1990). On the other hand, necessity takes on connotations of objectivity (Huddleston and Pullum 2002).

Leech (1987: 80) provides the theoretical conditions laying the foundations for my deontic distinction between obligation and necessity. In his analysis of modal values, he juxtaposes permission with obligation, and possibility with necessity. Each pair of values is instantiated by their respective modal verbs (Table 1).

Permission	MAY	MUST	Obligation
Possibility	CAN	HAVE TO	Necessity

TABLE 1 - DEONTIC VALUES

So by presenting:

PERMISSION as the inverse of OBLIGATION

POSSIBILITY as the inverse of NECESSITY

the claim is that obligation and necessity are not necessarily synonymous, making the investigation into the possible distinctions between the two deontic values worth pursuing. Smith (2003: 241) acknowledges the merit of employing obligation and necessity as two separate terms. However, due to the fuzziness around the two terms, he prefers to side with general consensus and focus on necessity only, as the semantic sub-category of modality. On the other hand, Bybee et al (1994: 177) attempt at a definition of obligation and necessity as being two of 'the most semantically specific notions' of 'agent-oriented modality' (ibid) (the latter is treated as synonymous with 'deontic modality' in this thesis).

Therefore, obligation is used 'to report the existence of *external*, *social* conditions compelling an agent to complete the predicate action' (ibid) (my emphasis), as in (2.17):

(2.17) People must sit up and consider their own sexual health to prevent AIDS and other sexual diseases usually contracted through unsafe sex (Manchester Evening News, 2001)

Must is associated with deontic obligation, as indicated in Table 1 above from Leech (1987). On the other hand, necessity 'reports the existence of *physical* conditions compelling an agent to complete the predicate action' (my emphasis), as in (2.18):

(2.18) We need to make standardised HIV testing a priority so that every woman knows their status and can make an informed decision (The Observer, 2010)

In this light, *need to* is associated with the deontic value of necessity.

The above can also be framed in the following equation:

OBLIGATION = *must*

NECESSITY = *need to*

By collapsing Leech's and Bybee et al's equations, the final one is:

OBLIGATION = *must*

NECESSITY = have to, need to

Myhill (1995:173) builds upon Bybee et al's definition of obligation in a similar vein. He highlights the social factors (i.e. 'social decorum, norms, principles and morals') that underpin the deontic values. It follows that obligation does not (at least exclusively) reflect the authority of the issuer; rather, the latter serves to enforce what, according to social norms, is the right, ethical way of behaving under particular social circumstances. Obligation can also be equated to Martin and White's (2005) concept of 'propriety', i.e. a type of judgement assessing 'how ethical someone is'. The values of 'propriety', which are often encoded in 'rules, regulations and laws' are said to 'underpin civic duty' (ibid: 52)

As for the deontic value of necessity, the factors urging a social actor to act appear less related to questions of ethical and moral nature, as can be gleaned from the adjective 'physical' as opposed to 'social' modifying the noun 'condition' in Bybee et al's definition. In this thesis, I take 'physical' to refer to the make-up of a particular situation, in the form of the conditions that can be observed and measured. Deontic necessity is not morally loaded with the same sense of morality and social approval that deontic obligation, on the other hand, is more likely to carry. It is a type of neutral and 'circumstantial'/ 'situational' imposition that arises out of the circumstances of a particular state of affairs (Nuyts 2005, 2006; Palmer 1990; Portner et al. 2016). The value of 'necessity' can be likened to Martin and White's (2005) concept of 'capacity', namely how capable somebody is to do something. Ngo and Unsworth (2015: 17) propose a further refinement of this category to include 'mental', 'material' and 'social' capacities required in respectively cognitive, physical/ technical and interpersonal performances. As with the deontic value of 'necessity', emphasis

is placed on the skillset that is best suited to the circumstances at hand, rather than on the value system that underpins the actual performance.

The value of obligation and necessity do not only apply to the strong modals, but also to the weaker ones, *should* and *have to*. Myhill (1995: 177) and Sweetser (1990: 53) identify moral overtones and the values of fairness, justice, responsibility associated with uses of *ought to* and *should*. This, in addition to the fact that *should* and *ought to* are theorised by Coates (1983:27) as sharing the same type of obligation as *must*, lead to the final equation between deontic values and modals:

OBLIGATION = *must*, *should*, *ought to*

NECESSITY = *have to*, *need to*

Table 2 combines the two parameters drawn upon to define the deontic nature of the modals under analysis: deontic force is placed on the vertical axis, whilst the obligation/necessity values are on the horizontal axis. The modals are placed at the intersection of the two axes.

	Obligation	Necessity
Strong	*Must*	*Have to - Need to*
Weak	*Should - Ought to*	

TABLE 2 - THE FINAL PROFILE OF THE FIVE DEONTIC MODALS

Ultimately, one of the merits of attending to these two values and distinguishing between 'moral' and 'circumstantial/practical/functional' undertones is to establish the tenor of the discourse of HIV/AIDS post 1996. That is to say that, just as I have found the subjective-objective distinction problematic for my research, others may find the obligation-necessity problematic for theirs. However, significantly, it is useful here in that it attends to a semantic distinction of considerable relevance for my overall research concerns.

2.8 APPLICATIONS OF DEONTIC MODALITY

Having paid considerable attention above to some of the theoretical distinctions used to conceptualise deontic modality, I now present a brief overview of previous studies in which

modality, and specifically, deontic modality, plays a prominent part. By doing so, I am able to establish how much analytical attention deontic modality has received across the literature. Modality features as the object of investigation across a wide variety of research, including but not limited to the formal, semantic and functional studies on the use of modality in single and cross-linguistic contexts, genre analysis, and discourse analysis (Hoye 2004). My project is situated within the last field of aforementioned research, and its aim is to address a gap in the literature on the application of modality in discourse studies.

2.8.1 MODALITY AND DESCRIPTIVE GRAMMAR

Modality is a common theme in modern descriptive grammar. Descriptive grammar approaches to deontic modality work towards a semantic profile of deonticity (Coates 1983; Lyons 1977; Palmer 1979, 1986, 2003; Van der Auwera and Plungian 1998; von Wright 1971, among others) which tends to gravitate around the values of necessity/obligation and permission. However, although the above are often seen as the most established parameters in use, there still exists ongoing re-interpretations and interrogations of the deontic domain, as pursued by Van Linden and Verstraete (2000) with their reconfiguration of the deontic domain in terms of the deontic values of obligation, permission and desirability, and by this very thesis, where obligation and necessity are taken to encode slightly different deontic values (see **2.7.1.2**).

Palmer (1986 [2001]) lays the foundations for a grammatical system of modality with a particular focus on modal auxiliary verbs across languages. Cross-linguistic studies that build upon Palmer's (ibid) work include Bybee et al (1994) and Van Der Auwera et al (1998).

Another significant contribution to the grammatical theorisation of modality is the one found in Biber et al 's (1999) and Huddleston et al's (2002) grammars. Their approach differs by virtue of the fact that the former is mainly concerned with written English, whilst the latter takes into account also spoken English and linguistic changes across registers.

Deontic modality and related markers of obligation and necessity are often explored both synchronically, as in the aforementioned grammatical studies as well as in Lakoff (1972), Leech (1987) and Sweetser (1990), and diachronically. In the latter regard, Leech (2003) and

Smith (2003) chart the development of deontic modal auxiliary verbs, the former using the British corpora LOB and FLOB and the American Frown and Brown corpora, whilst the latter uses only with the LOB and FLOB corpora. They both identify a move away from the use of main modal verbs (such as *must*) and a preferential shift towards semi-modals (e.g. *have to*, *need to*) which they explain by referring to the processes of Americanisation, colloquialization, and democratisation that society, first, and language, second, have experienced more prominently from the second half of the twentieth century. Historical shifts in the use of deontic modals are identified by: Myhill (1995, 1996) who studies a corpus of spoken American English made up of nine American plays written between 1824 and 1947; Miller (2009) who investigates the TIME corpus; Krug (2000) who relies on the Helsinki and ARCHER corpora, for the historical data, and on the British National Corpus (BNC) for present-day data; Biber et al (1998) who draw upon four different corpora, i.e. the London-Lund Corpus, the Lancaster-Oslo/Bergen (LOB) Corpus, BNC, and the Longman-Lancaster Corpus. One important common denominator in all four of the abovementioned studies is the analysis of modality and the related changes through the lens of 'grammaticalisation', defined as 'the increase of the range of a morpheme advancing from a lexical to a grammatical or from a less grammatical to a more grammatical status, e.g., from a derivative format to an inflectional one' (Kuryłowicz 1965:69). Grammaticalisation is upheld as a crucial factor in explaining the decline of so-called pure modals (e.g. *must*) and the rise of semi-modals (e.g. *have to*, *have got to*, *need to*).

Finally, an additional grammatical approach to the study of modality in English deals with modal uses and properties typical of regional English varieties: Leech (1987) and Coates (1983) focus on British English, Hundt (1997), and Mindt (1995, 2000) on both British and American English, Collins (1991) on Australian English, and Hundt (1998) on New Zealand English.

2.8.2 Modality and genre analysis

Another well-trodden path in the analysis of modality pertains to the field of genre analysis. Modality is one of the many linguistic features that characterize the genre of academic writing: in particular, studies such as Crompton (1997), Hyland (1994, 1996) and Kranich

(2011) tend to prioritise the analysis of epistemic modality for its hedging function, typical of an academic writing style.

Deontic modality features in academic writing studies mostly in conjunction with epistemic modality, as in Grabe et al (1997), Kazeem et al (2015), Piqué-Angordans et al (2002), among others. Vihla's (1999) research on the medical writing genre argues that deontic modality has the affordance of 'construing medical writing as norm-governed action' (ibid: 138). Finally, Simpson (1990) considers both epistemic and deontic modalities in order to establish how they function in the genre of literary criticism, and, more specifically, how extensively Leavis (1973) draws upon modality in his critical survey of English fiction.

Modality also plays an important role in newspaper discourse. It is, indeed, through the use of modality that journalists are able to express their viewpoints and manipulate the reader's perspective. Modality is chosen as a linguistic parameter for various analytical purposes, as illustrated by the following studies. Facchinetti (2013) focuses on deontic and epistemic modality in news-related blogs as a means to shed light on the style of this contemporary journalistic genre as opposed to the traditional newspaper articles written by professional journalists. Modality is used: to decode political leaning in Bangladesh print newspaper editorials (Khan et al 2011); to pinpoint stylistic differences between British tabloids and broadsheets (Timuçin 2010), and cross-linguistic stylistic differences pertaining to editorials published in the New York Times and the Tehran Times (Bonyadi 2011); to explore the construction and attainment of persuasion in newspaper columns published in the British The Times and Spanish El País (Dafouz-Milne 2008); to investigate, through the medium of Appraisal Theory (Martin and White 2005), and modality, how editorials in China Daily, held as 'one of China's most authoritative English-language outlets' (Lihua 2009: 75), construes their evaluations (ibid).

2.8.3 MODALITY AND (CRITICAL) DISCOURSE ANALYSIS

The final field to be reviewed is that which most closely pertains to this thesis: (critical) discourse analysis. Halliday's (1976) theorization of modality in functional terms, as one of the multiple means upon which speakers and/or writers rely to interact, fashion and negotiate their persona in the social world, has been instrumental in highlighting the potential of

modality also in discourse analysis. The latter conceives of modality as a valuable analytical tool for its significant import in the identification of power, inequality and ideology in discourse (Baker et al 2010). The importance of modality and its affordances in (C)DA have been discussed at length in Fairclough (1989/2014,1992, 2003, 2010), Machin et al (2012), among others. Prior to that, modality featured in the checklist of 'aspirants in critical linguistics' (Fowler 1985; Fowler et al 1979:198; Hodge et al 1979) as one of the most frequent linguistic constructions to consider for being highly revealing in discourse. As mentioned in Chapter 1, modality is closely linked to evaluation (Fairclough 2003: 164, 173). It is an indicator of what the speakers/writers commit themselves to, regarding what is necessarily true and possible (epistemic modality), good or bad, (un)desirable (deontic modality) (ibid). It is through modality that speakers are able to texture their identity, convey their authority, and show allegiance to particular representations of certain events. Fairclough (2000) exploits the affordances of modality to produce a profile of the then Prime Minister Tony Blair as a strong, assertive but also relatable political leader.

Similarly, Fairclough (2014: 184-189) employs modality (among other linguistic features expressing relational value) to investigate how Margaret Thatcher relates to her audience, referred to as 'ordinary people', in a radio interview. Furthermore, modality can also be the cause for debate and contestation in media reporting. For example, Hodge et al (1988 in Fairclough 1992:160) note that the media tend to report events and present opinion in categorical terms, ironing out uncertainties and transforming what was originally opinions into facts. Transformations such as this have serious ideological implications for distorting reality and construing false representations of it. The role of the critical analyst is to identify them and explain the linguistic mechanisms adopted to achieve such effects.

Other applications of modality, and in particular of deontic modality, in (C)DA can be found in: the analysis of university prospectuses to indicate how the process of marketization and the promotional culture that British universities have embraced as of the beginning of the 1990's are linguistically realised (Fairclough 1993); the analysis of ten sustainability-in-higher-education documents published between 1990 and 2009 'to investigate how the value of sustainability and the role of universities are presented in these documents' (Sylvestre et al 2013); the examination of wartime propaganda as reported in Japanese newspapers during the Second World War and presented in moral terms through the use of deontic modals such as

must, *should*, *ought to* (Iwamoto 1998); the analysis of the political orientation and the manipulative and persuasive effects that politically conservative Canadian texts have on their readers (Lillian 2008); investigations into the discursive strategies that users on online discussions on veganism adopt to allocate responsibilities, and present facts and rules associated with how to follow a balanced vegan diet (Sneijder et al 2005); analyses of political discourse as a form of practical argumentation, where speakers/writers verbalise their line of argument and express what is necessary, good, right, morally responsible to do (Fairclough and Fairclough 2012).

Given the fact that the present thesis deals also with interview data, to my knowledge, Sealey (2012) is the only study in CDA where a deontic modal (*couldn't*) is investigated as a discursive resource to investigate how the interviewees represent their experience. More specifically, Sealey pays attention to the way in which interviewees report on material, financial and cultural constraints which impede the realisation of their goals. The seemingly harmless deontic *couldn't* merits analytical attention since it functions also as a proxy for the identification of what lies behind the use of language, that is, the non-linguistic social and physical structures that silently constrain and shape the interviewees' lives.

What is yet to be made fully explicit from the foregoing review of modality-based studies (especially those situated in field of CDA) is the type of approach that the analyst can take when choosing modality as an analytical tool: specifically, one can take an exclusive or inclusive approach to it, where the former involves looking only at the modal verbs as the 'archetypical markers of modality' (Fairclough 2003: 168), whilst the latter comprises any linguistic feature capable of conveying the speaker's attitude (including but not limited to the mood of the sentence ('declarative/imperative'), any nominal strategies with an evaluative purpose (participial adjectives such as 'required, necessary'), mental-state processes ('I think')).

With regard to the two approaches to modality, I contend that an inclusive approach may pose serious challenges when executed in large-scale analyses such as the one presented in this thesis. Inclusive approaches to modality lend themselves to discourse analyses that allow a close reading of the discourse instances in hand. By choosing, instead, a narrow approach and focusing on explicit modalising markers, I prefer quantity over quality, reviewing

systematically the uses of five modal verbs in the news and interview corpora. Moreover, this exclusive approach enables comparability between the two data sets under investigation.

2.9 CONCLUSION

In this chapter, I set out the theoretical coordinates considered in this thesis: this entailed looking at the definition of CDA, the notion of discourse and the synergy between CDA and corpus linguistics. I have also presented a theoretical overview of deontic modality and the two main parameters, i.e. cline of deonticity, and the deontic values of obligation and necessity, that will be employed as organising principles for the following analysis.

Finally, by reviewing the modality-based studies I have given a taste of the mounting interest that modality has received across various fields of research. Most importantly, I have highlighted that whilst deontic modality features as an analytical tool in (C)DA studies, and mainly as an evaluative indicator, to my knowledge, there are no large-scale studies that have addressed deontic modality extensively, nor used it as a fruitful barometer of ideologies in discourse. This thesis aims to address this gap and adopts deontic modality as a point of entry into the exploration of the discourse of HIV/AIDS post 1996.

CHAPTER 3 – METHODOLOGY

3.1 INTRODUCTION

In this chapter I set out to provide an overview of the methodology adopted in this thesis. The methodology has been devised according to the research questions and research aims that inform this project. These research questions are addressed across two data sets. By doing so, I am able to investigate the discourse of HIV/AIDS post 1996 in a multifaceted way.

3.2.1-**3.2.3.6** give an account of the data and the collection methods adopted, and the analytical process adopted in this thesis. **3.2.1** is concerned with the so-called 'public discourse of HIV/AIDS', which is investigated using a corpus of newspaper articles. **3.2.3**-**3.2.3.6** deals with the so-called 'private discourse of HIV/AIDS', and is approached through a corpus of fifteen semi-structured interviews conducted with gay men with HIV (henceforth GMWH). **3.3** presents the process of analysis that will be followed throughout this thesis.

3.2 DATA AND TOOLS

In this section, I present the various steps that were followed to compile the news corpus, I briefly describe the corpus tools for processing the corpus data, and the methods for downsizing and sampling the corpus for the analysis.

3.2.1 DESCRIPTION OF THE NEWS CORPUS

The news corpus under analysis is an 'opportunistic', custom-made one (McEnery and Hardie 2012). It is opportunistic in the sense that it 'make[s] no pretension to adhere to a rigorous sampling frame' (ibid: 11). Instead, it collects all the material that is made available around this topic that is identified using the online news aggregator Lexis Nexis. A series of criteria, presented below, was operationalised in order to obtain news texts for the corpus.

The search for news articles was limited to a particular time span, between 1996 and 2015. As mentioned elsewhere, 1996 acts as an important cut-off date in the medicalisation and prevention of HIV and AIDS (cf. Arts et al 2012). 1996 is, indeed, the year when important breakthroughs were achieved in the understanding of how HIV spreads through the cells of an infected body and how this spread can be contained. Moreover, new therapeutics available

on the market marked a shift in the medical conceptualisation of HIV, from a fatal to a chronic but potentially manageable condition.

The articles were retrieved using the following search string:

(gay! OR homosex!) AND (HIV OR H.I.V. OR AIDS OR A.I.D.S)

The key search terms were organised in two bracketed clusters. The first one contains the terms 'gay' and 'homosex'. The '!' wild card at the end of each word was added to locate possible variations, such as *gays*, *homosexual*, *homosexuals*, *homosexuality*. The logical connective OR featuring within both clusters means that only one of the terms listed in each sequence needs to feature in the news articles.

On the other hand, the logical connector 'AND' between the two clusters indicates that one of the terms from both clusters must co-occur in order for the news articles to be selected as a viable item of the news corpus. This search string was devised with the aim of selecting news articles that, to a certain extent, would deal with the topic of HIV/AIDS in connection to gay people.

All the articles featuring in the corpus were published in major national and local regional British newspapers. No distinction between tabloids and broadsheets was made since the main research interest does not consist in teasing out potential differences in the way different types of newspapers cover HIV/AIDS, but in gaining a general understanding of the nature of deontic labour across the whole news corpus. Table 3 reports all the publications that were included in my news corpus, organised according to the following categories: 'broadsheet/quality'; 'tabloid'; 'magazine/specialist journal'; 'regional'; 'local'. Some of these publications could have featured in more than one category. However, in order to avoid repetitions, they were inserted only once so as to satisfy one category only.

Broadsheet / Quality	Tabloid	Magazine / Specialist Journal	Regional	Local	Online and Press Agencies
-The Guardian -The Scotsman -The Independent -The I. -The Independent on Sunday -The Observer -The Times -The Scotland on Sunday -The Herald - The Sunday Herald - Belfast Telegraph -The Daily Telegraph -The Irish Times -The Sunday Times	-Evening Herald -The Mirror -Daily Record -Daily Mail -Daily Mirror -Sunday Mirror -Sunday Mail -The Sun -Metro -The Express -Daily Star -News of the World -The People	-The Times Higher Education -The Lawyer -Health Service Journal -The Labour Research -Local Government Chronicle -The Spectator -Sporting Life -Post Magazine -The Pulse -Time Out -The Practitioner -New Statesman -New Scientist -GP Magazine -The Prospect -Nursing Times -Chemist Druggist	-The Citizen -The Bristol Post -Birmingham Post -Leicester Mercury -Grimsby Evening Telegraph -Nottingham Evening Post -Western Daily Press -Hull Daily Mail -Bath Chronicle -South Wales Evening Post -Western Morning News -Aberdeen Press and Journal -Birmingham Evening Mail -Country Evening Telegraph -Llanelli Star -UK Newsquest Regional Press (This is Worthing) / (This is Lancashire) / (Worthing) /	-Belfast Newsletter -Evening Times -The Journal -The Journal (Newcastle) -Evening News -Evening News (Edinburgh) -Evening Chronicle -Evening Chronicle (Newcastle) -The Sentinel (Stoke) -Evening Telegraph -Aberdeen Evening Express -Gateshead Post -The Gloucester Citizen -Evening Herald -Wakefield Express -Evening	-Press Association -BBC Monitoring -Mail Online -The Guardian.com -Liverpool echo.co.uk -Independent.co.uk -Mirror.co.uk -Express Online -Telegraph.co.uk

			(Worcestershire) / (The Argus) -Irish Examiner -Daily Post -South Wales Echo -South Wales Evening Post -Wales on Sunday -Oxford Mail -Western Mail -Manchester Evening News -Liverpool Daily Echo -Express Echo (Exeter) Grimsby Evening Telegraph -Evening Gazette -Belfast Telegraph -Yorkshire Evening Post -Lancashire Telegraph -Reigate Mirror -Gloucester Echo	Gazette -Lancashire Telegraph -Herald Express -Lincolnshire Echo -Derby Evening Telegraph -The Evening Standard -Chester Chronicle -Newham Recorder -London Lite -East Anglian Daily Times -Coventry Evening Telegraph -Essex Chronicle -Carmarthen Journal	

TABLE 3 - NEWSPAPERS FEATURING IN THE NEWS CORPUS

As mentioned above, my news corpus can be organised along a series of dimensions such the type of newspaper (quality press or tabloid), the size (broadsheet or tabloid), the distribution (national or local) thereof. However, since one of the aims of this study is to gain an overall understanding of what kind of evaluation of HIV deontic modality communicates in the news corpus as a whole, these dimensions are not taken into consideration.

A second important dimension to consider instead relates to that of genre and sub-genre: whilst the news articles contained in this corpus belong to the same journalistic genre, they differ in terms of sub-genres. Using Bell's (1991) categorisation system, the news articles under analysis can be divided into 'hard' and 'soft' news. The former is informational and covers events that are time-bound, and have significant political, economic, social implications (Durant and Lambrou 2009: 27). The latter deals with 'lighter' topics, such as gossip, music, literature (Baker et al 2013: 10). The news corpus comprises both hard news (mainly news reports on events of serious political, security, economic significance) and soft news (e.g. editorials, weekly columns, reader's letters often in the style of 'agony aunt' letters).Unlike hard news, writers of soft news often showcase their own opinions and ideas, they aim to afford the reader one of the many ways in which events can be interpreted, and, in doing so, they aim to stir and influence the public opinion.

In light of the different nature of these two types of news, variation of style between these two subgenres must be considered. Hard news fulfils its informational function and purportedly aims for factuality and objectivity by limiting itself to recounting the events with no markers of evaluation (e.g. 'modals and conditionals' through which the writer could entertain different alternative hypothetical ways in which the story could unfold) (Biber and Conrad 2009: 129). The subjective authorial stance in soft news, instead, becomes explicit through the wide range of evaluative markers showing emotions and opinions. Bednarek (2006: 110) and Montgomery (2007: 223) suggest that the purported objectivity of news discourse is reflected in a limited use of deontic modality. This does not apply to the HIV-related news corpus: as will be explained in Chapter 12, most of the deontic instances do not feature in the main body of the news article, but are produced, through reported speech mainly, by subjects in the news stories that are disassociated from the news writer. By contrast, the main news writers of editorials and readers' letters are often the deontic source of deontic instances.

One aspect that was borne in mind when compiling the news corpus relates to the question concerning what constitutes a 'representative sample' (Baker 2006) of the news discourse on HIV/AIDS. As Meyer (2002: 40) puts it, this issue involves thinking of how many instances of language one needs to include, so as to be allowed to make generalisations about a particular linguistic phenomenon occurring, which, in Meyer's case, appears in a particular

genre. Stubbs (1996: 232) voices the possibility that obtaining 'a representative sample of "a language"' may be not be possible 'since the population being sampled is infinite in extent and is constantly changing'. This is true, and definitely 'more true', if the sampled language focuses on naturalistic aspects of language evolving through time. However, in relation to my case scenario, and based on the results made available from the online news aggregator and search string adopted, to the best of my abilities, I can take my news corpus as a representative sample of the British media discourse on HIV/AIDS, produced within the time frame 1996-2015, in that it includes all the published material that was available on Lexis Nexis and contained the words of my search string. What could be missing are articles that would have been topically relevant, but were not included due to the lack of the adopted search words in them.

Another point to address in relation to the method adopted for the construction of my news corpus regards the choice of the key terms that were fed to the online news aggregator. As presented in point 2 above, the chosen terms were key to identifying the discourse around the topic of HIV/AIDS and gay people. However, as noted in Sealey and Pak (2018), basing one's corpus compilation around key terms that will also be subject to linguistic analysis can lead to a certain type of circularity in the analysis. This circularity would, in turn, defeat the very purpose of carrying out corpus-driven discourse analyses and potentially fail to uncover the so-called 'non obvious meaning' in the discourse in hand (Partington 2008). A redeeming element in the analysis of my news corpus which, I claim, can counteract potential analytical circularities is represented by the fact that the analysis of my corpus is not organised around the key terms used in the process of data compilation. Rather, the focus is on the explicit markers of modality featuring in the corpus as explicit forms of evaluation. In other words, the research aims prior to and post collection of the corpus changed: I did not originally set out to collect the present corpus with a view to analysing deontic labour in the discourse of HIV/AIDS post 1996. The original aim was to investigate the linguistic construal (e.g. nominal and predicational strategies, among other) of GMWH. Therefore, the change of research aims offers an important solution to the potential threat of analytical circularity in my study.

The resulting corpus obtained from the operations described above is 4,161,530 tokens in size, distributed across 5,658 texts identified across the newspaper publications listed in Table 3.

Upon completion, the corpus underwent an automated cleaning process to separate the metadata from the body of the articles, the latter to be subject to corpus analyses. Metadata information which was saved in a separate excel spreadsheet include the title, the author/s, the date and type of publication of the main body under analysis. By assigning the same code to every article and its related metadata, I am able to retrieve the metadata information specific to every article.

3.2.2 PROPORTIONAL SEMANTIC COLLOCATION

'Proportional semantic collocation' is a methodology borrowed from Potts (2015) and applied to this thesis as a way to navigate and, more precisely, to downsize in a systematic way the high number of concordance lines per modal verb. In other words, the selection of the concordance lines for subsequent in-depth qualitative analyses is the result of a rigorous and replicable methodology, rather than the result of random selection. This process works as follows.

Following in the methodological footsteps of Baker et al. (2013), the finalised corpus was uploaded to the online corpus analysis interface SketchEngine (Kilgarriff et al. 2004, 2014). As mentioned elsewhere, since the starting point of my analysis is represented by five modal verbs, the first stage of the analysis involved establishing how frequently the modal verbs occur in the news corpus. Table 4 lists the CQL queries (corpus query language) that were carried out in order to gain a preliminary picture of the relative frequency of each modal verb across the corpus.

Modal verb	CQL type	Frequency
Should	[lemma= "should"]	4,083 tokens (842.81 pmw)
Have to	[lemma="have"]"to"	3,452 tokens (712.60 pmw)
Must	[lemma="must" & tag="MD"]	1,706 tokens (352.15 pmw)
Need to	[lemma="need" & tag="V.*"] "to"	1,245 tokens (256.99 pmw)
Ought to	[lemma="ought"]	131 tokens (27.04)

TABLE 4 - SEARCH STRING AND FREQUENCIES OF THE MODAL VERBS IN THE NEWS CORPUS

The first step towards a downsized batch of concordance lines involved carrying out five collocate analyses, choosing as the node word the five modal verbs. The merits of performing collocate analyses as a way to carve out one's way into the corpus are well established in corpus-assisted discourse analysis by studies such as Gabrielatos and Baker (2008), Baker et al. (2013), Baker and McEnery (2015). The parameters adopted for the collocate analysis are as follows. The word span was set to 5 to the left and the right of the node word (5:5) in order to obtain a wide variety of collocates. This is contrary to Potts (2015) who restricts the word span to +/-1 since her interest is in the predicational strategies (cf. Reisigl and Wodak 2009) used to define the NP 'people' in a corpus of news reporting on the hurricane Katrina. Minimum frequency was 5. I used MI ≥ 3 and log likelihood (LL) > 15.13 to identify the collocates, in line with the respective recommendations proposed by Hunston (2002:71) and Rayson et al. (2004: 933). By combining MI and LL, I am able to account for both the effect size and confidence of collocation. With regard to the latter, in this study, collocates were considered statistically significant at the level of 0.001% ($p < 0.0001$) (cf. Gabrielatos and Baker 2008: 11, 34). This meant that collocates with log-likelihood lower than 15.13 were not considered.

A second tool, WMatrix (Rayson 2003; Rayson et al 2004) is utilised for the second stage of the downsizing process. The list of collocates obtained from SketchEngine were saved as txt. file and uploaded to Wmatrix in order to be semantically annotated via USAS. USAS is a framework devised at Lancaster University with the aim of performing semantic annotations of corpora. The tagset (Table 5) includes 21 discourse fields, labelled with capitalised alphabetical letters, and loosely matching the Longman Lexicon of Contemporary English (Mcarthur 1981).

A	General and abstract terms
B	The body and the individual
C	Arts and crafts
E	Emotion
F	Food and Farming
G	Government and the public domain
H	Architecture, buildings, houses and the home
I	Money and commerce
K	Entertainment, sports and games
L	Life and living things
M	Movement, location, travel and transport
N	Numbers and measures
O	Substances, materials, objects and equipment
P	Education
Q	Linguistics actions, states and processes
S	Social actions, states and processes
T	Time
W	The world and our environment
X	Psychological actions, states and processes
Y	Science and technology
Z	Names and grammatical words

TABLE 5 - USAS TAGSET

One limitation of this process relates to the fact that the collocates were fed to the tagger as a word list: this means that the semantic annotation did not rely on the co-text, which could have been instrumental in the identification of the correct semantic category. Therefore, a manual review of the results was carried out in order to ensure the correct categorisation of the collocates. Table 6 below reports the numerical distribution across the semantic categories of the collocates of each modal verb. Note that no downsizing collocate analysis was carried out for *ought to*, due to its very low frequency.

USAS	MUST	HAVE TO	NEED TO	SHOULD	OUGHT TO
A General and abstract terms	66	144	153	153	
B	21	32	33	26	
C	x	x	1	1	
E	5	14	12	12	
F	x	2	x	x	
G	10	14	33	33	
H	1	7	1	1	
I	6	15	17	17	
K	2	9	6	6	
L	2	9	7	7	
M Movement, location, travel and transport	17	36	38	38	
N Numbers and measures	21	55	44	45	
O	5	9	9	9	
P	4	6	10	10	
Q Linguistic actions, states and processes	18	42	56	56	
S Social actions, states and processes	38	69	95	98	

T	15	45	24	25	
W	1	1	2	2	
X Psychological actions, states and processes	31	59	84	84	
Y	x	1	1	1	
Z	67	105	106	106	
TOTAL	328 (5%: 16.4)	674 (5%: 33.7)	732 (5%: 36.6)	730 (5%: 36.5)	131

TABLE 6 - SEMANTIC CATEGORISATION OF THE COLLOCATES OF THE FIVE MODAL VERBS

The next step involved identifying a proportional cut-off point for the identification of the USAS categories to retain for analysis. Based on the total of collocates per modal verb, a 5% threshold was deemed appropriate, as proportional to the total amount of collocates per modal verb. In this way, I was able to select the most populated categories only (highlighted in yellow in Table 6). Category Z was not taken into consideration as most of the collocates were grammatical words (such as prepositions and punctuation marks) with little semantic information. Another reason for discarding this category emerges during the final step of the downsizing process.

The final step involved reviewing manually the collocates featuring in each semantic category highlighted in yellow and extrapolating the concordance lines. This process turned out to be very labour-intensive. Despite this, I was able to produce a large sample of concordance lines per modal verb in a systematic and replicable way, rather than relying on a randomized sample of concordance lines selected by the machine, with no chance to obtain the same results if the analysis was replicated.

The merits of proceeding in this way are summarised as follows:

- First, as mentioned before, the sample is the result of a justified and replicable methodology;

- Second, the concordance lines are selected based on relationships of collocational 'strength' between the modal verb under analysis and its collocates, rather than a randomised process. For this reason, the sample can be defined 'significant';
- Third, by categorising the collocates using USAS tagger and selecting the most frequent ones, the resulting corpus sample can be described as 'semantically cohesive' and 'salient'. Indeed, the selected semantic categories of collocates (highlighted in light blue in Table 6) point to consistent and frequent semantic tendencies cutting across the five modal verbs. These semantic tendencies, focusing on general and abstract terms (A), movement and transport (M), numbers and measures (N), social (S) and psychological (X) actions, states and processes, add another level of qualification to my sample that would not have been present, had I chosen a random sample of concordance lines.

In response to why category Z was ignored, despite being highly populated, the review of all the collocates in the semantic categories highlighted in yellow yielded frequent circular results, that is, different collocates identified the same concordance lines. Moreover, most of the concordance lines included many of grammatical categories of category Z. In relation to this final point, I define my sample 'saturated'. Finally, from a semantic perspective, grammatical features are the least semantically loaded and, for this reason, discarded.

The final corpus resulting from this downsizing process comprises the most semantically frequent deontic statements associated with HIV/AIDS. This means that deontic uses referring to non-HIV/AIDS contexts were discarded, as well as HIV/AIDS related deontic constructions identified by less frequent USAS categories.

Overall, in this section I have provided a systematic account of the phases that allowed me to downsize the original frequency results per modal verb (cf. Table 7) and identify a 'significant', 'semantically cohesive and salient', 'saturated' 'deontic' sample of concordance lines. One final aspect related to ensuring that the deontic statements revolved around issues concerning HIV and AIDS. It is also at this point that epistemic uses of five modal verbs in hand were discarded – the count of epistemic instances was below 10 across the whole consistently large corpus sample.

(e.g.) Consequently, we may need to find new ways of getting safe sex messages to gay men (The Guardian, 2002)
(e.g.) Results from animal research suggest that users might not need to take a pill every day (New Scientist, 2008)

Modal verb	Deontic instances
MUST	159
HAVE TO	253
NEED TO	279
SHOULD	259
OUGHT TO	13
Total	963

TABLE 7 - FINAL SAMPLE OF DEONTIC INSTANCES ORGANISED ALONG THE CLINE OF DEONTICITY (FROM STRONG TO WEAK)

In 3.3, I will move onto the specifics of the analysis by introducing the textual pattern upon which the analysis of the five batches of concordance lines is based. This textual pattern will be referred to throughout this thesis as the 'deontic tri-gram' and will function both as the starting point and the nucleus of the analysis of my data set(s).

3.2.3 THE INTERVIEW CORPUS

As mentioned from the very beginning of this thesis, my investigation into the discourse of HIV/AIDS post 1996 is conducted using two data sets. So far, the present chapter has been dedicated to the description of the first one, i.e. the news corpus, instantiating the 'public discourse'. The final part of Chapter 3 considers the second data set, i.e. the interview corpus, instantiating the 'private discourse'. The analytical approach adopted for the analysis of this second data set will be essentially the same, so as to enable comparability of results between the two data sets. The following subsections are concerned with problematising the nature of the data at hand, and describing the stages and criteria followed during the collection process.

3.2.3.1 THE INTERVIEW DATA

The interview corpus offers a complementary avenue for research into the discourse in hand. The focus is on GMWH, for being one of the social groups that not only has been mostly affected by HIV, both in terms of contagions and HIV-related death rate, but that, since the start of the epidemic, has also been strongly associated with the virus, and subject to stigma and accusations for being the main responsible vehicle of viral transmissions. The merit of conducting interviews with GMWH is twofold. On the one hand, I am able to theorise the 'researched' into this thesis, instead of settling uniquely on the characterisation thereof that emerges from the news corpus. Rather, the aim underpinning the interviews is to gain a first-hand insight into what GMWH think of the HIV issue post 1996, thus further contextualising the results obtained from the first research strand. This is to offset an emphasis in the CDA literature more generally, on 'elite' discourse (van Dijk 2008) and the traditional research focus on how dominant discourses such as the media one are claimed to be responsible for shaping and mobilising ideologies, norms and values at the expense of the dominated groups (Van Dijk 1996). Instead, by bringing the very social subject of the discourse at hand into the study, I intend to examine the minor voices, i.e. GMWH, and gain an insight into their personal views on HIV/AIDS. Moreover, in relation to the research focus adopted in this thesis, this second data set provides another perspective on the deontic labour around HIV and AIDS, this time construed by GMWH.

The analytical approach is the same as the one adopted for the news corpus. However, given the smaller size of the interview corpus, I do not rely on the support of corpus tools to identify the explicit markers of modality, nor downsize the results to create a sample of deontic tri-grams based on the most frequent semantic collocates of the modals. Instead, the search of deontic tri-grams was carried out manually.

In the following sections, I will briefly problematise the nature of interviews and contextualise them in relation to my research aims of this thesis. I will present the questions raised in the interviews, the role that the interviewer (IR) and interviewees (IE), the profile of my IEs and the procedures adopted to contact them, the ethics-related measures implemented, and the transcription process.

3.2.3.2 THE NATURE OF INTERVIEWS

In this thesis, interviews are 'conceptualised as a socially-situated speech event in which interviewer(s) and interviewee(s) make meaning, co-construct knowledge, and participate in social practices' (Talmy and Richards 2011: 2). Interviews are not seen as a neutral 'research instrument' (Talmy 2010: 129), nor is the interviewee 'an empty vessel waiting to be tapped', rather a social subject endowed with 'interpretative capabilities that must be activated, stimulated and cultivated' (Holstein and Gubrium 1995: 17). Endorsing the co-constructed nature of interviews (cf. Block 2000; Miller 2010; Pavlenko 2007; Sealey 2012), rather than a mere research tool, raises important methodological implications. To use Freeman's (1996) continuum as a source of terminology, interviews are not necessarily intended as 'veridical' accounts of the interviewee's experience, feelings, beliefs; rather they function as a window into the interviewee's past experiences, the latter re-contextualised within a new social situation (i.e. the interview) thanks to the interviewer's participation and contribution.

Interviews are employed in this thesis not as a means to investigate the speaker's subjectivity and psyche; rather, they function as a discursive elaboration of GMWH's personal experiences and views associated with HIV and AIDS (McInnes et al 2011). In line with the first research strand, the analysis of the interview corpus is concerned with exploring deontic labour that GMWH address more or less explicitly in their account. Whilst acknowledging the leading role of the interviewer for guiding and setting up the agendas in the interviews, it is also noteworthy that the interviewees are left relatively free to express any personal views and construe them linguistically as it pleases them.

3.2.3.3 THE ROLE OF THE INTERVIEWER

Several features act as linguistic cues to the co-constructed nature of the interview: alongside features such prompts, feedback, interruptions (cf. Holstein and Gubrium 2004), the interviewer's very act of raising questions is the most evident and essential condition that makes the final product and 'interactional achievement' (Ochs and Capps 2001: 3).

As was also the case with the compilation of the news corpus, at the time of designing and conducting the interviews, the research aims informing my study were not concerned with probing views of deontic labour. Instead, the questions were intended to elicit accounts covering three broad areas: A. the GMWH's more personal experiences living with HIV; B.

the role that contemporary society in its multifaceted forms and public institutions plays in dealing with HIV as a public and medical issue; C. the role of the media in shaping public perceptions of HIV. This final section would lead, towards the end of the interviews, to probing more explicitly the possible connections between HIV and stigma. Altogether, the answers would give me an account of how GMWH construe themselves as individuals, and their views on HIV. This would have been compared with the construal of GMWH obtained from the news corpus. The presentation of questions is by theme (Table 8), mirroring the three broad areas presented above.

Section A

1. Tell me about your personal experience of living with HIV.
2. Upon learning about your diagnosis, what happened to your life? How did you react? Did you tell your family?
3. Can you talk to me about the psychological effect of the diagnosis, both in the past and in the present?
4. Has HIV changed your life? If so, in what way(s)?

Section B

1. How and to what extent have individual experiences of living with HIV changed since 1980s?
2. In your opinion, what is the general public perception about gay men with HIV?
3. What is the role of medicine in defining and/or shaping the public opinion of HIV?
4. How would you see and/or define the approach to HIV taken by the new generations (post 1980s/1990s)?

Section C

1. Is HIV a subject covered by the media?
2. How does the media talk about HIV?
3. Do you relate to media representations of gay men with HIV?
4. Can we talk about the relationship of HIV and stigma?
5. Does the media play a role in projecting a particular view of HIV?

TABLE 8 - THE INTERVIEW QUESTIONS

In the window comprising the moment when the interviews were carried out, transcribed and analysed, the research aims associated with the interview data evolved to eventually focus on deontic labour. Although the questions did not probe the GMWH's views on deontic labour, the data obtained were still viable for the new research aims. As a result, one might argue that an important asset of these data lies in their being 'naturalistic', in the sense that they do not reflect any particular research agenda or bias on the part of the interviewer. In other words, their account on deontic labour post 1996 is unsolicited and worth analysing.

3.2.3.4 IDENTIFYING AND CONTACTING THE PARTICIPANTS

In order to take part in the interview process, the participants had to be HIV positive and identify themselves as gay. 15 participants volunteered to join the project. Given the fact that the interview corpus is only a part of a larger project, alongside the news corpus, I considered 15 interviews an acceptable number capable to provide enough material to explore the research aims. Moreover, in light of the very sensitive nature of the project, recruiting interviewees proved to be challenging and required networking with HIV charities across the UK. I had to introduce myself as well as the aims and motivation of the study, attend seminars and events in order to build a relationship of trust with the potential interviewees. Informative flyers (see Appendix) were both physically distributed and circulated via mailing lists internal to the charities or via social media.

3.2.3.5 ETHICS

f the second research strand, ethical approval was requested and granted by the University of Birmingham (UoB). The interviewees were sent an information sheet, detailing the aim of the study, and a consent form via email (see Appendix A, B). By signing the consent form, the interviewees consented to the conditions therein listed (i.e. being audio-recorded, their words being quoted in the thesis, future publications and presentations). They were also reassured that they had the right to withdraw from the project at any time, and have their material destroyed, and that their identity was protected at all times. To guarantee anonymisation, the interviewees' original names were changed and any reference in their recounts to other people's names and places were changed.

The interviews took place in private rooms that were made available by either the charities from where IEs were recruited from or the English Language and Applied Linguistics Department at UoB. Privacy was of tantamount importance and necessary to create the conditions of confidentiality, trust and safety between IR and IE.

3.2.3.6 THE TRANSCRIPTION PROCESS

The next stage following the interview process involved the transcription of the recordings. I was mindful of the fact that this process is an act of recontextualisation (cf. van Leeuwen 2008: 17-8), and reinterpretation on the transcriber's part. Depending on the research questions, priority is given to certain interactional features (such as pauses, interruptions, hesitations) whilst other elements are left out (Flewitt et al 2009: 45). Given the fact that only certain aspects of the interview are foregrounded and prioritised, transcriptions cannot be taken as a faithful representation of the real event.

Moreover, a series of situational characteristics identify the interview transcript as a different register from the news items included in the news corpus. The interview transcripts aim to reproduce the qualities that characterise an unrehearsed interaction between IR and IE. This involves (but is not limited to) false starts and repairs, interruptions and hesitations. With regard to the use of modal verbs, the interviewees often draw upon colloquial versions of *have to*, such as *got to* and *gotta*. These forms are less likely to appear in formal written registers (Biber and Conrad 2009: 95). Similarly, expressions such as 'I must admit/say' are more common in conversation (ibid: 97) and found in the interview corpus: here they function more as discourse markers that the interviewees use to reinforce their point, rather than producing a deontic instance expressing obligation.

For the purpose of this thesis, the features selected to be transcribed are 'the text itself, i.e. the linguistic forms' uttered by the respondents (Cook 1990: 3), and 'minimal contextual information', in the shape of 'paralinguistic details' such as repetitions, pauses, and hesitations (highlighted in the extract below) (ibid: 19-20).

> Jacob: Well, I'll let it sink in first and then I'll do something about it." I'm treating it now, but…but, um, I just thought, "Well, you know, I'll…I'll see how it goes first, and then I'll…I'll do it when I'm ready," sort of thing. Because I think that would've been too much

all at once to sort of go…. Some people go straight onto treatment, but I…I preferred to have it…had a little bit of a gap of at least a year before I sort of…it was nearly a year before I sort of considered doing that.

The choice to focus on these two aspects of the speech event lies with Cook's (1990: 4) definition of what makes a good transcription analytically viable, i.e. a representation of the events that is aligned with the research aims and does not strive to take on the titanic burden of representing 'everything'. In so doing, I am able to pursue my research interest in the linguistic construal of deontic labour (from a lexico-grammatical perspective) rather than in the interactional nature of the interview.

3.3 THE DEONTIC TRI-GRAM

The deontic tri-gram functions both as the starting point and the scaffolding structure around which the analysis of the news discourse unfolds.

Firstly, the use of the term 'tri-gram' needs clarification since it is employed to mean something different from its traditional sense. In the field of corpus and computational linguistics, a tri-gram is a multiword unit intended as a sequence of three continuous words, such as 'please turn your' or 'turn your homework' (as suggested by Jurafsky and Martin 2014: 38). However, in this thesis, I will extend the scope of this term to include three not necessarily continuous elements or components, rather than individual words (where word is understood as a string of letters which is unique and separated from the rest of text by spaces on both sides of it). The three components are numerically identified. The five modal verbs occupy the central position of the tri-gram. On its left and right are the subject of the modal verb and the modalised process, respectively. The tri-gram is therefore composed of three elements, (1) (2) (3), where (1) is the subject, (2) the deontic modal, and (3) the verb expressing the modalised process. Whilst (2) has been dealt with extensively in Chapter 2, **3.3.1** and **3.3.2** will present an overview of (1) and (3).

The examples below illustrate three different aspects of the deontic tri-gram: the irregular nature of the three components of the tri-grams (respectively underlined, in bold, and italicised) (3.1); adverbs can intervene and break up the trifold sequence (in blue) (3.2); tri-

grams can feature passive constructions (in italics) (3.3). The use of italics, bold and underlining is only for illustrative purposes, here, to draw attention to the three parts considered in this thesis. However, as mentioned in **2.7.1**, the tri-grams featured in the extracts throughout the rest of this thesis will be underlined only. Specifically, I will underline the subject of the modalised process, the modal verb, and the modalised process. Adverbs occurring between the modal verb and the modalised process (e.g. 'We also need to make testing more easily available') will not be underlined.

(3.1) if HIV was not the explanation, then these celebrated new theorists (1) still **had to** (2) *come up with (3)* alternative explanations for the incidence of AIDS within gay and male populations. (The Scotsman 2010)
(3.2) The executive must now urgently review its method of promoting sexual health and minimising sexually transmitted infections (The Herald, 2005)
(3.3) If you are HIV-positive, failing to use protection is wrong, and people who do so *should be brought* to justice (The Independent, 2010)

Before proceeding to (2) and (3), two more observations regarding the overall sequence under analysis need to be raised. The first one regards the use of the adjective 'deontic' modifying 'tri-gram'. 'Deontic' is used to acknowledge the central role that DM plays in this thesis as an explicit evaluative marker. Moreover, at the micro analytical level, the centrality of DM becomes clear from the fact that the five deontic modal verbs are the very building blocks of the tri-gram.

Finally, the concept of tri-gram is not to be intended as a rigid three-slot structure: on the contrary, as will emerge from the concordance lines, flexibility is key to the nature of the deontic tri-gram. Given the presence in the news corpus of deontic instances which resemble less a tri-gram than an irregular sequence, one possible labelling alternative could have been 'deontic pattern' and 'three-word pattern'. In a sense, the pattern in hand is taken as a 'semi-preconstructed phrase' (Sinclair 1991: 110) at the metalinguistic level, rather than at the level of specific linguistic choices recurring in the corpus. However, I believe that the use of 'three-word pattern' could raise potential misunderstandings leading to mistaken references to the established work on 'pattern grammar' and phraseology, where grammatical structure and meaning are seen not as separate but as a unit, as a result of phraseological patterns

(Francis 1993, Hunston 2001; Hunston et al. 1997; Hunston and Francis 1999; Hunston and Sinclair 2000).

Another terminological solution can be found in the term 'semantic sequence', which Hunston (2008: 271) defines as 'recurring sequences of words and phrases that may be *very diverse in form* and which are therefore more usually characterised as *sequences of meaning elements* rather than as formal sequences' (my emphasis). In this light, the understanding and application of my 'deontic tri-gram' is not dissimilar from uses of the semantic sequences in studies such as Bondi (2010, 2015), Bondi and Diani (2015). Moreover, if we take 'semantic sequence' and 'deontic tri-gram' to mean the same thing, Groom's explanation of why and where to apply 'semantic sequence' perfectly coincides with my research interest in and applications of the concept of 'deontic tri-gram': that is, it qualifies as good material for close qualitative and corpus-based analysis, utilised to identify 'typical meanings, values, and ideologies' (Groom 2017).

Whilst the term 'semantic sequence' is not adopted in this study, the above discussion and references are instrumental in further qualifying my use of 'deontic tri-gram'. The latter is preferred simply because it constantly brings attention to the three component of the sequence. The first component to be reviewed in **3.3.1** is the 'personal deictic', as the linguistic realisation of the role of 'subject' of the modal verb.

3.3.1 THE PERSONAL DEICTICS

Personal deictics are linguistic instantiations of 'deixis', intended as the 'ground floor of the semiotic architecture where language allows language users to talk about specific things including each other' (Agha 2007: 37).

The analysis of personal deictics is informed by Agha's (2007) position regarding what linguistic element qualifies as deictic. Deixis is not an unusual property of a particular set of words, such as pronouns, but a pervasive feature of language (ibid: chapter 2). Two perspectives must be taken into account when establishing the indexical power of deictics: the 'categorial one' which refers to the 'regular' capacity of deictics to index a baseline sketch of referents based on 'their form', and the 'textual' perspective, which relates to the modulating action that the textual elements surrounding the deictic in question perform in

shaping and further specifying the original sketch of referents. By way of illustration, see (3.1)-(3.2):

(3.1) At the moment people with HIV have to take between two and 30 tablets per day (Daily Post, 2001)
(3.2) In rural areas people often have to travel long distances, only to find there are no drugs available (The Independent on Sunday, 2013)

Both personal deictics identify the same sketch of referents, that is, 'PWH'. Yet the co-text in (3.2) performs the modulating action of refining the group of referents by indexing only those who live in rural areas.

In this thesis, I will focus on the so-called 'denotational deictics' in order to get to the 'propositional content' encoded in language, and more specifically, in the discourse at hand. The propositional content (SoA) results from the combination of the variables 'referent' (i.e. the entities) and 'predicates' (i.e. 'qualities of, and relations among, entities') (ibid, 40).

The personal deictics featuring in the deontic tri-gram in hand work denotationally for two reasons. First, they identify more or less clearly the referents, viz. the social actors that inhabit the discourse of HIV/AIDS. The clarity of the referents indexed by the personal deictics is established by attending to various linguistic resources, such as 'personal pronouns, proper names, determiners and restrictive qualifiers', acting as 'restrictions' on the personal deictics (Spencer-Bennett 2018). (The notion of specificity will be dealt with in more detail in 3.3.2 and 3.3.3 – note also that the pronouns *we, you*, *I* will be presented in this thesis in italics. The rest of the deictics will be reported using inverted commas.)

(3.3) The director of Walsall's public health team Dr Sam Ramaiah […] said: "We have to accept that AIDS is here to be tackled and managed. We have collaborated very actively in this show and are very pleased with it. (Press Association, 1996)
(3.4) Prison governors will have to allow condoms to be issued to homosexual inmates (The Times, 1999)

In (3.3) the deictic *we* is 'notoriously indeterminate in its deictics reference' (ibid: 100). In this particular case, by taking into consideration the medical source of the deontic statement, it is likely that *we* acts exclusively to refer only to the medical experts involved in the

enterprise of ‘tackl[ing] and ‘manag[ing]’ AIDS. The deictic NP ‘prison governors’ perform clearer deictic powers identifying through the head noun ‘governor’ a specific social actor who, in turn, is further specified by the modifier ‘prison’.

Second, since I am interested in the personal deictics that act as the grammatical subject of the modal verbs, these personal deictics provide a deictic anchorage for the modalised actions. Attending to these resources is instrumental in establishing to whom the deontic labour is allocated (ibid: 99). In (3.3)-(3.4), the deontic labour is allocated to *we* and ‘prison governors’, respectively.

Finally, as will emerge in the analysis of the deontic tri-grams, personal deictics do not only identify personal actors such as groups, institutions, and individuals. They can also index circumstances, conditions and case scenario. The deictic ‘public awareness of HIV’ in (3.5) defines the social area where the deontic labour is at work.

(3.5) Ian feels that public awareness of HIV should be boosted in order to stem the rising numbers of people contracting HIV. (South Wales Echo, 2001)

DM, in conjunction with the modalised verb phrase, instantiates the variable ‘predicate’ in that it provides information about the ‘qualities of and relations among the identified entities’. The combination of these two variables results in the third variable of ‘proposition content’, which, in this thesis, relates to the construal of issues of obligation/necessity emerging from the data. Those social actors that are identified as the grammatical active subject to various obligations and necessities might be seen as the social actors that are ‘supposed’ to play a role in the discourse of HIV/AIDS. This does not apply to passive cases where the grammatical subject is likely to have a different semantic role. By contrast, those who do not appear or fail to be mentioned might be seen as construed as being in possession of relatively minor or peripheral responsibility; perhaps someone *needs to* or *should* act, but not them. This could lead to an attempted organisation of the social space around the dichotomy ‘us vs them’, ‘in-group vs out-group’ of those who *must*/*should*/*need* and *must not*/*should not*/*need not* act. The aim behind looking at the personal deictics across the corpus is to identify general patterns in the construal of such responsibility and what kind of social actors are the recipient of deontic labour.

3.3.1.1 CRITERIA FOR THE IDENTIFICATION OF DEICTICS

As a result of endorsing Agha's position whereby any linguistic element performs an indexical role, the NPs featuring in the deontic tri-gram as the grammatical subject of the modalised verb group are taken to function as personal deictics and, therefore, they form part of the analytical object of this thesis.

However, stretching the scope of what constitutes personal deictics to its maximum limit of coverage can lead to collisions with those scholars who hold a different stance as to what performs the role of personal deictics. Therefore, this presentation of personal deictics needs to be contextualised in relation to those who advocate an alternative understanding of personal deictics, such as Abbott (2010).

According to Abbott (2010: 180), indexicals or deictic expressions are 'those which determine a referent only in conjunction with elements of the context of the utterance'. She distinguishes between demonstrative indexicals like *here*, *those apples*, *that* (which are expressions that might call for a physical pointing – i.e. a gesture of the hand, or a nod – to disambiguate the referent/s they index), and pure indexicals, like *I*, *you*, for which no pointing is required of the speaker. For example:

He [pointing] is late! (Abbott 2010: 181)

Here the pronoun 'he' is used exophorically (pointing to a person that is outside the co-text of the utterance) as a deictic.

Conversely, anaphoric references do not fit into the category of deictics, in that they do not point to some entity in the external context of the utterance, but to something that belongs to the 'text-internal world' and is known as 'antecedent' (Abbott 2010: 181, 192, 194).

Julia said that she would be there No man wants to admit his failure (Abbott 2010: 181)

For the purposes of this analysis, however, I argue that, within the limited co(n)text of the concordance lines under analysis, the anaphoric deictics can be taken to function as a form of

deictic rooting (or pure indexicals, in Abbott's words) since they still identify onto which social subject(s) DM is pinned. As Agha (2007: 41) notes, the referent identified by the anaphor is 'the same entity referred to by an earlier NP'. The anaphor provides the 'direction for finding the referent', i.e. somewhere in the text preceding the anaphoric pronoun in question (ibid: 42).

3.3.1.2 ANIMACY

The kind of deictic rooting that this investigation focuses on is, as discussed above, personal deixis. Attending to the personal deictics is ultimately about 'comput[ing] the referent(s) from indexical cues contained' in the deontic statement (Agha 2007: 42). However, some of these are more 'personal' in their deictic selectivity than others, in the sense that some are likely to refer to particular people and groups, while others may refer to inanimate entities. This is a potentially interesting aspect of the deictic rooting of DM, since it has to do with what kind of actor is presented as under the deontic obligation in question, e.g. a particular named person, an organisation where the focus is not on a specific individual but on the collective group of actors as a whole, or a political/social/personal circumstance.

The first property taken into account in the analysis of the personal deictics under analysis relates to the concept of *animacy*: this results in distinguishing between animate and inanimate personal deictics. For the purpose of this analysis, animacy is understood as 'some kind of assumed cognitive scale extending from human through to animal to inanimate' (Yamamoto 1999: 1). Various parameters are at work to establish what defines an entity as animate or inanimate, for example locomotion, sentiency, cognition. In this thesis, by distinguishing between animate and inanimate personal deictics, I am most interested in the 'sentiency', i.e. the ability to recognise and uphold the values of obligation/duty/responsibility, and, consequently, act upon them. The concept of animacy adopted here is a human egocentric one (Miller and Johnson-Laird 1976), and is applied to those personal deictics that are 'prototypically' (cf. Rosch 1973) human. This means that the inanimate personal deictics that are represented as capable of some form of cognition through a process of 'animism' (cf. Piaget 1955; Tunmer 1985) are, despite this, considered 'inanimate'. (See examples (3.6)-(3.7))

(3.6) As a gay man yourself, you must also be aware that everyone has to be responsible for themselves and that means they follow the 'safe sex' message at all times and don't take the risk of picking up an infection. (Daily Record, 2002) [Animate personal deictic]
(3.7) HIV doesn't have to be an immediate death sentence anymore. (The Mirror, 2004) [Inanimate personal deictic]

So, by attending to the concept of animacy in its most prototypical sense, I am able to distinguish between animacy and inanimacy, whilst avoiding grey areas, and sort the population of personal deictics into two separate groups. Moreover, the process of distinguishing between animate and inanimate personal deictics has also methodological implications: it is indeed the first step taken in the analysis of the deontic tri-grams.

3.3.1.3 DEICTIC SPECIFICITY

As established previously, the role of personal deictics (whether it be a demonstrative or an anaphoric pronoun) is to anchor the variable 'DM' to a particular social space. Deontic labour is pinned to and distributed across the social spectrum of the discourse under investigation in different ways and measures. By attending to the level of specificity of the animate personal deictics, I am able to explore the type of animate personal agency called upon to perform deontic labour, i.e. in the form of categories, and/or homogenous groups of social actors, or as specific identifiable individuals (van Leeuwen 2008: 35).

Peirce (1992: 16) applies the issue of deictic selectivity to pronoun uses: he separates out the *universal selectives*, such as '*any, every, all, no, none, whatever, whoever, everybody, anybody, nobody*, from the *particular selectives*, such as *some, something, somebody, a, a certain, some or other, a suitable, one*.' The two categories vary in terms of the type of indexical directions which are provided for the identification of the person/s or entity/ies mentioned in the event/s, the former being more general, and the latter being more specific. Agha (2007: 42) reframes Peirce's distinction between universal and selective deictics under the banner of 'degree and type of selectivity'. Choosing a *universal selective* deictics, such as *any, every, all*, like in the example 'all men', Agha notices, has the effect of 'providing referential directions to [a] hearer'. It equates, in this example, to saying 'pick any *x* that you like', whereby the entity, or as Agha (ibid) says, 'the semantic category of *x* is specified by

the noun "men"'. On the other hand, particular selectives such as 'some' in the example 'some men' identify a smaller group of the same referent.

Whilst keeping the referent the same, Agha provides an array of expressions that anchor the referent to the utterance at different levels of specificity. He presents a cline, whereby the elements are ordered from the tighter to the looser connection (and, I would add, from more to less specific) with the co(n)text of the utterance – as illustrated by the following example: *you* > *that man* > *the man* > *some man* (2007: 43). The strong co(n)text-dependency and the uniqueness that the pronoun *you* conveys becomes diluted as the cline progresses towards the right: 'that man' either indexes a particular man in a specific co(n)text in conjunction with a hand gesture or finger pointing to the subject in question, or in the case of it being used anaphorically, it refers to a previously mentioned referent linked to a physical space where said man acts stops to exist (ibid). Finally, 'some man' fails to identify in a unique way and in which particular space the subject of the utterance exists.

Abbott (2010) reframes the issue of deictic specificity in terms of 'definiteness and indefiniteness'. The notion of 'definiteness' is often related to that of referentiality: the latter is intended as a 'semantic property of nominals, [and] [i]t involves the speaker's intent to 'refer to' or 'mean' a nominal expression to have non-empty references – i.e. to 'exist – within a particular universe of discourse' (Givón 1978: 293). In other words, it is the property that linguistic signs have to designate a set of individuals or objects in the discursive environment. In order to establish the referential definiteness of the nominal groups, Abbott (2010) elaborates on a series of criteria or arguments, i.e. uniqueness, familiarity, strength and specificity. These properties are also connected to the grammatical make-up of the nominal groups: for example, proper names, definite and demonstrative descriptions and pronouns are considered the most definite referential strategies.

In dealing with deictic selectivity, I account for what Agha (2007: 48) calls 'text configuration', that is, 'the deictic token and its co-text'. The co-text has the effect of 'specify[ing] more fully the categorial effect of a deictic token', as well as 'render[ing] defeasible (i.e. partly deform or cancel) *some* dimension of the categorial content' (ibid, 49) (my emphasis). (3.8) illustrates how 'text configuration' comes into effect in the process of extracting the referents from the personal deictics.

(3.8) Mr Babakhanian noted that the compliance issues raised by taking combination therapy are substantial, and that a patient opting for treatment realizes that they are taking on a serious commitment. (Pharmamarket Letter, 1996)

The analysis of the personal deictic can proceed in two ways. On the one hand, one can attend to the categorial effect of 'patient', as a stand-alone noun, indexing a particular social actor acting as the recipient of medical care in a medical context. On the other hand, by taking into consideration a larger chunk of co-text (i.e. the indefinite determiner 'a', and the qualifier 'opting for treatment'), a more specific, co-text-dependent referent is produced. In the second case, the referent is defined as a result of a cumulative effect played by both noun and surrounding co-textual features, not restricted to the preceding determiner.

In this thesis, in line with Agha's (2007) point that any linguistic element wields deictic power, I also maintain that just as pronouns and pre/post-modified NPs function as deictics, so too do 'bare' NPs (that is, lacking pre/post-modification). By way of illustration, see (3.9)-(3.10):

(3.9) Britain must protect the public and the NHS by introducing immigrant health tests. (The Sun, 2003)
(3.10) The executive must now urgently review its method of promoting sexual health and minimising sexually transmitted infections. (The Herald, 2005)

The NPs 'Britain' and 'the executive' differ in the type of deictic work they perform. The collective noun 'Britain' can be said to work as a catch-all term encompassing everyone without making any particular distinctions of any kind: there is very little way of knowing whether 'Britain' refers to the nation as a political entity, or the British society, unless the co-text is drawn upon to disambiguate and further specify the referent. More selective is the NP 'the executive' in that it identifies a more restricted group of referents involved in deciding on the political future of the country. As a result of having different indexical powers, the two NPs abovementioned are respectively placed towards the more general (Britain) and more specific (the executive) end of the cline of specificity.

3.3.1.4 THE CLINE OF SPECIFICITY

The presentation of personal deictics as the first component of the tri-gram has so far covered the following points: 1) what qualifies as personal deictic, 2) the animacy aspect, and 3) the indexical power that the deictics wield so as to select different types of referents.

In this section, I set out to present how personal deictics play also an important role in the way the analysis is structured and carried out.

The first step consists in organising the tri-grams into two separate groups according to the 'animacy' concept, i.e. the cluster of tri-grams featuring animate deictics (A), on the one hand, to be analysed first, and the one featuring inanimate deictics (B), on the other, analysed afterwards. This process is carried out for the five batches of deictic instances generated from the five modal verbs taken into consideration.

With regard to the 'animate cluster', frequency determines the order of analysis: therefore, within each of the five modal-verb-based batches of deontic instances, priority is given to the tri-grams featuring the most frequent personal deictics. Across the five batches, as will be shown in subsequent chapters, these tend to be the personal pronouns *we* and *you*, and the noun 'people'.

As for the less frequent personal deictics, appearing in the range of one to five times, one way of dealing with this deictic variability is by devising a structure that will accommodate them in a systematic way. For the purposes of this analysis, the animate deictics are subdivided into three categories based on the type of social groups they index, namely:

1. 'social institutional body',
2. 'social private body',
3. 'people with HIV (PWH)'.

This three-fold categorisation points to three ways in which the HIV/AIDS-related deontic labour can be approached – the expert way, the non-expert way and the PWH way. Each way presupposes a series of skillsets and affordances that enable the social actors of each category

to fulfil their deontic labour. The category ‘social institutional body’ includes those social actors that play a role that impacts a large sector of society and/or provides a service through their job. For example, ‘the executive’ or ‘doctors’ are animate deictics that are classified as ‘social institutional body’ for the political and medical role they play and for the impact that their work has on society (3.11). The category ‘social private body’ comprises those animate deictics that are defined by their personal characteristics such as sex or age, and not by the the institutional role they have in society (3.12). The PWH category includes only those deictics pointing to people that are HIV-positive (3.13).

(3.11) 'All health authorities need to find ways of reaching groups at risk to prevent HIV transmission, and this has been shown to be clinically effective.' (Daily Mail, 1998)
(3.12) A quarter of a century on, society needs to re-educate itself about this virus. (The Times, 2009)
(3.13) Also, users might not need to take a pill every day to get an adequate level of protection, New Scientist reports. (Metro, 2008, New Scientist, 2008)

The three respective categories, in turn, yield a cline of specificity (henceforth CoS) onto which to place the deictics. Instead of using the term selectivity (Agha) or definiteness (Abbott), the cline will be set on the terms ‘general – specific’. This organising system is instrumental in approaching the deictics not in isolation, but in relation to each other, as part of a meaningful system, whereby each element plays a particular function in the discourse at hand. Moreover, envisaging a CoS running through the personal deictics enables one to see beyond the individual nature of each personal deictic occurring very infrequently across the corpus. Instead, it helps conceive of each personal deictic as a member of an overarching interconnected network of actors to whom the deontic labour is allocated. Moreover, analysing deictics as part of a whole and not as individual separate instances makes it possible to account for those deictics that, by appearing only once, would be generally discarded in the name of the corpus linguistic modus operandi according to which preference is given especially to significantly frequent items.

Finally, the cline capitalises on the construal of HIV and AIDS as a universal virus and condition that can potentially affect anyone and, for this reason, requires the attention, the contribution and the intervention of everyone, according to their skillsets, based on their social and private role. Moreover, by devising this cline I am able to address the research

questions underlying this thesis. More clearly, I am able to decode some of the ideological nature associated with the discourse of HIV/AIDS post 1996. This involves establishing, for example, with what social groups HIV is associated and how inclusive a public health issue HIV is presented as to require the intervention of the many or the few. In turn, this representation of HIV identifies a series of intervening operations/ obligations/ necessities that will be shared in different measures and ways across the social spectrum.

All the deictics belonging to the same level of specificity are grouped together and labelled using van Leeuwen's sociosemantic inventory for social actors. Given the high currency of van Leeuwen's framework in (critical) discourse studies (see Koller 2009, Machin and Mayr 2012, 2013; Robinson 2015; Sunderland 2014; van Leeuwen 2007; van Leeuwen and Wodak 1999, among others), the application of his already established sociosemantic taxonomy makes the categorisation of the deictics presented here easier to understand. Van Leeuwen's framework is helpful in that it provides more details on the nature of the deontic actors and draws stronger attention to their role in the discourse at hand.

As will become evident from the presentation of the deictic cline across the whole analysis of the news corpus, Van Leeuwen's sociosemantic categories are also drawn upon to label the levels of specificity that make up the deictic cline. Specifically, I employ the semantic category of 'genericization' to define the higher and overarching level of generality. The deictic 'one' in (3.14) realises this semantic category due to its highly 'general' (and therefore indexically unspecific) way of pointing to a referent.

(3.14) One must face unpalatable facts. (The Irish Times, 1998) (Generalisation)

The second level of specificity is identified by the category of 'collectivisation'. The referents identified by the deictic 'councils' (in 3.15) are referred to as 'cohesive groups', rather than as separate individuals.

(3.15) Councils must urgently address how HIV testing is offered. (Collectivisation)

Towards the more specific end of the cline are the categories of 'functionalisation' and 'identification': both of them sit at the same level of specificity, but point to different types of

social actors: the former is based on the professional role they perform, as individuals (3.16), whilst the latter according to 'not what they do, but in terms of what they, more or less permanently, or unavoidably, are' (van Leeuwen 2008: 42). In this case, the social actors are identified by information such as age, sex, sexual orientation, as in (3.17) (ibid).

(3.16) The mayor must ensure comprehensive protection against discrimination and harassment for these staff, including that on the grounds of sexual orientation, gender identity and HIV status. (The Independent, 1999) (Functionalisation)
(3.17) Every teenager knows that they must protect themselves when having intercourse. (The Guardian, 1998) (Identification by age)

Finally, the application of the sociosemantic categories adds an extra level to the analysis, in that they define the type of agent that is called upon to perform the deontic labour.

3.3.2 THE MODALISED PROCESS

The merit associated with attending to the personal deictics is twofold: on the one hand, as discussed in the previous sections, I am able to identify the social actors that occur in the discourse at hand. On the other, the *who* variable is the first step towards identifying what role the indexed social actors play and, concurrently, the actions they are required or expected to perform. This is according to a system of 'determination' that holds between social actors and actions, highlighted by van Leeuwen (2008: 56), according to whom a social role calls for specific social actions. I claim that this level of determination holds also in this thesis.

In order to qualify the actions that the modal verbs under investigation modalise as obligatory and/or necessary, I draw upon transitivity system (henceforth TS) as an analytical grammatical tool focusing on the way human experience is construed. Halliday (1976), and along with Matthiessen (2004), presents a multifunctional account of language as a system of meaningful choices available to the speaker. Every linguistic choice performs three functions simultaneously. They construe experience (i.e. experiential metafunction), negotiate interpersonal relationships between language users (i.e. interpersonal metafunction) and function to make the text a cohesive and coherent structure (i.e. textual metafunction). TS is

associated with the experiential metafunction since it enables the description of the linguistic choices selected by the speaker to represent "what is going on".

The central element of TS is the process (Halliday and Matthiessen 1999: 213), i.e. the predicate, classified using six semantic categories. The centrality of the process lies in the fact that the categorisation of the participants is dependent on the categorisation of the process first. Each process type construes reality from a particular perspective. The following is a brief presentation of the prototypical meaning of the six process-type categories, positioned within three so-called worlds:

1. the physical world
2. the world of consciousness
3. the world of abstract relations (Halliday and Matthiessen 2004:169).

The 'material processes' construe the physical world 'as a sequence of concrete changes', brought about by a human or non-human force, called 'Actor' (ibid: 179) The recipient of this change is the Goal.

(3.18) Communicable diseases expert Dr Richard Slack said: "Every new infection we see is a cause for concern and the message has to be that people should practise safe sex." (Nottingham Evening Post, 2000)

The world of consciousness comprises 'mental processes', i.e. processes of sensing, thinking and feeling something (i.e. the Phenomenon), generally enacted by a human conscious mind, i.e. the Senser.

(3.19) Women must realise that AIDS is not just a gay men's disease nor is it a drug related disease. (The Sentinel, 2000)

The world of abstract relations includes two types of relations of being and having, namely the identifying and the attributive one. The former specifies the identity of a person or inanimate object or fact (i.e. the Token) by referring, for example, to one of their particular, unique distinguishing features (i.e. the Value). The latter consists in qualifying the human or inanimate subject (i.e. the Carrier) by means of an Attribute (ibid: 215-219).

(3.20) "We have to be honest that the rise in sexually-transmitted diseases and HIV means that the safer sex message is not being adhered to and that we have a major public health problem," he said. (The Express, 2001)

At the intersection of the physical and mental worlds are the behavioural processes, representing 'the outer manifestations of inner workings, the acting out of processes of consciousness, and physiological states' (ibid: 171).

(3.21) Liberal Democrat health spokesman Paul Burstow said: "Ministers have dithered for far too long in the face of the tidal wave of sexual infections. They must listen to the Chief Medical Officer and take action" (Western Daily Press)

Verbal processes sit between the mental and relational worlds, and construe actions of saying performed by the so-called Sayer.

(3.22) "We have to communicate to people that this is not a replacement for condoms but an addition to condoms." (New Scientist, 2008)

Finally, existential processes establish the existence of a certain phenomenon or social actor in the physical world. For this reason, they are said to straddle the material and relational world.

(3.23) Finally, should prevention fail, there must be the infrastructure of a good service for STDs. (The Guardian, 1997)

As noted by Richardson (2007: 57), TS 'forms the very basis of representation', and it is implemented in this thesis as a means to define the deontic labour, i.e. what type of deontic labour is allocated to the social actors; what kind of impact it generates (viz. a tangible concrete one, a mental one, or one that (re)defines relations of being or having). The TS-related research aims are situated within a long-standing tradition of (critical) discourse studies where TS is drawn upon as a means to decode patterns of representation and ultimately of ideology (Chouliaraki and Fairclough 1999; Fairclough 1989/2014, 1992, 2003; Fowler et al. 1979; Hodge and Kress 1988; Jeffries 2010; Kress 1988; Kress and Hodge 1979; van Leeuwen 2008; Simpson 1993).

Furthermore, agency is another aspect captured by TS: attention is not only paid to the nature of the deontic labour but also to whether the social actors featuring in the deontic tri-gram perform an active (3.24) or passive (3.25) agentive role, that is, whether they implement or are the recipient of the deontic labour.

(3.24) If I were infected with a contagious virus that may kill other people, then I ought to refrain from acts that put them at risk (New Statement, 2000) (Active agent)
(3.25) The health professionals who do this ought to be banned from their profession. (Metro, 2009) (Recipient)

3.3.2.1 THE NATURE OF INDETERMINACY WITHIN TS

The previous section has focused on the affordances of TS. However, an important aspect to flag up concerns the level of indeterminacy that this analytical tool does not address fully and successfully. This is also a methodological problem that this thesis encounters and acknowledges at various points in the analysis.

As noted also by Gwilliams and Fontaine (2015: 9), traditional TS-related accounts (such as , Bloor and Bloor 2004; Eggins 1994; Thompson 1996) do not deal with borderline transitivity cases where at least two options of categorisation are possible. Whilst Halliday and Matthiessen (1999: 549) recognise indeterminacy as expected in language, the process-type categories are illustrated in their work using prototypical processes only.

Gwilliams and Fontaine attempt a solution to this analytical indeterminacy. The latter derives from the very dual nature of TS. Indeed, both syntactic and semantic patterns are at play and considered when allocating the predicate to a particular process-type category. Thus, their suggestion is to carry out two transitivity analyses: one that will take into account the semantic aspect of the process, whilst the other focuses on the lexical/syntactic aspect of the predicate. Proceeding in this way is seen as a means to promote more consistent TS-based analyses and, at best, to reduce ambiguous results and interpretations.

This thesis does not implement Gwilliams and Fontaine's (2015) methodological suggestions to perform a dual analysis. Borderline cases are, however, flagged up as 'metaphorical', as in (3.26-3.28)

(3.26) 'We need to change attitudes towards condom use. It should be clunk-clip every trip.' (Daily Mail, 2007); (The independent, 2007) (London); (The Mirror, 2007)
(3.27) Downing Street refused to confirm the decision but a spokesman said: "We know people are arriving in Britain with diseases such as HIV, hepatitis B and TB. There is no doubt we have to deal with this issue. That's why we're carrying out a review." (The Times, 2003)
(3.28) "This is not a disease that has gone away - it has simply been forgotten about. "We have to raise its profile and soon before we have a new generation of children being born with this killer disease." Last week health minister Tessa Jowell announced plans to give all pregnant women tests for HIV. (The Journal, 1999)

The processes in (3.26-3.28) are categorised as 'material' according to their lexical nature.

However, the analysis of the deontic labour these processes index takes also into account the semantic implications, i.e. the mental repercussions associated with changes in attitudes (3.14), the different material, mental, verbal, and relational implications that the process 'deal with' contains (3.15), and the fact that 'raising' the profile of HIV (3.16) involves a verbal intervention. The categorisation of the processes based on their lexical profile in conjunction with the description of the semantic implications emerging from the processes allow me to consider both lexical and semantic aspects of the modalised processes and reduce the level of indeterminacy that gravitates around TS.

3.3.3 SUMMARY

In **3.3** and related subsections, I have presented the analytical approach that will be implemented for the examination of my data sets. So far, I have described the components (1), (2), (3) of the deontic tri-gram, in terms of their contributions they offer in order to address the research questions of this thesis. (1) is the personal deictics: by attending to (1) I intend to map out the social actors that populate the discourse of HIV/AIDS functioning as agents or recipients of deontic labour. (2) refers to the deontic modal verbs, and, as described in Chapter 2, they define the deontic labour in terms of level of commitment (i.e. strong-weak) and classify it according to the values of 'obligation' or 'necessity'. Finally, (3) refers to the type of processes being modalised and serves to define the nature of the deontic labour (e.g. whether the intervention required is a concrete/tangible one or concerned with public attitudes).

3.4 DEONTIC SOURCE

Having looked at the specifics for the analysis of deontic labour (i.e. who performs it, whether it is obligatory and/or necessary, and the type of intervention it references), the final aspect to consider concerns, what I will call, 'deontic source' (henceforth DS).

DS refers to the identification of who (in the form, for example, of a particular social actor or social institution, when made explicit) is involved in issuing the deontic statement. By identifying DS, I am not only able to contextualise the origin of the deontic claims but also to map out some of the voices that populate the discourse of HIV post 1996. Finally, attending to the latter point involves engaging with the concept of intertextuality, which, as Fairclough (1995, 2003) argues, constitutes an important aspect of the manifesto for the CDA research programme, as well as pointing to the dialogistic and heteroglossic nature of discourse advanced by Bahktin (1981) and Kristeva (1986). These concepts will be discussed in more detail in **3.4.1**-**3.4.3.1**.

As far as the more practical and tangible aspects of the analysis are concerned, the process of investigating DS translates into establishing to what type of discourse (i.e. 'primary' or 'secondary', to use Fairclough's (1988) terminology) the deontic statements belong. In the news corpus especially, I will show that the majority of the deontic statements identified belong to the secondary discourse. This refers to the fact that the journalist responsible for the primary discourse has outsourced the deontic statements to external, secondary sources. Primarily two linguistic resources employed to introduce the secondary discourse are reviewed: firstly, the mode of representation adopted to report the deontic statement (i.e. direct or indirect); and, secondly, the reporting verbs (when present) that frame the reported material and signal the stance of the speaker towards said material.

The first linguistic resource is Leech and Short's (1981) Speech and Thought Representation framework. As Fairclough (1995: 81) points out, this framework allows the analyst to establish whether the voice of the reporter is separate from the material reported, and how clear the boundary between the two is.

For the second linguistic resource, Martin and White's (2005) ENGAGEMENT category (as part of their larger interpersonal framework known as Appraisal Theory (henceforth AT) provides an analytical lens through which to decode both the meaning and the stance that DS takes in relation to the reported proposition.

3.4.1 on the concept of 'intertextuality' lays the foundation for the subsequent discussion of these two linguistic resources in more detail in **3.4.2** and **3.4.3**, respectively.

3.4.1 INTERTEXTUALITY

Researching DS and the various modes available for reporting the deontic statements is connected to the concept of 'intertextuality' (Fairclough 1995, 2003). Hereafter, intertextuality is seen as a property of discourse whereby an instance of language does not stand by itself in a discursive vacuum, as an *ex novo* discursive event, but is situated in a close-knit web of texts: specifically, through a process of embedding, manipulating and referencing previous texts, the resulting text is said to straddle the old and the new. To use Fairclough's (1992) words, intertextuality is 'an important concept in the analysis of discursive events […] [as] [i]t gives a way into the complexity of discursive events (realized in the heterogeneity of texts, in meaning, form, and style)'. Dealing with intertextuality involves looking at the design of the text under analysis, that is, the 'genres, voices and discourses' that are drawn upon and woven together (Fairclough 1995: 201).

Bakhtin and Kristeva are integral to the establishment and development of the concept of intertextuality: Bakhtin (1981) defines discourse as dialogic and heteroglossic, which in Kristeva's (1986: 39) words, entails looking at discourse and texts as 'a mosaic of quotations', where 'any text is the absorption and transformation of another'. Moreover, the terms of 'dialogism' and 'heteroglossia' are particularly useful in this chapter. On the one hand, they work as a springboard for the development of the discursive feature of intertextuality (see Fairclough 1992: 269-270), whilst, on the other hand, they provide a theoretical background and support the present investigation into DS. This analysis is, indeed, intertextual in its nature, and acknowledges the fact that most of the deontic statements previously analysed are the product of other voices. Ultimately, the discourse of HIV/AIDS under analysis (especially when instantiated by the news corpus) is, for the most part, dialogic and heteroglossic.

Teubert (2010) refers to intertextuality as one feature of discourse that, together with paraphrase, serves as an instrument of hermeneutic analyses, i.e. it deals with the interpretation of text, and more specifically with 'the meaning of texts, text segments, phrases or simple lexical items' (p. 199). According to Teubert, the identification of the intertextual links that one text exposes through other texts is an important stage in the overarching enterprise concerned with interpreting and making sense of a text. The principle underpinning the use of intertextuality and paraphrase as interpretative tools is that 'discourse is self-referential': for Teubert, texts are the product of a more or less explicit re-elaboration of

previous texts (p. 201) and the unearthing of these links contributes to contextualizing and building a clear explanatory picture of the text segments or lexical items under investigation. Whilst the present analysis recognizes the benefits of looking at intertextuality as an interpretative process, it does distance itself from Teubert's total commitment to discourse as the only source of meaning (see Sealey 2014). Another point worth noting in regard to intertextuality is what Teubert also refers to as a 'negotiable', 'not objective parameter'. Indeed, finding the links that the discourse under analysis makes with other discourses is also predicated upon the analyst's capacity to identify them. Quotations and links to previous texts may, indeed, be more or less explicit, and easier to retrieve: hence the choice to settle for deontic statements issued both by primary- and secondary-discourse voices as an explicit example of intertextuality.

Having introduced the theoretical concept underpinning the application of Speech and Thought Presentation Framework, and the ENGAGEMENT category, I now present in the following sections the two linguistic frameworks adopted for the analysis.

3.4.2 SPEECH AND THOUGHT PRESENTATION FRAMEWORK

Reported speech is defined by Fairclough (2003) as 'the most common and pervasive form of intertextuality'. It is presented as an intertextual feature, as it functions as explicit evidence of the producer of the primary discourse 'taking information, opinion and so on from a prior text and embedding it in another' (Richardson 2007: 106). This section deals with one of the intertextual issues connected with reported speech, that of 'faithfulness', namely the 'relationship between the report and the original (the event that is reported)' (Fairclough 2003: 51).

Whilst Leech and Short's (1981) framework maintains the distinction between modes of representing speech and thought, for the purpose of this analysis, I adopt a more streamlined version as put forward in Fairclough (2003: 49), whereby the terms of speech and thought are subsumed under the hypernym of 'reporting'. Of the four modes of reporting, this analysis considers only 'direct' and 'indirect', since they are the only two identified in the deontic statements. These two modes are exemplified using examples from the news corpus, whilst the remaining two are illustrated by examples fabricated for the purpose of showing their main components.

Direct reporting

This is explicitly marked by quotation marks, and generally introduced by a reporting clause. The reported case scenario comprised within quotation marks does not necessarily comply with the grammatical tense, personal pronouns and deictic centre that characterise the primary discourse.

e.g. The 33-year-old said: "*We need to increase the quality and frequency of sex and relationship education. That's very important*" (Oxford Mail, 2007)

DS: The 33-year-old
Reported material: 'We need […] important', introduced by the reporting verb 'said'.

Indirect reporting

The lack of quotation marks results in there being no separation between the reported material and the primary discourse. From a grammatical point of view, the tendency is to situate the secondary discourse seamlessly within the overarching primary discourse. The latter's verbal tense, and deictic centre are extended to the secondary discourse.

(e.g. AIDS expert Martin Foreman blames men. He believes *there must be a social shift to alter their views* (Bristol Post, 1999)

DS: He, i.e. AIDS expert Martin Foreman;
Reported material: 'there must be […] views', introduced by the reporting verb 'believes'.

Free indirect reporting

It is defined as a semantic 'halfway house' between direct and indirect reporting (Leech and Short 1981:264). The reported material is generally presented through an indirect mode and interspersed with idiosyncrasies that belong to the original direct reporting.

e.g. They replied they would love to meet him!!!
The final exclamation marks index a slip from the indirect to the more direct reporting mode.

Narrative report of speech act

The reported material is summarised using a speech act.

e.g. He said that he didn't mean to crash their party → he apologised for the intrusion
Speech act: apologise

Having listed the characteristics of the four different reporting modes, I move on to address the value of 'faithfulness', the extent to which each mode is said to encode it and implications for the analysis.

Richardson (2007: 106) situates the four reporting modes on 'a progressive line of accuracy'. The highest value of accuracy is encoded by the direct reporting: this is because it purports to faithfully reproduce the original source, with no interference on the part of the speaker or the writer that does the reporting. Moreover, the reproduction of the deontic statement as if verbatim and the cordoning off from the main body of text with quotation marks allow for a clear separation between primary and secondary discourse as well as little to no misrepresentation and/or misinterpretation of the reported material. More opportunity for misinterpretation and distortion arise with the indirect reporting mode: this is because what is reproduced is 'the content of what was said or written, not the actual words used' (Fairclough 2003: 49). Moreover, the lack of quotation marks blurs the distinction between primary and secondary discourse.

3.4.3 MARTIN AND WHITE'S ENGAGEMENT CATEGORY

The second linguistic resource employed in this study is the category of ENGAGEMENT. Martin and White (2005) situate ENGAGEMENT within the Appraisal Theory (AT) framework. AT is concerned with the study of the interpersonal meaning of language: attending to this aspect of language allows one to explore the stances that speakers and writers adopt towards the material they engage with, the social values they approve and disapprove of, as well as how speakers and writers 'construe for themselves particular authorial identities or personae, [and] how they align or disalign themselves with actual or potential respondents' (Martin and White 2005: 1). In linguistic terms, it is the analysis of 'the linguistic mechanisms for the sharing of emotions, tastes and normative assessments' (ibid). AT grows out of Halliday's (1976) Systemic Functional System and looks at language as a multidimensional/stratified semiotic system for creating meaning. As pointed out by Taverniers (2011), at the heart of this stratified system is the concept of realization, whereby

the larger linguistic stratum is (en)coded by the more specific one below it, following a downward trajectory. So semantics is realised by grammar and lexis, which in turn is realised by phonology.

Appraisal occupies the semantic stratum, that Martin (1992) and Martin and White (2005) call 'discourse semantics'. This is because 1. appraisal extends to large stretches of discourse, and 2. a given appraisal can be construed using different lexico-grammatical resources (Martin and White 2005: 10). Appraisal is presented as a system made up of three categories, referred to in capital letters and differentiated according to the type of evaluative work that speakers or writers perform. ATTITUDE refers to the resources employed to express personal emotions, feelings, and judgments based on normative principles; GRADUATION deals with the linguistic resources that make the evaluation gradable, in the sense of it being more or less intense; ENGAGEMENT includes the linguistic resources that allow the speaker/writer to take a 'stance towards the value positions being referenced by the text and with respect to those they address'. (Martin and White 2005: 35-36).

According to this definition, ENGAGEMENT can work as a potentially suitable framework through which to explore the stance that the reporting voices, identified as 'deontic source', take towards the deontic statement being reported. Its suitability is gauged against two principles. 1. ENGAGEMENT develops out of Bakhtin's (1981) definition of discourse as dialogic and heteroglossic, whereby new voices in the discourse interact and communicate with previous and contemporary voices. This concept also underpins this very analysis on intertextuality. 2. One of the lexical-grammatical resources realising ENGAGEMENT is reporting speech (Martin and White 2005: 133-134), which is the very nature of the data under analysis in this chapter.

With regard to point 1, White (2003) identifies two broad categories within ENGAGEMENT: monoglossia and heteroglossia. Monoglossic utterances are 'located in the textual voice's single, autonomous and isolated subjecthood and as not in tension with, or contradiction to, any alternative position or positions' (ibid: 263). However, heteroglossic utterances 'engage with dialogic alternatives', in the sense that they incorporate various voices expressing different positions and alternatives.

I draw upon the monoglossic/heteroglossic dichotomy to characterise two different dynamics in place mainly in the data derived from the public-discourse corpus: I qualify as monoglossic the deontic statements that are issued by the main author of the news article in question, i.e. the primary discourse, where the author does not engage with any other voices and alternatives other than themselves. Alternatively, I take the secondary discourse to be heteroglossic, since the author of the primary discourse outsources the task of issuing deontic statements to other voices.

Having identified the monoglossic and heteroglossic utterances in my data, I now set out to describe and apply the ENGAGEMENT sub-categories to the heteroglossic cases identified, with the aim of establishing what stance DS takes towards the deontic statements.

3.4.3.1 ENGAGEMENT SUB-CATEGORIES

The ENGAGEMENT category comprises the linguistic resources that allow the authorial voice 'to position itself with respect to, and hence to 'engage' with, the other voices and alternative positions' (Martin and White 2005: 94). These linguistic resources are organised into a taxonomy of four subcategories: Disclaim, Proclaim, Entertain and Attribute. Because the AT authors privilege meaning in context and rhetorical effects, rather than in a specific grammatical approach, the framework includes any linguistic locutions that, used in a particular context, say something about the type of positioning and stance the authorial voice aims to construe. One of the linguistic realisations of ENGAGEMENT that I particularly focus on in this specific analysis is 'attributions' (ibid: 94). In my data, attributions take the form of the reporting verbs that feature in close proximity to the reported deontic statement, and give an insight into the speaker/writer's interpersonal position towards the values encoded in the reported material.

Attribute: the position presented is grounded in the author's own subjectivity, meaning that other possible alternatives are also available. Subtypes: Acknowledge: X says that, X believes that, according to X, in X's view
Distance: X claims, it's rumoured that
Entertain: the view presented by the author is only one of the many possible alternatives. (*perhaps*, *it's probable that*, *this may be*, *it seems*, *apparently*)
Proclaim: presenting a position in an authoritative way, not open to other alternatives. Subtypes: Concur (showing agreement with a particular position, or same knowledge)

Endorse (the position at hand is presented as 'correct and undeniable')
Pronounce ('formulations involv[ing] authorial emphases or explicit authorial interventions or interpolations', such as *I contend*, *we can only conclude that*) (Martin and White 2005: 97-135)

TABLE 9 - 'ATTRIBUTE' AND 'ENTERTAIN'

As will be shown in Chapter 12, of the four categories, 'Attribute', first, 'Entertain', second, and 'Proclaim', in only a few instances, seem to be the most befitting to decode what type of stance DS takes vis-à-vis the deontic statement

3.5 CONCLUSION

In this chapter, I have presented the steps taken in collecting the news and the interview corpora as well as justifying the nature of the two corpora. Particular attention was paid to the analytical approach that will be implemented for the analysis of both data sets. As explained in detail throughout Chapter 3, the investigation into the discursive construal of deontic labour in both corpora translates into the analysis of the so-called deontic tri-gram and DS.

The order of presentation of the analysis is as follows. Firstly, I will explore the deontic labour emerging from the news corpus, before moving onto the private one. Each chapter is dedicated to the analysis of the deontic labour realised by one of the five deontic modal verbs selected and discussed in Chapter 2, starting from the strong end of the deontic cline and moving towards the ones that construe a weaker form of deonticity.

CHAPTER 4 – *MUST* (NEWS CORPUS)

4.1 INTRODUCTION

The analysis of the public discourse of HIV/AIDS is divided into five large segments, each focusing on one of the five deontic modal verbs.

The aim pursued in each chapter is to draw upon the theoretical profile of each of the modals presented in Chapter 2, using this as a blueprint that can inform the empirical investigation into the role that these modal verbs play in the discursive representation of HIV/ AIDS in the media discourse. As argued in Chapter 2, these five modal verbs perform an evaluative function. They are taken to be one of the many explicit linguistic realisations of two categories of social value: on the one hand is *deontic obligation*, which comprises the values of responsibility, morality, and duty, whilst on the other hand is the category of *necessity*, which points to particular conditions in which moral aspects are relegated to a secondary position in favour of more pragmatic/circumstantial/functional types of requirement. Moreover, whilst the above two categories cannot always be teased apart, I maintain that keeping them separate can be beneficial for an analysis, since they are instrumental in bringing to the surface the deontic nuances in the discourse of HIV/AIDS that would be otherwise lost if the generic label of 'deonticity' is adopted instead.

As presented in Chapter 3, the analysis is mapped onto the deontic tri-gram, as this allows for the examination of three discursive components, i.e. the personal deictics, the modal verb and the modalised process.

The results obtained from the tri-gram-based analysis will be employed in order to develop a barometer that will assist in locating the social areas in which deontic labour is deemed to be relevant/important/necessary, as well as the social actors called upon to perform it.
This will serve to measure how extensive the public response to HIV is expected to be and whether this response is restricted to a particular social group, or to society as a whole. The latter case scenario will be contextualised by the most recent medicalisation of HIV, whereby HIV is a non-exclusive medical and social reality.

The analysis of the linguistic patterns associated with the five modals aims to give an insight into the so-called deontic labour, a label which stands for that which *must*/*need*/*have to*/*should*/*ought to* be done in response to the HIV/AIDS crisis. The extent to which deontic labour is shared across the various social actors, and the social areas that it impacts upon functions as a linguistic indicator as to a discursive representation of HIV as an inclusive and universal virus.

4.2 THE MODAL *MUST*

The first modal to be examined is *must*. The goal is to explore how the theoretical values attributed to *must* in Chapter 2 serve to characterise deontic labour within the media discourse of HIV/AIDS.

The *must*-based concordance lines are analysed using the deontic tri-gram. The aim is to produce a rigorous, replicable and retrievable method, using Simpson's (2014) three basic principles which also underpin the study of stylistics.

Moreover, following the tri-gram structure allows the analysis to develop in an orderly and structured manner: the three tri-gram-related components (i.e. 1. modal verb; 2. personal deictic; 3. modalised process) generate the following criteria and define a sequence of methodological operations to be implemented for the analysis of *must*. Specifically:

> Criterion 1 relates to the modal verb upon which the present chapter is built, and whose deontic value and strength of imposition are used to contextualise and interpret the deontic statements;
>
> Criterion 2 defines the second step of the methodological sequence. First, animate and inanimate personal deictics are divided into two separate sections. Within each section, frequency becomes a key factor in determining which personal deictics to analyse first. By frequency I mean the number of times a personal deictic features as the grammatical subject of the bi-gram '*must* + process'. So, priority is given to the personal deictics whose frequency is high enough to enable me to focus on one particular personal deictic at length. Secondly, those personal deictics whose frequency is too low to allow for an individual

analysis of each of them (i.e. in the order of 1 to 5 occurrences) are instead organised in a deictic cline of specificity (CoS).

Criterion 3 triggers the third operation of the analytical sequence: namely, for each personal deictic, and section of the cline, I will examine the type of processes modalised by *must* using Halliday's TS, in order to describe the nature of the intervention and impact associated with the personal deictics.

Having summarised the methodological steps, I now turn to the examination of the most frequent animate personal deictics identified in the *must*-based cross-section of the news corpus (i.e. the personal pronoun *we*, 'people' and 'government') and related modalised processes.

4.3 THE PRONOUN *WE*

The first personal deictic to be examined is the first person plural pronoun *we*. It occurs 40 times out of the total 93 animate-deictic instances, qualifying as the most significant deictic rooting in the *must*-based cross-section. Its discursive import in this analysis does not simply derive from its numerical frequency: indeed, *we* and pronominal choices altogether play an important role in media and political discourse studies, as they offer valuable insights into the linguistic construal of socio-political positions, and the implied values of alliance and solidarity for example, that a speaker may adopt in a particular context (Brown and Gilmann 1960; De Fina 1995; Duranti 1984; Johnson 1994; Pavlidou 2014, Proctor and I-Wen Su 2011; van Dijk 1997, 2002,). For the purpose of this analysis, *we* is instrumental in establishing to whom deontic labour is allocated. The scope of *we* can vary depending on the context in which this pronoun appears (Fairclough 2000: 35, 151-152), and because of this, it lends itself to being a successful discursive strategy that, as Duszak (2002: 6) puts it, is 'managed in discourse in order to construct, redistribute or change the social values of in-groupness and out-groupness'. The question of in-groupness and out-groupness relates to my concerns about those social actors that, in light of their role as either medical staff, HIV charity/social workers or more simply members of society, are or are not called upon to act in the discourse of HIV/AIDS.

The slippery and ambivalent nature of *we* steers the analysis of the concordance lines in the same direction as Sheibman's (2004) study on exclusive and inclusive patterns of the use of *we* in a corpus of American conversations; albeit for different purposes. Both analyses concern themselves with identifying the class of referents that *we* indexes. In this analysis, the exclusive *we* is used to delimit a very limited class of social actors that populate the discourse of HIV/AIDS. The inclusive *we*, instead, indexes the totality of the social actors in the discourse at hand. Moreover, it can also be argued that the inclusive *we* performs a hortatory function in order to include the readers of the news articles and appeal to their sense of responsibility and capacity to intervene. However, determining the inclusivity or exclusivity of *we*, I argue, can pose a challenge (Fairclough 2000: 164): a genuine indeterminacy characterises the pronoun which cannot always be disambiguated, leaving both interpretations open and viable.
With regard to the *must*-related *we*, I will rely on the co-text of the deontic tri-gram to provide, where possible, a distinction between exclusive and inclusive uses.

4.3.1 EXCLUSIVE *WE*

In the remaining 28 concordance lines, *we* is used exclusively in order to include a more specific segment of society.

The processes modalised by *must* function as a clue to disambiguating between inclusive and exclusive uses of *we*. In the exclusive cases, the obligation relates only to those people who, unlike the social actors indexed by the 'maximally inclusive' *we*, showcase particular skillsets related to their professional role of medical staff, researchers, social workers, managers of charities.

The examination of the modalised processes is organised around the four Hallidayan semantic categories. So, at the material level, the exclusive *we* is construed as responsible for 'do[ing] more to improve the sexual health of our young people' (4.1), 'scal[ing] up the prevention activities' (4.2), 'redoubl[ing] our efforts to ensure that our advice is reaching vulnerable groups' (4.3), 'work[ing] together to improve services and advice available to those at risk of this potentially deadly infection' (4.4). On a mental level, the processes 'not forget that we are not yet on safe ground' (4.5) and 'recognise that there are still PWH who

do not know they are infected' (4.6) are presented as an 'exclusive' responsibility which can only be fulfilled by those social actors who possess a particular expertise in the HIV/AIDS field. Similarly, the relational processes such as 'continue to be vigilant […] to educate people from high risk groups' (4.7), and 'be flexible in our response to new therapies' (4.8) define a 'strong responsibility of being' that applies mainly to any person with a particular HIV-related expertise. Finally, the verbal processes 'continue to promote the public health message' (4.9), 'educate people about staying safe' (4.10), and 'address the [HIV] issue' (4.11) can be said to fall again within the remit of the expert-exclusive *we*.

(4.1) We must do more to improve the sexual health of our young people (Daily Mail, 2007)
(4.2) We must scale up the prevention activities that have proven successful if we are to reverse the AIDS pandemic (BBC Monitoring, 2011)
(4.3) We must now redouble our efforts to ensure that our advice is reaching vulnerable groups (Lancashire Telegraph, 2009)
(4.4) We must work together to improve the services and advice available to those at risk of this potentially deadly infection (The Mirror, 2001)
(4.5) We must not forget that we are not yet on safe ground (Evening News, 1998)
(4.6) We must recognise that there are still people with HIV who do not know they are infected with the virus (Birmingham Post, 2001)
(4.7) We must continue being vigilant with all the measures we have established over the years to educate people from high risk groups on how to change their lifestyle (The Sentinel, 1998)
(4.8) We must be flexible in our response to new therapies and the types of services required as a result (Evening News, 1998)
(4.9) We must continue to promote the public health message and do all in our power to prevent the rise of HIV/AIDS-related illness (Evening News, 1998)
(4.10) With the spread of international travel - and so called 'sex tourism' - we must also educate people about staying safe when outside Scotland. (The Mirror, 2001)
(4.11) We must continue to address the issue and keep HIV on the agenda (The Scotsman, 2002)

The processes presented in the four semantic categories presuppose a form of expertise and access to human and material resources that are respectively typical of and available to a specific group of professional social actors, such as doctors, charity managers, and social workers. The disambiguation of exclusive and inclusive *we* also relies on the larger co-text, as illustrated below.

(4.12) **Professor Qutub Syed, director of the Health Protection Agency North West**, "It is encouraging that more people with HIV infection are seeking treatment and care, but hugely disappointing that we are still seeing an increase in new cases. "This would seem to imply that more people are putting themselves and their partners at risk by failing to be careful about their lifestyles. "**We and our partners at Liverpool John Moores University and elsewhere** have tried very hard to get across the message that unprotected sex with new or multiple partners and the sharing of needles by drug users are high risk activities. We must now redouble our efforts to ensure that our advice is reaching **vulnerable groups** because HIV and other sexually-transmitted infections are avoidable and every new case of AIDS is a tragedy." (Lancashire Telegraph, 2009)
(4.13) **Charlie McMillan, the chief executive of Phace West**, a support group for people with HIV, warned that a further 1,000 Scots carry the virus but do not know because they have never been tested. He said: "We must continue to address the issue and keep HIV on the agenda. "We need to target **young people** in particular, who did not grow up with the strong HIV warnings that emerged in the early 1980s. **Young people** do not see HIV as an issue for them, which is very worrying indeed. **People will be taking risks**. (The Scotsman, 2002)

In the extended (4.12;4.13), I have highlighted in **bold** the linguistic clues that, cumulatively, identify an exclusive *we*. The first clue is the deontic source issuing the deontic statement, i.e. an expert figure. This indicates that the referential scope of *we* is, first and foremost, issued by an expert voice speaking on behalf of the expert field. Moreover, the personal deictics 'vulnerable groups' (4.12) and 'young people' (4.13) create a dichotomy between themselves (as the target/recipient of the modalised processes) and the agent *we*. This dichotomy serves to highlight the exclusiveness of *we*.

So far, I have commented on the kinds of actions that *must* be performed in exclusive cases, and I have suggested that those actions (together with other co-textual features) indicate that *we* functions exclusively. The deontic source is discussed at length, as one of the co-textual indicators used to disambiguate uses of *we*. In Chapter 12, I will note that most of the deontic statements analysed here are reported in a direct or indirect mode of presentation by a particular speaker. The latter acts as the spokesperson of the exclusive group of actors indexed by the exclusive *we*, qua member themselves thereof too.

It is also important to remember that there are cases when neither co-textual clues nor the nature of the processes help disambiguate the exclusive or inclusive uses of *we* as illustrated by (4.14).

(4.14) - We must not forget that it's not possible to eradicate the infection. Although this should enable us to improve treatment we are still a long way off from a cure (The Express, 1999)

The obligation couched in the negative mental process 'forget' can both apply to the scientific medical community, as a way of urging them to keep researching a cure for HIV, and lay people, as a reminder that HIV is still a common public health concern that *must* not fall off the radar. However, both interpretations are viable and construe two distinctive responses to the virus, i.e. proactive, research-based on the one hand, and a public form of alertness and awareness on the other. Both are relevant to the discourse of HIV/AIDS at hand.

4.3.2 INCLUSIVE *WE*

11 out of 40 *we*-related deontic tri-grams contain an inclusive *we*. This has the effect of making the obligation encoded in the tri-gram relevant to an unspecified and large class of referents that includes, but is not limited to, the speaker of the utterance and their audience (within the text). Another key issue to account for when establishing the referents being indexed is whether the reader of the news article in question is included, or, to put it in Althusser's (2001: 118) words, is 'hailed' or interpellated'. The inclusive *we* not only interpellates its referents with a view to urging them only to act. It may just simply refer to a situation in which the referents are identified as responsible, agentive subjects who might bear some responsibility in the context at hand.

The collective obligation by the inclusive *we* and *must* can be taken here as testament to the fact that HIV (and AIDS), despite still being a public health concern, is not confined to a particular social group. There is only one instance in the 11 concordance lines in which the inclusive *we* construes a moral-panic attitude towards 'active homosexuals', similar to those identified by Potts (2013)

(4.15) There is definite evidence that active homosexuals spread HIV and AIDS and we must ask ourselves if it is right that the council should give its approval (Birmingham Evening Mail, 2000)

With regard to the ambiguity that characterises the act of distinguishing exclusive and inclusive *we*, the pronoun in (4.15) is perhaps not as inclusive as it might appear given that the force of the utterance is to exclude 'active homosexuals' who are then unlikely to feel part of referential scope identified by *we.*

Here 'active homosexuals' are being scapegoated for being responsible for the spread of HIV/AIDS. Apart from this instance, there is a tendency to see HIV as a responsibility shared by society as a whole. Arguing for this latter point entails understanding the remaining ten instances as 'maximally' inclusive.

Another aspect of the analysis involves considering the semantic nature of the processes modalised in order to define the specifics of the obligations allocated to the inclusive *we*. Strong obligation is attached to the practice of safe sex, couched in material processes ('continue to lead safe lives' (4.16), and 'never let our guard down' (4.17)), relational processes ('not be complacent' (4.18)), and mental processes ('accept responsibility for our own health' (4.19)). *Must* also construes as 'obligatory and responsible' relational and mental processes that deal with the public understanding and perception of the virus: so it is both responsible and important to 'have sufficient strength to believe that the virus can and will be cured' (4.20) (relational process), 'stop thinking' of HIV in negative terms (4.21), 'grasp' (4.22) and 'remember' (4.23) the magnitude of HIV as a social and medical issue (mental processes).

(4.16) We must all continue to lead safe lives (Daily Record, 1998)
(4.17) To protect ourselves we must never let our guard down (The Mirror, 2008)
(4.18) We must not be complacent about our sexual health (Irish News, 2001)
(4.19) We must all accept responsibility for our own health and that of our sexual partners (The Herald, 2000)
(4.20) We must have sufficient strength to believe that the virus can and will be cured (South Wales Echo, 2002)
(4.21) We must stop thinking of HIV as a series of assaults (The Guardian, 2006)
(4.22) We must grasp the enormity of a disaster that has already killed 25 million (The Guardian, 2008)
(4.23) We must always remember the scourge of the virus is in our society. We can't be complacent as we are all at risk of contracting HIV (The Mirror, 2008)

The processes presented above point to a specific 'responsibility=social action' equation that can be paraphrased in the following terms: being responsible equates to performing social actions such as employing safe sexual practices, discussing the virus openly, acknowledging the destructive effect that the contagions have had in terms of human losses, and believing that sooner or later a cure for the virus will be available. The processes reviewed above acknowledge the fact that the medicalization of HIV is yet to be completed, that is, the virus can be managed through anti-retroviral medication, but cannot be fully cured. However, running parallel to the medicalization of HIV is also the responsibility to perform certain functions that are seen as a form of 'soft' action (i.e. change how we talk, think and lead our lives). Finally, I suggest that the inclusive *we* coupled with *must* linguistically construe what I will call 'common responsibility'. In this respect, the concordance lines reviewed above share the fact that no discursive 'scapegoating' strategy, as a way of legitimising and rationalising a social crisis, is adopted: everyone, with no distinction in terms of sexual orientation, ethnicity, religious group or otherwise, is held accountable for their own health and, more generally, the common good.

4.4 THE PERSONAL DEICTICS: 'THE GOVERNMENT' AND 'PEOPLE'

Having dealt with cases in which *we* must do something, I now turn to cases where an explicitly named actor/group of actors is construed as having some form of responsibility. As with inclusive and exclusive *we*, defining the class of referents in which the grammatical subject of the modalised processes points to can be a challenge. This is partly overcome by looking at the co-text and the context surrounding the linguistic element under investigation.

Uses of *we* and the following linguistic expressions are very similar to the prototypical deictic elements such as 'this', 'now', 'here' for the fact that the referential/indexical meaning of the latter does not come from their intrinsic semantic condition, but the context of speaking in which they are used. Therefore, their meaning is not absolute but relative, and for this reason, they are said to display semantic deficiency or vacuity (Levinson 2009: 102).

Table 10 reports the most frequent personal deictics occurring in the *must* cross-section, organised in decreasing order of frequency.

Personal deictics	Frequency
We	40
The government	11
People	8

TABLE 10 - FREQUENCY OF *MUST*-RELATED DEICTICS *WE*, *THE GOVERNMENT*, *PEOPLE*

The import provided by the deictics 'the government' and 'people' is twofold: they serve as a deictic rooting for the modalised actions and construe two types of responsibility: expert (the former) and collective non-expert (the latter). This distinction will function as a useful lens through which to view the concordance lines given below for each personal deictic.

4.4.1 'THE GOVERNMENT' AND 'PEOPLE'

The expert responsibility that 'the government' is called upon to fulfil is mainly couched in material processes (7 out of 11). Upon the government falls the obligation to 'act now' and 'swiftly' (4.24), to 'take the lead' (4.25), and 'change its policy on protection from and treatment of AIDS'(4.26). This tangible and concrete series of actions go hand-in-hand with a series of mental examples (3 out of 11): 'get[ing] over their moral and cultural objections and seeing HIV for what it is' (4.27), 'urgently consider[ing] targeted screening and education programmes' (4.28) and 'trust[ing] the people' (4.29) construe a responsible mental approach that the government *must* take in order to face up to the challenges that HIV and AIDS pose to society as a whole.

(4.24) The government must act now to avert further suffering. (The Journal, 2002)
(4.25) The government must take the lead (The Daily Telegraph, 2001)
(4.26) The government must change its policy on protection from and treatment of AIDS (The Herald, 2001)
(4.27) Governments must get over their moral and cultural objections and see HIV for what it is (The Sunday Times, 2001)
(4.28) The government must urgently consider targeted screening and education programmes (Western Daily Press, 2001)
(4.29) The government must trust the people. The public will accept sensible objective advice given by the Government on the basis of the best medical advice (Birmingham Post, 2001)

The expertise value that characterises the government's type of responsibility looms larger if compared with the type of responsibility that lies with 'the people'. The latter's responsibility consists of developing a better awareness of their role in stopping new HIV infections, and of the virus itself. This is conveyed through the mental processes 'consider their own sexual health' (4.30), 'learn about HIV' (4.31) and 'get their facts right' (4.32). Similarly, the process of stopping the virus from spreading and inducing a better perception of the virus can also be achieved by performing the material process 'change their behaviour' (4.33) and the verbal process 'not ghettoise [the virus] to the one particular section of society' (4.34).

(4.30) People must sit up and consider their own sexual health to prevent Aids and other sexual diseases usually contracted through unsafe sex (Belfast News Letter, 1997)
(4.31) People must learn about HIV then the prejudice will (Herald Express, 2011)
(4.32) People must get their facts right because there is little more reason why a gay man can be HIV positive than a straight man (Irish News, 2001)
(4.33) People must change their behaviour - by having fewer sexual partners and avoiding overlapping sexual relationships (The Guardian, 2008)
(4.34) People must not ghettoise it to one particular section of society (Sunday Mirror, 1999)

So, by way of comparison, the government's response to the cause of HIV and AIDS is an 'institutional' one: their responsibility is to create nationwide conditions for a "strong and stable" solution to the HIV crisis. The response required of 'people' is a local and cumulative one, at the same time, more in line with the 'collective responsibility' as discussed in **4.3.1**. Together with the government response, it has the power to reshape and move the public landscape of HIV and AIDS towards a less stigma-ridden and more compassionate portrayal thereof.

4.5 Infrequent personal deictics

Having looked at the most frequent deictic roots, namely the inclusive and exclusive *we*, 'people', and 'government', I now turn to less frequent groups of deictics to which deontic obligation is attached. If the frequency value stands as a criterion for choosing and analysing *we*, 'people' and 'government' individually, the same does not apply for the present section. Here, indeed, each deictic does not amount to more than three instances. Therefore, I choose to adopt Agha's (2007) concept of 'deictic selectivity' as another criterion to account for and systematize the fragmentary and variable nature of this new group of deictics. Agha (2007:

37) defines deixis as 'the ground floor of the semiotic architecture': the deontic statements under analysis are grounded in a particular personal, spatial and temporal environment. However, I place particular emphasis on the personal dimension only, realised by 'personal deictics'. By attending to the fragmented and variable group of deictics through the introduction of CoS (Cline of Specificity) (cf. **3.3.1.4**), I aim to complete the landscape of social actors that are called upon to uphold (in various ways) responsibility/obligation within the medical, social and political reality of HIV/AIDS.

4.5.1 THE CLINE OF ANIMATE PERSONAL DEICTICS

Prior to implementing CoS, the animate personal deictics are organised into three thematic categories, according to the type of social group they index, namely 'the institutional body', 'the private body' and 'PWH'. This three-fold categorisation points to three ways in which the HIV/AIDS-related deontic labour can be approached –expert, non-expert and 'people-with-HIV'. (cf. **3.3.1.4** on the presupposition of skillsets and affordances to fulfil the allocated deontic labour). This categorisation builds upon similar observations that were made during the analysis of how the personal deictics *we*, 'government' and 'people' approach the deontic labour. These observations are developed here to enable a more thorough system of analysis that will be employed throughout the analysis of the news and private corpus.

The three agential categories, in turn, yield three separate CoS onto which to place the deictics. In doing this, I am able to avoid conflating deictics that are called upon to fulfil different types of deontic labour according to their affordances/skillsets, and therefore would not be comparable.

Below is the list of deictics used in an active construction (with the exception of six passive instances), (list A), first divided into the three agential categories, and then situated on a CoS.

List A
1A. Social institutional body (13 instances)
  a. Genericization (1)
        (Britain: 1)
  b. Collectivisation (institutions and organisations) (6)
        (insurance company: 1), (they = pharmaceutical company: 1), (the

executive: 1),
(organisations working with people affected and infected with HIV: 1),
(councils: 1),(the office: 1 – passive)

c. Functionalisation (single individual) (6)
(doctors: 1), (the mayor: 1), (they = insurers: 1), (they = ministers: 1) (health specialists, those engaged in 'transmission risk behaviour': 2 – passive)

2A. Social private body (17)

a. Genericization (5)
(one: 2), (generic you: 1), (nobody: 1), (the public: 1 – passive)

b. Collectivisation (2)
(the whole of our young society: 1), (they = young people: 1)

c. Identification (classification), according to: (12)

c1. Classification

c1' Sex (1)
(women: 1),

c1'' Sexual Orientation (6)
(they = heterosexual people: 1), (they = heterosexual and homosexual people: 1),
(they = gay men cruising: 2 - repeated), (you = gay man: 1)

c1''' Age (2)
(every teenager: 1, (pupils: 1)

c1'''' Other (1)
(circumcised men: 1)

c2. Relational identification (1)
(prostitution's clients: 1),

3A. PWH (4)

a. Collectivisation (1)
(AIDS sufferers: 1 – passive)

b. Identification (classification), according to: (2)

b' Sex (1)
(Men with HIV) (1)

b'' Age (1)
(Younger and more recently diagnosed HIV carriers: 1 – passive)

c. Functionalisation (1)
(a patient opting for treatment: 1)

List A provides a breakdown of the social actors upon whom the sense of responsibility and obligation falls.

In 1A, ‘genericization’ features as the most general deictic subsection of the entire category: it is illustrated by a single deictic, ‘Britain’, which works as a catch-all term comprising the entire nation and the individuals that make up the nation, regardless of their personal and professional role in society. The second subsection is ‘collectivisation’, which, as van Leeuwen (2008: 37) points out, is realised by ‘mass nouns or nouns denoting a group of people’. Since category 1A deals with the social institutional body, the deictics collected under the second subsection point to ‘institutions and organisations’: hence the inclusion of deictics ‘the office’, ‘the pharmaceutical companies’, ‘the executive’. Finally, under the most specific category of ‘functionalisation’ are professionals such as ‘doctors’, ‘the mayor’, that is, those who are ‘referred to in terms of an activity, in terms of something they do, for instance, an occupation or role’ (van Leeuwen 2008: 42). Together, the three subcategories can be seen as making up the panel of actors who have an expertise-informed take on the discourse of HIV/AIDS.

2A accommodates the non-expert/lay actors. Looking at the CoS, the first subsection, ‘genericization’, accommodates unspecific deictics such as the generic personal pronoun *you*, *one* and *nobody*, and the NP ‘the public’. In the cases where this type of deictic is employed, the message of obligation appears to apply to society as a whole, indistinctively. The first level is followed by the more specific subsection ‘collectivisation’, which comprises ‘the whole of our young society’ and ‘they’ – intended to represent ‘young people’ – and therefore a small section of society, namely that of the youngsters. The final category is that of ‘identification’, which, in turn, is divided into two types: ‘classification’ and ‘relational identification’: the former distinguishes deictics between ‘classes of people’ which, as van Leeuwen (2008: 42) notes, are historically and culturally variable. The following classes are listed with their respective deictic instantiations in parenthesis: sex (‘women’); sexual orientation (‘heterosexual people’, ‘heterosexual and homosexual people’, ‘gay men cruising’, ‘you’- replacing the antecedent ‘gay man’-); age (‘every teenager’, ‘pupils’); other (‘circumcised men’). The category ‘relational identification’ includes the deictic ‘prostitution’s client’.

Finally, 3A is the least populated category, with only two personal deictics pointing to people living with HIV. The first identifies a referent according to the social variable, ‘gender’ (i.e.

'men with HIV'), whilst the other one points to a social actor in terms of the 'role' s/he plays at a particular moment in their life (i.e. 'a patient opting for treatment').

4.5.2 ANIMATE DEICTICS AND ACCOUNTABILITY

Having reviewed the social actors that are invoked to take on a particular responsibility in the news discourse of HIV/AIDS, I now consider what this accountability entails in specific terms. That is, the type of actions for which the obliged actors are construed as being accountable. The two analytical stages can be identified and mapped onto von Wright's (1977: 823) definition of deontic modality: 'concerned with the necessity or possibility of acts performed by *morally responsible agents*'(my emphasis). Where the 'agents', who are not morally responsible per se, coincide with the personal deictics, references to what 'acts' must be performed are yet to be presented. The bi-gram '*must* + process' is reckoned to be a viable point of entry into the discursive representation of the sense of urgency, responsibility and obligation featuring in the discourse of HIV/AIDS. The impact of the deontic labour allocated to each category will be analysed using Halliday's TS.

4.5.2.1 EXPERT ACCOUNTABILITY

The social actors in category 1A are called upon to fulfil specialised actions. According to van Leeuwen (2008: 60-61; 73), 'the ability to "transact"'[in the sense of impacting on a specific social reality] requires a certain power, which, in this case, is derived from the type of expertise and social role that the actors indexed by the deictics grouped under the label of 'institutional body' respectively showcase and play. Moreover, the greater the power the actors have, the greater the impact and the range of "goals" they respectively exercise and affect through their actions'.

The expert accountability is narrowed down to ten concordance lines (reported below) that correspond to the ten personal deictics classified as 'institutional body' in list A (cf. **4.5.1**). Moreover, the concordance lines are organised into thematic clusters showing the specific social areas affected by the expert accountability: i.e. 'national and local health security'; 'promotion of sexual health education and safe practices'; 'right protections of minority groups' (such as gay and HIV communities).

National and Local Health Security

(4.37) Britain must protect the public and the NHS by introducing immigrant health test (The Sun, 2003)

(4.38) They [pharmaceutical companies] must give better access to treatment (The Independent, 2004)

(4.39) Councils must urgently address how HIV testing is offered (Daily Mirror, 2013)

(4.40) Doctors must not refuse or delay treatment because they believe that patients' actions have contributed to their condition (The Independent, 1997)

(4.41) Liberal Democrat health spokesman Paul Burstow said: "Ministers have dithered for far too long in the face of the tidal wave of sexual infections. They must listen to the Chief Medical Officer and take action. (Western Daily Press, 2004)

Promotion of Sexual Health Education and Safe Practices

(4.42) The executive must now urgently review its method of promoting sexual health and minimising sexually transmitted infections. (The Herald, 2005)

(4.43) Organisations working with people affected and infected by HIV must get out and reach all communities, with clear messages on prevention (Daily Post, 2005)

Right Protection of Minority Groups

(4.44) Insurance companies must recognise and act upon these realities (Post magazine, 2001)

(4.45) The mayor must ensure comprehensive protection against discrimination and harassment for these staff (The Independent, 1999)

(4.46) They [insurers] must show they are committed to the gay and HIV communities' (The Guardian, 2002)

Halliday's TS is employed to categorise the processes featured in the lines above. This is the first step towards defining the type of intervention that is allocated to the personal deictics of the relevant institutional body.

Process type	Instances
Material	9
Mental	2
Verbal	2
Behavioural	1
TOTAL	14

TABLE 11 - TRANSITIVITY ANALYSIS OF THE 'EXPERT-ACCOUNTABILITY'-RELATED PROCESSES

9 out of 14 processes are material and construe a tangible and concrete approach to dealing with the HIV-related social, political and medical reality referred to in the concordance lines. In particular, the material process 'protect' (4.37) presupposes (a) that the actor 'Britain' is powerful enough to take action and modify the goal 'the public and the NHS', (b) that there exists a state of danger threatening the safety of the nation and demands Britain's intervention. This reaction appears to be against a perceived external threat which, as presented in the news article, coincides with the arrival of immigrants, the latter presented as vessels of the HIV virus. Presupposition (a) also applies to the remaining actors of material processes, i.e. they are afforded the ability to transact (in van Leeuwen's words) thanks to the affordances, expertise and 'power' that come with their professional role. Therefore, by way of illustration, 'pharmaceutical companies' *must* react to the medical reality that previously existed, whereby access to treatment was poorer and needs to be increased (4.38); 'doctors' are obliged by their professional role to provide medication to those in need, whilst casting aside any moral judgement toward their patient (4.40); ministers *must* take action in the face of the tidal wave of sexual infections, although no goal is specified (4.41).

Approaches to HIV and AIDS are also couched in verbal and mental processes: with regard to the former, councils 'must address how HIV testing is offered' (4.39), whilst doctors 'must not refuse treatment' to certain patients (4.40). At the mental level, 'the executive' *must* 'review its method of promoting sexual health' with the implication that things must be reconsidered and promoted different terminology (4.42), whilst insurance companies *must* understand that the reality around HIV has improved (4.44).

Therefore, these ten concordance lines offer a good insight into the type of responsibility that is allocated to the expert-institutional body: upon the latter falls the responsibility to bring about change at different levels. More specifically, at the material, more tangible level is an obligation to take new health-related, medical, and educational measures when dealing with/preventing the virus. At the mental level, the main duty is to think of new ways through which to promote sexual awareness and limit new infections, as well as abandoning outdated views of HIV that are detrimental to PWH. This intervention is also echoed by the modalised verbal processes.

4.5.2.2 NON-EXPERT ACCOUNTABILITY

The non-expert accountability category includes social actors, not by virtue of their public and/or institutional role, but as private members of society (2A). The obligated actors are identified using criteria such as personal characteristics ranging from sex, sexual orientation and age to none of these (cf. van Leeuwen 2008). The type of accountability presented in the following analysis is commensurate with the affordances and skillsets that private members of society are expected to possess, regardless of their occupation, or level of education. The wide range of social actors in this category typifies the concept of 'collective responsibility' raised in relation with the inclusive *we* and 'people'.

The concordance lines instantiating accountability 2A are organised into three thematic subcategories: 'attitude change and (self-) awareness', 'safe-sex prevention message and practice' and 'metalinguistic obligation'.

The first subcategory 'attitude change and (self-) awareness' is realised through relational and mental processes. The relational processes establish an attributive equation between the carrier (namely the obliged actors (from general to specific) *one*, 'hetero people' and the dialogic *you* (representing 'gay man'), and the values of self-responsibility and self-awareness. Therefore, the deontic labour is 'not to become complacent' (4.47), 'be aware of the dangers of HIV' (4.50), and 'be aware that everyone has to be responsible for themselves' (4.51). The mental processes construe a type of responsibility that is relevant to both the general and undefined public (i.e. 'one', 'nobody'), on the one hand, and the more specific groups of 'women' and 'pupils', on the other. Emphasis is placed on the importance of

coping mentally with such ‘unpalatable facts’ as the realities that most HIV infections are registered in the gay community (4.48), and that HIV is still a serious condition, regardless of medical innovations and new treatments available (4.49). Moving down the CoS and the personal deictics, ‘women’ are required to realise that HIV is not only a gay- or drug-related disease (4.52), whilst ‘pupils’ are required, despite their age, to learn about sex and relationship education (4.53).

Attitude Change and (Self-) Awareness
(4.47) One must not become too complacent (Press Association, 1996)
(4.48) One must face unpalatable facts. Denying reality does not help honest debate nor the search for solutions (The Irish Times, 1998)
(4.49) Nobody must think that because there are these new treatments it doesn't matter whether they get HIV or not. It matters a great deal. The treatment is as hard to take as being ill with the virus (Belfast News Letter, 2001)
(4.50) They [Hetero people] must be aware of the dangers of HIV (Lincolnshire Echo, 2010)
(4.51) As a gay man yourself, you must also be aware that everyone has to be responsible for themselves and that means they follow the ‘safe sex’ message at all times and don’t take the risk of picking up an infection (Daily Record, 2002)
(4.52) Women must realise that AIDS is not just a gay men’s disease nor is it a drug related disease. (The Sentinel, 2000)
(4.53) Pupils must learn about sexually transmitted infections such as HIV/AIDS as part of sex and relationship education (Mail Online, 2014)

The second category ‘safe sex prevention message and practice’ revolves around the practice of adopting specific measures to keep the HIV virus at bay. In this thematic subsection, 7 out of 9 processes are material and construe a clear course of action that affects a large spectrum of social actors, starting from the more general pronoun *you* to the more specific and identifiable ‘heterosexual and homosexual people’, ‘young people’, ‘every teenager’, ‘circumcised men’ and ‘prostitution’s clients’. These material processes point to a responsibility ‘to deliver effective HIV-prevention messages’ (4.54), ‘use condoms’ (4.56, 4.57, 4.60), ‘to protect oneself’ (4.59) and ‘take proper precautions against the virus’ (4.61). In the remaining two concordance lines (4.54,4.58), ‘the whole of our young society’ and ‘gay men cruising’ feature as the social actors and Senser of the mental processes ‘get the message’, and ‘face’ health issues that might arise from the activity of cruising. Their responsibility is to engage with these issues at the mental level. Getting them to do so will

make them realise the perceived dangers to which they expose themselves and will ultimately act as a preventative measure.

Safe Sex Prevention Message and Practice

(4.54). You must go back a stage or two to deliver effective HIV-prevention messages, says the director of the government-funded GAY HIV Strategies, Kieran Rose (The Irish Times, 1999)

(4.55) - The whole of our young society must get the message. Sexual drive won't disappear, nor will the consequences of unprotected sex outside a stable relationship (The Guardian, 1997)

(4.56). But they have to realise that HIV hasn't gone away and they need to protect themselves. They [hetero and homo] must use condoms (Aberdeen Press and Journal, 2004)

(4.57) We need to get the message across to young people - They [young people] must use condoms (2007 Newsquest Regional Press, 2007)

(4.58) He will be able to advise them on health issues they [gay men cruising] must face. 'We specifically want a gay man because we need someone who knows where cruising is going on' (Daily Mail, 1998; The Scotsman, 1998)

(4.59) They [every teenager] must protect themselves when having intercourse (The Guardian, 1998)

(4.60) It's wrong to talk about a plague-spreader in relation to Aids, because it's everyone's duty to prevent the infectious diseases, including prostitution's clients who must use and demand condoms, said Franco Grillini (Birmingham Post, 1998)

(4.61) Circumcised men must keep taking proper precautions against the virus (Daily Record, 2000)

Finally, the only instance in the category 'metalinguistic obligation', 'I must stress that point' (4.62), frames the sense of obligation, not in relation to the 'experiential world', but in relation to the metalinguistic practice that sees the spreading of the message against complacency as a personal duty.

Metalinguistic Obligation

(4.62) I must stress that point. Compared to a few years ago there are a lot of new developments and new drugs. (Llanelli Star, 2000)

The analysis of the concordance lines in category 2A has helped define the non-expert accountability. Unlike category 1A, the obligated actors in category 2A are called upon to perform actions where the outcome is limited by and to their personal environment and/or consciousness. Therefore, the sense of obligation and duty to act within the discourse of

HIV/AIDS is also relevant to the private sector of society, demanding a type of intervention that is proportionate to the affordances, role and expertise that each actor possesses.

4.5.2.3 PWH ACCOUNTABILITY

The scope of the third accountability is limited to a form of introspective dialogue that PWH (3A) have to undertake with themselves about their HIV-positive status (4.63) and their commitment to taking their anti-retroviral medication (4.64). This type of responsibility occurs at the level of the actor's own cognition, as conveyed by the mental process 'think' and 'realise'. From a quantitative perspective, it is interesting to note the small size of the deictic population that feature in this final category, especially compared with categories 1A and 2A. One possible observation relates to the fact that the onus of addressing HIV-related issues is very much not only on HIV positive men, but is distributed across society and its institutions in general.

(4.63) Men with HIV must think carefully about their status (The Herald, 2001)
(4.64) A patient opting for treatment must realise that they are taking on a serious commitment. In light of inadequate funding and fears of growing antiviral resistance, there will be a temptation to select patients on the basis of their ability to comply with treatment (Pharmamarket Letter, 1996)

4.5.2.4 PASSIVE ANIMATE DEICTICS

Four concordance lines contain a passive tri-gram. This construction results in the social actors responsible for enacting the process being backgrounded (Fowler 1991, Billig 2008), whilst the recipient of the action is placed in the foreground.

In these four lines, the passive voice of the verb is accounted for by virtue of its indexing powers. Agha (2007: 43) acknowledges the verb as a complementary element to the deictic work performed by the NP. Both verb and NP 'yield a composite effect', since they both work together to 'cumulatively link referents more or less tightly to the scenario of the utterance'. However, in the case of passive constructions, the voice of the verb can work against the indexing process. The passive construction tends to present as redundant and therefore omit the 'by + obliged actor', with which this analysis is mostly concerned. What is foregrounded, instead, is the goal of the material processes 'use' (4.65) and 'treat' (4.67), and

the mental process 'remind' (4.66). These are 'the office' (4.65), 'the public' (4.66), and 'AIDS sufferers' (4.67).

(4.65) The office must be used to improve co-operation with HIV/AIDS organisations and local health authorities to co-ordinate treatment and support those with HIV. (The Independent, 1999)
(4.66) The public must be reminded that HIV and AIDS have not gone away (Evening News, 2001)
(4.67) AIDS sufferers must be treated 'with compassion, and not ostracism' (The Scotsman, 2001)
(4.68) Younger and more recently diagnosed HIV carriers must be targeted by health specialists, it was warned, especially those engaged in 'transmission risk behaviour' where the virus could spread (Irish Examiner 2010)

Whilst identifying who is responsible for enacting the processes mentioned above involves some guesswork, this is limited by the 'implied selectivity' that the recipients of the passive processes and the processes themselves wield. Indeed, there are only so many (groups of) people who are responsible for enacting the passive processes. Specifically, an expert social actor defined by their institutional/professional role is more likely to 'use the office [of major] to improve co-operation with HIV/AIDS' (4.65) and 'remind' the public that 'HIV and AIDS has not gone away' (4.66). On the other hand, the responsibility to 'treat' AIDS sufferers 'with compassion' (4.67) is more inclusive due to the lack of presupposition of expertise.

(4.68) is the only example of a passive construction where the agent 'by health specialists/those engaged in 'transmission risk behaviour'' is specified. These two deictics belong to the category of 'expert accountability 1A', under the subcategory of 'functionalisation'. Their onus consists of 'target[ing]' 'younger and more recently diagnosed HIV carriers', *qua* potential sites for the spread of the virus.

4.5.3 ACTIVE INANIMATE DEICTICS

The second list (B) displays the deictics that point to the inanimate subjects of *must*. Following the similar procedure adopted for the analysis of list A, the inanimate deictics are collected in two lists based on the voice of the modalised process (i.e. active and passive). Since the present lists of deictics do not identify any animate social actors, van Leeuwen's

(2008) categorisation framework for social actors proves unsuitable for this. So, the new taxonomy, presented above, clusters inanimate deictics around specific themes and topics. For each main thematic category, subcategories are identified to accommodate, with more specificity, deictics that revolve around similar themes. The general-specific cline within each thematic category is abandoned here for reasons of incomparability between deictics. For example, establishing whether 'the stigma' points to a more general reality than 'doctor's first responsibility' is hard to prove. Instead, while they can both be said to belong to the same theme of 'contextualisation of HIV and AIDS', they are very different in nature, the former dealing with the public perception of the virus, and the latter with a medical response to the virus. Below is List B(a) of the active inanimate deictics:

List B(a)

1B(a). Contextualisation of HIV and AIDS (9)
  a. Problematisation of HIV and AIDS (3)
      (the stigma: 1), (it = the debate that everyone who engages in heterosexual and homosexual sex is at risk: 1), (confidentiality: 1)

  b. Social factors (6)
      (Doctor's first responsibility: 1), (some of the responsibility: 1), (it = sex education: 1), (it = national curriculum: 1), (it = the script: 1), (TV soaps: 1)

2B(a). Unspecified type of intervention (2)
      (Our efforts: 1), (the priority: 1)

3B(a). Appeal for prevention and safe-sex messages and strategies (9)
  a. Prevention/safe sex message (7)
      (Prevention: 2), (the basic prevention message: 2), (prevention work which: 1), (the prevention of HIV infections occurring: 1), (prevention programmes: 1)
  b. HIV/AIDS strategy (2)
      (National HIV strategy: 1), (AIDS strategy: 1)

4B(a). Preventive medical measures and HIV treatments (2)
  a. HIV/AIDS testing (1)
      (AIDS testing: 1)
  b. Condom use (1)
      (Condom use: 1)

List B(a) provides a bird's eye view of the themes around which the inanimate-deictic cross section of the corpus gravitates. 1B(a) gathers the HIV/AIDS-related deictics under the heading 'contextualisation of HIV and AIDS'. This, in turn, gives rise to subsections with

labels that are kept very non-specific in order to accommodate as many items as possible and reduce the number of subcategories: ‘problematisation of HIV and AIDS’ and ‘social factors’. The former accounts for the components that qualify HIV as an issue to address. Thus, along the deictic ‘the stigma’ that has characterised HIV since its very beginning, new deictics make an appearance, which suggests that the HIV/AIDS discourse in moving in a new direction. The pronoun ‘it’ that replaces the antecedent ‘the debate that everyone who engages in heterosexual and homosexual intercourse is at risk’ introduces the heterosexual variable in the ‘unsafe sex practice=STI infection’ equation, while the NP ‘confidentiality’ points to the practice and medical duty of maintaining privacy around personal and sensitive information.

The second subcategory ‘social factors’ lists some of the stakeholders in the discourse of HIV/AIDS that play a role in modifying the perception of the virus and of those who live with it, such as ‘it = national curriculum’, ‘it = script’, and ‘TV soaps’.
Categories 2B(a)-4B(a) include the deictics pointing to an intervention programme aimed at containing the spread of the virus through various methods, each of which coinciding with one of the following categories.

The deictics in 2B(a) identify a general type of intervention which is couched in the term ‘the priority’. 3B(a) presents other ways of keeping the virus at bay by appealing to prevention, promoting safe-sex messages and operationalising HIV-related strategies. These methods are instantiated by deictics ‘prevention/safe sex message’ for the deictics ‘prevention’, ‘prevention work’, ‘prevention message’, and ‘prevention programmes’. 4B(a) groups under the heading ‘preventive medical measures and HIV treatments’ the deictics ‘AIDS testing’ and ‘condom use’.

4.5.3.1 INANIMATE DEICTICS AND STATE OF OBLIGATION

So far, the term ‘accountability’ has referred to the sense of obligation/morality/responsibility encoded by *must* that falls upon animate social actors. In this regard, *must*-related accountability can be compared here to, what in philosophy is referred to as, *moral responsibility*. Moral responsibility is normally associated with a social actor capable of sentiency and cognition: indeed, one criterion that defines an agent as moral is ‘the general

capacity to evaluate reasons for acting' in a certain way, and whether this agent can be, in turn, evaluated through praise or blame for performing or failing to perform an action (Bennett 1980; Darwall 2006; Eshleman 2016; Wallace 1994). For the purpose of this analysis, I maintain that one baseline condition that needs to be satisfied for an actor to be held accountable-responsible relies on their 'capacity for evaluative judgment in a way that opens [them] up, in principle, to demands for justification from others' (Eshleman 2016, Shoemaker 2011: 616). This point is illustrated in (4.69):

(4.69) The government and the health service must ensure HIV is a prominent part of its public health strategy (Health Service Journal 2007)

The deictic in (4.69) is understood as a more or less cohesive group of people, capable of cognition and sentiency, and able to develop a rationale behind the course of action they choose to take.

From these theoretical points and the example given above, it follows that those who do not have these cognitive abilities cannot be held accountable-responsible. In this analysis, this is the case for the inanimate deictics. The term 'accountability' is replaced by 'state of obligation' (4.75).

(4.75) The prevention of HIV infections occurring must be a priority (Western Mail, 2005)

The tri-gram does not issue an imperative directed at an authority or a layperson. Instead, it specifies a state of affairs that is considered highly desirable for the greater good and for improving the social/medical reality that surrounds the HIV virus. Furthermore, based on the modalised processes, two subcategories within the overarching 'state of obligation' category are identified, namely that of 'obligation of being' and 'obligation of doing'.

4.5.3.1.1 OBLIGATION OF BEING

This category is populated by a number of concordance lines from across the themes presented in list B(a), and specifically: 'contextualisation of HIV and AIDS', 'appeal for prevention and safe-sex message and strategies', and 'preventive medical measures and HIV treatments'.

In TS terms, the concordance lines contain the modalised relational processes 'be', 'have' and 'become'. These trigger what Jeffries (2010) calls 'relations of equivalence' between the inanimate deictic and the element following the relational process.

Contextualisation of HIV and AIDS
(4.70). It must be inclusive – because HIV is inclusive (it = the debate that everyone who engages in heterosexual or homosexual sex is at risk) (Daily Post, 2005)
(4.71) HIV is such a stigmatised disease and confidentiality must be paramount (The Guardian, 1996)
(4.72) Doctors' first responsibility must be for their patients' health and lives rather than fellow doctors' feelings (The Times, 1997)

Unspecified type of intervention
(4.73) The priority must be to protect the blood supply from infections with HIV (The Guardian.com, 2009)

Appeal for prevention and safe sex message and strategies
(4.74) Prevention work which must now have a higher priority in the newly established primary care trusts. (The Times, 2003)
(4.75) The prevention of HIV infections occurring must be a priority (Western Mail, 2005)

Preventive medical measures and HIV treatment
(4.76) AIDS testing must become more widespread to detect the people who are infected and who might pass it on to partners or children (The Evening Standard, 1997)
(4.77) Condom use must be a central part of that (effective HIV prevention) (Time Out, 2009)

A more fine-grained classification of the types of equivalences under analysis is presented below. All of the equivalences above employ the relational processes either in attributive (Table 12) or identifying modality (Table 13), resulting in the following break-down of the participants within each clause:

Carrier	Relational Process	Attribute
(4.70) It (the debate)	must be	inclusive
(4.71) Confidentiality	must be	paramount
(4.72) Doctor's first responsibility	must be	for their patients
(4.73) The priority	must be	to protect the blood supply

		from infections with HIV
(4.74) Prevention work which	must now have	a higher priority
(4.76) AIDS testing	must become	more widespread
(4.77) Condom use	must be	a central part of that

TABLE 12 - RELATIONAL PROCESSES IN ATTRIBUTIVE MODALITY

Token	Relational Process	Value
(4.75) The prevention of HIV infections occurring	must be	a priority

TABLE 13 - RELATIONAL PROCESSES IN IDENTIFYING MODALITY

These examples illustrate the 'obligation of being' category, whereby the inanimate deictics (Carrier) are equated to attributes such as 'inclusive', 'paramount', 'a higher priority', 'a central part of that' in a compulsory and obligatory way. The binding nature of these equivalences is conveyed not only by *must* but also by the very attributes. If we imagine a graded cline of values between two extremes, the sense of urgency at the one end, and the sense of insignificance and unimportance, at the other, the attributes used to describe 'confidentiality', 'prevention work', 'condom use' sit towards the former extreme of the scale.

Despite being relevant, the social animate actors that are called upon to enforce and guarantee these equivalences do not feature here. This results in the value of accountability and responsibility taking a secondary position. Priority is instead given to laying out some of the 'obligatory' conditions of 'being' aimed at improving the social and medical context surrounding HIV, rather than to what some social actors *must* do.

4.5.3.1.2 OBLIGATION OF DOING

The 'obligation of doing' category comprises the inanimate deictics in the role of actors of material processes.

(4.78) The stigma must not attach itself to people with HIV (The Scotsman, 1999)
(4.79) It [sex education] must include some reference to HIV, but it is up to individual schools what teaching materials and resources they choose. (The Independent, 1998)

(4.80) It [national curriculum] must include some reference to HIV (The Independent, 1998)
(4.81) It [the script] must tackle HIV issues and explore the theme of 'the health of gay men in a contemporary setting'. (Evening News, 2001)
(4.82) National HIV strategy must set clear targets on prevention cash spending (Health Service Journal, 1999)
(4.83) AIDS strategy must tackle rising infections (Health Service Journal, 1999)

In the concordance lines listed above, the inanimate deictics are depicted as human agents in the capacity of bringing about and carrying out the material processes 'attach', 'include', 'tackle' and 'set'. More precisely, they can be said to function metonymically, by standing in for the human agents that are supposed to intervene to stop the stigma (4.78), to compile a sex education plan, a national curriculum, or a script (lines 4.79-4.81), and to devise a national AIDS strategy (4.82-4.83). The inanimate tri-gram foregrounds what needs to be done (hence, the category label 'obligation of doing') without apportioning any deontic labour to any human actor. Moreover, even though we ultimately know that human beings *must* intervene to make the inanimate deictics happen, there is a sense in which it "really" is the inanimate phenomenon that *must* do a certain thing. However, here *must* is used not to convey a sense of moral accountability to which inanimate things are unable to respond, as argued at in **4.5.2.1**, but a sense of urgency that is associated with the phenomenon identified by the inanimate deictics.

4.5.3.2 PASSIVE INANIMATE DEICTICS

List B(p) comprises the inanimate deictics that appear in a passive construction. Active and passive inanimate deictics are kept separate, since they perform a different role in terms of transitivity analysis.

List B(p)

1B. Contextualisation of HIV (15)
  a. Problematisation of HIV (8)
      (funding for prevention and testing: 1), (AIDS: the queer plague: 1), (HIV infection: 1), (gains in saving lives by preventing new infections and providing treatment to people living with HIV: 1), (the mental health and wellbeing of gay people: 1), (the new rise of HIV: 1), (the HIV issue: 1), (what, in 'what must be done to prevent it [=the disease = AIDS]': 1).

b. Statistics (3)
(the number of infants: 1), (it = on average, five gay men in London are diagnosed with HIV every day – one of the most serious public health issue we face in the UK: 1) (which = increasing numbers of people entering the UK are carrying HIV, the virus that leads AIDS: 1),

c. Social factors (3)
(the relative power of men and women: 1), (the action of the Christian institute in seeking to disrupt the valuable work of these agencies: 1), (prostitution: 1)

d. Metalinguistic (1)
(it, in 'it must be stressed': 1)

2B. Unspecified type of intervention (8)
(what, in 'UNICEF knows what must be done: 1), (other ways: 1), (more work: 1), (more, in 'more must be done to improve sexual health services': 1), (action: 2), (efforts: 1), (something: 1), (our efforts: 1)

3B. Appeal for prevention and safe-sex messages and strategies (4)
a. Prevention/safe sex message (4)
(the message of safer sex: 1), (the prevention message: 1), (a stark message: 1), (prevention campaigns: 1)

4B. Preventive medical measures and HIV treatments (13)
a. HIV/AIDS testing (2)
(HIV testing for pregnant women: 1), (HIV testing: 1)

b. Treatments and drugs (7)
(they = these new drugs: 3), (the drugs: 1), (these drugs: 1), (affordable treatment: 1), (they = effective anti-retroviral treatments: 1)

c. Condom use (2)
(condoms: 1), (the virtues of condom use: 1)

d. Other (2)
(a contraceptive gel or spermicide: 1), (a daily pill that can dramatically cut a person's risk of contracting HIV: 1)

Compared with list B(a), list B(p) is populated by a much higher number of inanimate deictics. This hopefully helps to contextualise, in a more detailed manner, the thematic categories previously presented in list B(a).

1B(p) is a very large and varied category, accounting for those deictics that contribute to the characterisation of HIV as a social, medical, and economical issue. In the first subcategory

‘problematisation of HIV’, HIV and AIDS are referred to as ‘the queer plague’; an ‘issue’; described in terms of the medical and social impact; human and financial cost for which the virus is responsible: ‘the new rise of HIV’, ‘HIV infections’ (with regard to the medical impact), ‘funding for prevention’, ‘gains in saving lives’ (in relation to the financial and human cost).

The subcategory ‘statistics’ reformulates the human cost mentioned above in terms of numbers and percentages (i.e. ‘the number of infants with HIV’, to be cut by 50%, and ‘it’, replacing ‘five gay men in London are diagnosed with HIV every day’). The deictics ‘the relative power of men and women’, ‘the action of the Christian institute’ and ‘prostitution’ identify the ‘social factors’ put forth in the discourse of HIV. Only one metalinguistic deictic ‘it’, in ‘it must be stressed that’ is employed as an emphasis marker to introduce, impersonally, how infections among HIV-positive people can still pose a threat to people’s health.

Deictics that suggest different ways of containing and preventing HIV are displayed according to the type of solution proposed: an unspecified one is realised by the deictically generic pronoun ‘what’, and ‘more’, along with deictically similar NPs such as ‘efforts’, ‘something’, and ‘action’ (2B(p)). The deictics ‘the message of safe sex’, ‘the prevention message/campaigns’ and ‘a stark message’ in 3B(p) point to a specific type of intervention which gives prominence to information about safe sex. Preventative medical measures and treatments are listed in 4B(p) and subcategorized into ‘HIV/AIDS testing’ (i.e. ‘HIV testing for pregnant women’), ‘treatments and drugs’ (i.e. ‘these drugs’, ‘effective anti-retroviral treatments’), ‘condom use’ (i.e. ‘condoms’) and ‘others’ (i.e. ‘a daily pill and a contraceptive gel or spermicide’).

4.5.2.4.1 INANIMATE DEICTICS IN PASSIVE CONSTRUCTIONS

Qua grammatical subject of passive constructions, the inanimate deictics are on the receiving end of the transaction realised by the modalised process. In this type of construction, despite its relevance, the information about who is responsible for enacting the tri-gram is backgrounded: indeed, there is no explicit reference in the forty concordance lines to the human agency, through the ‘by + personal deictic’ construction. However, in some cases, the

implied agency is clearer, and more specific than others, (cf. 4.89 below, where the relevant agent can only really be the government or other similar institutions). All are therefore 'agentless' passives. Prominence is given instead to the inanimate deictics in a thematic position, the latter indexing the social, medical, economical forces and dynamics that characterise the discourse of HIV and AIDS. Therefore, since I am dealing with inanimate rather animate deictics, the moral accountability associated with the animate deictics is put aside to make room for the so-called 'obligations of doing and being' typical of the inanimate realm.

The categorisation of the modalised processes featured in the forty concordance lines identifies a call for change at a material, verbal and mental level. The type of obligation that emerges from this linguistic construal is 'of doing', rather than 'of being'.

(4.84) The posters say: 'AIDS: the queer plague must be stopped' (The Mirror, 2004)
(4.85) 'This is clearly an extremely sensitive subject which must be treated with great care as each case represents a personal tragedy (Daily Star, 2004)
(4.86) Gains in saving lives by preventing new infections and providing treatment to people living with HIV must be sustained over the long-term (Irish Examiner, 2008)
(4.87) For over ten years the Government has been failing to bring HIV in the UK under control. Funding for prevention and testing must be increased (The Sun, 2007)
(4.88) The number of infants infected with HIV must be cut by 50 per cent in ten years (The Scotsman, 2001)

More than half of the processes are material (26 out of 40) and cut across the various thematic categories of list B(p). These material processes (underlined here) instantiate an 'obligation of doing' at a more tangible and concrete level of representation. For example, AIDS 'must be stopped' (4.84); the increasing number of HIV-positive immigrants 'must be treated with great care' (4.85). Tri-grams such as 'gains in saving lives by preventing new infections must be sustained' (4.86), 'funding for prevention and testing must be increased' (4.87), 'the number of infants infected with HIV must be cut by 50%' (4.88) make a strong case for some positive changes in how to approach HIV-related issues. Moreover, in ten instances, this call for change is further contextualised by means of additional qualifications that define the inanimate deictic (4.89) or through infinitives of purpose (underlined) (4.90, 4.91).

(4.89) Funding for prevention and testing must be increased (The Sun, 2007)
(4.90) Efforts must be made to reduce risky behaviour (Irish Examiner, 2010)
(4.91) Action must be taken to prevent further transmission (The Times, 2007)

The extra information underlined in the examples listed above extends the scope of the call for change beyond the deontic tri-gram and shows the impact that the fulfilment of these 'obligations of doing' can have. The shared goal is to curb the number of new infections and cordon off the virus within a well-defined area, as part of the overarching prevention project concerning HIV.

The 'obligation of doing' is also realised in eight concordance lines by verbal processes. These are associated with the urgency to get across the preventive message as a measure to stop new HIV infections (4.92), to call attention to and discuss the HIV issue (4.93) and the mental health and wellbeing of gay people (4.94).

(4.92) The report emphasised the importance of dispelling the myth that anti-retroviral therapies make up a cure for HIV and Aids and that the prevention message must continue to be reinforced. (Grimsby Evening Telegraph, 1999)
(4.93) But the HIV issue must be rolled into discussion. The information on HIV currently being offered at school is astonishingly insufficient (The Independent, 2013)
(4.94) The mental health and wellbeing of gay people must be addressed. Mr Hyyrylainen-Trett, who married his partner last weekend, also said same-sex education should be compulsory in all schools from a young age. (Mail Online, 2015)

At the mental level, the sense of obligation is realised by four instances, specifically, the way the virus and the rise of HIV cases are to be understood, respectively as 'a public health priority' (4.95), and 'as preventable' (4.96), and on the negotiation of safe sex (4.97).

(4.95) This is one of the most serious public health issues we face in the UK and it must be treated as a public health priority (The Independent, 2013)
(4.96) Although the numbers are not large on a global scale, HIV infection must be regarded as preventable in the UK (Pulse, 2002)
(4.97) And because the main route of HIV transmission worldwide is from a man to a woman, the relative power of men and women must be considered (The Guardian, 1997).

The analysis of the inanimate deictics in active and mainly passive constructions has added another viewpoint to the investigation into the sense of obligation mobilised by *must*. Here, human agency is not considered, and the emphasis is placed instead on the inanimate deictics that instantiate the thematic areas, the dynamics and the forces of medical, economical, and social natures that characterise the discourse of HIV/AIDS. Moreover, with regard to the passive inanimate deictics, it has been noted that most of them realise an 'obligation of doing', i.e. are concerned with how the complex reality of HIV can be changed and improved.

4.6 CONCLUSION

In this chapter, the deontic tri-gram has functioned as an explicit discursive resource through which to identify how the response to HIV/AIDS is linguistically construed in the news corpus.

The deontic labour that emerges from this chapter takes on connotations of morality and of strong commitment (cf. Chapter 2). Indeed, *must* is mainly associated with the values of moral obligation, duty and responsibility. Moreover, on a strength-weakness cline of deonticity, 'must' sits towards the strong end.

Situated either side of *must*, the personal deictics and the types of processes have anchored the morally-laden and strongly binding deontic labour in a particular social space. This social space has been organised into the inanimate and the animate sphere.

In the inanimate sphere, the inanimate deictics give rise to the so-called 'obligation of doing, and of being' and identify the social areas where changes are construed as urgent.

The animate sphere is populated by three types of social actors, the public institutional body, the private body, and PWH. Each of them instantiates three types of accountability: expert, non-expert and that which is associated with PWH.

The expert accountability falls upon social actors that work in the medical, political and educational field, such as 'Britain', 'the government', 'pharmaceutical companies'. Their role is to mainly operationalise a material, tangible change aimed at altering the landscape of

HIV/AIDS. Political measures to reduce discrimination against HIV positive people, better access to treatments, and new methods of promoting sexual health are construed as urgent and crucial operations. The expert social body is called upon to act in this regard, not only because they are bound by a strong obligation, but also in the name of their moral duty to perform their institutional role for the benefit of the wider public.

The non-expert accountability is realised by private individuals that are defined, not by what they do, rather by who they are. They are presented as accountable for their own personal health by being aware of the preventive measures and safe-sex messages circulating around HIV/AIDS. Looking after oneself is construed as a moral duty.

The final accountability lies with PWH. This category is populated by only four instances, two of which feature in a passive construction. Their duty is to accept their health condition(s). No judgement is levelled at them for contracting the virus.

Finally, the analysis of the animate sphere, in particular, is the first clue towards the identification of HIV/AIDS as a condition that, to different extent, involves society as a whole. This latter reading of HIV is inferred by the large and diverse collection of social actors indexed by the personal deictics associated with *must*.

In the following chapters, I will continue to review the cline of deonticity and the values of obligation and necessity realised by the remaining modals. Particular attention will be paid to the social actors that are called upon to perform the deontic labour, with a view to defining the construal of HIV as a inclusive and medicalised reality.

CHAPTER 5 – *NEED TO* (NEWS CORPUS)

5.1 INTRODUCTION

The present chapter focuses on *need to* with a view to providing an insight into the deontic labour that emerges from the *need-to*-based deontic patterns.

I argue that a different type of deonticity is encoded by *need to*. As noted in Chapter 2, whilst there are cases where the use of the three strong modals are semantically equivalent and therefore interchangeable, there are also cases where the deontic imposition conveyed by *need to* is disassociated from values of morality/responsibility/duty, typically associated with *must*. Instead, it is argued that *need to* casts a type of neutral and 'circumstantial'/ 'situational' imposition that arises out of the circumstances of a particular SoA (state of affairs). The participants identify a need to fulfil an obligation, not according to societal or personal ethical norms and values, but according to more tangible, circumstantial conditions.

As with *must*, the following analysis is mapped upon the deontic tri-gram. I will first focus on the animate personal deictics, starting from the most frequent deictics *we* and 'people', and will subsequently move to the less frequent, using deictic specificity as the organisational principle. The second part of the chapter is dedicated to the inanimate deictics.

5.2 THE PRONOUN *WE*

The first deictic to be analysed is the pronoun *we*: it qualifies as the most frequent animate personal deictic, occurring 98 times, out of the total 167 animate deictic instances counted in the *need-to*-related corpus cross-section.

As argued in Chapter 4, *we* provides an interesting point of entry into the discursive construal of in-groupness and out-groupness. Therefore, first and foremost, I investigate the use of this pronoun in order to assess whether the sense of necessity construed by *need to* is allocated indiscriminately to the different types of social actors (inclusive *we*) or more selectively, to a select few (exclusive *we*).

Although there are exceptional cases where disambiguating the use of *we* is not always possible, in the majority of the cases, the ambiguity is resolved by relying on the co-text, and,

in particular, on the nature of the modalised process. The aim is to establish how extensively the deontic labour spreads. Specifically, if the imposition deals with a specialised area that presupposes some form of expertise, this is deemed very unlikely to be employed inclusively. Conversely, when the imposition does not presuppose any particular specialised knowledge and is, therefore, relevant to a larger population, *we* is interpreted 'inclusively' (cf.5.1,5.2).

(5.1) 'This target is ambitious but I believe that we need to act now if we are to prevent the increasing incidence of sexually transmitted infection in Wales. In particular, we need to get access to testing right for vulnerable groups such as gay men and people from high-risk areas such as sub-Saharan Africa'. (Western Mail, 2005)

The two modalised processes in (5.1) construe a type of material intervention. Whilst the former material process (i.e. to act) does not presuppose a particular social actor with a specific skillset (since 'act' can translate into various more or less sophisticated operations), this is not the case for the material process 'to get access to testing right for vulnerable groups'. This process alludes to the kind of strategies and decisions that social actors working in the field of public health policy are expected to implement. Therefore, it is mainly in light of the second process that *we* is classified as 'exclusive'.

Moreover, the type of deonticity modalising the abovementioned processes is grounded in the external physical circumstances of the SoA. The SoA is an urgent one, connected to the increasing risk of sexually transmitted infections in Wales. As a response, a functional, efficient intervention is required.

Now, let us look at (5.2).

(5.2) 'It's just keeping that momentum up – the biggest risk is dropping the ball now and losing the gains we have made. We need to stay vigilant.' (Wales on Sunday, 2011)

In (5.2) the process 'stay' establishes a 'relational' equation between *we* and the attribute 'vigilant': the state of vigilance can be said to apply to a large social base, irrespective of the social actors' level of expertise. Therefore, *we* is labelled 'inclusive'.

The following analysis deals first with the exclusive *we*, followed by the inclusive *we*.

5.2.1 EXCLUSIVE *WE*

The exclusive uses of *we* identify a more restricted group of social actors. Here, the envisaged intervention only applies to a section of society with a particular professional skillset. Specialised actions within the medical, prevention/education domains presuppose that the social actors are professionally qualified and thus capable of intervening. In addition, the larger co-text, and specifically the receiver/beneficiary of the actions can be of assistance when confirming (or at times further disambiguating) that *we* is used exclusively: references to the addressee of the action as 'the public', 'the community', 'patients' or 'young people' set up a dyadic relationship between the expert *we*, on the active end, and the 'laypeople', on the receiving end.

5.2.1.1 THE MATERIAL CLUSTER

The material cluster is the predominant one, with 20 instances out of a total of 58 exclusive *we* instances. In turn, these material instances have been categorised into the themes 'prevention work' and 'medical response to HIV'.

In the first theme, the exclusive *we* identifies a class of experts predominantly involved in changing the course of the HIV epidemic, through prevention-based projects. This operation is aimed at large cross-sections of society, referred to as 'the public and the media' (5.3). Prevention entails establishing a 'realistic perspective' and 'mak[ing] the best of a still imperfect situation' (5.33), 'practis[ing] evidence-based prevention' (5.4), 'improv[ing] the sex education campaigns and programmes (5.5-5.6) and, more generally, by being proactive (cf. 'act now'-5.7; 'do more'-5.8).

Prevention work

(5.3) We must all do what we can to help the public and the media achieve a realistic perspective on where we are and what we need to do to make the best of a still imperfect situation.' (The Guardian, 1997)

(5.4) Professor Ann Johnson, a sexual lifestyles researcher at King's College Hospital, London, says there is little hard evidence as to whether health promotion works. 'We really need to be practising evidence-based prevention,' she says. (The Observer, 1997)

(5.5) We need to improve our HIV education campaigns." A third of young, black gay men in New York have the Aids virus, a new survey has revealed. (Manchester Evening News, 2001)

(5.6) "We need to improve our sex education in schools, it needs to be compulsory." (Liverpoolecho.co.uk., 2014)
(5.7) This target is ambitious but I believe that we need to act now if we are to prevent the increasing incidence of sexually transmitted infection in Wales. (Western Mail, 2005).
(5.8) And for 25 years, in as many different ways as we can, we've been reminding people that using a condom is the best way to prevent HIV. 'But we know we need to do more. (Time Out, 2009)

The necessity emerging from the theme 'medical response to HIV' differs from the one associated with the inclusive *we*. Indeed, the former applies only to experts working for the NHS or government and financial institutions. In particular, only certain social actors have the capacity to fulfil the necessity to 'invest money in research and development' (5.9), 'get access to testing for vulnerable groups' (5.10) and people in general (5.11), and 'implement effectively targeted PrEP' (5.12).

The sense of necessity emerging from these deontic instances is also heightened by co-textual features that evaluate HIV as an unresolved medical and social crisis. The sentence 'we have by no means cracked HIV and AIDS' (5.9) both contextualises and justifies the deontic labour verbalised by the deontic instance 'we need to invest money in research'. The adverbial 'by no means' works as an epistemic modality marker conveying certainty and, by extension, makes a stronger case for the need to invest and research HIV and AIDS. The epistemic evaluator of certainty 'it is clear' prefacing 'that we need to do a better job of reducing HIV infections' (5.13) operates, in a similar way, to 'upscale' (Martin and White 2005: 144) the sense of deontic necessity encoded by the deontic tri-gram. Finally, deontic necessity is 'up-scaled' again (ibid) in (5.12) and (5.14) by evaluators of 'appreciation' (ibid: 56) 'as soon as possible' and 'a priority', expressing how valuable and urgent the implementation of PrEP and HIV testing are, respectively.

Moreover, the explicit reference to the Beneficiaries of these material processes, for example 'vulnerable groups such as gay men and people from high risk areas' (5.10), 'women' (5.14), 'people in Wales' (5.15) work as a co-textual clue in establishing a dyadic relationship between the expert *we* and laypeople.

Medical response to HIV
(5.9) "We are commercial enterprises and we need to invest money in research and development. We have by no means cracked HIV and Aids" (The Sunday Herald, 2002)

(5.10) In particular, we need to get access to testing right for vulnerable groups such as gay men and people from high-risk areas such as sub-Saharan Africa. (Western Mail, 2005)
(5.11) "We also need to re-double work to get people to test, to reduce the high numbers of people who don't know that they have HIV for far too long." (The Evening Standard, 2010); (Derby Evening Telegraph, 2010)
(5.12) With about nine gay men a day getting diagnosed with HIV in the UK, we need to implement effectively targeted PrEP as soon as possible and demonstrate that we're prepared to turn official words in support of prevention into action and funding.
(The Guardian, 2014)
(5.13) "Despite relatively large investments in Aids prevention efforts for some years, including sizeable spending in some of the most heavily affected countries (such as South Africa and Botswana), it's clear that we need to do a better job of reducing the rate of new HIV infections," said Daniel Halperin, of Harvard, who led the research team. (The Times, 2008)
(5.14) We need to make standardised HIV testing a priority so that every woman knows their status and can make informed decisions." (The Observer, 2010)
(5.15) "We also need to make testing more easily available. At the end of the day, we still have a lot of people in Wales who do not know they have HIV and it is normally these undiagnosed people who are unwittingly transmitting the virus." (The Western Mail, 2012)

5.2.1.2 THE RELATIONAL CLUSTER

The relational processes below set up attributive equivalences of being between *we* and the attributes that are deemed necessary in order to respond to the HIV crisis. What is required of *we* is to be 'honest about the complex issues' of safe sex for gay and bisexual men (5.16), 'more ambitious in funding treatment and prevention in the developing world' (5.17), 'clear what services we feel are the top priority' so as to invest in them (5.18), 'pro-active about raising the issue of HIV testing with people who may have been at risk' (5.19) and 'vigilant' (5.20). The sum of these attributes produces the profile of what the expert *we* is required to endorse.

(5.16) The reality is when an uninfected man has unsafe sex with a man who has HIV. We need to be honest about the complex issues this raises for gay men and bisexual men who need to maintain safer sex." (Press Association, 1996)
(5.17) we need to be more ambitious in funding treatment and prevention in the developing world. Further expansion of treatment to prevent mother-to-child transmission is the least we can do. (Sunday Times, 2002)
(5.18) We continue to see a rise in the number of people living with HIV and as a result all services are facing growing demand. We need to be clear what services we feel are the top priority and how we should fund them. (Newsquest Regional Press This is Worthing, 2004)

(5.19) 'In order to do this we need to be pro-active about raising the issue of HIV testing with people who may have been at risk and then carrying out the HIV testing in general practice settings. (GP Magazine, 2007)
(5.20) While we have lower prevalence rates than other countries, we need to remain vigilant and continue promoting HIV prevention messages to gay and bisexual men," he said. (Irish Examiner, 2008)

5.2.1.3 THE VERBAL CLUSTER

The final cluster is the verbal one, which contains 19 concordance lines. The deontic labour concerns the role of educator, social influencer or agenda-setter that the expert *we* is called upon to perform in order to usher in a change in relation to the conceptualisation of HIV and/or safe sex practices.

Given poor education on safe sex, the looming imperative is to 'talk across the community about barebacking' (5.21), 'raise awareness among gay men of the possibility of undiagnosed HIV infection' (5.22), 'to remind people that Aids has not gone away' (5.23). Moreover, the target of these verbal processes provides valuable evidence of the inclusivity of the discourse of HIV/AIDS. Indeed, the safe-sex message and warnings about the possibility of HIV infections is not directed exclusively at gay people (5.22), but is also extended to 'the community' (5.21), 'people' (5.23) and 'young people' (5.24). This is an important indication that the outdated 'sectarian' view of HIV is being replaced by a more universal one.

(5.21) Young gay men in particular, who've been let down by sex education in schools, need and deserve better information. We need to talk across the community about barebacking and risk. Getting HIV or Hep C is not "hot". But it's not just about HIV organisations. We all have a responsibility. (Time Out, 2009)
(5.22) About one in ten gay men who have not been diagnosed with HIV decide to risk unprotected sex with a new partner each year. "We need to raise awareness among gay men of the possibility of undiagnosed HIV infection. (The Bristol Post, 1999).
(5.23) "We need to remind people that Aids has not gone away." (UK Newsquest Regional Press. This is Lancashire, 2000)
(5.24) "We need to target young people in particular, who did not grow up with the strong HIV warnings that emerged in the early 1980s. (The Scotsman, 2002)
5.25 "HIV is a preventable infection and we need to raise awareness that people can protect themselves from HIV transmission. (Evening News (Edinburgh), 2007)

The review of both exclusive and inclusive *we* suggests that the variable 'expertise' plays a crucial role in the distribution of deontic labour across society.

Two different necessities apply respectively to the inclusive and the exclusive *we*. The former can be defined as 'lay' and 'everyday life': that is, it involves embracing a different code of behaviour, or changing one's mind set in regard to what HIV is and what constitutes risky sexual behaviours. The scope of impact is limited to the personal private sphere of the social actor that fulfils these necessities. The latter conjures up a response to the HIV crisis from a professional stance, with a large potential impact across society. The exclusive *we* is not asked to change their way of thinking and conceptualisation of HIV: *qua* experts in the medical/political/education field, they are already expected to have embraced a rational, medicine-informed view of the virus. Their role is to implement new social programmes, invest in sexual health and educational services for the prevention and treatment of HIV, and to spread the safe-sex message.

5.2.2 INCLUSIVE *WE*

The inclusive-*we* instances have been organised into groups, according to type of process (material, mental, relational and verbal). Each type of process construes the reality of HIV/AIDS from a particular viewpoint, i.e. it relates necessity either to the material world, the mental dimension, the processes of establishing attributive or identifying equivalences and those of saying. The analysis starts with the material group.

5.2.2.1 THE MATERIAL CLUSTER

In 18 out of 40 instances of inclusive *we,* (18 out of 98 total instances of *we*), the modalised processes is 'material', construing a kind of deontic labour whereby fulfilment leads to concrete, tangible effects. One type of necessity pertains to the socio-economic reality of poverty, inequality and injustice that is often connected to the HIV/AIDS reality (5.26-5.29).

(5.26) He said: "We need to tackle the poverty and injustice that gives rise to the grossly differential prospects for people living with HIV in the heart of Africa and in the West. (The Independent, 2005).

(5.27) We need to provide support and resources for gay men. You're walking a tightrope there: the slur that Aids is a "gay disease". (Evening Herald (Plymouth), 1998)
(5.28) We need to give them love, support, clean needles, and treatment. We're not going to curb new infections among men who have sex with men in Africa by stoning gay men and passing laws against homosexuality. (Independent.co.uk, 2012)
(5.29) We still need to support those most at risk, gay and bisexual men, drug users and young people. (Scotland on Sunday, 2000)

Poverty and injustice are presented as social conditions detrimental to PWH and work against the containment and treatment of the virus. PWH are in need of love, support, resources, clean needles and effective treatment.

Given that the abovementioned modalised processes do not point to specific operations and expertise, but only hint at a general intervention aimed at tackling poverty, injustice and inequality, *we* is interpreted to act inclusively. This means that the indexed social actors can respond to this necessity in a way in which their skillsets allow. Moreover, these necessities are circumstantial, since they stem from a set of visible circumstances which require some form of intervention.

The remainder of the material processes call for the need to reconceptualise and promote a different image of and new attitudes towards HIV, in light of the most recent medical advancement and treatment. This is a long overdue appeal, if we take into account the fact that all remaining concordance lines, dated between 1999 and 2010, endorse this form of necessity. This is an inclusive appeal confirmed by the nature of the modalised processes: the latter neglect any kind of job-related expertise, and aim to produce a community-wide intervention.

Based on the type of action performed, the concordance lines have been organised into thematic groups (reported below) representing the sector in which changes *need to* be implemented.

- Sex education, prevention and awareness-raising (5.30-5.36);
- Stereotyping social groups (5.37-5.40);

- Medicalisation and perception of HIV (5.41-5.43).

Seven out the 24 concordance lines are classified as 'sex education, prevention and awareness raising': the three NPs identify three different, but interrelated, domains that work together to shape an inclusive, community-wide response to HIV. Emerging from (5.30-5.36) is a three-fold necessity, i.e. 'what-*needs-to*-be-done', 'what-*needs-to*-be-done-more', and 'what-*needs-to*-be-changed'.

The 'what-*needs-to*-be-done' necessity entails implementing new preventive measures and behaviours to curb the number of infections: possible responses consist of 'helping and pressuring one other again' by 'restigmatis[ing] unprotected sex' and 'mak[ing] [drugs] socially unacceptable' (5.30), 'tackling' sexual complacency (5.31).

The 'what-*needs-to*-be-done-more' necessity introduces the presupposition that the preventive measures currently in place are not sufficient and require improvement. This is the case for prevention programmes in Scotland (5.32), 'the quality and frequency of sex and relationship education' (5.33), and low levels of 'self-care' (5.34), the latter seen as the first step towards a healthy life.

Finally, the 'what-*needs-to*-be-changed' necessity concerns 'the culture around' sex (5.35) and 'attitudes towards condom use' (5.36).

(5.30) We need to start helping and pressuring each other again.' If we want to avoid a renewed crisis, we have to do something that is temperamentally very difficult for gay people: we have to restigmatise unprotected sex and make crystal meth socially unacceptable. (The Independent, 2005)
(5.31) Complacency is no longer an option. To guard against widespread infection, we need to tackle this issue head on and address the bigger problem of which it is part a failure to provide decent and proper sex education in our schools. (Guardian.com, 2009)
(5.32) "HIV remains a dangerous and potentially life-threatening condition, and each new infection is a personal tragedy. These figures indicate that we all need to be doing much more on the prevention front." HIV in Scotland is now predominantly a sexually transmitted infection. (Evening News (Edinburgh), 2007)
(5.33) Jake North has lived with HIV for 12 years after a single night of unsafe sex. As a result of his condition, he has lost friends, upset his family, started taking illegal drugs and

suffered the stigma attached to HIV. The 33-year-old said: "We need to increase the quality and frequency of sex and relationship education. That's very important. (Oxford Mail, 2007)
(5.34) "What I want my community to realise is we need to take better care of ourselves," he added. "I've never really been an activist. (Independent.co.uk, 2015)
(5.35) As a nation we're not very relaxed taking about sex. We need to change the culture and we all have a role to play." (Sunday Herald, 2007)
(5.36) 'We need to change attitudes towards condom use. It should be clunk-clip every trip.' (Daily Mail, 2007); (The independent, 2007) (London); (The Mirror, 2007)

The theme 'stereotyping social groups' deals with negative social attitudes mobilised towards particular social groups. Here, the necessity relates to the things that *need to* be stopped, i.e. 'stereotyping altogether' (5.37), 'the stigma' (5.38), 'the myth that it's only gay and bisexual men who have HIV' (5.39), which is referred to as 'heterosexual complacency' (5.40).

(5.37) We need to stop stereotyping altogether and realise this problem hasn't gone away." (The Scotsman, 1999)
(5.38) We also need to break down the stigma so people feel more comfortable talking about it. (Oxford Mail, 2007)
(5.39) "We need to get rid of the myth that it's only gay and bisexual men who have HIV. The figures are rising steeply in all groups especially heterosexual women " he said. (Newsquest Regional Press (Worcestershire), 2004)
(5.40) We urgently need to banish our heterosexual complacency of seeing Aids as a gay disease. (The Evening Standard (London), 2010)

Medicalisation and perception of the virus are put in the same thematic category 'medicalization and perception of HIV', since the former can significantly impact upon the latter. Behind the necessity to 'use science to combat' irrational behaviours and perceptions (5.41) is the aim to facilitate a better understanding of HIV. Doing so is also possible by addressing the necessity to 'get out of the way this humbug and dogma that everyone with HIV develops AIDS' (5.42), and 'to move beyond [the] idea of "good AIDS, bad AIDS"' (5.43).

Medicalisation and perception of HIV
(5.41) We need to use science to combat these problems not give in to ancient prejudice and ban behaviour because the reasons for it are misunderstood. (Newsquest Regional Press (London), 2003)

(5.42) The West has served Africa badly by saying Aids is all due to HIV and that people's lifestyles have nothing to do with it. We need to get out of the way this humbug and dogma that everyone with HIV develops Aids." (The Sunday Herald, 2000)
(5.43) Many people get HIV through doing all the same things Charlie Sheen is alleged to have done. It doesn't mean they don't deserve our sympathy and respect. We need to move beyond this idea of 'good AIDS, bad AIDS'." (mirror.co.uk, 2015)

5.2.2.2 THE MENTAL CLUSTER

The second, less frequent cluster is the mental one. It must be emphasised that some of the material processes analysed in the previous section presented 'very mental' implications: for example, the processes 'change attitudes towards condom use' (5.36), 'stop stereotyping' (5.37) are better analysed as 'metaphorical material', since they do not always produce the prototypical material impact that typifies the current semantic category. The five mental instances featuring in this section differ from the metaphorical material instances in their ability to conjure up a stronger, more prototypical necessity at the 'intellectual' level as well. A connection between mental and material necessities can be posited: in many cases a mental disposition to acknowledge some of the components and dynamics that characterise the HIV reality can lead to a material change. In particular, there is a necessity to 'examine' HIV/AIDS education, to avoid misconstruing and downplaying the seriousness of the virus (5.44), 'to know' the rate of infections (5.45), and 'focus on prevention' (5.46). A successful approach to HIV prevention and treatment is possible, provided a more rational understanding of the situation is embraced first: that is, HIV is still a serious condition (5.44), contracted by engaging in unsafe sex practices and not simply because of one's sexual orientation (5.47), affecting Britain (and, by extension, the world) and not just the African continent (5.48).

(5.44) But while I pledge my energies and resources to the fight for a cure, quality care and justice, I still think we need to examine what we are teaching our gay, lesbian, transgender, bisexual and straight youth. (The Times, 2003)
(5.45) "Our generation has not lost people to this disease. We've had a very different experience of HIV […] We need to know how many people are getting it and to have a better awareness of what HIV can do." (The Times 2010)
(5.46) To actually prevent HIV/Aids from spreading, we need to focus on prevention. (The Guardian, 2015)

(5.47) "Media tend to associate certain groups of people with AIDS - drug users, prostitutes, gays, migrant workers and now college students. It is misleading." "We need to focus on behaviours, not identity." Murong said. (BBC Monitoring Asia Pacific Political, 2010)
(5.48) Gone are the newspaper adverts and billboard posters while the issue itself is more often that not portrayed as a problem for the African continent rather than something we need to concern ourselves with in Britain. (Daily Post (North Wales), 2005)

5.2.2.3 THE RELATIONAL CLUSTER

The third cluster is the relational one. This offers valuable insights into the 'necessary' attributes that are allocated to the inclusive *we*. The eight relational-process instances identify the necessity 'to be aware of AIDS' all year round (5.49), 'stay vigilant' (5.50-5.51), 'be careful' (5.52), and 'open about sex' (5.53), in schools too (5.54).

The same rational approach to HIV appealed for at the mental level also recurs at the 'level of being'. The first step towards solving the HIV health crisis lies in recognising the necessity to be open about and aware of what HIV is, i.e. a virus that can be treated but not cured. Moreover, in (5.55), the adverb 'still' highlights that the the momentum of the HIV crisis might be questioned, and, therefore, the danger of HIV losing its priority status. Finally, the very comparative form of 'open' (5.53-5.54) triggers a presupposition of 'insufficiency' and conjures the inclusive necessity to endorse, wholeheartedly, the importance of sex education in Britain.

(5.49) "We all need to be aware of Aids - not just on December 1, but on every day of the year. (Liverpool Daily Echo, 2004)
(5.50) Quinto remains concerned. "We need to be really vigilant and open about the fact that these drugs are not to be taken to increase our ability to have recreational sex (The Guardian, 2014)
(5.51) "It's just keeping that momentum up - the biggest risk is dropping the ball now and losing the gains we have made. We need to stay vigilant." (Wales on Sunday, 2011)
(5.52) At the end of the hour, the teacher said that, unfortunately, it isn't only gay people who die from Aids now, so we need to be careful. (The Guardian, 2015)
(5.53) "We need to be more open about sex. In Holland sex and relationships education starts as young as eight. (The Bristol Post, 1999)
(5.54) We need to be much more open in schools. "If you don't make kids aware of the consequences of unsafe sex the problem is going to grow. (Express Echo (Exeter), 2002)
(5.55) do we still need to be specially concerned about the disease? In Scotland the dire predictions of the 1980s, when the HIV virus was spreading at a phenomenal rate in certain communities, have not come to pass. (The Scotsman, 1996)

5.2.2.4 THE VERBAL CLUSTER

The final cluster is the verbal one. The six instances point to the necessity to establish open conversations about an HIV-positive life (5.56), to get across the message that HIV is not curable (5.57), and 'challenge' the fact that HIV, unlike other conditions, does not elicit any sympathy (5.58).

(5.56) 'We need to talk about life with HIV' AS one of Britain's longest sufferers of HIV, Cheltenham's John Percy knows better than anyone what it is like to live with the disease. (The Citizen, 2012)
(5.57) Dr Nathanson said: "We need to get the message across to young people that there is still no cure for HIV/Aids, that sexually transmitted infections, especially if left untreated, can be very serious, can cause infertility and sometimes lead to death. (The Times (London), 2002)
(5.58) We need to challenge the fact that HIV is perhaps the only potentially fatal disease that doesn't elicit sympathy. (Daily Post (North Wales), 2005)
(5.59) "There is still a stigma about HIV and we need to have more open discussion about sex." (The Argus (Newsquest Regional Press), 2014)

Overall, the review of the four clusters has produced a detailed picture of the deontic labour allocated to the inclusive *we*: the measures to implement the deontic labour do not require any form of expertise. Community-wide measures are concerned with challenging the stigma that surrounds HIV and HIV-positive people, adopting a favourable attitude towards preventive measures (i.e. condom use), banishing complacency, promoting messages about safe-sex, and endorsing a view of HIV that is grounded in medical research. At the level of 'being', openness, awareness and vigilance are key to living a safe life and keeping HIV under control.

5.3 ACTIVE 'PEOPLE'

The second most frequent deictic is 'people' (with 36 instances: 29 active, 5 passive).

Drawing a boundary around the indexical scope of 'people' can be a challenging enterprise. At best we can say that it indexes a large, undefined group of social actors called upon to take part in the *need-to*-based deontic labour. This is investigated in the following three clusters: the mental (13 instances), relational (7) and material (7).

5.3.1 THE MENTAL CLUSTER

The ‘mental’ deontic labour revolves around the work to devise a public-awareness programme that focuses on prevention strategies, and the medical nature of HIV.

It is worth noting that the concordance lines construing this theme stretch across the 1990s and 2000s in the news corpus: the earliest reference is from 1998, whilst the most recent reference is from 2015. This datum can be taken as indicative of the pervasiveness and the unabating relevance of this type of necessity, over the years, from 1998.

The mental process ‘remember’ (5.60) presupposes that some prior knowledge of HIV is already in place and that ‘people’ are expected, at least theoretically, to be familiar with the virus. However, *need to* transforms this expectation of familiarity into a strong and compelling requirement.

Conversely, the implication that can be drawn from ‘know’ (5.62-5.63), ‘realise’ (5.64-5.66), and ‘understand’ (5.67) is a lack of knowledge and/or awareness altogether, regarding the nature of HIV, both medically (as a chronic manageable condition) and socially (as a virus that can affect anyone). In the medical field, the main mental necessity relates to the role that anti-retroviral medicines play in managing the virus. The fact that these drugs ‘don’t make you better, they simply mean that you may not die from the disease’ (5.62), that ‘the majority of infections are treatable’ (5.63), and that ‘living with the disease’ is possible (5.68) is presented as a crucial necessity to uphold mentally. Moreover, acknowledging the universal/inclusive nature of HIV correlates with the mental necessity of recognising ‘the importance of safe sex’ (5.65) and that HIV ‘is a threat to anyone who indulges in risky sexual behaviour’ (5.66).

(5.60) "People need to remember this. HIV can affect everybody." (The Journal (Newcastle), 1998)
(5.61) "Really anyone who is sexually active can be putting themselves at risk and people need to remember that." Everyone is at risk from it. (Evening Chronicle, 2004)
(5.62) People at risk need to know these things. "They also should know that the drugs don't make you better, they simply mean you may not die from the disease. The virus remains. (Belfast News Letter, 2001)
(5.63) "People need to know that the majority of infections are treatable and there should not be a stigma to catching a social disease. "It is no different to catching a cold or flu from someone you know. "(Daily Record, 2001)

(5.64) People need to realise the earlier they get treatment for HIV the less chance they have of getting Aids". (Evening Times, 2001)
(5.65) "Young people need to feel able to discuss sex with their parents and they need to realise the importance of safe sex." (The Mirror, 2002)
(5.66) "People need to realise that HIV is not exclusive to gay men or to people who live in sub Saharan Africa. It is a threat to anyone who indulges in risky sexual behaviour. (Manchester Evening News, 2005)
(5.67) " An early HIV vaccine may be developed by next year. But condoms are still the best protection. "Treatment's not a cure. People need to understand this," (The News of the World, 2002)
(5.68) 'I have stood up on World Aids Day and spoken about what it is like living with HIV, because all the experts are ready to talk but what people really need to hear about is living with the disease. I say 'I am the virus - this is me'.' And Tom says he has generally found people to be supportive. (Birmingham Evening Mail, 2001)
(5.69) This is why, in the 1980s we saw AIDS sufferers dying of pneumonia. Today, the drugs make a difference but of course prevention is better than cure. People need to wake up and realise it could happen to them." (The Sentinel, 2002).

5.3.2 THE RELATIONAL CLUSTER

The eight relational processes construe a similar programme of awareness to the one identified in **5.3.1**. They do so by establishing attributive equations between 'people' and the attributes 'careful', 'aware' and 'safe'. The things that 'people need to be' aware of are again consistent with those listed in the mental process cluster, e.g. 'the HIV problem' (5.70) and the fact that 'anyone can be infected by HIV' (5.71).

Moreover, the circumstantial nature of the deontic value of necessity is evident thanks to clear reference to external physical conditions. These conditions are: the fact that 'a lot of the original interest in World Aids Day has wound down' (5.70); the fact that 'anyone can be infected by HIV' (5.71); the adverb 'clearly', suggesting that the existence of explicit evidence (5.72) and the statistics (i.e. 10% of the 7,800 new cases of HIV last year were in 16-to-24-year-olds) (5.73).

(5.70) People need to be aware of the HIV problem, even though a lot of the original interest in World Aids Day has wound down. It should never be a fashion thing." Pinder Chaggar, 35, Project Worker "I work for Centrepoint, the homeless organisation. (The Independent, 1996)
(5.71) People need to be careful and they should practise safer sex. Anyone can be infected by HIV. "I would not wish it on anyone else. I saw my partner die of it and that was devastating. (Grimsby Evening Telegraph, 2000)

(5.72) "Clearly people are not being as careful as they need to be to protect themselves." (Liverpool Echo, 2001)
(5.73) People need to stay safe and sexy by using a condom every time they have sex." (The Independent on Sunday, 2007)
(5.74) I'd like to see the virus normalised - people need to have an awareness and be less scared." He believes that there should be more Government funding for sexual health services and more sex education for teenagers in school. (Derby Evening Telegraph, 2008)
(5.75) "The medicine for partners doesn't protect against pregnancy or other STIs. Our advice would always be to use ordinary condoms, although people need to be aware it's not perfect because they can split or come off. "By far the best method of protecting a partner is to take the drugs which reduce your viral load to negligible levels (mirror.co.uk, 2015)
(5.76) "People need to be aware of their HIV status. If HIV is diagnosed late then treatment is less effective. Your local sexual health clinic can test you. (liverpoolecho.co.uk, 2015)

5.3.3 THE MATERIAL CLUSTER

A strong appeal to change behaviour is construed in material-process terms: the processes 'protect themselves' (5.77;5.80) and 'practise safe sex' (5.81;5.83) identify the field of medical prevention and safe sex. At work here is also the necessity to use 'condoms [as] the main contraceptive' (5.78); that 'people need to [metaphorically] wake up', suggesting a previous phase of blessed ignorance regarding HIV and the assessment of likely contagion (5.79); and the fact that awareness equates to personal responsibility as put by Professor Boriello in 'people need to take responsibility' (5.82).

(5.80) is a useful illustration of the semantic differential between *need to* and *must*.

(5.80) When HIV and Aids first hit the headlines, there were these very powerful awareness campaigns. I think that, now, people have become complacent. "But they have to realise that HIV hasn't gone away and they need to protect themselves. They must use condoms." (Aberdeen Press and Journal, 2004)

Both *need to* and *must* modalise material processes ('protect themselves'; 'use') conveying a similar prevention-based message. However, I argue that the quality of the message, in the sense of the implied commitment to acting, escalates from a sense of neutral, circumstantial/functional necessity to hinder HIV, to a stronger imposition that is not merely down to the individual's own choice to adopt safer sexual behaviour, but to what is morally right and good for society. To put it differently, in order to guarantee the greater good, each

individual has the moral duty, and the obligation to adhere to a scheme of social norms that transcend their personal decisional sphere. However, having said this, it is also important to highlight that a distinction between *need to* as a 'necessity' and *must* as an 'obligation' cannot always be determined – there are cases, indeed, when both modals can be used interchangeably (cf. Chapter 2).

(5.77) A mistaken impression that the latest range of Aids drugs can cure the disease could lead people believe that they no longer need to protect themselves against HIV, Aids specialists warned yesterday. (The Guardian, 1997)
(5.78) More than a quarter of all UK adults now use condoms as their main contraceptive. - However, more people need to start. Last year more people tested positive for HIV than ever before. (Evening Herald, 2001)
(5.79) This is why, in the 1980s we saw AIDS sufferers dying of pneumonia. Today, the drugs make a difference but of course prevention is better than cure. People need to wake up and realise it could happen to them." (The Sentinel, 2002)
(5.80) When HIV and Aids first hit the headlines, there were these very powerful awareness campaigns. I think that, now, people have become complacent. "But they have to realise that HIV hasn't gone away and they need to protect themselves. They must use condoms." (Aberdeen Press and Journal, 2004)
(5.81) "We are concentrating prevention efforts within those communities, but I think the message for the population at large is that really, the risk is there and people need to practise safe sex," Cronin says. James O'Connor of Open Heart House in Dublin, a member-led centre for people with HIV/Aids, says there is still huge stigma attached to those with the disease here in Ireland. (The Irish Times, 2005)
(5.82) said Professor Peter Boriello, director of the Health Protection Agency's centre for infections, which produced the figures, "we are talking about how you change behaviour. It is not straightforward. "People do need to take responsibility. (The Guardian, 2007)
(5.83) As new figures show a 20% rise in the number of males contracting the infection a consultant in health protection told the Daily Mirror people need to practice safe sex and reduce the number of partners they have. (The Mirror, 2011)

5.3.4 PASSIVE 'PEOPLE'

Five deontic tri-grams feature 'people' in a passive construction. Despite not occurring as frequently, it is nonetheless worth considering the kind of interpretations that arise from this construction.

In these five concordance lines, 'people' does not play the grammatical role of agent, as the recipient of deontic labour. Instead, it sits on the receiving end, as the target upon whom the

modalised process is acted. As noted before, the undefined indexical scope of 'people' leaves the question of who exactly *needs to* be 'done' to open-ended. Whilst some of the active 'people' are modified or qualified by attributes such as 'most', 'gay' or 'at risk of contracting HIV', the passive 'people' is left unmodified and unqualified, leaving the referential scope of the personal deictic unspecified. Therefore, anyone can be put in the position of being 'reminded that there is no cure for AIDS' (5.84), of being 'educated about ways to prevent HIV' (5.85-5.86), 'told that HIV is here' (5.87), and 'tested in order to benefit from lifesaving treatment if necessary' (5.88).

Moreover, since 'people' is not the deontic tri-gram, the question that arises here concerns the person that is supposed to perform the modalised process. However, this is not indicated, adding to the sense of uncertainty, and leaving unspecified the social actors to whom the deontic labour is allocated. This can be seen as a discursive strategy that the source of the deontic statement employs in order to avoid apportioning any undue impositions on a particular subject, and, consequently, getting across the message that only a particular social group is responsible for enacting the necessary process. Instead, having examined the relevant modalised processes, and considered the fact that none of them require any specific expertise, anyone is capable of intervening in the interest of the 'people'.

(5.84) "People need to be reminded that there is no cure for Aids and, although treating the disease has become more successful, many of the drugs available have highly unpleasant side effects." (Evening News, 2000)
(5.85) He said there was now a younger sexually active generation who did not see the high profile Aids campaign of the late 80s. "There is no cure for HIV/Aids, so people need to be educated about ways to prevent it, " (Irish News, 2001)
(5.86) Today's young people, who think nothing of casual sex, know little of infection risks. It is the ultimate irony, they need to be taught the basics. (Birmingham Evening Mail, 2002)
(5.87) "I got HIV from having unprotected sex, not lots of sex. "People absolutely need to be told that HIV is here and will be here to stay if they remain complacent about protected sex." (Evening Gazette, 2005)
(5.88) "However, infection with HIV is no longer a life sentence. "People who think they may be at risk need to be tested in order to benefit from lifesaving treatment if necessary. " (Daily Post, 2009)

5.4 LOW FREQUENCY PERSONAL DEICTICS

Unlike *we* and 'people', whose high frequencies have allowed two distinctive analyses, the remainder of the deictics present a very low frequency of one or two occurrences, except *you* and 'everyone' occurring seven and five times, respectively.

Therefore, to account for these less frequent deictics, I implement the CoS. List A organises the animate personal deictics into the three agential categories 'social institutional body', 'social private body', and 'PWH', each of them further subdivided into sub-categories and arranged on a CoS.

List A

1A. Social institutional body (14 instances)
  a. Collectivisation (institutions and organisations) (4)
      (the government: 2), (the Scottish Executive: 1), (the THT: 1)
  c. Functionalisation (single individual) (10)
      (GPs: 2), (practitioners: 1), (they = prison managers: 1), (all health authorities: 1), (the health authority: 1), (employers: 2), (Professor Browing: 1), (nurses involved in the care of people with HIV and AIDS: 1)

2A. Social private body (25)
  a. Genericization (15)
      (everybody: 1), (everyone: 5), (everyone on the planet: 1), (you: 7), (I: 1)
  b. Collectivisation (4)
      (the population: 1), (both parties – see passive: 1), (society: 1), (every generation: 1)
  c. Identification (classification), according to: (6)
    c1 Sex (4)
      (Women – see passive: 1), (Women: 1), (They = many women: 1)
    c1' Sexual Orientation (1)
      (Homosexuals – passive: 1)
    c1'' Other (1)
      (An individual with established pattern of sexual activity: 1)

    c2. Relational identification (1)
      (They = your co-workers: 1)

3A. PWH (4)
    a. Collectivisation (2)
      (most people with HIV: 1), (people infected with HIV: 1)
    b. Functionalisation (2)
      (some patients: 1), (users: 1)

The three agential categories provide an analytical shortcut to the identification of the type of agency, namely a public professional one, a private/lay one, or one associated with PWH. The specifics of each agency are established using Halliday's TS.

5.4.1 EXPERT AGENCY

Material necessities cut across both levels of specificity: both the collectivised deictics 'the government' and 'the Scottish Executive' and 'functionalised' individuals such as 'GPs', and 'health authorities' are cast as the actors of material necessities. The government is required 'to act' (5.89) and 'provide resources' (5.90) in order to implement HIV-related educational strategies and an awareness programme targeting teenagers, the media, families, and schools. Similar necessities are allocated to the Scottish Executive (5.91). Similarly, 'GPs' and 'all health authorities' are faced with the practical necessity of 'rais[ing] the issue of HIV and do[ing] an HIV test' [for] 'patients in an at-risk group' (5.92), and 'find[ing] ways of reaching groups at risk' (5.93), respectively. Preventing further HIV transmissions is the common denominator for all of these material necessities.

(5.89) Instead of fobbing off those alarmed by yesterday's figures with some reheated initiative, or allowing the noisy extremists to rule the debate, the Government needs to act. (The Evening Standard, 2004)
(5.90) The Dublin AIDS Alliance has called for a National Sexual Health Strategy and says the Government needs to provide resources to promote education and awareness of HIV and AIDS. (RTE News, 2008)
(5.91) The Scottish Executive need to help increase public awareness through education in schools and a media campaign, but the main responsibility lies with every one of us. (Sunday Mail, 2002)
(5.92) 'GPs need to raise the issue of HIV and do an HIV test if patients are in an at-risk group, such as gay men or individuals with a history of drug use, or if they have identifying symptoms, which would include a whole host of problems such as oral candidiasis, pneumonia, shingles or hepatitis B or C,' Professor Johnson added. (GP Magazine, 2009)
(5.93) 'All health authorities need to find ways of reaching groups at risk to prevent HIV transmission, and this has been shown to be clinically effective.' (Daily Mail, 1998)

The relational process 'be' establishes an equivalence of necessity between 'GPs' and 'practitioners' and the attribute 'aware' (5.94-5.95). Here the main practical necessity consists of the fact that, along with prescribing medication, the medical staff *need to* take into consideration the side effects that the prescribed drugs could cause. This necessity introduces

an important dimension into the conceptualisation of HIV and its medicalization. Since anti-retroviral medication can cause problems and, worse, fail, the main necessity is to curb, if not prevent, new HIV infections in the first place.

(5.94) GPs need to be aware of the fact that many antivirals have significant drug interactions with commonly prescribed medications. (The Practitioner, 2000)
(5.95) Practitioners need to be aware of the potential for serious adverse reactions and drug-drug interactions. (Pulse, 2004)

Finally, HIV-related necessities are also relevant in the workplace. Here, 'employers' are associated with a requirement to perform the mental process of 'know[ing] how to deal with' the fact that one of their employees is HIV-positive (5.96) and 'consider[ing] how much information they need about an employee' following an episode of privacy infringement whereby an employee was given an AIDS test without consent (5.97).

(5.96) He said he was also trying to educate employers on what to do if a member of staff tells them they have the disease. "If they suddenly find out one of their employees is HIV positive they need to know how to deal with it," he said. "Often they don't know how to react, or what to do." (Express Echo, 2002)
(5.97) Employers will need to consider how much information they need about an employee, and the manner in which they get it. (The Lawyer, 1998)

5.4.2 NON-EXPERT AGENCY

The deontic labour apportioned to the private social body is predominantly mental. That is, the private individual is required to (re-)think HIV and related issues in light of recent medical progress.

The deictics 'everybody', 'everyone' and 'everyone on the planet' (occurring, cumulatively, seven times) identify the largest possible group of non-expert social actors, and this is not exclusively limited to the so-called 'risk groups' (gay, haemophiliac black people and drug users) that were often stereotypically referred to in the discourse of HIV pre-1996 (cf. Potts 2013).

(5.98,5.99) entertain the historical moralistic misconception that HIV affects only certain social groups in order to showcase the irrational and discriminatory nature of this. One response to this outdated view is through the relational 'be concerned with' (5.98) and 'be aware of' (5.99-5.100). Presenting HIV as a personal cause is presented as the first step towards the end of prejudicial and irrational views around HIV.

(5.98) "It is no longer a gay disease and is something that everybody needs to be concerned with." (South Wales Evening Post, 1999)
(5.99) Like with a lot of viruses everyone needs to be aware, but historically we can see that certain groups are more prone. (Evening Herald, 1998)
(5.100) "Everyone needs to be aware of HIV and make sure they protect themselves and others." Here, we speak to the three people pictured about the reality of living with HIV. (The Sun, 2009)

The necessity to pay attention to precaution and safe-sex messages is couched in the mental processes 'adhere to' the prevention messages (5.101) and 'remember' the risk of sex-induced HIV infections (5.102).

(5.101) In the absence of a vaccine or cure, everyone needs to adhere to the prevention messages which continues to encourage safer, more responsible sex and to discourage drug users from sharing needles.' (Local Government Chronicle, The Scotsman, 1996)
(5.102) Everyone on the planet needs to remember that sex can deliver HIV/Aids just as easily as it can make a woman pregnant. (The Guardian, 2000)

In seven instances, the deontic labour is allocated to the pronoun *you*. The latter is interpreted to function in an impersonal way, in the sense that it does not index any specific social actor. Impersonal *you* can be paraphrased using more formal forms, like 'one', or general terms, such as 'people' and 'everyone' (Breeze 2015: 3). This explains why *you* features in my cline in the same deictic subcategory as 'everyone'.

Moreover, *you* is also employed to express universal truth (ibid), since the relevance of the deontic statement transcends time and people (cf.103-106)

(5.103) HIV is an almost completely avoidable infection. You need to be compliant in some very specific behaviours to be at risk. (The Times, 2003)
(5.104) "If you're sexually active, you need to be tested every six months." (Oxford Mail, 2007)

(5.105) If you are low risk then you don't need to rush out and get tested. (The Guardian, 2011)
(5.106) Having unprotected gay sex is insane and is putting you at risk of STDs including HIV. Giving up your lifestyle may not be easy. You need to look at how you can boost your self-confidence when you're clean. (Sunday Mirror, 2005)

The medicalization of HIV paves the way for the practical necessities: HIV turns into a 'necessary' consequence if one indulges in risky behaviours (5.103); engaging in sexual practices conjures a stronger or weaker necessity to 'get tested' (5.104-105). (5.106) points to the necessary condition underlying safe sex practices and testing. Nurturing self-love and finding ways to boost one's self-confidence is another important universal necessity in order to acknowledge and implement measures to preserve one's health and stay HIV-negative.

The deontic labour also falls upon a group of deictics classified under the subcategory of 'collectivisation'. Here, awareness, knowledge and self-education are values upheld as necessary, both as attributes of relational processes and at the mental level.

(5.107) "The population needs to be aware that the current technological advances in diagnostics mean that a full STD screen can now be done in any general practice; (Chester Chronicle, 2015)
(5.108) A quarter of a century on, society needs to re-educate itself about this virus. Education and empathy must replace hysteria and ignorance. Deborah Jack is chief executive of the National Aids Trust (The Times, 2009)
(5.109) Mr Williams said: "Every generation needs to learn about it. This generation in their 20s and 30s have not seen their friends dying from HIV so they maybe don't think about it." (Evening Gazette, 2011)

Therefore, 'the population needs to be aware' of the new technological advances in diagnostics (5.107), 'society' and every generation' *need* respectively 'to re-educate itself about this virus' (5.108) and 'to learn about it' (5.109). The interpretation of these points as morally right and just, I argue, comes second to seeing them, first and foremost, as practical necessities: i.e. knowledge and awareness are the basic conditions by which to abide in order to avoid viral infections and transmissions.

The remaining personal deictics are categorised under the social category of 'sex', 'sexual orientation', and 'relational identification'. The 'sex' category is populated exclusively by the deictic 'women', 'many women', and 'she', with no reference to the male category. Here recommendations focus on the danger/underestimation of the danger of unprotected sex. The emphasis is on the state of assertiveness and alertness that is required from women (5.110-5.111). Adopting this state will give them the capacity to negotiate safer sex conditions and to prioritise their health. At the same time, another necessity relates to disassociating a HIV-positive diagnosis from feelings of guilt and blame (5.112). Understanding HIV in moralistic terms can have a serious, damaging impact. Instead, women 'need to see it as just an accident': approaching it in practical terms allows PWH to come to terms with their status and understand HIV merely as a virus and not as something to be ashamed of or blamed for.

(5.110) Women need to be assertive to protect themselves from HIV. (The Mirror, 2001)
(5.111) Despite this epidemic in the UK, experts stress that women need to be re-alerted to the danger of having unprotected sex," she added. (The Observer, 2010)
(5.112) Many women believe that being HIV-positive is because of some wrongdoing. They need to see HIV as just an accident - just as you might have a car accident or lose your job - rather than as something to be blamed for (The Times, 2004)

Furthermore, it can be argued that it is thanks to the recent medicalization of HIV that discriminatory attitudes towards 'homosexuals' are construed as unfounded, and consequently unnecessary (5.113). However, it is also interesting to note that prior to this deontic statement, AIDS is defined 'a disease' that 'has never been confined to the homosexual community'. Such a statement certainly runs counter to the literature testifying to the irrational, moral-panic social responses that the virus originally elicited (Chapter 1).

(5.113) Aids is no longer an unknown disease, randomly attacking person after person. It has never been confined to the homosexual community and a greater number of heterosexuals are being infected worldwide. There is therefore no justification to say that this disease is the reason why homosexuals need to be discriminated against. (The Guardian, 1998).

The same medical approach applies in (5.114). Testing is upheld as a necessary measure that the medical authority (which can be inferred from the fact that the only social actor that can act in the capacity of performing HIV tests) 'needs' to perform regularly on the deictic 'gay men'. The adverb 'regularly' could support the conclusion that gay men are more likely to

get infected, for a number of reasons, such as engaging in promiscuous and unprotected sex. However, this interpretation is mitigated by the explanatory condition 'if they [gay men] suffer the "trinity" of symptoms of early infection' that follows the deontic statement. A similar practical, medical necessity is appealed for in (5.115): the deictic 'an individual with an established pattern of sexual activity' should rely on condoms as a 'practical necessity' to 'avoid a serious risk'.

(5.114) Gay men need to be getting tested regularly, and immediately if they [gay men] suffer the "trinity" of symptoms of early infection. (Prospect, 2008)
(5.115) The report's wording is extremely careful. "The use of a condom," it says, "is comprehensible in cases where an individual with an established pattern of sexual activity needs to avoid a serious risk.". (The Independent, 1996)

5.5 INANIMATE DEICTICS

List B below presents the *need-to*-related inanimate deictics organised into five thematic groups, derived inductively, from the 104 deontic statements:

List B

1B. Perception of HIV/AIDS (19)
This includes the following aspects: (mis)construal of HIV, normalising and stigmatic attitudes towards the virus and PWH, complacency.

2B. Statistics (9)
Within this category are numerical references to the rates of contractions of the virus across various social groups.

3B. Unsafe sexual behaviour (3)
This category covers instances regarding the risks that arise from the using of illicit drugs, especially during unprotected sexual intercourse.

4B. Prevention work (61)
This category spans various preventive measures to control, if not curb, the number of new contractions. Due to the high number of instances, I introduce a further sub-categorisation:
- Unspecified action; (8)
- Information and awareness; (21)
- Education; (9)
- Preventive measures and medical work. (24)

5B. HIV care (13)
'HIV care' comprises supportive measures to be implemented in favour of minority groups, PWH and those individuals that find themselves in the position of struggling to fight for their own rights.

An initial observation that cuts across the inanimate-deictics data concerns the active/passive form of the deontic tri-gram. Only 26 out of 105 instances are active. The passive deontic tri-grams can make the identification of the agent performing the deontic labour problematic, as it is often not mentioned through the 'by + agent' construction. Therefore, instead of speculating upon possible agents, I focus on the inanimate deictics acting as the subject of the tri-gram, and on the valuable insights this offers in order to identify the areas that are most frequently mentioned as "in need of something to be done".

5.5.1 PERCEPTION OF HIV/AIDS

This category includes a large number of variables and factors that, in several ways, contribute to illuminating the perception of HIV/AIDS post 1996.

Nine out of the 19 instances are more directly concerned with the perception of HIV/AIDS. The NP 'perception' is best epitomised by the mental process 'see' (5.119): here the medical representation of HIV as 'a health matter' calls for the necessity to see it in relation to 'other sexually transmitted infections': in so doing, HIV is not singled out as different and scary, but is brought to the same level as other, less 'demonised', STIs.

(5.119) What's the biggest issue with HIV in Plymouth? That HIV is a health matter and needs to be seen alongside other sexually transmitted infections. Are you more or less optimistic now than say five years ago? (Evening Herald (Plymouth), 1998)

Moreover, verbal measures that are presented as capable of changing the perception of HIV are 'speak[ing] about HIV' in terms of 'a liveable and treatable condition' (5.120), 'correct[ing]' the mistaken views regarding HIV-positive pregnancies (5.122) and which social groups are affected (5.123).

(5.120) Mr Smith […] said: 'Over recent weeks and months I have thought perhaps this is something that needs to be spoken about.' (Daily Mail, 2005; Birmingham Post, 2005; Daily Star, 2005)

(5.121) 'So the first thing is to increase the number of people who take a test, which means HIV does need to be more normalised, so that you can test for it as you would any other known disease, such as cancer. (Birmingham Post, 2001)

(5.122) The reality is that if someone with HIV decides to have a child, there are options available to them to enable them to have a baby without infecting their partner and steps that

can be taken to ensure their baby is not HIV positive. These are just some of the myths about HIV that need to be corrected. (Newham Recorder, 2010)
(5.123) They think HIV is only related to a certain group such as gay men rather than straight people and this really needs to be corrected. (Newsquest Regional Press This is Lancashire, 2004)

As a social issue that impacts all of society, 'dealing with AIDS' (5.124) and not seeing 'homosexuality' as a sin (5.125) are framed as material requirements that requires the attention of everybody. Although the bi-gram 'by the whole society' can be easily done away with, its being mentioned has the power to make a stronger parallelism with the following adverbial 'and not just within certain groups' and present HIV as a collective/universal issue.

(5.124) AIDS is a challenge for everyone and needs to be dealt with by the whole society, not just within certain groups, he added. (BBC Monitoring Asia Pacific Political, 2010)
(5.125) Tony Blair is right to advise him to rethink attitudes to homosexuality and the view that it's a sin. Homosexuality and Aids are facts of life, like it or not, and they need to be dealt with, and with compassion. (London Lite, 2009)

Finally, the relational processes 'stay' and 'remain' encode the presupposition that HIV and AIDS are already acknowledged as medical and social issues, but that their priority status needs constantly reinforcing.

(5.126) Aids has been compared to the Black Death that devastated Europe in the 14th century. The world has woken up to the fact that this modern scourge has already lasted much longer. But it badly needs to stay on the case. (The Guardian, 2006)
(5.127) Given the wealth of scientific information we now have on prevention, treatment, and transmission, HIV needs to remain entirely a public health issue. (The Guardian, 2015)

The much stigma and the death threats which target people with HIV elicit a type of intervention that is couched in the general, undescriptive terms (here underlined) 'more needs to be done' (5.128) and 'the urgent work that still needs to be done' (5.129). From surveying the inanimate-deictics concordance lines, the phrase 'more/ a lot/ much more/ urgent work/ drastic action/something needs to be done' with the occasional presence of small variances occurs in almost 1/3 of the total inanimate deictic forms (33/104). The resulting tri-gram is an undescriptive one, since little information regarding what needs to be done is specified. However, what can be deduced from this type of deictics is some form of quantification

expressed in comparative and numerical terms: they point to a gap in the strategy employed to address the HIV/AIDS issue. One way of narrowing down the scope of the intervention is to look at the purpose adjunct, expressed via infinitive sentences. 'To tackle stigma […] Scotland' (5.128) provides a sense of finality and complements the deictically unspecific picture conjured up by 'more'.

(5.128) A recent survey commissioned by Waverley Care showed 74% of Scots think more needs to be done to tackle stigma and prejudice against people living with HIV in Scotland. (Daily Record Sunday Mail, 2013)
(5.129) World Aids Day allows us to commemorate the 36 million people across the world who have died because of this virus; it also highlights the urgent work that still needs to be done. (Independent.co.uk., 2013)

5.5.2 STATISTICS

A similar approach to navigating the concordance lines of the thematic group 'statistics' is again to look at the co-text surrounding the deontic tri-gram, given its poor indexical power, of inanimate deictics such as 'more', 'much more', 'something'. In eight out of nine concordance lines, the necessity value is prefaced by statistical data concerning the number of contractions of the virus across the years and the most affected social groups. This type of information makes the call for 'something to be done' resonate louder.

A closer investigation of the deontic tri-grams reveals that just as the inanimate deictics lack the indexical power to define what specifically *needs to* be done, so do the modalised (material) processes. 'Do', 'change', 'tackle', and 'deal with' appeal for a 'material' intervention, but fail to provide the details of the intervention (Table 14).

(Much) more needs to be done (5.130-132)
A lot of work needs to be done (5.133)
Something needs to change (5.134)
A crisis which needs to be tackled (5.135)
A drastic action that needs to be taken (5.136)
An issue that needs to be dealt with (5.137)

TABLE 14 - INANIMATE DEONTIC TRI-GRAMS

(5.130) Barry Evans, of the Health Protection Agency, said more needed to be done at community level to stop the trend. Sexual Advice (The Independent, 2009)
(5.131) 'HIV is preventable, but with over 2,700 gay men diagnosed last year, it's clear more needs to be done.' (Time Out, 2009)
(5.132) "But this report recognises that much more needs to be done if we are to see the numbers of new cases reducing year on year." (The Sun, 2001)
(5.133) "The number of people contracting HIV in this country is still too high and there is a lot of work that needs to be done.". (East Anglian Daily Times, 2010)
(5.134) As recent reports indicate, young gay men are among those most at risk of contracting HIV. Twenty-five years after the battle against Aids began, infection rates are higher than ever. Something needs to change. (Time Out, 2009)
(5.135) Kevin Foster, a consultant epidemiologist at the Public Health Laboratory, said: "I see this as a crisis which needs to be tackled. (The Sun, 2003)
(5.136) Sufferers don't know they have virus. Up to 16,600 people may be spreading HIV across Britain because they are unaware they have the Aids virus. And the country's top medic will warn this week that drastic action needs to be taken as the number of new cases soars by more than 20 per cent a year. (The Sun, 2004)
(5.137) She said: "The number of cases of under 18s with Aids in Wales has gone up from 15 in 2004, to 25 in 2005, so there is certainly an issue that needs to be dealt with. "A big problem is the fact that Aids is not a subject teachers and parents want to know about. "There is still a big stigma about Aids, as it is automatically associated with homosexuality.
(Llanelli Star, 2006)

5.5.3 UNSAFE SEXUAL BEHAVIOUR

'Unsafe sexual behaviour' is the least populated thematic category, consisting of only three instances. The use of the label 'unsafe sexual behaviour' refers to the practice of using any drugs during sex (also known as chemsex) (5.138), and that of having unprotected sex to get infected (also known as bug chasing) (5.139). According to bug chasers, contracting the virus is a rite of passage for the better: with this come the respect, the acceptance and membership of the PWH community.

Both behaviours are denounced as unsafe and requiring intervention, the latter left unspecified by the 'indexically poor' material and verbal processes 'do' and 'address'. This necessity falls upon the collectivised expert agents 'London local authorities'(5.138) and 'UK's NHS and education system'(5.139).

(5.138) David Stuart, manager of the specialist CODE clinic in Soho, run in association with the sexual health clinic 56 Dean Street, said 99 per cent of his clients only used the drugs for

sex. Sexual health charities said that more needed to be done by London local authorities to provide specialist services that could advise gay men about precautions when encountering "community norms of using drugs for sex". (I. Independent, 2013)
(5.139) "Bug chasing needs to be addressed, both by the UK's NHS and the education system, so that people are aware of the risks from a young age and receive the help they need if they are feeling compelled to act this way (Daily Mirror, 2013)

5.5.4 PREVENTION WORK

Instead of looking at the components of the deontic tri-gram, I set out to analyse the 61 concordance lines of this category by focusing on one aspect that seems significant and recurrent here, i.e. the linguistic presuppositions built into or in proximity to the deontic tri-gram.

The deictics 'more', 'a lot' and 'something' offer the first entry point for the investigation into the presuppositions. The three quantifiers point to the fact that only a part of the HIV issue has been addressed, leaving more to be done. In the thematic subcategory 'unspecified action', the infinitive 'to tackle the spread of the virus' (5.140) and 'bring down the number of new cases' (5.141) define the purpose of the intervention.

Unspecified action
(5.140) But it is thought others are undiagnosed and unaware of their status. Although Sheffield is considered to have a relatively low rate of the infection compared to other UK cities, concerns have been raised that more needs to be done to tackle the spread of the virus (The Star, 2005)
(5.141) The biggest increase in transmission has been through heterosexual sex, yet the perception is this is a problem in the gay community, so more needs to be done to bring down the number of new cases." (Birmingham Post, 2005)

The same applies to the domain 'information and awareness'. The aim of the deictically unspecific deontic tri-gram is again conveyed by the purpose adjuncts 'bring the AIDS/HIV issue into the public eye' (5.142) and 'increase awareness' (5.143).

Information and awareness
(5.142) Tim Hynes (30), from Gloucester, said more needed to be done to bring the Aids/ HIV issue into the public eye because it appeared to have lost its newsworthiness. "If the figures are increasing, something needs to be done." (The Gloucester Citizen, 1998)

(5.143) A spokesman for the National Aids Trust said: "These infection figures are extremely worrying. "We are concerned that the UK is losing its way in HIV prevention and more needs to be done to increase awareness." (The Gloucester Citizen, 2000; Evening Chronicle, 2000)

Additionally, adjectival modifiers in the comparative form (cf. 5.148) can function as presuppositional triggers highlighting a gap that needs to be addressed. 'More' and 'much broader' (5.147-5.148) imply that the existing education system is failing to meet the requirement to devise a sexual-education programme catered for generations of students whose exposure to sex occurs earlier than for previous generations.

Education
(5.147) There is an abundance of support and health groups for people affected by HIV and Aids in the gay community but more needs to be done at the age of 13 through positive, informal sex education. I recall seeing a video in school on gay men dying of Aids it did leave me with some fear, which is not the best way to educate young people. (Metro, 2008)
(5.148) Anne Weyman, chief executive of the Family Planning Association said: "There needs to be a much broader programme across all schools which provides the skills and knowledge needed to negotiate relationships." (The Independent, 2007)

Finally, similar presuppositions are introduced by the comparative intensifier 'further'(5.150) and the adverb 'still' (5.149). The latter draws attention to prevention as a topical and relevant measure.

Preventive measures and medical work
(5.149) "Emphasis still needs to be placed on prevention, not on cure," she said. (Grimsby Evening Telegraph, 1998)
(5.150) Peter Borriello, director of the agency's Centre for Infections, said: "Testing for HIV, and for all sexually transmitted infections in the UK, needs to be increased still further." (The Times, 2008)

5.5.5 HIV CARE

The final category collects the concordance lines that call for an intervention aimed at protecting the PWH most often at risk. This entails ensuring that health and social care services are available to them. This emerges very clearly in six out of the 13 concordance lines where the NPs 'PWH' are construed as the beneficiary of the deontic tri-gram (5.151).

The same linguistic presuppositional patterns also apply here and construct similar necessities identified in the previous categories.

(5.151) But he felt more needed to be done for people with AIDS and with HIV, the virus that causes it. All the money he raises is spent in the way people with the illness feel will benefit them most. (The People, 2002)
(5.152) Her warning was echoed by Mark Ward, Lothian NHS Board's senior health promotion specialist, who said more needed to be done to help those living with the condition. (Evening News, 2002).

5.6 CONCLUSION

In this chapter I have argued that *need to* construes a more circumstantial/practical imposition, which is less reliant on moral values, as is the case for *must*. Moreover, from a numerical viewpoint, the fact that *need to* is much more frequent than *must* can already be seen as an indication of a tendency in the discourse whereby more pragmatic, and functional attitudes towards the virus are preferred to morally-loaded ones.

As with *must*, the *need-to*-related deontic labour is allocated across a wide social spectrum regardless of one's HIV status. The animate personal deictics have been divided into three types of agency: the expert, the non-expert, and PWH. Noteworthy is the fact that the third agency is instantiated by only four instances across the entire *need-to*-based corpus cross-section. PWH are concerned only with taking medication, the latter held first and foremost as a purely physiological, practical necessity.

Similarly, the deontic work attributed to the expert and non-expert social actors is found to be informed by the same criteria: practical, functional circumstances make a case for various forms of interventions in the medical prevention and awareness campaigning field (with regard to the expert social actors), personal awareness and safe-sex practices (with regard to the non-expert social actors).

CHAPTER 6 – *HAVE TO* (NEWS CORPUS)

6.1 INTRODUCTION

The present chapter focuses on the third deontic modal *have to*. The analysis is approached with the theoretical assumption that *have to* encodes the same deontic value of circumstantial, practical 'necessity' as *need to* (6.1-6.2).

(6.1) We need to make standardised HIV testing a priority so that every woman knows their status and can make informed decisions (The Observer, 2010)
(6.2) 'We are probably about three years behind America in terms of Aids trends, so we will have to be very careful and vigilant about this.' In the US, the problems go beyond the complexity and expense of combination regimes. (The Observer, 1999)

Following the methodology adopted in Chapters 4 and 5, the deontic labour mobilised by *have to* is investigated using the deontic tri-gram identified by *have to*. Moreover, the appendix reports the entire sample of concordance lines featuring the modal *have to*.

6.2 THE PRONOUN *WE*

The personal pronoun *we* is the most frequent personal deictic occurring 65/219 times in the *have-to*-related corpus cross-section. Having distinguished between inclusive and exclusive *we*, the analysis proceeds by looking at the former first (**6.2.1**) and subsequently the latter (**6.2.2**).

6.2.1 INCLUSIVE *WE*

11 out of the 21 inclusive-we instances are classified as material. As the most frequent transitive process, it follows that special emphasis is given to concrete, tangible interventions, such as putting an end to HIV misconstruals (6.3), establishing a vision of homosexuality as natural (6.4), and 'deal[ing] with sexual education' (6.5). Contrary to traditional characterisations of HIV as a deadly condition, (6.6-6.7) present life and death as a natural cycle transcending the HIV threat: although we are confronted with the inescapable necessity that 'we have to die, […] [as] the only certainty we have' (6.7), a more positive message is put forward by the reminder that 'we have to make our existence here matter' (6.6).

Implementing these modalised processes is based on ‘physical’ circumstances and a sense of practicality, rather than on abstract moral codes.

(6.3) Pisani argues, what cause Aids. "We have to stop this nonsense now. Talking about 'vulnerability' will not stop people getting infected." (The Guardian, 2008)
(6.4) "I already do some work telling young people about HIV and AIDS but we can't talk about homosexual sex - despite the fact that it's young men who are most at risk. "We have to be able to do something to get rid of the idea that it is unnatural. (Evening News (Edinburgh), 1998)
(6.5) Stone spoke to The Times before a function for the American Foundation for Aids Research at Cannes. "We have to deal with sexual education," she said. "It's our fault as adults that we're not saving lives. (The Times, 2004)
(6.6) He says it has helped him to put things into perspective. "I'm now beginning to realise that we are only here for a finite amount of time and we have to make our existence here matter," he said. "Matter to yourself and matter to others." (Evening Gazette, 2005)
(6.7) We have to die, that's the only certainty we have. My ambition is to die healthy. Our aim should be to have a long and healthy life, where the last years of life are not totally debilitating - that's what we have to work on. (Telegraph.co.uk, 2015)

The material-process category also includes four instances which, despite being literally construed as material, are probably best classified as ‘metaphoric material’, for their mental connotations (6.8-6.10). The processes ‘taking responsibility’ (6.8), ‘keeping a sense of perspective about’ [PWH] (6.9), and ‘taking the rise in HIV infections very seriously’ (6.10) lack the “prototypical” meaning characterising material processes, and, instead, call for a mental change in the perceptions and attitudes towards PWH and the virus.

(6.8) We all have to take responsibility for our own actions and I hope I did just that in my lifetime. I have come to bear the consequences for this now, but blame no one but myself. I made one stupid mistake - please don't be as stupid as me and come to pay for it with your life. (Hull Daily Mail, 1998)
(6.9) For those people, I have real sympathy. But we have to keep a sense of perspective about this. Aids is not the only, nor the most dangerous, incurable illness doing the rounds. (The Bristol Post,1998)
(6.10) "It may be that it is just a blip and will tail off but I think we have to take such a rise very seriously indeed. This will be a manifestation of complacency setting in." (Sunday Times, 2000)

(6.11) points to the practical, real necessity that HIV is incurable and can only be managed with unpleasant side effects, whilst (6.12) construes confronting AIDS as an inclusive requirement. 'Hoping' (6.13) that HIV becomes accepted and normalised is also an inclusive necessity.

(6.11) What we have to remember is that there is no cure, and the side effects of the drugs are distressing. Two-thirds of the UK population has not changed lifestyle to take on board the risk of HIV/Aids. (The Herald, 2000)
(6.12) We have to believe that evil can be overcome, that it can never have the last word. Aids is not a judgement upon evil, it is an evil in itself. (South Wales Echo, 2002)
(6.13) Perhaps we have to hope that if more people talk about HIV, it has to help - however Charlie Sheen mishandles it. (Mirror.co.uk, 2015)

Moreover, caution is appealed to as necessary, and couched in the relational-attributive process 'be' and the attribute 'careful' (6.14-6.16). Vigilance is held as a necessary attitude to maintain in order to prevent new infections, despite the availability and efficacy of combination therapies (6.14), and control complacent attitudes engendered by the misconception that AIDS is no longer a death sentence (6.16).

(6.14) 'We are probably about three years behind America in terms of Aids trends, so we will have to be very careful and vigilant about this.' In the US, the problems go beyond the complexity and expense of combination regimes. (The Observer, 1999)
6.15. That doesn't look likely. But we have to be careful. As an epidemiologist, it is better to describe what we can measure. There could be small outbreaks in some areas. (Daily Mail, 2008)
6.16. "The landscape is different. There's a perception that it's no longer a death sentence, so less care is being taken for prevention. But there is still no cure. We have to be careful about being too happy," he said. (Standard.co.uk, 2015)

6.2.2 EXCLUSIVE *WE*

Along with 'occupation' and 'expertise' as criteria adopted in Chapters 4 and 5 underpinning the exclusive uses of *we*, I have also identified the variables 'sex orientation' and 'HIV-positive status' as delimiting the referential scope of *we*.

6.2.2.1 THE MATERIAL CLUSTER

The following concordance lines contain what, as per definition, can be considered the most prototypical material processes. These, in turn, are clustered in thematic groups that reflect the public domain in which the 'concrete, tangible actions' are modalised as necessary. The main domains are 'medical intervention', 'charity-led intervention', 'notable-led intervention', and 'identity-related intervention'. Each of these will be discussed below.

6.2.2.1.1 MEDICAL INTERVENTION

The 'medical intervention' domain is characterised by STI experts, the NHS, and doctors who share the important professional duty of dealing with HIV prevention and treatment (6.17-6.20). Finally, it is also important to point out that, in this cluster, what makes this intervention a 'professional' one is not the process per se, but the source of the deontic statement identifying the deontic labour on behalf of the professional category they represent. Had this information not been provided, it would have been difficult to categorise these concordance lines as 'medical intervention'.

(6.17) We have a major public health problem that we have to face up to.' (Daily Mail, 2001; The Sun, 2001; The Bristol Post, 2001)
(6.18) Dr Goldberg says that in Scotland we have to maintain and improve intervention to prevent injectors spreading the virus and suggests that gay men present us with the major public health challenge. (The Herald, 1999)
(6.19) "We have to use this as a wake-up call to remember that HIV is still a formidable adversary." (the News of the World, 2005)
(6.20) This raises the question: "how long would we have to continue with the drugs to kill the virus? The answer, based on analysis and the limited experience so far, is one to two years, Dr Ho believes. (The Independent, 1996)

6.2.2.1.2 CHARITY-LED INTERVENTION

In this cluster, the type of intervention modalised is in line with the mandate and vision that are expected from charitable organisations, i.e. provide material, and moral support, lead information campaigns in the specialty field of the organisation in question, and establish a safe environment of camaraderie among the charity members. It is in this particular light that the concordance lines below are to be interpreted. The material processes point to these very values of moral support, camaraderie, and the role of education as a means of personal

protection against external threat (like HIV infections). Looking more closely at the co-text of the deontic tri-gram, a practical intervention is needed to counteract various problems and/or deficiencies. Specifically, Luton's Body Positive has to face the lack of funding to combat AIDS. This will result in the unintentional and unavoidable material process of 'having to close', against the charity members' will (6.21). This necessity is based on external circumstances which clash with what the members of the charity want or think they should do.

(6.21) She said: "If there is not enough money coming in, we will have to close". The grim local picture came as new UK figures revealed that the number of HIV cases in the UK had jumped nearly 20 per cent in the year. The Health Protection Agency said that there are 49,500 people in the UK living with HIV, nearly 20 per cent up on a year ago. (Luton Today, 2003)

On the other hand, people refusing to give up unsafe sex practices pose another problem with which the 'Mesmen Project' has to actively engage (6.22). This issue translates into the charity 'hav[ing] to work with them' to help reduce risks. A similar case scenario and follow-up intervention emerge in (6.23-6.27): in (6.23-6.24), the exclusive *we* representing respectively the Voluntary Service Overseas NHS Workers and the 'Gay Men's Health Crisis' association are the actors of the 'causative material' 'get somebody to do something', and 'make somebody do something': the causative construction in (6.23) is aimed at triggering the material 'stop' and behavioural 'listen', whilst in (6.24) it generates the mental outcome 'realise' connected with the fact that HIV-related awareness needs to be substantiated by material acts.

(6.22) 'There are people who are not prepared to give up having unprotected sex, so we have to work with them to make sure they at least know how to reduce the risks. 'If you start by having a single very simple prevention message you totally alienate these kinds of men.' (Birmingham Post, 2001)
(6.23) "We have to get people to stop and listen, to raise the profile of the disease again and make them realise that Aids is not something that we dealt with in the 1980s and can forget about. (The Sunday Herald, 2000)
(6.24) People with HIV and AIDS are now living longer than in the early years of the disease and need greater medical and welfare support. "We have to make people realise that putting on a red ribbon is not the same as really doing something," said Daniel Wolfe. (The Scotsman, 1996)

(6.25) Victoria Gamble, regional manager for THT, said: "A lot of people are being diagnosed but are not told anything about their illness. "With things like diabetes people get a lot of information but HIV is not talked about. "We have to fill that gap and provide that information." (Essex Chronicle, 2008)
(6.26) We have to re-establish community norms that promote safer sex. (Time Out, 2010)
(6.27) A spokesman for the National Aids Trust said […]: " We have to give people who are taking these therapies a lot more support, and also look at new, more effective and less unpleasant treatments." (The Gloucester Citizen, 2000)

6.2.2.1.3 NOTABLE-LED INTERVENTION

The third thematic cluster, labelled 'notable-led intervention' is instantiated by only two examples: (6.28) deals with those literary people that, having witnessed the AIDS crisis, find themselves in the necessary role of keeping the memory of past HIV/AIDS-related experiences alive for generations to come. At a political level, in (6.29), French President Chirac addresses both political and medical authorities and calls upon them to face the necessity to 'do everything possible' to guarantee treatments for everyone. This intervention falls mainly within the experts' remit.

(6.28) 'The next battle is getting stuff taught in schools,' he says. 'We lived through Aids, now we have to document all of that.' (The Guardian, 1997)
(6.29) Mr Chirac said. "We have to do everything possible to ensure that the new treatment be made available to those most in need of it". (The Irish Times, 2000)

6.2.2.4 'IDENTITY-RELATED ENDURANCE

The term 'intervention' has been used in the previous three categories to apportion a form of agency to the exclusive *we*. This, however, does not apply for the two concordance lines of the present category: indeed, whilst the exclusive *we* indexing respectively 'PWH'(6.30) and 'a gay couple'(6.31) is the grammatical subject of the active deontic tri-grams, the modalised process 'face terrible ignorance'(6.30) and 'take some special tests'(6.31) introduce a semantically passive construction. Consequently, PWH are cast as the goal of the processes, having no choice but to endure the public's ignorance about HIV, while 'gay men' are subject to discrimination, having to be tested for HIV to determine their eligibility for a mortgage.

(6.30) says Dr James Deutsch, a former biology lecturer at Imperial College and now chief executive of the Aids charity Crusaid. 'Not only do we still have to face terrible ignorance but people are deprived of being able to start treatment at the optimum time because they aren't being tested. (The Guardian, 1997)
(6.31) "Fishy." Lester, from Barclays insurance, who wears a ring on his left hand engraved with his initials, telephoned to say that in order to get life insurance to cover our mortgage, we would have to take some special tests. What tests exactly? "HIV tests," he said. Was this standard practice? "(The Times, 1997)

6.2.2.2 THE RELATIONAL CLUSTER

A survey of the deontic tri-grams establishes that academics acting as government advisers (6.40), THT (6.41) and the UK Department of Health (6.42) have to uphold as necessary the values of honesty and transparency when dealing with the HIV. This entails acknowledging the rise of HIV infections and the failure of HIV preventative messages (6.40), establishing a feasible and achievable plan to reducing infections, especially among gay men (6.41), and being patient and investing in the research to produce a vaccine against HIV to fight back the virus and curbing the social stigma associated with it (6.42).

(6.40) The Government adviser Prof Michael Adler, of University College, London, said the campaign was vital to educate young people. "We have to be honest that the rise in sexually-transmitted diseases and HIV means that the safer sex message is not being adhered to and that we have a major public health problem, " he said. (The Express, 2001)
(6.41) THT has been blamed in some quarters because of the stubborn increase in the number of gay men with HIV. "We have to be realistic about what is our aspiration. Is it zero new infections? (The Guardian, 2013)
(6.42) A vaccine will not end the prejudice with HIV but it will give us the means to go around it. The trouble is that a vaccine is still some distance away. There are encouraging signs but we will have to be patient and finance the research (The Guardian, 2014)
(6.43) "We have to make sure that the profile of HIV and Aids is kept in the public eye," said Councillor Francis-Davies. "The whole aim of this event is to raise awareness and Swansea Council is delighted to be involved with it." (South Wales Evening Post, 2001)
(6.44. Medical authority - Relational/assignment - We - Dr Gwenda Hughes, of the PHLS, said: "We have to make sure that young people, and young women in particular, have access to clear and accurate information about sexual health. " (Daily Record, 2001)

6.2.2.3 THE MENTAL CLUSTER

The mental tri-gram features in only two concordance lines (6.45-6.46) and identifies what is necessary to do at the level of 'thinking, knowing and understanding' (Eggins 2004: 225). In (6.45) Dr Pillay expresses the mental medical necessity of studying the constituent parts of a possible vaccine against HIV. (6.46) situates the mental necessity in an unspecified past when discriminatory attitudes to gay men and the very HIV and AIDS threats provided the external circumstances for gay men to gather together in organised groups and 'invent a sense of political legitimacy'.

(6.45) If vaccines are to be developed - which is ultimately the way to stop transmission - we have to know what are the important bits to put in a vaccine. (Birmingham Post, 2001)
(6.46) When we started Stonewall, the first activists founded the Terrence Higgins Trust in memory of their friend, and gay men in New York played dead in St Patrick's Cathedral as part of an Act-Up protest, we had to invent a sense of political legitimacy (The Guardian, 2004)

6.2.2.4 THE VERBAL CLUSTER

Finally, central to the discourse of HIV/AIDS is the theme of prevention and safety: its prominence is testified by the fact that it features across the whole scale of deontic modals analysed so far, and it tends to be conveyed through verbal processes. This holds true also for the *have-to*-based exclusive *we*. From surveying 6.47-6.54, it emerges that issuing the safe-sex message and keeping the sense of alertness alive is a necessity that lies primarily with the medical authorities and HIV charities. The prevention and health-safety message spans various subdomains, including the necessity to 'reach out to drug users and heterosexuals with HIV' (6.47), to remind younger generation of the importance of condoms as a defence against STIs (6.52), and of getting tested (6.54).

(6.47) He said: "Although HIV is a bigger problem among gay men and immigrants from Sub-Saharan Africa, we do have to reach out more to IV drug users and to heterosexuals with HIV." (The Express, 2010)
(6.48) Dr James Deutsch, director of the Aids charity Crusaid, said: "The message is very, very clear and it's the message that the gay community has been targeted with for years but now we have to broaden that message to the straight community as well." (Evening News (Edinburgh), 2000)

(6.49) "With every new generation there will be a new section of risk takers and we have to continually re-emphasise the message that those risks could ultimately cost them their lives." (Evening News (Edinburgh), 2000)
(6.50) One doctor said: "Although the overall figures are coming down, it's very worrying to see that the incidence among heterosexuals is rising. "The message we have to drive home is that it's dangerous to have unprotected sex with unfamiliar partners." (The Mirror, 2001)
(6.51) Ms Spindler said: "Nowadays people can be otherwise healthy with HIV and live relatively long lives. "But we have to point out this is not a pleasant disease, it dominates your life and is fraught with complications. The earlier someone gets tested the better, because if you leave it until you develop AIDS symptoms that is very late in the day, and life expectancy would already have been affected." (Evening News, 2008)
(6.52) Paxton says. "We have to communicate to people that this is not a replacement for condoms but an addition to condoms." (New Scientist, 2008)
(6.53) Professor Peter Borriello, the director of the Centre for Infections at the HPA, said: "We have to get the message across that a casual shag should not mean syphilis, gonorrhoea, chlamydia or any other STI. (The Independent, 2007, The Mirror, 2007)
(6.54) Dr Neil Irvine said: […] "We have to get the message out there for people to get themselves tested so that if they are HIV positive they will not spread it. Secondly the sooner you are diagnosed the better the outcome is." (The Mirror, 2011)

6.3 THE PRONOUN *YOU*

This section focuses on the second most frequent personal deictic *you* appearing 28 times.
The type of *you* that I will be dealing with is 'impersonal' (Breeze 2015), in that it is not used to address a potential reader in a dialogic way, but to point to a particular social group within the news story. The deictic scope of *you* is narrowed down through co-textual information.

The following analysis considers the deontic labour couched respectively in material (6.3.1), relational (6.3.2) and verbal (6.3.3) processes. Each transitivity-based section is further divided into thematic sub-sections.

6.3.1 THE MATERIAL PROCESS CLUSTER

The material-process-based concordance lines have been arranged into three categories which coincide with the classes of individuals indexed by *you*, and extracted using co-textual information. The categories of social actors are 'sex-performing adults' and 'PWH'.

6.3.1.1 SEX-PERFORMING ADULTS

Sex-performing adults are potentially exposed to the virus by simply having a sexual life. Therefore, the 'material' actions expected of these social group relate to the norms of safe sex: this translates into 'tak[ing] […] precautions' (6.55), and 'us[ing] a condom' (6.56). Despite being thematically similar, (6.57-6.59) introduce the other side of the safe-sex argument, i.e. the consequences deriving from failing to abide by safe sex. Here *have to* can be paraphrased as 'it suffices': (6.58-6.59) dispel the myth that viral infections affect only young and promiscuous people. On the contrary, it is sufficient to have sex 'once with an infected person to catch' infections (6.57), or have 'oral sex' or 'inject drugs' (6.58). The paraphrase 'it suffices' introduces an element of ambiguity in the way the modal verb has so far been analysed. The type of necessity that lines 6.57-6.59 introduce, I argue, is not necessarily deontic, whereby the subject of the deontic instance is compelled to perform the modalised processes. Rather, *have to* expresses a form of 'theoretical necessity' (Leech 1971: 77) which means that 'the possibility of the opposite state of affairs cannot even be conceived of' (ibid). This interpretation is also arrived at via a combination of the following cues that surround *have to* in lines 6.57-6.58. Specifically, the phrase 'in reality' (6.57), the noun phrase 'the myth' (6.58) and the main clause 'everyone has the ideas' (6.59) introduce the theoretical conditions for a situation (i.e. the deontic statement) to be true. This situation is, however, only theoretical and will not necessarily materialise and/or be true.

(6.55) Obviously, you have to take your own precautions. (The same will apply when the male contraceptive pill is invented. No sane girl will ever believe a boy who says: 'It's all right. I'm on the pill.') But why does any of this mean that we have to maintain an attitude of respect for bare- backing? (New Statesman, 2000)
(6.56) It is important for gay men to have the confidence to say what they want. It's not just about knowing you have to use (Daily Mail, 1998)
(6.57) But, in reality, these infections don't discriminate against age and you only have to have sex once with an infected person to catch them. (The Mirror, 2009)
(6.58) THE MYTH: You have to have sex to catch STIs. TRUTH: You can also catch through oral sex and sharing sex (3) injecting drugs. THE MYTH: HIV is mainly passed on by gay sex (The Mirror, 2010)
(6.59) Everyone has the idea that you have to sleep around to get HIV but I got it from my first boyfriend. "I never suspected I had it and found out by accident. (The Sentinel (Stoke), 2002)

6.3.1.2 PWH AND MATERIAL NECESSITY

This category is concerned with the more restricted group of PWH and related actions to implement. The main material action required of them is to 'take the medication' (6.62-6.67). Beside the modalisation of these actions as necessary are evaluating expressions showcasing the harsh reality that medication is not as easy a solution to HIV as it might appear (cf. the determiner 'rather a lot' (6.65), the adjective 'difficult' describing the drug therapy (6.66), the adverb and clause 'concertedly or they don't work' (6.67).

(6.62) "Every day that you wake up, you have to take your medication and the thought flashes through your mind: 'I'm HIV-positive.'" (The Mirror, 2003)
(6.63) "They can have a better quality of life," said John. "You have to take some treatments with food, some without, some with a lot of fat, so you have to have a strict diet. (Nottingham Evening Post, 1999)
(6.64) 'You have to take up to a dozen pills a day at carefully specified times - at meals, between meals, or whatever - and people can find schedules confusing,' said Dr Janet Darbyshire, of the Medical Research Council's HIV Clinical Trials unit. (The Observer,1999)
(6.65) He added: "Because now I'm on what's known as combination therapy, which is a range of different drugs that attack different parts of the virus, it means you have to take rather a lot of pills. (The Express, Western Mail, 2005)
(6.66) Even the drug therapy you have to adhere to is difficult. A lot of us have seen friends and loved ones endure pain and death. Believe me, it is not something we want to see anyone else go through unnecessarily." Mr Ward stresses how important it is to not be ashamed of HIV. (The Herald, 2001)
(6.67) They are still difficult to take and you have to take them concertedly or they don't work. (Time Out, 2002)

6.3.2 THE RELATIONAL CLUSTER

The following concordance lines construe a necessary or non-necessary SoA, based on the polarity of *have to*. The social groups indexed by *you* are 'general public' and 'PWH'.

6.3.2.1 GENERAL PUBLIC

You indexes the general public in (6.69). Here the relational deontic tri-gram construes the necessity of being respectful of everyone 'regardless of […] race, sexual orientation'.

In the remainder of the concordance lines, HIV is presented as a necessity that applies exclusively to a particular social group (e.g. gay, or drug addicts) nor is it connected exclusively to promiscuity (6.70-6.72), dirtiness (6.73), or irresponsibility (6.74). The same

lack of necessity is found in (6.75) whereby in order to 'appreciate AIDS' as a public health issue, one does not 'have to be an epidemiologist'. The main contribution of these deontic trigrams lies in their role of deconstructing the HIV myths, and introduce a correct and fairer understanding of HIV. The type of necessity that emerges from lines (6.71-6.73) is similar to the one highlighted in lines 6.57-6.58: that is, a form of 'theoretical' necessity, rather than purely deontic. *Have to* is used here to entertain a possible state of affairs that will not probably come true. This deduction is confirmed by the negative markers prefacing the deontic statements 'it is not true that' (6.71), 'not that' (6.72) and 'I don't think' (6.73).

(6.69) You have to be genuinely respectful of people, regardless of which side of the tracks they are born, colour, gender, race, sexual orientation, etc." (The Guardian, 2001)
(6.70) I am very pleased to hear that Rent is coming to London. You don't have to be gay or know someone who suffers from Aids to appreciate it. (The Guardian, 1998)
(6.71) A Hywel Dda spokeswoman said: "It is not true that you have to be promiscuous, homosexual or an injecting drug user to become infected - HIV can infect anyone. "The best way to protect yourself from HIV and most other STIs is using a condom." (Carmarthen Journal, 2013)
(6.72) It is now estimated that as many as one in eight gay and bisexual men living in London is HIV positive. Not that you have to be gay, bisexual, male, or even young to be at risk – (The Times.co.uk, 2015)
(6.73) Tanya White, 19, a supermarket worker from Camberwell, S London, said: "It's a sexually-transmitted disease and I don't think you have to be dirty to get it. I think people who do drugs are more at risk than those just having sex." (The Mirror, 2001)
(6.74) Fry was careful to point out that you did not have to be irresponsible to contract HIV. (The Times, 2007)
(6.75) You don't have to be an epidemiologist to work out that if 2,640 people are diagnosed with an incurable disease and only 153 die, the number of people known to be living with the disease will rise. (Prospect, 2008)

6.3.2.2 PWH AND RELATIONAL NECESSITY

The second social group indexed by *you* is PWH. Here the 'state of being' comprises those behaviours that are modalised and construed as necessary only for PWH. So, being HIV-positive demands particular attention about how one manages one's own life and potential health-related risks (6.76), as well as 'be[ing] aware' that people might react differently to their HIV status (6.77). Moreover, as PWH, it is necessary to 'be positive'(6.78), 'aware' of the uncertainty that this condition brings into one's life (6.79), and 'honest' with one's family regarding one's status (6.80).

(6.76) "You are more susceptible to things like colds so you have to be really, really careful. But it is something you learn to manage over the years." Andy found out he was HIV positive in June 1998 (The Mirror, 2011)
(6.77) That was a big concern of mine, if you're going to tell people you have to be aware of the varying responses you get." He sounds philosophical about his illness, but it wasn't always so. (Evening News (Edinburgh), 2000)
(6.78) "I've been in and out of hospital more often than I would have liked this year because my immune system is shot, and I have seen some very poorly people. "But you have to be positive." (Express Echo, 2002)
(6.79) 'The problem is the uncertainty. You have to be aware that at any point all this could be taken away from you. (Birmingham Evening Mail, 2001)
(6.80) Robert adds: "So many people I have known have died and their families have perhaps not known about their HIV. I think you have to be honest with your family. (Evening News (Edinburgh), 2000)

6.4 PEOPLE

The deictic 'people' is taken to function in a similar fashion to the 'impersonal' *you*. *You* is normally contextualised in relation to an ideal addressee/reader (especially when used dialogically), when used impersonally, it fails to establish a form of contact with the addressee/reader. 'People' can be seen as creating a form of detachment, the latter being less likely to be contextualised in relation to the addressee, and more likely in relation to the speaker. The speaker uses 'people' to identify some agency from whom s/he distances her/himself, setting up a separation between the 'I speaker' and the rest of the social actors.

The referentially wide scope of 'people' can be narrowed down using co-textual information. Modifiers and qualifiers flanking 'people' make up what Russell (1905 in Lyons 1977:179) calls 'definite description', since they 'provide the hearer or reader with a description of the referent, which is sufficiently detailed, in the particular context of the utterance, to distinguish from all other individuals' [e.g. the general 'people'] (ibid). Therefore, the modifiers 'gay' and 'young' in 'gay people', 'young people' have the affordance to restrict the scope of reference of 'people'.

The analysis of the 'people'-based concordance lines considers the modalised processes using TS. Each transitivity category looks at the more or less definite group of social actors indexed by 'people'.

6.4.1. THE MATERIAL CLUSTER

6.4.1.1 DEICTICALLY INDEFINITE PEOPLE

The first type of intervention to be reviewed is the one couched in material processes.

At the most general, unspecified end of the cline sits the collective deictically indefinite 'people' as the actor of the metaphorical material process 'take responsibility for themselves' (6.84), in order to avoid HIV transmissions and contagions. In (6.85), 'people' feature in the passive deontic tri-gram as the recipient of the medical necessity 'be[ing] diagnosed with having the illness' before receiving treatments and living a long and active life. These modalised processes are seen as first and foremost construing a practical necessity. Whilst it can be said that 'tak[ing] responsibility' has moral implications, prominence is given, however, to the practical circumstances of the SoA: namely, staying HIV-negative goes together with the practical necessity to be aware, alert and responsible for one's own health.

(6.84) People have to take responsibility for themselves and for that reason don't think it's necessary for this guy to tell any future lover. If he's careful and they're careful, there is a minimal risk of passing on the virus. (Daily Record, 2005)
(6.85) However, he highlighted that people first had to be diagnosed with having the illness by getting tested. (Chester Chronicle, 2015)

6.4.1.2 'GAY PEOPLE'

The material processes in (6.86-6.87) construe the injustices and prejudices that gay people have been forced to endure, i.e. 'cop[ing] with [the] stereotype image of dirty old men' (6.86) and not being unfairly treated by insurers, based on prejudices (6.87). These are necessities that do not engender positive changes, since they clash with the interests of 'gay people'. However, the act of mentioning them makes it possible to challenge them.

(6.86) For so long gay people have had to cope with a stereotype image of dirty old men who prey on young boys. (Sunday Mirror, 1999)
(6.87) Gay people in particular are likely to have to wait a long time before insurers view their sexual preferences in the same light as they do promiscuous heterosexuals. (The Independent, 1997)

6.4.1.3 'YOUNG PEOPLE'

The characterisation of *have to* as a means to allocate some deontic labour based on 'practical and functional' criteria looms particularly clear in (6.88). Here the deontic labour is of a medical nature and is issued by doctors that operate in the field of HIV prevention. External physical circumstances suggest that 'young people' do not regularly use condoms once they enter a long-term relationship. In response to this, Dr. Tyler argues for the use of condoms among young people as a practical necessity to implement in order to tackle the rising number of HIV infections.

(6.88) She [Dr. Jean Tyler] said: "Young people know they have to use condoms but they very quickly stop using them once in a regular relationship. (The Gloucester Citizen, 1998)

6.4.2 MENTAL PROCESSES

The type of intervention at the mental level allocated to 'people' concerns the importance of understanding that anti-retroviral treatments do not qualify as a cure and that HIV is still a chronic condition that, if left untreated, degenerates into the AIDS stage (6.95). This appeal is also relevant to the more specific group of 'young people' (6.96). Finally, (6.97) refers to the medical fact that HIV is a chronic condition that can be treated but not fully cured yet. Finally, the realisation that 'if you have HIV, it is with you for life' (6.97) is presented as a practical mental necessity which applies to the 'people' in general.

(6.95) "But people have to understand that these are treatments not cures and there are still people dying in the North West from HIV. " (Daily Post (North Wales), 2002)
(6.96) "Young people today, both gay and straight, are contracting the HIV virus in increasing numbers. Young people have to realise recent advances in treatments are not a cure." (The News of the World, 2002)
(6.97) He warned: "I think what a lot of people have to realise is that, if you have HIV, it's with you for life. (The Sun, 2009)

6.4.3 THE RELATIONAL CLUSTER

Awareness and knowledge of how HIV contagions occur feature also in the relational cluster. 'Hav[ing] adequate knowledge' (6.98), 'the [right amount of] information' (6.99) and adapting their sexual behaviours (6.100) are some of the necessary prerequisites for young people and 'people' in general to abide by for a healthy life.

(6.98) 'You don't want them to be anxious, you want them to be safe, but they [young people] have to have adequate knowledge to do this.' 'I never knew anyone with HIV,' said Clint Walters, who contracted the virus at 17. (The Observer, 2001)
(6.99) The only way to stop the rises in HIV infection is to change people's behaviour. And to change their behaviour, people have to have information. (Daily Post (North Wales), 2005)
(6.100) "Since the advent of HIV, people have had to become much more explorative, and now sex is not just about penetration. Bisexualism is increasing among women simply because of dissatisfaction with men. (The Independent, 1997)

6.5 INFREQUENT PERSONAL DEICTICS

The measures taken to deal with the infrequent personal deictics are as follows: the deictics are organised into three groups: 1. the social institutional body, 2. the lay and private body and 3. PWH. The deictics populating the three groups are, in turn, arranged on a CoS. The ultimate purpose of this is to overcome the fragmented nature of the deictic population and foreground the expert, lay and PWH agencies that are at work in the discourse of HIV/AIDS.

List A

1A. Social institutional body (10)
a. Collectivisation (institutions and organisations) (5)
(The government: 1), (governments: 1), (health authorities: 2), (AIDS organisations: 1)
b. Functionalisation (5)
(Health economists: 1), (they =health economists: 1), (these celebrated new theorists: 1), (they =Tory health ministers; 1), (Mr Ahern: 1)

2A. Social private body (9)
a. Collectivisation: (9)
(The rest of the village: 1), (society: 1), (generation who: 1), (the rest of the world: 1), (thousands of people: 1), (younger generation: 1), (everyone: 1), (people more complacent: 1), (they =people: 1)

b. Identification according to: (23)
b1. Sexual orientation: (6)
(Gay men: 1), (homosexuals: 1), (most heterosexuals: 1), (gay couple: 1), (most gays: 1), (they =gay men: 1)
b2. Sex (+ medical condition): (8)
(He =a man on the pill who doesn't have to wear a condom: 1), (women who have to be tested: 1), (a third (of gay men and people who get sex diseases repeatedly – waiting for an HIV test: 1), (the men: 2), (they =some men who want to take PrEP to cut the risk of infection: 1), (13 HIV negative men: 1), (a woman: 1)
b3. Individualisation: (3)

(I: 1), (I as a person that had an HIV test: 1), (I as an individual at risk who has to be responsible: 1)

b4. Relational: (5)

(Others including her own children and close family: 1), (who =family with ill relatives: 1), (they =the family of a person who is dying of AIDS: 1), (family of HIV+ people: 1), (thousands of fans: 1)

b5. Other: (1)

(Priests and others: 1)

3A. People with HIV (88)

a. Collectivisation: (16)

(They =people with HIV: 6), (people with the condition: 1), (people with HIV: 2), (others =people with HIV: 1), (people with HIV in rural areas: 1), (those who survive: 1), (they =people with HIV: 1), (some =people with the virus: 1), (people who find they are HIV positive: 1), (they =people living with the illness: 1), (some =people with HIV: 1), (all HIV positive people: 1), (many people [with HIV]: 1)

b. Identification: (72)

b1. Sex: (3)

(she =a woman who went through the trauma of HIV diagnosis: 1), (HIV positive guys: 1), (they =women with HIV: 1)

b2. Age: (5)

(they =other teenagers (who may not even be told they are HIV+ and they are not taking any medicines): 1), (many teenagers at the project: 1), (every gay men aged 66-70: 1), (they =young people in the developed world with the illness: 1), (children: 1)

b3. Sexual orientation: (1)

(gay men: 1)

b4. Functionalisation: (15)

(one person (may only have to take one or two tablets): 1), (the person =anyone who stops taking the medication: 1), (the person with HIV: 1), (some patients: 1), (sufferers: 1), (many HIV sufferers: 1), (patients: 3), (users of combination therapy: 1), (they =patients: 1), (HIV sufferers: 1), (sufferers such as Michael: 1), (they =HIV sufferers: 1), (victims: 1)

b5. Individualisation: (48)

(I: 26), (I =one gay man from Grimsby: 1), (I = person who found out later to have contracted HIV instead of using PEP: 1), (I =Andrew Sullivan: 1), (he: 10), (she: 4), (Photographer Edo Zollo: 1), (John: 1), (Matthew who has struggled with HIV through his adolescence: 1), (the judge Cameron: 1), (Everett: 1)

b6. Relational: (2)

(they =the parents with HIV: 1), (the couple: 1)

6.5.1 Expert agency

The first thematic cluster to be analysed considers the social actors indexed in the role of medical and political authorities, and those working in the prevention/education sector.

6.5.1.1 THE MATERIAL CLUSTER

The political class emerging from the concordance lines reported below spans British tory health ministers (6.103), the Serbian government (6.104) and city councils (6.105). Here, the political social actors recognise the material necessity to intervene based on the external physical circumstances that characterise the SoA in which they operate. To note is also the past tense of the modalised processes situating the necessary intervention in a particular historical time. The Tory health ministers are represented as being aware of the crucial social and political necessity to 'act' without unsettling the political equilibrium and, most importantly, in order to 'face the threat of an AIDS epidemic' (6.103). The same compelling necessity applies to the Irish politician Mr Ahern, who, in light of the number of HIV contractions, was confronted with the necessity 'to face up to the spread of the disease in [his] country' (6.105).

(6.103) As it became apparent that the country faced the threat of an Aids epidemic, Tory health ministers knew they had to act, but wanted a semi-official organisation to lead public health campaigning to avoid the political problems of being open and frank about gay sex and safe sex: (The Guardian, 1999)
(6.104) He said the government would have to take over and finance therapy for AIDS cases. Serbia is second in the number of AIDS cases in central Europe, after Romania. (BBC Monitoring Europe Political, 2005)
(6.105) Mr Ahern added: "Like many other political leaders I have had to face up to the uncomfortable facts about the spread of this disease in my own country." (The Mirror, 2001)

In (6.106), the government's acknowledgement that HIV is a social and medical issue raises the necessity to finance services for 'junkies, sex workers, and gay men'. Moreover, the fact that these social groups are described as not traditionally popular among voters suggests a slippage between the way HIV and related social actors are 'medically' treated, and the way in which the public opinion struggles to catch up on this new approach. Indeed, the application of the HIV-related deontic labour across the social spectrum does not always correlate with the approval of society as a whole, nor does it necessarily lead to a form of rehabilitation of the social group traditionally associated with HIV.

(6.106) Governments don't want to because it would mean recognising that if they want to deal with HIV they have to spend money on services for junkies, sex workers and gay men - groups that don't top the popularity stakes with voters. (The Times, 2008)

The deontic labour allocated to the 'health authorities' and 'AIDS organisations' falls within the medical and prevention remit and involves leading prevention campaigns, making medication available, and offering support to PWH. However, adversarial external circumstances create SoA where the aforementioned social actors find themselves in the position of having to intervene 'out of necessity' at the expense of their moral principles. So health authorities are represented in the difficult position of 'fund[ing] the drugs by making desperate cutbacks in spending on AIDS prevention [programme]' (6.107), and 'mak[ing] difficult choices' (6.108). Similar conditions, albeit less damaging for one's moral principles, work against the AIDS organisations who 'have had to fight their corner for resources' (6.109).

(6.107) Health authorities are having to fund the drugs by making desperate cutbacks in spending on Aids prevention, health education, and needle-sharing programmes for drug users. (The Observe, 1999)
(6.108) "The cost of the treatment is putting a lot of strain on health authorities who have to make difficult choices, but the North compares favourably with the rest of the country for the provision of multiple therapy drugs." (Evening Chronicle, 1998)
(6.109) "They made it as hard as possible to run a service," says one woman who regularly attends the group. As Aids organisations have had to fight their corner for resources in the new purchaser/provider marketplace, the idealism that existed in the eighties has evaporated. (The Guardian, 1996)

6.4.5.1.2 THE MENTAL CLUSTER

The deictics 'health economists' and 'new theorists' are faced with the mental necessity to 'make a judgment about' what is financially sounder, i.e. offering prophylactic treatments to HIV-negative gay men as a form of prevention, or distributing medical treatments to cure HIV-negative men (6.110-6.111). These decisions have important repercussions on the HIV prevention and treatment. Similarly, understanding and providing explanations regarding why particular social groups were affected by HIV was and still is a relevant necessity falling upon the deictic 'these celebrated new theorists' (6. 112).

(6.110) Health economists will have to make a judgement about whether it makes financial sense to offer prophylactic treatment to HIV-negative gay men. (The Independent, 2015)
(6.111) To do this they will have to weigh up a few numbers. The first is the cost of prophylactic treatment with Truvada (The Independent, 2015)

(6.112) However, if HIV was not the explanation, then these celebrated new theorists still had to come up with alternative explanations for the incidence of AIDS within gay and male populations. (The Scotsman, 2000)

6.5.2 LAY AGENCY

The second group of social actors includes the personal deictics that designate a lay intervention. It must be noted that the pronouns *we* and *you* (sections 6.2, 6.3), when used inclusively, belong to this type of agency. However, they were analysed separately due to their high frequency, as opposed to the deictics in this section.

The review of the deontic labour allocated to 'the public' is organised into transitivity-based subsections. I also emphasise the extent to which the deontic labour is distributed across the social spectrum, i.e. whether it tends to be clustered around general and collective or more specific social actors.

6.5.2.1 THE MATERIAL CLUSTER

Below are reported the personal deictics that occur in the material-process-based tri-grams. They are presented in clusters, according to the level of specificity they index

Collectivisation: the rest of the village, society, generation who, the rest of the world, thousands of people

Identification:

- *Relational*: others including her own children and close family, who (family with ill relatives), they (the family of a person who is dying of AIDS), who (family with ill relatives)

- *Sexual orientation*: gay men, homosexuals, most heterosexuals, gay couple

- *Sex + medical conditions*: he (a man on the pill who doesn't have to wear a condom), women who have to be tested, a third (of gay men and people who get sex diseases repeatedly – waiting for an HIV test), the men, they (some men who want to take PrEP to cut the risk of infection), 13 HIV negative men

- *Other*: priests and others

(6.113-6.114) represent AIDS as something that potentially affects everyone: as such, AIDS is a necessary medical and social condition that the collective 'the rest of the world' (6.113) and society (6.115) are called on to face.

(6.113) Such a view is understandable but, with World Aids Day today, we cannot let the hopes of Western victims blind us. They may now survive but the rest of the world still has to deal with 'Aids, the global epidemic'. Today alone, around 8,500 people will become infected by HIV. (The Observer, 1996)
(6.114) 'This is a generation who have had to grow up and come to terms with Aids - the first generation to do so,' he said. (Daily Mail, 1997)
(6.115) "AIDS infringes upon people too. If we're going to stop this epidemic, this is a responsibility that society has to shoulder." (New Scientist, 2009)

Moving down the CoS, the 'identification' subcategory further sub-divides along the criteria of 'sex', 'sexual orientation' 'relational' and 'other'. Regarding the category 'identification-sex', the tangible measures that are hailed as necessary for the deictics 'women', and '13 HIV-negative men' are necessary tests prior to any planned pregnancies (6.116), receive Truvada for study purposes (6.117). These measures are not implemented by the above mentioned personal deictics since these appear in a passive construction. This entails that the modalised material processes are presumably operationalised by the medical experts.

(6.116) With the right treatment and care the babies of HIV-positive women have a good chance but the women have to be tested first." Support groups fear that youngsters are no longer taking the precautions they should to protect themselves. (The Journal, 1999)
(6.117) Another way of looking at this is saying that 13 HIV-negative men will have to be given Truvada in order to prevent one infection - which is actually quite a good hit rate for this kind of prophylaxis. (The Independent, 2015)

The deictics 'gay men' and 'most heterosexuals' included in the category 'identification – sexual orientation' are represented as the actor of the material 'take the test' (6.118) and of the metaphorical material/mental process 'confront/imagine' (6.119). (6.118) makes reference to the discriminatory attitudes against gay men which are predicated upon the misconception that HIV affects only particular social groups. The adverb 'still' calls attention to the unjust and obsolete necessity of 'tak[ing] the [HIV] test' which applies to gay men only in order for them to qualify for a mortgage or life insurances. By way of comparison, (6.119) argues that the 'spectre' and the misconstrued 'reality of AIDS inevitably' linked to

sex and death that has characterised the gay community has not impacted heterosexual people as significantly. Consequently, the necessity to 'confront' the spectre of AIDS was an obsolete necessity for the heterosexual community.

(6.120-6.121), instead, overturn the strong and necessary relationship between 'gayness' and 'HIV'. The negative *have to* construes the lack of necessity to wear a condom if a gay man is on the pill, or 'to tick the box' to say that gay couples signing a mortgage has been exposed to the HIV virus.

These necessities (6.118-6.121) are external ones based on external conditions and do not necessarily align with the wishes of the agent presumably. This is particularly the case for the discriminatory necessities to which gay men were and are still subjected. The modalised processes point to burdensome current actions.

(6.118) Equal treatment? The stage at which insurers demand HIV tests seems to vary dramatically, and confusion among staff means that some gay men are still having to take a test to assure a small amount. (Independent Save Spend, 2008)
(6.119) And no doubt for gays, the spectre and reality of AIDS inevitably link sex and death in a way that most heterosexuals don't have to confront, or even imagine. (The Irish Times, 1999)
(6.120) At a time when the NHS is under immense financial strain - some might say bankrupt - it may seem odd to suggest that the health service pay nearly £500 a month for a gay man to take a daily pill so that he doesn't have to wear a condom. (The Independent, 2015)
(6.121) However, he says because a couple is gay, it does not mean they have to tick the box which states they might have been exposed to HIV. (The Irish Times, 1999)

The deictic subcategory 'identification-relational' shows that HIV does not impact only PWH, but also the life of people, family and friends around PWH. The medical impact is when one of the parents of a family is diagnosed with HIV. The consequent medical and practical necessity consists in testing the other partner, children and connected family members (6.122). HIV diagnosis mobilises social attitudes that affects also the family entourage of PWH. HIV brings families closer, through the support of the gay community (6.123), and forces them 'confront their past' (6.124).

(6.122) "She was distraught when she discovered she was HIV positive." Others, including her own children and close family had to be tested too and her parents had to be told - her father suffering a stroke not long afterwards. (South Wales Echo, 2015)
(6.123) We have supported our friends as they have become ill, and we have worked hard in maintaining good relations with families who have had to face so much. We may be homosexual, we may be promiscuous, we may even use drugs, we are certainly different. But we are also human. (The Guardian, 1996)
(6.124) Now, years later, Declan is dying of AIDS. The family have kept their distance from each other for so long that, inevitably, nursing Declan in the shabby seaside home, they have to confront their past. (The Irish Times, 1999)

6.5.2.2 THE VERBAL CLUSTER

At the more general end of the CoS is the deictic 'the younger generation' construed as the target of the passive verbal process 'has been told' and of the verbiage 'that it takes just one night of unprotected sex' to catch HIV. At the more specific level of identification, under the category 'sexual orientation', the deictic 'most gays' is put in the position of 'answering lifestyle questions' (6.126) as a result of (presumably) external conditions which make the imposition binding and hard to rebel against.

Similar external circumstances (in this case relating to preserving one's positive face, à la Brown and Levinson 1987) apply in (6.127-6.128): both the 'relational' deictic 'families [of PWH]' and the individualised deictic 'I' are linked to the needed process 'to lie' in order to protect their loved ones with HIV, and 'to shout about […] the needs of PWH', respectively.

(6.126) "Most gays are affronted by having to answer lifestyle questions. If someone is genuinely homosexual and HIV negative then they are practising safe sex, so where is the increased risk to the insurer? (The Daily Telegraph, 2001)
(6.127) For not only do people with HIV/AIDS have to make excuses for their situation when they fall ill, their families might have to lie on their behalf as well. (Western Mail, 2002)
(6.128) "When I started in a support group there were only four of us - now there's only me left and I feel that I still have to shout about it. (Scotland on Sunday, 1996)

6.5.2.3 THE RELATIONAL CLUSTER

Two of the relational tri-grams identify necessities (or lack of necessity, with negative *have to*) regarding the importance of safe-sex. The sequence 'they don't have to be careful any

more' (6.129) is to be intended as a critique levelled at 'young gay men and heterosexuals' for ignoring the necessity to adopt sex-sex, based on the misconception that HIV is now curable. Personal responsibility is also allocated to 'everyone' (6.130), while tragic events occurring around Elton John make the singer cognisant of his role to campaign for the communities affected by AIDS (6.131).

(6.129) Craig agrees. "I know some young gay men and heterosexuals as well who think it's all over - that there is a cure and that they don't have to be careful any more. That's so untrue. Combination therapy is not a cure (The Scotsman,1998)
(6.130) As a gay man yourself, you must also be aware that everyone has to be responsible for themselves and that means they follow the 'safe sex' message at all times and don't take the risk of picking up an infection. (Daily Record, 2002)
(6.131) As my gay friends died secretly, in pain, I knew this was the struggle I, as a gay man, had to be part of and do something about. (The Sunday Times, 2015)

6.5.2.3 THE MENTAL PROCESSES CLUSTER

Mental deontic labour is allocated to:

- the all-encompassing deictic 'people' for the complacent attitude towards sex, so that they 'realise that HIV hasn't gone away'(6.132);
- the more restricted group of 'thousands of fans' of Elton John, who are called upon to heed the same necessity (6.133);
- the men who 'have to want to change their behaviour', in order to make prevention work successful (6.134).

(6.132) I think that, now, people have become complacent. "But they have to realise that HIV hasn't gone away and they need to protect themselves. (Aberdeen Press and Journal, 2004)
(6.133) I'm not saying this because I'm looking for a soft cushion wherever I'm heading, I just feel that I've got thousands and thousands of young fans that have to learn about what's real when it comes to Aids. (The Guardian, 1996)
(6.134) A key factor necessary for this approach to work is that the men have to want to change their behaviour. (Nursing Times, 2005)

6.5.3 PWH

6.5.3.1 THE MATERIAL CLUSTER

One way of navigating the high number of PWH-based tri-grams is by identifying the social areas where the deontic labour is required. The social areas are:

- 'Medical reality' includes the specific medical practices to follow when living with HIV;
- 'Social and personal reality' refers the social and personal circumstances with which PWH have to deal either in public spaces such as at work or in hospital, or privately;
- 'Social attitudes', unlike 'social and personal reality', comprise all the explicit references to positive/negative attitudes mobilised towards PWH.

6.5.3.1.1 THE 'MEDICINE-REALITY' CLUSTER

Material deontic labour of the 'medical-reality' category is allocated to the collective deictics 'PWH'. The construed necessity is defined by medical conditions which transcend the intentions of the social agents. By complying with these external measures, PWH are able to carry out normal life without too many health-related complications.

PWH are presented as necessarily bound to a regime of medication to take (6.135-6.141), to a potential range of side effects to endure (6.142-6.143), and external conditions, such as long distances to walk, in order to get access to the medication needed (6.144).

These external conditions underpinning the abovementioned material processes reinforce the portrayal of have-to-based deontic labour that is functional/circumstantial.

Due to the external nature of this imposition, we can argue for a form of helplessness built into the tri-grams: the social actors have to accept and act upon the modalised processes in order to carry out a normal HIV-positive life, with a life expectancy similar to the HIV-negative one. Therefore, having to take tablets, or endure side-effects are presented as a hard trade-off to accept and act upon.

(6.135) "If treatment is stopped for any reason, the person has to be treated with a new set of drugs because the virus can re-occur. (Express Echo, 2000)

(6.136) When the new drugs become available they will only have to take one or two. (Daily Post (North Wales), 2001)
(6.137) The drugs regime people have to stick to is horrendous. (Belfast Telegraph, 2000)
(6.138) At the moment people with HIV have to take between two and 30 tablets per day. When the new drugs become available they will only have to take one or two. (Daily Post (North Wales), 2001).
(6.139) They may be told they have to take medicines to stay well, but their parents feel unable to tell them their diagnosis, despite staff's efforts to persuade them. (The Observer, 2000).
(6.140) One person may only have to take one or two tablets a day, another 46 tablets. (The Argus (Newsquest Regional Press), 2014)
(6.141) Others may have to live the rest of their lives taking ten or more pills a day, constantly dealing with unpleasant side- effects such as dizziness and nausea. (The Times, 2010)
(6.142) However, those who do survive often have to cope with unpleasant side-effects and, too often, a life of secrecy. (The Evening Standard, 2004)
(6.143) HIV has now been reclassified as a long-term chronic illness and people with the condition are having to deal with 'new' HIV-related issues. (Nursing Times, 2002)
(6.144) In rural areas, people often have to travel long distances, only to find there are no drugs available. (The Independent on Sunday, 2013)

6.5.3.1.2 THE 'SOCIAL-AND-PERSONAL-REALITY' CLUSTER

The 'social-and-personal-reality' category includes the deictically general 'collectivised' deictics, such as 'PWH', and the more deictically specific 'identification' subgroup, such as 'HIV-positive guys', 'gay men aged 66-70', or more personalised ones, pointing to individuals such as Everett, judge Cameron).

The types of necessity identified in this category is very similar to the one described in the medicine-related category. Namely, there is a form of inevitability and lack of control over the social and personal reality: the actors of the modalised material processes are not in the position of negotiating the terms of the deontic labour. Instead, they are expected to accept their social and/or personal circumstances and comply with them. Specifically, for PWH (referred to as 'they'), the virus is 'just another piece of crap they have to deal with' (6.145), they 'have to face problems [daily]' (6.146), gay men aged 66-70 'had to go through test[s] to get cover' for a loan (6.147).

(6.145) "For these people infection is not the focus of their lives, getting money or drugs is. HIV is just another piece of crap they have to deal with. They do not deal with it well in terms of managing their illness. The regime is difficult so they do not adhere to it. (The Irish Times, 1997)
(6.146) Despite his tragic story he's so supportive of other people living with HIV and understand the problems they have to face on a day to day basis." (Daily Record Sunday Mail, 2013)
(6.147) Compass found evidence to suggest that even gay men aged 66-70 in civil partnerships had to go through the test in order to get cover when applying for a sum as low as £25,000. (Independent Save Spend, 2008)

6.5.3.1.3 THE 'SOCIAL-ATTITUDES' CLUSTER

Finally, the concordance lines featuring in this category deal with how PWH have to respond to discriminatory behaviours and stereotypes for which society is to be held responsible. There is very little variation in the type of actions that the deictics are required to perform in response to injustices and stigma. A series of defence strategies range from the more passive/ 'submissive' ones such as 'cope with' people's ignorance (6.152) and 'rejection from friends family and colleagues' (6.153), 'face appalling discrimination and suspicion (6.154), to the more reactive ones, such as 'defend himself when people have called gay men with HIV "filthy" to their faces' (6.155), and 'put a stop to the onslaught' (6.156). I argue that seeing these material processes as 'coping strategies' contributes to foregrounding the deontic value encoded by *have to*: namely a circumstantial, practical necessity to be enforced with the aim of counteracting discriminatory social attitudes. This necessity is less motivated by moral stances which would justify the intervention as morally right.

(6.152) But one of the hardest things he has to cope with is ignorance of his condition. (Daily Record Sunday, 2013)
(6.153) There is still a great deal of stigma about HIV/AIDS, which results in people with the virus finding it difficult to talk to others about it. Some have to deal with rejection from friends, family or colleagues. (Newham Recorder, 2010)
(6.154) Decades after HIV and AIDS were first announced to the world, sufferers such as Michael still have to face appalling discrimination and suspicion. (Daily Record Sunday Mail, 2013)
(6.155) But not everyone has been so understanding. He has had to defend himself when people have called gay men with HIV "filthy" to their faces. (Essex Chronicle, 2010)

(6.156) He said: "I am HIV positive and I have to put a stop to the onslaught, this barrage off attacks of sub truths and very harmful and mercurial stories that are about me that are threatening the health of others. (Mirror.co.uk, 2015)

6.5.3.2 THE MENTAL CLUSTER

Like in 6.5.3.1, the mental processes are organised into the same thematic subcategories 'social attitudes', and 'social and personal reality'.

6.5.3.2.1 THE 'SOCIAL-ATTITUDES' CLUSTER

The deontic labour construed by the modalised mental processes is mapped upon the affordances of the present deictics. Specifically, realising that HIV is cause of rejection, and ignorance is a mental necessity that applies to all PWH (6.157-6.158). Mental reactions become more personal and unique as the deictic scope of the deictic narrows down to identify single individuals, such as 'he' and 'she'. 'He' is to 'come to terms with AIDS […] and […] prejudices' (6.159), whilst 'she' finds herself in the difficult, but necessary situation of reconciling herself to the fact that she is responsible for her son's HIV-positive status (6.160).

(6.157) 'People are still horrified and will reject someone when they learn they have HIV. But they have to realise it is part of the package. That person is the same person, they are just positive.' (Birmingham Evening Mail, 2001)
(6.158) People who find they are HIV positive have to suffer fear, isolation, prejudice and social exclusion. (Wales on Sunday, 2005)
(6.159) Not only did he have to come to terms with Aids, he had to come to terms with the attendant prejudices. (The Guardian, 1999; The Irish Times, 1999)
(6.160) A former drug addict, one of the hardest things she has to bear is the fact that she sees his infection as her fault. " (The Irish Times, 1997)

6.5.3.2.2 THE 'SOCIAL-AND-PERSONAL-REALITY' CLUSTER

The category includes a large range of situations and personal episodes imposed upon PWH-related deictics across the various levels of the cline of specificity.

After contracting the virus, thinking of life as finite and uncertain becomes a necessity with which PWH have to engage, willy-nilly. This is a necessity allocated to 'all PWH' (6.161), and a series of 'individualised' deictics who, in their recount of personal private life

experiences, refer to themselves as ‘I’ (6.162-6.166), ‘she’ (6.167) and ‘he’ (6.168). The virus is also seen as a living thing that lives within the body of the person infected. In order to be able to mentally cope with this, PWH finds themselves in the necessary, inescapable position of learning to ‘accept’ and ‘manage it’ (6.163), and ‘love’ the HIV-induced medical implications (6.165). These necessities are not based on moral principles, but on the practicality of containing HIV.

(6.161) "All HIV positive people have had to come to terms with imminent death. Ten years on, some are still alive against all the odds. They have to learn how to live again.' (The Herald, 1999)
(6.162) We knew very little about it and even less about the possible medical responses to it, so it was certainly a difficult time. I had to learn to live with uncertainty, but nonetheless you decide to get on and live your life. And then gradually, thankfully, medical science progressed. (The Times, 2005)
(6.163) "I wouldn't curse HIV on my worst enemy but it's a fact of my life now and I have had to learn to accept it and manage it. (The Mirror, 2011)
(6.164) The control aspect is that with something as final as HIV I have to take focus of what is left of the time I have.' (The Spectator, 2003)
(6.165) I had to get to love the medication. I had a really horrible relationship with the meds. I was really resentful, really hating them. Every time I had to take them I was reminded of the HIV. (The Scotsman, 2013)
(6.166) The thing I had to worry about was taking care of myself." (The Irish Times, 2000)
(6.167) It means she's no longer facing the inevitability of dying, but now having to come to terms with the reality of living and all the many decisions and diversions which that entails. (The Times, 1999)
(6.168) Every day he woke up he had to realise that he had been diagnosed with deadly HIV. (The Mirror, 2011)

6.6 The Inanimate Deictics

In this section, I now turn to the inanimate deictics featuring in the deontic tri-gram. Having discarded the CoS (as explained in Chapter 4), I organised the active and passive tri-grams into thematic categories. This categorisation offers a concise overview of the areas across the multifaceted discourse of HIV/AIDS where deontic necessities apply.

The thematic clusters identified are: ‘medicine’, ‘social attitudes’ and ‘prevention strategies and campaigns’. In order to avoid possible repetitions, the review of each theme will include both active and passive tri-grams.

6.6.1 THE 'MEDICINE' CLUSTER

The 'medicine' cluster is instantiated by 14 concordance lines and illustrates the medical norms that one has to abide by in order to control the virus. These norms are informed by external conditions, of a medical nature, and deal with the correct time when the medicines have to be taken, and dietary requirements to follow (6.176-6.189). From a TS viewpoint, the medical behaviour required is mainly couched in material processes: this entails practical and tangible actions (such as take the drugs, several types of medication) which lead to tangible and measurable results evidenced by a life unencumbered by HIV. Albeit implicit, the actors in passive tri-grams are easily retrievable and coincide with PWH.

(6.176) The drugs therefore have to be shuffled each time resistance emerges. (New Statesman, 2001)
(6.177) Some of the drugs have to be taken on an empty stomach, some with food. (The Guardian, 1997)
(6.178) One tablet would have to be taken with food, another without food but with grapefruit juice. (Liverpool Daily Echo, 2004)
(6.179) 'One of the drawbacks with combination therapy is that it has to be taken at roughly the same time every day (The Guardian, 1997)
(6.180) they have to be taken at regular eight-hour intervals, with no food or drink for an hour before or two hours afterwards. (The Guardian, 1997)
(6.181) And the treatments have to be taken on time. It's a strict regime (Nottingham Evening Post, 1999)
(6.182) Several types of medication have to be taken at set times and in specific conditions each day, and the side-effects of some drugs can be unpleasant. (The Scotsman, 1998)
(6.183) Combination therapy involves patients taking up to 30 pills a day to suppress rather than kill the virus. To be effective, the pills have to be taken at certain times of the day, which often means tailoring meal times to the drugs timetable. (Independent on Sunday, 2001)
(6.184) The medication has to be taken at specific times of the day, sometimes with food, sometimes on an empty stomach. (The Evening Standard, 2004)
(6.185) It has to be taken daily for a month and usually has unpleasant side-effects. (The Sun, 2007)
(6.186) "There is concern about the cost if people get the impression that these drugs are a morning-after pill for HIV. They are not. They have to be taken for at least a month, they are unpleasant and they are not 100 per cent successful." (The Guardian, 1997)
(6.187) On a global scale, use of a preventive pill would have to be restricted to groups at highest risk, such as commercial sex workers or injecting drug users, who would take it daily for the duration of their exposure. Concerns about side effects and the development of resistant strains of HIV would first have to be overcome. (The Independent, 2008)

(6.188) Lapses mean the virus can become resistant to those drugs and so a new combination has to be tried. (The Observer, 2000)
(6.189) In the absence of a specific test for HIV, the tests had to be calibrated so as to try to find a balance between detecting suspect blood samples and not causing healthy blood to be discarded. (The Business, 2004)

6.6.2 THE 'SOCIAL-ATTITUDES' CLUSTER

This category is about the social attitudes concerning PWH, and mobilised by various HIV activists, and HIV-related institutions. (6.190-6.192) flag up the potential social injustices to which PWH are subject. (6.190) presents a HIV positive diagnosis as a necessary secret to keep to avoid rejections at home or in the workplace. Stigmatic attitudes (6.191) and coming out as HIV-positive (6.192) are instead rejected as necessities that apply to PWH. This contestation is linguistically construed through the negative *have to*.
(6.193-6.194) respectively appeal for a change in the way the legal and immigration system handles the movement and treatment of HIV-positive immigrants (6.193) and in the perception of sexual health (6.194).
Again the rationale underlying these appeals is mainly functional: following upon these necessities will bring down the number of deaths, favour more awareness and less stigma towards sexual diseases. The passive process 'to be formed' (6.194) conceals the animate agent that is required to fulfil this deontic labour. Considering the lack of expertise presupposed by the modalised 'form', an inclusive agency can be invoked.

(6.190) "Many people with HIV feel unable to live full and active lives even if they are well, because of the constant fear of prejudice and discrimination in the workplace, in their social lives, even at home. "But this doesn't have to happen. (The Mirror, 2001)
(6.191) Being diagnosed HIV positive can mean you can't share what has to become 'your secret' for fear of rejection at home and work. (Daily Mail, 2008)
(6.192) Ger Philpott is a former AIDS activist and now a film-maker. True tolerance is not having to 'come out' [regarding one's status] (The Evening Standard,1999)
(6.193) There has to be a solution that is consistent with human rights, international law and medical ethics.' (Health Service Journal, 2004)
(6.194) Family Planning Association director Toni Belfield stressed new attitudes to sexual health had to be formed. (Daily Record, 2001)

6.6.3 THE 'PREVENTION-MESSAGES-AND-STRATEGIES' CLUSTER

The present category introduces some of the preventive strategies that are required to deal with the rising infection rates, and the circulation of information about HIV among the younger generation. In analysing this thematic category, I make a clear distinction between active and passive instances. Unlike the passive instances in 6.6.1, where the agent PWH was implicit but easily retrievable, there is more uncertainty here as to "who has to do what".

The active tri-grams appear as self-contained statements. This is the case partly because most of the processes establish an equation of being between the inanimate deictic and the related qualification in the form of adjectives, nouns or that-clauses: specifically 'tackling [rises in HIV infections]' (6.199) among young gay men is rising' (6.200) has to be a priority, whilst the message to convey is 'that HIV/ AIDS is not a problem of past generations' (6.201).

(6.199) 'The rise in sexually transmitted infections, including HIV, is a serious problem and tackling this has to be a priority. (The Independent, 2005)
(6.200) "But our priority has to be that the infection rate among young gay men is rising, yet gay men's HIV work is not getting funded accordingly. (The Independent, 1996)
(6.201) The message to our young people has to be that HIV/ AIDS is not a problem of past generations - it is just as great a risk now as it ever was. (The Scotsman, 1998)

The lack of specificity of the passive material tri-grams 'more had to be done' (6.203-6.204) is counterbalanced by the accompanying purpose adjuncts 'to encourage people to be regularly tested' (6.203) and 'dispel the myth that AIDS is a predominantly homosexual disease' (6.204). Moreover, thanks to these purpose adjuncts, (6.203-6.204) can be classified in the 'prevention-messages-and-strategies' category.

Moreover, (6.202-6.205) place particular emphasis on the necessity to implement an action plan to respond to individual and/or shared HIV-related challenges that the PWH and society as a whole are faced with.

As for the question regarding the actor that is supposed to perform the modalised processes, the answer can only be speculative. It is likely to be found mainly among either those social actors that are in a position of power thanks to their medical, political role, or, when expertise

is not required, among society as a whole, in light of the fact that HIV is a common issue of the many, and not of the few.

(6.202) At the child-protection charity Kidscape, director Michele Elliott describes TV as vital in getting over messages on important topics, particularly to children - or adults - who may not be literate. "It has to be done very carefully, especially in sensitive issues such as HIV, so you don't go and scare children. (The Scotsman, 2002)
(6.203) Nicola Sturgeon, shadow health minister and Scottish National Party MSP, said more had to be done to encourage people to be regularly tested for the virus. (Evening News, 2002)
(6.204) Ms Harmer said more work also has to be done to dispel the myth that Aids is predominantly a homosexual disease. (The Gloucester Citizen, 2005)
(6.205) Embarrassment surrounding condoms and their use has to be tackled and dissipated." (The Herald, 2001)

6.7 CONCLUSION

In this chapter, I have argued that *have to* realises the deontic value of 'necessity'. Following a similar downsizing process adopted in Chapter 4 and 5, it was noted that the *have-to*-based tri-grams occur more frequently than the *must*-related ones. This numerical information together with the one obtained from Chapter 5 confirms the prevalence of the deontic value of 'strong necessity' over the one of 'strong 'moral' obligation' in the media discourse of HIV/AIDS.

The value of necessity characterising the concordance lines reviewed in this chapter was highlighted by drawing attention to the external physical conditions/circumstances of the SoA underpinning and justifying a form of intervention on the part of social actors indexed by the personal deictics.

Attending to the latter has allowed me to identify three type of social agency: the expert one, the private one, and the PWH one. It was found that the first two forms of agencies are associated with similar forms of interventions also identified in the *need-to*-based tri-grams: namely, the necessity to intervene in the medical and awareness campaigning field, for the expert social actors, whilst the remit of the non-expert agents is limited to the personal sphere, and concerned with adopting safe-sex practices, and showing awareness of the fact that HIV is a common issue.

The last type of agency plays a predominant role: indeed, from a numerical perspective around 90 references to PWH are counted in the *have-to*-based tri-grams. Their role does not consist in implementing actions for the greater good. Rather, they are often portrayed as having to endure unfair and discriminatory behaviours or having to comply with medical necessities in order to live as healthy a life as possible.

CHAPTER 7 – *SHOULD* (NEWS CORPUS)

7.1 INTRODUCTION

This chapter sets out to review *should*. As noted in Chapter 2, *should* sits towards the weak end of the deontic cline, i.e. it construes a weak form of commitment to the realisation of the modalised processes. Regarding the deontic value it encodes, this is estimated based on the explicit equivalences that Leech (1971) and Coates (1983) make between *must*, *should* and *ought to*. Specifically, *should* and *ought to* are treated as tentative forms of *must*, in the sense that whilst *must* conveys an 'absolute' obligation, *should* and *ought to* allow for non-compliance, therefore conveying a 'weak' obligation. This obligation is defined in broadly moral, ethical and socially-normative terms (in contrast to practical necessity) (Myhill 1995: 171).

In line with the previous analyses, the structure of this chapter relies on the deontic tri-gram, using the relative frequency of the personal deictics as the guiding principle.

7.2 THE DEICTIC 'PEOPLE'

The first personal deictic to be analysed is 'people' and its one-time variants 'many people' and 'more people'.

7.2.1 THE MATERIAL CLUSTER

The first ten tri-grams instantiate the thematic domain of 'medicine and prevention'. Namely, the modalised processes refer to the measures (such as practising safe sex, and taking precautions – 7.1-7.3) that 'people' are recommended to take as part of a normative code of safe-sex behaviour, serving to reduce the number of HIV contagions.

(7.1) "I think there is a general feeling that 'It is not going to happen to me' and that is wrong. People need to be careful and they should practise safer sex. Anyone can be infected by HIV. "I would not wish it on anyone else. (Grimsby Evening, 2000)
(7.2) The piece implies that people who contract AIDS have brought it on themselves. While I would agree that people should take precautions to avoid HIV, may I remind Mr Beelzebub that many illnesses are directly caused by our behaviour and could be avoided. […] We cannot make moral judgements about how people become ill, particularly if we are to trying to help them change their behaviour. (The Bristol Post, 1998)

(7.3) Communicable diseases expert Dr Richard Slack said: "Every new infection we see is a cause for concern and the message has to be that people should practise safe sex." (Nottingham Evening Post, 2000)

Moreover, (7.1) – (7.3) raise the following two points:

The fact that 'people' is the Actor of the modalised material processes shows that the preventative message is an inclusive one. Anyone that is sexually active is also the recipient of this deontic statement.

With regard to the deontic value *should* encodes, there is no denying that a sense of practical necessity informs the aforementioned tri-grams. In concrete terms, this practicality emerges from what can be achieved by implementing the modalised processes, e.g. reducing the number of contagions, ensuring health is guaranteed. However, co-textual features occurring in the proximity of the tri-grams under analysis, coupled with the use of the modal *should*, rather than *need to*, also highlight the underlying moral/ethical norms and sense of personal responsibility that the social actors indexed are expected to exercise. The potentially moral evaluations such as 'wrong' (7.1), the explicit reference to 'moral judgments' (7.2), and the characterisation of HIV as a possible 'cause for concern' (7.3) echo the moral and social normativity and personal responsibility that characterises epidemiological discourses. This form of 'moral righteousness' can also be explained in relation to the concept of 'health of body and mind'. Endangering one's own bodily and mental balance by adopting sexually unsafe practices can be seen as unjust and morally wrong, especially if these practices are born out of carelessness and complacency.

7.2.2 THE MENTAL CLUSTER

The same inclusivity construed by the material processes is also found in the mental cluster. The following mental processes deal with safe sex and personal awareness and apply to anyone who, by being sexually active, can be exposed to HIV. 'People' are expected to 'think more often' and 'heed' the safe-sex message (7.5-7.6), as well as 'get[ting] to know' one's partner prior to any form of sexual engagement (7.7). Personal awareness involves 'realis[ing] that these [=effective anti-retroviral treatments] are not a cure [and] can have unpleasant side-effects' (7.8), and that HIV can affect anyone (7.9).

Moreover, based on the weak obligation construed by *should*, 'people' are left free to decide whether to fulfil or not the deontic labour. However, the actualisation of the mental processes becomes more compelling if we consider the social and ethical normativity and the sense of personal responsibility that *should* encodes.

(7.5) People who talk to me here will see a guy with Aids who looks quite normal and they will see that they should be thinking about safe sex more often. " (The Independent, 1996)
(7.6) The number of people living with HIV is growing and given the increases in sexually transmitted diseases which facilitate the transmission of HIV infection, people should heed the safe sex message." (Irish Examiner, 2010)
(7.7) I think people should get to know each other before having sex. It's also very worrying now because of Aids. I think people's attitudes to sex are a little too open nowadays. (The Independent, 2001)
(7.8) "Effective anti-retroviral treatments are available. However, people should realise that these are not a cure, they can have unpleasant side-effects and they must be taken for life." New HIV cases in the Lothians Number of reports (Evening News, 2007)
(7.9) But HIV is also being transmitted within the heterosexual community on Merseyside and people should take it more seriously. They should realise that it is not just drug addicts and gays who get Aids or those who travel to places like Africa, India and Thailand." (Daily Post (North Wales), 2002)

7.2.4 THE RELATIONAL CLUSTER

As with the material and mental clusters, the relational one also instantiates the theme of 'prevention' and 'public awareness'. Being aware of HIV/AIDS all-year-round (7.13-7.14) and fearing the virus (7.15) are construed as the ideal, and right measures to keep HIV at bay and the number of new infections down.

(7.13) How aware do you think people are of World Aids Day? 'I don't think they are as aware as they should be, not just of World AIDS Day but of the issues around HIV in general." (Time Out, 200
(7.14). It's true they have much less chance of becoming infected but it is still a danger they should be aware of. (The Gloucester Citizen, 1998)
(7.15) People should be afraid of Aids. It is very difficult to live with. (The Daily Telegraph, 2003)

7.3 THE PRONOUN *WE*

The second deictic to be examined is *we*, occurring 17 times (9 exclusive, 7 inclusive). I will consider exclusive and inclusive *we* separately, in relation to the type of modalised process.

7.3.1 EXCLUSIVE *WE*

The material intervention covers various public domains: the medical field is instantiated by the appeal to 'treat patients' before they reach too low a CD4 (7.16); 'proceeding with a certain amount of humility', as well as offering information rather than moral lessons (7.17) is a desirable intervention that the public expects from their politicians. The domain of social attitudes calls for a reduction of stigma and discriminations towards PWH (7.18), and a more tolerating approach to diversity also in the police forces (7.19).

(7.16) 'If we look at a CD4 cell counts below 200 or an AIDS-defining event, 30 per cent of UK patients are presenting at that stage,' she said. 'We should be treating patients much earlier than that.' British HIV Association guidelines recommend that patients with established HIV infection and CD4 cell count of 201-350 should be treated 'as soon as possible'. (GP Magazine, 2009)
(7.17) "We should proceed with a certain amount of humility," he said, pointing out that the party wasn't exactly in a good position to hand out moral lectures. (The Independent, 1999)
(7.18) Dr Devonald said that rather than frightening people with the fact that HIV can eventually kill you, we should concentrate on reducing the stigma surrounding the condition. "It's not just drug users but ordinary men and women," she said." (Lincolnshire Echo, 2007)
(7.19) Mr Paddick, aged 42, said: "We should be moving towards a situation where having gay colleagues, or Muslim colleagues, or HIV-positive colleagues is just accepted as a normal make-up of the police service rather than creating a lot of unnecessary anxiety around those differences." (the Independent, 2001)

(7.21) construes deontic labour in verbal terms: the onus of 'encourag[ing] people' to fight sexual complacency is allocated to the medical authorities.

(7.21) Dr Bergin said: "We should be encouraging people to adopt a pro-active approach to sexual health, encouraging them to come for testing and see it as health screening, not disease screening" (The News of the World, 2001)

(7.23) sets up a negative equation of being between the exclusive *we* representing the medical authorities and the attribute 'proud': the negative relational process 'be' in 'this is not a record of which we should be proud' points to the ominous reality that HIV contagions in

2007 might have gone up to hit a record high as occurred in 2005. The seriousness of these rates lies in the implied fact that the technological breakthroughs achieved in the two-year span taken under consideration have not yielded the social benefits that one would expect and hope for as time goes by.

(7.23) David Johnson, director of the Waverley Care charity, which has respite and day care centres in Edinburgh, said: "This is not a record of which we should be proud. The announcement from Health Protection Scotland showing record numbers of new HIV infections for the period July to September 2007 must be a cause for concern. (Evening News, 2007)

7.3.2 INCLUSIVE *WE*

Through the use of the inclusive *we*, the deontic labour is construed as falling upon everyone in a inclusive way. Desirable interventions construed in material terms involve 'tak[ing] [the treatment]' against HIV if 'we know it works and is there' (7.24), as well as adopting the same testing practices and precautions that were followed for other viruses (7.25). Finally, (7.26) extends to everyone the responsibility to 'reduce the stigma of [PWH]'.

(7.24) Sir Elton said: "We know it works. If the treatment is there, we should take it (The Irish News, 2015)
(7.25) Dr Palan said: "Experts are saying everyone should be tested for variant CJD, the human form of mad cow disease, but we should do the same for HIV." (The Sentinel, 2002)
(7.26) "I think it is going to become a health crisis in this country if we do not attack it now. We should reduce the stigma of people who are HIV positive, there is a lot of misunderstanding about the disease. (Luton Today, 2003)

The verbal process 'thank' (7.27) construes the collective duty to show gratitude towards those who fought against AIDS to ensure a better virus-free future for the generations to come. However, since the virus is still a public-health issue, the modalised verbal process 'thank' is followed by the material one 'follow their example'. This is because there is still much to do before eradicating HIV altogether. Another collective/inclusive issue worth debating regards how widely and specifically to whom the anti-retroviral preventative medication Truvada should be distributed (7.28).

(7.27) "Peter Staley lived. Peter Staley won. Peter Staley is alive. He survived a plague, and thanks to people like him, millions of others will too. We should thank them, and follow their example, into the fight against Aids and into our doctors' surgeries to get tested. (The Evening Standard, 2013)
(7.28) Along with safer-sex awareness campaigning, the encouragement of regular testing among groups at risk (which is paying off) and the continued fight for a vaccine, Truvada could help stem the spread of HIV. It is no miracle drug, and certainly no total victory over an infection that has blighted too many lives. But surely its benefits are sufficient to justify the NHS offering it to those at risk? Three decades after the pandemic began, it is certainly a debate we should be having. (The Guardian, 2014)

Finally, the relational tri-gram 'we should be clear' (7.29) highlights the importance of being aware of new viral transmission routes, mainly through heterosexual sex. This is to debunk the idea that HIV is only confined to drug users or the gay community. (7.29), however, does not refer to sexual identities (i.e. heterosexuals and homosexuals), nor does it use the NP 'drug users' to describe potential targets of HIV. Rather, references to the practice of sex and drug injecting shows that HIV is treated in behavioural and not in identity-based terms. This can be taken as a more medical and "objective" construal of HIV.

(7.29) Heterosexual transmission has now replaced injecting drug use as the main route of transmission of the virus. We should be clear about what this means. Straight sex is now spreading more HIV than gay sex or intravenous drugs use (Daily Mail 2008)

7.4 INFREQUENT PERSONAL DEICTICS

This section considers the less frequent deictics occurring in the range of once to five times. I therefore organise the deictics first into three thematic categories (1A, 2A, 3A). The three thematic categories serve to identify and numerically quantify the corresponding agencies, i.e. the public expert one, the non-expert/lay one, and the PWH one.

The personal deictics contained in each agency-related category, are, in turn, organised in an organic and cohesive structure by means of CoS.

List A

1A. Social institutional body (21 instances)
  a. Collectivisation (institutions and organisations) (9)

(They = authorities responsible for health messages or prevention: 1), (any truly humanitarian organisation: 1), (the South African Government: 1), (the government: 5), (organisations who work with specific groups: 1), (schools: 1)

b. Functionalisation (single individual) (12)
(They = dentists: 1), (Lord Mayor: 1), (Tony Blair and Gordon Brown: 1), (clinic staff: 1), (they = employers concerned about an HIV issue in the workplace: 1), (every single doctor treating HIV – and many other serious: 1), (GPs: 3), (insurers: 1), (he = a prison medical officer: 1), (employers: 1)

2A. Private / non-expert body (64)
a. Genericization (15)
(Generic you: 5), (everyone: 2), (no one: 3), (everybody: 1), (no one, gay, straight or bisexual: 1), (every Scot: 1), (someone: 1)

b. Collectivisation (5)
(They = the media: 1), (the whole community; 1), (a responsible society; 1) (everyone who is sexually active: 1), (everyone who is having sex with people they don't know: 1)

c. Identification according to: (44)
c1 Classification (24)
c1' Sex (7)
(Any woman considering having a baby who thinks she might have been at risk, even years ago: 1), (They = men: 1), (Men: 2), (They = women: 2), (Women: 1)

c1'' Sexual Orientation (14)
(Gays: 1), (gay men: 1), (gay and bisexual men: 1), (gay prisoners: 1), (homosexuals: 1), (the gay community: 1), (all other gay and bisexual men: 1), (gay and immigrant communities: 1), (they = gay men – qualifying as more than 60 per cent of the HIV infections: 1), (all homosexual men: 1), (genuine homosexual inmates: 1), (gay prisoners intent on unsafe sex: 2), (actively homosexual prisoners: 1)

c1''' Age (2)
(Their children: 1), (children: 1)

c2. Relational identification (2)
(He = your son: 1), (parents: 1)

c3. Individualisation (3)
(I: 1), (he = Mr Smith: 1), (who -of the whole population-: 1),

c4. Functionalisation (4)
(Students: 1), (undergraduates: 1), (all immigrants: 1), (Patients who engage in sexual activity with an HIV-infected partner and others at high risk: 1)

c5. Other (identified by particular practices or social conditions) (13)
(STI clinic attendees: 1), (anyone entering into a new or casual sexual relationship: 1), (someone who is exposed to the risk of HIV infection: 1), (anyone who thinks they might have been at risk: 1), (several thousand people in high risk group who: 1), (most doubters: 1),

(anyone attending a sexual health clinic for the first time with symptoms of any infection: 1), (those at risk: 2), (anyone who's had unprotected sex and not been tested: 1), (men who have sex with men: 2), (the clients who asked for sex without a condom: 1)

3A. PWH (8)
a. Genericization (1)
(Those with HIV and AIDS: 1), (those who: 1), (everyone: 1)

b. Identification (classification) according to (6):
c1 Classification (5)
c' Sex: (2)
(Women with HIV: 1),
c'' Age: (1)
(HIV positive Potteries' youngsters: 1)
c'' Individualisation (3)
(He = Chris Smith: 1), (I: 1)

c2 Functionalisation (1)
(They = doctors with HIV: 1)

One initial survey of CoS is to attend to the relative frequency of personal deictics. This affords an insight into which social agency is invoked the most to perform the modalised processes.

The non-expert/lay body ranks first, with a cumulative score of 64 deictics. The frequency count does not consider 'people' and *we* (explored separately in **7.2** and **7.3**). In second place is the public institutional body (21 occurrences), followed, in third place, by the PWH one (8 occurrences). At this stage, as prima facie evidence, these relative frequencies can be interpreted as giving rise to the initial observation that the 'weak' deontic labour is not necessarily confined to one particular segment of society, i.e. the elite of experts, or PWH. Instead, it is society as a whole that is held 'moderately' accountable to react, in various ways, to the HIV issue.

The following qualitative analysis sets out to flesh out the quantitative points raised so far by taking into account the personal deictics and the modalised processes.

7.4.1 EXPERT AGENCY

In this section, I set out to review the processes that the expert social actors are called upon to perform.

The material-process category is the most populated one: 13 out of 18 instances call for an intervention within the medical and political field. Regarding the former one, (7.30) presents the hygienic code of practice that dentists are expected to follow regardless of whether their patients are HIV-positive or not.

(7.30) We've heard of cases of dentists turning away patients with HIV because they're afraid of infecting other patients and would have to thoroughly disinfect their equipment, which they should be doing anyway. (Mail on Sunday, 2012)

Another ideal medicine-related line of action refers to the 'evidence-based behavioural intervention' that the clinical staff are expected to implement so as to gain a more detailed picture and understanding of possible discrepancies in lifestyle between HIV-negative and HIV-positive people, with the ultimate aim of reduc[ing] levels of sexual risk' (7.31)

(7.31) They should also target repeat testing at high-risk men who have previously tested negative. In addition, in order to reduce levels of sexual risk, clinic staff should initiate evidence-based behavioural interventions among both men diagnosed HIV -positive and those testing negative. (Nursing Times, 2008)

At the political level, governments, authorities, organisations and individuals such as Tony Blair and Gordon Brown, and Lord Mayor are recommended to set in motion concrete measures in order to tackle HIV/AIDS: specifically, the recommended approach consists in 'work[ing] with gay community groups to put HIV back on the agenda' (7.32), 'mak[ing] condoms available free in places where young people gather socially' (7.33), 'tak[ing] the opportunity to counter prejudice and promote tolerance' (7.34). Doing so also aims to increase awareness among the general public regarding their own rights to access health services and HIV tests (7.35), as well as educating them through the scare-mongering advertising policies employed by the British government at the highest of the moral-panic AIDS situation in the mid-1980s (7.36).

(7.32) "So something new has to be tried. They [authorities responsible for health messages or prevention] should work with gay community groups to put HIV back on the agenda to make gay men start taking responsibility for their health." (The Independent, 1998)

(7.33) Aids killed two million Africans last year, 10 times as many as those who died in armed conflict". Any truly humanitarian organisation there should be making condoms available free in places where young people gather socially. (The Independent, 1999)
(7.34) "Those in a position such as the Lord Mayor should be taking the opportunity to counter prejudice and promote tolerance, rather than fuel bigotry." (Coventry Evening Telegraph, 1999)
(7.35) "Rather, organisations who work with specific groups should be making people aware of their rights to access treatment. (Scotland on Sunday, 2002)
(7.36) The Government should revive the shock Aids campaigns of the 1980s in an effort to teach a new generation the safe sex message, and also provide more money for genito-urinary clinics and GP training (The Times, 2002)

As opposed to the material cluster, the remaining Hallidayan categories (i.e. mental, verbal and relational) are instantiated by two/three concordance lines only.

Regarding the mental category, the government is invited to inspect the figures of HIV infections (7.37). The argument line moved by 'the Independent' that underpins this intervention is based on the fact that human beings' nature is flawed, and risk-prone. Knowing this allows the government to understand other potential factors contributing to the failure of the HIV prevention system.

(7.37) The Government should look seriously at these findings - and not just in terms of its approach to HIV prevention. (The Independent, 2000)

In the medical field, the type of intervention that the medical authorities are expected to carry through relates to 'think[ing] hard about helping patients with their mental health' stressing the repercussion that an HIV diagnosis can have on one's mental health (7.38), as well as the importance of 'concentrating on those at highest risk', especially homosexual men (7.39).

(7.38) 'From now on every single doctor treating HIV - and many other serious diseases - should think hard about helping patients with their mental health so the outcome of the treatment will be better. It's not enough just to give people pills,' said Dr Alberto Avendano, director of HIV services. (The Observer, 2001)
(7.39) GPs should concentrate on those at highest risk. The latest HPA data shows those most at risk are homosexual men. (GP Magazine, 2007)

A similar proactive approach is also advocated in the verbal category. Doctors are expected to 'offer and recommend HIV testing' (7.40), and 'prescribe condoms' to those prisoners presented as 'intent on indulging in what would otherwise be unsafe sex'(7.41).

(7.40) GPs should offer and recommend HIV testing (Nursing Times, 2012)
(7.41) "It seems to me that whenever a prison medical officer is satisfied that a request for condoms is from a genuine homosexual, who is intent on indulging in what would otherwise be unsafe sex, he should prescribe condoms." (The Independent, 1999)

Finally, the relational cluster establishes desirable 'relations of being' promoting knowledge and fair treatments towards PWH. Insurers and employers are expected respectively to 'be up to date […] [on] medical advances'(7.42) as well as 'hav[ing] a specific policy on HIV and incorporate it into diversity or disability training'(7.43)

(7.42) Insurers should be up to date and use the best available evidence and know about medical advances. (The Guardian, 2002)
(7.43) "The report recommends that employers should have a specific policy on HIV and incorporate it into diversity or disability training. (Labour Research, 2009)

7.4.2 Lay agency

7.4.2.1 The material cluster

As with the professional material cluster, the lay material cluster is also densely populated (27 instances, of which 16 active and 11 passive). Starting with the active concordance lines, I cluster the material processes into thematic categories, to identify the discursive sub-domains where the deontic labour is presented as a desirable and recommended.

One thematic cluster deals with the topic of 'safe-sex behaviour and prevention practices' and is instantiated by 12 active concordance lines. Men in general, and gay men, are recommended to practise safe sex using condoms (7.46), test regularly (7.47) and take AIDS drugs (7.48), despite not being infected with the virus, especially when traditional protections such as condoms are not regularly adopted.

(7.46) Dr Jamie Inglis of the Health Education Board for Scotland said: "Under no circumstances should men rely solely on circumcision. "They should continue using condoms

as a safe and effective way of protection. It is the better alternative to removing what is essentially healthy tissue." (Daily Record, 2000)
(7.47) We recommend that gay men should test at least annually for HIV. (The Times, 2008)
(7.48) Patients who engage in sexual activity with an HIV-infected partner and others at high risk should take the drug daily to reduce their chance of contracting the virus, the agency said in a press release. (Clinical Advisor, 2012)

On three occasions, the above mentioned recommendations are extended to 'everyone' (7.49), 'anyone entering into a new or casual sexual relationship' (7.50) and 'any woman considering having a baby who thinks she might have been at risk' (7.51). The inclusivity encoded by these deictics provides an indication of the extent to which lay responsibility is shared across the society in the *should*-related corpus cross-section.

(7.49) Everyone should use a condom when having sex with new or casual partners, until all partners have had a sexual health screen. (British Telegraph Online, 2013)
(7.50) Sex with new or multiple partners is risky and while we don't want to preach at people, we really do need to keep hammering home the message that anyone entering into a new or casual sexual relationship should use condoms. (The Sentinel, 2007)
(7.51) Any woman considering having a baby who thinks she might have been at risk, even years ago, should seek counselling and testing before she gets pregnant. (The Mirror, 2002)

The theme of 'prevention and safe-sex behaviour' is also predominant in two thirds (8 out of 11) of the passive material tri-grams. Here, the deictics cease to play the role of Actor and are, instead, construed as Goal, i.e. at the receiving end of the material transaction. With no explicit reference to the actor, and bearing in mind that the thematic cluster is concerned with 'safe-sex behaviour and prevention', we can deduce the Actors that are supposed to intervene in favour of the Goals (e.g. 'women', 'homosexuals', 'gay prisoners') featuring in the passive tri-grams, based on the modalised processes 'test' (7.52), 'give condoms' (7.53), 'offer test' (7.54). They are mainly HIV clinicians, medical experts or judges suggesting and/or deciding on the best measures to implement to prevent and fight HIV.

(7.52) Dr Delpech said gay and bisexual men should get tested for HIV and other sexually transmitted diseases annually - or every three months if having unprotected sex with new or casual partners. (Independent.co.uk., 2013)
(7.53) Gay prisoners should be given condoms, says judge (The Evening Standard, 1999)
(7.54) Neil Gerrard, chairman of the parliamentary group said: Ante-natal testing is patchy and doesn't detect as many cases of HIV as there are. Distressing "We can't force women to

have tests, we are just saying they should be offered in a kind of voluntary, confidential way. (Daily Record, 1998)

7.4.2.3 THE VERBAL CLUSTER

The verbal-process category is instantiated by 14 concordance lines, only one of which is in the active form. Here, 'the gay community' is construed linguistically as the Sayer that is expected to start a conversation about the role that sex plays as 'the engine that's driving HIV' (7.59). This is a 'verbal' responsibility that falls upon the gay community since the latter is thought to be the catalyst for the spread of the virus, for allegedly being promiscuous.

(7.59) For centuries, gay men have been told not to have sex. We're tired of it." But he does think the gay community should start talking more about the danger of sex with several partners in a short timeframe. (Prospect, 2008)

A wide variety of social actors in the remaining 13 passive concordance lines includes 'students', 'undergraduates', 'children', 'actively homosexual prisoners' (among others) performing the TS role of Target: they are, indeed, the addressee of an educational campaign aimed at informing them on safe-sex behaviour, promoting safety through the distribution of condoms and HIV tests (cf. 7.60-7.62). Based on this recommended type of intervention, we can assume that the social actors upon responsible for enacting the verbal processes are people with some form of expertise in the educational and medical field. Their expertise legitimises their proactive role for the benefit of society as a whole.

(7.60) Over 90 per cent of parents said their children should be told how to obtain contraception and how to reduce the risk of HIV transmission. (The Scotsman, 1996)
(7.61) Aids is killing pregnant women and families too, and they should be encouraged to use condoms to save lives. This is not much of a compromise - Aids is not a gay problem in Africa. (The Independent on Sunday, 2010)
(7.62) He is expected to say that in future anyone attending a sexual health clinic for the first time with symptoms of any infection should be urged also to have an HIV test. (The Observer, 2004)

7.4.2.4 THE RELATIONAL CLUSTER

The relational cluster is instantiated by attributive relations of being. The Carrier role is fulfilled both by deictics that sit towards the more general end of the CoS (e.g. 'everyone', 'no one', 'a responsible society') to identify as large a group of social actors as possible, and deictics that identify more restricted groups, such as 'all immigrants', 'all homosexual men'.

The attributes instantiate the semantic field of 'safe-sex' and 'prevention': those introduced by the verb 'be' are 'not complacent' (7.63), 'the prime target for HIV prevention' (7.64) whilst those introduced by the verb 'have' are 'equal access to treatment' (7.65), '[no] unprotected sex' (7.66), 'health tests on entry' (7.67).

(7.63) No-one should be complacent about the dangers they present. (Belfast Telegraph, 2001)
(7.64) "Over 60 per cent of new HIV infections are in gay men and quite clearly they should be the prime target for HIV prevention." (Coventry Evening Telegraph, 1999)
(7.65) We are taught that everyone should have equal access to health care no matter what your religion, ethnic background, race, age or sexual orientation. (Hull Daily Mail, 1998)
(7.66) No one, gay, straight or bisexual, should have unprotected sex unless and until they are certain neither they nor their partner could be HIV positive. (Daily Record, 2000)
(7.67) He said that, at the very least, all immigrants should have health tests on entry, so they could be treated for any illnesses they carried. (The Times, 2002)

The aforementioned social actors are invited to comply with the norms of safe-sex, and be alert to complacent attitudes sweeping across society and rooted in the fact that HIV is underestimated as a curable condition.

7.4.3 PWH AGENCY

As opposed to the previous two agencies, the PWH one is instantiated by a mere eight instances. Specifically, PWH such as 'women' and 'doctors' are advised to fulfil material deontic labour, by respectively 'begin[ing] treatment sooner than men' (7.68) purely for medical and 'limit[ing] their practice to protect their patient' (7.69). The latter recommendation was issued by the institution of the General Medical Council in 1996: despite coming from the medical body, this appeal arguably takes on the same moral-panic tone and irrational fears that used to characterise the discourse before 1996, predominantly, and post 1996, albeit decreasingly.

(7.68) The scientists who made the discovery said women with HIV should begin treatment sooner than men. (The Journal, 1998)
(7.69) Bearing public opinion in mind, the General Medical Council incorporated explicit advice on HIV in its latest guidance notes for doctors. It states that doctors who are HIV positive should seek advice on the extent to which they should limit their practice to protect their patients. (The Guardian, 1996)

(7.71-7.72) reports the only two mental tri-grams. In (7.71) the MP Chris Smith is construed as the phenomenon of the modalised 'be admired': the admiration comes from his work to promote acceptance of HIV amongst PWH.

(7.71) He should be admired for single-handedly helping sufferers to come to terms with their disease because people who find they are HIV positive have to suffer fear, isolation, prejudice and social exclusion. (Wales on Sunday, 2005)

The mental process 'feel free' in (7.72) presents the ideal case scenario that PWH deserve to enjoy after coming out about their status, without fearing rejections and discriminations.

(7.72) In an ideal world everybody should feel free to tell people they have HIV but you can suffer a lot of prejudice. (The Evening Standard, 2005)

A similar form of social acceptance is construed verbally in (7.73), where PWH are urged to come out about their status, following Nelson Mandela's call for a normalisation of the virus and PWH. The final concordance line features a past infinitive relational process. When used in the past, 'should' can highlight regret or level some criticism. In (7.74), the tri-gram 'HIV positive Potteries' youngsters who should have had their whole lives ahead of them' points to an ideal situation where the advances of HIV medication in bringing about positive effects in the lives of PHW. However, due to stigma and prejudice and little 'sympathy and understanding', PHW's mental wellbeing and happiness is constantly under threat.

(7.73) He announces it after deciding he's not standing for Parliament again. What Mr Mandela has in mind, I imagine, is that those with HIV and Aids should say so even when it's inconvenient to them. (Daily Mail, 2005)

(7.74) HIV positive Potteries' youngsters who should have had their whole lives ahead of them are instead contemplating a life of uncertainty in a society where, should their 'secret' get out, they can expect little sympathy or understanding. (The Sentinel, 2000)

7.5 THE INANIMATE DEICTIC CLINE

The inanimate deictics index an area in need of change, a social condition or situation working to pave the way for a change in the discourse of HIV/AIDS. The inanimate deictics are organised in thematic categories so as to cluster together deictics that capture concisely the same discursive area.

To follow is a transitivity analysis of the modalised processes in order to shed light on the linguistic construal of the change that is hailed as desirable, and, draw some tentative conclusions about the impact that is is desired within the discourse of HIV/AIDS.

7.5.1 ON THE PROCESS OF CATEGORISATION

The same four thematic categories obtained inductively for *must* apply to *should* too. This can be read as evidence of the repetitiveness of themes recurring in the discourse, across the five modals under analysis.

The inanimate deictics instantiating each thematic category are organised into transitivity-based subsections. Table 15 provides a breakdown of the frequencies of each transitivity category. This provides a bird's eye view of which transitivity category the inanimate deictics tend to gravitate around (i.e. material and relational).

Material processes:	45 (10 active + 35 passive)
Relational processes:	33 (31 active + 2 passive)
Verbal processes:	13 (6 active + 7 passive)
Mental processes:	7 (1 active + 6 passives)

TABLE 15 - BREAKDOWN OF THE FREQUENCY OF TRANSITIVITY CATEGORIES

7.5.2 THE THEMATIC CATEGORISATION

The multifaceted social and medical reality emerging from the discourse of HIV/AIDS is reduced, for ease of reference, to four major thematic categories:

Contextualisation of HIV:
(7.75) Dr Bernadette Cullen of the eastern board said the issues highlighted should act as a stark reminder to everyone that sexually-transmitted diseases posed a very real threat to health. (Irish News, 2001)
(7.76) If anything, this affair should remind and inform people that if you are diagnosed with HIV treatment is immediately available, and once treatment is in place patients are classed as "undetectable" and the virus can no longer be passed on. (Belfast Telegraph, 2015)

Unspecified type of intervention:
(7.77) holistic, non-judgmental and person- centred approaches should be adopted (Nursing Times, 2002)
(7.78) more should be done to highlight the issue. (The Gloucester Citizen, 1998)

Prevention and awareness campaigns:
(7.79) He added that sex education should focus on "long-term, committed relationships rather than promiscuity and infidelity". (Sunday Express, 2006)
(7.80) Ian feels that public awareness of HIV should be boosted in order to stem the rising numbers of people contracting HIV. (South Wales Echo, 2001)

Preventive medical measures and HIV treatments:
(7.81) A Home Office spokesman said: "We are looking carefully at whether health screening should be brought in." (The Sun, 2003)
(7.82) Professor Johnson added. 'If HIV could possibly be part of a differential diagnosis, HIV testing should be offered (GP Magazine, 2009)

7.5.2.1 CONTEXTUALISATION OF HIV

Category 1 is probably the least organic of the four, due to the variety of inanimate deictics indexing isolated case scenarios occurring no more than once. Three subcategories are identified to deal with this variety.

The first subcategory ‘social factors’ spans the social domains of education, conceptualisation of HIV, sexual practices, among others, instantiated by deictics such as ‘television soaps’, ‘homosexuality’, ‘the accusation against the priest’ and ‘the history of AIDS’.

a. Social factors
Material: The issues highlighted, his character's story, television soaps, homosexuality, their own protection
Mental: The accusations against the priest, the lesson
Verbal: This affair, patients' age and country of origin alone, the country (China), their own protection, the history of AIDS
Relational: Our concern about HIV, the real debate, chemsex, the focus, everything, the news […], towns outside the big cities

In the first three material tri-grams, the deictics are cast as the Actor of some form of change. 'The issue highlighted', 'the character's story' and 'television soaps' are respectively the Actors of the material 'act' (7.83), 'help to raise' (7.84), and 'add' (7.85): they share the goal to keep HIV and STIs on the public agenda and, by doing so, they contribute to reducing the number of infections.

(7.83) Dr Bernadette Cullen of the eastern board said the issues highlighted should act as a stark reminder to everyone that sexually-transmitted diseases posed a very real threat to health. (Irish News, 2001)
(7.84) Kieron Richardson defends Hollyoaks HIV storyline Hollyoaks star Kieron Richardson has claimed his character's upcoming HIV storyline is not a cliche and should help to raise awareness of the condition. (BreakingNews, 2014)
(7.85) Television soaps should add a touch of realism to the portrayal of relationships by featuring young people with sexually transmitted infections (STIs), the British Medical Association said yesterday (The Times, 2002)

The deictic 'the lesson' enacts the transitivity role of Phenomenon of the passive mental process 'learn': (7.86) reminds the employers of the potential discriminations that PWH are subject to in the workplace.

(7.86) Lisa Power of the Terrence Higgins Trust, the UK's largest HIV and AIDs charity, said: "The lesson should be learned from this case that if employers are concerned about an HIV issue in the workplace they should take proper advice before acting on any prejudices they may have. (The Journal, 2000)

The deictics 'this affair', 'patient's age and country of origin alone' and 'the country' realise the transitivity role of Sayer of the verbal 'remind and inform' (7.87), 'alert' (7.88), 'continue to promote' (7.89). As with the previous two transitivity processes, these verbal instances are

concerned with what is deontically desirable to do as part of the overarching HIV/AIDS prevention and awareness project.

(7.87) If anything, this affair should remind and inform people that if you are diagnosed with HIV treatment is immediately available, and once treatment is in place patients are classed as "undetectable" and the virus can no longer be passed on. (Belfast Telegraph, 2015)
(7.88) The researchers recommend that patients' age and country of origin alone should alert health practitioners to the possibility of HIV infection irrespective of health status. (Nursing Times, 2007)
(7.89) "In the meantime, the country should continue to promote safe sex," he said (BBC Monitoring Asia Pacific Political, 2009)

7.5.2.2 MEDICAL FACTORS

The thematic subcategory 'medical factors' includes deictics pointing to the medical field, and related medical breakthroughs, predicaments or HIV-induced complications.

b. Medical factors
Material: Improving access to sexual health services for gay and bisexual men, the blood service, it (any time a person is accused of transmitting HIV), AIDS, that word (i.e. plague), sites
Mental: HIV and AIDS, HIV primary infection, HIV, HIV and AIDS
Verbal: The introduction of Celsentri and the revolution in the treatment of HIV, Donations from gay men
Relational: HIV, they (HIV and AIDS), the emergence of transmissible strains of the HIV virus resistant to the most potent drugs, the disease, it (that if you catch HIV from vaginal sex, then you catch it from anal sex), public health policy

The deictic '[gay dating] sites' (7.93) is cast in the active role of inducing a material positive change towards safer sex practices, by 'do[ing] more' and 'carry[ing] health promotion messages'.

(7.93) Dr Mark Pakianathan, spokesman for the British Association of Sexual Health and HIV, said that sites should do more to encourage safe sex. […] "It may be that these sites should, at the least, be required to carry health promotion messages." But Will Nutland of the Terrence Higgins Trust rejected the demand that gay dating sites should carry health promotion messages. (The Independent on Sunday, 2004)

(7.94) calls attention to what is deontically desirable to implement as a way to respond to HIV-related medical issues: the requirement to 'improve access to sexual health services for gay and bisexual men' is construed as the subject of the passive material 'be made a public health priority'. Precedence is given here to what is deontically desirable, rather than who 'should' make it a public health priority.

(7.94) Improving access to sexual health services for gay and bisexual men should be made a public health priority, the report concludes. (The Guardian, 2012)

The passive mental 'treat' (7.95), 'see' (7.96), 'normalise' (7.97) make a case for a medical conceptualisation of the deictics 'HIV and AIDS' in terms of 'nothing more than illnesses' (7.95-7.96), and 'with no social stigma attached' (7.96). The 'senser' acting upon this deontic labour is left implicit in (7.96-7.97). However, we can assume that both instances share with (7.95) the fact that it *should* be 'society' to do so.

(7.95) Two weeks ago, the former South African president, who will be in London this week, spoke movingly about the death of his son, Makgatho, from Aids, saying that HIV and Aids should be treated by society as nothing more than illnesses. (The independent, 2005)
(7.96) The former South African president said that HIV and Aids should be seen as nothing more than illnesses with no social stigma attached (Daily Mail, 2005)
(7.97) I don't like secrecy and I think HIV should be normalised. (Sunday Herald, 2008)

Lines 7-98-7.100 identify in relational terms a similar kind of deontic labour concerning HIV medicalisation to the one advocated in the previous transitivity categories. HIV is and 'should be' 'part of the awareness of sexually transmitted diseases' (7.98), and 'have no social stigma' (7.99), whilst the fact that certain strains of HIV cannot be treated is concerning and 'should' be intended as an 'important warning sign' (7.100).

(7.98) "HIV should be part of the awareness of sexually transmitted diseases in general because it is one of many of the diseases young people can get from unprotected sex" (UK Newsquest Regional Press This is Lancashire, 2004)
(7.99) Mr. Mandela said that HIV and Aids should be treated by society as nothing more than illnesses and that they should have no social stigma. (The Times, 2005)
(7.100) Researchers say the emergence of transmissible strains of the HIV virus resistant to the most potent drugs should be an important warning sign, but no reason to panic (Birmingham Post, 1998)

7.5.2.3 FINANCIAL FACTORS

The thematic subcategory 'financial factors' deals with how financial resources should be 'made available' (7.101), 'given' (7.102), 'spent' (7.103-7.104), and 'targeted' (7.105) to support HIV-related services, and prevention programmes. All the inanimate deictics (e.g. 'more money' (7.101-7.104) and 'resources' (7.105) feature in passive material tri-gram as the transitive Goal required for progresses in the HIV field.

c. Financial factors
Material: more money, how much money, a waste of billions of pounds, more money, resources

(7.101) 'Many would say that it is not enough and that more money should be made available.' (Daily Mail, 1998)
(7.102) The Government has changed the way it calculates how much money should be given in grants to HIV support services. (UK Newsquest Regional Press This is Worthing, 2004)
(7.103) Stewart believes the present strategy of looking for a cure for HIV is wrong - and a waste of billions of pounds which he says should be spent on safe sex advice for promiscuous gay men. (The Sunday Herald, 1999)
(7.104) Hao said. "More money should be spent on community prevention organizations (BBC Monitoring Asia Pacific Political, 2008)
(7.105) NAT is demanding action from the Department of Health to ensure that the money is spent in line with DoH guidance, which says resources should be targeted at the groups most affected by HIV - gay men, those with links to Africa and people injecting drugs. (Health Service Journal, 1998)

7.5.2.4 UNSPECIFIED TYPE OF INTERVENTION

Category 2 groups together all the deictics that identify some form of 'unspecified' intervention that is deontically desirable. Here the deictics do not index in a unique and clear way what measures are desirable.

Material: More efforts, universal precautions, holistic, non-judgmental and person-centred approaches, services, such initiatives, more, easy solution, greater efforts, appropriate barrier technique,
Relational: the latest technologies, implementing and evaluating such strategies

At the material level, the deictic 'services' is endowed with its own 'agency' to make things happen, i.e. 'provide young men with all the skills to protect themselves and their partner' (7.106).

(7.106) Above all, services should provide young men with all the skills to protect themselves and their partner. (The Sunday Herald, 2000)

The remainder of the tri-grams features a passive material process which is equally unspecific: the tri-grams 'approaches should be adopted' (7.108), 'universal precautions should be employed' (7.109), 'appropriate techniques should be employed' (7.110) do no more than highlight the desire for some form of intervention to be pursued by (animate) deictics.

(7.108) holistic, non-judgmental and person-centred approaches should be adopted (Nursing Times, 2002)
(7.109) In caring for a person with HIV and AIDS-related illnesses, universal precautions should be employed (Nursing Times, 2002)
(7.110) For those people presenting with infections that pose a risk to others, appropriate barrier techniques should be employed. (Nursing Times, 2002)

7.5.2.5 PREVENTION AND AWARENESS CAMPAIGNS

The deictics in category 3 narrow down the scope of the intervention to safe-sex campaigns and education.

Material: A more subtle educational approach, public awareness of HIV, efforts to promote safer sex, the kind of education, a broader programme of sex and relationships education, their own protection and awareness
Mental: Sex education
Verbal: Awareness campaigns, the kind of education work which is getting the message through to gay men, a new high-profile advertising campaign warning of the dangers of Aids

Relational: Safe sex, maybe the message, same-sex education, awareness campaigns aimed at removing the stigma of the disease, aids counselling and education programmes

The deontic labour in (7.111-7113) is couched in material passive tri-grams. Hence, the realisation of the recommended processes to '[use] a more subtle educational approach' (7.111), '[boost] public awareness of HIV' (7.112) and '[undertake] efforts to promote safer sex' (7.113) relies on animate social actors.

(7.111) Opinion is fiercely divided as to whether advertising campaigns - as promoted by the HIV Forum - or a more subtle educational approach should be used. (Time Out, 2005)
(7.112) Ian feels that public awareness of HIV should be boosted in order to stem the rising numbers of people contracting HIV. (South Wales Echo, 2001)
(7.113) Efforts to promote safer sex should be undertaken in a positive manner which recognises the individual's right to a healthy and pleasurable sex life. (The Independent, 2002)

A similar point applies also to the two verbal-process-based concordance lines reported below: the deictics 'education work' for gay men, and 'a high-profile advertising campaign warning of the dangers of AIDS' index what animate social actors *should* 'replicate' (7.114) and 'commission' (7.115).

(7.114) "The kind of education work which is getting the message through to gay men should be replicated in the heterosexual population, and there should definitely be greater emphasis on education about HIV at school." (The Scotsman, 1996)
(7.115) A new high-profile advertising campaign warning of the dangers of Aids should be commissioned, the former Social Services Secretary Sir Norman Fowler said yesterday. (The Times, 2001)

Finally, preventive measures, such as 'safe sex', 'same sex' appear in relational tri-grams as the Carrier of the Attribute 'compulsory' (7.116-7.117). Moreover, to tackle complacency, it is recommended that the original preventive message 'don't die of ignorance' be updated to 'don't die of indifference' (7.118). The latter captures the more recent attitudes of complacency based on the false sense of security provided by the latest medical breakthroughs in treating the virus.

(7.116) Safe sex should be compulsory for everyone until you're able to confirm that your partner is HIV negative. (The Mirror, 2001)
(7.117) Mr Hyyrylainen-Trett, who married his partner last weekend, also said same-sex education should be compulsory in all schools from a young age. (Express Online 2015)
(7.118) So, in future, maybe the message should be: "Don't die of indifference." (The Express, 1999)

7.5.2.6 PREVENTIVE MEDICAL MEASURES AND HIV TREATMENTS

Category 4 collects the deictics that identify practical medical and safe-sex-related practices that either prevent or diagnose HIV infections. Three subcategories, each referring to one specific practice, have been identified: '4a. HIV and AIDS testing'; '4b. treatment and drugs'; '4c. condom use'. Whilst the deictics point to different areas of prevention, when it comes to examining the co-text in which they appear, there is very little variation in the transitivity patterns. This allows me to raise similar analytical points for these subcategories collectively.

a. HIV/AIDS testing
Material: Health screening, many of these approaches such as HIV testing and treating other sexually transmitted infections, HIV testing, HIV tests, HIV testing, HIV testing, routine HIV screening, the test
Relational: HIV tests, Appropriate referrals to members of the multiprofessional teams as required

b. Treatments and drugs
Material: Treatment, trial drugs to keep people with HIV alive, It (=PEP), Treatment, HIV drugs
Verbal: The drug Truvada, the benefits of treatment with antiretroviral drug treatments
Relational: Specific services targeting gay and bisexual men in primary care, improved treatment, primary care

c. Condom use
Material: Condoms
Verbal: Provisions of condoms, increased condom use
Relational: Condoms, condoms, condoms, condoms, they (condoms), condom use, condoms, condom

Deictics such as ‘HIV testing’, ‘routine HIV screening’ (except ‘the test’) in subcategory *a* feature in passive material tri-grams: i.e. medical measures *should* be ‘brought in’ (7.119), ‘continued’ (7.120), ‘offered’ (7.121) by the government and medical authorities.

The same applies to the other preventive measures featuring in the subcategories *b* and *c* 9cf. 7.122-124). The benefit of implementing these material processes is a more detailed mapping of the virus for the purpose of both prevention and treatment.

(7.119) A Home Office spokesman said: "We are looking carefully at whether health screening should be brought in." (The Sun, 2003)
(7.120) "Many of these approaches, such as HIV testing and treating other sexually transmitted infections, do have important public health benefits, and should be continued (The Times, 2008)
(7.121) HPA suggests that HIV tests should be more routinely offered, for example to new patients at GP practices and those admitted to hospital in parts of the UK where the levels of HIV infection are high. (The Guardian, 2011)
(7.122) Trial finds drugs to keep people with HIV alive should be given as early as possible - before the virus has weakened their immune system (The Guardian, 2015)
(7.123) You can ask for PEP (post-exposure prophylaxis) anti-HIV medication, which should be started as soon as possible after the possible exposure to the virus (The Sun, 2007)
(7.124) However, purely on health grounds, condoms should be made available to 'genuine' homosexuals who could show they would otherwise have unprotected sex. (Daily Mail, 1999)

A wider availability of HIV tests is modalised in relational terms as a desirable service for anyone ‘with undiagnosed infections’ (7.125). The reference to the beneficiary ‘people with undiagnosed infections’ is indicative of the fact that these preventive measures are designed to have a positive and, most importantly, ‘inclusive’ impact upon those who might be exposed to the virus.

(7.125) For example, last year the UK government's Health Protection Agency endorsed guidelines saying that in urban areas of the UK where people with undiagnosed infections are likely to be concentrated, HIV tests should be more widely available. (New Scientist, 2009)

The relational string ‘should be available’ also runs through most of the concordance lines featuring the inanimate deictics ‘condoms’ (7.126-7.127), the latter intended as the most basic but still most efficient way of preventing HIV infections.

(7.126) Lawyers for Mr. Fielding said that condoms should be available even where there was no diagnosis of infection or risk, since prisoners might not know they were infected. (The Times, 1998)
(7.127) The AIDS Advisory Committee, which includes members of the prison service, has recommended that condoms should be freely available in prisons (The Lawyer, 1998)

The verbal tri-grams appeal to the similar principle that preventative measures are desirable and *should* therefore be “verbally” ‘encouraged’ (for condom use, 7.128), ‘prescribed’ (for Truvada, 7.129). With regard to HIV treatments, a discussion of the benefit of the antiretroviral medication is construed as desirable (7.130)

(7.128) They say that their findings suggest that a modest increase in condomless sex among MSM after the introduction of ART is responsible for the net increase in incidence of HIV in the UK, so increased condom use should be encouraged. (Nursing times, 2013)
(7.129) HIV Scotland said the drug Truvada should be prescribed as a preventative measure to reduce the risk of new cases of the virus. (The Herald, 2015)
(7.130) The benefits of treatment with antiretroviral drug treatments should be discussed with all people receiving HIV care (Nursing Times, 2012)

7.6 Conclusion

This chapter has explored the concordance findings obtained from the modal verb *should*. It has been argued that the deontic value construed by *should* is similar to one encoded by *must*, i.e. in terms of the moral undertones, social normativity and propriety.

The first concluding remark that can be advanced regards the frequency *should* in my news corpus: *should* occurs significantly less frequently than its stronger deontic counterparts. This can be taken as a useful indication of the general tenor of the media discourse, whereby stronger impositions requiring interventions of the social actors are issued, instead of ones where noncompliance is allowed.

The analysis of the personal deictics has yielded the same types of agency identified in Chapters 4-6: namely, the expert, lay, and PWH ones.

Numerically speaking, lay agency is most frequently called upon to perform the modalised processes (64 times recorded in the deictic cline, to add to the inclusive *we*, used inclusively, 'people', analysed separately): lay agency occurs three times as frequently as the expert form (21 times) and by far prevails over the PWH form (eight times). The numerical distribution confirms a trend that was identified in the strong modals, namely the fact that deontic labour is inclusive (hence the predominance of the lay agency) and not exclusive (if this was the case, the expert and/or PWH agency would dominate).

The deontic labour allocated to the three agencies is in keeping with the patterns identified in *must*, *need to*, and *have to*. The expert one is concerned with implementing medical measures and guaranteeing the political, and socio-economic conditions to prevent and treat the virus, as well as promoting a better understanding and acceptance of it.

The non-expert one deals mainly with personal tasks concerning self-awareness, and engaging in safe-sex practices. The private individual is recommended to behave in a responsible way and be ready to face the consequences of their own actions.

Finally, the modalised processes associated with PWH do not demand any particular form of intervention; what is desirable is that PWH can live with their medical condition freely, without being subjected to discrimination.

CHAPTER 8 – *OUGHT TO* (NEWS CORPUS)

8.1 INTRODUCTION

The final modal of the news corpus is *ought to*. Like *should*, *ought to* conveys a weak sense of obligation, i.e. a construed imposition that is not as binding as with *must* and *have to*.

The only discrepancy between *should* and *ought to* is their relative frequency. Specifically, only 13 tri-grams about HIV/AIDS feature *ought to*. This very low number is validated by Myhill's (1996) tentative links between the progressive decline of modals that convey a sense of personal duty and moral righteousness (i.e. *must* and *ought to*) and the political and social changes of modern society towards a more egalitarian and liberal one.

Due to their low frequency, *ought-to*-based trigrams are simply divided into animate and inanimate in the following discussion.

8.2 ANIMATE DEICTICS

8 out of the total 13 concordance lines contain animate deictics. Despite their low frequency, it is possible to distinguish three common agency types.

Expert agency is instantiated by the medical body (e.g. 'GPs', 'the health professionals') and the body of charities and organisations, (e.g. 'Spending Pride').

Lay agency is instantiated by the inclusive *we*, and *I*. The two deictics instantiating the PWH agency are the pronoun 'they', used anaphorically, (i.e. those who have HIV) and the NP 'women'.

8.3 INANIMATE DEICTICS

The inanimate deictics in the remaining five tri-grams identify areas in which deontic labour is expected be implemented.

The deictic 'HIV' and 'the cell of the immune system' identify the medical field; 'more money and drugs' indexes the financial aspect of medical research and HIV prevention. The

deictics ‘the proposal that patients (with HIV) should be charged for respite care at Milestone’, and ‘risk behaviour among donors rather than bans upon whole communities’ give an insight into some of the measures that perceivably *ought to* be adopted in order to deal with HIV and PWH.

Sections **8.4** and **8.5** deal, respectively, with animate and inanimate-related modalised processes.

8.4 ANIMATE-RELATED PROCESSES

The deontic labour in (8.1-8.2) is construed in relational terms: what is required of GPs and organisations such as ‘Spending Pride’ is for them ‘to be familiar with the principles of modern- day antiviral therapy’ (8.1) and to be ‘supporting and comforting’ (8.2). Moreover, experts (i.e. they) are required to perform the verbal imposition to ‘teach self-esteem in schools’ (8.3).

(8.1) Additionally, GPs ought to be familiar with the principles of modern- day antiviral therapy, that is combination drugs which are used to reduce HIV activity. (Pulse, 2002)
(8.2) Spending Pride with hundreds of thousands of lesbian and gay people ought to be supportive and comforting, but it's not that simple. (The Guardian, 1996)
(8.3) They ought to teach self-esteem in schools: it's not a wishy-washy subject, it's about self-worth and self-knowledge. (The Evening Standard, 2004)

I call the deontic labour allocated lay social subjects and PWH ‘social and personal responsibility’. The modalised material processes aim to avoid contagions (8.4), and facilitate a proactive approach to treating HIV (8.5); the mental tri-gram (8.6) requires a fairer conceptualisation of HIV, whilst the relational (8.8) problematises the careless attitude adopted by PWH.

(8.4) If I were infected with a contagious virus that may kill other people, then I ought to refrain from acts that put them at risk (New Statement, 2000)
(8.5) Homayoon Farzadegan and colleagues of Johns Hopkins school of hygiene and public health in Baltimore, Maryland, said clinical guidelines for starting anti-viral therapy for HIV were based on studies predominantly on white homosexual men, but women ought to start treatment earlier because less of the virus was needed to bring on Aids in them. (The Journal, 1998)

(8.6) "But I was very struck by what Nelson Mandela said just a couple of weeks ago when he was grieving for his own son, and he said we really ought to be treating HIV just like any other illness. (The Express, 2005)
(8.8) They warned that those who do have HIV were not being as careful as they ought to be, which in turn increased the risk of passing the infection on. (Evening News (Edinburgh) 2008)

8.5 INANIMATE-RELATED PROCESSES

The five processes in this category give an insight into what conditions *ought to* be implemented.

Regarding the medical field, (8.7) calls for a normalisation of HIV and an end to the culture of secrecy associated with being HIV-positive. (8.8-8.10) deal with PWH's medical history and the personal and social wellbeing of PWH: the relational equation between charging people for respite care and the attribute 'unthinkable' (8.8) presenting it as immoral. Of note is also the active material impact that 'risk behaviour' can have on being able to 'determine' the policies adopted by the National Blood Service (8.9), whilst (8.10) making another material appeal for more money and drugs 'to be made available for developing countries'.

(8.7) She said HIV ought to be made a "notifiable disease" like flu. (The Sun, 2004)
(8.8) This ought to be as unthinkable a suggestion as it would be to ask patients suffering from cancer to pay for respite. (Evening News (Edinburgh), 2000)
(8.9) Risk behaviour among donors rather than bans upon whole communities ought to determine the policies but then if the National Blood Service had professionally screened all plasma, compounds or transfusions in the first place we wouldn't be in this mess now. (Birmingham Post, 2009)
(8.10) He called for a "redoubling" of the search for a cure and said that more money and drugs ought to be made available for developing countries faced with the problem. (Morning Star, 2005)

8.6 CONCLUSION

The *ought to*-related tri-grams share with the *should*-related examples similar patterns of use. As with *should, ought to* allocates 'weak' deontic labour that is informed by principles of social and personal morality, and propriety.

At the animate-deictic level, similar impositions to the those identified in Chapter 7 are distributed across the three types of agency, namely the medical and professional responsibility to prevent new HIV cases and to treat old ones; the individual responsibility to look after oneself, both in terms of prevention and medical care, if HIV-positive.

With respect to the inanimate deictics, the deontic labour is concerned with the conceptualisation and treatment of HIV, discriminatory attitudes mobilised towards PWH, and the need of financial resources to support developing countries particularly affected by the virus.

CHAPTER 9 – ANALYTICAL APPROACHES AND *MUST*/*HAVE TO* (INTERVIEW CORPUS)

9.1 INTRODUCTION

This chapter produces an analysis of the interview corpus, as a means to obtain another perspective on the discourse of HIV/AIDS post 1996. This perspective is provided by 15 semi-structured interviews with GMWH. The focus on GMWH relates to the fact that gay men have been one of the main social groups to be associated with HIV since the very onset of the epidemic, and consequently the target of a public crisis couched in moral-panic terms. For this reason, I claim that analysing their point of view on HIV and AIDS is a worthwhile undertaking. The analysis of the interviews is concerned with the identification of deontic labour construed through deontic tri-grams that are found in GMWH's accounts on past experiences and personal views on the virus. The limited amount of data to review in the interview corpus allows an even closer qualitative analysis of the deontic instances. This is done via the introduction of the parameters 'tense' and 'polarity'. They contribute to the qualification of deontic labour as 'constraints' (in the past) or hypothetical things to do (in the present and future).

Using the personal deictics as a distinguishing factor, deontic tri-grams are organised into two 'spheres', the private and the public. The former is instantiated by the personal deictic *I*, and comprises instances of deontic labour which concern only the interviewees and arise from their personal medical, family-/health-related circumstances. Finally, this sphere is highly populated given the subjective nature of the questions, which are aimed at eliciting GMWH's personal views and experiences.

Private sphere:
(9.1) Taylor: I am dreading having to go back on the dating scene as a thirty-year old positive gay man.
IR. Does it scare you?
T. It doesn't scare me, it kind of tires me out, coz I know I have to go through the whole disclosing, I have it on my Grindr profile. (Taylor)
(9.2) Aaron: Yeah, it was a strange thing to take it all on myself. I do still feel guilty that it is my own fault and that I shouldn't have gone out and I should've just stayed up in my own when my ex split up when I was 36 and I should've just stayed and read a book and what... and not being as I am and I wouldn't have caught HIV.

The second sphere is the public sphere. This refers to any social actor other than the interviewee that populate the interviews: these actors could be closely connected to their own private experiences (e.g. family, relatives, friends), more distant, (e.g. public institutions such as schools, the government) or more impersonal and referentially unclear, such as 'people'.

Public sphere:
(9.3) Aaron: I like the BBC but you… it only takes a little bit of um thoughtlessness or lack of understanding on the part that the presenter will say something and you'll think, "Oh, he shouldn't have said that." Well, you know, talking about Charlie Sheen when he come out as HIV positive and then all that business about the fact that he tried to bribe people to keep it quiet and all this business, it just makes it seem even worse you know.
(9.4) Philip: you can't deal with rejection then, I think managing HIV is more difficult. You really have to accept that you'll get some rejection, you know, whether that's sexual or whether that's social.

The heterogeneity of the public sphere can be attributed to the complex personal accounts provided by the respondents. Indeed, in answering the IR's questions, GMWH often present themselves in interactions with other social actors in what Schiffrin (2002: 315) calls a 'storied world'.

Furthermore, along with the personal deictics, the analysis will focus on the type of deontic labour presented, by attending to the modalised processes using Halliday's TS.

(9.5) Aaron: Uh, I don't think it would help having a go at people for not understanding. I think they've got to be brought in (VERBAL) gently rather than told off (VERBAL). And you should know (MENTAL) better. You should do (MATERIAL) your research. That's not going to help them or us. I think it's more we have to get the education out (MATERIAL/VERBAL) to them and break down (MATERIAL) those barriers again or something, or more.

Finally, Table 16 provides an overview of the frequency of the modals that IEs employ to allocate deontic labour. At this stage, preliminary conclusions of a quantitative nature can be drawn.

Modal verb	Private sphere	Public sphere	Total
HAVE TO (strong d.)	75	54	129
SHOULD (weak d.)	28	92	120
NEED (strong d.)	42	61	103
MUST (strong d).	2	2	4
OUGHT TO (weak d.)	2	0	2
TOTAL	156	247	403

TABLE 16 - FREQUENCY OVERVIEW

From Table 16, it appears that deontic labour is primarily construed in strong terms, by the modals *have to* and *need to* (232 tokens; 58%). Moreover, based on the deontic value these two modals are claimed to encode (cf. Chapter 2), the deontic labour arises from conditions linked to the external physical circumstances of the SoA, rather than values such as morality, responsibility, duty.

The remaining 30% (122 tokens) represents the combined frequency of *should* and *ought to* that are used to construe a weak form of 'obligation' informed by a sense of propriety and morality, and not simply by a circumstantial/functional necessity.

The analysis of deontic labour is approached by first focusing on strong modality. The first modal to be reviewed is *must*.

9.2 THE MODAL *MUST*

Two of the *must*-related deontic tri-grams belong to the private sphere. In (9.6-9.7) *must* performs a phatic/discourse-marker function, in the sense that it creates a conversational contact between IE Robin and IR. Additionally, it can also be argued that *must* modalises the verbal processes 'admit' (9.6) and 'tell' (9.7) as 'morally proper' and 'correct'. The two tri-grams point, respectively, to the value of honesty that is associated with feelings of shock at being diagnosed with HIV (9.6), and the value of friendship and devotion that Robin has towards his best friend, Timothy (9.7). For these reasons, *must* can be described here as performing a 'metalinguistic ethical evaluation'.

(9.6) So, at that point, at the point of my diagnosis, treatments were available, it was still a shock, I must admit, and despite having knowledge of HIV and having had a suspicion I might be HIV positive, when you are delivered that diagnosis, everything stops, and there was a period through a month where, in the gap between every breath, it was as if I kept thinking I've got HIV, I've got HIV, I've got HIV. (Robin)
(9.7) If I hadn't been forced to tell them, would I have told them?' Probably on reflection, I did me a favour, coz my parents have been able to come along to things that they had been previously excluded from and actually take part in some of the nicest things like World Aids Day celebration, some of the nicest things which make HIV a generous sense of community around HIV and meet my friends, you know, I must tell you, my best friend Timothy, whom you met, Timothy came with me. Tom and my mum are of the same age. (Robin)

The deontic tri-grams (9.8-9.9) belong to the public sphere: in both cases, the deontic labour is allocated to the deictically unspecific personal deictics 'people' (9.8) and *you* (9.9). The type of intervention falls within the remit of the invoked social subjects. Specifically, the modalised relational process 'be' and the attribute 'aware' (9.8) refer to the importance of knowing that HIV can no longer be seen as a cause of death, thanks to recent medical advancements. This knowledge is crucial due to the impact it can have on the perception and acceptance of HIV. Daniel appeals to the important values of self-care and self-love (encapsulated in the tri-gram: 'you must take care with it' (9.9), as arguably the primary somatic and mental form of prevention against HIV infection that everyone *must* adopt.

(9.8) People must be aware of the fact that it is still a situation that isn't going to cause immediate death and some people will die with HIV as opposed to dying of HIV. (Drake)
(9.9) IR: What is your position regarding prevention work in respect to HIV?
Daniel: I think it goes back to sex education when you were a child. It goes back to thinking that sex is a very natural thing, but that you must take care with it, and if you haven't been educated as a child, it is very difficult to change habits when you are older.

The latter two instances of deontic labour can be said to be rooted in ethical obligation and are numerically very infrequent in my interview data. This, coupled with the fact that *have to* and *need to* occur more frequently (174, 104 tokens, respectively), provide a preliminary insight into the tenor of the private discourse and, specifically, its tendency to gravitate towards issues of 'practical/functional' necessity, rather than morality and propriety.

The analysis continues with an examination of *have to*, as one of the most frequent strong deontic modals.

9.3. THE MODAL *HAVE TO*

For the analysis of *have to,* I introduce in 9.3.1 the parameters of 1. tense (past; present and future, together) and 2. polarity. I believe that 1. and 2. play a crucial part in the definition of the *have-to*-based deontic labour.

Table 17 below presents the frequency of *have to* in the private (75 tokens) and public sphere (54 tokens) and the total amount across both (129 tokens).

Modal verb	Personal sphere	Public sphere	Total
HAVE TO (strong d.)	75	54	129

TABLE 17 - *HAVE TO* FREQUENCY

9.3.1 TENSE

I maintain that the parameter tense can contribute to the measure of deontic strength, which, I argue, is more intense with the use of present-tense or future-tense *have to* and less so with the use of the past-tense *have* to. The relationship between deontic strength and modal tense is mapped upon the similar relationship between the sense of intensity in relation to both present and past tense, investigated in the linguistic field of narrative study (cf. Wolfson 1978, 1979; Schiffrin 1981 for an examination of the uses of past tense and historical present tense in fiction and oral stories, respectively; Huber (2016) on the use of the narrative present tense in contemporary narrative fiction).

Connected to tense is the concept of 'realis' and 'irrealis', normally associated with the term 'mood'. The indicative mood is said to construe the 'realis mood', whilst the subjunctive construes the 'irrealis mood' (cf. Palmer 2001: 3). In this thesis, I present 'realis' and 'irrealis' as semantic categories only, and do not consider the grammatical association with mood. To quote Mithun (1999:173 in Palmer 2001:1) 'the realis portrays situations as actualised, as having occurred or actually occurring, knowable through perception. The

irrealis portrays situations as purely within the realm of thought, knowable only through imagination'.

Past- and present-tense *have to* can have 'realis' and 'irrealis' implications. Namely, past-tense *have to* introduces a necessity that IEs recognise as being crucial to accomplish. Arguably, meeting this necessity allowed them to continue living and/or revert to a healthy lifestyle. Had they not met these necessary conditions, the IEs' mental and physical welfare may have become worse, to the point of being unable to partake in the study, due to unresolved past complications. Such conditions are not properly irrealis, in the 'realm of thought': they are real, past conditions in relation to various aspects of participants' lives.

(9.10) I had to have these major operations and everything like that. I suppose what I realise now is my condition was probably affected by my mental status (Daniel)

In (9.10) Daniel reports the past necessity of undergoing major operations. Although establishing whether he actually underwent these operations is beyond the scope of this study, arguably the modalised process likely occurred, ensuring Daniel's present state of health.

(9.11) […] two pills in the morning and two pills in the evening and [inaudible] that was something you had to take on an empty stomach and you couldn't eat or drink for an hour afterwards and it made you feel sick and you had to put them in water, and it made this chalky horrible thing. (Daniel)

In (9.11) Daniel's medical necessities are situated in the past: the implication is that again, he had little choice but to comply with what was only an experimental medical treatment and implement the material processes 'take' (the medication), and 'put' (it in water), in order to stay alive.

In (9.10-9.11) past deontic labour tends to have more 'realis' significance than present or future. With regard to the latter cases, IEs identify a deontic situation that is yet to be fulfilled and highlighted during the interview, at the moment of speaking. In this thesis, the present-tense category does not include historical present, since the latter is understood to have realis implications that are more similar to the past tense.

(9.12) And in some cases, it's a badge of honour. Young people see it, if I am not one of the crowd if I haven't got that. I gotta get HIV (Patrick)

In (9.12) Patrick makes reference to the personal necessity of 'getting HIV', and, specifically, the fact that some gay people see it as a rite of passage. The present-tense contracted form 'gotta' positions the necessity in the irrealis mode, since it is only entertained at a theoretical level and is yet to materialise. Moreover, as with the use of narratorial present tense, the level of commitment and urgency conveyed by the present-and future-tense deontic statements is more pressing and vivid, since no action has yet been taken to fulfil the necessity, as opposed to past deontic statements, which are more likely to have taken place already at the interview moment. Therefore, deontic modality associated with the present and future temporal dimensions is presented as closer to the 'irrealis' sematic dimension.

I employ the parameter of polarity in order to distinguish between positive and negative forms of *have to*. The former construes deontic labour (9.13), whilst the latter does not (9.14) (Smith 2003).

(9.13) I'd only got two years. But each time, you know, I was with my friend. […]. And that's when I had to...that's when I had to return. I've had two strokes as well in the interim as well. So, it did catch up with me. (Timothy)
(9.14) But in terms of when I was diagnosed, I thought: 'oh thank God, I don't have to carry it all by myself' but that was a bit of a kind of false alarm […] because it was kind of an absolute [inaudible] that you suddenly walked in trying to understand where everything was. (Daniel)

9.4 THE PRIVATE SPHERE

The private sphere comprises the deontic instances that apply exclusively to IEs. For ease of analysis, these have been organised into the following four categories, which instantiate the social domains where deontic labour applies. The category labels contain the noun 'necessity', in light of the deontic value encoded by *have to*.

1. **'Personal-circumstance necessity'**, comprising the necessary interventions that IEs implement in order to cope with their personal physical and mental conditions:
(9.15) And unfortunately I had a relationship with someone who was a psychopath, and he threatened to tell my parents, so I had to go and tell my parents in order to avoid him doing

that, and I think that kind of situation where other people status is not atypical either, it happens a lot (Robin)

2. **'Medical necessity'**, comprising the medical procedures that IEs *have to* follow in order to lead a healthy lifestyle:
(9.16) I had to have these major operations and everything like that. I suppose what I realise now is my condition was probably affected by my mental status (Daniel)

3. **'Interpersonal necessity'**, arising from the interpersonal relationships between the interviewees and other members of society:
(9.17) I did feel that you know, I would embarrass my daughter and she would think less of me but in all fairness, she's been fine, I had to tell her I had HIV in hospital because she thought I was dying from cancer. (Aaron)

4. **'Meta-discursive necessity'**, realised by discourse markers such as 'I have to say'. Here the deontic value, in the sense of feeling the necessity to do something, has progressively diminished:
(9.18) I'm on six different treatments now, a combination of six, which is very rare, very rare. […] And I have to say I know a handful of them and they are bad. (Ben)

The final structure of the analysis reported in Table 18 is therefore a complex one. It is the result of the combination of the four thematic categories with the parameters of tense and polarity:

Section	Thematic category
9.4.1.1	Personal circumstance necessity, expressed by past-tense positive *have to*
9.4.1.2	Personal circumstance necessity, expressed by present/future-tense positive/negative *have to*
9.4.2.1	Medical necessity, expressed by past-tense positive/negative *have to*;
9.4.2.2	Medical necessity, expressed by present/future-tense positive/negative *have to*
9.4.3.1	Interpersonal necessity, expressed by past-tense positive/negative *have to*;
9.4.3.2	Interpersonal necessity, expressed by present/future-tense positive/negative *have to*
9.4.4	Meta-discursive necessity,

TABLE 18 - STRUCTURE OF THE PRIVATE SPHERE

9.4.1 PERSONAL-CIRCUMSTANCE NECESSITY

In this category, IEs report the necessity to take a pragmatic and functional approach to life in order to cope with the personal health-related complications induced by HIV. These necessities are distributed in the past, present and future.

9.4.1.1 PAST, POSITIVE PERSONAL-CIRCUMSTANCE NECESSITY

14 out of 19 instances of necessity in this sub-category are couched in 'material-processes': they point to simple, daily 'mundane' actions that IEs see as necessary to implement following their HIV diagnosis. See Table 19.

Material (14)	(9.19) kind of then realised that you know, as much as I still loved my partner, I wasn't in love with him anymore […] And it took him years to understand why I left. I did have to leave. Even though I thought I'd only got two years. […] And that's when I had to...that's when I had to return. I've had two strokes as well in the interim as well. (Timothy) (9.20) I burned myself out. And I was given a clinical diagnosis...getting a diagnosis of clinical depression. So, I had to cope with that. Another label (Timothy) (9.21) It came, as I said, the same time as the initial diagnosis with the TB. So, it…it was a good nine months of TB medication before I had to deal with the issue of being positive. And it wasn't difficult. There was not angst or anything like that because my life had been turned around through the TB drugs anyway (Drake) (9.22) But I still worked, I still worked, I had to work, and I was determined there is no way I am gonna let this rule my life, I am going to rule it if I can. (Patrick) (9.23) I think it changes over time. Well, I know it has changed overtime because I was diagnosed in '97 although I knew more or less I had the HIV virus in 96 because I had to go and have mental work done as I was more or less told. (Daniel) (9.24) I had a relationship with someone who was a psychopath, and he threatened to tell my parents, so I had to go and tell my parents in order to avoid him doing that (Robin)
Mental (1)	(9.25) Um, and besides the stress and the trauma of it, I was physically fit. So, I said, ah, "Well, at least that's keeping me busy." Um, it was actually easier to carry on the facade at work. And then, if I dropped out of society, then, you know how do I explain that? So, I

	carried on. And as my two years was...was coming up to the end, I had to think. (Ben)
Relational (1)	(9.26) more is known about the side effects; a lot more is known about toxicity. And, um, there are a lot more support group. Um, in the early days, I had to be my own support group. (Drake)
Verbal (3)	(9.27) when I came out of hospital, she insisted I would use my own towel and that I had to have my own cup and plate and that kind of thing so I wouldn't be transmit the virus to anybody else. It was really for a while it was really bad. I had to have a word with my clinic, to speak to her about it. (Aaron)

TABLE 19 - *HAVE TO* IN PAST PERSONAL CIRCUMSTANCES

For Timothy, the diagnosis meant a shift in the way in which he was living: he questioned his relationship with his partner and went through the decision process of 'leaving', 'returning' and finally 'moving out' of the place which he shared with him (9.19). More explicitly connected to an HIV diagnosis are the metaphorical material necessities of 'dealing' with being HIV-positive (9.20) (Martin) and 'cop[ing] with the issue of being positive' (9.21) (Ben). Examples of necessary coping strategies situated in the past tense are the material 'work' (9.22) (for Patrick), and 'go and have mental work done' (9.23) (for Daniel). Straddling the semantic material- and verbal-process category is the necessity for Robin to 'go and tell' his parents about his diagnosis, in order to prevent his parents from being informed about it by other people (9.24).

Ben construes the only mental necessity, i.e. to think, in relation to his personal circumstances, as an HIV-positive American citizen living in the UK on a student visa.

Similarly, the only example of a personal-circumstance necessity expressed in relational terms is when Drake 'had to be [his] own support group' (9.26) because no services addressing mental wellbeing were available for PWH.

Finally, dealing with the virus also entails fulfilling verbal necessities: for example, Aaron 'had to have a word with [his] clinic' (9.27) in order to help stop his ex-wife's irrational fear of having contracted the virus from him.

The processes analysed so far serve to illustrate the following two points:

a. *Have to* is used to construe a form of functional/circumstantial necessity, borne out of IEs' personal circumstances;
b. Past-tense *have to* confers a semantic layer of 'realis' to the modalised processes. This is based on the assumption and expectation that past necessities identified by IEs have been followed through. Moreover, through past *have to*, IEs evaluate past deontic labour as necessary and important.

(9.30-9.31) function as outliers as they do not conform to the summary in a. and b.

(9.30) I had to pull out, but they (the Sun) want to help but they also want to turn it into entertainment (Taylor)
(9.31) I felt I had to take responsibility for what had happened (Arthur)

Had to construes both a pragmatic necessity and a moral meaning. Both Taylor and Arthur's tri-grams are informed by a sense of propriety and justice. Their respective decisions to pull out of the Sun project that was reporting on PWH, and to 'take responsibility' for his HIV-positive status' (Arthur), cannot be seen as uniquely pragmatic responses to their personal circumstances.

9.4.1.2 PRESENT/FUTURE, POSITIVE PERSONAL-CIRCUMSTANCE NECESSITY

Three out of a total of eight tri-grams construe an irrealis deontic labour that is *highly likely* to be met in the near future (cf. 9.32-9.33)

(9.32) I have to deal with the situation, and by worrying about how other people are going to deal with it isn't going to help me deal with it. And it's not going to help anybody else deal with their own circumstances. And so I've become very intolerant to people who, um, who will sit there and tell you for hours how they suffer. (Drake)
(9.33) And I felt that I had to take responsibility for what had happened. Um, (Pause) and I have to accept that I was (Pause) partly responsible for contracting HIV, although unintentionally. And yet, that was quite a big hurdle for me to get over. (Arthur)
(9.34) That's another headache because that's a lot of work. I have to prepare the papers for the annual general meetings. I've got telephones...telephones, there are three of them, would you believe. (Martin)

In (9.32-9.34), Drake, Arthur and Martin adopt the same pragmatic approach that, in the past, had allowed them to cope with the early phase of their diagnosis. Drake shows awareness of

his personal condition in a no-nonsense manner. The deontic labour concerns material constraints that exist outside of the IEs' control (9.32-9.33), or that come with the activities/jobs IEs do as a means of coping with their HIV-positive status (9.33)

Conditional syntactic constructions in the remaining tri-grams have the effect of magnifying the irrealis value as well as highlighting the unsettling uncertainty to which IEs are exposed as a result of their HIV status.

IEs cast their mind to the future in order to entertain possible situations and identify material necessities: the underlined clauses in 'whatever happens down the line' and 'when [something] comes up' introduce the element of doubt and uncertainty. Nonetheless, Aaron 'will just have to deal with it', referring to any issues associated with ageing that he may face (9.35).

(9.35) … there a bunch of people who aged quicker than somebody without HIV. And after a while, I just stopped taking in and thought, "You know what? It is what it is. I am just going to live for now. Whatever happens down the line, (Pause), I'll just have to deal with it when it comes up. But up until that point, there's no point worrying about it." So I've stopped looking online all these reports and things and just carried on. (Aaron)

Robin conjures up a similar scenario of uncertainty when he refers to the possibility of being out of work in the HIV sector, and being forced to look for a different position in a work environment that might not be as HIV-friendly. The materialisation of this eventuality is presented as out of Robin's control and as a cause of distress (9.36).

(9.36) What if I got a job there over the road and I told everybody on the first day that I am HIV positive? What the hell would the reaction be from the fellow staff? I am fortunate, I don't have to do that, but it might come a day when I don't have any work and I have to go and get a job in Boots, you know (Robin)

Finally, Patrick states the preference he had to retire when he found out about his HIV status, rather than him having to face the uncertainty of being made redundant and 'hav[ing] to find a new job', actions that would have gain led to him facing the verbal necessity of 'outing himself' as an HIV-positive gay man to his new colleagues. This is a risk that Patrick is not willing to accept, in order to protect his mental health.

(9.37) You know what I mean, it's just a stupid time, and I didn't wanna lose my job, get made redundant and then find and I then have to start, how do I start again? I then have to find a new job, I have to out myself or not and live a dual life (Patrick)

As illustrated in 9.35-9.37, being HIV-positive not only introduce a series of necessities one has to fulfil, it also plunges PWH into insecurity, and this, in turn, can be potentially damaging for their mental health.

9.4.2 MEDICAL NECESSITY

The deontic labour in this category results from circumstances determined by explicit and implicit regulations issued by the medical and health-care systems, such as a doctor's prognosis and subsequent prescription and the times and conditions that regulate the taking of anti-retroviral medications.

9.4.2.1 PAST MEDICAL NECESSITY

Five modalised material processes and one relational process identify the medical necessities that IEs felt were necessary to implement in the past: the material examples are 'see the doctors' (9.38) 'go on medication' (9.39) and follow a better diet (9.40), go to the clinic for the results of the HIV test (9.41). Although *have to* in (9.41-9.43) is conjugated in the present, I have included them in the past section, since they belong to a longer account of past events (Table 20).

Material (4)	(9.38) I went to Selly Oak Hospital to have my blood done and tablets [inaudible] and that was the first support and that was so confusing. My head was totally, I didn't know where I was, coz I had to see doctors, pharmacists, health [inaudible] people. I didn't know where I was. (Roger) (9.39) I had to go on medication. Because my cholesterol and my [inaudible] was all over the place [inaudible] My consultant told me to and I did. (Patrick) (9.40) there was stuff I wouldn't normally drink, like soy milk but I did it because I knew I had to, I know I had to do that. I probably drink too much but I don't smoke at all. (Patrick) (9.41) I was thinking 'Shit, I'm going to have to, so I went there, I

	didn't tell anybody, so at eleven o' clock I was informed I had HIV. Yes, it was a shock (Dorian) (9.43) My partner noticing the changes and my son at the same time, […] they are taking me to the doctors, and being told by the doctors, you know: 'We've tested positive. You've got to go to the hospital (Patrick)
Relational (1)	(9.42) I had to have these major operations and everything like that. I suppose what I realise now is my condition was probably affected by my mental status (Dorian)

TABLE 20 - PAST *HAVE TO* IN MEDICAL NECESSITY

9.4.2.2 PRESENT TENSE MEDICAL NECESSITY

All present medical necessities (three expressed in material processes, and one in behavioural terms) come from Patrick's interviews and show irrealis connotations (Table 21). Patrick acknowledges, through the factive mental expressions, 'I am fully aware' (9.45) and 'I know' (9.46) the material necessities to take anti-retroviral medication. In the irrealis event that his present medication stops working, he faces the need to 'try something else' (9.45). The modalised behavioural 'look after myself' construes the necessity to preserve his physical health both in the present and future.

Material	(9.44) I used to argue with Mark about my medication. […] And he says 'yes it is. You've gotta take it'. 'Yes, I gotta take it, but I miss a night or it's an hour later or two hours late, it isn't gonna kill me' (Patrick) (9.45) I am fully aware that the meds I am on now, I might not be on in ten years' time, coz they may have served their purpose and I have to try something else and that's the scary bit as well. (Patrick) (9.46) I know I've got, I've got to get my medication (Patrick)
Behavioural	(9.47) [I] gotta look after myself (Patrick)

TABLE 21 - PRESENT *HAVE TO* IN MEDICAL NECESSITY

9.4.3 INTERPERSONAL NECESSITY

The interpersonal necessity arises from social, interpersonal contexts. As members of society, IEs are exposed to interactions with various social actors. By engaging with them,

under particular circumstances, IEs are faced with the necessity to make their status a public matter.

9.4.3.1 PAST INTERPERSONAL NECESSITY

Three material and four verbal deontic tri-grams construe past interpersonal necessities.

With regard to the former, Robin laments being discriminated against for his HIV status, forcing him to 'have to wait till the end of the day' in order to have a colonoscopy (9.48). Daniel's necessity arises from external family pressures i.e. 'deal with' his old and ill mother, despite his difficult personal, health-related circumstances (9.49). Ben, instead, refers to what one had to do as part of a job-application process, i.e. 'go and get a medical exam' (9.50).

(9.48) I've been in hospitals where I had a colonoscopy and I had been at the end of the list, I had to wait till the end of the day (Robin)
(9.49) It was very stressful. […] I had to deal with my mother being old and ill and stuff like that and you know it wasn't a good time (Daniel)
(9.50) Getting a new job, you'd have to go and get a medical exam, blah, blah… (Ben)

As for the modalised verbal processes, IEs report the necessity to inform their closest family members and work colleagues of their HIV status: the motivation behind these processes is not connected to some form of personal sense of social justice and morality. Rather, being transparent becomes a practical requirement for Robin and Aaron, in order to avoid causing anxiety and generating wrong ideas within their family circles (9.51-9.52), and for Ben, in order to start afresh with a new job in the Salvation Army (9.53-9.54).

(9.51) Timothy and my mum are of the same age. So I sort of told her and she was 'Ooookay'. And I sort of had to say 'Please don't think this is a problem, I've had it for twelve years.' (Robin)
(9.52) I did feel that you know, I would embarrass my daughter and she would think less of me but in all fairness, she's been fine, I had to tell her I had HIV in hospital because she thought I was dying from cancer. (Aaron)
(9.53) It was interesting to come back to the Salvation Army. I had to say 'First of all, you need to know that I'm gay' (Ben)
(9.54) Within six months, I had to tell them that I was HIV positive myself. (Ben)

9.4.3.2 PRESENT INTERPERSONAL NECESSITY

The present interpersonal necessities are construed in material terms (9.55-9.56) and in verbal terms (9.57). Taylor resigns himself to the thought of 'go[ing] back on the dating scene as a thirty-year-old positive gay man' (9.55) and 'deal[ing] with a fair share of people who run away' (9.56). Patrick, instead, faces the necessity of reminding people that his decision not to work was connected to his HIV status (9.57).

Lines 9.55-9.57 capture the social responses, from the lay public, to which IEs are regularly exposed. The fact that all three instances portray case scenarios where potential discrimination and derogatory behaviour may occur makes for alarming reading and shows that much work in the field of public perception of the virus and PWH is still required.

(9.55) I am dreading having to go back on the dating scene as a thirty-year-old positive gay man (Taylor)
(9.56) It doesn't scare me, it kind of tires me out, coz I know I have to go through the whole disclosing […] I have to deal with a fair share of people who run away as soon as you tell them (Taylor)
(9.57) And even now when I've given up work, people still go 'you are not at work?' […] and I have to say 'no, I've just given up work because I can' (Patrick)

9.4.4 META-DISCURSIVE NECESSITY

The 'meta-discursive necessity' category (cf. *must* 9.2) comprises 'self-reflective expressions' that IEs employ to emphasise the necessities they raise in the interviews (Hyland 2005: 37). Ben uses the idiomatic 'I have to say' to introduce his knowledge about people sharing a complicated medical prognosis with him, due to unsuccessful medical treatments. Ben's type of necessity is a rhetorical one, namely one that allows him to illustrate what he means and to make his case more compelling.

(9.58) I'm on six different treatments now, a combination of six, which is very rare, very rare. […] And I have to say, I know a handful of them and they are bad. (Ben)

9.5 NEGATIVE NECESSITY

Negative *have to* introduces a different semantic scenario, characterised by the lack of a necessity inflecting the processes that the interviewees use to refer to or describe the personal

experiences they have of living with HIV. Negative *have to* is also used to construe SoA as undesirable, i.e. the things that IEs *do not have* to do are also things that IEs do not want to do.

The concordance lines are collated in two different tables below. Table 22 shows the present tense whilst Table 23 the past tense: this is to visually illustrate the two temporal spaces and demonstrates how there is an almost even distribution between both temporal dimensions.

Material (4)	(9.59) What if I got a job over the road and I told everybody on the first day that I am HIV positive? What the hell would the reaction be from the fellow staff? I am fortunate I don't have to do that. (Robin) (9.60) I've not had to work since I was ill. I am sure I could do something, but finding it is another question. (Aaron) (9.61) But I'm not standing in there and going 'I'm the gay manager' Why would I want to do that? […] I don't have to do that. I can do it, I can do it, it's not a problem, not an issue, I don't have to, it's my own personal space. (Patrick) (9.62) But in terms of when I was diagnosed, I thought: oh God, I don't have to carry it all by myself' (Daniel)
Verbal (1)	(9.63) I don't have to come out to every single person. At work, nobody ever asked me (Dorian)

TABLE 22 - PRESENT LACK OF NECESSITY

Material (2)	(9.64) In America, gay men, you know, not only being completely alienated from the family, getting fired from their job, being evicted from their home and destitute. And then, having to like wait in a queue to get any kind of...any kind of treatment. Um so, I didn't have to go through that. (Ben) (9.65) Um, thank God, I didn't have to take any treatments. But when they did eventually come up...because it was just another load of chemicals in my body (Ben)
Verbal (1)	(9.66) And I told my manager at work, I didn't have to, I didn't have to. (Patrick)

TABLE 23 - PAST LACK OF NECESSITY

In both clusters, IEs refer to the lack of imposition they enjoy/ed in making their own decisions regarding how to handle their HIV status, whenever the social and personal circumstances allow/ed.

Specifically, for Patrick the decision to come out as HIV-positive lies only with him (9.66). However, this is only possible because his work circumstances allowed him to retire and he did not have to look for a new position, where he may have been confronted with such necessity. The same applies for Robin (9.59), who works in an HIV-related work place, and for Dorian (9.63), who does not see the need to make his personal health public, especially if 'nobody [has] ever asked [him]' at work.

HIV takes away the necessity for Aaron to work, due to the debilitating effect the virus has had on his health, leaving him incapable of returning to his job as an accountant and forcing him to rely on government subsidies (9.60). For Daniel, knowing about his condition comes as a relief, expressed in the form 'I don't have to carry it all by myself' (9.62), since he can now have the medical and mental health support that he needs.

Finally, the absence of deontic labour described here is specific to the IEs' individual private circumstances and does not necessarily apply to PWH as a whole.

9.6 THE PUBLIC SPHERE

The public sphere comprises the personal deictics that identify public social actors, namely anyone except IEs. The focus is on the type of deontic labour that is at work in this sphere and how evenly and widely it is distributed across society.

Priority of analysis is given to the personal deictics that appear frequently enough to be dealt with separately. Thus with 37 instances, the pronoun *you* qualifies as the starting point of the analysis.

9.6.1 THE PRONOUN *YOU*

Across the 37 tri-grams, *you* functions 'impersonally' and 'inclusively'. Both uses belong to the category of 'non-dialogic' *you*, viz. IEs do not engage with IR, nor with the wider,

imaginary, audience of the interviews. Put differently, *you* does not identify a clear referent: rather it identifies two groups of anonymous social subjects which differ from one another according to the 'inclusivity' criterion.

9.6.1.1 NON-DIALOGIC INCLUSIVE *YOU*

Non-dialogic inclusive *you* does not refer to someone involved in the interaction itself, but it indexes the largest group of social subjects as possible. It is found in only five material trigrams (9.67-9.71) and one relational example (9.72).

(9.67) Where they ask for people's comments. And the challenge was um because it's a double-edged sword with...because of the...the stigma that a lot of people were afraid. Because in order to make the comments, you had to sort of register, you know, with the newspaper blah-blah-blah, whatever. And people found that difficult to do. (Ben)
(9.68) The media is a double-edged sword; you want it to be your friend but you also have to keep it at arm's length because any opportunity for stories they will take your arm off (Taylor)
(9.69) Everything at the minute is in flux, everything is in fragmentation. And HIV has gone further and further down the political agenda. Things aren't going to get better. But it has to be very basic, you have to start with education in schools, medical students need better HIV education, without that, we need HIV positive (Robin)
(9.70) You gotta get it from being under the carpet […] Politicians have got a part, media have got a part, they have got a massive part, and so has everybody else. (Patrick)
(9.71) Yes, you hear the National AIDS trust or whatever and whatever coz THT is out there, but they had to diversify, and quite frankly, if you had to look into the nuts and bolts of that organisation you would find things that would find few shockers there, gagging orders. (Daniel)
(9.72) Trying to get things onto the papers is difficult, but once is in there, they've got such amazing rich readership it does a lot of good and you just have to be aware that the papers are, I suppose, trying to go for sensational scoops. (Taylor)

One past material necessity involved ''register[ing]' to the site (9.67)' if somebody wanted to comment on and rectify misconstrued HIV-related news stories. This was a serious, damaging decision since it often entailed showing one's own allegiance to the HIV cause, which was not widely approved of at the time. Present material necessities concern HIV prevention strategies, via education in schools (9.69), giving the virus more visibility (9.70) and controlling the damaging effect of the media (9.68). The latter is also couched in relational terms (9.72).

The aforementioned analysis presents the type of deontic labour associated with *you*. The modalised processes reinforce the analysis of *you* as inclusive since they do not presuppose any skillset, or personal circumstances (e.g. being HIV-positive) that would narrow down the referential scope of the pronoun.

9.6.1.2 NON-DIALOGIC EXCLUSIVE *YOU*

Non-dialogic exclusive *you* indexes PWH exclusively. The deontic labour allocated through this deictic does not only apply to IEs, as PWH themselves, but is extended to anyone with the virus. Consequently, the deontic tri-grams can be clustered around the same thematic categories identified in the private sphere, i.e. personal-circumstance necessity, medical necessity and interpersonal necessity.

9.6.1.2.1 PERSONAL-CIRCUMSTANCE NECESSITY

The first thematic category collects instances of deontic labour pertaining to personal daily experiences of living with HIV. The emphasis is on how PWH deal with their condition and the types of action they have to implement, for the benefit of their health, in their private lives.

Modalised material processes refer to physical actions that PWH have to undertake regardless of their viral condition, or as a consequence thereof.

(9.73) But in terms of when I was diagnosed, I thought: 'oh thank God, I don't have to carry it all by myself' but that was a bit of a kind of false alarm […] because it was kind of an absolute [inaudible] that you suddenly walked in trying to understand where everything was, what you had to do, where you had to go. (Daniel)
(9.74) I just carried on as was. And which probably made it quite easier to deal with really, because I had a lot of time to think about stuff and contemplate stuff and you know, work out you know. You have to get on with the rest of your life. I mean it's a momentous decision, and momentous views… it is life changing, you know. You...you re-evaluate the important things in life. I took a career change. (Philip)
(9.75) It's not the panacea and it's not going to solve all the problems of the world. It doesn't take away self-responsibility and self-respect. You know, you still have to take care of yourself. And any partners you may have, you know, whether it be one or whether it'd be a

hundred, you'd still, you know, you can't moralise about the number of partners anybody has. (Drake)
(9.76) I used to carry spare clothes in my car, because that's what was happening… the medication…. When you wanna go, you just gotta go, and it was the whole shebang, and it would be embarrassing sometimes. But you learn to deal with it. I used to have clothes at work, in my car and I had told a close friend and colleague that anything it would happen… if I'm in the toilet… go and get in my car my spare pants. (Patrick)
(9.77) Um, you know, I don't know how my situation is going to develop, and I don't know how anybody else's situation is developed, but I do know that making it the entire centre and focus for that is not going to provide any solution. You know, you have to live your life. You have to have next door neighbours. You have to go to the local Tesco to do your shopping. You know, you have to catch a train, so the fact that you see yourself as being positive first and foremost, cannot ever be the solution. (Drake)
(9.78) I think managing HIV is more difficult. You really have to accept that you'll get some rejection, you know, whether that's sexual or whether that's social. (Philip)
(9.79) You gotta think when you go to work on Monday and your colleagues: what have you done? Ah we went there, we went out there, you can't say one of those straight [inaubile] you can't say me and my partner went, he says this and then he said he did (Patrick)
(9.80) IR. Do you feel stigmatise because you've got HIV or do you... did you experience any form of stigma towards yourself?
Arthur: You've got to be careful. (Coughs). Yeah, it does stigmatise you. Rightly or wrongly, it does. Um, I got the double whammy of being gay, which is not acceptable in some quarters and the fact that you've got HIV just triples it.
(9.81) And you see miserable of groups of aging queens all getting together to complain about how dreadful life is. But actually, NHS is sponsoring, um, facial fillers at their cost, um, but you have to go moaning about it. (Drake)
(9.82) It was the best thing I could have done. Um, but...you know, this is just one of the small things that you have to suffer. Um, you have the rule was...and when you would say...you (Ben)
(9.83) It's not a reason to avoid people. It's just one of those things that you have to live with. The same as if you…you have an amputation limb, the same if you have cancer, and indeed the same as if you've got a headache. It's there, nothing's going to change the fact that it's there. (Drake)

Daniel refers to his diagnosis as a significant transitional moment, that ushered in changes in relation to what he, himself, and other people with a similar condition 'had to do' or 'where [they] had to go' (9.73). An important 'material' adjustment consists of accepting that 'you have to get on with the rest of your life' (9.74), which translates in 'normal' material actions to 'go[ing] to the local Tesco and do[ing] your own shopping' or 'catch[ing] a train', and more generally 'tak[ing] care of yourself' (9.77).

On two occasions, the previous material necessities can be summarised in the behavioural ‘you have to live your life’ (9.77-9.83). This leads also to mental implications, such as the fact that ‘you have to accept that you'll get some rejection’ (9.78), and relational ones, such as ‘you’ve got to be careful. [HIV] does stigmatise you’ (9.80).

9.6.1.2.2 MEDICAL NECESSITY

In four cases shown below, the non-dialogic exclusive *you* acts as the grammatical subject to medical necessity.

(9.84) I was on DDI and you had [inaudible] two pills in the morning and two pills in the evening and that was something you had to take on an empty stomach and you couldn’t eat or drink for an hour afterwards and it made you feel sick and you had to put them in water, and it made this chalky horrible thing. It was hell, it was absolutely hell because you [inaudible] hard, when you had to take, you only had an hour window and you had to take them at the time, so you might, say I woke up at 6 and I took them at 8 (Daniel)
(9.85) I went from here, a real high, I was good, to suddenly for whatever reason stopped working and I went down bang to the floor. In another way, it is a wake-up call coz you realise it can happen, your immune system getting used to the kind of medication you are taking, you gotta be aware and I am fully aware that the meds I am on now, I might not be on in ten years’ time, coz they may (Patrick)

Daniel recounts the moment when anti-retroviral medication was characterised by its many caveats: i.e. ‘you had to take them on an empty stomach’, ‘you had to put them in water’, and ‘you had to take them a [certain] time’, making the whole process of complying with them, at times, challenging (9.84).

Patrick, instead, draws attention to the present limitations of anti-retroviral medication: the relational ‘you gotta be aware’ (9.85) functions as a warning for those who overestimate the medical progress and reminding them that HIV is a manageable, but not curable condition, and one can therefore be subject to unpredictable medical complications. This *you*-related instance suggests an element of shared experience: ‘being aware’ is something that one has to do alone (therefore, it is not the same as *we*), but simultaneously by anyone else in the same circumstances (so it is more than *I*).

9.6.1.2.3 INTERPERSONAL NECESSITY

This final category encompasses the deontic labour allocated to PWH (IEs included) and results from PWH being members of a community of people and consumers of public services.

(9.87) And the people come in wearing um Hazchem outfits. So, the head gear, the mask, the full surgical outfits and gloves, technicians and everybody. And they come in. And you're just dressed like that, you know. And you have to like settle yourself and on the plastic. I remember putting my rucksack on the table, the table's covered with plastic. (Ben)

(9.88) In some instances, it's been totally inappropriate. Like dentists, for instance. The patients. Oh, you'll have to...oh, you're HIV positive, you'll have to be the last. No. There's no reason for that [inaudible] either. And similarly...twice now, I've been...In my two cataract operations, I was the last person in the theatre. (Martin)

(9.89) It seems to have worked, because there aren't many journals these days that would say stupid things like that, who sort of demonise people with HIV. But occasionally, [inaudible] and some parts of Wales, you get the odd story where it's totally inappropriate. And you have to do something about it. But it's rare. (Timothy)

(9.90) I think, in real terms, people are often ostracised or they are sidelined for promotion, or I would never want to advise someone 'you've got to be open and tell everybody if it means that they can't climb their career ladder, if it ruins the chances of having a better life, right frankly I think you keep your mouth shut and get on with your job (Robin)

(9.91) I was reluctant to actually admit when I came in that I've got HIV apart from to the um the staff that you have to tell them that you've got you know prove that you got HIV. Obviously, you know, so you can be here um... (Arthur)

(9.92) I don't think people will talk about it publicly. Uh, I think in, uh, this…I think you need to…. This is used in the media, it's used by the gay community a lot as well, but I think we need to drop the term coming out as HIV-positive as well. Because I think you are telling people you have a medical condition, you shouldn't have to sort of sort of make it, uh, an event where you have to come out and…. Because that's sort of making…. (Sighs) How to describe it? It's making it your sort of…it's putting the responsibility on you for people's reactions whereas it's really their problem if they can't deal with the fact that you've got a medical condition, you know, I think. (Timothy)

Interpersonal necessity often manifests itself as the result of discriminatory attitudes: Ben refers to an episode at the dentist, when he was faced with the necessity 'to settle yourself' on the surgery bed covered in plastic (9.87), while Martin 'ha[d] to be the last' for an examination or operation (9.88).

Timothy presents the material ‘you have to do something about it’ as a necessity that PWH have to implement in order to tackle stigmatic HIV-related misrepresentations (9.89). For Arthur, the modalised verbal process of ‘tell[ing]’ the management of HIV charities of his HIV status (9.91) is less of a necessity, and more of an imposition, in order to join the HIV association. This is argued as adding an additional, unnecessary pressure on PWH who already suffer from insecurities due to their HIV-positive status. Finally, Timothy questions whether the use of the verbal process ‘come out’ (9.92) reflects an outdated necessity, whereby the burden of managing the virus and the related public reactions lies solely with PWH.

9.6.2 THE DEICTIC *WE*

The deictic *we* occurs five times, three of which have an exclusive meaning and the remaining two an inclusive one. In the former case, *we* is used exclusively to separate the expert social actors, or PWH from the lay, most-oft uninformed public. The deontic labour relates to the enactment of material processes for the promotion and circulation of information about HIV (9.94-9.95), as well as the relational ‘being careful’ in the way HIV is handled in support groups to avoid upsetting PWH (9.93).

Uses of inclusive *we* concern interventions of a linguistic nature, as expressed in the modalised relational process ‘we have to be so precise about the language we use, about telling others about HIV’ (9.96). This necessity is in keeping with the additional tendency to move away from using specialised medical terms, such as ‘disclosure’, so that the experience is as clear as possible for individuals whose first language may not be English and therefore might struggle to understand certain terminology.

(9.93) We do talk about experiences, we also talk about friendship and family and things like that. It can get emotional sometimes. […] so it can get emotional, so we have to be careful, the question we ask them, so I don't want flood of tears every night. But normally, we just sit around, and we have a chat, talk about our day-to-day life really, it can get quite funny at times, some of the things that come (Roger)

(9.94) it certainly used to be, I don't think it so much now, because of more heterosexual people being diagnosed, so it is not classed as a gay disease […] If that's the way the parents will learn about it, that's good enough for me. if the press ain't going to do it, I think we (as a charity) gotta do it ourselves. (Roger)

(9.95) Um, I don't think it would help having a go at people for not understanding. I think they've got to be brought in gently rather than told off. And you should know better. You should do your research. That's not going to help them or us. I think it's more we have to get the education out to them and break down those barriers again or something, or more. (Arthur)
(9.96) And I think that would be, when I talk to people about disclosure now, we try not to use disclosure even now, we have to be so precise about the language we use, about telling others about HIV, I say 'Take somebody along that had it for twenty-five years'. (Robin)

9.6.3 INFREQUENT PERSONAL DEICTICS

The remaining personal deictics identify the three agential categories found in Chapters 4-8.

Very little deontic work is assigned to the field of experts. Taylor argues that one of the problems with the spread of HIV lies with relieving schools of the necessity to warn young people of the dangers of getting the virus (9.97), whilst Daniel refers to the necessity that HIV charities face in order to continue to exist (9.98), i.e. to diversify, and not to put forward specific interventionist plans, but action for the greater and public good.

(9.97) Because they didn't have any sex education, they are coming out, they are either in school or they are coming out of school, they haven't been warned about HIV and the STIs because the schools don't want or don't have to, and they are going straight out on the scene or on the apps and they are having sex and they don't know any better. Simple as that, sadly. (Taylor)
(9.98) Yes, you hear the National AIDS trust or whatever and whatever coz THT is out there, but they had to diversify, and quite frankly, if you had to look into nuts and bolts of that organisation you would find things that would find few shockers there, gagging orders. (Daniel)
(9.99) So I think it can be done, but it is going to be a long time. And people have to take responsibility. (Dorian)
(9.100) People still have to be made aware, fully aware of the implications and with access to PrEP or something like that. There have to be obligations, um, in the roll-outs (Drake)

The remaining personal deictics identify lay actors, along CoS: their impact is on a smaller scale and often circumscribed within IEs' personal experiences and individual narratives.

At the more general end of the cline is the deictic 'people', as the agent of the active metaphorical material process 'take responsibility'(9.99), and the passive material process

'be made aware of' the implications concerning PrEP (9.100). Both instances illustrate the necessary requirements for shaping both social attitudes and practical responses to the virus. The following necessities have a very limited impact for the greater good:

(9.101) I think it can be for gay men. I've known gay men that had to move because of anti-HIV abuse, they had to move area, but I think it is probably the same for asylum seeker, black people who are dispersed to [inaudible] places very white and working class places and they are put [inaudible] in those communities [inaudible] and have issues when they are in a place that frankly it put them at risk, make them vulnerable. (Robin)
(9.102) lot of young guys are led by their trousers rather than their brains. I think that's part of the deal, isn't it, being a young man, whether you're gay, straight or bisexual. Um, and maybe it's partly that they see HIV statements or posters or ads in magazines and stuff. And just think, "That's the old blokes. That's the old guys, they have to deal with that." I don't know whether they get that it's still relevant to them. (Arthur)
(9.103) So we will take him shopping. We're walking through the city centre and there was a Muslim guy having a rant on the street corner. You know you get them in Birmingham city centre banging away and he was having a real go about homosexuals. And Arthur had to hold me back because I was going to go back and have… go back and have a go at him. (Aaron)
(9.104) Because it was so…it wa-…it was such a new situation for the whole world to find itself in. I wasn't going to be lectured to somebody who might have an undergraduate counselling degree at something that I would probably be the first person that she had to deal with. And so I thought, but if I'm going to have to deal with it, to deal with it realistically as I'm living with it, and deal with specific situations, rather than going to a counsellor who's going to say (Drake)
(9.105) Coz he didn't know when I came out of hospital he didn't know was I going to fully recover […] they had to work out what happened if dad… my son said 'what happens if dad comes home?' they both worked full time and one would have to give up work to look after me. (Patrick)
(9.106) He's lived with me and my partner for 15 years. He was there at the time I was ill, he had to work with Michael how if I had to be at home 24/7. Who was gonna do what and that, which is (Patrick)
(9.107) I just told her the same two minutes after I found out myself. So I thought she's got to know, she is sleeping with me, so she's got to know. And the worst part about it was when we went to the hospital. And they tested my wife to see if she had HIV. Thank God she didn't. (Roger)

Robin recalls past necessities that 'gay men' endured (i.e. to move area) for being gay and HIV-positive (9.101). Arthur voices the present misconception among the young gay generations that it was 'older guys' who had to deal with HIV and not the younger ones

(9.102). Finally, the deictics 'Arthur', 'she' (i.e. Drake's wife, in one instance, and Roger's counsellor, in the other), they (i.e. Patrick's partner and son), 'he' (Patrick's partner) are selected to meet necessary conditions with an impact circumscribed within the IEs' private sphere. They 'had to hold back' IE Aaron to prevent him from starting a fight (9.103), or decide to give up work in order to look after IE Patrick (9.105), or they had to be informed that IE Roger was HIV-positive (9.107). These necessities are mundane and insignificant for the greater good, albeit arguably of significance for each individual: namely, they do not allocate large-scale deontic labour aimed at bringing about material, mental, verbal or relational changes in the discourse of HIV/AIDS.

9.6.4 INANIMATE DEICTICS

The final section covers the inanimate deictics. The discourse areas that the inanimate deictics identify are as follows:

a. Being HIV-positive (4);
b. Public visibility and response to HIV (3);
c. Medicalisation of HIV (7).

The deontic necessities included in a. emerge as a result of being HIV-positive. Patrick rejects the necessity that 'being HIV-positive' is 'a big thing' (9.108). Following on from being diagnosed as HIV-positive is Timothy's necessity to end his long-term relationship, due to future job opportunities in the HIV field (9.109), and Drake's appeal for a respect for oneself and for one's partner (9.109).

(9.108) You know it doesn't have to be a big thing. It doesn't have to be the elephant in the room. It doesn't have to...You know, the whole of your life just. (Patrick)
(9.109) I need to be going to London or Brighton and stuff and things like that so the relationship had to end. (Timothy)
(9.110) So, um, I think, some of the early warning signs about respect yourself and your partner, have to be reinforced. (Drake)

b. is illustrated by three deontic instances. Daniel calls for more opportunities 'to be given to' HIV-positive men, as well as for allowances, in the name of social justice (9.111). Robin

instead laments the fact that the HIV cause has lost momentum and something, even if it is just 'very basic', has to be done (9.112).

(9.111) I think more opportunities have to be given to them and allowances have to be made for the fact that they can't always come up to the mark in terms of if you are working or stuff like that, which is difficult for an employer. (Daniel)
(9.112) Everything at the minute is in flux, everything is in fragmentation. And HIV has gone further and further down the political agenda. Things aren't going to get better. But it has to be very basic, you have to start with education in schools, medical students need better HIV education, without that, we need HIV (Robin)

c. deals with necessities connected to the medicalization, prevention and treatment of HIV. (9.113-9.114) deal with the present and past drug regimes that HIV-positive people both had and have to comply with. (9.115-9116) problematise the fact that medicine alone cannot solve, control and/or reduce the number of HIV transmissions.

(9.113) And being able to take it, and it's not just a question of taking the pill. It has to be taken regularly. (Martin)
(9.114) And ah some drugs had to be taken on an empty stomach. Others had to be taken after a full fat meal. (Martin)
(9.115) Um, I don't know, but uh, you know, something more has to be done, it's not going to be good enough to give a pill. (Drake)
(9.116) There have been a number of cases. But because of what's happening with the result of the finding of the PrEP trials and the fact that if you are undetectable, you do not transmit HIV. That has to be taken into account now in the future. (Martin)

9.7 CONCLUSION

This chapter introduced the second strand of the analysis, instantiated by the interview corpus. The aim of this strand is to identify and examine the deontic labour that IEs allocate to themselves and across society.

Table 16 reports the modals construing deontic labour: it points to a clear preference for the value of 'strong' necessity, expressed by *have to* and *need to*. This observation is built upon by a qualitative investigation of *have to*. Two spheres are identified based on the personal

deictics that feature in the deontic tri-grams: the private sphere is realised by the pronoun *I*, whilst the public sphere is realised by deictics indexing anyone other than IEs themselves.

Noteworthy is the fact that the majority of *have-to*-based tri-grams refer to actual life experiences and conditions that IEs have experienced as a result of their HIV status, rather than to hypothetical situations. Hence, the organisation of the private-sphere necessities into personal circumstances, medical and interpersonal instances.

The majority of the public sphere is instead populated by non-expert deictics involved in types of intervention that have very little impact upon the HIV reality, mainly within IEs' personal experience. This goes against the trend identified in the public discourse, whereby the expert agency also plays a significant part in fulfilling deontic labour.

CHAPTER 10 – *NEED TO* (INTERVIEW CORPUS)

10.1 INTRODUCTION

This chapter is concerned with the deontic patterns that emerge from the analysis of *need to.* Table 24 gives a numerical overview of the frequency of *need to* in the private discourse, broken down into private and public spheres.

Modal verb	Private sphere	Public sphere	Total
NEED (strong d.)	42	61	103

TABLE 24 - FREQUENCY OVERVIEW OF *NEED TO*

10.2 THE PRIVATE SPHERE

In this section, I review the processes that the interviewees present as 'deontically necessary' connected to their personal experience of living with HIV.

The same thematic categories derived inductively from the *have to* tri-grams also apply to the *need to* tri-grams. Therefore, IEs face necessities concerning their personal circumstances, and of a medical and interpersonal nature.

10.2.1 PERSONAL CIRCUMSTANCE, POSITIVE *NEED TO*

IEs construe, in the present tense, various forms of necessity regarding events and verbal exchanges that occurred in their past. The stylistic effect of using the present tense is that of immediacy: the state of necessity attached to the process is foregrounded, whilst the fact that the deontic labour is allocated to the past is likely to have 'realis' implication. The sense of immediacy is also maximised by the fact that the deontic instances are conveyed in direct-thought (10.1-10.2) and direct-speech (10.4-10.5) mode (Leech and Short 1981).

(10.1) But here I'm doing this through brain surgery." I thought, this is getting a little ridiculous. So, I said, I need to plan my exit. So, I did plan. (Ben)
(10.2) I...I kind of then realised that you know, as much as I still loved my partner, I wasn't in love with him anymore. And Bath was the worst place in the world to live. I need to be going to London or Brighton and stuff and things like that so the relationship had to end. (Timothy)

(10.3) …other stuff that came along with the medication. There were times when I would walk down the road and I would need to go to the toilet and I would just go to the toilet and it used to break my heart, (Patrick)

Ben and Timothy construe two past personal necessities in present-tense material terms (10.1-10.2): Ben expresses the need to 'plan [his] exit' from the workplace, after enduring HIV-related medical complications, whilst Timothy recognises the need to 'go to Brighton or London' and other places where his HIV-based political and social campaign could benefit. After his HIV diagnosis, Timothy's previous relationship and the countryside village where he used to live are perceived as external constraints that damaged his new career in the HIV charity sector. (10.3) construes past material physiological necessities manifesting themselves as side-effects of the anti-retroviral medication.

Mental deontic labour is instantiated by (10.4-10.7).

(10.4) How do you feel? You look great. Um, do you have any of these symptoms?" And they said, "You need to weigh out what would happen if the test came out of positive, because you can't change it. And we have nothing for you." And they said, "You're finished here in a year and a half, you know." (Ben)
(10.5) Because ah, I had...although I had suspected that he was seeing other people, um and confronted him on it, he denied it. And then, I'd said, "You tell me, as your partner, I need to (know)… I will take whatever you say." (Ben)
(10.6) it's a number to me, it's five hundred, four hundred or whatever. What does it actually mean? I need to know that I'm undetectable and that I am alright. Health-wise, my leg is working, my kidneys are working, this is right, this is right… what more do I need to know? I know more about my body now than I've ever known in my whole life. I know when I go awaken??? (Patrick)
(10.7) I see my dentist regularly, I get my eyes tested regularly, they need to know, and when my ear….??? I tell them. When I get checked, I get the best possible service from, they know what medication I am on. The medication hasn't changed; I am still on the same medication. That's all I need to know. And you just get on with that. (Patrick)

Ben recalls the moment when he was faced with the necessity of having to think about the consequences of knowing there was a possibility that he may be HIV-positive, had he taken the test (10.4), and the moment when he confronted his then-boyfriend's infidelity. Although the mental imposition of 'weigh[ing] out' (10.3) is issued by the medical staff, the deictic *you* indexes Ben exclusively. For this reason, (10.3) is included in the private sphere.

In (10.6-10.7) Patrick asserts his total disinterest in the brand of medication he takes, or in his cd4 count: his priority is instead in 'know[ing]' that he is 'undetectable', i.e. when HIV cannot be transmitted.

10.2.2 PERSONAL CIRCUMSTANCE, NEGATIVE NEED TO

The negative tri-grams identify the lack of deontic labour in IEs' private lives.

(10.8) And then something just clicked. Fuck it, I am going back out. Why am I punishing myself, when I don't need to (punish myself)? So it's finding the confidence to go back and obviously. I think now, [inaudible] You fancy someone, it is the whole thing: I am HIV positive. (Dorian)
(10.9) I did have a counsellor. I've still got a counsellor; I just don't need to see her as much as I did. Um, still numbers are problems but I can at least read letters now. Might take me a couple of times but I'll get [inaudible] I can understand them eventually. (Aaron)
(10.10) And I don't want to know what my cd4 count is as long as I'm undetectable, that's all I'm interested in. I don't wanna know the names of the tablets. It may be people think I'm being flippant. I don't care, I don't need to know. All I need to know is that the med is working, I'm undetectable, any problems my consultant is going to tell me there is problem and we'll deal with it. So I don't need to know I'm on Trivara…. I don't need to know what their names are, I take them, I carry some with me when (Patrick)

Dorian recalls the time when, after his diagnosis, he withdrew within himself, both as a result of having his self-confidence undermined, and punishing himself for being in that position. For Dorian, the turning point is presented as 'something [that] just clicked', triggering a more compassionate approach towards himself, and, in turn, it lead to him rejecting the material necessity of 'punish[ing] [him]self' (10.8). Better health for Aaron means the lack of the behavioural necessity to see [his counsellor] as much as [he] did]' beforehand (10.9). By regaining some cognitive ability, lost after viral infection, Aaron is able to regain some freedom. Finally, the mental necessity of knowing what medication is able to keep the viral load at an undetectable level is irrelevant for Patrick (10.10): for him this is only a technicality, as long as 'med is working'.

10.2.3 MEDICAL NECESSITY – NEGATIVE NEED TO

The 'medical necessity' category is instantiated by three negative deontic statements issued by Philip and couched in material terms.

(10.11) And…. ah CD4 was very good, about 500, 600 something like that. It didn't change. It didn't progress. So, I didn't immediately need to start taking tablets, for example. I didn't need to change the way I was living. I didn't need to...I didn't really need to do anything. I just carried on as was. And which probably made it quite easier to deal with really, because I had a lot of time to think about stuff and contemplate stuff and you know, work out you know. (Philip)

Philip's account of his HIV-positive experience considers the initial phase of his medical history when, despite being HIV-positive, he 'didn't immediately need to start taking tablets', 'he didn't need to change the way [he] was living', 'he didn't really need to do anything'(10.11). The temporal hiatus between his diagnosis and the beginning of his medical treatment was crucial for him to be able to accept his condition and gather the physical and mental strength to face the various HIV-related necessities (i.e. of personal/interpersonal/medical nature) that would come later.

10.2.4 INTERPERSONAL NECESSITY

The final thematic category of the private sphere includes necessities of an interpersonal nature.

(10.12) But I didn't tell my family to begin with, and when I decided that I was going to tell everyone on social media, I needed to make sure that everybody that I want to know, want to know, before ...already knows, so it was then just telling the rest of my friends and telling my parents last. (Taylor)

(10.13) But I've tried to talk to…they recommend you, or make you see a counsellor when you're first diagnosed, and I just sat there and didn't really say anything because I didn't really have anything to say. I knew I could manage it, and that was it. I just told who I needed to tell, and then I was just like, well I'm not going talk about this anymore in terms of, you know, is it going to kill me? I know I can manage it, so…so that's…that's it (Jacob)

(10.14) And when it was all over, I sat him down afterwards. And I said, "Listen. I was not going to let you leave without me getting there." And I said, "But I do need to have a talk with you, really." I said, "That was...that was um, as much for your benefit as it was for me coping (Ben)

(10.15) it's got nothing to do with me, it's something that you told me in confidence or you said it, why would I need now to go around the world that that's the way it is. (Patrick)

The interpersonal necessities identified by Taylor (10.12) and Jacob (10.13) are connected to the concept of 'social face' (in the Goffman's (1967) sense): IEs recognise honesty and transparency as crucial values for protecting one's 'face'. One way of upholding these values is by informing family and close friends of their status, as Taylor did, before making his status public on social media (10.12). Moreover, as a consequence of complying with this necessity, Jacob not only felt that he could be honest with his family and friends, but he also felt that he could start focusing on managing his own personal and medical situation (10.13).

However, for Ben, the verbal necessity 'to have a talk with you' (10.14) reported in direct-speech mode is in relation to a sexual episode with a nurse. When the latter found out that Ben was HIV-positive, he was reluctant to have sex with Ben, despite the latter's undetectable status. In this particular interpersonal context, Ben's verbal necessity serves to function as both negotiating and maintaining his 'positive face', i.e. the desire that one's face/image/persona is liked and approved by others. He refuses to be seen as a reckless person that puts other people's health at risk and wants to hold the nurse accountable for his misconceptions around HIV, which can undermine PWH's self-esteem.

The final interpersonal material necessity of 'go[ing] around the world' telling others a rumour that someone is HIV-positive is rejected by Patrick and is seen as disrespectful towards the person targeted by the rumour.

10.3 THE PUBLIC SPHERE

The public sphere collects instances of deontic labour allocated to public social actors other than the IEs.

Firstly, I review the most frequent deictics *we* and *you*, separately, before tackling the personal deictics that appear less frequently.

10.3.1 THE PRONOUN *WE*

We is used exclusively in 8 of the 11 total instances (10.16-10.23), to index the specific actor, a gay person with or without HIV that works for the HIV cause. The only exception is (10.17), where *we* indexes IE Taylor and his mother, in the role of doctor. Moreover, in 5 out of 8 exclusive-*we* tri-grams (10.16-10.20), the deontic labour arises from interpersonal circumstances, whilst in the remaining cases it pertains to IEs' personal circumstances (10.21-10.23).

(10.16) No, because people who are not HIV don't know about this medicine. I think we need to get out there [inaudible] and tell them that people can be undeniable so it can't pass, HIV onto you, I don't think people realise that. (Roger)
(10.17) I don't know, Ignorance. That's all I can say. That's a big word today ignorance. Hem, people don't understand HIV and there is not enough education out there to help them understand it. So we need to get there and educate them (Roger)
(10.18) Anybody can catch it. Gay or heterosexual, and people don't realise that. […] it the truth about HIV, and I think we need to do it more, [inaudible] have a go about it [inaudible] […], I think we should be doing a lot more to educate people both in the gay society and heterosexual society. (Roger)
(10.19) why should we look to negative people to tell us, uh, to tell people about our condition? We need to do that off our own back. (Jacob)
(10.20) my mum, she is a doctor and she is a worrier so I knew, and it did happen, and it happens just as I knew it would happen, she's then sort of going 'Okay, what do we need to do?' (Taylor)
(10.21) It's just something a part of who and what you are, Ivan. Exactly. That's who I am. I'm... Yeah. Um, so yeah, I think it's something that we all need to come to terms with. It's difficult and it will take perhaps stronger people than me. (Aaron)
(10.22) So, in terms of the gay community, then, we just need to test regularly. Make it a matter of duty. Once a year, if necessary, twice a year, three times a year, if necessary, depending on your behaviour. Make it a matter of routine. Don't forget. Don't put it off. Putting it off is bad. (Philip)
(10.23) …because we've not actually seen the resistance in gay men yet. But the fact that there's resistance, quite relatively [inaudible] resistance scenarios of the world to…to PrEP that could potentially…uh, to [inaudible] sorry, could potentially limit its suitableness in PrEP, so we need to be aware of that. Condoms still need to be promoted. Like I said, it's an additional tool, it's not… (Jacob)

Interpersonal deontic labour is mostly couched in material and verbal terms. Roger identifies the need to rectify certain misconceptions held by the public (10.16). Specifically, the tri-gram 'we need to get out there' suggests a material transition from one's sheltered comfort

zone to a ‘space’ where HIV-negative people ‘don’t know about’ HIV treatment and the implications of living with the virus.

Similarly, the tri-gram ‘we need to get there and educate them’ (10.17) again contains the reference to an unspecified distant space where little information about HIV is available. Here, the deontic labour is realised by the verbal ‘educate them’ and the material ‘do it more’: the process ‘educate’ introduces the social issue associated with a lack of knowledge around HIV, whilst the comparative ‘more’ in the proximity of the tri-gram ‘we need to do it more’(10.18) indicates the ever-present, increasing need for HIV-related prevention measures and education. In (10.19), Jacob provides a candid account of how to promote knowledge about HIV, i.e. through personal commitment, first and foremost.

The scope of impact of the personal-circumstance deontic labour is more personal and private. Specifically, Aaron, Philip, and Jacob, respectively, voice the mental, material and relational necessities ‘to come to terms with [HIV]’ (10.21), ‘test regularly’ (10.22) and ‘be aware of that’ (10.23). These necessities exclusively apply to GMWH. For Aaron, making peace with being both gay and HIV-positive is unavoidable (10.21). Philip’s call for regular testing is practical and acts as a damage-control exercise to reduce and keep a record of new HIV infections (10.22). Moreover, Jacob’s awareness-raising deontic observation (10.23) complements Philip’s: PrEP is not the ultimate solution to HIV and STIs, and condoms still plays a necessary role in the prevention of HIV.

In the remaining deontic instances (10.24-10.26), the deontic labour is allocated, in an inclusive way, to society as a whole.

(10.24) I just think we need to say it is 2016, yes, lots of people have HIV, 110,000 people in the UK have HIV, hem, for most people it is just simpler as a pill per day, [inaudible] you know, it's fine, I will live as long as you, it's like any other long-term medical condition (Taylor)
(10.25) I think there’s a lack of willingness to recognise that some activities are more risky than others. And we need to recognise that and not condemn people. We need to do harm reduction, but we need…I mean, that needs to be said that, but you know, maybe we…behaviour change. (Jacob)
(10.26) This is used in the media, it’s used by the gay community a lot as well, but I think we need to drop the term coming out as HIV-positive as well. Because I think you are telling people you (Jacob)

These tri-grams spoken by Jacob and Taylor, instantiate an interpersonal necessity couched respectively in mental, verbal and material processes. The deontic tri-grams 'we need to say it is 2016, lots of people have HIV' (10.24) and 'recognise that [i.e. that certain sexual practices are riskier] and not condemn people' (10.25) advocate a realistic approach and understanding of HIV, whilst arguing for the lack of necessity to verbally criticise people. The aim is to promote a non-judgemental culture, as well as fulfilling the material necessity to 'do harm reduction' (10.25).

Jacob addresses the verbal necessity to 'drop the term coming out as HIV-positive' (10.26): this is because the label 'come out' is thought to contribute to negative representations of one's HIV status as something to be initially secretive about before going public, through an act of courage.

10.3.2 THE PRONOUN *YOU*

Two types of *you* are identified in the public sphere: the dialogic and the exclusive. Ben uses the dialogic *you* in four instances (10.27-10.30):

(10.27) I'd come...gone to the States for holiday, and I came back with him with crabs. I was saying, "You need to tell me. We both have to get treated for this. Now, is there anything you need to tell me?" Oh, I spent the night with Julie. (Ben)
(10.28) But you need to leave here to be educated about that. Because I'm not the bad guy here. If anything, you are safer with someone who knows they're HIV positive than someone who thinks they're negative. "So, and I said, "There's a lot of work. Read up on that. (Ben)
(10.29) "I've collapsed in my kitchen. You need to replace... you need to get somebody to chair the meeting for me." And they're going, "What the fuck are you doing on the phone? Have you called an ambulance?" I said, "No, I'm going to do that now." (Ben)

In (10.27), *you* indexes Ben's former boyfriend being caught cheating on him, and being asked to face the verbal necessity to 'tell [him:Ben]' whether or not this is the case. This necessity also has medical implications, since they both might have to be treated for HIV. Line 10.28 refers to a sexual encounter between Ben and a nurse: due to an initial irrational reaction to Ben's HIV status, the nurse is confronted with the medical necessity to 'leave and be educated' about the virus. This is to prevent his HIV-related ignorance being the cause of

further suffering for other PWH. Finally, a more practical necessity is evoked when Ben collapses on the floor following the bursting of a brain aneurysm. In this case, the material necessities 'to replace' Ben and 'to get somebody to chair the meeting'(10.29) are allocated 'dialogically' to the organisers of an event to which Ben was invited.

The exclusive-*you* tri-grams introduce IEs' personal stance on topics such as living with HIV, preventive measures and the media representation of HIV.

(10.30) I think you need to be practical when you get a diagnosis like that. It's sometimes hard, but I had a bit more perspective because, you know, because of my science background.…maybe because I…it wa-…I wanted…if I'm…. I was looking at that this as a career, so I thought, um, you know, um, I need to sort of acquire knowledge of it. (Jacob)
(10.32) PrEP is a prophylaxis. If you don't like PrEP... you need to have a conversation of the role of prophylaxis. Not, let's talk about this one particular pill because then, we can impose our own moral or social or religious judgement. Leave that aside, you know. That hasn't got a place in health discussion. (Philip)
(10.33) If you are dating somebody who is undetectable, I wouldn't recommend it because it is unnecessary really, you don't need to put your body under the stress of Truvada, and if you are having, you know, sex once every month with some regular fuck buddy, I wouldn't recommend it, but if you think you are at risk, I think it is a great tool hem, and the other ones really, this is really, isn't, condoms, PrEP and treatment as prevention. (Taylor)
(10.34) in that, because it's not sensational enough, and we can never change that, because that's how the media work, and I think things, I can't say things have got worse, because you only need to look at the early headline around AIDS to see how bad things were (Robin)

Specifically, Jacob refers to the 'exclusive' relational necessity (since it only affects PWH) of 'being practical when you get a diagnosis like that' (10.30). (10.32) deals with particular positions on prophylaxis: by saying 'if you don't like prophylaxis, you need to have a conversation of the role of prophylaxis', Philip identifies those people who, for moral reasons, are against certain preventive measures. Their stance is raised as being a necessity to discuss. Taylor dismisses the exclusive necessity of 'put[ting] your body under the stress of Truvada' if the following two conditions apply: a regular sex partner and infrequent intercourse (10.33). Finally, one way of fulfilling the exclusive necessity of establishing the level of sensationalism in the press is 'to look at the early headline around AIDS to see how bad things were' (10.34) and compare it with the more recent media stories on the same topic.

10.3.3 INFREQUENT PERSONAL DEICTIC

The infrequent personal deictics are first slotted into the three agential categories (expert, lay and PWH). The deictics of each category are subsequently organised in terms of specificity using CoS.

1A. Social institutional body (9 instances)
a. Collectivisation (institutions and organisations) (5)
(charities and organisations: 1), (they = the government: 1), (agencies and people who: 1), (the mainstream media: 1), (it =the media: 2)
b. Functionalisation (single individual) (4)
(they = medical staff: 1), (they = eye doctors and dentists: 3)

2A. Lay public body (9)
a. Genericization (4)
(people: 1), (people that: 1), (nobody: 1) (I =people thinking that HIV is almost curable: 1)
b. Identification (classification), according to: (5)
c1. Classification
Sexual Orientation (1) (a group of straight men: 1)
c2. Relational identification (4)
they =people at work and managers: 1), (I =Taylor's mother: 1), (I =Ben's boyfriend: 1), (she =Drake's partner's older sister: 1)

3A. People with HIV (2)
a. Genericization (2)
(everyone who's positive), (some people: 1)

10.3.3.1 EXPERT AGENCY

The following deontic tri-grams instantiate forms of expert agency.

(10.35) They don't promote understanding. <u>They need to be promoting</u> an understanding at a prevention level and they're not. The government's doing nothing, to be honest (Jacob)
(10.36) I don't know how we are going to get the message out there better, I don't think activists like myself necessarily are the best place to do it, but <u>charities and the government</u> certainly <u>need to increase</u> the message around, things have changed. (Taylor)
(10.37) <u>The mainstream media needs to</u> kind of <u>catch</u> up and say, this is what's going on uh, social aspect. Um, the gay media really kind of talks about it a lot and then people see that,

people go in a store and see this gay magazine talking about HIV and therefore, oh, it's still a gay disease. (Barney)
(10.38) The only time you ever hear it on TV is the Jeremy Kyle sort of thing. So no, it is not highlighted as often as it should be, not so interesting programme… no. but I think it needs to show different aspects of it, that people can live with it, people are normal and …. To have it, and obviously we are not living in Africa and things like that, so I think there need to be a lot more changes from the public service and commercial broadcasters on TV as well as you, not just gay publications but also straight publications as well. (Dorian)
(10.39) I think it needs to put it out there, really show people what it's like to live with HIV. Um, sort of normalise it, to make it, so people don't see it as just this medical problem, this is a social problem. (Barney)
(10.40) And as I went through the programme myself, having been an activist, having known where to press buttons, having known who to complain to and where to complain, it took me two years to put together a list for myself of all the agencies and people who needed to be contacted. And so for myself, I had a database of all the organisations that can provide help to people living with AIDS. (Drake)
(10.41) You know all of that. And I told my manager at work, I didn't have to, I didn't have to. But they needed to know. Because if I was going to a meeting… (Patrick)
(10.42) And we have a lot of discussions and arguments about how he caught HIV, and at that time, he wanted to go on meds and he couldn't understand why they wouldn't let him go on medication. I said they can't just give you medication, they need to know where you fit it and they give you the right meds. (Patrick)
(10.43) They need to know coz it can have an effect on your eye sight, your teeth. And they are dealing with that. How can they prescribe anything if you are not telling them the full picture? Coz the medication can have an effect, the illness can have an effect on sight at some point, they need to know, and it's not because I'm boasting, I just want to make sure that they give me a prescription for my glasses, my teeth, I can get the best help to keep me where I am, otherwise I am lying to myself […] I see my dentist regularly, I get my eyes tested regularly, they need to know (Patrick)

Deontic labour is allocated to 'charities and organisations' and 'the government' for their public role and their profile, which is instrumental in promoting HIV-related information. Jacob laments the government's failure to promote a public understanding of HIV (10.35). The opposition between the sentence 'they don't promote understanding' and the deontic instance 'they need to be promoting an understanding' invokes a situation of necessity that stems from the government's inaction. Here the prosody of 'deontic necessity' is not construed, at the lexico-grammatical level, by the modal *need to*, only. The three references to what the government is *not* doing, gravitating around the deontic tri-gram 'they need to be promoting', have already the effect of implying a situation of necessity, as well as frustration

and disillusionment, on Jacob's part. The deontic tri-gram functions as an explicit evaluative comment, as a clearly verbalisation of the state of necessity implied by the surrounding co-text.

Taylor questions the limited impact of lone activists like himself in the prevention work, and, allocates this necessity to 'charities and the government' (10.36). Such allocation is based on the presuppositions and expectations that the two terms 'activist' and 'charities and government' encode. Taylor draws upon the former to refer to those people that, despite being willing to fight for good social causes, are not contractually bound to fulfil a necessity that is also incumbent upon society as a whole. This contrasts with the noun phrase 'charities and the government', whose very mandate is to work for the greater good and solve social issues. Moreover, the logical connector of opposition 'but' and the adverb 'certainly' reinforce the fact that this type of deontic labour is to lie with the charities and government, and not with the activists.

Barney argues that the media coverage of HIV is a necessity that has been met mainly by the gay press, and not the mainstream media (10.37). This necessity is intensified overall, i.e. at the 'argument-structure' level, by the list of comments following Barney's deontic tri-gram: namely, that only the gay media tackles this issue, and as a result, HIV is misunderstood to be a gay disease. This is to say that not only is the mainstream media falling short of covering HIV more frequently, but also that this lack of engagement contributes to fuelling misconstrual of HIV.

Moreover, deontic labour attributed to the media relates to 'show[ing] a different aspect of [the virus] [i.e.] 'that people can live with it' (10.38), as well as 'show[ing] what's it like to live with HIV' (10.39). A similar argument structure to (10.35) and (10.36), based on opposition, can also be found in (10.38). Indeed, the necessity to discuss HIV sits in direct opposition to the previous sentence 'it is not highlighted as often as it should be', to express the lack of interest and coverage that HIV receives on TV programmes. With regard to (10.39), the values of importance and urgency invoked by the comment 'this is a social problem' have the effect of intensifying the necessity construed by the deontic tri-gram 'it [the media] needs to put it out there'.

The ‘functionalised’ deictics ‘medical staff’ and ‘eye doctors and dentists’ are associated with is deontic labour of mental nature (10.41-10.43): according to Patrick, medical establishments need to be informed of their patients’ medical history, including their HIV history, so as to be in the best position to act in their patients’ best interests. Here, their intervention is limited to PWH, as opposed to the potential for wider impact produced by the ‘collectivisation’ deictics.

10.3.3.2 LAY AGENCY

The parameter of polarity is particularly relevant here, since the interviewees refer to cases characterised by both the presence and lack of necessity. The following three deontic instances contain a ‘generalised’ personal deictic.

(10.44) Clearly people are still very anxious, they don't want to get that positive diagnosis, because things, it will never go back, it changes things permanently and I wholly understand that but you know what, you can take a tablet in the morning before, nobody needs to know, you go to work, you get on with your life, and that's far better than lying sick in the hospital. (Robin)
(10.45) The first time, in 1984, I was devastated. I thought it was the end of the world. And I thought, “Well, who am I going to tell?” I would just tell people that need to know. Not my closest...not my...My partner knew. (Martin)
(10.46) Old hat. Everybody knows about it. Um, it’s there, it’s almost curable, there’s PrEP, there’s this, there’s that. I don’t need to take the same sort of precautions. And that, that does worry me because you don’t want to slip back (Drake)

Robin argues for a total lack of necessity in regards to making one’s HIV status public, as expressed by the tri-gram ‘nobody needs to know’ (10.44). Martin’s stance on the same matter is a moderate one, preferring to tell only certain people (10.45).

With regard to how to prevent HIV infections, Drake voices his concern around the fact that ‘many people who think that HIV is almost curable’ see safe-sex precautions as unnecessary (10.46). In Drake’s opinion, this approach is worrying since it can lead to complacency and undermine the progress that has recently been made in relation to HIV prevention and treatment.

There are further examples where the state of necessity is negated and presented as irrational. This applies to more specific personal deictics.

(10.47) What I am trying to say is that there is a big stigma in the gay community and even a bigger one in the straight community, because they do see it as… that's what I was saying. If you said to a group of straight men 'have you been HIV tested? They say they don't need to. Why is that? Because we are not gay, we don't do that, we don't do this. (Patrick)
(10.48) my partner's older sister, uh, does three pilgrimages to Lourdes every year in the desperate hope that it's going to go away and she doesn't need to deal with it. (Drake)

Patrick speculates that if a group of straight men were asked to get HIV tested they would reject the request as unnecessary, since HIV does not affect them (10.47). According to Patrick, outdated and irrational views about HIV are still present. Drake refers to a woman who sees pilgrimages to Lourdes as a means of freeing herself from the necessity of dealing with HIV (10.48).

Forms of deontic labour are instead construed in the following positive verbal deontic trigrams (10.50-10.51).

(10.50) And he said, "Ah, I just...I need to tell you something. I have...I had the test." He said, "I'm negative." And he said, "And I'm leaving you. But it has nothing to do with you being positive. It's just not working." (Ben)
(10.51) my mum, she is a doctor and she is a worrier so I knew, and it did happen, and it happens just as I knew it would happen, she's then sort of going 'Okay, what do we need to do?' Who do I need to talk to? I can refer you to this doctor. (Taylor)

Interpersonal circumstances compel Ben's boyfriend to inform Ben of his HIV-negative status (10.50). In satisfying this need, Ben's boyfriend was able to end the relationship. Interpersonal and medical circumstances apply in (10.51). Taylor's mother reacts to her son's HIV-positive status in both a proactive and practical way: as a doctor, she can promptly fulfil all the medical necessities thanks to her connections in the medical field.

10.3.3.3 PWH AGENCY

One of the side-effects of anti-retroviral medication is facial lipoatrophy (FLA) i.e. facial volume loss (Jagdeo et al 2015). Martin explains that one course of treatment can be efficient, making additional treatments in the future unnecessary (10.52).

Jacob's tri-gram, instead, calls upon PWH (regardless of their sexual orientation) to partake in the deontic labour of changing the perception of HIV by making themselves visible. The modalised material process 'stop doing that' (where 'doing that' stands for 'hiding') is a necessary intervention, in order to promote a positive image of HIV and PWH.

(10.52) Some people don't need to have (that treatment) once they've completed the treatment. And it was five lots of the sets of 20 injections at a time on each cheek, and lots of blood. It was messy and painful. (Martin)
(10.53) But 30 years ago you know, the gay community came together and changed people's perceptions. So, I think that needs to be done again now with the HIV-positive community with everybody who's affected, not just…it's not just the responsibility of gay people with HIV, but that everybody who's positive needs to stop doing that. (Jacob)

10.3.4 INANIMATE PERSONAL DEICTICS

The common denominator shared by all the inanimate-deictic instances is the reference to some form of change in how perceptions, preventative measures and the treatment of HIV are monitored, shaped and administered respectively. Specifically, the inanimate deictics coincide with social factors and variables that the interviewees present as necessary and important in relation to the role they play in creating a condition for change in the social, personal and medical environment surrounding HIV/AIDS. For ease of analysis, they have been organised into the following thematic categories:

Public knowledge and information;
(e.g.) the public consciousness as a whole need to be updated and I think it is very hard for any one organization or charity or activist to do that. (Taylor)

Perception of HIV;
(e.g.) (HIV as a virus) It needn't. It needn't. It needn't define me. It needn't be... (Philip)
Personal responsibility
(e.g.) There needs to be a bit more responsibility as well (Jacob)

10.3.4.1 PUBLIC KNOWLEDGE AND INFORMATION

The deontic labour connected to social circumstance is indexed by the inanimate deictics and aims to promote a better view of HIV across various segments of society.

(10.54) The public consciousness as a whole needs to be updated and I think it is very hard for any one organization or charity or activist to do that. (Taylor)
(10.55) And that (lack of education, stigma suffered from in non-HIV medical settings) needs to change. Coz the NHS is one of the largest employers supposedly full of people who are educated, and if the educated are still holding these pejorative views, then, oh my God. What would I do if I genuinely had to go and get a job at Boots? (Robin)
(10.56) Education, obviously I think sex education has started to improve in schools, as far as I have heard obviously […]. I think it shouldn't all boil down to THT and things like that, I think there needs to be a lot more done from the public purse and not from the volunteer purse, that's what I would say (Dorian)
(10.57) If we're given the tools, we can correct that problem. So, you know, it's unethical really, we're putting a whole demographic group at risk, that's what those statistics say. The 2015 statistics demonstrate exactly the same thing, there's been no change, so. Um, uh, it needs to be done at the prima-…at the secondary education level. (Jacob)
(10.58) resistance scenarios of the world to…to PrEP that could potentially…uh, to [inaudible] sorry, could potentially limit its suitableness in PrEP, so we need to be aware of that. Condoms still need to be promoted. Like I said, it's an additional tool, it's not… (Jacob)
(10.59) I think there's a lack of willingness to recognise that some activities are riskier than others. And we need to recognise that and not condemn people. We need to do harm reduction, but we need…I mean, that needs to be said that, but you know. If you really want to protect yourself, it's still the best option. And if we say that, and we're accused of being sexual health Nazis, but you know it's true. (Jacob)
(10.60) It really, that's the only media outlet that kind of really talks about HIV whereas the mainstream media doesn't. Um, and I think (Pause) that's the part that needs to change (Barney)
(10.61) To have it, and obviously we are not living in Africa and things like that, so I think there need to be a lot more changes from the public service and commercial broadcasters on TV as well as you, not just gay publications but also straight publications as well. I think there is a lot of work that needs to be done to get rid of these things. (Dorian)

One social circumstance is in relation to the limited sense of HIV awareness that society, in general, seems to have. Taylor and Robin both recognise the necessity to 'update' 'public consciousness' (10.54), and change HIV perception in non-medical environments (10.55).

In the current social and institutional system, Dorian identifies the necessity for more interventions 'done from the public purse and not from the volunteer purse' (10.56). As with (10.54-10.55), the deontic labour in (10.56) is not attributed to any social subject; instead, the referential vagueness of the deictic 'public purse' is exploited, I argue, to make the call for 'necessity' more inclusive.

The deontic labour instantiated by the remaining instances (10.57-10.61) pertains to the following areas: education in schools, the adoption of safe-sex practices and the role of the media. One of the recurring issues within the discourse of HIV/AIDS is the complacent behaviour towards HIV and other STIs, often stemming from ignorance about the chronic damage to the immune system that these STIs can cause. Hence, the necessity for something 'to be done at the secondary education level' (10.57).

As for the adoption of safe-sex practices, on two different occasions, Jacob emphasises the importance of addressing the verbal necessities of 'promot[ing] condoms' (10.58) despite preventive breakthroughs such as PrEP, and 'saying', in the sense of 'acknowledging' (10.59) that some activities are riskier than others' and are more prone to HIV infections. The message construed via the latter tri-gram is an inclusive one: everyone is required to face this reality.

The final three instances identify deontic labour as pertaining exclusively to the media. Barney and Dorian recognise a difference in how the public mainstream media and the gay media deal with HIV. The fact that only the latter engages with this topic explains the need for a change (10.60), and should be implemented by the public service and commercial broadcasters (10.61).

10.3.4.2 PERCEPTION OF HIV

This category comprises interventions that are required in order to improve the perception of the virus across society.

(10.62) The President of the country I was representing, um, um, denying that HIV existed as a condition. And… And it was then that I realised that, um, uh, it's, it's a lot more needed to be done. (Drake)

(10.63) It's not saying, oh, you know, more gay men are affected. It's not kind of doing it like that. It's just (Pause), it needs to be a little bit more um, integrated in saying, this is (Pause), this is, you know, Suzanne who's been living with HIV for 20 years, this is, you know, what

her whole life is like. Instead it's looking at the negative side of HIV, not the positive side (Barney)
(10.64) You know, you have to live your life. You have to have next door neighbours. You have to go to the local Tesco to do your shopping. You know, you have to catch a train, so the fact that you see yourself as being positive first and foremost, cannot ever be the solution. Um, and it needs to be recognised by lots of very well-meaning organisations. (Drake)
(10.65) But 30 years ago you know, the gay community came together and changed people's perceptions. So, I think that needs to be done again now with the HIV-positive community with everybody who's affected, not just…it's not just the responsibility of gay people with HIV, but that everybody who's positive needs to stop doing that. (Jacob)
(10.66) It needn't. It needn't. It needn't define me. (Philip)

Drake situates the only past deontic instance during the years he was living in South Africa and its President used to deny that HIV was a public health issue for the country. As an academic, Drake thought it necessary to mobilise the public opinion at conferences or by joining demonstrations. This was done with the awareness that 'a lot more needed to be done' (10.62). The deontic labour emerging from the remaining concordance lines is situated in the present and aims to improve the representation and perception of HIV and PWH. Barney points out that HIV does not only affect gay men and calls for a form of 'integration', i.e. inclusiveness (10.63). Suzanne, an HIV-positive woman for 20 years, is living evidence that this social integration is very much needed. Not only does Jacob subscribe to Barney's view, but he also recognises that it is crucial that anyone who is HIV-positive, regardless of their sexual orientation, supports the HIV cause. The latter, he says, is not 'just the responsibility of GPWH' (10.64).

Another important factor that needs to be considered is the impact HIV has on PWH's sense of identity. Drake points out that, regardless of one's status, everyone is faced with the daily prosaic tasks of life, ranging from dealing with neighbours and going shopping to catching a train: the normalisation of a life with HIV is a necessity which, in Drake's opinion, 'a lot of very well-meaning organisations' *need to* consider (10.65). A similar line of argument is endorsed by Philip: using the negative 'it needn't define me' (10.66) and 'it needn't be' to construe a lack of necessity, Philip defends his individuality against any possible reductionist claims based exclusively upon his HIV-positive status.

10.3.4.2 PERSONAL RESPONSIBILITY

(10.67-10.68) recognise the need for more personal responsibility as a requirement to counteract future HIV contractions (10.67), and also to promote social acceptance (10.68). it is hoped that self-accountability will lay the foundations for a more tolerant and respectful environment.

> (10.67) A lack of education in some respects. <u>There needs to be</u> a bit more responsibility as well. Um, people might not like condoms, but I don't know, it's still the best way to protect yourself… (Jacob)
> (10.68) I think there's a lack of willingness to recognise that some activities are more risky than others. And we need to recognise that and not condemn people. […] And if we say that, and we're accused of being sexual health Nazis, but you know it's true. <u>There needs to be</u> a degree of responsibility there, I think as well. (Jacob)

10.4 CONCLUSION

The value of strong deonticity, realised by *need to*, has been the analytical focus of this chapter. As noticed in Chapter 9, the combined frequencies of *have to* and *need to* indicate IEs' preference to allocate deontic labour in strong and functional/circumstantial terms.

The organisation of the deontic statements into private and public spheres allowed me to single out the deontic labour concerning IE's private circumstances as well as the instances concerning social actors other than the IEs themselves. Moreover, as with *have to*, *need to* foregrounds the practical/functional nature of the deontic labour: namely, the necessities have a practical purpose (i.e. to improve one's health, to raise awareness of the virus and to avoid further transmissions), rather than being based on principles of morality and propriety.

Despite being less populated than the example in Chapter 9, the *need to*-based private sphere is organised into the same thematic categories identified in the *have to*-based sphere, i.e. 'personal circumstances', 'medical necessity', and 'interpersonal necessity'. The deontic instances featured here are concerned with actual physical and practical constraints that IEs recount having to face in order to cope with complications of a personal, medical, and interpersonal nature deriving from their HIV-positive status. Moreover, the majority of the instances are construed in the past tense and presented as part of the IEs' narratorial account of past events and situations.

The public sphere tends to include deontic statements that construe hypothetical SoA where a public intervention is appealed to as necessary. The deontic tri-grams linguistically mobilise the concept of public responsibility that is shared by society as a whole.

The deontic labour that is allocated to the exclusive *we* falls upon the restricted group of gay PWH: the latter are called upon to show an awareness of how HIV transmissions can be prevented, come to terms with their medical conditions and test themselves regularly.

Similar necessities are attached to the pronoun *you*. When *you* is used to index a large, unspecified group of social actors, the type of actions required involve promoting positive perceptions of HIV, entertaining discussions on the use of PrEP and assessing the role of media in the representation of HIV over time.

Finally, the organisation of the less frequent personal deictics into three agential categories (expert, lay, and PWH) makes it possible to highlight the nature of the deontic labour that each type of agency is required to perform. From a quantitative perspective, the deontic labour is distributed equally between expert and lay types of agency: the former is involved in promoting a picture of HIV and PWH that is in line with the most recent medical advancements. The latter is concerned with issues around how aware of HIV the public *need to* be. The third form of agency is mentioned less frequently: here PWH are neither required to hide nor be vocal about their status.

CHAPTER 11 – *SHOULD* (INTERVIEW CORPUS)

11.1 INTRODUCTION

In this chapter, I present my finding for *should* as the final explicit deontic marker in the private discourse, beginning with animate deictics, and then discussing inanimate deictics.

Table 25 provides an overview of the frequency of animate *should* in the private discourse, broken down into the private and public spheres.

Modal verb	Private sphere	Public sphere	Total
SHOULD (weak d.)	28	92	120

TABLE 25 - FREQUENCY OVERVIEW OF *SHOULD*

11.2 THE PRIVATE SPHERE

The private sphere includes a total of 23 deontic statements, including 16 positive and 7 negative deontic tri-grams.

Ten of the positive-*should* instances construe a material type of intervention. The desired SoA relates exclusively to the IEs' personal experiences and is concerned with ordinary, private matters.

(11.1) I was offered the chance to write for a couple of magazines about HIV and, which I did for about a year, and both these magazines dropped the column […] it was harder me to get a chance to write about HIV, maybe I should give other people the space to talk about HIV, so it is when I created beyond positive, which is kind of a platform for other bloggers to blog about HIV. (Taylor)

(11.2) But to be honest, I don't read those papers as well, now. I just don't bother reading [inaudible 00:53:26] nonsense in that respect. It's not going to be a reasonable statement of what's happening. So... maybe I should. Maybe I should read them and get annoyed. (Arthur)

(11.3) and people responded in different ways, physically and mentally and emotionally and strategically. And ah, you know, in my case I um definitely (Pause) well, should I finish my...get my masters degree? Should I stay in my job? Um, and besides the stress and the trauma of it, I was physically fit. (Philip)

(11.4) When I went to AB+ recently, I thought, maybe I should get into an organisation, just have an umbrella, in that respect, but when I got there, I kind of felt, oh well they are very nice but it is not really my game anymore (Daniel)

(11.5) You ever treat about my sexual life and what I should do and what I shouldn't do, have the audacity to get yourself checked out first, and then you can sit on a pedestal and talk to me, coz I know what I've got, you don't know. I have the power, you don't'(Dorian)

Taylor's column on living with HIV, featured in a gay lifestyle magazine, makes him entertain the value and desirability associated with creating a platform for PWH to write about their personal experiences (11.1). Arthur admits to not reading mainstream newspapers and wonders whether 'he should read them and get annoyed' (11.2). HIV is also responsible for calling into question the IEs' lifestyles and any long-term projects that they had started prior to their diagnoses. Philip considers whether he 'should finish [his] Master's or 'stay in [his] job' (11.3), whilst Daniel feels that, as a HIV-positive man, joining an HIV association might be beneficial in order to avoid isolation (11.4). Across these four deontic instances, the weak deontic force that the modal *should* conveys by default appear here to loom, I argue, even weaker due to the use of 'maybe' (11.1; 11.2; 11.4) and the interrogative mood 'should I finish my master's degree? Should I stay?' (11.3). The adverb 'maybe' and the interrogative mood function as markers of intensity, 'down-scaling' (Martin and White 2005: 144) the already weak sense of obligation by introducing an element of doubt in the deontic instances under analysis. Finally, these markers of personal uncertainty and indecision are in keeping with the 'interview' genre, whereby IEs are welcome to use the interview space as a forum for voicing their opinions in a free, unrestrained way.

Dorian, on the other hand, laments the judgemental attitude adopted by his mother when insinuating what 'he should or shouldn't do' (11.5). Negative attitudinal expressions such as 'have the audacity' and 'sit on a pedestal' serve two rhetorical purposes: they both maximise Dorian's contempt for his mother's judgemental stance, and highlight the contradiction between his mother's moralistic preaching and her own sex life. The contradictory and moralistic tone in Dorian's mother's comments stems from the fact that she is speaking from a place of ignorance: indeed, throughout her adult life, she has engaged in multiple unprotected sexual relationships without ever receiving an STI test, for her own and her partner's safety.

One *you*-based instance is included in the private sphere since *you* functions dialogically to index IE. The tri-gram 'you should hold the baby' (11a) identifies a desirable SoA where Daniel is invited to partake in his sister's family, and fulfil his role of uncle, regardless of his HIV status.

(11a) Oh well, you should hold the baby', 'what are you talking about?' 'I've hold lots of babies (Daniel)

Only one *ought to* instance appears in the private discourse:

(11.6) because I've been for various tests, the only thing he could think was, the only thing hadn't sent me for was HIV test um and he thought that I ought to go the next morning to Hartland's hospital to the GUM clinic and get tested for HIV and I did and yes I was positive. (Aaron)

Ought to is employed with the same sematic implications as *should*, that is to modalise the material process 'go'. *Ought to* evaluates the action of 'go[ing]' to hospital and 'get[ing] tested for HIV' as the ideal and most sensible option, giving Aaron a medical reason for his deteriorating health.

Private deontic labour is also couched in relational (11.7-11.8) and verbal (11.9) terms:

(11.7) Uh, I'm probably guilty of not being too concerned about equality, and I probably should be more. I'm more concerned about the scientific content of the article. (Jacob)
(11.8) My name is Timothy. I'm from Leeds. I've been living with HIV for three months. And my hope for the future is I'll become as proud of being positive as I am of being a gay man." And it was just like I'd hit all these queens in the room with a wet fish. The looks, the horror on their face. And I momentarily thought...and then, I thought, no. Why...why should I not (be)? (Timothy)
(11.9) They would be probably mortified. Why? Coz one is a lesbian and one has been in a long-term relationship. My brother? I should probably ask him when I see him on Christmas. See. It's something that we don't talk about it as such as family. (Patrick)

The potential deontic labour above demonstrates the importance of showing commitment to the issue of equality (11.7), the personal duty of broaching the topic of HIV at family gatherings and as a way of demystifying HIV (11.9). In an attempt to demystify HIV, Timothy recollects the moment he introduced himself to an HIV support group by saying that he hopes to become as proud of being HIV-positive as he is about his sexual orientation. Despite the horrified reaction to his remark, Timothy defends the validity of his feelings through the rhetorical deontic question: 'Why should I not be [proud of it]?' (11.9).

The modalised processes in (11.10-11.12) are presented as actions not worth being pursued.

(11.10) we went outside to have a fag, I know I shouldn't smoke but we were outside having a fag and then this black guy came up the street (Aaron)
(11.11) I am too old and I don't see why I should have to [go through the process of being made redundant, requalify, come out as gay and HIV positive] (Patrick)
(11.12) He's the doctor. He should be looking after me. I'm the patient. I shouldn't be looking after him. (Maurice)

They range from more mundane material instances, such as 'smoke' (11.10), to more serious material instances that have implications for the IE's wellbeing (11.11). Moreover, in a doctor-patient interaction, the tacit expectation at play between the two actors is that the former fulfils the obligation to guarantee the latter's wellbeing and not the other way round (11.12).

The four remaining deontic tri-grams are situated in the past. When used in a past construction, *should* often construes regret. First, Aaron regrets not abiding by what, in hindsight, were worthwhile obligations that would have prevented him from becoming HIV-positive and then by being anxious about losing some members of his family, as a result of his diagnosis. The tri-grams 'I shouldn't have gone one', 'I should've just stayed up on my own […] and read a book' and 'I shouldn't have listened to people' convey Aaron's guilt for ignoring what, in his opinion, was and still is the correct thing to do.

(11.13) So, yeah, it was a strange thing to take it all on myself. I do still feel guilty that it is my own fault and that I shouldn't have gone out and I should've just stayed up on my own when my ex split up when I was 36 and I should've just stayed and read a book (Aaron)
(11.14) And then late last year, middle last year, I actually told her that I was gay and that was despite the fact that my ex-wife told me not to. Um, she thought it was too much for my daughter, Charlotte, to process. Um, but Charlotte was fine. It's strange isn't it? I shouldn't have listened to people. (Aaron)

11.3 THE PUBLIC SPHERE

The review of the public sphere starts with considering the personal deictics that occur more frequently in my corpus, i.e. *we* and *you*.

11.3.1 THE PRONOUN WE

We is used inclusively in two of the seven *we*-based deontic tri-grams.

(11.15) Her reaction was, well it's your own fault, it's not like a disease that other people get um you know like cancer and or whatever you know. That's just bad luck. You've caught it, it's your own fault so it's um... we shouldn't treat it like any different… I don't know how to describe it, really. It was not dismissive but it was almost like well you brought it on yourself. (Aaron)
(11.16) They think AIDS always leads to death which is probably an old term we shouldn't really use anymore (Jacob)

Specifically, Aaron's reference to his ex-wife's reaction to his HIV-positive diagnosis contextualises the need for a better and more inclusive approach to HIV as a virus which, like many others, can affect anyone (11.15). Jacob appeals for a change in the use of HIV/AIDS-related terminology. Thanks to the successful medicalization of HIV, the virus developing into AIDS a rare phenomenon. Jacob believes that the term 'AIDS' has become obsolete and that coupling it with HIV, as has come to be expected, is both scientifically unlikely and a hurtful prediction for PWH.

In the remaining six instances, *we* operates exclusively, to single out the community of PWH and HIV charities respectively.

(11.17) why should we look to negative people to tell us, uh, to tell people about our condition? We need to do that off our own back. (Jacob)
(11.18) We are only hitting the gay pubs, I think we [as a charity] should be widening our scope, go to the straight pubs and see what sort of reaction we get there. (Roger)
(11.19) I think we [as a charity] should be doing a lot more to educate people both in the gay society and heterosexual society, definitely. (Roger)
(11.20) I said before, it should start in the schools, we [as a charity] should be going round in the schools, and tell the kids about it, explaining the bad part and the good part (Roger)
(11.21) I think as I said before we [as a charity] should be aiming the school, teaching the kids and hopefully the kids will bring it back to the parents. (Roger)

Jacob invokes a desirable SoA whereby PWH are free from any social obligation to make their HIV-positive status public (11.17). The deontic labour allocated to HIV falls within the remit of any volunteer-based association: organising and implementing idealised interventions aimed at breaking down the barriers put up around HIV for the benefit of the

larger community. The options suggested by Roger range from 'widening our scope' to 'go[ing] to the straight pubs'(11.18). Moreover, in order to raise awareness of the various HIV transmission routes, HIV charities have an obligation to 'do a lot more to educate people both in the gay society and heterosexual society'(11.19), and 'go round in schools'(11.20). The deontic material processes culminate in the verbal obligation 'aim and teach the kids in school' about HIV (11.21). In turn, kids will report what they learn to their parents, and by doing so, information about the virus will circulate throughout society.

11.3.2 THE PERSONAL PRONOUN *YOU*

The pronoun *you* occurs 13 times in the following three ways: dialogic (2), inclusive (3) and exclusive (7).

You singles out Patrick's sister: the deontic tri-gram 'you shouldn't be doing that' (11.23) evaluates Patrick's sister's behaviour as disrespectful and inappropriate: the publicising of her brother's HIV status is not seen as an ideal SoA.

The second dialogic *you* identifies the nurse with whom Ben had a one-night stand. Having risked being turned down by the nurse for his HIV-positive status, Ben reminds him of his responsibility, as an NHS staff member, to be up-to-date on the latest medical developments concerning HIV.

(11.23) My sister has told people and I've gone mad at her. You've got no right to do. […] you shouldn't be doing that, it's not your place to be telling people I'm HIV coz you probably don't know what you are saying to them anyway (Patrick)
(11.24) I don't know what they're teaching you. But you're a nurse and you should know much better." (Ben)

In (11.25-11.27) *you* is used inclusively to index anyone who is in the position of making a contribution within the discourse of HIV/AIDS.

(11.25) If someone wants to know something about HIV, if they don't understand how it's transmitted or that that they can't catch it, I'm quite happy to explain as long as they're not deliberately bigot and unkind about it. I think that's what you should do because that's going to help people. (Jacob)
(11.26) Um, I don't think it would help having a go at people for not understanding. I think they've got to be brought in gently rather than told off. And you should know better. You should do your research. That's not going to help them or us. (Arthur)

(11.27) So, uh, when you say HIV, you should think it's a lesser problem than AIDS. They think AIDS always leads to death which is probably an old term we shouldn't really use anymore (Jacob)

Jacob believes that 'explaining' HIV-related aspects, such as 'how it's transmitted or that they can't catch it' is anyone's responsibility and it is the right thing to do 'if it's going to help people'(11.25). Arthur highlights the universal responsibility to 'know better', 'do your research' on HIV (11.26) both on a mental and material level. More aggressive alternative approaches to promoting the HIV subject are rejected. Furthermore, 'think[ing] that [HIV] is a lesser problem than AIDS' (11.27) is construed by Jacob as another important inclusive mental duty for people to undertake, with a view to promoting the profile of HIV in line with more recent medicalization.

The remaining five instances are concerned with the type of responsibility that is allocated, via the exclusive *you*, to a circumscribed group of actors.

(11.28) Because I'm sure there are lots of atheists or whatever people who practise various different types of religion who would be able to say, "You shouldn't really have done that." Equally, I can say, equally atheists may still have that moral standpoint. (Arthur)
(11.29) I was just keeping myself informed. Um and I would have open discussions with my doctor, um because there was wild stuff going on at that time about Saint John's Wort, you know, and you should be...This is a conspiracy theory and stuff like that. And you shouldn't be mixing this drug with that drug or whatever. (Ben)
(11.30) Because I think you are telling people you have a medical condition, you shouldn't have to sort of sort of make it, uh, an event where you have to come out and…. Because that's sort of making…. How to describe it? It's making it your sort of…it's putting the responsibility on you for people's reactions whereas it's really their problem if they can't deal with the fact that you've got a medical condition, you know, I think. (Jacob)
(11.31) I totally understand it if I've got HIV and you don't want to sleep with me. There is no problem. If you said 'are you clean?' it wouldn't offend me but I can see how it would offend other people. They'd find it really offensive. Because 'how dare you ask that question?' Why should you ask that question? I will tell you if I'm not. (Patrick)
(11.32) if I was saying to a group of men 'you should go and get tested for HIV' they would look at me and go 'I don't sleep with men'. (Patrick)

In four of the examples, *you* is used to index PWH. Arthur claims that a religious approach to HIV is likely to construe HIV diagnoses as immoral and denounce them in moralistic terms

through formulae such as ‘you shouldn’t really have done that’(11.28). Medical responsibilities involve abiding by the material process of not ‘mixing [particular] drug[s] with [other] drug[s]’(11.29), especially when the medicalization of HIV was in the initial stages and involved a lot of trial and error.

Jacob rejects the obligation to come out as HIV-positive: the negative deontic instance ‘you shouldn’t have to make it an event’ (11.30) refuses any imposition on oneself to make one’s HIV status a public matter. In (11.31) Patrick expresses reservations about the appropriateness of the question ‘are you clean?’ that men ask on dating apps in order to find out about one another’s HIV status. The appropriateness of this is introduced through the deontic sentence ‘why should you ask that question?’. Finally, Patrick’s exclusive *you* identifies a group of straight men. He claims that this social group would reject the deontic imposition of ‘getting tested’ (11.32), since, in Patrick’s opinion, HIV is still perceived as gay condition and not a socially inclusive one.

11.4 INFREQUENT PERSONAL DEICTICS

As with Chapters 4-10, I first implement the three overarching agential categories before implementing CoS, as a way in which to organise the infrequent personal deictics in a cohesive structure that is also beneficial for the subsequent analysis.

List A

1A. Social institutional body (14 instances)
  a. Collectivisation (institutions and organisations) (4)
  (they =government and institution: 1), (they =HIV positive organisation for older people: 1), (the
  government: 1), (they =the media: 1)
  b. Functionalisation (single individual) (10)
  (he =the doctor: 1), (they =the programme presenters, authors, research team: 1), (the researcher: 1),
  (he =TV presenter: 1), (they =TV people: 1)

2A. Private body (11)
  a. Collectivisation (5)
  (They (people on hook-up app: 1), (people: 2), (people: 1) (I= people: 1)
  b. Identification (classification), according to: (6)
  b1 Sexual Orientation (2)
  (Gay men: 1), (the gay community: 1)

b1' Age (1)
(They =kids at school before they start having sex: 1)
b2. Relational identification (3)
(Parents: 1), (a boyfriend or a girlfriend: 1), (he =potential hook-up: 1)

3A. PWH (10)
a. Collectivisation (7)
(People with HIV: 1), (they =people with HIV: 2), (they =anyone and people with HIV: 2), (HIV positive
people: 1), (this group: 1)
b. Individualisation (3)
(She =woman suffering from HIV: 1), (he =Charlie Sheen: 1), (he =HIV positive gay man: 1)

The analysis below follows the order of the three agential categories reported above.

11.4.1 EXPERT AGENCY

This section is concerned with the deontic labour allocated to the social actors that play a public institutional role in the discourse of HIV/AIDS.

(11.33) But in terms of being part of Age UK, is so, more apparently, part of Age UK, that's just the only function it's performing. Um, so, the name is wrong. Um, what they are doing is by advertising themselves as a positive aging group; they should make it clear that, you know, they've got very, very specific interests. And it's only after you'd been invol-…involved with them for a while… (Drake)
(11.34) I don't know, you are asking the wrong person. But I think they [government and institutions in general] should, definitely [contribute to spreading info on HIV] (Roger)
(11.35) Uh, again, I think the government should have a responsibility there. If the government is prepared to make a full-page spread on HIV as an advert in a paper, or a feature, or something like that, I think that the media at-…the media attitudes could be changed. (Jacob)
(11.36) It just showed their opinion of how HIV actually is and that it is a dirty disease and it didn't not actually look at how people with the disease feel more stigmatised and things like that and obviously they [the media] should do stories of how people feel more positively and things like that. So there is a lot of work that media can do (Dorian)

In (11.33) Drake denounces, as incorrect and misleading, the fact that the charity 'Age UK' does not have a clear mandate. For him, a call for more transparency is seen not only as necessary, but also fair to those who might benefit from the services provided.

The remaining three deontic instances allocate deontic labour to the collectivised deictics 'the government' and 'the media'. The deontic labour allocated to the government is expressed in general, unspecific terms, through the material process 'contribute to spreading info on HIV' (11.34) and the relational process 'have a responsibility' (11.35). Similarly, Dorian attributes the material deontic labour of 'do[ing] stories' (11. 36) on PWH's improved life conditions to the media, in order to promote a more hopeful representation of living an HIV-positive life.

The deontic work that is allocated to the more specific, functionalised expert deictics is in regard to the way in which the indexed social actors are invited to shape the public opinion on the topic of homosexuality and HIV - the two often seen as interconnected.

(11.37) My ex um would be watching say Hollyoaks and there'll be the gay couple on Hollyoaks um and she would be there and I don't know whether it was for my benefit, she said, "Oh, they shouldn't show this on the television, it's not right." Um, (Pause), um and that again that attitude of HIV is your own fault because you're gay. Um and unfortunately, I don't think those people are unusual. (Aaron)
(11.38) I don't know whether it was around World AIDS day or not, but this person started talking about people with AIDS, when it was obviously people with HIV and I phoned up the television programme, and I said actually… I explained the difference and they said: 'some other people have called us about that too'. And you see, that wasn't that long ago. They should have known better; the researcher should have known better (Daniel)
(11.39) I like the BBC but you-… it only takes a little bit of um thoughtlessness or lack of understanding on the part that the presenter will say something and you'll think, "Oh, he [BBC TV presenter] shouldn't have said that." Well, you know, talking about Charlie Sheen when he come out as HIV positive (Aaron)

Aaron distances himself from his ex-wife's distorted view on homosexuality and HIV. She uses the deontic tri-gram 'they (=TV) shouldn't show this on the television' to express her disapproval of gay people being on television, as she holds them responsible for the spread of HIV. Daniel and Aaron lament the way television programmes have covered the HIV topic: the researcher and the BBC television presenter are criticised for the undesirable SoA that their actions caused, the former showing lack of knowledge (11.38) and the latter

misconstruing events (11.39). Specifically, (11.38) is in relation to people on television mistakenly using the terms HIV and AIDS interchangeably, without a full awareness of the very different medical implication of HIV and AIDS. (11.39) focuses on Charlie Sheen's story of coming-out as HIV positive and the 'sensationalist' approach that the media adopted in handling this particular news item.

11.4.2 LAY AGENCY

The deontic labour allocated to the collectivised deictic 'people' concerns the fields of safe-sex behaviour, sex education, and social attitudes.

(11.40) If you read people's profile, disease-free, all that kind of crap, on Gaydar, or something, it usually says I don't like blacks too or Pakis or something like that. They are just a bit uninformed, coz it is not actually HIV they [people] should worry about but all those things that are going around [inaudible] there is a new strain of gonorrhoea, isn't there? (Daniel)
(11.41) I think Prep should be freely available. Condoms [inaudible] in any gay bar in Birmingham, thank God. But people should be made more aware to use condoms all the time. I know you could go down the road here, Boltz, they are all there having sex with no condoms, nothing, so, that's where HIV is being spread around, place like that. (Roger)
(11.42) I think people should be going round the school, teaching the kids about it. (Roger)
(11.43) I think it is mostly, it's the language, people see the word HIV and they don't bother reading past HIV to see that someone could be undetectable, they don't read past HIV to think 'this is a person I probably shouldn't tell them that it's their fault they've got AIDS' they, you know people are very reactionary, and I think that either they think it's either funny and a joke and it's not going to happen to them and there is a very good chance that will, or they think it's something horrific (Taylor)

On the theme of gay dating apps, Daniel's deontic statement 'it is not actually HIV they (people) should worry about' (11.40) foregrounds the fact that various sex-related viruses have unjustly fallen off the radar as they too can threaten the immune system. However, this is not to diminish the seriousness of HIV. 'People' is also the Goal of awareness campaigns around condom use (11.41) and the Actor of 'going round the school, teaching kids about sex': in other words, awareness of and campaigning around safe sex are presented as a duty that pertains to the general lay community.

In (11.43) Taylor offers a disillusioned and critical account of how people behave on dating apps. He argues that disclosing one's HIV status does not always end successfully and

attracts negative comments. The deontic statement ‘this is a person I probably shouldn't tell them that it's their fault they've got AIDS' refers to the ideal and respectful way in which *I*, used in lieu of ‘people’, would behave if one looked past somebody’s HIV positive status and understood that being ‘HIV undetectable’ is equal to non-transmission of the virus. To aggravate things is the fact that being HIV-positive is perceived as a fault, and a funny joke, to which the disparagers of HIV think they are immune.

Moving down the deictic cline towards the ‘specificity’ end are the specific social actors that are deictically identified by the following criteria: ‘sexual orientation’, ‘age’, and ‘relational identification’. With regard to ‘sexual orientation’, the deictics ‘gay men’ and ‘the gay society’ feature in two case scenarios situated in the past and in the present, respectively.

(11.44) Nobody had ever suggested gay men should use condoms at that particular stage [at the beginning of the epidemic] you know. (Timothy)
(11.45) Ehm, I think the gay community is the community that should know best out of all them, you know, we've been in the UK, we've been the most affected, in the developed world we've been the most affected, obviously not in the whole world because you've got the Sub-Saharan Africa and Russia (Taylor)

Timothy argues that when the HIV epidemic broke out and little information about how to limit its spread was available, there was no expectation, or deontic imposition of any kind (medical or moral), that obliged gay men to use condoms (11.44). However, in light of medical and public health studies that specify both medical risk factors and the social groups most at risk of contracting HIV, the gay community is, in Taylor’s opinion, no longer exonerated from the deontic obligation to know how to prevent a HIV diagnosis (11.45).

(11.46) That's why I would like to get it into school, to teach kids before they start having sex, to start using condoms, even in heterosexual relationships, they should use them. I think it is down to ignorance, definitely. (Roger)
(11.47). Why can't we talk about relationships and sex education? Why can't we talk about what respect really means and what a boyfriend or a girlfriend should or shouldn't do? What abuse is, et cetera. (Philip)

Roger argues that, based on the socially inclusive nature of HIV, the obligation to comply with the basic norms of safe-sex behaviour is also to be extended to the deictics ‘kids at

school […] even in heterosexual relationships' (11.46). Philip puts forward, as highly desirable, a type of sex education that is founded on the concept of self- and mutual respect within a couple (11.47).

The relational personal deictics, 'parents' and 'a potential hook-up' feature in two deontic case scenarios portraying two different reactions to the HIV diagnosis.

(11.48) I was like, you know, Dad, we found out what's wrong, um, I have AIDS. And he went, well, that's no good. And he was just worried. He said, make sure you take care of yourself because parents should never have to bury their child. (Brain)
(11.49) I was sort of flirting with this guy and I went to the toilet and he was making out with one of my friends and I asked what happened, I asked my friend what happened. 'Oh ehm, X told him you've got HIV and that you should probably, he should go back with him instead of you, so you know' he is not my friend anymore. (Taylor)

(11.48) showcases the kind, caring stance of Brian's dad, who wishes the best for Brian and hopes that the potential of burying his son never happens. (11.49) refers to one of Taylor's ex-friends sabotaging his date. Taylor's ex-friend does so by secretly informing Taylor's date that 'he should go back with him instead [Taylor's friend]' since Taylor is HIV-positive and he is not. Being HIV-positive is construed as undesirable.

11.4.3 PWH AGENCY

The social actors identified by three of the four 'collectivised' deictic instances (i.e. 'PWH', 'this group') are not asked to face any particular responsibility, nor to operationalise any type of (morally) necessary interventions. Instead, Timothy lists some of the conditions and rights that should be safeguarded for PWH.

(11.50) And I've got no problem with other agencies here. I think people with HIV should have choices about where they go. (Timothy)
(11.51) And that's why Rey and I were always very committed to the idea that HIV...um, this group should be for all people living with HIV. And we had a few tussles with a few, you know, white...white gay men. Oh, you know, we're not coming because it's not our place anymore. (Timothy)
(11.52) Um, and it's painful. I think the saddest thing is that...is that people can't...people don't feel good about themselves when they should, do you know what I mean? They've got stuff that they should feel great. And as there's no right or wrong way to live with HIV,

there's just a right that's right for you, what we try to do here is create an atmosphere that empowers people, really. (Timothy)
(11.53) I think, if you can manage things like hospital visits and not tell your employer, while she should have protection under the disability discrimination act, I think, in real terms, people are often ostracised or they are side-lined for promotion (Robin)

It is deontically desirable that PWH 'have choices about where they go' and that they are able to select the HIV charity or support group that best meets their interests and needs (11.50); that 'support group[s]' are open to 'all PWH' (11.51); that they are able to 'feel great' about themselves' (11.52); that they are protected under the disability discrimination act (11.53).

In (11.54-11.56) Taylor and Arthur, on the one hand, and Roger, on the other, report the public and personal opinion on the ideal treatment for PWH.

(11.54) I think they overlap quite a lot, those two groups of people, that's where you get the vocal people like Nigel Farage who thinks HIV positive people should be deported and not treated and so. I think on the whole the general public is quite supportive in 2016, but you always have the vocal minority in, you know, scream can drown out a thousand whispers, so. (Taylor)
(11.55) And just, you know, the Charlie Sheen thing, just [inaudible] to pull him and slipped in a different way, because he shouldn't be having sex with people because he's HIV positive, which we know is not true. But um, yeah, they've still not got it right at all. I don't think any of them have, not with the balance. There's always that little spin that they look for, and it's usually quite damaging (Arthur)
(11.56) But he'll go down there. He is the typical gay man, HIV positive, he will go down there and have unsafe sex, he is passing HIV on, as far as I am concerned, he should have his cock cut out (Roger)

Taylor and Arthur refer, respectively, to the discriminatory attitudes levelled against PWH (11.55) and how the media misconstrued Charlie Sheen's story: Nigel Farage argues for the deportation of PWH (11.55) and the media argue that Charlie Sheen's HIV-positive status should bar him from having sex (11.56). The latter is argued to be misconstrued since it does not specify that sex only becomes dangerous if unprotected. Finally, Roger suggests, as a desirable intervention, the castration of a 'HIV-positive gay man' that, to his knowledge, still performs unprotected sex,

11.5 INANIMATE PERSONAL DEICTICS

The inanimate personal deictics are clustered into four thematic fields. These fields identify the areas where some form of deontic labour is presented as desirable. These areas are summarised in the following table.

Information on HIV (3)
e.g. Perhaps I think in a heterosexual society it probably still is - so again damn ignorance - they haven't read the statistics, because the press doesn't print them so everything is being kept hush hush at the moment and it shouldn't be (Roger)
Education on HIV (4)
e.g. how we are going about that, but I think, as I said before, it should start in the schools, we should be going round in the schools, and tell the kids about it, explaining the bad part and the good part (Roger)
Personal and public perception of HIV (4)
e.g. IR. Has medicine changed attitudes towards HIV in general?
Robin - It should have done; it should have changed more. Probably it has a little bit but not enough.
The role of HIV (5)
e.g. Absolutely, (it) shouldn't stop you from doing what you want to do. Absolutely shouldn't limit your ambition. It might spur your ambition on. (Philip)

11.5.1 INFORMATION ON HIV

The three deontic instances of this thematic category problematize the fact that HIV is still struggling to become common parlance, despite the fact that its more recent medicalization portrays it in inclusive terms.

(11.57) Perhaps I think in a heterosexual society it probably still is - so again damn ignorance - they haven't read the statistics, because the press doesn't print them so everything is being kept hush hush at the moment and it shouldn't be (Roger)
(11.58) I think you know, certainly whether there has been some coverage is around the concept of chemsex in gay men and quite how useful it is for the observer or whatever to be gaining depth about what gay men are up to in sex parties in London, quite how useful it is for the general population, I don't know really, I don't know, I question that, I think that's something that should not be kept secret, but I don't see the game at disclosing those stories in those media, I think that energy can be better used elsewhere. (Robin)
(11.59) The only time you ever hear it on TV is the Jeremy Kyle sort of thing. So no, it is not highlighted as often as it should be, not so interesting programme… no. but I think it needs to show different aspects of it, that people can live with it, people are normal (Dorian)

Roger laments that, although the rates of HIV infection and the demographics affected by it indicate a widespread medical and social phenomenon, 'everything is kept hush hush at the moment and it shouldn't be' (11.57). The same secretive approach is taken in dealing with the social circumstances in which the virus is likely to spread on the gay scene, i.e. chemsex. Both Roger and Robin employ the negative form of *should* to evaluate the lack of information on HIV as something unfair and undesirable (11.57-11.58). A similar call for openness and transparency is echoed by Dorian, who claims that HIV is 'not highlighted as often as it should be' (11.59). In his opinion, HIV receives negative attention, and tends to be mentioned in televised programmes, such as the Jeremy Kyle Show, known for their moralistic and sensationalised approach. References to HIV in these contexts can damage the HIV cause and reverse the progress made in no longer presenting the virus in traditional 1980's moralistic and irrational terms.

11.5.2 Education on HIV

The second thematic field revolves around the issue of 'education', perceived by some of the interviewees as another important area in which an intervention of some kind is desirable.

(11.60) how we are going about that, but I think, as I said before, it should start in the schools, we should be going round in the schools, and tell the kids about it, explaining the bad part and the good part (Roger)
(11.61) I think that we hope that relationships and sex education should be statutory, with no exceptions. No exceptions for faith schools. And it should be inclusive. (Philip)
(11.62) you don't want the situation to, to revert and cause, uh, suspicion or discrimination again. And it makes me wonder whether more education should be done maybe at the school level or an undergraduate level. (Drake)
(11.63) Coz he knows things like HIV and things like that and he knows I've got things like that from the NHS and …. England. I think it shouldn't all boil down to THT and things like that, I think there needs to be a lot more done from the public purse and not from the volunteer purse, that's what I would say (Dorian)

In response to the lack of understanding of and education on the virus, Roger sees schools as the ideal starting point from which to introduce a plan of information and prevention (11.60). Philip and Drake expand on this, claiming that sex education is not only a desirable subject to introduce to the curriculum, but 'should be statutory', 'with no exception for faith schools'

and ‘inclusive’(11.61-11.62). Finally, whilst THT is known for its proactive approach as a trailblazing charity in the field of sexuality and prevention, Dorian allocates the deontic labour to dealing with prevention and education of the whole public sector (11.63).

11.5.3 PERSONAL AND PUBLIC PERCEPTIONS OF HIV

Three inanimate deictics instantiate this thematic category.

(11.64) IR. Has medicine changed attitudes towards HIV in general?
Robin - It should have done; it should have changed more. Probably it has a little bit but not enough.
(11.65) if you’re a black man, you don’t come out as being black, or if you’re a woman, you don’t have to come out as being female, do you? So why should it apply to any other characteristic, of an illness or a sexual preference? (Jacob)
(11.66) Well, I've been positive, HIV positive since 2000 and (Pause) three, okay. Two thousand and... I forget the date obviously. It's become not important that I just don't remember so much, and that's how it should be, really. (Philip)

In response to the question about whether medical discoveries have played a role in shaping modern attitudes towards HIV, Robin regrets the fact that the public opinion is still lagging behind: the past tense of *should* in ‘it should have done; it should have changed more’(11.64) conveys Robin’s disappointment that his expectation of seeing any change in the public profile of the virus has yet to be met. Jacob takes issue with the rationale and social values that underpin the process of coming out, and why this only applies to only certain areas (i.e. sexuality and particular health-related conditions) of the individual’s private sphere. The modal *should* in the instance ‘so why should it apply to any other characteristic […]?’(11.65) calls into question the propriety of tacitly expecting, at some point, people to come out about the aspects that make them allegedly “unfit” in the worldview, whereby heterosexuality and a perfect health record is seen as the norm.

Finally, it can be argued that Philip’s failure to remember the date of his HIV diagnosis produces a similar demystifying impact on the perception of the virus (11.66). In a more recent context, whereby an HIV-positive diagnosis is no longer seen as a death sentence, remembering the date of this event loses its significance. According to Philip, failing to remember this date is a reasonable thing to do.

11.5.4 THE ROLE OF HIV

This thematic category is instantiated by five instances focusing on the impact that HIV can have on people's daily lives.

(11.67) Then, it's easy for me to say, or that's not you choose it's to be so big in your life, if there's lots of things that are making it big in their life. But it doesn't have to be. It shouldn't. (Philip)
(11.68) Absolutely, (it) shouldn't stop you from doing what you want to do. Absolutely shouldn't limit your ambition. It might spur your ambition on. (Philip)
(11.69) But equally, you know, things are progressing. Things are changing. So, medically, it shouldn't be a big deal. In terms of financial services, it's less of a problem. It shouldn't have an impact on your insurance. Should have much less of an impact on things like insurance and mortgage, as financial services begin to understand the medical reality of being diagnosed and medication and undetected (Philip)

In (11.67-11.69) Philip refuses to acknowledge and dignify the characterization of HIV as a negative force that limits people's freedom of choice and action. The positive and negative *should* evaluates the prospect of a negative impact on somebody's life from HIV as both unfair and unwelcome. Granting HIV the power to 'stop you from doing what you want' and 'limit[ing] your ambition' (11.68) is something that Philip strongly opposes. Moreover, the fact that 'things are progressing' and 'medically [HIV] shouldn't be a big deal' (11.69) provides Philip with a strong enough reason to construe the increase in insurance premiums and payment rates for financial services such as mortgages, which PWH had to endure in the past, as unacceptable.

The above-mentioned cases are two examples of how the new medicalization of the virus has shaped the perception of HIV, and informed a different code of practice in the insurance system. The changing of the medical circumstances has altogether delegitimized risk-aversion measures implemented by an insurance company when dealing with PWH. Indeed, continuing with these policies would be hailed as unfair and discriminatory.

11.6 CONCLUSION

This chapter has dealt with uses of *should* in the private discourse represented by my interview data. *Should* conveys the deontic value of 'weak obligation' and functions as an evaluative marker by presenting the modalised processes as ideal, desirable, and potentially in line with one's moral code.

Following the same methodology adopted in the previous chapters of the private discourse, I separated the animate personal deictics acting as the subject of the modalised processes into private and public spheres: this was instrumental in defining how the deontic labour is distributed across the social spectrum.

With regard to the private sphere, the deontic labour that the interviewees themselves subscribe to concerns areas of their private life. They are, in most cases, of an ordinary and prosaic nature, such as reading the news (11.2-Taylor), finishing one's Master's degree (11.3-Philip) or joining HIV charities (11.4-Daniel). Although these processes are presented as desirable and ideal, the fulfilment of this deontic work does not significantly impact upon the discourse of HIV/AIDS.

The deontic labour that is allocated to the social actors of the public sphere aims to change the SoA on a larger and more impactful scale. The responsibility to intervene and make a change in the HIV-related reality are commensurate with the type of agency the personal deictics index. Experts are expected to promote a positive, truthful and respectful image of HIV and PWH, as well as ensuring that the virus is kept on the political and media agenda. Lay private people are expected to be aware of the virus, and use the necessary precautions in order to prevent possible STIs. Finally, two potential case scenarios are presented by IEs in relation to PWH: these are diametrically opposite to one another. On the one hand PWH are presented as deserving of protection and fair treatment, whilst on the other, they are the target of unfair representation, mainly by the media and political figures: this is argued as neither ideal nor desirable.

CHAPTER 12 – DEONTIC SOURCE

12.1 INTRODUCTION

The analysis of the five overt markers of modality in the public and private discourse of HIV and AIDS, represented by the news and interview corpora, respectively, has provided a detailed picture of the so-called 'deontic labour'. I have used the label 'deontic labour' to refer to the linguistic realization of the social value of public responsibility and necessity that seems to emerge more prominently in states of emergency such as in reference to the HIV/AIDS-related crisis, and is allocated in various different ways to different members of society. The final aspect to consider concerns deontic source (DS), as introduced in **3.4**.

DS refers to the identification of who (in the form, for example, of a particular social actor or social institution, when made explicit) is involved in issuing the deontic statement. By identifying DS, I am not only able to contextualise the origin of the deontic claims but also to map out some of the voices that populate the discourse of HIV/AIDS post-1996. Moreover, as mentioned in **3.4**, the process of investigating DS translates into establishing whether the deontic statements belong to the primary or secondary discourse. This is achieved by focusing on two linguistic resources employed in order to introduce the secondary discourse: Leech and Short's (1981) Speech and Thought Representation framework; and Martin and White's (2005) ENGAGEMENT category (as part of their larger interpersonal framework known as Appraisal Theory (henceforth AT).

The overall aim is to investigate whether the primary- and secondary-discourse positions are aligned. This emerges especially when the deontic statements are issued, not by primary, but by secondary-discourse voices. The question is whether the latter are used as a means to reiterate and validate the stance held by the primary discourse, i.e. the view of HIV as an inclusive and universal virus and the importance of distributing responsibility and necessity across the social spectrum, in order to cope with the ever-present HIV crisis.

Moreover, the examination of DS allows me raise questions about the oft-tacit requirements that are put in place in order for somebody to qualify as the allocator of deontic labour. Power, expertise and knowledge in the field of HIV/AIDS are crucial factors for the legitimisation of particular social actors in this role.

12.2 EMPIRICAL APPROACHES TO DEONTIC SOURCE

As discussed in **3.4.1**, DS is connected to the concepts of 'intertextuality', 'dialogism' and 'heteroglossia'. I specifically set out to look at the linguistic resources employed to introduce and report the deontic statement, with a view to assessing the following values associated with the intertextual practice of bringing different voices into dialogue. Hence the following questions,

a) In regard to the deontic statement:

Is the deontic statement reproduced verbatim, i.e. in direct report mode?
Leech and Short (2001: 256) offer a linguistic approach to help answer question 'a'. This framework is also employed in this analysis, in line with previous applications in, for example, Fairclough (1995, 2005) and Richardson (2007).

b) In regard to the reporting voice that introduces and frames the deontic statement:

Does the deontic statement belong to the primary or secondary discourse?
If the deontic statement belongs the secondary discourse, what interpersonal stance does DS take towards it?

In order to answer question 'b', I focus on the linguistic resources that can offer an insight into the deontic source's stance towards the reported deontic statement and the surrounding heteroglossic backdrop of the discourse at hand. This is done by examining the values of the reporting verbs using Martin and White's (2005) ENGAGEMENT category.

Table 26 and Table 27 provide a numerical overview of the reporting modes identified in both the news and interview corpora, respectively.

Modal verb	Secondary Discourse		Primary Discourse
	Reported Speech Expert	Reported Speech Non Expert	
MUST	70 (DS) 16 (IS)	22 (DS) 5 (IS)	29
HAVE TO	112 (DS) 9 (IS)	58 (DS) 1 (IS)	67
NEED TO	158 (DS) 24 (IS)	29 (DS) 5 (IS)	55
SHOULD	101 (DS) 45 (IS)	10 (DS) 10 (IS)	81
OUGHT TO	4 (DS) 6 (IS)	2 (DS)	5

TABLE 26 - REPORTING MODES IN THE NEWS CORPUS

Modal verb	Secondary Discourse		Primary Discourse
	Reported Speech Expert	Reported Speech Non Expert	IE's explicit self-reporting
MUST	/	/	4
HAVE TO	/	8 (DS)	152
NEED TO	5 (DS)	11 (DS) 1 (IS)	80
SHOULD	2 (DS)	12 (DS) 1 (IS)	101

OUGHT TO	/	1 (DS)	1

TABLE 27 - REPORTING MODES IN THE INTERVIEW CORPUS

From only a cursory look, one is able to note the striking difference between the frequency of reporting modes identified in the news and the interview corpora. In the news corpus, the majority of the deontic statements appear in the secondary discourse, meaning that the action of issuing them is outsourced to a voice (most often an expert figure - see figures in Table 26) other than the journalist that penned the article. The outsourcing has the effect of introducing a degree of distance and 'objectivity' between the journalist and the reported statement (Richardson 2007: 87). Moreover, the use of an expert voice can function as a legitimising strategy (van Leeuween 2007; van Leeuwen and Wodak 1999): the social order appealed to through the deontic statements allows them to acquire more clout and credibility due to the fact that they originate from a form of authority (van Leeuwen 2007: 92).

On the other hand, deontic statements appear less frequently in the primary discourse of the news corpus and tend to appear in opinion pieces, where the journalist is not trying to construe their position in an objective and legitimate way, but is merely voicing their stance on a particular topic.

As for the reporting modes that feature in the interview corpus, the majority of the deontic statements are issued by IEs, whilst the outsourcing of the deontic statements to other external voices is a rare phenomenon. Here IEs give a personal account of the experience of living with HIV and the deontic statements reflect their views in relation to how the HIV-related SoA *must*/*needs to*/*has to*/*should*/*ought to* be.

12.2.1 MODES OF REPORTING IN THE NEWS CORPUS

The first distinction made is to determine whether the deontic statements belong to the primary or secondary discourse. Establishing the precise DS in the primary discourse can be a complex enterprise, i.e. singling out a particular voice in a news production team, as pointed out by Bell's (1991) account of the internal producer roles at work in the assembly line of news articles. This is because the final news product consumed by the reader is the fruit of

collaboration between, and a reflection of the stances of, different people. Bell (1991: 36-44) identifies the actors behind the scenes that take part in the discourse practice of producing news. Hence, 'primary discourse' can be seen as an umbrella term under which sits the 'principal', known as the *institutional voice* (my emphasis), that is, the news executives that own and finance the paper – bringing their own political and financial views and interests to bear on the published output, and the 'author'. The latter comprises both journalists, responsible for drafting written versions of news articles, and the team of editors that manage the process of re-elaboration, modification and finalisation of the news article. However, having pointed to the complexity of the news assembly line and the various actors taking part in it, the most accurate deduction one can make when interpreting the figures featuring in the column labelled 'primary discourse' in Table 26 is that the name of the journalist that features in the by-line of a particular news story. This is the best clue to DS. Unless stated differently in a disclaimer, the named journalist is also acting as a spokesperson for the publication's core values and beliefs.

Below are two examples of deontic statements whose DS coincides with the author of the primary discourse.

(12.1) (By-line: Kate Mansey)
We need to challenge the fact that HIV is perhaps the only potentially fatal disease that doesn't elicit sympathy. (Daily Post - North Wales, 2005)
(12.2) (By-line: Jeremy Laurance Health Editor)
We urgently need to banish our heterosexual complacency of seeing Aids as a gay disease. (The Evening Standard, 2010)

In (12.1), the journalist Kate Mansey pens an opinion article. Consequently, the particular necessity she issues reflects her own personal views. In (12.2), DS's nature is more ambiguous, since Jeremy Laurance straddles both the role of journalist and that of health editor, which is a particular type of expertise not attributed to Kate Mansey. The case of Jeremy Laurance is an example of an overlap between two roles, namely between that of producer of the primary discourse and that of expert. The latter would potentially qualify Jeremy Laurance as an 'expert DS', requiring the introduction of a further subcategory within the primary-discourse column to accommodate such instances. The fact that the Table 26 propose does not make room for this distinction is potentially a limitation of the categorising system of DS. Instead, I maintain the distinction between primary and secondary discourse as

the main, defining categories, and put aside further sub-categorisations within the primary discourse.

The criterion operationalised in the secondary-discourse section of the table is the explicitness of DS. This means that the journalist who penned the primary discourse (generally cited in the by-line) attributes the deontic statement to two possible types of source.

On the one hand, is the body of experts, such as doctors, and medical staff, heads of clinics, or social campaigners et cetera, who, based on their inside knowledge derived from their field of study and research, have the necessary competence required to issue deontic statements regarding how to tackle and manage the virus. Arguably, their professional status as experts grants them the authority and the credibility that is required in order to make a case for a change in relation to the ways in which the public understands and approaches the topic of HIV and AIDS. In (12.3-12.4), Sharon Stone and the 'health authorities' act as DS. Sharon Stone, and the other celebrities, such as Elton John, that appear in my news corpus, are classified as 'expert' DS. Their expert authority is derived both from their celebrity status, which allows them to reach as large an audience as possible to raise awareness in relation to HIV-related issues, and, possibly, from the training they have received on HIV/AIDS in order to fulfil the role of HIV ambassadors.

(12.3) Stone spoke to The Times before a function for the American Foundation for Aids Research at Cannes. "We have to deal with sexual education," she said. "It's our fault as adults that we're not saving lives. (The Times, 2004)
(12.4) Since PrEP does not work all the time, nor does it prevent sexually transmitted infections like syphilis and gonorrhoea, health authorities say people should continue to use condoms regularly. (Telegraph.co.uk, 2015)

On the other hand is the non-expert body comprising people who voice their opinions but cannot rely on being an expert in order to justify their deontic statements. They are mainly lay people who have an opinion about or have been exposed to the virus (in one form or another), gay people or PWH. These figures are brought into the news story so as to give the reader another perspective on the virus and/or what living with HIV entails (cf. DS Tania White, a supermarket worker (12.5), and Gary, HIV-positive (12.6). I argue that the

newspaper's discourse practice of attributing deontic statements to non-expert, lay people can be read as a manoeuvre that Fairclough (1996) calls 'informalisation': i.e. 'the engineering of informality, friendship, and even intimacy' (ibid: 7), which the consumers of news are likely to appreciate, considering the fact that they might share similar opinions with the voices being reported, without having any specific kind of expertise on the topic either. The attention that a lay voice receives from the readers can be compared to one that emerges in so-called 'experiential interviews' between an interviewer and a member of the public who witnessed an event and is asked to report their understanding thereof (Montgomery 2007). Montgomery notices that the readers/audience tend to side with the interviewee, seen as 'one of us' for voicing similar opinions or raising doubts on behalf of the public (ibid: 159)

(12.5) Tanya White, 19, a supermarket worker from Camberwell, S London, said: "It's a sexually-transmitted disease and I don't think you have to be dirty to get it. I think people who do drugs are more at risk than those just having sex." (The Mirror, 2001)
(12.6) Gary says the diagnosis doesn't affect his personal relationships. […] He warned: "I think what a lot of people have to realise is that, if you have HIV, it's with you for life. "(The Sun, 2009)

The final information to address in the table regards the figures representing the frequency of the reporting modes. The first point to raise is that of the three DS options, the expert voice is the more frequent, followed by the primary discourse, and finally the non-expert voice.

With regard to the reporting mode within the secondary discourse that occurs more frequently in the news corpus, the direct reporting mode is by far the preferred choice (Table 28). As pointed out above, this ensures that the voices of the primary discourse and those of the secondary discourse are kept separate, and that the deontic statement is reported in the most accurate way, with little to no chance of misrepresentation on the writer's part, nor misinterpretation on the reader's part (Richardson 2007: 106).

Modal verb	Secondary Discourse		Primary Discourse
	Reported Speech Expert	Reported Speech Non Expert	
MUST	70 (DS) 16 (IS)	22 (DS) 5 (IS)	29

HAVE TO	112 (DS) 9 (IS)	58 (DS) 1 (IS)	67
NEED TO	158 (DS) 24 (IS)	29 (DS) 5 (IS)	55
Total Strong Markers	389	120	151
SHOULD	101 (DS) 45 (IS)	10 (DS) 10 (IS)	81
OUGHT TO	4 (DS) 6 (IS)	2 (DS)	5
Total Weak Markers	156	22	86

TABLE 28 - REPORTING MODES IN THE NEWS CORPUS

12.2.2 MODES OF REPORTING IN THE INTERVIEW CORPUS

In this section, I discuss the modes of reporting identified in the interview corpus. The difference in genre that characterises the public and private discourse under analysis is the main reason behind the operationalization and, consequently, the production of two slightly different tables.

The very personal, subjective nature of the interviews plays an important role in explaining why the majority of the deontic statements belong to the primary discourse. Indeed, as emerges from the figures reported in Table 29, more than 90% of the deontic statements are issued by IEs themselves. This pattern can be attributed to the textual genre in which the data under analysis is situated.

With regard to the secondary discourse, the same organisational criteria adopted in Table 28 (news corpus) applies. This means that DS is distinguished between expert and non-expert. The non-expert category includes accounts of interactions between IEs and laypeople, such as family members, friends and colleagues. As can be seen in Table 29, the process of

outsourcing the deontic statements is a very rare phenomenon in the interview corpus, occurring across the modal verbs between one and 12 times. This datum confirms that the interviewees do not shy away from expressing their point of view, in line with the very subjective nature of the interview genre.

Modal verb	Secondary Discourse		Primary Discourse
	Reported Speech Expert	Reported Speech Non Expert	Interviewee's explicit self-reporting
MUST	/	/	4
HAVE TO	/	8 (DS)	152
NEED TO	5 (DS)	11 (DS) 1 (IS)	80
SHOULD	2 (DS)	12 (DS) 1 (IS)	101
OUGHT TO	/	1 (DS)	1

TABLE 29 - REPORTING MODES IN THE INTERVIEW CORPUS

12.2.3 RELATIONSHIPS BETWEEN DEONTIC SOURCE AND REPORTED MATERIAL

This section is concerned with what Fairclough (2003: 51) refers to as 'the relationship between the report and the rest of the text in which it occurs'. According to Fairclough, looking at how different voices are employed to convey particular information relevant to the discourse at hand provides a valuable insight into the ideological make-up of the text and more broadly of the discourse.

However, for the purpose of this analysis, the relationship between 'the report and the rest of the text' is approached with a narrower focus, that is, the interpersonal stance that DS takes in relation to the reported deontic statement. This is due to the large data set (especially the

news corpus) used to explore the discourse of HIV/AIDS post 1996: the number of texts and deontic statements considered is too high to enable the manual investigation into every single deontic statement and the 'rest of the text' (à la Fairclough) in which it features. Moreover, the corpus methods used to identify the modal markers and the deontic statements mean that questions that refer to the whole text are difficult to address and instead lend themselves better to analyses of the narrower co-text of the deontic statement and related DS.

For the above reason, I turn to Martin and White's AT as a potentially valuable approach to decode the relationships between DS and the reported material.

12.2.3.1 Application of Martin and White's ENGAGEMENT category

Table 30 and Table 31 below contain the reporting verbs identified in the news and interview corpora, annotated using the ENGAGEMENT sub-categories. As noted in section 12.7, for reasons connected to data size and corpus methods used to downsize and identify the deontic statements, the evaluation of DS's stance towards the deontic statements is established by taking into consideration the reporting verbs, the latter functioning as the most explicit marker of stance available in the data at hand. It must be noted that Martin and White's ENGAGEMENT category is not exclusively based on the verb, but on how the latter serves, in context, to position a particular voice in relation to the rest of the text. Indeed, other contextual features play a part in showing stances (e.g. adverbs such as 'perhaps, apparently', locutions such as 'in somebody's view').

The classification of the reporting verbs that features in both corpora follows the criteria that Martin and White provide to illustrate the ENGAGEMENT category and subcategories (Table 30 and Table 31). Their taxonomy and terminology (e.g. attribute-acknowledge; attribute-distance; entertain) offer a way to express, concisely, the stance taken by the deontic source.

At times, the process of categorisation becomes challenging, especially when dealing with verbs that do not perfectly align to the prototypical meaning of the ENGAGEMENT subcategories. The problematic cases are marked with an asterisk.

Modal verbs	Reported Speech Expert	Reported Speech Non Expert	Primary Discourse
MUST	Attribute – acknowledge: Added (5) Say/said (59) According to (2) Writes (1) Believe (4) Attribute – distance: Argued that (1) Entertain Suggest (1) Proclaim (endorse) Indicate (1) *Insisted (1) *The report cautioned (1) *Warns (3) *it was warned (1)	Attribute – acknowledge: Added (1) Say/said (3) *Warn / warned (2)	Monoglossia
HAVE TO	Attribute – acknowledge: Say/said (58) Add/ added (7) According to (1) Write/wrote (2) Proclaim (endorse)	Attribute – acknowledge: Say/said (24) Add (1) Wrote (1) Recalled (1) Entertain Warned (1)	Monoglossia

	Highlighted (1) *Agree (1) *Stressed (1) *Argue (1)	Admit (1) Feel/felt (2) Proclaim (endorse) Highlighted (1) *Insisted (1)	
NEED TO	Attribute – acknowledge: Say, said (98) Added (8) Told (1) Attribute – distance: Claimed (1) Entertain Admitted/admits (2) Suggested (1) Felt (1) Proclaim (endorse) A study has found that (1) *Agreed 4 *Warned (3)	Attribute – acknowledge: Said (15) Added 3 Wrote (1) Went on (1) Remarked (1) Entertain Suggest (1) Think (1) Proclaim (endorse) Explain (1) *Remain concerned (1)	Monoglossia
SHOULD	Attribute – acknowledge: Say/said/saying (80)	Attribute – acknowledge: Say/said (13)	Monoglossia

	Added (6) State (2) Believe (2) Attribute – distance: Claim/claimed (2) Entertain: Suggest (2) Proclaim – concur: Recommend (4) *Warn/ warned (3) *Complained (1) *Rules (1) *The report concludes (2) *Urged (1) *Spoke (1) *Argued (1)	Adds/added (2) Believe (1) Attribute – distance: Claim (1) Entertain: Feel (1)	
OUGHT TO	Attribute – acknowledge: Said (3) *Warned (1)		Monoglossia

TABLE 30 - REPORTING VERBS OF THE NEWS CORPUS

Modal	Reported Speech (Expert)	Reported Speech Non expert	Interviewee's explicit self-reporting
HAVE TO	/	Attribute – acknowledge: Go (1) Say (1) Entertain Think (1)	Entertain: Think/ thinking/ thought (2) Felt (1) Know (6) *Phone (1)
NEED TO	Attribute – acknowledge: Said (1)	Attribute – acknowledge: Go (1) Say (2)	Attribute – acknowledge: Say/said (4) Entertain: Think (11) *Realise (1)
MUST	/	/	/
SHOULD	Attribute – acknowledge: Were saying (1) Entertain: Think (1)	Attribute – acknowledge: Say/said (4)	Attribute – acknowledge: Say (1) Tell (1) Entertain: Think (14) Know (1)

OUGHT TO	/	Entertain: Thought (1)	Entertain: Think (1)

TABLE 31 - REPORTING VERBS OF THE INTERVIEW CORPUS

The classification of the reporting verbs provides a valuable insight into the stance that DS takes towards the deontic statements. In the cases where it was possible to categorise the reporting verb using the ENGAGEMENT subcategories, DS does not appear to take a position of disapproval towards the reported material. On the contrary, DS entertains, acknowledges, endorses, and, at worst, critically considers, the fact that the deontic labour expressed in the reported material is necessary and/or obligatory. In particular, the acknowledging and endorsing positions that DS adopt seem to suggest that the outsourcing of the deontic labour by the primary discourse to various voices in the secondary discourse is done with the aim of foregrounding the HIV/AIDS-related political and social agenda that the primary discourse itself endorses and promotes. In other words, something *must*, *needs to*, *has to*, *should* be done to cope with HIV and AIDS. The outsourcing of the deontic labour to external voices allows the primary-discourse voices to present it as issued and endorsed by other voices other than the primary-discourse, so as to produce a stronger and more wide-reaching impact and to build a consensus around the HIV/AIDS issues between expert authorities, laypeople and PWH.

Despite the usefulness of this framework, it is also worth issuing a caveat which relates to the process of categorising the reporting verbs. Whilst I was able to confidently classify the majority of the reporting verbs, this was not possible in other cases, which were marked with an asterisk: this occurred when dealing with verbs that did not feature in Martin and White's framework as prototypical instantiations of the four sub-categories. I attribute this 'categorising uncertainty' to two aspects. The first relates to the narrow categorising scope of the ENGAGMENT categories, since they do not seem capable of accommodating verbs such as 'warn', 'urge', 'speak', 'conclude'. The second concerns both asterisked and non-asterisked reporting verbs: despite the fact that ENGAGEMENT is of great assistance to the characterisation of the interpersonal stance adopted by the reporting voice (whether it be an acknowledging, subjective or authoritative one), other features at play in the definition of the

relationships between primary and secondary discourse are not considered. Specifically, whilst the reporting verb itself suggests that, for instance, the deontic source acknowledges and endorses the strong/weak values of necessity and obligation conveyed by the deontic statement, the primary discourse may take issue with the reported material, via adjuncts such as 'however', or 'but' for example, previously or further on in the text. Moreover, as mentioned at the beginning of section **12.8**, AT cannot be limited to single lexico-grammatical realisations, but operates by taking into consideration stretches of discourse.

Due to the limited scope of this chapter and the nature of my data, as mentioned elsewhere, I was not able to follow up on the issues highlighted by the caveat outlined above. However, I believe, this offers an opportunity as a starting point for further research into the relationship between primary and secondary discourse. Such investigation will differ from the present in the amount of co-text and the larger number of evaluative lexico-grammatical features taken into account.

12.3 Conclusion

The aim of this chapter was to complete the picture on the use of deontic statements in both the news and interview corpora by analysing what I have called the 'deontic source', that is, the speaker or writer responsible for issuing the deontic statements. Underpinning the investigation of the deontic sources are the concepts of intertextuality, monoglossia and heteroglossia. I showed how these concepts helped to see the investigation into DS as an intertextual enterprise, and an analysis of the heteroglossic backdrop of voices that populate both public and private discourse of HIV/AIDS.

DS identified in both corpora was organised in two categories: the 'primary discourse', meaning that the main writer or speaker of the news article or interview is also the deontic source, and the 'secondary discourse', whereby the task of issuing deontic statements is outsourced to a secondary voice. With regard to the latter, I have distinguished two types of secondary voices, i.e. the expert and the non-expert. I have also highlighted the fact that most deontic statements are attributed to an expert voice. This, I argued, could be seen as a discursive legitimisation strategy used by the primary-discourse speakers to increase the impact, the clout and credibility of the deontic statements.

Finally, the overall stance that DS takes towards the deontic statements is of approval and endorsement, as suggested by the reporting verbs introducing the reported material. Since DS does not frame the deontic statement in a critical light, rather in a positive and supportive way, the outsourcing of the deontic statements to external voices can be seen as an extension of the position upheld in the primary discourse, i.e. in favour of an inclusive mobilisation of the various members of society to respond to the HIV/AIDS-related crisis.

Respecting the limits of the caveats presented at the end of 12.8.1, these findings are particularly significant for my interpretation and conclusions put forward by this thesis. Indeed, they allow me to generalise the discursive patterns initially circumscribed within the limits of the deontic statements to the larger discourse where they are found. In other words, the deontic statements can be taken as small-scale instantiations of the tenor of the discourse of HIV/AIDS post 1996. The construal of HIV as an inclusive, universal virus, and the strong and weak obligation and necessity to do something about HIV for the greater good are positions which are not only endorsed by the secondary discourse, but also the overarching primary discourse.

CHAPTER 13 - CONCLUSION

13.1 INTRODUCTION

The aim of this chapter is to elaborate on the main findings identified in the analysis chapters in the following order: I will first summarise and organise the findings under the label of deontic tendencies (**13.2**). The deontic tendencies, in turn, will function as the skeleton of the interpretation section of the discourse at hand (**13.3**). The thesis closes by highlighting some of the limitations of the methodological choices I have adopted in this project and by suggesting future research avenues.

13.2 DEONTIC TENDENCIES IN THE NEWS AND INTERVIEW CORPORA

In this section, I set out to weave all the discursive patterns identified across the analysis chapters (Chapters 4-13) into a final tapestry. By doing so, I aim to address RQ1 and RQ2:

1. What deontic patterns occur in the news and interview corpora? What are the possible variations in terms of deontic patterns between the two corpora under analysis?

2. What are the linguistic construal(s) of HIV that emerge(s) from attending to deontic modality in the two corpora under analysis?

The findings which are associated with each deontic modal verb were never meant to be seen in isolation, but collectively. This final, collective overview presents a series of overarching tendencies that, I claim, typify the discourse of HIV/AIDS post-1996. Given that the discourse at hand has been investigated using two different corpora (i.e. the news and the interview corpora), I will make it clear when a particular tendency applies only to one corpus. Finally, these tendencies are defined as 'deontic', since they are borne out of the concept of 'deontic labour' which has underpinned the theoretical, methodological and analytical framework of this very thesis. They have to do with who is construed as responsible for or obliged to do what in the discourse that I have investigated. I organise the deontic tendencies into three major clusters: the animate and inanimate deontic tri-grams and the deontic source.

13.2.1 ANIMATE DEONTIC TRI-GRAMS

Through the linguistic pattern of 'deontic tri-gram', I was able to break up the deontic labour into three components which led to the identification of three major deontic tendencies. Specifically, by focusing on the components:

1. personal deictics;
2. modal verb;
3. modalised process,

I was able to expand upon the original concept of 'deontic labour' and, via an inductive process, arrive at that of 'division of deontic labour'. This label refers to the process whereby a writer or speaker allocates, more or less strongly, obligations and necessities concerning the topic at hand, i.e. HIV/AIDS, to social actors, as individuals or groups. Hence:

- component 1. identified what social actor;
- component 2. established the degree of strength, and the nature of the imposition, i.e. obligation or necessity;
- component 3. described what particular intervention was requested.

Based on the above, the division of the deontic labour for animate actors can be summarised into the following three deontic tendencies.

1. Three types of agency are at work and coincide with the following clusters of social actors indexed by the wide variety of personal deictics identified in the two corpora:

- the expert institutional body (instantiated by institutional figures and organisations operating in the political, medical, educational field),

e.g. Practitioners need to be aware of the potential for serious adverse reactions and drug-drug interactions. (Pulse, 2004)

- the lay private body (instantiated by group of or private individuals alone),

e.g. I think that, now, people have become complacent. "But they have to realise that HIV hasn't gone away and they need to protect themselves. (Aberdeen Press and Journal, 2004)

- PWH (substantially infrequent),

e.g. The scientists who made the discovery said women with HIV should begin treatment sooner than men. (The Journal, 1998)

The three agential categories are found both in the news and interview corpora. In the interview corpus only, there is one more agential group which coincides with the interviewees themselves giving a personal account of what they thought was and is obligatory/necessary for them to do in their own private sphere.

I did feel that you know, I would embarrass my daughter and she would think less of me but in all fairness, she's been fine, I had to tell her I had HIV in hospital because she thought I was dying from cancer. (Aaron)

2. The modalised processes define what intervention is allocated as necessary to the three types of agency, based on their affordances and skillsets:

- The experts' deontic labour serves to mainly medicalise and educate about HIV and preventative measures;
- The laypeople's deontic labour consists in being aware of HIV, educating themselves, following the preventative measures;
- PWH are mainly required to comply with their HIV medical regime and look after themselves.

Concerning the interview corpus, only:

- The interviewees' deontic labour relates to their own medical, personal and interpersonal circumstances: most of the private-sphere deontic instances deal with health-related, HIV-induced complications, and the negotiation of one's HIV diagnosis with family and members of the public.

- The considerably reduced amount of deontic instances under investigation allowed me to introduce the polarity and tense parameters. The polarity parameter enabled the distinction between the presence or lack of obligation/necessity. Negative modality was found to construe the interviewees' dismissal of HIV as a serious issue, or of the need to change one's life style. The tense parameter enabled the analysis of past deontic instances as real constraints that most likely the interviewees fulfilled in order to cope with their HIV diagnosis, and present deontic instances as hypothetical irrealis cases whose fulfilment is yet to be guaranteed.

13.2.2 INANIMATE DEONTIC TRI-GRAMS

Another important deontic tendency is identified by inanimate deictics. These index the social areas where a form of intervention is more or less strongly obligatory or necessary. Despite, at times, the slightly different phrasing employed to foreground and capture the specificity of these social areas, the latter can be subsumed under five overarching thematic categories:

- The medicalisation of HIV (i.e. chronic, universal, inclusive virus which cannot be cured, but managed, without significantly impacting one's life expectancy);
- Information and education about HIV (to be implemented as part of the school curricula and across society);
- Preventative measures (i.e. PrEP, anti-retroviral medication, safe-sex practices);
- Social attitudes towards HIV (i.e. (mis)construal of HIV as an exclusive or inclusive virus, normalising attitudes towards the virus and PWH, rejection of stigmatic attitudes, heterosexual complacency);
- Personal perception of HIV (applying mainly to the interview corpus).

Moreover, passive inanimate tri-grams appear frequently across the corpora: in these cases, despite not being mentioned, the agent is often animate.

Finally, the regular recurrence of these themes in the five modal-verb-based corpus cross-sections is indicative of the 'semantic cohesiveness and saliency' that characterises the news and interview corpora (cf. Chapter 3).

13.2.3 DEONTIC SOURCE (DS)

The final deontic tendency is concerned with establishing what position the deontic statements occupy in relation to the surrounding co-text. Answering this question entails, ultimately, evaluating how representative of the overall tenor of the discourse under analysis are the deontic statements. Given the difference in genre between the news and the interview corpora, I distinguish two DS-related tendencies:

- In the news corpus, the deontic statements tend to appear in secondary discourse. Namely, the main voice of the primary discourse, which, for ease of reference, is made to coincide with the news writer, outsources the deontic statement to an external voice. The latter is either an expert in the field of HIV/AIDS, or a non-expert/layperson who is being exposed to the virus more or less directly. This type of outsourcing was also claimed to be a discursive legitimisation strategy (cf. van Leeuwen 2007) that the primary-discourse voice uses to increase the value of credibility (cf. expert DS) and relatability (cf. lay DS) associated with the deontic statements, locally, and the whole text, by extension. It also construes HIV/AIDS as the kind of matter in relation to which expert opinion about what is to be done is crucial (rather than say lay 'vox pops' or first-person journalistic opinion) (Adam 2011).

- In the interview corpus, the main DS is the interviewees, since the latter is the main focal point of the interview.

- The analysis of the reporting verbs, as a means to introduce the deontic statements, was crucial for assessing how representative of the tenor of the overarching discourse where they feature the deontic statements are. The majority of the reporting verbs frame the reported material as an acknowledgement or endorsement (Bednarek 2006; Caldas-Coulthard 1994; Fairclough 1988; Hunston 1995; Martin and White 2005). This suggests that the reported material can be seen as an instantiation and extension of the primary discourse. In other words, the values encoded by the deontic statements are broadly 'aligned' with the primary discourse. The latter endorses the medicalisation of HIV as an inclusive virus and the division of the deontic labour

across the members of society according to their skillsets and public and private role they play in it.

13.3 From deontic tendencies to the discourse of obligation and necessity

So far, I have provided an account of the main deontic tendencies that emerge from the two corpora: the interpretation of the linguistic patterns has been kept roughly at a basic textual level, and wider implications from these textual results are yet to be drawn.

The first step towards the completion of a critical discourse analysis, à la Fairclough (1989/2014; with Chouliaraki 1999), is to explicitly relate the textual findings to the socially-oriented research questions (Chapter 1) which have underpinned the whole thesis.

The main overarching research question which has underpinned the thesis is concerned with arriving at a linguistic construal of HIV and people living it by attending to linguistic resource of deontic modality in the discourse of HIV/AIDS post 1996. As mentioned in Chapter 1, this date is particularly significant in the aetiological and epidemiological history of HIV: the introduction of HAART in 1996 represented a crucial medical breakthrough for the medicalisation of the virus, thanks to which HIV evolved from being fatal to being treatable and manageable (Hammer et al 1997; Mocroft et al 1998, 2003). In this light, 1996 came to be seen as a watershed marking a pre- and post-HAART era (Elford 2006). With this medical reference point in mind, this analysis has turned its attention to the social and political aspect of HIV, and specifically, to the way in which the virus has been perceived and construed in news and interview discourse.

Despite the fact that the corpora were both collected around gay men with HIV (GMWH), references to GMWH as recipient of deontic labour are remarkably low (10 instances across the news corpus). Instead, deontic labour in its various forms and shapes has been found to work inclusively, calling upon the public, according to their skillsets and affordances. The inclusivity of the deontic labour resonates with the medicalisation of HIV as an inclusive, universal virus, which is no longer confined exclusively to the originally high-risk groups, known as the 4 H's" (haemophiliacs, heroin addicts, homosexuals and Haitians) (Gallo 2006).

Furthermore, a closer and more critical examination of the way in which the deontic labour operates leads to further discursive implications. This inclusivity may *prima facie* be seen as a positive move towards the construal of HIV as a common public health issue, and that it is only through a community-wide approach that HIV can be tackled and ultimately resolved. This is an important finding indexing a positive construal of the virus. However, if we put aside the collective, inclusive argument and consider what specifically the three agential groups (i.e. experts; non-expert; PWH) are required to do, more critical implications start arising. These will be problematised in **13.3.1.**,**13.3.2**, **13.3.3**, respectively.

13.3.1 NON-EXPERT AGENCY

The type of imposition the non-expert social group is called upon to implement, across the whole news corpus, is concerned with the necessity, mainly, and obligation to change their outlook about HIV, show awareness, educate themselves and comply with safe-sex practices to stay clear of the virus. Although these measures are addressed to the collectivity (through the deictic inclusive *we*, for example, and as shown through the various clines of specificity), the type of approach required is catered to each individual of this collectivity. In other words, the fulfilment of these necessities and obligations becomes a personal, individualistic enterprise, and not a communal project in which individuals join forces for the achievement of a shared goal and the common good. This is illustrated by (13.1-13.3).

(13.1) With the right treatment and care the babies of HIV-positive women have a good chance but the women have to be tested first." Support groups fear that youngsters are no longer taking the precautions they should to protect themselves. (The Journal, 1999)
(13.2) "What I want my community to realise is we need to take better care of ourselves," he added. "I've never really been an activist. (Independent.co.uk, 2015)
(13.3) This is why, in the 1980s we saw AIDS sufferers dying of pneumonia. Today, the drugs make a difference but of course prevention is better than cure. People need to wake up and realise it could happen to them." (The Sentinel, 2002)

'Taking precautions' (13.1), 'taking better care of ourselves' (13.2) and 'waking up and realising that [HIV] could happen to them' (13.3) are very individual processes: peer support can only facilitate the process towards the implementation of this necessity, but ultimately not its complete realisation.

Very recently, in November 2018, this type of deontic labour has been echoed by Secretary of State for Health and Social Care, MP Matt Hancock, appealing to the individuals' own responsibility and self-care as a way of preventing poor health (Campbell 2018).

In line with Campbell's critical stance towards Hancock's public exhortation, this thesis argues that focusing on the individual agency, rather than on the collective one, can be problematic. Upholding this view is congruent with what public health scholars, psychologists and sociologists define as the rhetoric and practice of individual responsibility (Adam 2005, 2006; Davis 2002, 2009; Robinson 2014, 2018; Strebel and Lindegger 1998) where the solution to public health issues is claimed to reside in behavioural approaches. In other words, risks and contagions can be controlled by appealing to the individual's behavioural practices and cognitive capacities to make decisions (Singleton and Hoyden 1994; Taylor 1991; Wynne 1992). Furthermore, the view whereby the individuals are the masters of their own destiny finds its roots in neoliberal governmentality (Brown 2006; Green and Tones 2010; Kinsman 1996, Race 2003, 2007): the underlying principle is that, having been given the necessary information about how to prevent HIV, the rational individuals are left free to pursue their happiness, health, and security through personal acts of consciousness (Kippax et al 2013: 1368).

Several pitfalls and risks derive from this neoliberal behavioural view of HIV governmentality which I situate in both a micro/local and a macro dimension. At the micro/local level, failures to comply with the required behavioural norms resulting in HIV contractions can result in the stigmatisation of PWH and their construal as guilty and blameworthy (Adam et al 2015; Rangel and Adam 2014; Robinson 2018). This emerges in particular from the interviews: interviewees lament discriminations on the dating scene for their HIV-positive status (13.4), and rationalise their HIV contraction in terms of self-blame (13.5).

(13.4) I'm kind of dreading, I am planning to remain single for a good while, but I am dreading having to go back on the dating scene as a thirty-year-old positive gay man. […] it kind of tires me out, coz I know I have to go through the whole disclosing, I have it on my Grindr profile, but if I meet someone through friends, […] I have to deal with a fair share of people who run away as soon as you tell them. (Taylor)

(13.5) So, I think there is probably a certain amount of self-blame, self-stigma. And I felt that I had to take responsibility for what had happened. Um, (Pause) and I have to accept that I was (Pause) partly responsible for contracting HIV, although unintentionally. (Arthur)

Behavioural approaches to HIV are also blind to the macro relational and structural forces that transcend and pre-exist the individual's act of choosing. The individuals' particular behaviour is to be seen therefore not in a social vacuum but as the outcome of a more complex social and structural reality.

The view of obligation and necessity as individualised needs to be complemented by one of obligation and necessity as relational (McInnes et al 2011; Rangel and Adam 2014), whereby individual behavioural actions and preventative choices, such as condom use, are negotiated with other social actors. Moreover, a structural view holds that pre-existing structural constraints and inequalities, such as wealth distribution, poverty, unemployment, play a crucial role in facilitating or impeding the fulfilment of the deontic labour allocated to the single individuals (Abdul-Quader and Collins, 2011; Evans et al 2010; Kippax and Stephenson 2012; Robertson 1998). In this light, failing to comply with the behavioural preventative norms is not attributed to the individual's responsibility, but to the concept of vulnerability (Gupta et al 2008). Including vulnerability within the discourse of HIV/AIDS provides a viable pathway towards minimising personal responsibility and, ultimately, attitudes of stigma towards PWH and those at risk of HIV. However, vulnerability can also lead to overestimating the power of structures and downplaying human agency (Kippax et al 2013: 1369).

Interviewees refer to vulnerability more or less explicitly, and constraints in their account: Taylor (13.6) considers the limited external opportunities offered to GMWH to discuss their HIV experience. However, in response to this structural constraints, he is proactive about creating his own opportunity, and setting up a blog. Robin's (13.7) approach to relational constraints is less optimistic: he fears that working in a non-HIV-related sector might be more difficult due to social stigma towards GMWH.

(13.6) So, a) I thought it was a bit unfair, coz you can't really fit everything in a year, b) it was harder for me to get a chance to write about HIV, maybe I should give other people the space to talk about HIV, so it is when I created beyond positive, which is kind of a platform for other bloggers to blog about HIV (Taylor)

(13.7) What would I do if I genuinely had to go and get a job at Boots? What if I got a job there over the road and I told everybody on the first day that I am HIV positive? What the hell would the reaction be from the fellow staff? I am fortunate, I don't have to do that, but it might come a day when I don't have any work and I have to go and get a job in Boots, you know (Robin).

In keeping with the structural view presented above, this thesis disavows individual approaches that focus uniquely on the individual's agency and sense of responsibility for failing to consider the disempowering effect that social structures can have on certain groups of people. It instead endorses a two-dimensional view that pays attention to both agency and structure, as two interplaying factors in the discourse of HIV/AIDS (Brannen and Nilsen 2005). Moreover, doing so is consonant with the realist view that underpins the present critical analysis of the discourse of HIV/AIDS, whereby the social world is seen as analytically stratified (Archer 1988, 1995). A critical realist view differs from the structural view presented before in its more harmonic way of dealing with both structure and agency. On the one hand, the structural and social relations create the conditions (in the forms of constraints and enablements) for the human agency. On the other, human agency is not at the total mercy of structural conditions through the introduction of the concept of 'reflexivity'. The latter is defined as 'the regular exercise of the mental ability, shared by all normal people, to consider themselves in relation to their (social) context and vice versa' (Archer 2007: 4). Reflexivity, expressed in the form of internal conversations, endows individuals with the ability to operate in the social world and mediate the social structures.

13.3.2 Expert agency

Similar behavioural tendencies define the way in which the deontic labour is allocated to the expert agency. At a face value, the deontic labour examined across the Analysis Chapters can be seen as addressing the structural aspects of HIV/AIDS (cf. 13.4-13.6).

(13.4) The Dublin AIDS Alliance has called for a National Sexual Health Strategy and says the Government needs to provide resources to promote education and awareness of HIV and AIDS. (RTE News, 2008)
(13.5) Mr Chirac said. "We have to do everything possible to ensure that the new treatment be made available to those most in need of it". (The Irish Times, 2000)

(13.6) Health authorities are having to fund the drugs by making desperate cutbacks in spending on Aids prevention, health education, and needle-sharing programmes for drug users. (The Observe, 1999)

What makes the interventions (13.4-13.6) structural is their being allocated to political and medical institutions whose action can impact for better or worse the political, social and medical structures at work in a particular society. However, the nature of the modalised processes, and consequently, of the intervention, does not engage with long-term, and deeper-rooted structural issues, such as social inequalities, poverty, unemployment amongst others. They are, instead, situational and temporal fixes dealing with the tip of the HIV iceberg, focusing largely on behaviour geared towards encouraging changes of behaviour and outlook in others. The action plan emerging from both corpora is flawed, I argue, for its failure to address the bigger picture and the collectivity. It is enacted by individuals who single out individual problems that are contingent on longer-term more impactful problems that have been left unaddressed.

13.3.3 PWH AGENCY AND GMWH/IE AGENCY

The analysis of the deontic labour associated with PWH remarks on the very infrequent deontic instances associated with PWH (104 instances across the five modals). Moreover, the fact that PWH are mainly called upon to fulfil medical interventions that relate to their personal self-care can be interpreted as reflecting the pragmatic attitudes brought about by the medicalisation of the virus (cf.13.7-13.8)

(13.7) There were also very unpleasant side effects. With the newer drugs available recently some patients just need to take two tablets a day. (Daily Post, 2005)
(13.9) And…. ah CD4 was very good, about 500, 600 something like that. It didn't change. It didn't progress. So, I didn't immediately need to start taking tablets, for example. I didn't need to change the way I was living. I didn't need to...I didn't really need to do anything. I just carried on as was. And which probably made it quite easier to deal with really, because I had a lot of time to think about stuff and contemplate stuff and you know, work out you know. (Philip)

In other words, PWH are not construed as blameworthy, guilty for having brought their virus upon themselves, or as a threat to other HIV-negative people.

The limitations of this type of deontic labour lies in its short-sightedness in identifying long-term strategies and solutions to implement to improve PWH's body and mental health. In this regard, psychosocial factors, such as HIV stigma, social inequality, identity-related threats, if acknowledged, can go a long way towards enhancing health outcomes among PWH (Jaspal 2018): this thesis aligns itself with the authors' (ibid) emphasis on the importance of psychosocial factors. It also calls for them to be promoted to the status of 'deontic' necessities and be dealt with in public (media-related) and private discourses on HIV/AIDS. As mentioned previously, this entails engaging with the notion of vulnerability, with the ultimate goal of empowering PWH, amongst others (Parker 1996), functioning not as distinct individuals but as 'collectivities sharing [similar] life chances' (Archer 1995: 257).
Overall, the deontic tendencies and related interpretations are helpful to answer RQ 2.1

What normative evaluative positions do the linguistic construals of HIV tend to communicate? Are there any variations between the two corpora?

And specifically point to the following concluding remarks:

- HIV is presented as an inclusive virus and obligation and necessity relating to its management are distributed across society. No noticeable scapegoating of GMWH via deontic modality has been found in the news corpus. This has been argued as a positive trend.
- In light of the above discussion, I describe the discourse at hand as both 'medicalised' and 'behaviouralised'. The latter problematises the excessive emphasis that is placed on the individual, who is called upon to take personal responsibility for their own self-care. Whilst this can be, to a certain extent, acceptable, the lack of long-term structural interventions puts the onus back on the individual to be proactive.
- The interview corpus confirms this behaviouralised characterisation of the discourse at hand also in the private dimension. Interviewees construe themselves in the active role of their own health management, facing personal, medical and relational constraints mainly on their own.

13.3.4. A CRITICAL CONSIDERATION OF OUTLIERS

One position that I wish to address concerns the minor patterns that have been analysed across the analysis chapters but that do not fit within the overarching argument and interpretation of the discourse at hand as moving towards more rational medicalised terms. References to PWH *having to* endure isolation, fear, rejections, or mention of prejudices are present in my corpora (cf. 13.10-13.14).

(13.10) 'People are still horrified and will reject someone when they learn they have HIV. But they have to realise it is part of the package. That person is the same person, they are just positive.' (Birmingham Evening Mail, 2001)
(13.11) People who find they are HIV positive have to suffer fear, isolation, prejudice and social exclusion. (Wales on Sunday, 2005)
(13.12) Not only did he have to come to terms with Aids, he had to come to terms with the attendant prejudices. (The Guardian, 1999; The Irish Times, 1999)
(13.14) It doesn't scare me, it kind of tires me out, coz I know I have to go through the whole disclosing […] I have to deal with a fair share of people who run away as soon as you tell them (Taylor)

One could argue that instances such as (13.10-13.14) could undermine the medicalisation/rationality argument. Yet, the fact that fear and ignorance are things that must be dealt with contributes to the idea that people's outlooks are problematic, although the latter are not managed in the behavioural way that typifies the rest of my data. One possible response to this remark consists in the difficulty of defining a threshold above which minor patterns can start 'threatening' the validity and strength of the argument proposed. In order to carry out fully-fledged CDAs, the researchers must take a particular stance with related political biases (Baker 2012), and commit themselves to reflectivity (Watt 2007). In this regard, far from construing my results and interpretations as totalising, I have preferred to present them as 'tendencies', so as to to accommodate other minor ones too.

13.4 THE VALUE OF DEONTIC MODALITY

This thesis set out also to interrogate the contribution that deontic modality offers for the analysis of the discourse under analysis and, specifically, what particular normative evaluative positions deontic modality communicates. Specifically, deontic modality was identified as a means to define the tenor of the discourse at hand (e.g. morally loaded, pragmatic/functionalist). This is because deontic modality is associated with normative

discourses (Fairclough and Fairclough 2012) construing lines of argument that convey what is right and wrong to do. Moreover, it also features in the linguistic toolkit of resources used 'to do morality' (Spencer-Bennett 2018). Deontic modality was chosen as the object of analysis based on its high relative frequency in both corpora and for showing strong links with moral claims.

First, the distinction between the deontic values of obligation and necessity proved to be a useful theoretical and methodological construct to quantify and separate out deontic instances with potential moral undertones, and therefore, potentially echoing the moral panic tones that characterised HIV/AIDS in their early phases, from deontic instances dealing with HIV in a more no-nonsense, practical and rational way. Doing so enabled the identification of a quantitative preference for the deontic value of necessity, encoded by the strong modals *have to* and *need to*. This quantitative tendency was then fleshed out by a thorough qualitative analysis of the deontic instances, leading to a qualitative tendency whereby all the modals, including those that encode 'obligation', tend to modalise processes with practical, medical implications and no moral meanings.

Finally, as argued in **13.3**, the significant ideological imports connected with the analysis of deonticity are as follows:

1. The formulation of the concept 'division of deontic labour';
2. The construal of HIV as inclusive treatable condition;
3. The analysis of the nature of deontic labour belies the initial positive construal regarding the management of the virus, and foregrounds the rhetoric of individual responsibility, rather than a social, collective one, and the related implications.

Finally, looking at the abovementioned points through a CDA lens, they indicate the way in which lexical items such as deontic modality can be used ideologically and are therefore worth investigating. Although linguistic resources do not have the power 'to determine the structure of the world itself' (Sayer 1992: 83), 'they provide familiar and conventional representations of people and events by filtering and crystallising the ideas, by providing pre-fabricated means by which ideas can be easily conveyed and grasped' (Stubbs 1996: 158). The role of the critical analyst consists in the critical assessments of these 'familiar and

conventional representations' and the resources employed to this end. The ultimate goal is an emancipatory one (Fairclough and Wodak 1997).

13.4 Limitations and future research avenues

The methodological choice to focus on explicit marker of deontic modality necessarily generates a series of limitations and discursive areas left unexplored by this thesis.

As noted in Chapter 3, one of the motivations behind the decision to focus uniquely on the explicit markers of modality across the two data sets is related to the fact that they can be easily retrieved through corpus searches, as well as allowing comparability between the two corpora. In this way, the interview corpus enables an investigation into IEs' personal view on HIV, and, more abstractedly, into their capacity for reflexivity and ability to navigate the social world independently to the public discourse (Archer 2007). The potential for further more fine-grained analyses of both corpora that consider a larger batch of evaluative resources (Martin and White, Bednarek 2006) is significant.

Finally, after an initial quantitative phase concerning the corpus collection and relative frequencies of the modals, this thesis mainly engaged with the qualitative aspect of the analysis. The focus on the five deontic modals only enables this as well as in-depth (qualitative) investigations into the nature of the deontic labour, which lead to the formulation of the deontic tendencies and the appreciation of the ideological import of deontic modality. Future research that considers the quantitative side is also recommended.

Overall, this thesis has attempted to engage with Sealey's (2012: 208) call for 'analytical approaches which take account of structure, agency and culture'. Doing so has allowed me to situate the discursive deontic results in relation to the structural contexts, whilst also accounting for the individuals' agency. This thesis has provided a linguistic construal of HIV and people living with it in the discourse of HIV/AIDS post 1996. Not only is this discourse argued to be more medicalised, but also 'behaviouralised'. This thesis has presented behavioural approaches to the management of health issues as problematic for their excessive focus on the individual's agency. Possible solutions in health management are instead claimed to lie where structure, agency and discourse work together, sharing equality of power.

REFERENCES

Abbott, B. (2006) 'Definite and Indefinite.' In Brown, K. (ed.) *Encyclopaedia of Language and Linguistics*. Amsterdam/London: Elsevier, 392-399.

Abbott, B. (2010) *Reference*. Oxford: Oxford University Press.

Abdul-Quader, A., Collins, C. (2011) 'Identification of Structural Interventions for HIV/AIDS Prevention: The Concept Mapping Exercise.' *Public Health Reports*. 126(6): 777-788.

Adam, B. (2005) 'Constructing the Neoliberal Sexual Actor: Responsibility and Care of the Self in the Discourse of Barebackers.' *Culture, Health & Sexuality*. 7(4): 333-346.

Adam, B. (2006) 'Infectious Behaviour: Imputing Subjectivity to HIV Transmission.' *Social Theory and Health*. 4(2): 168-179.

Adam, B. (2011) 'Epistemic Fault Lines in Biomedical and Social Approaches to HIV Prevention.' *Journal of the International AIDS Society*. 14(2), S2.

Adam, B., Corriveau, P., Elliot, R., Globerman, J., English, K., Rourke, S. (2015) 'HIV Disclosure s Practice and Public Health.' *Critical Public Health*. 25(4): 386-397.

Aggleton, P., Homans, H. (1988) *Social Aspects of AIDS*. Barcombe: Falmer Press.

Agha, A. (2007) *Language and Social Relations*. Cambridge: Cambridge University Press.

Aijmer, K., Altenberg, B. (eds.) (1991) English Corpus Linguistics: Studies in Honour of Jan Svartvik. London: Longman.

Albert, E. (1986) 'Illness and Deviance: the Response of the Press to AIDS.' In Feldman D.A. and Johnson, T.M. (eds.) *The Social Dimensions of AIDS: Methods and Theory*. New York: Praeger Publishers, 163-178.

Aloni, M., Bastiaanse, H., De Jager, T., Schulz, K. (eds.) (2010) *Logic, Language and Meaning*. Berlin/New York: Springer.

Althusser, L. (2001) *Lenin and Philosophy and Other Essay*. Translated. Ben Brewster. New York: Monthly Review Press.

Altman, D. (1986a) *AIDS in the Mind of America.* New York: Anchor Press/Doubleday.

Altman, D. (1986b) *AIDS and the New Puritanism*. London: Pluto.

Archer, M. (1988) *Culture and Agency: The Place of Culture in Social Theory*. Cambridge: Cambridge University Press.

Archer, M. (1995) *Realist Social Theory: The Morphogenetic Approach*. Cambridge: Cambridge University Press.

Archer, M.S. (2003) *Structure, Agency and the Internal Conversation*. Cambridge: Cambridge University Press.

Archer, M.S. (2007) Making our Way through the World: Human Reflexivity and Social Mobility. Cambridge: Cambridge University Press.

Arts, E.J., Hazuda, D.J. (2012) 'HIV-1 Antiretroviral Drug Therapy.' *Cold Spring Harbour Perspective Med*. 2(4).

Asher, R.E. (ed.) (1994) *The Encyclopaedia of Language and Linguistics*. Oxford: Pergamon Press.

Austin, J.L. (1962) *How to Do Things with Words*. Oxford: Oxford University Press.

Autran, B, Carcelain, G, Li, TS, Blanc, C, Mathez, D, Tubiana, R, Katlama, C, Debre, P, Leibowitch J (1997) 'Positive Effects of Combined Antiretroviral Therapy on CD4+ T Cell Homeostasis and Function in Advanced HIV Disease.' *Science* 277: 112–116.

Avert (2015) 'HIV and AIDS in the United Kingdom (UK).' [Online] Available at: https://www.avert.org/professionals/hiv-around-world/western-central-europe-north-america/uk [Accessed 27 December 2018]

Baker, M., Francis, G., Tognini-Bonelli, E. (eds.) (1993) *Text and Technology: In Honour of John Sinclair*. Amsterdam: John Benjamins.

Baker, P. (2005) *Public Discourses of Gay Men.* London: Routledge.

Baker, P. (2006) *Using Corpora in Discourse Analysis*. London: Continuum.

Baker, P. (2010) 'Representations of Islam in British Broadsheet and Tabloid Newspapers 1999-2005.' *Language and Politics*. 9(2): 310-338.

Baker, P. (2012) 'Acceptable Bias? Using Corpus Linguistics Methods with Critical Discourse Analysis.' *Critical Discourse Studies.* 9:3: 247-256.

Baker, P., & McEnery, T. (2015) 'Who Benefits when Discourse Gets Democratised? Analysing a Twitter Corpus around the British Benefits Street Debate.' In Baker, P., McEnery, T. (eds.) *Corpora and Discourse Studies: Integrating Discourse and Corpora*. Basingstoke: Palgrave, 244-265.

Baker, P., Ellece, S. (2011) *Key Terms in Discourse Analysis*. London: Continuum.

Baker, P., Gabrielatos, C. and McEnery T. (2013) 'Sketching Muslims: A Corpus-driven Analysis of Representations around the Word "Muslim" in the British Press 1998-2009'. *Applied Linguistics.* 34: 3255-78.

Baker, P., McEnery, A. (2005) 'A Corpus-based Approach to Discourses of Refugees and Asylum Seekers in UN and Newspaper Texts.' *Language and Politics* 4(2): 197-226.

Baker, P., McEnery, T. (eds.) (2015) Corpora and Discourse Studies: Integrating Discourse and Corpora. Basingstoke: Palgrave.

Baker, P., Gabrielatos, C., Khosravinik, M., Krzyzanowski, M., McEnery, T and Wodak, R. (2008) 'A Useful Methodological Synergy? Combining Critical Discourse Analysis and Corpus Linguistics to Examine Discourses of Refugees and Asylum Seekers in the UK Press.' *Discourse and Society.* 19(3): 273-306.

Bakhtin, M.M. (1981) *The Dialogic Imagination: Four Essays*. Austin/London: University of Texas Press.

Bednarek (2006a) Evaluation in Media Discourse. Analysis of a Newspaper Corpus. London: Continuum.

Bednarek, M. (2006b) 'Sobbing, Screaming and Shouting? Reporting Expressions in the British Press.' In Houswitschka, C., Knappe, G., Müller. A. (eds.) *Proceedings Anglistentag 2005 Bamberg*. Trier: WVT, 561-572.

Bednarek, M. (2008) *Emotion Talk across Corpora*. Hampshire: Palgrave Macmillan.

Bednarek, M. (2010) 'Evaluation in the News. A Methodological Framework for Analysing Evaluative Language in Journalism.' *Australian Journal of Communication.* 37(2): 15-50.

Bell, A. (1991) *The Language of News Media*. Oxford: Blackwell Publishers.

Bennett, J. (1980) 'Accountability.' In McKenna, M., Russell, P. (eds.) (2008) *Free Will and Reactive Attitudes: Persepctives on P.F. Strawson's Freedom and Resentment*. London: Ashgate, 47-68.

Berridge, V, Strong, P. (1991) 'AIDS in the UK: Contemporary History and the Study of Policy.' *Twentieth Century British History*. 2(2): 150-174.

Biber, D., Conrad, S. (2009) *Register, Genre, and Style*. Cambridge: Cambridge University Press.

Biber, D., Conrad, S., and Reppen, R. (1998) *Corpus Linguistics: Investigating Language Structure and Use.* Cambridge: Cambridge University Press.

Biber, D., Finegan, E. (1988) 'Adverbial Stance Types in English.' *Discourse Processes*. 11: 1-34.

Biber, D., Finegan, E. (1989) 'Styles of Stance in English: Lexical and Grammatical Marking of Evidentiality and Affect.' *Text*. 9(1): 93-124.

Biber, D., Johansson, S., Leech. G., Conrad, S., Finegan, E. (1999) *The Longman Grammar of Spoken and Written English.* London: Longman.

Biber, D., Reppen, R. (eds.) (2015) *The Cambridge Handbook of English Corpus Linguistics*. Cambridge, Cambridge University Press.

Block, D. (2000) 'Interview Research in TESOL: Problematising Interview Data: Voices in the Mind's Machine?' *TESOL Quarterly*. 34: 757-763.

Blommaert, J. (2005). *Discourse: A Critical Introduction*. Cambridge: Cambridge University Press.

Blommaert, J. Bulcaen, C. (2000) 'Critical Discourse Analysis.' *Annual Review of Anthropology.* 29: 447-6.

Bloor, T., Bloor, M. (2004) *The Functional Analysis of English*. (2nd edition). London: Arnold.

Bondi, M. (2010). ‘Metadiscursive Practices in Introductions: Phraseology and Semantic Sequences across Genres.’ *Nordic Journal of English Studies*. 9(2): 99-123.

Bondi, M. (2015). ‘“Probably most Important of all”: Importance Markers in Academic and Popular History Articles.’ In Groom, N., Charles, M., John, S. (eds.) *Corpora, Grammar and Discourse: In Honour of Susan Hunston*. Amsterdam: John Benjamins, 161-182.

Bondi, M., Diani, G. (2015). ‘I Am Wild about Cabbage: Evaluative ‘Semantic Sequences’ and Cross-linguistic (Dis)similarities.’ *Nordic Journal of English Studies.* 14(1): 116-151.

Bonyadi, A. (2011) ‘Linguistic Manifestations of Modality in Newspaper Editorials.’ *International Journal of Linguistics*. 3(1): 1-13.

Borchertm D.M. (ed.) (2006) *Encyclopaedia of Philosophy.* (2nd edition). Detroit: MacMillan Reference.

Brannen, J., & Nilsen, A. (2005) ‘Individualisation, Choice and Structure: A Discussion of Current Trends in Sociological Analysis.’ *Sociological Review*. 53(3): 412–428.

Breeze, R. (2011) ‘Critical Discourse Analysis and its Critics.’ *Pragmatics*. 21(4): 493-525.

Breeze, R. (2105) ‘“Or so the Government Would Have You Believe”: Uses of “You” in Guardian Editorials.’ *Discourse, Context & Media*. 10: 36-44.

Brezina, V, McEnery, T., Wattam, S (2015) 'Collocations in Context: a New Perspective on Collocation Networks.' *International Journal of Corpus Linguistics*. 20(2):139-173.

Brown G., Yule, G. (1983) *Discourse Analysis*. Cambridge: Cambridge University Press.

Brown, K. (ed.) (2006) *Encyclopaedia of Language and Linguistics*. Amsterdam/London: Elsevier.

Brown, P., Levinson S. (1987) *Politeness: Some Universals in Language Usage*. Cambridge: Cambridge University Press.

Brown, R., Gilman, A. (1960) 'The Pronouns of Power and Solidarity.' In Giglioli, P. (ed.) (1972) *Language and Social Context*. Harmondsworth: Penguin, 252-282.

Brown, W. (2006) 'American Nightmare: Neoliberalism, Neoconservatism, and De-Democratization.' *Political Theory*. 34(6): 690-714.

Burr, V. (1995) An Introduction to Social Constructionism. London: Routledge.

Bybee, J.L., Perkins, R., Pagliuca, W. (1994) *The Evolution of Grammar: Tense, Aspect and Modality in the Languages of the World*. Chicago: University of Chicago Press.

Calbert, J.P. (1975) 'Towards the Semantics of Modality.' In Calbert, J.P., Vater, H. (eds.) *Aspekte der Modalität*. Tübingen: Gunter Narr, 1-70.

Calbert, J.P., Vater, H. (eds.) (1975) *Aspekte der Modalität*. Tübingen: Gunter Narr.

Caldas-Coulthard, C.R. (1994) 'On Reporting Reporting: The Representation of Speech in Factual and Factional Narratives.' In Coulthard, M. (ed.) *Advances in Written Text Analysis*. London: Routledge, 295-308.

Caldas-Coulthard, C.R., Coulthard, M. (eds.) (1996) *Texts and Practices: Readings in Critical Discourse Analysis*. London: Routledge.

Caldas-Coulthard, C.R., Moon, R. (2010) 'Curvy, Hunky, Kinky': Using Corpora as Tools for Critical Analysis.' *Discourse & Society*. 21: 99–133.

Campbell, D. (2018) 'People Must Take Responsibility for Own Health, Says Matt Hancock.' *The Guardian*. [Online] Available at: https://www.theguardian.com/society/2018/nov/05/people-must-take-responsibility-for-own-health-says-matt-hancock [Accessed 9 Nov. 2018].

Carrolll, A. (1979) ‘A Three-dimensional Conceptual Model of Corporate Social Performance.’ *Academy of Management Review.* 4: 497-505.

Cayman, S.E., Heritage, J. (2002) *The News Interview: Journalists and Public Figures on the Air.* Cambridge: Cambridge University Press.

Charlow, N., Chrisman, M. (eds.) (2016) *Deontic Modality*. Oxford Scholarship Online.

Chattu, V. (2015) ‘Corporate Social Responsibility in Public Health: A Case-study on HIV/AIDS Epidemic by Johnson & Johnson Company in Africa.’ *Journal of Natural Science, Biology and Medicine*. 6(1): 219.

Chilton, P., Schäffer, C. (eds.) (2002) Politics as Text and Talk. Analytical Approaches to Political Discourse. Amsterdam: John Benjamins.

Chouliaraki, L., Fairclough, N. (1999) *Discourse in Late Modernity: Rethinking Critical Discourse Analysis*. Edinburgh: Edinburgh University Press.

Chrisman, M. (2015) 'Deontic modals.' In *Routledge Encyclopaedia of Philosophy.* London/New York: Routledge. [Online] Available at: https://www.rep.routledge.com/articles/thematic/deontic-modals/v-1 [Accessed 28 December 2018].

Clayman, S. E. (1988) ‘Displaying Neutrality in Television News Interviews.’ *Social Problems*. 35(4): 474-492.

Clayman, S.E., Heritage, J. (2002) *The News Interview. Journalists and Public Figures on the Air*. Cambridge: Cambridge University Press.

Cmejrková, S, Hoffmannová, J, Müllerová, O., Svetlá, J. (eds.) (1998) Proceedings of the 6th International Congress of IADA (International Association for Dialog Analysis), Tübingen: Niemeyer.

Coates, J. (1983) *The Semantics of the Modal Auxiliaries*. Abingdon: Routledge.

Coffin, C., Hewings, A., O'Halloran, K. (eds.) (2004) *Applying English Grammar*. London: Arnold.

Cohen, S. (1972) Folks Devils and Moral Panics. The Creation of the Mods and Rockers. London: MacGibbon and Kee.

Cohen, S. (1973) 'Mods and Rockers: The Inventory as Manufactured News.' In Cohen, S., Young, Y. (eds.) *The Manufacture of News*. London: Constable, 226-241.

Cohen, S., Young, Y. (eds.) (1973) *The Manufacture of News*. London: Constable.

Collier, A.C, Coombs, R.W, Schoenfeld, D. A, Bassett, R.L., Timpone, J, Baruch, A, Jones, M., Facey, K., Whitacre, C., McAuliffe, V.J., et al. (1996) 'Treatment of Human Immunodeficiency Virus Infection with Saquinavir, Zidovudine, and Zalcitabine. AIDS Clinical Trials Group.' *The New England Journal of Medicine.* 334: 1011-1017.

Collins, P. (1991) 'The Modals of Obligation and Necessity in Australian English.' In Aijmer, K., Altenberg, B. (eds.) *English Corpus Linguistics: Studies in Honour of Jan Svartvik.* London: Longman, 145–165.

Conrad, S., Biber, D. (2000) 'Adverbial Marking of Stance in Speech and Writing.' In Hunston, S., Thompson, G. (eds.) *Evaluation in Text: Authorial Stance and the Construction of Discourse*. Oxford: Oxford University Press, 56-73.

Cook, G. (1990) 'Transcribing Infinity: Problems of Context Representation.' *Journal of Pragmatics.* 14: 1-24.

Coulthard, M. (ed.) (1994) *Advances in Written Text Analysis*. London: Routledge.

Crompton, P. (1997) 'Hedging in Academic Writing: Some Theoretical Problems.' *English for Specific Purposes.* 16(4): 271-287.

D'Aquila, R.T., Hughes, M.D., Johnson, V.A., Fischl, M.A., Sommadossi, J.P., Liou, S.H., Timpone, J., Myers M., Basgoz, N., Niu M., et al. (1996) 'Nevirapine, Zidovudine, and Didanosine Compared with Zidovudine and Didanosine in Patients with HIV-1 Infection. A Randomized, Double-blind, Placebo-controlled Trial. National Institute of Allergy and Infectious Diseases AIDS Clinical Trials Group Protocol 241 Investigators.' *Annals of Internal Medicine*. 124: 1019-1030.

Dafouz-Milne, E. (2008) 'The Pragmatic Role of Textual and Interpersonal Metadiscourse Markers in the Construction and Attainment of Persuasion: A Cross-linguistic Study of Newspaper Discourse.' *Journal of Pragmatics*. 40(1): 95-113.

Darwall, S. (2006) The Second-person Standpoint: Morality, Respect, and Accountability. Cambridge, MA: Harvard University Press.

Davies, M., Ravelli, L. (eds.) (1992) *Advances in Systemic Linguistics*. London: Pinter.

Davis, M. (2002) 'HIV Prevention Rationalities and Serostatus in the Risk Narratives of Gay Men.' *Sexualities*. 5(3): 281-299.

Davis, M. (2009) *Sex, Technology, and Public Health*. Houndmills: Palgrave Macmillan.

De Beaugrande, A. (1999) 'Discourse Studies and the Ideologies of Liberalism.' *Discourse Studies*. 1(3): 259-295.

De Fina, A. (1995) 'Pronominal Choice, Identity and Solidarity in Political Discourse.' *Text - Interdisciplinary Journal for the Study of Discourse*. 15(3): 379–410.

De Waal, A. (2006) Aids and Power: Why there is no Political Crisis – yet. London: Zed Books.

Durant, A., Lambrou, M. (2009) *Language and Media. A Resource Book for Students*. London: Routledge.

Duranti, A. (1984) ‘The Social Meaning of Subject Pronouns in Italian Conversation.’ *Text* 4(4): 211-311.

Duszak, A. (ed.) (2002) Us and Others. Social Identities Across Languages, Discourses and Cultures. Amsterdam: John Benjamins.

Eggins, S. (2004) *An Introduction to Systemic Functional Grammar.* (2nd edition). London: Continuum.

Elford, J. (2006) ‘Changing Patterns of Sexual Behaviour in the Era of Highly Active Antiretroviral Therapy.’ *Current Opinion in Infectious Diseases.* 19(1): 26-32.

Englebretson, R. (ed.) (2004) Stancetaking in Discourse: Subjectivity, Evaluation, Interaction. Amsterdam: John Benjamins.

Eshleman, A. (2015) ‘Worthy of Praise’. In Shoemaker, D., Tognazzini, N. (eds.) *Oxford Studies in Agency and Responsibility*. (Volume 2). Oxford Scholarship Online.

Evans, C., Jana, S., Lambert, H. (2010) ‘What Makes a Structural Intervention? Reducing Vulnerability to HIV in Community Settings, with Particular Reference to Sex Work.’ *Global Public Health*. 5(5): 449-461.

Facchinetti, R. (2013) ‘Modal Verbs in News-related Blogs: When the Blogger Counts.’ In van der Auwera,J., Marín-Arrese, J.I., Carretero, M. (eds.) *English Modality: Core, Periphery and Evidentiality*. Berlin: De Gruyter Mouton, 356-377.

Facchinetti, R., Krug, M., Palmer. F. (eds.) (2013) *Modality in Contemporary English*. Berlin/New York: Mouton de Gruyter.

Fairclough, I., Fairclough, N. (2012) *Political Discourse Analysis: A Method for Advanced Students*. New York/London: Routledge.

Fairclough, N. (1985) ‘Critical and Descriptive Goals in Discourse Analysis.’ *Journal of Pragmatics.* 9: 739-763.

Fairclough, N. (1988) ‘Discourse Representation in Media Discourse.’ *Sociolinguistics.* 17: 125-139.

Fairclough, N. (1989) *Language and Power*. London: Routledge.

Fairclough, N. (1992) *Discourse and Social Change*. Cambridge: Polity.

Fairclough, N. (1993) ‘Critical Discourse Analysis and the Marketization of Public Discourse: The Universities.’ *Discourse and Society*. 4(2): 133-168.

Fairclough, N. (1995a) *Media Discourse*. London: Edward Arnold.

Fairclough, N. (1995b) *Critical Discourse Analysis*. Boston: Addison Wesley.

Fairclough, N. (2000) *New Labour, New Language?* London: Routledge.

Fairclough, N. (2001) ‘Critical Discourse Analysis as a Method in Social Scientific Research.’ In Wodak, R., Meyer, M. (eds.) *Methods of Critical Discourse Analysis*. London: Sage, 121-138.

Fairclough, N. (2003) Analysing Discourse: Textual Analysis for Social research. London: Routledge.

Fairclough, N. (2010) Critical Discourse Analysis: The Critical Study of Language. (2nd edition). Harlow: Longman.

Fairclough, N. (2014) *Language and Power.* (3rd edition). London: Routledge.

Fairclough, N., Jessop, B., Sayer, A. (2004) ‘Critical Realism in Social Semiosis.’ In Joseph, J., Roberts, M. (eds.) *Realism, Discourse, and Deconstruction*. New York/London: Routledge, 23-42.

Fairclough, N., Wodak, R. (1997) ‘Critical Discourse Analysis.’ In van Dijk, T. (ed.) *Discourse as Social Interaction*. London: Sage, 258-284.

Fee, E., Krieger, N. (1993). ‘Public Health Then and Now. Understanding AIDS: Historical Interpretations and the Limits of Biomedical Individualism.’ *American Journal of Public Health*. 83(10):1477-1486.

Feldman D.A. and Johnson, T.M. (eds.) (1986) *The Social Dimensions of AIDS: Methods and Theory*. New York: Praeger Publishers.

Firth, J. (1957). *Papers in Linguistics*. Oxford: Oxford University Press.

Fitzpatrick and Milligan (1987) *The Truth about the AIDS Panic.* London: Junius.

Flewitt, R. Hample, R. Hauck, M., Lancaster, L. (2009) ‘What Are Multimodal Data and Transcription?’ In Jewitt, C. (ed.) *The Routledge Handbook of Multimodal Analysis*. Abingdon: Routledge, 40-53.

Flowers, P., Duncan, B., Frankis, J. (2000) ‘Community, Responsibility and Culpability: HIV Risk-management amongst Scottish Gay Men.’ *Journal of Community & Applied Social Psychology. 10*(4): 285-300.

Foucault, M. ([1972] 2002) *The Archaeology of Knowledge*. London/New York: Routledge.

Fowler, R. (1985) ‘Power’. In van Dijk, T. (ed.) *Handbook of Discourse Analysis*. (Volume 4). London: Academic Press, 61-82.

Fowler, R. (1991) Language in the News. Discourse and Ideology in the Press. London: Routledge.

Fowler, R., Hodge, B., Kress G., Trew, T. (eds.) (1979) *Language and Control.* London: Routledge & Kegan Paul.
Francis, G. (1993) 'Pattern and Meaning across Genres and Disciplines: An Exploratory Study.' In Baker, M., Francis, G., Tognini-Bonelli, E. (eds.) *Text and Technology: In Honour of John Sinclair*. Amsterdam: John Benjamins, 137-156.

Frawley, W. (ed.) (2006) *The Expression of Modality*. Berlin/New York: Mouton de Gruyter.
Freeden, M., Stears, M., van Dijk, T. (eds.) (2013) *The Oxford Handbook of Political Ideologies*. Oxford: Oxford University Press.

Freeman, D. (1996) '"To Take them at their Word": Language Data in the Study of Teachers' Knowledge.' *Harvard Educational Review*. 66: 732-761.

Gabrielatos, C. and Baker, P. (2008) 'Fleeing, Sneaking, Flooding: A Corpus Analysis of Discursive Constructions of Refugees and Asylum Seekers in the UK Press (1996-2005).' *Journal of English Linguistics.* 36(1): 5-38.

Gallo, R.C. (2006) 'A Reflection on HIV/AIDS Research after 25 Years.' *Retrovirology*. 3:72.

Garzone, G., Santulli, F. (2004) 'What Can Corpus Linguistic Do for Critical Discourse Analysis?' In Partington, A., Morley, J., Haarman, L. (eds.) *Corpora and Discourse*. Bern: Peter Lang, 351-368.

Gee, J., Handford M. (eds.) (2011) *The Routledge Handbook of Discourse Analysis*. London: Routledge.

Giglioli, P. (ed.) (1972) *Language and Social Context*. Harmondsworth: Penguin.

Givón, T. (1978) 'Definiteness and Referentiality'. In Greenberg, J. (ed.) *Universals of Human Language*. (Volume 4). Stanford: Stanford University Press.

Gotti, M., Heller, D., Dossena, M. (eds.) (2002) *Conflict and Negotiation in Specialized Texts*. Bern: Peter Lang.

Grabe, W., Kaplan, R.B. (1997) 'On the Writing of Science and the Science of Writing: Hedging in Science Text and elsewhere.' In Raija M., Hartmut S. (eds.) *Hedging and Discourse: Approaches to the Analysis of a Pragmatic Phenomenon in Academic Texts*. Berlin: Walter de Gruyter, 151-167.

Greatbatch, D. (1986) 'Aspects of Topical Organisation in News Interviews: The Use of Agenda Shifting Procedures by Interviewees.' *Media, Culture and Society*. 8: 441-455.

Green, J., Tones, K., Cross, R. (eds.) (2010) *Health Promotion: Planning and Strategies.* London: Sage.

Green, J.,Tones, K. (2010) 'The Determinants of Health Actions.' In Green, J., Tones, K., Cross, R. (eds.) *Health Promotion: Planning and Strategies.* London: Sage publications, 112-156.

Greenbaum, S., Leech, G., Svartvik, J. (eds.) (1980) *Studies in English Linguistics.* London: Longman.

Greenberg, J. (ed.) (1978) *Universals of Human Language*. (Volume 4). Stanford: Stanford University Press.

Grmek, M.D, Maulitz, R.C., Duffin, J. (1990) *History of AIDS: Emergence and Origin of a Modern Pandemic*. Princeton: Princeton University Press.

Groom, N. (2017) 'Locating Semantic Sequences in Practice and Theory'. Edge Hill University. [Online] Available at: https://www.edgehill.ac.uk/english/files/2017/06/LxGr2017.Groom_.pdf [Accessed 15 December 2018].

Groom, N., Charles, M., John, S. (eds.) (2015) *Corpora, Grammar and Discourse: In Honour of Susan Hunston*. Amsterdam: John Benjamins.

Gupta, G., Parkhurst, J., Ogden, J., Aggleton, P., Mahal, A. (2008) 'Structural Approaches to HIV Prevention.' *The Lancet*. 372(9640): 764-775.
Gwilliams, L., Fontaine, L. (2015) 'Indeterminacy in Process Type Classification.' *Functional Linguistics*. 2(8).

Halliday, M.A.K. (1976) *System and Function in Language*. London: Oxford University Press.

Halliday, M.A.K. (1994) *An Introduction to Functional Grammar*. London: Arnold.

Halliday, M.A.K., Matthiessen, M.I.M. (1999) Construing Experience through Meaning: A Language-based Approach to Cognition. London/New York: Cassell.

Halliday, M.A.K., Matthiessen, M.I.M. (2004) *An Introduction to Functional Grammar*. (3rd edition). Arnold: London.

Halliday, M.A.K. (2014) *Halliday's Introduction to Functional Grammar*. (4th edition). London/New York: Routledge.

Hammer S, Squires K, Hughes M, et al. (1997) 'A Controlled Trial of Two Nucleoside Analogues plus Indinavir in Persons with Human Immunodefiency Virus Infection and CD4 Cell Counts of 200 per Cubic Millimeter or less.*' The New England Journal of Medicine.* 337: 725-733.

Hannah-Moffat, K., O'Malley, P. (eds.) (2007) *Gendered Risks*. New York: Routledge-Cavendish.

Hardt-Mautner, G. (1995) Only Connect. Critical Discourse Analysis and Corpus Linguistics. Lancaster: UCREL.

Hare, R.M. (1952) *The Language of Morals*. Oxford: Oxford University Press.

Herek, G.M., Capitano, J.P., Widaman, K.F. (2002) 'HIV-related Stigma and Knowledge in the United States: Prevalence and Trends, 1991-1999.' *American Journal Public Health*. 92(3): 371-377.

Heritage, J. (1985) 'Analysing News Interviews: Aspects of the Production of Talk for an Overhearing Audience'. In van Dijk, T. (ed.) *Handbook of Discourse Analysis.* (Volume 3). New York: Academic Press, 95-119.

Heritage, J. (1998) 'Conversation Analysis and Institutional Talk: Analysing Distinctive Turn-Taking Systems.' In Cmejrková, S, Hoffmannová, J, Müllerová, O., Svetlá, J. (eds.) *Proceedings of the 6th International Congress of IADA (International Association for Dialog Analysis)*, Tübingen: Niemeyer, 3-17.

Hodge, B., Kress, G., Jones, G. (1979) 'The Ideology of Middle Management.' In Fowler, R., Hodge, B., Kress G., Trew, T. (eds.) *Language and Control.* London: Routledge & Kegan Paul, 81-93.

Hodge, R., Kress, G. (1993) *Language as Ideology*. London: Routledge.

Hodge, R., Kress. G. (1988) *Social Semiotics*. Cambridge: Polity.

Holstein, J.A., Gubrium, J.F. (1995) *The Active Interview*. London: Sage.

Houswitschka, C., Knappe, G., Müller. A. (eds.) (2006) *Proceedings Anglistentag 2005 Bamberg*. Trier: WVT.

Hoye, L.F. (2005) '"You May Think that; I Couldn't Possibly Comment!" Modality Studies: Contemporary Research and Future Directions. Part II.' *Journal of Pragmatics*. 37: 1481-1506.

Huber, I. (2016) Present-tense Narration in Contemporary Fiction: A Narratological Overview. London: Palgrave: Macmillan.

Huddleston, R., Pullum, G.K. (2002) *The Cambridge Grammar of the English Language*. Cambridge: Cambridge University Press.

Hundt, M. (1997) 'Has BrE Been Catching up with AmE over the Past Thirty years?' In Magnus, L. (ed.) Corpus–based Studies in English: Papers from the17th International Conference on English Language Research on Computerized Corpora (ICAME 17). Amsterdam: Rodopi, 135–151.

Hundt, M. (1998) *New Zealand English Grammar: Fact or Fiction?* Amsterdam/Philadelphia: John Benjamins.

Hunston, S. (1995) 'A Corpus Study of Some English Verbs of Attribution.' *Functions of Language*. 2(2): 133-158.

Hunston, S. (2001) 'Colligation, Lexis, Pattern and Text.' In Thompson, G., Scott, M. (eds.) *Patterns of Text: In Honour of Michael Hoey*. Amsterdam: John Benjamins, 13-33.

Hunston, S. (2002) *Corpora in Applied Linguistics*. Cambridge: Cambridge University Press.

Hunston, S. (2008) 'Starting with the Small Words. Patterns, Lexis and Semantic Sequences.' *International Journal of Corpus Linguistics*. 13(3): 271-295.

Hunston, S., Francis, G. (1999) Pattern Grammar: A Corpus-driven Approach to the Lexical Grammar of English. Amsterdam: John Benjamins.

Hunston, S., Francis, G., Manning, E. (1997) 'Grammar and Vocabulary: Showing the Connections.' *ELT Journal*. 51: 208-216.

Hunston, S., Sinclair, J. (2000) 'A Local Grammar of Evaluation.' In Hunston, S. and Thompson, G. (eds.) *Evaluation in Text. Authorial Stance and the Construction of Discourse*. Oxford: Oxford University Press, 74-100.

Hunston, S., Thompson, G. (eds.) (2000) *Evaluation in Text. Authorial Stance and the Construction of Discourse*. Oxford: Oxford University Press.

Hunt, A. (1997) '"Moral Panic' and Moral Language in the Media.' *The British Journal of Sociology.* 48(4): 629-48.

Hutchby, I. (1996) 'Power in Discourse: the Case of Arguments on a British Talk Radio Show.' *Discourse and Society.* 7(4): 481-497.

Hutchby, I. (2005) Media Talk: Conversation Analysis and the Study of Broadcasting. New York: Open University Press.

Hyland, K. (1994) 'Hedging in Academic Writing and EAF Textbooks.' *English for Specific Purposes*. 13(3): 239-256.

Hyland, K. (1996) 'Writing Without Conviction? Hedging in Science Research Articles.' *Applied Linguistics*. 17(4): 433-454.

Hyland, K. (2005) Metadiscourse: Exploring Interaction in Writing. London: Continuum.

Iatridou, S., Zeijlstra, H. (2010) 'On the Scopal Interaction of Negation and Deontic Modals.' In Aloni, M., Bastiaanse, H., De Jager, T., Schulz, K. (eds.) *Logic, Language and Meaning*. Berlin/New York: Springer, 325-324.

Iatridou, S., Zeijlstra, H. (2013) 'Negation, Polarity, and Deontic Modals.' *Linguistic Inquiry*. 44(4): 529-568.

Iwamoto, N. (1998) 'Modality and Point of View: A Contrastive Analysis of Japanese Wartime and Peace Time Newspaper Discourse.' In Parkinson, B. (ed.) *Edinburgh Working Papers in Applied Linguistics.* University of Edinburgh, 17-41.

Jagdeo, J, Ho, D., Lo, A., Carruthers, A. (2015) 'A Systematic Review of Fillers for Aesthetic Treatment of HIV Lipoatrophy.' *Journal of the American Academy of Dermatology*. 73(6):1040-1054.

Jaspal, R. (2018a) 'HIV and Gay Men in the Era of Antiretroviral Therapy.' *Psychology of Sexuality Review*. 9(2): 2-15.

Jaspal, R. (in press) (2018b) 'Perceptions of HIV Testing Venues among Men who Have Sex with Men in London and the Midlands, UK.' *Journal of Gay & Lesbian Social Services*.

Jaspal, R., Daramilas, C. (2016) 'Perceptions of Pre-exposure Prophylaxis (PrEP) among HIV-negative and HIV-positive Men who Have Sex with Men.' *Cogent Medicine.* 3: 1256850.

Jeffries, L. (2010) *Critical Stylistics*. Basingstoke: Palgrave Macmillan.

Jespersen, O. (1992) *The Philosophy of Grammar*. Chicago: University of Chicago Press.

Jewitt, C. (ed.) (2009) *The Routledge Handbook of Multimodal Analysis*. Abingdon: Routledge.

Jones, M.T. (1999) 'The Institutional Determinants of Social Responsibility.' *Journal of Business Ethics*. 20: 163-179.

Jones, T. (1995) 'Instrumental Stakeholder Theory: A Synthesis of Ethics and Economics.' *Academy of Management Review.* 20(2): 404–437.

Johnson, D.M. (1994) 'Who Is We?: Constructing Communities in US–Mexico Border Discourse.' *Discourse & Society.* 5: 207–231.

Joseph, J. Roberts, M. (eds.) (2004) *Realism, Discourse, and Deconstruction*. New York/London: Routledge.

Jurafsky, D., Märtin, J.H. (2008) Speech and Language Processing. An Introduction to Natural Language Processing, Computational Linguistics, and Speech Recognition. (2nd edition). London: Pearson Education.

Kazeem, K.O., Adeniji, A. (2015) 'Modality in Statement of Objectives in Arts-based Research Article Abstracts.' *British Journal of English Linguistics*. 3(1): 42-51.

Keifer F. (1994) 'Modality.' In Asher, R.E. (ed.) *The Encyclopaedia of Language and Linguistics*. Oxford: Pergamon Press, 2515–2520.

Keogh, P. (2008) 'Morality, Responsibility and Risk: Negative Gay Men's Perceived Proximity to HIV.' *AIDS Care*. 20(5): 576-581.

Khan, M., Govindasamy, S. (2011) 'Islamic Militancy in Bangladeshi Newspaper Editorials: A Discourse Analysis.' *Multilingua - Journal of Cross-Cultural and Interlanguage Communication*. 30(3-4): 357-376.

Kilgarriff, A., Baisa, V., Bušta, J., Jakubíček, M., Kovář, V., Michelfeit, J., Rychlý, P., Suchomel, V. (2014) 'The Sketch Engine: Ten Years on.' *Lexicography ASIALEX.* 1:7-36.

Kilgarriff, A., Rychlý, P., Tugwell, D. (2004) 'The Sketch Engine'. *Proceeding of Euralex*, 105-116.

Kinsman, G. (1996) '"Responsibility" as a Strategy of Governance: Regulating People Living with AIDS and Lesbians and Gay Men in Ontario.' *Economy and Society*. 25(3): 393-409.

Kippax S.C. (2010) 'HIV generations? Generational Discourse in Interviews with Australian General Practitioners and their HIV Positive Gay Male Patients.' *Social Science & Medicine.* 70(11): 1721-1727.

Kippax, S, Stephenson, N., Parker, R.G., Aggleton, P. (2013) 'Between Individual Agency and Structure in HIV Prevention: Understanding the Middle Ground of Social Practice.' *American Journal of Public Health*. 103(8): 1367-1375.

Kippax, S., Stephenson, N. (2012) ‘Beyond the Distinction between Biomedical and Social Dimension of HIV.’ *American Journal of Public Health*. 102(5): 789-799.

Klinge, A., Müller, H.H. (eds.) (2005) *Modality: Studies in Form and Function*. London: Equinox.

Knobe, J., Szabó, Z. G. (2013) ‘Modals with a Taste of Deontic.’ *Semantics & Pragmatics.* 0(6): 1-42.

Koller, V. (2009) 'Butch Camp: on the Discursive Construction of a Queer Identity Position.' *Gender and Language*. 3(2): 249-274.

Koller, V., Mautner, G. (2004) ‘Computer Applications in Critical Discourse Analysis.’ In Coffin, C., Hewings, A., O’Halloran, K. (eds.) *Applying English Grammar*. *Functional and Corpus Approaches.* London: Arnold, 216-228.

Kothari, A. (2016) ‘Signifying Aids: How Media Use Metaphors to Define a Disease.’ *African Journalism Studies*. 37(2): 19-39.

Kranich, S. (2011) ‘To Hedge or not to Hedge: The Use of Epistemic Modal Expressions in Popular Science in English Texts, English–German Translations, and German Original Texts.’ *Text & Talk - An Interdisciplinary Journal of Language, Discourse & Communication Studies*. 31(1): 77-99.

Kress, G., Hodge, R. (1979) *Language as Ideology*. London: Routledge and Kegan Paul.

Krimsky, S., Golding, D. (eds.) (1992) *Social Theories of Risk*. Westport: Praeger.

Kristeva, J. (1986) ‘Word, Dialog and Novel.’ In Moi, T. (ed.) *The Kristeva Reader*. Oxford: Basil Blackwell, 34-61.

Krug, M.G. (2000) Emerging English Modals: A Corpus-based Study of Grammaticalization. Berlin/New York: Mouton de Gruyter.

Kuryłowicz, J. (1965) ‘The Evolution of Grammatical Categories.’ *Diogenes*. 13(51): 55-71.

Lakoff, R.T. (1972) ‘The Pragmatics of Modality’. *Chicago Linguistic Society.* 8: 229–246.

Langacker, R.W. (1990) Subjectification. *Cognitive Linguistics* 1.1, 5–38.

Langacker, R.W. (1991) *Foundations of Cognitive Grammar*, (Volume. 2): *Descriptive Application*. Stanford.: Stanford University Press.

Lederman, M.M., Connick, E., Landay, A., Kuritzkes, D.R., Spritzler, J., St Clair, M., Kotzin, B.L., Fox, L., Chiozzi, M.H., Leonard, J.M., et al. (1998) Immunologic Responses Associated with 12 Weeks of Combination Antiretroviral Therapy Consisting of Zidovudine, Lamivudine, and Ritonavir: Results of AIDS Clinical Trials Group Protocol 315.’ *The Journal of Infectious Diseases.* 178: 70–79.

Leech, G, (1987) *Meaning and the English Verb.* London: Longman.

Leech, G, Smith, N., Rayson, P. (2012) 'English Style on the Move: Variation and Change in Stylistic Norms in the Twentieth Century.' *Language and Computers.* 76: 69-98.

Leech, G. (1971) *Meaning and the English Verb*. London: Longman.

Leech, G. (1992) ‘Corpora and Theories of Linguistic Performance’, in Svartvik, J. (ed.) *Directions in Corpus Linguistics: Proceedings of the Nobel Symposium 82, Stockholm, 4–8 August 1991*. Berlin: Mouton de Gruyter, 105–22.

Leech, G. (2003) ‘Modality on the Move: The English Modal Auxiliaries 1961-1962.’ In Facchinetti, R., Krug, M., Palmer. F. (eds.) *Modality in Contemporary English*. Berlin/New York: Mouton de Gruyter, 241-266.

Leech, G., Coates, J. (1980) ‘Semantic Indeterminacy and the Modals.’ In Greenbaum, S., Leech, G., Svartvik, J. (eds.) *Studies in English Linguistics.* London: Longman, 79–90.

Leech, G., Hundt, M., Mair, C., Smith, N. (2009) *Change in Contemporary English: A Grammatical Study*. Cambridge: Cambridge University Press.

Leech, G., Short, M. (1981) *Style in Fiction*. London: Longman.

Lemke, J.L. (1989) ‘Semantics and Social Values’. *WORD* . 40(1-2): 37-50.

Lemke, J.L. (1992) ‘Interpersonal Meaning in Discourse: Value Orientations.’ In Davies, M., Ravelli, L. (eds.) *Advances in Systemic Linguistics*. London: Pinter, 82-104.

Lemke, J.L. (1998) ‘Resources for Attitudinal Meaning: Evaluative Orientations in Text Semantics.’ *Functions of Language*. 5(1): 33-56.

Lihua, L. (2009) ‘Discourse Construction of Social Power: Interpersonal Rhetoric in Editorials of the China Daily.’ *Discourse Studies*. 11(1): 59-78.

Lillian, D.L. (2008) ‘Modality, Persuasion and Manipulation in Canadian Conservative Discourse.’ *Critical Approaches to Discourse Analysis across Disciplines (CADAAD)*. 2(1): 1-16.

Loureiro-Porto, L. (2013) ‘Modal Necessity and Impersonality in English and Galician.’ In van der Auwera, J., Marín-Arrese, J.I., Carretero, M. (eds.) *English Modality: Core, Periphery and Evidentiality*. Berlin: De Gruyter Mouton, 171-200.

Lucas, J.R. (1995) *Responsibility*. Oxford: Clarendon.

Lupton, D. (1994) Moral Threats and Dangerous Desires: AIDS in the News Media. London: Taylor and Francis.

Lyons, J. (1968) *Introduction to Theoretical Linguistics*. Cambridge: Cambridge University Press.

Lyons, J. (1977) *Semantics.* (Volume 2). Cambridge: Cambridge University Press.

Machin, D., Mayr, A. (2012) *How to Do Critical Discourse Analysis*. Los Angeles/London: Sage.

Machin, D., Mayr, A. (2013) 'Personalising Crime and Crime-fighting in Factual Television: An Analysis of Social Actors and Transitivity in Language and Images.' *Critical Discourse Studies*. 10(4): 356-372.

Magnus, L. (ed.) (1997) Corpus–based Studies in English: Papers from the17th International Conference on English Language Research on Computerized Corpora (ICAME 17). Amsterdam: Rodopi.

Marshall, K. (1987) Moral Panics and Victorian Values: Women and the Family in Thatcher's Britain. London: Junius.

Martin, J.R. (1992) *English Text: System and Structure*. Amsterdam: John Benjamins.

Martin, J.R. (2016) 'Meaning Matters: A Short History of Systemic Functional Linguistics.' * WORD *. 62(1): 35-58.

Martin, J.R., White, P.R.R. (2005) *The Language of Evaluation. Appraisal in English.* Hampshire: Palgrave Macmillan.

McArthur, T. (1981) Longman Lexicon of Contemporary English. London: Longman.

McEnery, T., Hardie, A. (2012) *Corpus Linguistics: Method, Theory and Practice*. Cambridge: Cambridge University Press.

McEnery, T., Wilson A. (1996) *Corpus Linguistics*. Edinburgh: Edinburgh University Press.

McInnes, D., BradleyJ., Prestage G. (2011) ‘Responsibility, Risk and Negotiation in the Discourse of Gay Men’s Group Sex’. *Culture Health & Sexuality.* 13(1): 73-8.

McKenna, M., Russell, P. (eds.) (2008) Free Will and Reactive Attitudes: Persepctives on P.F. Strawson‘s Freedom and Resentment. London: Ashgate.

Meyer, F.M. (2002) *English Corpus Linguistics. An Introduction*. Cambridge: Cambridge University Press.

Miller, D. R. (2002) ‘Multiple Judicial Opinions as Specialized Sites of Engagement: Conflicting Paradigms of Valuation and Legitimation in Bush v. Gore 2000.’ In Gotti, M., Heller, D., Dossena, M. (eds.) *Conflict and Negotiation in Specialized Texts*. Bern: Peter Lang, 119-141.

Miller, E.R. (2010) ‘Indeterminacy and Interview Research: Co-constructing Ambiguity and Clarity in Interviews with an Adult Immigrant Learner of English.’ *Applied Linguistics.* 32(1): 43-59.

Miller, G., Johnson-Laird, P. (1976) *Language and Perception*. Cambridge: Harvard University Press.

Miller, N. (2009) ‘Modal Verbs in TIME. Frequency Changes 1923-2006.’ *International Journal of Corpus Linguistics*. 14(2): 191-220.

Mindt, D. (1995). An Empirical Grammar of the English verb: Modal Verbs. Berlin: Cornelsen.

Mindt, D. (2000). An Empirical Grammar of the English Verb System. Berlin: Cornelsen.

Mithun, M. (1999) *The Language of Native North America*. Cambridge: Cambridge University Press.

Mocroft A, Ledergerber B, Katlama C, et al. (2003) ‘Decline in the AIDS and Death Rates in the Eurosida Study: An Observational Study.’ *Lancet*. 362: 22-29.

Mocroft A, Vella S, Benfield T, et al (1998) ‘Changing Patterns of Mortality across Europe in Patients Infected with HIV-1.’ *Lancet*. 352: 1725-1730.

Moi, T. (ed.) (1986) *The Kristeva Reader*. Oxford: Basil Blackwell.
Montgomery, M. (2007) The Discourse of Broadcast News: A Linguistic Approach. London: Routledge.

Myhill, J. (1995) ‘Change and Continuity in the Function of the American English Modals.’ *Linguistics.* 33: 157–211.

Myhill, J. (1996) ‘The Development of the Strong Obligation System in American English.’ *American Speech*. 71(4): 339-388.

Myhill, J. (1997) ‘Should and Ought to: The Rise of Individually Oriented Modality in American English.’ *English Language and Linguistics*. 1(1): 3-23.

Narrog, H. (2005) ‘On Defining Modality again.’ *Language Sciences*. 27(2): 165-192.

Narrog, H. (2012) Modality, Subjectivity and Semantic Change: A Cross-Linguistic Perspective. Oxford Scholarship Online.

Naylor, W. (1985) ‘AIDS and the Press.’ *Medicine and Society*. 2(3).

Newman, C., Mao, L., Canavan, P., Kidd, M., Saltman, D. Kippax, S. (2010) ‘HIV Generations? Generational Discourse in Interviews with Australian General Practitioners and their HIV Positive Gay Male Patients.’ *Social Science & Medicine*. 70(11): 1721-1727.

Ngo, T., Unsworth, L. (2015) ‘Reworking the Appraisal Framework in ESL Research: Refining Attitude Resources.’ *Functional Linguistics*. 2(1): 1-24.

Nuyts, J. (2001) ‘Subjectivity as an Evidential Dimension in Epistemic Modal Expressions.’ *Journal of Pragmatics*. 33: 383-400.

Nuyts, J. (2005) ‘The Modal Confusion: On Terminology and the Concepts behind it.’ In Klinge, A., Müller, H.H. (eds.) *Modality: Studies in Form and Function*. London: Equinox, 5-38.

Nuyts, J. (2006) ‘Modality: Overview and Linguistic Issues.’ In Frawley, W. (ed.) *The Expression of Modality*. Berlin/New York: Mouton de Gruyter, 1-26.

O’Halloran, K., Coffin, C. (2004) ‘Checking Over-interpretation and Under-interpretation: Help from Corpora in Critical linguistics. In Coffin, C., Hewings, A., O’Halloran, K. (eds.) *Applying English Grammar: Functional and Corpus Approaches*. London: Arnold, 275–297.

O’Keeffe, A. (2011) ‘Media and Discourse Analysis’. In Gee, J., Handford M. (eds.) *The Routledge Handbook of Discourse Analysis*. London: Routledge, 441-454.

Ochs, E., Capps, L. (2001) *Living Narrative: Creating Stories in Everyday Storytelling*. Harvard: Harvard University Press.

Orpin, D. (2005) ‘Corpus Linguistics and Critical Discourse Analysis.’ *International Journal of Corpus Linguistics*. 10(1): 37-61.

Orpin, D. (2006) ‘Corpus Linguistics and Critical Discourse Analysis - Examining the Ideology of Sleaze.’ *International Journal of Corpus Linguistics.* 10(1): 37-61.

Page, R.E. (2003) ‘An Analysis of Appraisal in Childbirth Narratives with Special Consideration of Gender and Storytelling Style.’ *Text* 23(2): 211-237.

Palmer, F.R. (1986) *Mood and Modality*. Cambridge: Cambridge University Press.

Palmer, F.R. (1990) *Modality and the English Modals.* (2nd edition). London: Longman.

Palmer, F.R. (2001) *Mood and Modality*. (2nd edition). Cambridge: Cambridge University Press.

Palmer, F. R. (2003) 'Modality in English: Theoretical, Descriptive, and Typological Issues.' In Facchinetti, R., Krug, M., Palmer F.R. (eds.) *Modality in Contemporary English*. Berlin: Mouton de Gruyter, 1-17

Palmer, F.R. (1979) *Modality and the English Modals.* London: Longman.

Palmer, F.R. (1987) *The English Verb*. (2nd edition). London: Longman.

Parker, I. (1992) Discourse Dynamics: Critical Analysis for Social and Individual Psychology. London: Routledge.

Parker, R.G. (1996) 'Empowerment, Community Mobilisation and Social Change in the Face of HIV/AIDS.' *AIDS*. 10(3): 27-31.

Parkinson, B. (ed.) (1998) *Edinburgh Working Papers in Applied Linguistics.* University of Edinburgh.

Partington (2012) 'The Changing Discourses on Antisemitism in the UK Press from 1993 to 2009. A Modern-diachronic Corpus-assisted Discourse Study.' *Journal of Language and Politics*. 11(1): 51-76.

Partington A., Duguid A., Taylor C. (2013) Patterns and Meanings in Discourse: Theory and Practice in Corpus-assisted Discourse Studies. Amsterdam/Philadelphia, John Benjamins.

Partington, A. (2003) The Linguistics of Political Argumentation: The Spin-doctor and the Wolf-pack at the White House. London: Routledge.

Partington, A. (2004) 'Corpora and Discourse, a Most Congruous Beast.' In Partington, A., Morley, J., Haarman, L. (eds.) *Corpora and Discourse*. Bern: Peter Lang, 11-20.

Partington, A. (2008) ‘The Armchair and the Machine: Corpus-assisted Discourse Research.’ In Torsello, C.T., Ackerley, K., Castello, E. (eds.) *Corpora for University Language Teachers*. Bern: Peter Lang, 189-213.

Partington, A. (2010) ‘Modern Diachronic Corpus-Assisted Discourse Studies (MD-CADS) on UK Newspapers: An Overview of the Project.’ *Corpora*. 5: 83-10.

Partington, A. (2015) ‘Corpus-assisted Comparative Case Studies of Representation of the Arab World.’ In Baker, P., McEnery, T. (eds.) Corpora and Discourse Studies: Integrating Discourse and Corpora. Basingstoke: Palgrave, 220-243.

Partington, A., Marchi, A. (2015) ‘Using Corpora in Discourse Analysis’. In Biber, D., Reppen, R. (eds.) *The Cambridge Handbook of English Corpus Linguistics*. Cambridge, Cambridge University Press, 216-234.

Partington, A., Morley, J., Haarman, L. (eds.) (2004) *Corpora and Discourse*. Bern: Peter Lang.

Pavlenko, A. (2007) ‘Autobiographic Narratives as Data in Applied Linguistics.’ *Applied Linguistics*. 28(2): 162-188.

Pavlidou, S. (2014) Constructing Collectivity: ‘We’ across Languages and Contexts. Amsterdam: John Benjamins.

Pennycook, A. (1994) ‘The Politics of Pronouns.’ *ELT Journal*. 48(2): 173-178.

Piaget, J. (1955) *The Language and Thought of the Child*. New York: Meridian Books.

Peirce, C. (1992) *The Essential Peirce: Selected Philosophical Writings.* (Volume 2). Bloomington: Indiana University Press.

Piqué-Angordans, J., Posteguillo, S., Andreu-Besó, J.V. (2002) 'Epistemic and Deontic Modality: A Linguistic Indicator of Disciplinary Variation in Academic English.' *LSP & Professional Communication.* 2(2): 49-65.

Portner, P., Rubinstein, A. (2016) 'Extreme and Non-extreme Deontic Modals.' In Charlow, N., Chrisman, M. (eds.) *Deontic Modality*. Oxford Scholarship Online.

Potts, A. (2013) At Arm's Length: Methods of Investigating Construction of the "Other" in American Disaster and Disease Reporting. PhD Thesis. Lancaster University.

Potts, A. (2015) 'Filtering the Flood: Semantic Tagging as a Method of Identifying Salient Discourse Topics in a Large Corpus of Hurricane Katrina Reportage.' In Baker, P., McEnery, T. (eds.) *Corpora and Discourse Studies: Integrating Discourse and Corpora*. Basingstoke: Palgrave, 285-304.

Proctor, K., I Wen-Su, L. (2011) 'The 1st Person Plural in Political Discourse - American Politicians in Interviews and in a Debate.' *Journal of Pragmatics*. 43(13): 3251-3266.

Race, K. (2003) 'Revaluation of Risk among Gay Men.' *AIDS Education and Prevention*. 15(4): 208-227.

Race, K. (2007) 'Engaging in a Culture of Barebacking: Gay Men and the Risk of HIV Prevention.' In Hannah-Moffat, K., O'Malley, P. (eds.) *Gendered Risks*. New York: Routledge-Cavendish, 144-166.

Raija M., Hartmut S. (eds.) (1997) Hedging and Discourse: Approaches to the Analysis of a Pragmatic Phenomenon in Academic Texts. Berlin: Walter de Gruyter.

Rangel, C.J., Adam, B. (2014) 'Everyday Moral Reasoning in the Governmentality of HIV Risk.' *Sociology of Health & Illness*. 36(1): 60-74.

Rayson, P. (2003) Matrix: A Statistical Method and Software Tool for Linguistic Analysis through Corpus Comparison. Ph.D. Thesis. Lancaster University.

Rayson, P., Archer, D., Piao, S., and McEnery, T. (2004) 'The UCREL Semantic Analysis System.' In Proceedings of the Workshop on Beyond Named Entity Recognition Semantic Labelling for NLP Tasks in Association with 4th International Conference on Language Resources and Evaluation (LREC 2004), 25 May 2004, Lisbon, Portugal, 7–12.

Reisigl, M, Wodak, R. (2009) 'The Discourse-Historical Approach.' In Wodak, R., Meyer, M. (eds.) *Methods of Critical Discourse Analysis*. (2nd edition). London: Sage, 63-93.

Rescher, N. (1968) *Topics in Philosophical Logic*. Dordrecht: Reidel.

Richardson, E. (2007) Analysing Newspapers: An Approach from Critical Discourse Analysis. Basingstoke: Palgrave Macmillan.

Robertson, A. (1998) 'Shifting Discourses on Health in Canada: From Health Promotion to Population Health. *Health Promotion International*. 13(2): 155-166.

Robinson, B.A. (2014) 'Barebacking with Weber: Re-enchanting the Rational Sexual Order.' *Social Theory & Health*. 12(3): 235-250.

Robinson, B.A. (2018) 'Doing Sexual Responsibility: HIV, Risk Discourses, Trust, and Gay Men Interacting Online.' *Sociological Perspectives*. 6(3): 383-398.

Robinson, D. (2015) Local Heroes? A Critical Discourse Analysis of the Motivations and Ideologies Underpinning Community-based Volunteering. PhD Thesis. University of Birmingham.

Rocheron, Y., Lineé O. (1989) 'AIDS, Moral Panic and Opinion Polls.' *European Journal of Communication*. 4(4): 409-434.

Rosch, E. H. (1973) 'Natural Categories.' *Cognitive Psychology. 4(3):* 328-350.

Russell (1905) 'On Denoting.' *Mind*. 14: 479-493.

Ryan, A., Wray, A. (eds.) (1997) *Evolving Models of Language*. Clevedon: Multilingual Matters.

Saeed, J. (2003) *Semantics*. Oxford: Blackwell.

Sayer, A. (1992) *Method in Social Science: A Realist Appr*oach. London: Routledge.

Sayer, A. (2000) *Realism and Social Science*. London: Sage.

Scheibman, J. (2004) 'Subjective and Intersubjective Uses of Generalisations in English Conversations.' In Englebretson, R. (ed.) *Stancetaking in Discourse: Subjectivity, Evaluation, Interaction.* Amsterdam: John Benjamins, 111-138.

Schiffrin, D. (1981) 'Tense Variation in Narrative.' *Language*. 57(1): 45-62.

Schiffrin, D. (2002) 'Mother and Friends in a Holocaust Story.' *Language in Society*. 31: 309-353.

Schudson, M. (1989) 'The Sociology of News Production.' *Media, Culture and Society* 11: 263-282.

Seale, C. (2003) 'Health and the Media: an Overview.' *Sociology of Health and Illness*. 25(6): 513-531.

Sealey, A.J. (2012) '"I Just Couldn't Do It": Representations of Constraint in an Oral History Corpus.' *Critical Discourse Studies*. 9(3): 195-200.

Sealey, A.J. (2014) 'Cats and Categories – Reply to Teubert.' *Language and Dialogue*. 4(2): 299-321.

Sealey, A.J., Pak, C.A. (2018) 'First Catch your Corpus: Methodological Challenges in Constructing a Thematic Corpus.' *Corpora*. 13(2): 229-254.

Shoemaker, D. (2011) ‘Attributability, Answerability, and Accountability.’ *Ethics*. 121: 602-632.

Shoemaker, D., Tognazzini, N. (eds.) (2015) *Oxford Studies in Agency and Responsibility*. (Volume 2). Oxford Scholarship Online.

Simpson, P. (1990) ‘Modality in Literary-critical Discourse.’ In Nash, W. (ed.) *The Writing Scholar. Studies in Academic Discourse*. Newbury Park: Sage Publications, 63-94.

Simpson, P. (1993) *Language, Ideology and Point of View*. London/New York: Routledge.

Simpson, P. (2014) *Stylistics. A Resource Book for Students*. (2nd edition). London: Routledge.

Sinclair, J. (1991) *Corpus, Concordance, Collocation*. Oxford: Oxford University Press.

Singleton, W.T., Hoyden, J. (1994) *Risk and Decisions.* Chichester: Wiley.

Smith, N. (2003) ‘Changes in the Modals and Semi-modals of Strong Obligation and Epistemic Necessity in Recent British English.’ In Facchinetti, R., Krug, M., Palmer. F. (eds.) *Modality in Contemporary English*. Berlin/New York: Mouton de Gruyter, 241-266.

Sneijder, P, Molder, F.M. (2005) ‘Moral Logic and Logical Morality: Attributions of Responsibility and Blame in Online Discourse on Veganism.’ *Discourse and Society*. 16(5): 675-696.

Sontag, S. (2001) Illness as Metaphor and AIDS and Metaphor. Houndsworth: Macmillan.

Southwell, B. (2000) ‘Audience Construction and AIDS Education Efforts: Exploring Communication Assumptions of Public Health Interventions.’ *Critical Public Health*. 10(3): 313-319.

Spencer-Bennett, J. (2018) *Moral Talk. Stance and Evaluation in Political Discourse*. London/New York: Routledge.

Strebel, A., Lindegger, G. (1998) 'Power and Responsibility: Shifting Discourses of Gender and HIV/AIDS.' *Psychology in Society*. 24: 4-20.

Stubbs, M (1993) 'British Traditions in Text Analysis: From Firth to Sinclair'. In Baker, M.F., Francis, F., Tognini-Bonelli, E. (eds.) *Text and Technology: In Honour of John Sinclair*. Amsterdam: John Benjamins, 1-36.

Stubbs, M. (1996) *Text and Corpus Analysis*. Oxford: Blackwell.

Stubbs, M. (1997) 'Whorf's Children: Critical Comments on Critical Discourse Analysis (CDA).' In Ryan, A., Wray, A. (eds.) *Evolving Models of Language*. Clevedon: Multilingual Matters, 100-116.

Sunderland, J., McGlashan, M. (2012) 'The Linguistic, Visual and Multimodal Representation of Two-Mum and Two-Dad Families in Children's Picturebooks.' *Language and Literature*. 21(2): 189-210.

Svartvik, J. (ed.) (1992) Directions in Corpus Linguistics: Proceedings of the Nobel Symposium 82, Stockholm, 4–8 August 1991. Berlin: Mouton de Gruyter.

Sweetser, E. E. (1990) From Etymology to Pragmatics: Metaphorical and Cultural Aspects of Semantic Structure. Cambridge: Cambridge University Press.

Sylvestre, P., McNeil, R., Wright, T. (2013) 'From Talloires to Turin: A Critical Discourse Analysis of Declarations for Sustainability in Higher Education.' *Sustainability*. 5(4): 1356-1371.

Tagliamonte, S., Smith, J. (2006) 'Layering, Competition and a Twist of Fate: Deontic Modality in Dialects of English.' *Diachronica International Journal for Historical Linguistics.* 23(2): 341-380.

Talbot, M. (2007) *Media Discourse: Representation and Interaction*. Edinburgh: Edinburgh University Press.

Talmy, L. (1988) 'Force Dynamics in Language and Cognition.' *Cognitive Science*. 12(1): 49-100.

Talmy, S. (2010) 'Qualitative Interviews in Applied Linguistics: From Research Instrument to Social Practice.' *Annual Review of Applied Linguistics*. 30: 128-148.

Talmy, S., Richards, K. (2011) 'Theorising Qualitative Research Interviews in Applied Linguistics.' *Applied Linguistics*. 32(1): 1-5.

Taverniers, M. (2011) 'The Syntax–semantics Interface in Systemic Functional Grammar: Halliday's Interpretation of the Hjelmslevian Model of Stratification.' *Journal of Pragmatics*. 43(4): 1100–1126.

Taylor, C. (2008) 'What is Corpus Linguistics? What the Data Says.' *ICAME Journal*. 32: 179-200.

Taylor, D. (1991) 'Prepare for the Best.' *Nursing Times*. 87(31): 64-66.

Teubert, W. (2005) 'My Version of Corpus Linguistics.' *International Journal of Corpus Linguistics.* 10(1): 1-13.

Teubert, W. (2010) *Meaning, Discourse and Society*. Cambridge: Cambridge University Press.

Thompson, G. (1996) *Introducing Functional Grammar*. London: Arnold.

Thompson, G., Hunston, S. (eds.) (2006) *System and Corpus: Exploring Connections.* London: Equinox.

Thompson, G., Scott, M. (eds.) (2001) *Patterns of Text: In Honour of Michael Hoey*. Amsterdam: John Benjamins.

Timuçin, M. (2010) 'Different Language Style in Newspapers: An Investigation Framework.' *Journal of Language and Linguistic Studies*. 6(2): 104-126.

Tognini-Bonelli, E. (2001) *Corpus Linguistics at Work*. Amsterdam: John Benjamins.

Toolan, M. (1997) 'What Is Critical Discourse Analysis and why Are People Saying such Terrible Things about it?' *Language and Literature.* 6.2: 83-102.

Torsello, C.T., Ackerley, K., Castello, E. (eds.) (2008) *Corpora for University Language Teachers*. Bern: Peter Lang.

Tunmer, W.E. (1985) 'The Acquisition of the Sentient-nonsentient Distinction and its Relationship to Causal Reasoning and Social Cognition.' *Child Development*. 56: 989-1000.

UK Government (2016) 'HIV in the UK. Public Health England' [Online] Available at:. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/602942/HIV_in_the_UK_report.pdf [Accessed 27 December 2018].

UNAIDS (2017) 'Ending AIDS: Progress towards the 90-90-90 Targets. Joint United Nations Programme on HIV/AIDS.' [Online] Available at: http://www.unaids.org/en/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf. [Accessed 27 December 2018]

van der Auwera, J., Plungian, V. (1998) 'Modality's Semantic Map.' *Linguistic Typology.* 2: 79–124.

van der Auwera,J., Marín-Arrese, J.I., Carretero, M. (eds.) (2013) *English Modality: Core, Periphery and Evidentiality*. Berlin: De Gruyter Mouton.

van Dijk (2001) ‘Discourse, Context and Cognition.’ In Wodak, R. (ed.) *Critical Discourse Analysis*. (Volume 1). London: Sage, 237-256.

van Dijk, T. (1988a) *News as Discourse*. Hillsdale: Lawrence Erlbaum Associates.

van Dijk, T. (1988b) News Analysis. Case Studies of International and National News in the Press. Hillsdale: Lawrence Erlbaum Associates.

van Dijk, T. (1996) ‘Discourse, Power and Access.’ In Caldas-Coulthard, C.R., Coulthard, M. (eds.) *Texts and Practices: Readings in Critical Discourse Analysis*. London: Routledge, 84-104.

van Dijk, T. (1998) Ideology. A Multidisciplinary Approach. London: Sage.

van Dijk, T. (2002) ‘Political Discourse and Political Cognition.’ In Chilton, P., Schäffer, C. (eds.) *Politics as Text and Talk. Analytical Approaches to Political Discourse*. Amsterdam: John Benjamins, 204-236.

van Dijk, T. (2008) *Discourse and Power*. Basingstoke: Palgrave Macmillan.

van Dijk, T. (2013) ‘Ideologies and Discourse.’ In Freeden, M., Stears, M., van Dijk, T. (eds.) *The Oxford Handbook of Political Ideologies*. Oxford: Oxford University Press [Online].

van Dijk, T. (ed.) (1985) *Handbook of Discourse Analysis*. (Volume 3). New York/London: Academic Press.

van Dijk, T. (ed.) (1985) *Handbook of Discourse Analysis*. (Volume 4). New York/London: Academic Press.

van Dijk, T. (ed.) (1997) *Discourse as Social Interaction*. London: Sage.

van Dijk, T. (ed.) (1997) Discourse as Social Interaction: Discourse Studies: A Multidisciplinary Introduction. (Volume 2). London: Sage.

van Leeuwen, T. (2007) 'Legitimisation in Discourse and Communication.' *Discourse and Communication*. 1(1): 91-112.

van Leeuwen, T. (2008) Discourse and Practice. New Tools for Critical Discourse Analysis. Oxford: Oxford University Press.

van Leeuwen, T., Wodak, R. (1999) 'Legitimising Immigration Control: A Discourse-historical Analysis.' *Discourse Studies*. 1(1): 83-118.

van Linden, A., Verstraete, J. (2011) 'Revisiting Deontic Modality and Related Categories: A Conceptual Map Based on the Study of English Modal Adjectives.' *Journal of Pragmatics*. 43(1): 150-163.

Verschueren, J (1999) *Understanding Pragmatics*. London: Arnold.

Verschueren, J. (2001) 'Predicaments of Criticism.' *Critique of Anthropology.* 21.1: 59-81.

Verschueren, J., Östman, J.O., Blommaert, J., Bulcaen, C. (eds.) (2002) *Handbook of Pragmatics*. Amsterdam/Philadelphia: John Benjamins.

Vihla, M. (1999) *Medical Writing: Modality in Focus*. Amsterdam: Rodopi.

von Fintel, K. (2006) 'Modality and Language.' In Borchertm D.M. (ed.) *Encyclopaedia of Philosophy.* (2nd edition). Detroit: MacMillan Reference [Online].

von Wright, G.H. (1951) *An Essay in Modal Logic*. Amsterdam: North-Holland Publishing Co.

Wallace, R.J. (1994) *Responsibility and the Moral Sentiments*. Cambridge: Harvard University Press.

Watney (1987) Policing Desire: Pornography, AIDS and the Media. London: Methuen.

Watt, D. (2007) 'On Becoming a Reflexive Researcher: The Value of Reflexivity.' *The Qualitative Report*. 12(1): 82-101.

Weeks, J. (1985) Sexuality and its Discontents: Meanings, Myths and Modern Sexuality. London: Routledge.

Weeks, J. (1986) *Sexuality*. London: Tavistock.

White, P.R.R. (2002) 'Appraisal.' In Verschueren, J., Östman, J.O., Blommaert, J., Bulcaen, C. (eds.) *Handbook of Pragmatics*. Amsterdam/Philadelphia: John Benjamins, 1-27.

White, P.R.R. (2003) 'Beyond Modality and Hedging: A Dialogic View of the Language of Intersubjective Stance.' *Text*. 23(2): 259-284.

Widdowson, H.G. (1995) 'Discourse Analysis: a Critical View.' *Language and Literature*. 4(3): 157-172.

Widdowson, H.G. (1998) 'The Theory and Practice of Critical Discourse Analysis.' *Applied Linguistics*. 19(1): 136-151.

Wodak, R. (1995) 'Critical Linguistics and Critical Discourse Analysis.' In Verschueren, J. Östman, J., Blommaert, J. (eds.) *Handbook of Pragmatics*. Amsterdam: John Benjamins, 204-210.

Wodak, R. (2011) 'Critical Linguistics and Critical Discourse Analysis.' In Östman, J., Ledin, P., and Verschueren, J. (eds.) *Discursive Pragmatics*. Amsterdam: John Benjamins, 50- 69.

Wodak, R. (ed.) (2001) *Critical Discourse Analysis*. (Volume 1). London: Sage.

Wodak, R., Meyer, M. (eds.) (2001) *Methods of Critical Discourse Analysis*. London: Sage.

Wodak, R., Meyer, M. (eds.) (2009) *Methods of Critical Discourse Analysis*. (2nd edition). London: Sage.

Wolfson, N. (1978) 'A Feature of Performed Narrative: The Conversational Historic Present.' *Language in Society*. 7: 215-237.

Wolfson, N. (1979) 'The Conversational Historical Present Alternation.' *Language*. 55: 168-182.

Woods, L.A., Kroger, R.O. (2000) Doing Discourse Analysis: Methods for Studying Action in Talk and Text. Thousand Oaks: Sage Publications.

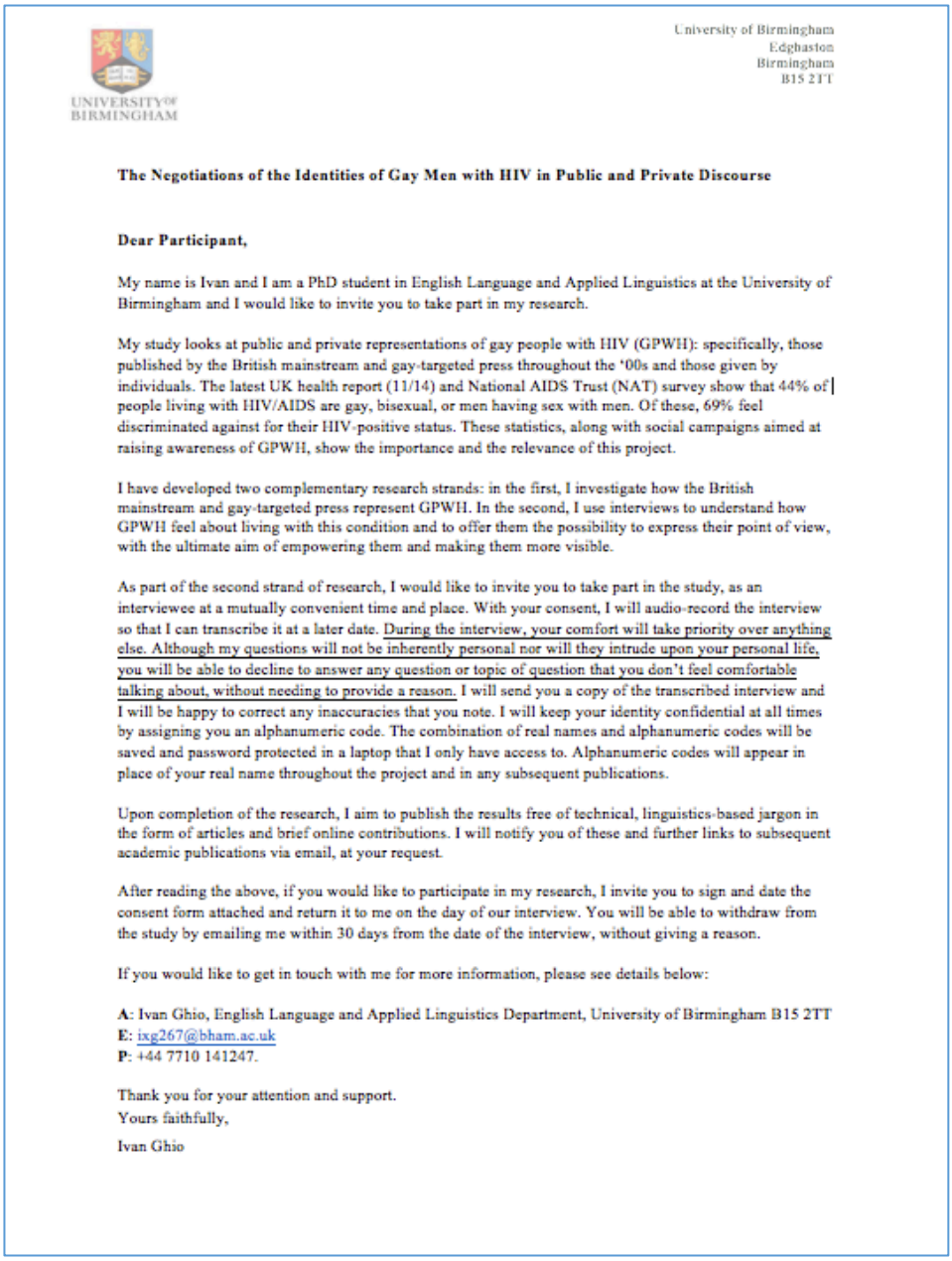
Wynne, B. (1992) 'Risk and Social Learning: Reification to Engagement.' In Krimsky, S., Golding, D. (eds.) *Social Theories of Risk*. Westport: Praeger, 275-297.

Xiao, R. & McEnery, T. (2006) 'Collocation, Semantic Prosody, and Near Synomyny: A Corpus-linguistic Perspective.' *Applied linguistics. 27*(1): 103–129.

Yamamoto, M. (1999) Animacy and Reference: A Cognitive Approach to Corpus Linguistics. Amsterdam: John Benjamins.

APPENDICES

A. INFORMATION SHEET FOR PARTICIPANTS



University of Birmingham
Edgbaston
Birmingham
B15 2TT

The Negotiations of the Identities of Gay Men with HIV in Public and Private Discourse

Dear Participant,

My name is Ivan and I am a PhD student in English Language and Applied Linguistics at the University of Birmingham and I would like to invite you to take part in my research.

My study looks at public and private representations of gay people with HIV (GPWH): specifically, those published by the British mainstream and gay-targeted press throughout the '00s and those given by individuals. The latest UK health report (11/14) and National AIDS Trust (NAT) survey show that 44% of people living with HIV/AIDS are gay, bisexual, or men having sex with men. Of these, 69% feel discriminated against for their HIV-positive status. These statistics, along with social campaigns aimed at raising awareness of GPWH, show the importance and the relevance of this project.

I have developed two complementary research strands: in the first, I investigate how the British mainstream and gay-targeted press represent GPWH. In the second, I use interviews to understand how GPWH feel about living with this condition and to offer them the possibility to express their point of view, with the ultimate aim of empowering them and making them more visible.

As part of the second strand of research, I would like to invite you to take part in the study, as an interviewee at a mutually convenient time and place. With your consent, I will audio-record the interview so that I can transcribe it at a later date. During the interview, your comfort will take priority over anything else. Although my questions will not be inherently personal nor will they intrude upon your personal life, you will be able to decline to answer any question or topic of question that you don't feel comfortable talking about, without needing to provide a reason. I will send you a copy of the transcribed interview and I will be happy to correct any inaccuracies that you note. I will keep your identity confidential at all times by assigning you an alphanumeric code. The combination of real names and alphanumeric codes will be saved and password protected in a laptop that I only have access to. Alphanumeric codes will appear in place of your real name throughout the project and in any subsequent publications.

Upon completion of the research, I aim to publish the results free of technical, linguistics-based jargon in the form of articles and brief online contributions. I will notify you of these and further links to subsequent academic publications via email, at your request.

After reading the above, if you would like to participate in my research, I invite you to sign and date the consent form attached and return it to me on the day of our interview. You will be able to withdraw from the study by emailing me within 30 days from the date of the interview, without giving a reason.

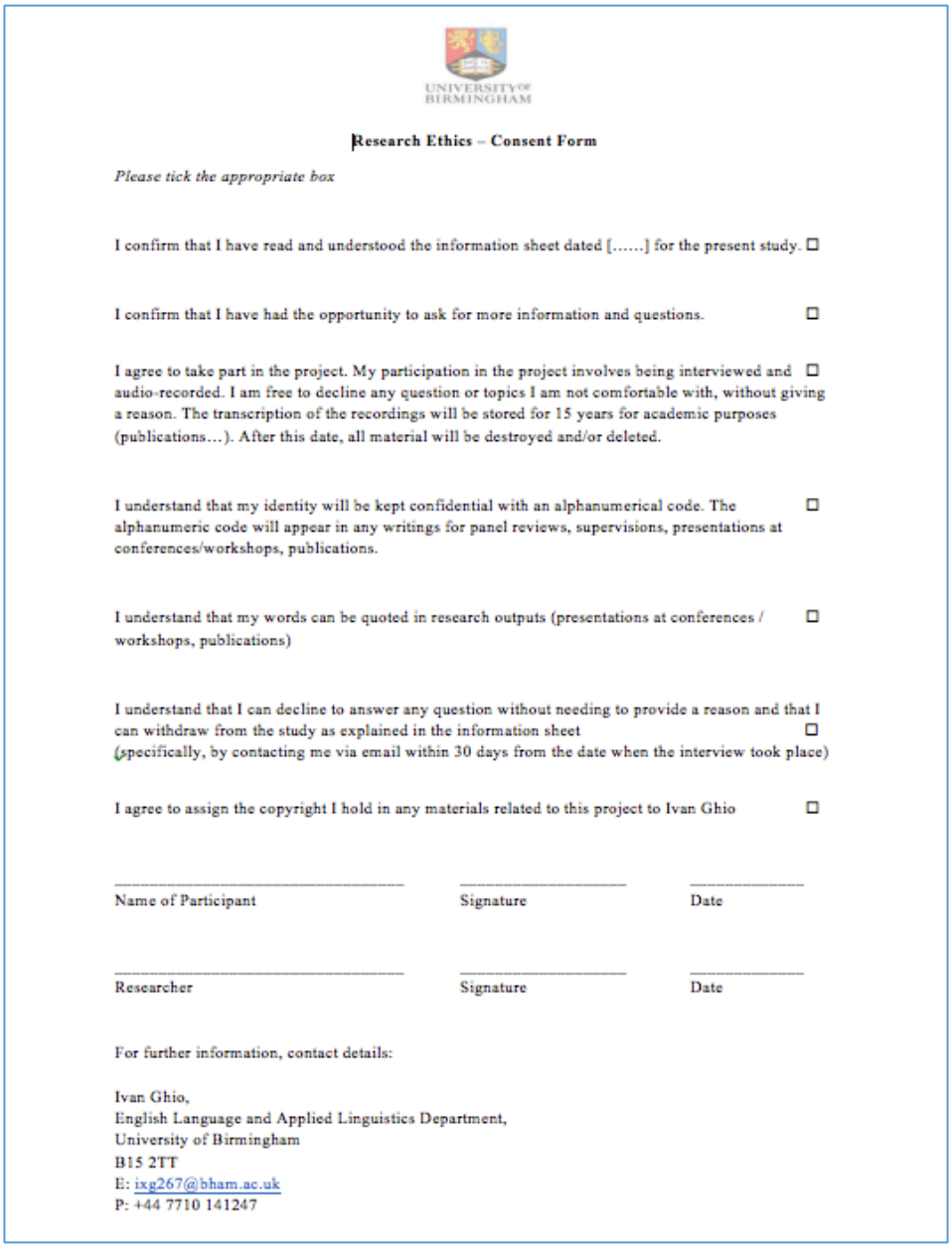
If you would like to get in touch with me for more information, please see details below:

A: Ivan Ghio, English Language and Applied Linguistics Department, University of Birmingham B15 2TT
E: ixg267@bham.ac.uk
P: +44 7710 141247.

Thank you for your attention and support.
Yours faithfully,

Ivan Ghio

B. CONSENT FORM FOR PARTICIPANTS



UNIVERSITY OF BIRMINGHAM

Research Ethics – Consent Form

Please tick the appropriate box

I confirm that I have read and understood the information sheet dated [……] for the present study. ☐

I confirm that I have had the opportunity to ask for more information and questions. ☐

I agree to take part in the project. My participation in the project involves being interviewed and audio-recorded. I am free to decline any question or topics I am not comfortable with, without giving a reason. The transcription of the recordings will be stored for 15 years for academic purposes (publications…). After this date, all material will be destroyed and/or deleted. ☐

I understand that my identity will be kept confidential with an alphanumerical code. The alphanumeric code will appear in any writings for panel reviews, supervisions, presentations at conferences/workshops, publications. ☐

I understand that my words can be quoted in research outputs (presentations at conferences / workshops, publications) ☐

I understand that I can decline to answer any question without needing to provide a reason and that I can withdraw from the study as explained in the information sheet ☐
(specifically, by contacting me via email within 30 days from the date when the interview took place)

I agree to assign the copyright I hold in any materials related to this project to Ivan Ghio ☐

_____	_____	_____
Name of Participant	Signature	Date
_____	_____	_____
Researcher	Signature	Date

For further information, contact details:

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C. SAMPLE INTERVIEW (JACOB)

Interview subject: Jacob

Speaker key:

S1 Speaker One

S2 Speaker Two

Timecode	Speaker	Transcript
00:00:00	S1	So, um, what I'd like to start with is your personal experience of living with HIV and your, uh, identity, how do you see yourself as a gay or bisexual man living with HIV. It's a variable question, you can take it at what level you want it.
00:00:17	S2	Okay. I mean, I wouldn't identify myself as HV-…an HIV-positive as a foremost characteristic about who I am.
00:00:25	S1	Yeah.
00:00:25	S2	So, people may think that I am…not to be too much of a cliché, I'm someone who's living with HIV the same as I would be with any other condition. Um, I mean, I manage that. Um, I do it for work as well because I'm a Public Health Epidemiologist, but it doesn't factor into every aspect of my daily life. I mean, social life-wise, my…don't have anything to do HIV. Uh, some of my friends are positive as well, but again, we don't talk about that all the time. Um, is it part of my identity as a bisexual man? I don't think, no, it's not the foremost, uh, part. Um, it does however have a bearing on sort of choice of partners and things like that, I would say. Because some people are…you know, I'm always upfront with potential partners about my status. For some people that's a problem. But, um, in terms of…it's sort of big part on my work identity, but, um, on a personal level no it's not really. Um, I just, like treat it and…you know. It's easier to do that today than it used to be.
00:01:27	S1	Mm-hmm, right.

00:01:28	S2	Um, I don't really- can't really say I've got any ill effects from it at the moment. I'm probably healthier than I've ever been, because I get everything checked quite regularly. But, um, yeah, I don't think it's, um, my main…main part of my identity.
00:01:42	S1	Mm-hmm. And when you we're diagnosed, how was your reaction to it?
00:01:48	S2	Uh, I took it on a chin really I guess. I mean, I…I expected it, to be honest, based on the symptoms. I mean, I think I've…being a medic, I think I've got more prior sort of, um, understanding of what the symptoms were and what was going on. But, um, based on what I've been doing, leading up that point, you know, my sexual behaviour and things, it wasn't really a surprise. But, uh, I think I… I dealt with it more…. I'd sat down with it more as a scientist than I did, um, on an emotional level. Um, I still probably haven't dealt with that entirely yet, but I don't really…. But I've tried to talk to…they recommend you, or make you see a counsellor when you're first diagnosed, and I just sat there and didn't really say anything because I didn't really have anything to say. I knew I could manage it, and that was it. I just told who I needed to tell, and then I was just like, well I'm not going talk about this anymore in terms of, you know, is it going to kill me? I know I can manage it, so…so that's…that's it. Whether that would've been the same a few years ago, I don't know, because you know, it was a death sentence 20 years back, it's not now, so…. But I think coming from a medical background, I sort of dealt with it more that way because I, you know, was more versed with the practicalities of it, so other people might not be. Um, like I say, it wasn't too much of a shock.
00:03:06	S1	Yeah. When…can ask you when you were diagnosed?
00:03:09	S2	Right. It's 2013 when I first tested positive.
00:03:12	S1	Okay. So, um…um, did you…um, did you have to tell your parents? You said that you'd tell your parents straightaway?

00:03:19	S2	I told them as soon as I knew the test was positive.
00:03:22	S1	Mm-hmm.
00:03:24	S2	I probably didn't deal with it from a treatment aspect for a long time.
00:03:28	S1	Mm-hmm.
00:03:28	S2	Just…that was something I just…I just, uh, I don't know. You go through stages, uh, but I don't know whether it's denial or what. I mean, I didn't deny I had the condition, but I just sort of put it in a box and didn't think about I don't want to start treatment yet. I thought I'd sort of…I came to terms with it that way and I thought, "Well, I'll let it sink in first and then I'll do something about it." I'm treating it now, but…but, um, I just thought, "Well, you know, I'll…I'll see how it goes first, and then I'll…I'll do it when I'm ready," sort of thing. Because I think that would've been too much all at once to sort of go…. Some people go straight onto treatment, but I…I preferred to have it…had a little bit of a gap of at least a year before I sort of…it was nearly a year before I sort of considered doing that.
00:04:07	S1	Mm-hmm. And it didn't have any impact on you out of, like delaying the fact that you can take medications straightaway?
00:04:12	S2	Overall, no. I mean, um, if you leave it a few years, I think it does, um…you still really [inaudible 00:04:18]. I'd say, from a scientific point of view, you still [inaudible 00:04:21] diagnosed for a year. Your antibody response is still climbing up to then. Um, your T-cells will bounce back anyway, so it's not destroyed your immune systems significantly by that point. So, no, I don't think it had a long-term impact on my health, but, um, it is important to start treatment as soon as you can before that damage starts. You know, the T-cell, before the T-…uh, uh, the T-cell, uh, destruction outstrips the production which obviously that phase hadn't happened and my…my immune system returned to a normal level, so….
00:04:48	S1	Mm-hmm, hmm. How did you your parents react to the news that

		you were HIV-positive?
00:04:53	S2	Uh, they were very upset, but I explained the implications and, you know, they're quite intelligent people, they looked it up before I'd even said, and they…they were sort of aware that it wasn't…it wasn't a death sentence anymore. They…they were worried of course, but once I'd told them, you know, that it can be treated and, and things like that, uh, it was, um, it was not such an issue. It was more of my partner at that time, it was, um, like the other of my daughter who actually was more of an issue to be honest…
00:05:19	S1	Mm-hmm.
00:05:19	S2	…uh, she's still a problem now.
00:05:23	S1	Was it difficult to come out…come out as HIV-positive to your pare-…um, to your friends or people that you know?
00:05:30	S2	I haven't come out as…I haven't told them, like all my friends I'm HIV-positive. Uh, I've only told the ones who've been most supportive. Um, some of them were medical colleagues, so they understood anyway. Um, my best friend in England knows. Um, that's really…you know. So it's wasn't really hard because I'm…I thought I knew how they'd sort of, um, you know, react. One of them had had a life changing diagnosis before anyway, so he was sort of was, uh, he was able to, uh, understand a bit better anyway. He's the first one of my friends I told.
00:05:57	S1	Mm-hmm.
00:05:57	S2	Um, so that…that I…I had a good support network there. I didn't have a bad ex-…some people have had bad experiences I know, but I didn't really have a bad experience there, so….
00:06:06	S1	And did you…did your life change in terms of plans after you were diagnosed HIV-positive?
00:06:12	S2	Uh….
00:06:13	S1	Did you take…did you have any plans that you didn't follow up because of your HIV diagnosis?

00:06:16	S2	I didn't have any…I didn't have any plans of doing follow up, but it probably changed my choice of career in terms of I went in to work in an HIV public health instead of doing something else.
00:06:26	S1	Mm-hmm.
00:06:27	S2	Uh, so, that's why I'm working for Terrence Higgins Trust now, you know. Whether that will permanently be my direction, I don't know, but that that…that was sort of the determining factor then probably.
00:06:36	S1	Mm-hmm.
00:06:36	S2	And I'd…I acquired a lot more knowledge about HIV after that. Um, I didn't know that much beforehand, I mean, I knew the basics we learned in medical school, but I didn't really know, you know, as much as I now do, I had decided to sort of, um, research it a lot more from a scientific point of view. Both for my own benefit and also…
00:06:54	S1	Yeah.
00:06:55	S2	…maybe because I…it wa-…I wanted…if I'm…. I was looking at that this as a career, so I thought, um, you know, um, I need to sort of acquire knowledge of it.
00:07:02	S1	Yeah. It's quite interesting that you said that you do public health and, you know, BA and it turned out to be quite useful.
00:07:09	S2	Yeah. That…um, it was. It did turn out to be quite useful. Those techniques were….
00:07:16	S1	In terms of career, um, choices for…to work also at Terrence Higgins Trust gave you much more understanding?
00:07:25	S2	I think it did, or you know, I…I think it probably helped my job, prospers of getting a job in that field anyway, because I'd already got a Bachelor's degree on Public Health, you know. Um, it…it…it certainly made it m-…even when receiving the diagnosis, because I was from a science background, it was already, like I say, it…it made things easier to understand and…and not get too…. I think you need to be practical when you get a diagnosis like that. It's sometimes hard, but I had a bit more perspective because, you know, because of

		my science background.
00:07:53	S1	Yeah. And has your life, your outlook to life changed after your HIV diagnosis?
00:08:00	S2	Um, I'd say so. I think you need to- planning for the future is still an issue in terms of what's…what's going to happen in terms of health and things. And is that treatment that's currently available, or is it going to be available if the government can afford it or are we going to have to pay ourselves, that's an issue. Because at the end of day, if you can't, then it's going to cost you your life, so, um, it's something that's kind of at the back of my mind. Having being a parent as well, although I don't actually see my daughter at the moment, but you know. Um, the…the main thing at the time was am I still going to be able to be around to see her sort of grow up, I probably am now, but, um, it's something that's quite foremost in my mind at that time, I think.
00:08:39	S1	Mm-hmm. Do you ever think of yourself…I know that HIV doesn't have a massive signi-…significant bearing in your identity, but sometimes do you stop and think of yourself as, I'm a gay or bisexual person with HIV?
00:08:56	S2	Uh, I don't think so really.
00:08:59	S1	Mm-hmm.
00:09:00	S2	Some people do stratify themselves sort of into a group when they go out or something. I mean, uh, I don't…. To be honest, although it's a bad thing because I work in the field, I probably make a point of sort of avoiding HIV or attending social events. I won't go to the positive pub crawls or anything like because I don't want it to become, you know, the biggest aspect of my social life. Because unfortunately with my, uh, work position, I often end up working when I go to those places as well because people still insist on asking me questions.
00:09:30	S1	Yeah.
00:09:31	S2	About their treatment or whatever and you…when you just want to

		sort of relax, I don't know. I…I…I wouldn't use that label on an everyday basis, no.
00:09:41	S1	Mm-hmm. And, can you make any kind of…can you give me any kind of opinions regarding how the general public opinion is regarding gay or bisexual people with HIV, also based from your experience, or…?
00:09:57	S2	I think people have got more tolerant of sexuality, but they're not necessarily more tolerant of HIV.
00:10:02	S1	Mm-hmm.
00:10:02	S2	You're a gay or a bisexual man with HIV, and they think you probably deserve it to a degree. And, um, there's still sort of this, uh, association of HIV, sex, and death, you know. I think that if you are a heterosexual person with HIV, in terms of the services, it's probably harder to access them, but if you're a gay man with HIV, there's always a sort of that moral judgement implied there a bit more. You're not an innocent victim, if you like. You…you know, you've…you've done a bit more to deserve it.
00:10:32	S1	If you're a heterosexual or if you're…?
00:10:33	S2	No, if you're…if you're a gay man with HIV.
00:10:35	S1	What about heterosexual?
00:10:37	S2	I think there's a lack of services targeted at heterosexual people. So, you know, if they are diagnosed with HIV, they might feel very ostracised because there's nowhere for them to go and there's not as many people who are o-…open about it.
00:10:47	S1	Yeah.
00:10:47	S2	Even though there's now more heterosexuals living with HIV than there are gay men, certainly in the UK, most of the Western countries as well. Um, I think, uh, though still as a…as a gay man still probably more prejudice level that you…gay sex isn't socially acceptable to a lot of circles.
00:11:07	S1	Mm-hmm. (Clear Throat) So, there's more tolerance towards

		heterosexual people with HIV?
00:11:13	S2	I think there's more understanding. I wouldn't say more tolerance, I think there's still you know, stigma and things, because of people's misunderstanding about the condition, or they think they're going to catch or something. But I think there's more sympathy there, um, and…than would be for a gay man, you know, that say, oh, you know. There's this…there's this impression that all gay men are still promiscuous, and, you know, they go to bars and they go to saunas and they do all this stuff. Whereas those…those things that aren't as…I don't think they're as prevalent in the sexu-…heterosexual community, so you know.
00:11:43	S1	Yeah.
00:11:43	S2	Promiscuity probably is, but that doesn't, you know…
00:11:46	S1	Doesn't….
00:11:46	S2	…that's…that's more "normal", if you like, you know, to a lot of people still outside of the community I think.
00:11:54	S1	Yeah. And do you think that Medicine has changed…the massive medical breakthroughs in HIV treatment have changed, um, how we perceive HIV, and therefore gay people or bisexual people with HIV? So have they brought any changes in the attitude?
00:12:11	S2	The public's…the public's attitude and perception or a gay men's?
00:12:14	S1	Thanks to the medicine…
00:12:15	S2	Thanks to the medicine…medical breakthrough that it's not more…it's not a fatal disease anymore, but chronic. I think the public now understand that it's treatable.
00:12:23	S1	Mm-hmm.
00:12:23	S2	But, I think medical aspects, medical treatment has also changed gay men's attitude towards HIV. They become more complacent inflectional figures have gone up because they think they can just take a pill a day and everything's going to be all right. Um, or they [inaudible 00:12:39]. Uh, I think, um, now with a lot of the general

		public as well, again you think that it's promiscuous people who catch HIV, when really it only takes one time, and they don't necessarily understand that. Um, they think that, uh, you know, you can just sort of take medicine then it's going to be okay, but then when you realise that still that medicine still has an impact on your overall health.
00:13:02	S1	Mm-hmm.
00:13:03	S2	It's…it's not something that, uh, they are really aware of still, um….
00:13:08	S1	Mm-hmm.
00:13:09	S2	I think some of the public still think if you said…or some of the public don't even understand why the…the difference between HIV and AIDS. So, uh, when you say HIV, you should think it's a lesser problem than AIDS. They think AIDS always leads to death which is probably an old term we shouldn't really use anymore, where [inaudible 00:13:26] HIVs [inaudible 00:13:28].
00:13:28	S1	Yeah.
00:13:28	S2	But, again, that…the public don't necessarily understand about that or transmission, or some other thing.
00:13:34	S1	Mm-hmm.
00:13:34	S2	That's…you know, they just think it's junk-…junkies or…junkies or gay men who get HIV. They don't think they're at risk as…as heterosexuals, I don't think to some degree, that they really are.
00:13:46	S1	Mm-hmm. Or what about the government doing something about breaking this understanding about…?
00:13:53	S2	That's a good one. Um, the government is not…
00:13:56	S1	Government or not like [inaudible 00:13:57] or Terrence Higgins Trust, like the general government or institutions, um….
00:14:05	S2	Frankly, I don't think that…breaking the complacency about HIV or the stigma?
00:14:08	S1	The stigma and understand-…and promoting understanding.
00:14:11	S2	They don't promote understanding. They need to be promoting an

		understanding at a prevention level and they're not. The government's doing nothing, to be honest, in terms of they cut funding to the point where, you know….
00:14:21	S1	But it's definitely the impact to the NHS if you've got more contractions, so it's their ins-…their interest…?
00:14:27	S2	It's going to impact the NHS, but the government is quite happy to fund to…to treat the problem rather than actually prevent it in the first place. There's very little public health attention to HIV anymore. Um, I mean, some of that again, is to do with people's complacency. They don't want to use condoms and things, but…. I mean…the availability for testing at one time in the last 10 years was becoming more and more available, now the government's cut funding, so it's not…again, less people are actually testing now than they were five years ago, and that's because the services aren't available. There's n-…there's not much about it in press until a celebrity gets affected, you know, there's very little attention. Um, I think the government is happier just to pretend that it's treatable, and it's gone away, or better still to hope that everybody who's got HIV will just go away and die. That's how I feel sometimes, [inaudible 00:15:17].
00:15:16	S1	Mm-hmm. But it definitely doesn't make any sense, because if you invest more knowledge, spread knowledge about how you can prevent it, then we don't need to worry about creating funds (Overlapping Conversation)?
00:15:27	S2	That's true. It's got cheaper in the long term, but they're not prepared to do that. So, um, they…their public health response is just surveillance. They're quite happy to log what cases and like how many people are being infected but they're not actually acting on that. There's no…you…you see a public…. The public health campaigns I've seen have all been funded by organisations or Terrence Higgins Trust or others. Um, they're not…you know, there's…. You see Public Health England guidance about diabetes or about cancer, but I can't remember the last time I've actually seen a poster about HIV.

		And that's not the same in other countries. If I contrast it where I come from, in Australia, then there are some public campaigns about it.
00:16:10	S1	By the government…run by the government?
00:16:12	S2	Run by the government, both state government and national government, so.
00:16:15	S1	Okay.
00:16:16	S2	Maybe certain local areas are running campaigns. But even simple things like placing posters in toilets, I've not seen one for a long while, a long time. That's one of the most effective ways of, uh, I think getting it out there…. I mean, I'll be really blunt, but if people are taking a piss at the urinal, and you know, particularly gay men, and then…all those…that's all they've got in front of them, it might make them think.
00:16:38	S1	Mm-hmm.
00:16:38	S2	Again, like you say, it's cheaper in the long-term.
00:16:41	S1	Yeah.
00:16:42	S2	Uh, but they're not…they're not doing it, so….
00:16:45	S1	What's your position in regard to PrEP apart the use of as a way of preventing HIV or offering the use of condoms or…?
00:16:54	S2	I think PrEP (Overlapping Conversation)….
00:16:55	S1	…if any of that prevention work?
00:16:57	S2	PrEP is a very useful tool, but it's an additional tool in the box. It's not…it's not the solution to everything, but I think it's a very positive step in terms of preventing infection in the first place. In the absence of a vaccine, then HIV medication goes to medical people who have the virus to drop that community viral load level below an infectious level, and to prevent infections in the first place, I think PrEP is really useful. Again, if they invest in PrEP it will be cheaper in the long-term. However, my issues with it are, if education isn't combined

		with the component with PrEP, then people are not going to want…people don't understand that it only prevents HIV, not other sexually transmitted infections as well. The other thing you need to ensure is that people are taking a profit. Because there is now resistance to one of the key components, PrEP, [inaudible 00:17:43], and that is potentially going to cause problems. I can't say it's definite…
00:17:51	S1	Mm-hmm.
00:17:51	S2	…because we've not actually seen the resistance in gay men yet. But the fact that there's resistance, quite relatively [inaudible 00:17:57] resistance scenarios of the world to…to PrEP that could potentially…uh, to [inaudible 00:18:02] sorry, could potentially limit its suitableness in PrEP, so we need to be aware of that. Condoms still need to be promoted. Like I said, it's an additional tool, it's not…
00:18:13	S1	Mm-hmm.
00:18:14	S2	…not the… how do I say it, it's not the…not the gold standard solution to the problem.
00:18:19	S1	Mm-hmm. Why do you think there's still…I don't know whether you've checked the National AIDS Trust and all the published, uh, statistics in November 4, 2014. Haven't seen the new statistics yet. So I might be wrong but I noticed that there's quite staggering high figures among people, or gay people between 14 and 25, and 25 and 34 years old, so really young people. Um, why do you think there's still so many…so high staggering figures among…especially these young groups of people?
00:18:53	S2	I think it's the key factors. I think the foremost point again is prevention thing.
00:18:57	S1	Mm-hmm.
00:18:57	S2	If you put the word gay or HIV on anything in schools, they'll throw you out and you can't talk to them.

00:19:01	S1	Mm-hmm.
00:19:02	S2	There's too little of attention given to aspects of…. Well, the government classed them as alternative sexualities which again is putting us in a box which isn't useful. It needs to be normalised and…and, you know, aspects of, um, homosexuality need to be included in mainstream sex education curriculums and, uh, more attention given to HIV or STIs. In that way, I think people would be better prepared, because the biggest problem is not…. The government blames young people and says it's complacency. To a degree, possibly, but the biggest problem is ignorance and lack of knowledge, and that is the fault of those in power and the fault of the education system, and also those public health professionals.
00:19:44	S1	Yeah.
00:19:45	S2	Um, we…we should be, you know, we…. If we're given the tools, we can correct that problem. So, you know, it's unethical really, we're putting a whole demographic group at risk, that's what those statistics say. The 2015 statistics demonstrate exactly the same thing, there's been no change, so. Um, uh, it needs to done at the prima-…at the secondary education level.
00:20:05	S1	Yeah.
00:20:06	S2	Um, or even younger if possible.
00:20:08	S1	Mm-hmm. Do you think that, um, the new generation gay people have a different attitude to-…towards HIV than the previous older generation of gay people who [inaudible 00:20:19] HIV in 1980s?
00:20:21	S2	Yes, I do because they weren't there. I wasn't there either, but the generation of gay men were almost wiped out by the virus. Um, they didn't go through that period of grief. They have only been around in post '95, '96 treatment era, so yes, I think they do have a different attitude towards it. Um, I think that also runs down to things like PrEP. I think um (Pause) I'd be unpopular for saying it, but I think it's been over promoted by certain elements of the gay community

		who have, uh, quite a big stake in the National AIDS Trust. Dare I say the Terrence Higgins Trust as well. Uh…but, uh, I think they are promoting that instead of looking at the real problem, becau-…which is again, a lack of education in some respects. There needs to be a bit more responsibility as well. Um, people might not like condoms, but I don't know, it's still the best way to protect yourself…
00:21:24	S1	Mm-hmm, mm-hmm.
00:21:25	S2	…in against every single sexually transmitted disease. And I can say that because I've already made that mistake, so…. (Chuckles)
00:21:31	S1	What…what interests can people get from legalising PrEP, especially [inaudible 00:21:37]?
00:21:37	S2	Uh, what was, sorry?
00:21:39	S1	What interests.
00:21:39	S2	What…what, personal interest?
00:21:42	S1	Yes.
00:21:43	S2	Uh, I think…I think that…I think people's intentions are in the right place, but I think there's a lack of willingness to sort of…acknowledge, and this was the problem in the '80s when there was the initial spread, they told problems too late. I think there's a lack of willingness to recognise within the gay community, and heterosexuals are guilty of it as well to a degree with, you know, a lot of…we don't protect its sense. I think there's a lack of willingness to recognise that some activities are more risky than others. And we need to recognise that and not condemn people. We need to do harm reduction, but we need…I mean, that needs to be said that, but you know, maybe we…behaviour change. If you really want to protect yourself, it's still the best option. And if we say that, and we're accused of being sexual health Nazis, but you know it's true. There needs to be a degree of responsibility there, I think as well.
00:22:40	S1	Mm-hmm. Um, what…in your opinion what's the role between…what's the role played by the media on HIV in general?

		And media, I…I mean [inaudible 00:22:52], um, newspapers, magazines, uh, or TV is….
00:22:58	S2	The media still sensationalise HIV. They're not interested in it. Um, there's people dying still by the millions every year in Africa that never gets reported, uh, because it's not good news. But the minute a celebrity gets HIV, it's all over the media. But that's not because they have, uh, a moral…uh, a moral intention of project-…protecting the people, it's the sensationalization, it's like a freak show, you know, like they score news off it. The same way you'll see news stories about, uh, HIV monster exposing [inaudible 00:23:29] people, or whatever to HIV or…or a dentist, you know. If the people aren't cleaning their [inaudible 00:23:34] probably a dentist expose someone…. Often there's ab-…absolutely no risk of HIV there, but it just makes good news, that's all they're interested in doing. Uh, again, I think the government should have a responsibility there. If the government is prepared to make a full-page spread on HIV as an advert in a paper, or a feature, or something like that, I think that the media at-…the media attitudes could be changed. Um, can't fault the media for doing it in a way because they are commercial organisations who want to sell news, that's how they make their money. But I think there's not hardly any attention given to it the rest of the time until something potentially goes wrong or there's…it's worth reporting.
00:24:13	S1	Mm-hmm. Do they still report HIV as a gay illness, or do they still, like perpetuates any forms of stigma towards HIV and therefore gay people who would…gay people and people with HIV?
00:24:27	S2	I think it's still is….
00:24:28	S1	Do they play a role in that?
00:24:29	S2	I think they're playing a role in perpetuating stigma against gay people, and against people living with HIV in general. I think the way they report it, like I said, by sensationalising it, it turns it into a freak show. People…uh, um, and the way it's given attention rather

		than any other condition…. You…you'll very rarely see any, a health…uh, HIV, you know, the health section that you might go in the weekends in the newspaper, if I'm go into my bag now, it's not in there, it's never in there. You'll see diabetes or…I mean, you'll see obesity, you can be as fat as you like, you know, that's culturally acceptable, but if you've got HIV, if you get it, it's not in there. I…that normalises things if it's…you know, if it's sort of featured there a bit more, um.
00:25:10	S1	Yeah.
00:25:11	S2	Again, you won't…you won't really see…. When they do report HIV, they'll…they'll report a heterosexual older woman who's acquired HIV rather than…or a haemophiliac or something rather than, uh, a gay man or a drug user…because that's not still society, that…. Again, that's perpetuating stigma. Because if they report…if they featured a story on a gay man who's got HIV, then after a period of time, if that's featured, people are going to read it and think, you know. It normalises it a bit more. People…why not include the full spectrum of people who are affected? Um, that…that's not done. Like I say, it's still a safe zone where, you know…so heterosexual acceptable person who's…who's featured there, or someone who's got a…a transfusion or something like that, you know. They're innocent victims of AIDS. That's what they've been called in the media before, uh, in the early days. It was a headline that I've seen, but, um, it's still…still relevant today.
00:26:13	S1	So, would think that the representation of gay people with HIV is still off the radar in…
00:26:17	S2	Very much so.
00:26:18	S1	…in the media?
00:26:19	S2	Very much so. I can't remember the last time I've seen a gay man with HIV featured in…. In fact, the last time I can remember is when there was a talk of…of, uh, a gay man transmitting it to other gay

		men, and that was the only time. It was about, you know…
00:26:31	S1	Mm-hmm.
00:26:34	S2	…about 5 cm of press that was it. And again it was sort of reporting a negative rather than than…. Or, you know, why don't they feature, uh, from a historical perspective or a current perspective, all the good work the gay community's done in both preventing HIV, and getting a treatment? Because it was the work fundamentally done by gay man in the early days…I mean, the treatment's available now and, you know, the support and things are…very little was done by the mainstream heterosexual community at the time. Um, money was raised for research by the gay community at the time. I mean, not…rightly so because we were the most effected, but, uh, even so you know, it's…it's not given enough recognition that that wa-…that was the case.
00:27:25	S1	Mm-hmm.
00:27:25	S2	Uh, but I can't remember the last time it was reported, you know, that…that, you know, gay men raised that money and…and, you know. And even a lot of HIV organisations are even guilty of it now. They forget that that their origin was as gay organisations in the first place. Uh, again, because it secures funding, because it's more acceptable to be a mainstream organisation than it is to, you know, target specifically any who are already socially ostracised I think.
00:27:56	S1	Mm-hmm. As a gay or bisexual man, uh, with HIV, are you more…when you consume the media or when you consume newspapers, are you more alert if you see an article written about an HIV? Are you more alert to see how it's been wor-…worded or it's been represented, it's been fair-…fairly represented or not?
00:28:12	S2	Uh, I'm probably guilty of not being too concerned about equality, and I probably should be more. I'm more concerned about the scientific content of the article.
00:28:22	S1	Mm-hmm.

00:28:24	S2	Because I think misreporting perpetuates the stigma, and if the information is not correct, I will read the article, and I'll quite happily write into the newspaper. I've never had a letter printed, but I'm quite happy to write into the newspaper, and…and, uh…to you know, tell them why their particular opinion is incorrect.
00:28:42	S1	Mm-hmm.
00:28:43	S2	Um, better still, you can tell Terrence Higgins Trust and they often lobby in the media, or explain that's one thing they do do and tell… tell them that you know, that what they're reporting isn't incorrect, um, even when it's featured in other sort of media like soap operas and things.
00:28:59	S1	Yeah.
00:29:00	S2	They do tend to consult often as now to sort of get a realistic interpretation of how it would be if it's (Overlapping Conversation), which is better.
00:29:07	S1	Yeah. And because you mentioned about the HIV and stigma, in what respect, uh, can you see there's still stigma towards the condition towards people, in…in this case, gay people with HIV?
00:29:21	S2	You can't openly tell the people even now. And the gay community is guilty of discriminating the stigma itself. Many people do what we call serosort which means they will, uh…negative people don't always like to go positive partner even though there's no risk to them because they're more likely to catch it off the person, but they don't…the person who, uh, is negative who doesn't know they have it and they are the person who's actually disclosed to them that they've got HIV. Um, and that's a problem with the gay community itself, you know. Uh, you wouldn't have thought so but it is still there. Um, I think stigma still exists. Personally I've had encounters with healthcare professionals, I've had dentists where, uh, I've not been denied treatment, but they've, uh, they've made it quite clear that they're uncomfortable treating me, or they've ask questions, you

		know, like, "How did you get it?" or something like this and things that just aren't relevant. Uh, luckily, I'm in a position where I can…if they've got…what they're doing is quite clearly wrong, I can answer it, you know, on the professional level as well but not everybody has that knowledge to be able to do that, you know.
00:30:26	S1	No.
00:30:26	S2	That may stop them from seeking treatment or employment, or opportunities and that's really wrong and it wouldn't happen with any other condition. Um, again, it's because it's a sexually transmitted disease, I think so…
00:30:37	S1	Yeah.
00:30:38	S2	…but it wouldn't happen with any other condition. They're quite happy treating you if you've got heart disease or diabetes, but if you say HIV, then it's a bit more, you know, a bit more difficult.
00:30:50	S1	So the very effect that people don't come out as being HIV-positive can kind of perpetuate this kind of stigma as well, don't talk about it publicly and openly?
00:31:01	S2	I don't think people will talk about it publicly. Uh, I think in, uh, this…I think you need to…. This is used in the media, it's used by the gay community a lot as well, but I think we need to drop the term coming out as HIV-positive as well. Because I think you are telling people you have a medical condition, you shouldn't have to sort of sort of make it, uh, an event where you have to come out and…. Because that's sort of makin…. (Sighs) How to describe it? It's making it your sort of…it's putting the responsibility on you for people's reactions whereas it's really their problem if they can't deal with the fact that you've got a medical condition, you know, I think.
00:31:39	S1	Mm-hmm. It's literally like being gay, coming out as gay, there's no need to come out?
00:31:44	S2	Yeah. I think that…I think….
00:31:46	S1	Like lots of heterosexuals?

00:31:46	S2	I think that's true as well. I think that's where the terminologies come from. And if someone's gay, then they're gay. They shouldn't have to feel that they are under some obligation to announce that to the world. People should just be able to deal with it the same way they should any other person or characteristic.
00:32:01	S1	Mm-hmm.
00:32:02	S2	Again, it still perpetuates a lot of stigma towards sexuality as well. You shouldn't have to have the…this stage of coming out or a degree of coming out to some people. Again, if people can't…if people can't deal with it, um, then it's sort of their…their issue. I mean, you don't…. If you…if you're a black man, you don't come out as being black, or if you're a woman, you don't have to come out as being female, do you? So why should it apply to any other characteristic, of an illness or a sexual preference?
00:32:29	S1	Yeah, just my view as well, I didn't mean to...
00:32:32	S2	You can't decide if you're gay for not, it's just bisexual or whatever. It's who you are and that's it. If people can't accept it, whether they're your relatives or whether they're anybody else, then they have to come to terms with that about you, so….
00:32:44	S1	So, it shouldn't be on you.
00:32:46	S2	You can- if it's a genuine thing and it's…it's just, uh, it's not unkindness, or it's ignorance and, and you can explain that. I'm quite happy if someone's got a question about HIV. I mean, sexuality, um, I can only speak for myself, but if someone wants to know something about HIV, if it's…if they don't understand how it's transmitted or that that they can't catch it, I'm quite happy to explain as long as they're not deliberately bigot and unkind about it.
00:33:09	S1	Yeah.
00:33:10	S2	I think that's what you should do because that's going to help people. Again, not everybody who has this diagnosis is in a position to do that. But you know, I think that's how you help people understand a

		bit more about it.
00:33:20	S1	Mm-hmm. So, it's another way of tackling this problem then by spreading the knowledge of this?
00:33:27	S2	It's a way of reducing the stigma I think. And I think it's also…that's our responsibility. We shouldn't rely on (Pause) how should I say? There's too much…there's too much of a lack of learned helplessness as well within the HIV community so far as I see it if you like.
00:33:46	S1	Yeah.
00:33:46	S2	That they think it's other people's responsibility, be it an organisation or, you know, why should we look to negative people to tell us, uh, to tell people about our condition? We need to do that off our own back. And until we stop hiding or whatever…. And I do too, I don't tell everybody. But until we stop hiding behind it, then and do- are prepared to tell people then that's not going to change. And that's how it was, you know. Looking at gay history I don't know too much about it, but I've read things. Looking at that 30 years ago, I mean I think the…the HIV epidemic was a turning point in that because it showed that the gay community could pull together and do things. But 30 years ago you know, the gay community came together and changed people's perceptions. So, I think that needs to be done again now with the HIV-positive community with everybody who's affected, not just…it's not just the responsibility of gay people with HIV, but that everybody who's positive needs to stop doing that.
00:34:41	S1	Okay. Yeah, basically that's it.
00:34:44	S2	Okay.
00:34:44	S1	Yeah.

[00.34.44]

[End of Audio]

Duration 34 minutes and 44 seconds

D. HAVE TO – SAMPLE CONCORDANCE LINES

HAVE TO

Final sample of concordance lines organised by deictics

Animate deictics

WE – active

We AS A SOCIETY - Prosecutions, however, are encouraging those at risk of infection to misinterpret a partner's silence optimistically. At the same time, the character assassinations and scaremongering about HIV in the media are making it even more difficult for those with HIV to talk about it. It is a disaster for public health. We do not as a society HAVE TO punish every action we deplore. Particularly if the likely impact will be to make those actions more likely to occur. There is a better way: end the stigma that makes some people tongue-tied or in denial about their HIV status; provide properly resourced care to help people come to terms with their diagnosis, negotiate condom use and talk about HIV to partners; encourage everyone to use condoms and not make assumptions about the sexual health of others. The language around HIV seems to be regressing to the early 1980s, 2006-08-03_The_Guardian_Final_Edition_3063

We - "We don't compartmentalise and put people into boxes. That's what happened to the gay community, but I don't think that's the way forward". She pointed out that in Africa at least 600 people die from the disease every day. The most desperate problem facing the organisations trying to combat AIDS is lack of funding. More Government money is needed if the epidemic is to be brought under control. She said: "If there is not enough money coming in, we will HAVE TO close". The grim local picture came as new UK figures revealed that the number of HIV cases in the UK had jumped nearly 20 per cent in the year. The Health Protection Agency said that there are 49,500 people in the UK living with HIV, nearly 20 per cent up on a year ago. 2003-12-01_Luton_Today_0813

We - This is on top of the 40 per cent increase seen between 1996 and 1999. Barry Evans, head of the HIV and Sexually Transmitted Infection Division at the PHLS, said that the latest figures show that there is no room for complacency over a virus that still manages to infect new people despite the avoidability of transmission. "As health professionals, we HAVE TO find new ways of making the risks of HIV clear to the public, and in particular to young people who were not around for the high-profile HIV awareness campaigns of the 1980s," Dr Evans said. "Over 20,000 adults are now living with an HIV diagnosis in this country, and with a new diagnosis being made on average every three hours in the year 2000, that number is growing. 1999-11-28_The_Observer_0125

We - Smoking and buggery can both kill you, by exposing you to diseases you would not otherwise get. If homosexual acts were as common as smoking, we would HAVE TO bury the victims in mass graves, because AIDS slays so much faster than cancer, heart disease or emphysema, and carries away the young as well as the old and middle-aged. Smoking and homosexuality are also actions of choice. Both are considered to be pleasures by those who indulge in them, though their delights are a mystery to those who do not. Yet, despite these parallels, modern Britain treats them almost as opposites. Smokers are blamed for their illnesses, and doctors threaten to withhold treatment from persistent offenders. 2000-12-17_MAIL_ON_SUNDAY_0902

We - In recent years there have been few cases of this section of the code being invoked against consenting adults. In theory the section applies to oral and anal sex, whether between partners of the same or opposite gender. But its use has been chiefly confined to sex crimes against minors. The question now is whether, after the central role played by sex in this high - profile case, textbook offences inherited from colonial law can be decriminalised. "We HAVE TO be very, very careful," a campaigner for sex awareness said. "Everything has become political." No one wishes to talk on the record, and even organisations named in the telephone book ask not to be mentioned. Those campaigning on a wide range of sex-related issues, from Aids education to the rehabilitation of sex workers, have always kept a low profile. Islam condemns homosexuality and is generally hostile to contraception. 1998-11-04_The_Guardian_(London)_5445

We - We don't think it is a problem any more. But it has not gone away. Deaths are just being postponed.' This fear is supported by US statistics. Aids death rates also plummeted there when combination therapies were introduced but have already bottomed out and begun to rise. 'It's an area of real concern,' said Andrew Ridley of the Aids support group, the Terrence Higgins Trust. 'We are probably about three years behind America in terms of Aids trends, so we will HAVE TO be very careful and vigilant about this.' In the US, the problems go beyond the complexity and expense of combination regimes. Worryingly, scientists have found that some HIV strains have developed resistance to the new drugs. Earlier this month it was revealed that up to 30 per cent of Americans newly infected with HIV now carry a strain resistant to the new drug therapies. 1999-02-28_The_Observer_0411

We - Speaking a quarter of a century after the term Aids was coined, Dr De Cock said large-scale heterosexual spread was unlikely to occur anywhere outside sub- Saharan Africa, where more than 11 million children have been orphaned by the disease. He said: It is very unlikely there will be a heterosexual epidemic in other countries. Ten years ago, a lot of people were saying there would be a generalised epidemic in Asia China was a big worry with its huge population. That doesn t look likely. But we HAVE TO be careful. As an epidemiologist, it is better to describe what we can measure. There could be small outbreaks in some areas. Dr De Cock, the Belgian-born head of the WHO s department of HIV/Aids, also admitted there were elements of truth in criticism that the vast sums of money being spent on mass education campaigns would be better targeted at high-risk groups. 2008-06-09_Daily_Mail_(London)_3633

We - Director Rob Hastie, who was shortlisted for last year's Evening Standard emerging talent award, said: "Theatre always does it first." He believed the play had fresh relevance, with HIV infection among gay men in Britain reaching an all-time high last year, according to Public Health England. "The landscape is different. There's a perception that it's no longer a death sentence, so less care is being taken for prevention. But there is still no cure. We HAVE TO be careful about being too happy," he said. Evan Davis, the Newsnight presenter, said on Twitter that the play "should be required viewing for gay men under 25". 2015-01-23_standard_co_uk_2985

We (ON BEHALF OF THE FEDERAL CENTRE FOR DISEASE CONTROL IN ATLANTA) The virus has been found in a gay New Yorker in his 40s. Full-blown AIDS sets in within two to three months, in contrast to the nine or 10 years that is normally the case. Drug Ronald Valdiserri, a deputy director at the federal Centre for Disease Control in Atlanta, said: "We HAVE TO use this as a wake-up call to remember that HIV is still a formidable adversary." The superstrain was dubbed "3-DCR HIV" because it is resistant to three of the four HIV drug classes that are currently in use, which amounts to 19 of 20 drugs that are rendered useless. The infected man, who was diagnosed in December, is believed to have contracted HIV in October. 2005-02-13_The_News_of_the_World_0684

We (AS HEALTH PROFESSIONALS) Barry Evans, head of the HIV and Sexually Transmitted Infection Division at the PHLS, said that the latest figures show that there is no room for complacency over a virus that still manages to infect new people despite the avoidability of transmission. "As health professionals, we HAVE TO find new ways of making the risks of HIV clear to the public, and in particular to young people who were not around for the high-profile HIV awareness campaigns of the 1980s," Dr Evans said. "Over 20,000 adults are now living with an HIV diagnosis in this country, and with a new diagnosis being made on average every three hours in the year 2000, that number is growing. The prevention messages have never been more important than they are now," he said. Dr Evans said that the latest figures 2001-01-26_The_Independent_(London)_1690

We health workers in Birmingham have tried to educate through leaflets and seminars in an attempt to break down the silence that surrounds the disease, and to dispel the social stigma attached to it. But much of the literature remains untouched in the display racks in doctors' surgeries -Asian women, in particular, are too embarrassed to be seen taking a leaflet in case it is assumed they live an immoral life and suffer from the condition. And the meetings, though well attended, tend to attract mainly professional workers. "We HAD TO find a way to grab the community's attention, as the message about the risks of contracting HIV and Aids was just not getting home," says Ballagan. "And what better way than to use a Bollywood movie to raise awareness? It's a vehicle they recognise as their own and enjoy. "The objective of the film is to engage the community in dialogue. We know there is growing promiscuity among the young, that extra-marital affairs occur, and that the use of drugs is on the increase. 2002-09-18_The_Guardian_(London)_1852.

We - part of a national strategy on sexual health which will focus on reversing the rising trend in STIs among young people. There is concern that both heterosexuals and homosexuals are ignoring safer sex messages. Professor Michael Adler, an STI expert who led the development of the strategy, said: 'We HAVE TO be honest and admit that the rising trends of STIs and HIV, associated with the fact that the safer sex messages of the 1980s are no longer being adhered to, mean that we have a major public health problem that we HAVE TO face up to.' Provisional figures for 2000 released by the Public Health Laboratory Service (PHLS) for England and Wales show new diagnoses of chlamydia increased from 53,221 in 1999 to 62,565 in 2000 an 18 per cent rise. 2001-07-28_DAILY_MAIL_(London)_1573 - 2001-07-28_The_Sun_1345 - 2001-07-30_THE_BRISTOL_POST_1569.

We A United Nations Development Report due to be published this week will show that life expectancy rates in the region are tumbling. "I'm ready this time. Now that I've seen it I know what I'm going to be looking at and I've switched mental channels in preparation. What's important now is fighting for these women. "They are strong, indomitable people who have endured countless horrors and still come out swinging, but they cannot do it alone." "We HAVE TO get people to stop and listen, to raise the profile of the disease again and make them realise that Aids is not something that we dealt with in the 1980s and can forget about. I know that some like to think that this only an issue for drug addict s and homosexuals but that's simply not true. 2000-06-25_The_Sunday_Herald_1036

We Complacency There was a good decline in HIV until the mid-1990s and then it went up again. Now there are five new cases every day in London alone. Death We HAVE TO die, that's the only certainty we have. My ambition is to die healthy. Our aim should be to have a long and healthy life, where the last years of life are not totally debilitating - that's what we HAVE TO work on. 2015-03-20_telegraph_co_uk_2945

We – those people with HIV - When I tell friends I have HIV they assume I will be dead in two to three years,' says Dr James Deutsch, a former biology lecturer at Imperial College and now chief executive of the Aids charity Crusaid. 'Not only do we still HAVE TO face terrible ignorance but people are deprived of being able to start treatment at the optimum time because they aren't being tested. For years I didn't get tested because there was nothing I

could do if I was positive. Today there is something you can do.' Deutsch was diagnosed as being HIV -positive two years ago. He believes he caught the virus from a sexual partner while working in east Africa. 'I had the test when I got shingles. I'd done some foolish things. 1997-05-12_The_Guardian_(London)_4379

We - Mr Cash said HIV was known to be capable of exploding through the straight population. He said: "We only HAVE TO look at what's happened in Africa. In some areas, 25 per cent of the sexually active population are infected. "People under 25 are very unlikely to have any memory of the national, high- profile campaigns that had impact at the time. We need to remind people that Aids has not gone away." 2000-12-21_UK_Newsquest_Regional_Press_This_is_Lancashire_0899

We - Dr Piot said the strategy HAD TO be focused on changing the behaviour of men while relying on technology - especially the development of microbicides - to protect women. "In order to make sure women become less infected we HAVE TO target men. That is fundamental. We have got to have long-range efforts to change the norms in society," he said. Efforts to develop microbicides - creams placed in the vagina before intercourse which would kill the HIV virus - had reached the trial stage, he said, and held out greater promise for protecting women than an Aids vaccine. "That would dramatically change the course of the epidemic like the contraceptive pill did for birth control, 2004-07-07_Belfast_Telegraph_3331

We - n sub-Saharan Africa, Aids is a summarily executed death sentence: the drugs used in the west are not only too expensive but too complicated to use. In countries where to have one meal of corn porridge a day is to be fortunate, drugs which HAVE TO be taken with certain foods at certain times of the day are not a viable proposition. In the UK, this expensive treatment is freely available. What we HAVE TO remember is that there is no cure, and the side effects of the drugs are distressing. Two-thirds of the UK population has not changed lifestyle to take on board the risk of HIV/Aids. The new figures mean we must all accept responsibility for our own health and that of our sexual partners. The messages of the 1980s were a confusing mix of the apocalyptic and the coy. 2000-12-02_The_Herald_(Glasgow)_0936

We "I already do some work telling young people about HIV and AIDS but we can't talk about homosexual sex - despite the fact that it's young men who are most at risk. "We HAVE TO be able to do something to get rid of the idea that it is unnatural. 1998-07-28_Evening_News_(Edinburgh)_4142

We - of the female cases were in girls aged 16 to 19. The Government wants to cut new HIV and gonorrhoea infections by a quarter within six years. But experts say it will have its work cut out. The figures mean that young people in particular, are failing to heed the safer sex message that managed to halt the worst ravages of HIV in the 1980s and early 1990s, experts said. Government adviser Prof Michael Adler, of University College, London, said the campaign was vital to educate young people. "We HAVE TO be honest that the rise in sexually-transmitted diseases and HIV means that the safer sex message is not being adhered to and that we have a major public health problem, " he said. Complacency over HIV and Aids and ignorance of the dangers of other infections lie at the heart of the crisis, he said. New research from the Public Health Laboratory Service shows that a quarter of 14- to 15-year-olds think the Pill offers protection from infections, while more than a third of sexually active teenagers use no contraception. 2001-07-28_The_Express_1343

We - The problem is to try to destroy it always appears to be the easy option - the quick fix. The trouble is, evil is remarkably resilient. Try to destroy it and so often it ends up destroying you. The consequences of attempting to destroy evil are hatred, bitterness and anger. Long after the particular circumstances have passed, these emotions remain. They haunt us to death, they destroy us from within. Don't try to destroy evil, confront it - with what? With courage. We HAVE TO believe that evil can be overcome, that it can never have the last word. Aids is not a judgement upon evil, it is an evil in itself. Therefore we should not condemn those who suffer from the effects of the virus; many are already condemned to their fate. Rather we HAVE TO seek to overcome the evil that is Aids. We must be prepared to confront our prejudices and overcome our fears. We must have sufficient strength to believe that the virus can and will be cured. 2002-08-17_South_Wales_Echo_1892

We 'Facing up to Aids', one of the first programmes to inform people about this new disease. Then anyone who thought there was any risk they were carrying the disease was advised to keep quiet. Honesty would probably lead to social and professional suicide, and no insurance cover for anything. Even in the 90s, as portrayed movingly in the film Philadelphia, Aids was a no- no. The film taught us many lessons on tolerance, but did nothing to lessen the social stigma, or insurance firms' insistence that we HAVE TO be questioned on our sexual history in case they actually might HAVE TO pay out. Today Chris Smith is leading the way in a world fraught with difficulty. But his message is positive - he has lived with this cruel affliction for 17 years, healthily, pursuing a stressful and important career. More reason for people who are HIV sufferers not to feel afraid, and more reason for the rest of us to be completely accepting. PANDORA Chris Smith in spat with local council over gay rights bash Chris Smith's stock in the gay 2005-02-06_Wales_on_Sunday_0694.

We - hat, too, told a story of the "chill wind of recession", staff redundancies, welfare cuts and structural changes caused by new NHS and community care laws. "We understand all this. It's in the DNA of the charity that it will continue to innovate, continue to challenge." THT has been blamed in some quarters because of the stubborn increase in the number of gay men with HIV. "We HAVE TO be realistic about what is our aspiration? Is it zero new infections? Because that's a massive challenge for any new infectious diseases, particularly one where transmission happens in the most passionate parts of our lives." He is optimistic about the imminent emergence of regulated self-testing kits, and the possibility that drugs may be developed which prevent HIV transmission. As he bows out of the charity to pursue other interests in health and social care, he looks back with some regrets - for example, the failure to get sex and relationships 2013-10-30_The_Guardian_Final_Edition_2523

We - Better health will not come from shutting our eyes. In my view, HIV will not be defeated until there is a vaccine. The polio vaccine shows just what can be achieved. A vaccine will not end the prejudice with HIV but it will give us the means to go around it. The trouble is that a vaccine is still some distance away. There are encouraging signs but we will HAVE TO be patient and finance the research. For the next years, we will HAVE TO make do with the measures we have. There is opportunity for expanding treatment as the older drugs come off patent. But none of this will work if prejudice and discrimination continue to prevail in so many parts of the world that you cannot persuade men and women

living with HIV even to take a test. For those who believe that the issue of Aids has gone away I would say: think again. 2014-06-08_The_Guardian_2768

We - I don't really need any more "awareness", thank you very much. I know that you catch Aids by using dirty needles to take drugs, by having unprotected sex with someone you don't know, or by being a cocoa-shunter at the Bourneville factory. Or, in one case in a million, you are desperately unlucky and have been infected by a contaminated blood transfusion. For those people, I have real sympathy. But we HAVE TO keep a sense of perspective about this. Aids is not the only, nor the most dangerous, incurable illness doing the rounds. That is without doubt the quite devastating disease of cancer. I am prepared to wager that cancer has, or will, touch every family in this country. It is almost as incurable and untreatable as Aids. Yet how many limp- wristed comedians, self-important politicians, right-on actors, popularity- seeking princesses, millionaire pop stars or trendy vicars do you see staging fund -raising events for cancer 1998-12-02_THE_BRISTOL_POST_5355

We - "Many people are turned off by AIDS because they think it's hopeless," said Tom Stoddard, a lawyer and AIDS sufferer who sits on the board of AMFAR. "Sharon Stone will hopefully regenerate interest in this issue so that it is once again a priority for the country." An even bigger challenge that faces AIDS activists is the continued lobbying of government. People with HIV and AIDS are now living longer than in the early years of the disease and need greater medical and welfare support. "We HAVE TO make people realise that putting on a red ribbon is not the same as really doing something," said Daniel Wolfe . "It's not the same as voting people in who support AIDS funding. Five or ten years ago we had denial and hostility, but now we have a kind of complacency and a superficial acceptance of the issue. It's very hard to pierce that and say: 'Take it the next step, do something'." Why have British women writers become so sleazy? Tomorrow a Pounds 25,000 1996-05-20_The_Scotsman_3388.

We - The way we work is risk reduction, which is about giving people choices. A new approach people are working towards now is harm reduction, which is looking at trying to reduce men's exposure to HIV infection. 'There are people who are not prepared to give up having unprotected sex, so we HAVE TO work with them to make sure they at least know how to reduce the risks. 'If you start by having a single very simple prevention message you

totally alienate these kinds of men.' The work carried out by the Mesmen Project is wide-ranging for this very reason. Set up five years ago, it was initially aimed at helping men who go looking for casual sex in public places, such as parks and commons. 2001-01-22_Birmingham_Post_1709

We - Dr Gwenda Hughes, of the PHLS, said: "We HAVE TO make sure that young people, and young women in particular, have access to clear and accurate information about sexual health. "This must include not just pregnancy but sexually transmitted infections as well." Family Planning Association director Toni Belfield stressed new attitudes to sexual health HAD TO be formed. She said: "People need to know that the majority of infections are treatable and there should not be a stigma to catching a social disease. "It is no different to catching a cold or flu from someone you know. " 2001-07-28_Daily_Record_1572

We - A day of prayer was also taking place at the Park United Reform Church, in Llanelli, today and there will be information displays at the Taliesin Arts Centre all next week. "We HAVE TO make sure that the profile of HIV and Aids is kept in the public eye," said Councillor Francis-Davies. "The whole aim of this event is to raise awareness and Swansea Council is delighted to be involved with it." 2001-12-01_South_Wales_Evening_Post_1751.

We - some gay men to make other gay men use condoms all the time. That was our greatest hour as a community " when we started helping each other, and expecting that we take care of our own. Now, here we are again, faced with a situation where the health of many gay men is under serious threat. We need to start helping and pressuring each other again.' If we want to avoid a renewed crisis, we HAVE TO do something that is temperamentally very difficult for gay people: we HAVE TO restigmatise unprotected sex and make crystal meth socially unacceptable. For a community whose whole purpose has been stripping away stigma, this will be wrenching " but the alternative may be another mass culling of the gay population. We should not offer disapproval for puritanical reasons; it's simply a matter of collective survival. As the playwright Jeff Whitty puts it: 'I don't care what kind of sex anyone has. But we have a problem. And we need to start dealing with it if we don't all want to die 2005-11-07_The_Independent_(London)_0652

We - "You can't tell if someone has HIV until they've passed it on to you. "I didn't think it would happen to me because you think it happens to other people, dirty people, people who sleep with 20 different people in a month." He says it has helped him to put things into perspective. "I'm now beginning to realise that we are only here for a finite amount of time and we HAVE TO make our existence here matter," he said. "Matter to yourself and matter to others." He said he was lucky to have a very supportive family and partner. He also praised the "wonderful" support he had received from Middlesbrough-based HIV charity Teesside Positive Action. Development worker James Woods said: "Anybody is at risk of contracting HIV if they do not practise safe sex." 2005-12-06_Evening_Gazette_0576

We - Thousands of brave souls fought through the fear and terror to catch the imagination of the world - and people started to try to tackle Aids across the globe. When we started Stonewall, the first activists founded the Terrence Higgins Trust in memory of their friend, and gay men in New York played dead in St Patrick's Cathedral as part of an Act-Up protest, we HAD TO invent a sense of political legitimacy. Now, as the struggles move beyond the basic legislative programme of equality, we can feel the scope of gay activism broadening. No longer the pained howls of a minority against discrimination, it operates on the maturing realisation that the rights of lesbians and gay men illustrate the freedoms and responsibilities that we all deserve as citizens - being parents, being respected as next of kin, being protected by decent inheritance laws. 2004-02-05_The_Guardian_(London)_Final_Edition_3291

We - "Further work is needed to explain this trend." A spokesman for the National Aids Trust said: "These infection figures are extremely worrying. "We are concerned that the UK is losing its way in HIV prevention and more needs to be done to increase awareness." He added: "The drug therapies are extremely tough regimes which many people find difficult to stick to, and often have very unpleasant side effects. "We HAVE TO give people who are taking these therapies a lot more support, and also look at new, more effective and less unpleasant treatments." 2000-01-28_The_Gloucester_Citizen_1310

We - The Catholic church in Scotland said the rise showed that the government needed to reassess the message it was conveying to people about sexual activity. Doctors fear that a potentially dangerous complacency has set in because the predicted Aids epidemic failed to materialise in Britain. The number of heterosexuals being diagnosed with HIV is now

overtaking gay men and drug injectors. "This is a very important observation as the rise is so dramatic," said Goldberg. "It may be that it is just a blip and will tail off but I think we HAVE TO take such a rise very seriously indeed. This will be a manifestation of complacency setting in." Dr Hugh Young, director of the gonorrhoea reference laboratory called for urgent effective prevention campaigns in Scotland. "It is worrying that health education messages are not getting through," he said 2000-08-27_Sunday_Times_(London)_0867

We - And, at the more public level, there was the realisation, as the death-rolls were read out and published in ever increasing length, of the breadth, depth and weight of gay culture. It has been a long journey from the secret suffering of Rock Hudson, but now, as cutbacks and reorganisations threaten the autonomy and efficiency of the country's leading Aids units, we are also HAS TO face the fact that like so many other more frivolous things that we started, this is a disease that has crossed over. It is increasingly part of a larger picture. As the gay community got smart, active and vigilant, the spread of the disease moved to new demographics - but the reputation and name, the 'Gay Plague', was always a distortion. New and growing communities of sufferers are increasingly visible here, but the massive tragedy is, of course, in the parts of the world neglected by news 1996-09-21_The_Guardian_(London)_4498

We - The screening of expectant mothers was likely to identify between ten and 30 new cases of HIV in the city each year, he added. 'No-one will be forced to have a test if they do not want it,' he said. 'Women will be offered proper counselling and be able to make an informed decision. 'We already offer tests for syphilis and hepatitis B. This is just an extension of those tests to a different disease. 'We HAVE TO put the costs of offering the screening programme against the trauma of discovering a child has been born with HIV and the possibility of them becoming orphans.' 2001-02-13_Birmingham_Post_1522

We - the messages given to children and young people need to encourage equality, and a positive outlook on life. This World Aids Day we need to see positive moves: for an equal age of consent at age 16, for repeal of Section 28 of the Local Government Act, and for withdrawal of the proposal to make the transmission of conditions such as HIV a criminal offence - as this would increase the likelihood of driving HIV underground by discouraging

young people from coming forward for testing, advice or treatment. We HAVE TO end the discrimination surrounding HIV. A good start would be to remove the barriers, such as those related to gay sexuality and represented by the cuts in benefit brought in by the Asylum and Immigration Act 1996. HIV is a disease, not a "disorder". 1997-12-02_The_Guardian_(London)_5025

We - According to a yet-to-be published government survey of UK schools carried out by the teenage pregnancy unit, 83 per cent of men and 80 per cent of women aged 16 to 19 said they would use a condom for first intercourse. 'We were amazed by the number of young people who said they would use condoms and realised that we would HAVE TO look elsewhere for the reason for the rise in STDs,' said Wellings, who carried out the research. While poor sex education meant young people were failing to use condoms with enough consistency and care, Wellings realised that the main problem was that because young people are having sex earlier and settling down later, there is simply more time in which to contract disease. 'In the 1950s, 60 per cent of women had sex for the first time with a man to whom they were engaged or already married, 2002-06-09_The_Observer_1874

We - The reports that some local people think it's terrible gives you an idea of what the masses think. That's what I find sad. "If I had children I would certainly let the come and see it. "Kids aren't frightened of uncomfortable issues or homosexuality unless we make them uncomfortable." The director of Walsall's public health team Dr Sam Ramaiah said he was proud that the local health authority had given £7,000 towards the cost of the £17,500 exhibition. He said: "We HAVE TO accept that AIDS is here to be tackled and managed. We have collaborated very actively in this show and are very pleased with it. "Everything in life is shocking but there are some people out there who need to be shocked if we are going to get the message across." 1996-02-17_Press_Association_3552

We - Dr David Ho, one of the world's top Aids researchers and director of the Aaron Diamond Center, has stressed that the triple therapy approach is an experiment only, and that no one has been cured to date. What excites him is that the most virulent aspects of HIV appear to be knocked out by the cocktail, and this raises the question: "how long would we HAVE TO continue with the drugs to kill the virus? The answer, based on analysis and the limited experience so far, is one to two years, Dr Ho believes. However, longer studies

involving many more HIV-infected people are necessary, and the long-term result may prove to be different PAPERBACKS Black Sea: The Birthplace of Civilisation and Barbarism by Neal Ascherson, Vintage pounds 7.99. Neal Ascherson won the Saltire Award for best Scottish book of the year for this, though there is nothing particularly Scottish about it beyond the author's birthplace 1996-07-13_The_Independent_(London)_4582

We (gay people) - "Two chaps buying a place together eh?" they thought. "Fishy." Lester, from Barclays insurance, who wears a ring on his left hand engraved with his initials, telephoned to say that in order to get life insurance to cover our mortgage, we would HAVE TO take some special tests. What tests exactly? "HIV tests," he said. Was this standard practice? "No. It's because you are two men buying together." If one of us was a woman, all would be well. Two men, however, and we are what they call "a risk". We are a risk not because we might be two ragingly heterosexual men who engage in non-stop, unprotected sex with a chocolate box of exotic partners, or because we might be mainlining heroin from 1997-11-18_The_Times_5059

We (politicians /government / conservatives) - The Conservative group leader at the City of Edinburgh Council, Daphne Sleigh, pointed out that any major change in the curriculum would require the Government to introduce legislation, as Section 28 of the Local Government Act 1988 bans local authorities from promoting teaching about homosexuality. "This is an area where councils HAVE TO tread very carefully in order to avoid breaking the law," she said. "Even if this legislation was changed, we would still HAVE TO achieve a very delicate balance between satisfying the demands of gay organisations, who want to increase the amount of information available to schoolchildren, and the understandable concerns of some parents about their child-ren being influenced at such a vulnerable age." Jack Duffy, the secretary of the Glasgow National Association of Schoolmasters and Union of Women Teachers, said that, even if the current legislative restrictions on providing information about homosexuality in school sex education were lifted, other social constraints remained. 1997-12-02_The_Scotsman_5029

We - The total rose by 2.4 per cent in 2006 to 621,300, of which 60 per cent were new cases. The biggest increases were in cases of genital herpes, genital warts and chlamydia, the commonest sexually transmitted infection. Cases of that disease rose by 4 per cent to 412

113,485. Professor Peter Borriello, the director of the Centre for Infections at the HPA, said: "We HAVE TO get the message across that a casual shag should not mean syphilis, gonorrhoea, chlamydia or any other STI. We need to change attitudes to condom use. It should be clunk-click every trip. He added: "We need to reinforce the safe-sex message for gay men, young adults and the broader community. The best way to protect yourself from contracting an STI including HIV is by practising safer sex using a condom with all new and casual partners." Valerie Delpech, head of HIV surveillance at the HPA, 2007-11-24_The_Independent_(London)_3144 + 2007-11-24_The_Mirror_3145

We - As new figures show a 20% rise in the number of males contracting the infection a consultant in health protection told the Daily Mirror people need to practice safe sex and reduce the number of partners they have. Dr Neil Irvine said: "The safer sex message of the 1980s has been forgotten. Maybe people perceive themselves to be less at risk but that is part of a picture that has been seen across western Europe and most of North America. "We HAVE TO get the message out there for people to get themselves tested so that if they are HIV positive they will not spread it. Secondly the sooner you are diagnosed the better the outcome is." The total of HIV cases in Northern Ireland rose by a fifth last year and 53 involved homosexual men, a report for the Public Health Agency said. The total number of new HIV diagnoses in Northern Ireland rose by 20% to 79 last year. There are 474 people living with HIV in Northern Ireland, 2011-12-01_The_Mirror_5555

We - Newsome said: "Another one of the interviews was with an Indian doctor who worked in the field of sexually transmitted infections. "He found that in parts of south east Asia repression of homosexual men by Islamic tradition saw them forced into marriages with women. They would then go and have unprotected sex with other men and were coming back to their wives and infecting them with various STIs including, often, HIV. "The implications of which are huge. We HAVE TO have an intelligent discussion about these issues and a grown up dialogue if we're to solve and prevent further problems." What's particularly interesting about the subject areas covered are that they blur the lines between left and right, liberal and conservative thinking. "I've never really subscribed to those divisions anyway" said Newsome. "When you try and divide things up neatly between left and right it means you basically dictate to people what they should and shouldn't believe in all parts of life, which is impossible. 2008-05-30_Yorkshire_Evening_Post_3640.

We - now the single most important step we can take to halt the spread of infection in this country. 'Some communities are already making headway in this. 'Among gay men, testing rates are up, diagnoses are up, and as a result undiagnosed infection is coming down. 'Because of community-wide initiatives like National HIV Testing Week, hundreds more people with HIV now know their status, helping them access life-saving treatments and drastically reducing the chance of them passing the virus on. 'We've come so far, but we HAVE TO keep going. 'We've never been in a stronger position to beat the virus, with cutting-edge testing services and free, world-class drug treatments for anyone who tests positive. 'We know testing works and treatment works; all we need is the individual commitment and public funding to make it happen. 'If we can get this, we can turn the tide of the epidemic.' 2013-11-21_MailOnline_2501

We - As I remember writing a while ago, HIV is one of the most equal opportunity viruses I have ever come across. As Mystic Meg says every Saturday night when she reminds all the revellers going out for a good time on the town - 'It Could Be YOU!' So look after yourselves at all times - and even more so, never ever blame anyone else for your own misfortunes. We all HAVE TO take responsibility for our own actions and I hope I did just that in my lifetime. I have come to bear the consequences for this now, but blame no one but myself. I made one stupid mistake - please don't be as stupid as me and come to pay for it with your life. Tales of a city swinger From the age of six, he felt 'not as other boys'. He grew up to cruise around Hollywood with Rock Hudson. Then Aids tore into the lives of his friends. 1998-07-07_Hull_Daily_Mail_4166.

We - Downing Street refused to confirm the decision but a spokesman said: "We know people are arriving in Britain with diseases such as HIV, hepatitis B and TB. There is no doubt we HAVE TO deal with this issue. That's why we're carrying out a review." The proposals come as figures released by the Public Health Laboratory Service suggest that 6,172 new cases of HIV were diagnosed last year, compared with 4,909 in 2001. The rise is most marked among people who acquired their infection overseas - including Britons who have travelled abroad - and there were nearly twice as many new cases among heterosexuals as homosexuals. 2003-02-13_The_Times_(London)_0748

We - In response to the increasing number of HIV cases in the area and calls for more localised services, the Terrence Higgins Trust (THT) has opened a new sexual health clinic. TV presenter Richard Arnold opened the centre in Parkway in Chelmsford on Monday. Victoria Gamble, regional manager for THT, said: "A lot of people are being diagnosed but are not told anything about their illness. "With things like diabetes people get a lot of information but HIV is not talked about. "We HAVE TO feel that gap and provide that information." As well as offering advice and support, the centre provides counselling and advocacy services to help those affected by HIV and other sexually related illnesses to claim benefits or seek employment. Raising awareness of the risks is also an important issue for the staff. Victoria said: "It is worrying that people still discriminate against positive people, they are still vilified." Traditionally the disease has been linked to homosexuals but increasingly it is heterosexual people who are contracting the illness. 2008-07-17_Essex_Chronicle_4699

We - "People just don't believe it will happen to them," she said. "Every day we hear about the rise in the number of teenage pregnancies but it seems no-one has given a second thought to the fact these youngsters must be having unprotected sex. "This is not a disease that has gone away - it has simply been forgotten about. "We HAVE TO raise its profile and soon before we have a new generation of children being born with this killer disease." Last week health minister Tessa Jowell announced plans to give all pregnant women tests for HIV. The response has been incredible and last week alone Positively Women - a London- based charity with HIV and Aids - heard from more than 50 women who had just discovered they had HIV. A spokeswoman for the charity said it was vital that women took the opportunity to find out if they had the disease to give the unborn 1999-08-26_THE_JOURNAL_(Newcastle_UK)_0202

We - At the moment we don't know which are the ones that infect people. 'So we are still learning about the process of early infection, but clearly if you could intervene in the initial stages that would be wonderful. 'The other area taking up a lot of people's time is working out how the immune system fights against HIV. If vaccines are to be developed - which is ultimately the way to stop transmission - we HAVE TO know what are the important bits to put in a vaccine. But one of the problems is that the virus varies so much. It's a clever virus.' There is an urgent need to relook at the way sexual health messages get to the community Dr

Deenan Pillay In the pink FLOWER delivery giant Interflora has become the latest company to take advantage of the "pink pound" 2001-01-23_Birmingham_Post_1706

We - what Pisani calls "sacred cows" - than to condoms and clean needles. "I'm just waiting for 'climate change and Aids'," she jokes sarcastically in her book - and sure enough, this week a headline appeared in an Australian newspaper: "Global warming set to fan HIV." These were all far more palatable issues to politicians than sex and drugs, and the money began to roll in. But they are not, Pisani argues, what cause Aids. "We HAVE TO stop this nonsense now. Talking about 'vulnerability' will not stop people getting infected." Pisani's relief at being free now to "tell it how it is" is palpable. After gaining a degree in classical Chinese, she joined Reuters as a reporter in the far east, and then took a masters in medical demography in London in the early 90s. She quit the field to write her book, and people are often surprised to discover she is an epidemiologist, because her charisma and sense of irony would be more
2008-05-13_The_Guardian_Final_Edition_3649.

We - Mr Kilpatrick yesterday defended the Edinburgh-based organisation, which has received GBP 1.5million from taxpayers since its launch five years ago, and said a "change manager" had been appointed. He said: "Although HIV is a bigger problem among gay men and immigrants from Sub-Saharan Africa, we do HAVE TO reach out more to IV drug users and to heterosexuals with HIV." A Scottish Government spokeswoman said: "HIV Scotland has acknowledged the findings and has begun implementing recommendations. However, should we believe that HIV Scotland are not meeting their objectives, funding will be reconsidered." Scottish Tory public health spokesman Jackson Carlaw MSP said: "It is clear these problems need to be sorted out quickly. If they are not, we need a wholesale overhaul o f the agency. 2010-01-14_The_Express_2469

We - What do you see as the future of HIV prevention in the UK? 'We think the whole approach to HIV prevention with gay men needs to change. Campaigns HAVE TO tell it how it is. We HAVE TO tell the real-life stories of those who are getting infected and those who are succeeding at staying HIV negative. We HAVE TO give practical help to those who "slipped up" the night before. We HAVE TO re-establish community norms that promote safer sex. Above all we HAVE TO shake up the complacency of the HIV charities and

quangos, and make sure that the gay community gets value from every single penny of the limited money that's available for HIV prevention. We HAVE TO focus on what effect our campaigns are having in the real world.' 2010-11-25_Time_Out_2284

We - Martin Davies said there could be many more sufferers in the city who were being treated elsewhere anonymously, for various reasons. A memorial service was taking place in Swansea today for Aids victims. Special awareness and fund-raising events will also take place at The Exchange Bar in The Strand, Swansea, and the H2O Club in Swansea Marina tonight. A day of prayer was also taking place at the Park United Reform Church, in Llanelli, today and there will be information displays at the Taliesin Arts Centre all next week. "We HAVE TO make sure that the profile of HIV and Aids is kept in the public eye," said Councillor Francis-Davies. "The whole aim of this event is to raise awareness and Swansea Council is delighted to be involved with it." 2001-12-01_South_Wales_Evening_Post_1751.

We - "We, as adults, talk about sex, but in a flirtatious or scandalous way, not in a thoughtful and caring way that addresses this. "So many times, we serve minors alcohol. Why not serve minors condoms? It's not happening, it's just not. They should be available in the nurses' offices in schools. It's a health issue that's life and death." Stone spoke to The Times before a function for the American Foundation for Aids Research at Cannes. "We HAVE TO deal with sexual education," she said. "It's our fault as adults that we're not saving lives. There are 40 million people with Aids. This is not like 'hey, it's a Third World disease, a gay disease'. It kills more women and children than any other group. It's time to stop turning our backs. Homophobia Did you know? * Section 28, which banned local authorities from 'promoting' homosexual family relationships, was repealed in Scotland in 2000 and in England 2004-05-21_The_Times_(London)_3298

We - Angel, the transvestite, fusses over choosing a flea-market coat for her" black lover, Tom, as if they were shopping at Saks Fifth Avenue; then, while we're still chuckling, is the first of the group to succumb to Aids. The girl from Wisconsin standing next to me said she figured that we were learning that it was all right to laugh about Aids because we all HAD TO live with it, didn't we? She was 19, and far away enough from any of the problems the show depicts to feel comfortable with that. In the end, though, I fear the laughter doesn't amount to much more than whistling in the dark Windsor Watch The Prince of Wales was

pictured last week, looking like the Old Man of Lochnagar, sitting amid the obelisks of the Giant's Causeway in Co Antrim. He had arrived in Ulster on board the family yacht, Britannia, which looked magnificent and had 1996-06-30_The_Sunday_Times_(London)_3345

Exclusive – the academics/writer profession We - He went on to form a more radical offshoot Act Up (Aids Coalition to Unleash Power), now just a shell organisation in the US although the Paris branch is active, recently sheathing the obelisk on the Place de la Concorde with a giant condom. GMHC, meanwhile, remains America's largest Aids advocacy group. Establishing a permanent professorship at Yale is a natural continuation of Kramer's activism. 'The next battle is getting stuff taught in schools,' he says. 'We lived through Aids, now we HAVE TO document all of that.' Perhaps his ultimate document will be the long novel that he has been working on for the past 20 years, now running into 2,000 pages. Entitled The American People, it will be a fictional history of America, telling the story of gays' contribution to the republic. 'One of the many things I've learned is that history isn't very truthful. It has not been very inclusive of gays, and my book will be one in which gays play a much more important part than people 1997-07-15_The_Guardian_(London)_4975

We - They essentially go off and forget about any safe sex messages, don't see themselves as at risk and are therefore vulnerable to infection. "We know that last year more than 32 people came back HIV positive from holiday." Dr James Deutsch, director of the Aids charity Crusaid, said: "The message is very, very clear and it's the message that the gay community has been targeted with for years but now we HAVE TO broaden that message to the straight community as well." Deaths from Aids are falling partly because of the introduction of combination therapy drugs, which can delay the onset of the illness. In the first nine months of last year, only 20 deaths were recorded, compared with 40 in 1997. However, as a result the future of Milestone House is currently under review by health and social work chiefs, and it could close at the end of September if funding is withdrawn. 2000-05-18_Evening_News_(Edinburgh)_1088

We - Mike Cadger, of drugs information project Crew 2000, echoed Dr Donnelly's concerns. "What these figures tell us is that there is a need to redouble our efforts in getting the safer sex message across, particularly to young people who, in today's promiscuous society, are

extremely vulnerable," he said. "With every new generation there will be a new section of risk takers and we HAVE TO continually re-emphasise the message that those risks could ultimately cost them their lives." Bruce Fraser, Gay Men's Health, a charity working to prevent HIV, said: "Our worry is that gay men reading these figures will think the danger for them is over and therefore become very complacent. This is not the case. "The rise in new HIV cases among gay men may not be as dramatic as previous years but it is still rising. "A lot of heterosexuals still feel that HIV is an infection that won't 2000-08-23_Evening_News_(Edinburgh)_0873

We - patients who have been diagnosed with AIDS were drug addicts. There were 13 deaths from the disease last year, according to the report. But there was just 21 new cases of AIDS in Ireland last year - the lowest number since 1987. While HIV/AIDS continues to be predominantly a disease affecting homosexuals and intravenous drug-users, heterosexual cases are on the rise. One doctor said: "Although the overall figures are coming down, it's very worrying to see that the incidence among heterosexuals is rising. "The message we HAVE TO drive home is that it's dangerous to have unprotected sex with unfamiliar partners." 2001-05-31_The_Mirror_1408

We - The Comeback Tour has led to more people coming forward to be tested and has heightened public awareness. But the Evening News revealed earlier this month that more than a third of HIV positive people in Edinburgh may not know they have the disease. Experts suggest a blase attitude to the condition could be because of the perceived "normal" lifestyle enjoyed by sufferers thanks to medical advances. Ms Spindler said: "Nowadays people can be otherwise healthy with HIV and live relatively long lives. "But we HAVE TO point out this is not a pleasant disease, it dominates your life and is fraught with complications. The earlier someone gets tested the better, because if you leave it until you develop AIDS symptoms that is very late in the day, and life expectancy would already have been affected." 2008-11-26_Evening_News_(Edinburgh)_4712

We - be made more accessible to AIDS sufferers in the developing world were supported by President Jacques Chirac of France. In a message delivered on his behalf, Mr Chirac sharply criticised what he labelled the "two speed" approach to the AIDS crisis, which placed expensive drugs beyond the reach of the most badly hit regions in Africa and Asia. "Where

90 per cent of the people infected with HIV live in the developing world, it would be entirely unacceptable to accept a two-speed epidemic," Mr Chirac said. "We HAVE TO do everything possible to ensure that the new treatment be made available to those most in need of it". Mbeki controversy jeopardises conference aims 2000-07-11_The_Irish_Times_1178

We - Although the gay community took on board safer-sex messages, there are fears that there is a complacency creeping in which could escalate figures. There have, however, been no epidemics in the 1990s among needle users outside the prison community, which seems to prove the efficacy of measures taken by drug users. Goldberg says: "Injectors are injecting more safely than they ever did before." Is any of this enough to move into the new millennium with confidence? Goldberg says that in Scotland we HAVE TO maintain and improve intervention to prevent injectors spreading the virus and suggests that gay men present us with the major public health challenge. Ironically, the presence of drugs which did not exist 10 years ago has made some gay men less vigilant because they reason that if they get infected, they can be treated. Goldberg says: "I think we are moving towards concentrating on a holistic approach to sexual health and prevention of all sexually transmitted diseases, rather than concentrating on HIV." 1999-11-30_The_Herald_(Glasgow)_0121

We - said centre manager Sue Jordan. "Eight years ago we had 12 or 13 clients and now we have 130. "We have seen a steady increase over a number of years but now it is dramatic and the majority are heterosexual people particularly women." She said the best precaution against HIV and all sexually transmitted infections was to practise safe sex especially in a new or casual relationship. "There is an overwhelming feeling of complacency and 'it won't happen to me'. "We HAVE TO teach people to consider the consequences rather than living for now " said Ms Jordan. "Perhaps we need to work with young women on how to initiate safe sex with a young man." Sexual health counsellor Malcolm Johnson of the Worcestershire sexual health team said it was up to each individual to protect themselves from HIV and other sexually transmitted infections. "We need to get rid of the myth that it's only gay and bisexual men who have HIV . The figures are rising steeply in all groups especially heterosexual women " 2004-12-02_UK_Newsquest_Regional_Press_This_is_Worcestershire_5248

We - "It is ultimately more important to be medically correct than politically correct," said Dr Pisani. "The fact is that we've allowed HIV prevention to be hijacked by ideology," she added. "Forty six per cent of people infected with HIV in Ireland in 2006 were gay men, and another 42 per cent were from sub-Saharan Africa." "We can't say that HIV is about unprotected sex with lots of people, because then we'd HAVE TO recognise that people in Africa and gay men globally are more likely to do that than men and women elsewhere. "That would make us racist and homophobic," Dr Pisani told Irish health magazine Scope. "So what we've done is spin HIV into 'everybody's problem'. And we've thrown up a smokescreen of poverty and gender so that we don't HAVE TO talk openly about sex and drugs." Dr Pisani, 43, who wrote the bestselling book The Wisdom Of Whores about the harsh reality of AIDS 2008-09-07_Sunday_Mirror_4672

We - Based on PEP, the best guess is that the drugs will reduce infections by 60 to 70 per cent. There is also the fear that it could prove counterproductive by encouraging users to have more unsafe sex, and so accelerate the spread of HIV. The prospect of "a lot more people going out and having wild unprotected sex is a big concern", Paxton says. "We HAVE TO communicate to people that this is not a replacement for condoms but an addition to condoms." Conant, who has perhaps more experience than anyone of seeing PrEP in the real world, accepts that some of his patients probably do have more unsafe sex as a result. "I'm fairly certain that some engage in more high-risk behaviour because they have got access to the drugs," he says. "But that's not true of all the patients." However, such "behavioural disinhibition" did not seem to happen 2008-11-22_New_Scientist_4628.

We - says Furnish, is no longer about medicine. It is attitudes towards both HIV and homosexuality that are killing people, which is why a public spat with a notorious homophobe such as Putin is so important. "It might sound corny for an artist to talk about love, but actually that's what needs to change," adds Elton. "We have the science: cheap, easy-to-take medicines. What we need is the love and compassion to ensure resources are made available to get everyone that treatment. For that we HAVE TO stop judging people and care enough about what happens to people in our society. Most often today, that means people who are poor or who don't conform to stereotypes or who have little say in their future, particularly young women." The foundation's progress in tackling HIV has been an extraordinary success. Furnish recalls that on his first trip with the foundation to South

Africa, about 20 years ago, most of the victims they planned to meet had died before they could reach them. Now, in many of the same 2015-11-08_The_Sunday_Times_(London)_2869.

We - He didn't ask to be responsible for the reputation of the disease and it isn't fair to put that on him. Many people get HIV through doing all the same things Charlie Sheen is alleged to have done. It doesn't mean they don't deserve our sympathy and respect. We need to move beyond this idea of 'good AIDS, bad AIDS'." Perhaps we HAVE TO hope that if more people talk about HIV, it HAS TO help - however Charlie Sheen mishandles it. Free testing to mark week of HIV awareness Two HIV testing sessions will be held on the Fylde coast to mark national HIV Testing Week. There are around 429 in Lancashire living with the condition. Around a quarter of people with HIV are unaware they have it. The main groups at risk of contracting HIV are sexually active gay men and men and women from black African communities, according to HIV Prevention England. 2015-11-23_mirror_co_uk_2848

We - We can almost give a guarantee that you can live to old age with medication, but we can only do that if you get tested. "I can see there being a second wave of HIV - all diseases seem to have a second wave." Gay men are most at risk of the HIV transmission in Wales, however Mr Butler said there was a misconception that it was limited to this group. He said: "We HAD TO educate the gay community - that was where it was springing up, but that gave it the stigma that still echoes down into a lot of heterosexual boys nowadays. "That is our biggest danger today - the gay community has educated themselves well but the heterosexual community often thinks it is not going to affect them. "They are not getting tested, and that is a huge worry for me." 2012-07-05_The_Western_Mail_5229

We - People fleeing from such situations find themselves ostracised and penniless on the streets of richer countries, such as our own, seeking asylum while benefits are removed. Similarly, in this country, children and young people living in households with HIV are not immune. Such households may experience poverty, unemployment, histories of injecting drug-use, poor housing . . . and are then subject to the pressures on community-care budgets, and unequal access to new treatments for the symptoms of HIV. We HAVE TO overcome the inequalities in health and social care provision, in this country and worldwide, if people with

HIV, including children, are to be cared for equally to everyone else. At the same time, the messages given to children and young people need to encourage equality, and a positive outlook on life. 1997-12-02_The_Guardian_(London)_5025

YOU – active

Impersonal you – anyone who is engaged in any kind of sexual activity - – NECESSITY – MEDICAL WHAT TO DO WITH TREATMENTS - You - In a way, behind all the deliberately shocking rhetoric about how all the responsibility should not be put on HIV-positive men to reveal their status to every sexual partner, there is a straight- forward, sensible, almost humdrum argument. If you are going to have casual sex, you cannot rely on your partners for an accurate account of their health status - concerning HIV, hepatitis, syphilis, gonorrhoea or whatever. They may not even know. Obviously, you HAVE TO take your own precautions. (The same will apply when the male contraceptive pill is invented. No sane girl will ever believe a boy who says: 'It's all right. I'm on the pill.') But why does any of this mean that we HAVE TO maintain an attitude of respect for bare- backing? This is not an issue of sexuality or prejudice, but the most basic kind of responsibility that we owe to other people. If I were infected with a contagious virus that may kill other 2000-03-27_New_Statesman_1207

General you – person who is sexually active (anyone who meets the requirement specified) – USE OF CONDOM AS ONE OF THE MANY METHODS TO BE USED AMONGST OTHERS - YOU - 'Our whole ethos is about promoting safe sex,' he said. 'These courses are about confidence building. It is important for gay men to have the confidence to say what they want. It's not just about knowing you HAVE TO use a condom. 'The courses we run are useful in fighting Aids and we wouldn't get any funding if they weren't.' Asked about the 'S and M dungeon', he said: 'That's just a little fun thing. 'We HAVE TO lighten the day a little.' GMFA says only one in 40 workshops it runs each year deals with sadomasochistic sex. Samantha Jayaram, a spokesman for Camden and Islington Health Authority, which handles the GMFA deal on behalf of all the 12 health 1998-08-11_DAILY_MAIL_(London)_4111

Impersonal you – anyone who, by being sexually active, is exposed to the virus. MATERIAL – IT SUFFICES TO DO X TO CATCH Y - YOU This naivete stems from lack of

knowledge. Because they often have no symptoms, people may not know they're infected. Plus most of us probably imagine someone with such an infection to be young and promiscuous. But, in reality, these infections don't discriminate against age and you only HAVE TO have sex once with an infected person to catch them. In my view, trust isn't good enough when it comes to STIs and their consequences. 2009-04-13_The_Mirror_2205

Impersonal you – anyone who is sexually active - MATERIAL – HOW INFECTION TAKES PLACE - You - THE TRUTH: The over-50s is the fastest growing group of people with HIV in the UK, according to research by the Terrence Higgins Trust charity. Your immune system weakens with age so, if you come into contact with any infection, you'll be more likely to catch it than you would have been when you were younger. Women are more at risk than men because the drop in oestrogen at the menopause makes the vaginal membranes more fragile and vulnerable to infection. (2) THE MYTH: You HAVE TO have sex to catch STIs. TRUTH: You can also catch through oral sex and sharing sex (3) injecting drugs. THE MYTH: HIV is mainly passed on by gay sex or THE TRUTH: Since 1999, vaginal sex between men and women has been the main route to infection in the UK. (4) THE MYTH: You'd know if you had something. THE TRUTH: While sexually transmitted infections can cause unpleasant symptoms - discharge, pain, itching and sores - not all do. 2010-08-02_The_Mirror_2341

Impersonal you, anyone who puts him/herself in the condition of being infected with HIV - MATERIAL – CASE SCENARIO WHAT TO DO TO CATCH HIV - YOU There is a stigma attached to HIV, that it is an illness that only affects gay men and straight people tend not to worry." Mother- of-two, Alex Edwards, aged 31, lives with her partner of seven years in Stoke-on-Trent. She said: "I was 20 when I found out I had HIV. I caught it from my first boyfriend who I lived with for three years. Everyone has the idea that you HAVE TO sleep around to get HIV but I got it from my first boyfriend. "I never suspected I had it and found out by accident. My friend asked me if I wanted to go for a smear test with her. As part of the routine, the nurse asked if I wanted an HIV test. I agreed and thought no more of it until the clinic phoned and asked me to come in for the results. 2002-12-04_The_Sentinel_(Stoke)_1948

Impersonal you – dialogic approach to that – anyone - METAPHORICAL MATERIAL – FACE → STRADDLING TWO SEMANTIC CATEGORIES, THAT OF MENTAL AND MATERIAL - You - Hell House has also been picketed by gay groups. "This is perpetuating a culture of hate," said Samuel Hargreaves, a protester with a group called Lesbian Avengers. Roberts denied that he was preaching a message of hate. "I don't hate homosexuals, I just hate homosexuality," he insisted. "We're not saying that if you have Aids you will go to hell; many people like haemophiliacs get Aids. But you HAVE TO face the fact that in this country 75% of the people that have Aids are male homosexuals. Somebody's got to be willing to shine the light." Roberts has successfully started to franchise Hell House. For Pounds 100 he sells the Hell House Outreach Kit, which includes a comprehensive manual on how to set up a Hell House, from stage design to security. Faced with concerns among religious leaders about the moral degeneracy of America's youth, he has taken orders from 107 churches in 35 states. 1996-11-03_The_Sunday_Times_(London)_4280.

Impersonal you – anyone – open ended - METAPHORICAL MATERIAL – UNCLEAR WHAT TO DO- You - Occasionally I meet the virally bereaved, the warmth of whose support is tempered by the blankness of their eyes, deadened by the horrors they have looked on. One day I will join them; for now, I am one of those with faraway expressions you can spot in the darker corners of the bars. One of the extraordinary things about Aids is that the pain of the present and the fear of the future is not enough. You also HAVE TO deal with the Daily Mail telling you Aids is irrelevant because only homosexuals get it, or Ian " pounds 12,000-a-show" Hislop complaining that too much is spent on it because it's trendy (the government will spend pounds 15 million on Aids research this year). Of all irrational prejudices, despising people because they are dying must be the most bizarre. Spending Pride with hundreds of thousands of lesbian and gay people ought to be supportive and comforting, but it's not that simple. 1996-07-04_The_Guardian_(London)_4592

NEGATIVE Anyone General audience– people who are HIV+, exposed to the virus or not - MATERIAL – NO NEED TO GO VERY FAR - You - Gordon visits a clinic every three months to have his CD4 count and viral load monitored so that his doctor can check on the success of his line of therapy. "I am incredibly lucky to be living in a country where I get free access to medical care and the best treatment that is probably available anywhere in the world. You don't HAVE TO go very far away in the world to find people with no access to

life-saving HIV medication," he says. "When I am stressed, my CD4 count drops so it's important to try and manage stress and I try to live as quiet a life as possible. One of the things that is really important when you are living with HIV is to look after your mental health. I manage it by eating well, drinking less and taking exercise by going to the gym and cycling everywhere as much as 2008-11-15_Chemist_Druggist_4634

NEGATIVE General you – person who is sexually active (anyone) MATERIAL - UNNECESSARILY – WHEN NEGATIVE FORMS – THE USE OF CONDOMS IN STEADY RELATIONSHIP YOU - Questions included: l "Do you miss your favourite illegal drug if you don't use it for a while? l "Roughly how many times have you been stoned on illegal drugs? l "Smoking cannabis makes parties more fun (yes or no). l "You don't HAVE TO use condoms if you are in a steady relationship (yes or no). l "Most kids my age are having sex (yes or no)." l "HIV/Aids is mainly caught by gays (agree, not sure, disagree)". Mr Seaton said: "A lot of pupils reading these questions are going to think this sort of behaviour is normal at their age. 2000-01-28_Birmingham_Post_1306

Impersonal you – person who is HIV+ - MATERIAL – NECESSITY – MEDICAL WHAT TO DO WITH TREATMENTS - You - But soon everyone will know someone with HIV." A third of funds raised by Comic Relief go to UK projects, particularly those which are hard to fund. "We use the Carlsberg rule," explains Gilly Green, Head of UK grants. "We want to get to the projects that other charities don't reach." The shyest of the teenagers was Carolyn. She looked at anyone but Gareth as she told her story. "Every day that you wake up, you HAVE TO take your medication and the thought flashes through your mind: 'I'm HIV-positive.'" Body and Soul project director Paula Harrowing told of the prejudice faced. "Houses have been torched, the kids have been beaten up and forced to move. To go public is a huge thing." FOR Gareth, whose stammer led to bullying at school, it was humbling. "I've put up with things that have been hard for me," he told them. "But compared to what you're going through 2003-03-17_The_Mirror_0768

Impersonal you – those people who have been infected with HIV - MATERIAL – NECESSITY – MEDICAL WHAT TO DO WITH TREATMENTS - You - But the treatments available for people living with HIV and Aids have improved since the early 1990s and life expectancy has been extended. This has changed the nature of the befriending

service because buddies can now anticipate that they will be involved with their "link" for several years. "They can have a better quality of life," said John. "You HAVE TO take some treatments with food, some without, some with a lot of fat, so you HAVE TO have a strict diet. And the treatments HAVE TO be taken on time. It's a strict regime, which means it can impinge on being able to hold some jobs down. "I've been with this person since June, 1997. We're good friends and he's part of my circle of friends. Up until now the longest I've spent with somebody is two years. Who's to say that 1999-02-23_Nottingham_Evening_Post_0421

Impersonal you – those people that are on medication since they are HIV positive - MATERIAL – NECESSITY – MEDICAL WHAT TO DO WITH TREATMENTS - You - People have become complacent. They assume Aids is no longer a threat, but it is.' Neil said research had shown that new therapies do not eradicate HIV from patients' bodies. 'Far from it. When people stop taking drugs, the virus bounces back harder than ever. Their immune systems get lulled into a false sense of security.' Given that current treatments are expensive and complex, and that side effects are common, not every patient sticks to their regime. 'You HAVE TO take up to a dozen pills a day at carefully specified times - at meals, between meals, or whatever - and people can find schedules confusing,' said Dr Janet Darbyshire, of the Medical Research Council's HIV Clinical Trials unit. 'There is also concern about the way these new drug combinations disturb fat metabolism in patients' bodies. They could trigger heart attacks.' The drug cocktails consist of triple packs of a couple of standard virus growth inhibitors, such as AZT, plus one of the newer generation of protease inhibitors 1999-02-28_The_Observer_0411

Impersonal you – person who is HIV+ - MATERIAL – NECESSITY – MEDICAL WHAT TO DO WITH TREATMENTS - You - Mr Smith said he had had "no wild affairs" and was faithful to his partner Dorian Jabri, the chief executive of a schools charity, whom he met 17 years ago. Mr Smith said the physical impact of his condition had been "negligible". He added: "Because now I'm on what's known as combination therapy, which is a range of different drugs that attack different parts of the virus, it means you HAVE TO take rather a lot of pills. "But provided you carry on doing that, then there's no reason why you shouldn't continue to live with this condition and do everything else in the normal sort of way." The MP told of his shock at hearing his diagnosis. "In those days when medical science was nowhere near as advanced as it is now, it was a shock, but you live through that, " he said.

Smith hopes HIV revelation will help fight Aids in 2005-01-31_The_Express_0011+ 2005-01-31_Western_Mail_0023

Impersonal you – referring specifically to those people who are infected with HIV - MATERIAL – MEDICATION TO TAKE - YOU - Could you be sued if you share a dirty needle? The terror of having police knocking on the door is a major disincentive for anyone to find out their status. Over the years I have not met anyone who would wish deliberately to pass on this condition to anyone else. It impacts on every aspect of your life. Even the drug therapy you HAVE TO adhere to is difficult. A lot of us have seen friends and loved ones endure pain and death. Believe me, it is not something we want to see anyone else go through unnecessarily." Mr Ward stresses how important it is to not be ashamed of HIV. 2001-03-17_The_Herald_(Glasgow)_1467

You – infected person MATERIAL – MEDICATION TO TAKE - YOU - Dr Baily added. 'Without these treatments, people with symptoms from HIV face inevitable decline in their health and will die.' Matthew Hodson from Gay Men Fighting AIDS told TO : 'It sounds like the church is preying on people's ignorance. It demonstrates, once again, that the drugs we have got aren't a cure. They are still difficult to take and you HAVE TO take them concertedly or they don't work.' His views were echoed by the Terrence Higgins Trust, whose spokesperson described the church's actions as 'irresponsible'. Alicia Vella HIV and AIDS HIV is a retrovirus which infects cells in the immune system and the central nervous system. The main cells affected are the T helper lymphocytes (CD4 lymphocytes) which play a central part in co-ordinating all other immune cells. Any damage or loss of the T helper cells therefore seriously affects the immune system. 2002-02-13_Time_Out_2044.

Impersonal you – person who thinks might be HIV+ - MATERIAL – NECESSITY – MEDICAL WHAT TO DO WITH TREATMENTS - You - Condoms need to be sold as protection not just against HIV, but against nasty emerging infections such as LGV (lymphogranuloma venereum), a chlamydia-related disease which can leave half your colon in the operating room's waste disposal. We are experimenting with chemical solutions too. We already give a short course of antiretrovirals to people who believe they have been exposed to the virus-a sort of morning-after pill, except it's toxic and you HAVE TO take it for a month. And we are testing pre-exposure prophylaxis. There is a danger that this could

lead to more resistant strains of HIV getting passed around. But if it works, it would be like an oral contraceptive-a pill every day and you can have as much unprotected sex as you like without getting infected with HIV. All of this would work faster if the sex-and-drugs norms of the gay community shifted down a gear or two. That may well happen anyway. 2008-05-29_Prospect_3641

You infected person MATERIAL - CHANGING YOUR LIFE FOLLOWING HIV – was it something deemed necessary? - YOU – Q Have you HAD TO change your way of life since contracting HIV? AI have HAD TO make minor changes to my lifestyle like maintaining a healthy diet and ensuring that my sexual practices do not expose me to any other infectious illnesses. I exercise regularly which I did not do before my diagnosis. QHave you told your family, friends and colleagues? AMy close friends knew within days of my diagnosis, as I HAD TO turn to them for support. I recently told the members of my immediate family. 2000-12-01_South_Wales_Evening_Post_0960

Impersonal you – those people who received a transfusion with infected blood - MATERIAL – HOW INFECTION TAKES PLACE - You - Was his heart attack an HIV-related condition? He blinked. 'Whatever do you mean by that?' Well, are you HIV positive? 'I am negative . . . What the bloody hell do you want to know that for?' When I explained that it was well documented that his partner, Brian Kuhn, died from Aids in 1994, Ackroyd said: 'It's a bloody stupid question. It's totally irrelevant. Brian died six years ago. Aids is a difficult disease to catch. You HAVE TO receive infected blood in an opened wound to infect yourself.' There was an awkward silence. So what did cause the heart attack? 'Too much smoking, drinking and working too hard,' he said, regaining his composure. 'I was writing 1,000 words a day for two years and covering 2,000 years of London's history in every chapter; all the chapters are thematic so that there are histories of light, smells, children, death. That's a huge amount of information to assimilate, and if you've 1999-12-20_New_Statesman_0081

Impersonal you – person who is HIV+ - MATERIAL – NECESSITY – MEDICAL WHAT TO DO WITH TREATMENTS - You - I've got lots of friends that have got HIV so it's nice that the show is giving a voice to the LGBT community because it does happen." What did you find out speaking to people living with HIV? "It's been great to find out what it's like to

live with it. It's a big scary thing, but knowing these people for quite a few years nothing really changes if you get tested early, apart from you HAVE TO take your medication. "When I spoke to people about the storyline their first reaction was 'Oh my God, is Ste going to die?' When I first heard about the storyline I wasn't that sure about what HIV was either but doing the research I'm educating myself and the character is becoming educated on it. "It's a lot to get your head around, but it's fantastic for me as an actor and also for the audience to be educated too." 2015-01-17_Liverpool_Echo_2988

Impersonal you – person who is HIV+ - METAPHORICAL MATERIAL – 'DEALING WITH' CAN BE READ AT DIFFERENT SEMANTIC LEVEL - YOU "There is still a huge stigma attached to HIV. We have had people coming here whose neighbours have shunned them as soon as they have discovered they are HIV positive. People need counselling for depression, they may need advice about housing or disability living allowances or they may lose their job because they are too ill to work. Add to that the problem of telling your family and friends and it can all seem daunting, particularly when you HAVE TO deal with your illness as well. "When people first find out, it can be a terrible shock. Some people are frightened, others are calm. Organisations like ours have helped ensure that there is more information about HIV, which has helped enormously." Terrence Higgins died of Aids in 1982, and when his friends, family and carers came up against a brick wall of fear and ignorance about HIV, they formed a voluntary self-help organisation in his name. 1999-11-29_The_Evening_Standard_(London)_0123

You – referring to those responsible for treating HIV and STIs – public health problems - Material - YOU (PERSON WITH AN STI) This is a very serious situation. We suspect we are sitting on a timebomb, in public health terms. The majority of the new HIV cases are diagnosed in our clinics, and if you close the doors, you are simply not going to identify people with the disease at an early stage." He added: "We know that if people come in with one sexually transmitted disease, such as gonorrhea or chlamydia, it makes it much easier for HIV to be transmitted. For that reason alone, you HAVE TO treat these diseases unless you want to see the emergence of an enormous public health problem." Doctors across south London wrote to public health minister Yvette Cooper in October warning of the situation, and pointing out that in the last two years, they have seen 744 new patients with the virus in Lambeth, Southwark and Lewisham (LSL) health authority. So far, they have received no

reply. There is also frustration that the Government has not implemented recommendations by experts to reallocate money for HIV treatment, 2000-01-28_The_Evening_Standard_(London)_1309

YOU (GENERAL) Last night, Susan Stewart, director of the Family Planning Association in Scotland, said the increases were not surprising. She said: "It's all very well to blame young people - but the real problem is adults are not getting the safer sex problem across. "Young people are often brought up with the idea that sex is a thing you HAVE TO keep secret. But it often means they don't get educated on issues like using a condom. "In the case of AIDS, more heterosexuals are contracting it now than gays. There was a huge campaign to raise awareness in the 1980s but it was not as strong in the 1990s. "It seems now is the time to get the message across again that anybody is at risk." Sexual health expert Professor Philip Hannaford, of Aberdeen University, said the safe sex message still needs to be hammered home. 2002-02-01_Daily_Record_2049

You – as a general person having sex - MENTAL - CONDOM TAKING US AWAY FROM THE DISCOMFORT OF HAS TO DISCUSS THE HIV STATUS - You - and we are saying that condom use prevents you HAS TO guess at a time when the circumstances may not be right to discuss something as intensely private as HIV status. "We also know from research that most HIV transmission occurs within relationships, so we are reminding people that it is dangerous to assume that neither they nor their partner has HIV." 2007-11-27_Evening_News_(Edinburgh)_3004.

You, intended as people responsible for getting across a message of prevention - MENTAL - IMPORTANT NECESSITY OF ENGAGING MENTALLY WHAT IS BEST TO DO – HOW PROMOTE SAFE SEX IN THE BEST AND LEAST TACKY WAY - YOU - It also warns readers: 'Be a smart cookie when it cums (sic) to your nookie!' The comic is designed to warn young people of the dangers of HIV and unprotected sex, but has shocked many over its explicit content. Last night, Scots Tory health spokesman Nanette Milne said: 'With the rise in sexually transmitted diseases, there should be a strong focus on promoting and teaching safe sex. 'However, it needs to be done responsibly, so you HAVE TO wonder how a publication which is at best tacky and at worst a kind of animated soft-core porn, full of dreadful language, can achieve this. 'If the Executive is part-funding this venture, taxpayers

are surely entitled to question if their hard-earned money should be spent in such a way.' HIV Scotland said the magazine promoted a safe sex message in an appealing way to young people. 2005-12-11_Mail_on_Sunday_(London)_0577

You – the general public who can potentially be infected with HIV - MENTAL – NEGATIVE – LACK OF NEED TO WORRY ABOUT STH - YOU - ADVICE: SEX CLINIC I've heard you don't HAVE TO worry about HIV so much now because it doesn't kill you any more. Is this true? Powerful new drugs now make it possible for people infected with HIV to live longer, but they are just a holding measure. There is still no cure, and, as things stand, people with the HIV virus will die of the infection eventually. There are currently 30,000 HIV-positive Britons and another 2,500 are infected every year - including gay and straight people. Don't be complacent, it is still vital to use condoms with 2001-03-17_The_Mirror_1468

You – the general public that might take on a complacent attitude, in light of a more relaxed attitude adopted by the very medical institutions, such as GPs. - MENTAL – REMEMBER HOW LONG IT TAKES AIDS TO BE IN THE BLOOD SYSTEM - You - I thought, tersely and testily, as if the thought itself should not be aired. A GP said: "No part of the media must suggest that everything is all right now, the scare is off and everybody can happily go round behaving as they did before they heard of Aids. It would be incredibly irresponsible to do that because ..." -he paused -"it might not be the case." A spokesman at the DHSS briskly said: "You HAVE TO remember that it takes five or more years before someone falls ill with Aids. During those years, that person is going to look and feel well and will be unaware of the impending illness. So will you." Professor Michael Adler at the Middlesex Hospital said: "You probably would have been asking the same question five years ago about the non-appearance of Aids among your homosexual friends. We will see it spread among heterosexuals in, I expect, four or five years. "We don't know enough about the sexual 2003-01-25_The_Times_(London)_0839

You referred to a bereaved person who lost sb to AIDS. - MENTAL – LEARN TO DEAL WITH IT - You - But a month later, he had developed full-blown Aids, and he died shortly afterwards. "It was really hard, but I'm so glad I had the time with him that I did. He was a wonderful person," she says. "My mother and father always remained close. It is still painful

for her because they talked all the time. "It is harrowing whenever anybody loses somebody close. You know it isn't going to be easy. But you HAVE TO learn to deal with it. You HAVE TO find your own way, and organising this event has really helped me and my sister. It is something that I am doing for my father. Maybe I lost him to Aids, but I am making an effort to make sure that this does not happen to other people." One of Rizer's main concerns is that people are no longer afraid of HIV. Huge advances have been made in improving the quality of life of an Aids sufferer, through a wide variety of drugs 2003-06-25_THE_DAILY_TELEGRAPH(LONDON)_0827

Dialogic you – general public raising their awareness of what the situation of HIV was like - anyone MENTAL (BEAR IN MIND AIDS POLICY) - You - So far, the Government has spent £ 1.5 billion tackling AIDS. Mr Taylor added: "The type of money that we needed to combat the epidemic in the gay community would only be forthcoming if the disease appeared likely to affect Middle England." The trust's campaign director, Robin Gorna, said: "It was always difficult to get people to take seriously the idea that gay men's lives mattered as much. Outrageously, they were thought of as a disposable population. You HAVE TO bear in mind that AIDS policy in the eighties was run by the Cabinet and that Cabinet was run by Margaret Thatcher." Some 6,500 gay and bisexual men have died from the virus and another 16,300 have been diagnosed as having HIV. This year alone 1,400 men will become infected. By avoiding a big advertising agency and securing sponsorship from the jeans manufacturer Levi Strauss, the trust was able to mount the campaign with modest backing from London health authorities. Aids spotlight refocuses on homosexual arena After 14 years of Aids awareness campaigns built 1996-07-02_The_Scotsman_4595

You – general public regardless of who they are and interact with - RELATIONAL – IMPORTANCE OF BEING RESPECTFUL - You - lost the party leadership contest last summer, told the ePolitix website that by the next general election the Tories must "field a bench of candidates which is representative in terms of race, colour, gender and the rest of it" - even if it means interfering locally to ensure such an outcome. As for gays, Mr Maude, whose brother died of Aids, said: "We need to be rather more than just tolerant of people being gay, you actually HAVE TO understand that tolerance is not enough. You HAVE TO be genuinely respectful of people, regardless of which side of the tracks they are born, colour, gender, race, sexual orientation, etc." He echoed warnings by the Tories' private

pollster, ICM's Nick Sparrow, that they must do more to embrace the public service agenda. Suggesting that frontbenchers would benefit from working as classroom assistants or NHS porters - as Mr Portillo once did - Mr Maude confessed that in the 1990s the Tories had ceased to sound like a competent, broadly based or generous party. 2001-12-28_The_Guardian_(London)_1730

You – anyone/general public - regardless of their HIV positive status - RELATIONAL – NEGATIVE – NOT NECESSARILY - You (general) During the show, the audience would interact. In one of my favourite scenes Maureen . . . beckons the audience to 'moo' with her. This is a funny and exciting part of the performance and those of us familiar with the show would follow the hand movements and clap along. I am very pleased to hear that Rent is coming to London. You don't HAVE TO be gay or know someone who suffers from Aids to appreciate it. The ultimate message of the show is captured in the last line 'No day but today', meaning literally that we should live each day as though it is our last. 1998-05-23_The_Guardian_(London)_4018

You – anyone is exposed to HIV, transcending stereotypes and ideas that HIV affects specific groups - RELATIONAL – LACK OF TRUTH AND NECESSITY AFFECTING A PARTICULAR SOCIAL GROUP – ANYONE IS EXPOSED TO IT -You - The Hywel Dda Health Board say STIs are diseases passed on from one person to another through unprotected sex or sometimes through genital contact. You can get tested for STIs at a sexual health clinic or GP surgery. Over 90 per cent of people with HIV were infected through sexual contact, and it takes only one sexual encounter with someone who is HIV positive to become infected. A Hywel Dda spokeswoman said: "It is not true that you HAVE TO be promiscuous, homosexual or an injecting drug user to become infected - HIV can infect anyone. "The best way to protect yourself from HIV and most other STIs is using a condom." 2013-02-13_Carmarthen_Journal_2674

You – anyone is exposed to HIV, transcending stereotypes and ideas that HIV affects specific groups - RELATIONAL – LACK OF TRUTH AND NECESSITY AFFECTING A PARTICULAR SOCIAL GROUP – ANYONE IS EXPOSED TO IT - You - And the risk of sleeping with someone who is HIV positive is higher than many imagine. We may not discuss HIV/Aids as much as we did in the Eighties and Nineties but the infection hasn't gone

away. Quite the opposite. It is now estimated that as many as one in eight gay and bisexual men living in London is HIV positive. Not that you HAVE TO be gay, bisexual, male, or even young to be at risk - there are more than 100,000 people living with HIV/Aids in the UK, a third of whom are women, half are over 35, and heterosexual sex is now the most common way to catch the virus. So it should be a concern for anyone starting a new sexual relationship, whether you are young and entering the "market" for the first time, or perhaps older and returning to dating after a failed relationship or bereavement. 2015-04-28_thetimes_co_uk_2920

You – anyone can be exposed to the virus – transcending misconception of dirty-ness - RELATIONAL – IT IS A CONDITION IN ORDER FOR YOU TO CATCH IT - You - by HIV and that everyone is at risk. "It doesn't matter how long you've been with somebody you don't know who they've slept with. I think people ignore it or think it's something that happens somewhere else. "It is a huge problem in South Africa, so it doesn't surprise me that it's getting worse in the West." Tanya White, 19, a supermarket worker from Camberwell, S London, said: "It's a sexually-transmitted disease and I don't think you HAVE TO be dirty to get it. I think people who do drugs are more at risk than those just having sex." Keith Smith, 31, a manager from Manchester, said: "It's inevitable that people become complacent - it's the most dangerous thing in this country. I know that in the developing world it has often been spread because of lack of education, but I think people in the West are more aware of the dangers. "I think, for instance, that intravenous drug users are aware of 2001-11-30_The_Mirror_1757

Negative - You – anyone who, by practising sex, is potentially exposed to HIV - RELATIONAL - NO NECESSARY TO BE IRRESPONISIBLE TO CONTRACT HIV - You - He talked to Kim Harris, his first love at Cambridge, who had lost his partner, Alastair, to Aids. "Of all the ways to leave the party, it is one of the most agonising and attritional," Harris said. Here it got interesting, for Fry admitted that he was cross with Alastair and Kim: why had they not practised safe sex? Fry was careful to point out that you did not HAVE TO be irresponsible to contract HIV. He talked to a woman who had been infected by her second husband, and a remarkable teenager, Carly Hickling, who had contracted the virus at birth and now faced down the school bullies in her blog about her illness. But everywhere else he went, people were going at it like rabbits. There was the gay man in for an Aids test at

the Manchester General who rarely, if ever, used a condom. 2007-10-03_The_Times_(London)_3105.

You – in the sense of anyone regardless of who you are, whether you have HIV or not - RELATIONAL – NO NECESSARY TO BE AN EPIDEMIOLOGIST - You - Many of the men eyeing each other up are in their 30s; they've had plenty of time to get infected. My guess is that 25 per cent of the men in this room have HIV, possibly a lot more. In 2006, 2,640 gay men were diagnosed with HIV-making up nearly two thirds of the total diagnoses of HIV infections that were acquired in Britain. You don't HAVE TO be an epidemiologist to work out that if 2,640 people are diagnosed with an incurable disease and only 153 die, the number of people known to be living with the disease will rise. The number of gay men living with HIV in Britain is probably around 31,000. But these days you never see a cadaverous looking 35-year-old in an armchair surrounded by friends trying not to notice that his face is covered by the black splotches of Kaposi's sarcoma, a cancer that feeds on people weakened by HIV. 2008-05-29_Prospect_3641

You – institutions (political and religious having an audience to reach out and influence to some degree -) RELATIONAL - ATTITUDE OF CARE WHEN USING WORDS TO PROMOTE PREVENTATIVE TOOLS - YOU (GENERAL) - We also want to tell mothers who are HIV positive to use vouchers for formula milk rather than breast feed their babies and pass on the infection.' Some fundamentalist Christian churches object to talking about condom use. The Reverend Moyo uses another approach: 'AIDS is seen as the leprosy of today. We always talk about using the right tools and knowledge to protect yourself. 'Some churches say that using a condom encourages promiscuity and that people should abstain. We talk about using 'preventive tools'. You HAVE TO be careful with words.' A Department of Health spokesman said no decisions have been taken about changing screening or treatment policies. 'The Cabinet Office working group on imported infections continue to act as a resource to ministers, providing evidence studies and advice. No decisions on possible future steps have been taken.' Dr Barry Evans, a consultant in communicable disease at the Health Protection Agency, and an expert on the epidemiology of HIV, sums up the dilemma. 2004-04-15_Health_Service_Journal_(HSJ)_3183

You – person with HIV revealing to be HIV positive - RELATIONAL - BEING CAREFUL AND RESPONSIBLE FOR YOUR HEALTH - YOU (AS HAVING HIV) - "It is the same as any kind of medical condition - it's a very personal thing. "I can understand now why people who have cancer might want to keep it private - you don't want to share it with the world. "Revealing you have HIV is a big responsibility. Once you've said it, you HAVE TO show you are living well and getting on with your life. "You are more susceptible to things like colds so you HAVE TO be really, really careful. But it is something you learn to manage over the years." Andy found out he was HIV positive in June 1998 when he developed a bout of pneumonia while he was on holiday in Majorca. He said recently: "I think that I kind of knew. I had been a bit self- destructive for a while and it seemed to be a part of that." He immediately began combination drug therapy and, while some sufferers HAVE TO try several different drugs to get the right 2011-06-25_The_Mirror_5528

You – as a person with HIV that wants to disclose his/her status - RELATIONAL – BE READY FOR THE REACTION THAT YOU ARE GOING TO RECEIVE. - You - Robert adds: "So many people I have known have died and their families have perhaps not known about their HIV. I think you HAVE TO be honest with your family. It wasn't easy for me to express my emotions because of my up -bringing, it just wasn't done, but we wanted Ashley to be able to say what's going on with her. "Her friends have been great. That was a big concern of mine, if you're going to tell people you HAVE TO be aware of the varying responses you get." He sounds philosophical about his illness, but it wasn't always so. When he was first diagnosed - "at a time when the hospital told you not to tell anyone and when it was thought of as a gay plague" - he went off the rails and spent six months of bingeing on drink and drugs. "I had a 'What the hell, I'm going to die, might as well enjoy myself' period, but it didn't last. 2000-07-20_Evening_News_(Edinburgh)_1164

You as person living with HIV - RELATIONAL – BEING POSITIVE ABOUT YOUR DIAGNOSIS AND MANAGING IT - You - he said. "They are developing new drugs all the time. It is treated as a chronic disease rather than a terminal one. "I have been taking T20 for about 18 months now and it has reduced my viral load from three million to a few thousand. "I've been in and out of hospital more often than I would have liked this year because my immune system is shot, and I have seen some very poorly people. "But you HAVE TO be

positive." Paul and his family now channel most of their energy in increasing Aids awareness. Around 5,000 people saw their recent exhibition in the Boston Tea Party cafe in the city centre. In the run up to World Aids Day Paul had put up boards, cards, posters and leaflets. "I hope people who saw the display went away with information they were previously unaware of," he added. "I don't think there is a lot of prejudice against people with Aids
2002-11-30_Express_Echo_(Exeter)_1964.

You – as a person living with HIV - RELATIONAL – AWARENESS THAT STH COULD BE TAKEN AWAY FROM YOU- You - 'For someone who has had HIV for so long you could say I am well but tests show there are problems. Because of my reduced immunity I am very vulnerable to other things. Any infection could be a real problem. 'I am the kind of person who tries to get on with life. I continued working for much of the time but have now HAD TO retire. 'The problem is the uncertainty. You HAVE TO be aware that at any point all this could be taken away from you. 'Although I am in quite good health now I cannot depend on that, and that makes it impossible to see far ahead. 'I did think about going back into education and doing a Masters but I could not be sure I would be here to complete it. I gave up planning for tomorrow 16 years ago.' And living with HIV touches every part of Tom's life. His long-term relationship ended a year after he was diagnosed 2001-11-29_Birmingham_Evening_Mail_1759

You –applying to people with HIV that HAVE TO disclose their status - RELATIONAL – BEING HONEST WITH FAMILY - You - I've always been open about my dad as well to my friends. I've told them he is gay and that he has HIV and they've been fine. There have been one or two occasions when someone's said 'that must mean that you have it too' but they only say that because they don't know what they're talking about." Robert adds: "So many people I have known have died and their families have perhaps not known about their HIV. I think you HAVE TO be honest with your family. It wasn't easy for me to express my emotions because of my up -bringing, it just wasn't done, but we wanted Ashley to be able to say what's going on with her. "Her friends have been great. That was a big concern of mine, if you're going to tell people you HAVE TO be aware of the varying responses you get." He sounds philosophical about his illness, but it wasn't always so. 2000-07-20_Evening_News_(Edinburgh)_1164

You – people with HIV [potentially anyone, not clear here] that HAVE TO convey the safe-sex message. VERBAL – GETTING A MESSAGE ACROSS - You - But this man is also aware of how the illness affects others people - particularly those close to him. "It is not just how it affects you - it is how your family are affected by it. Now, even the slightest illness causes my parents to be really worried. "Every time I get anything wrong with me they think 'this is it, he is going to die'." "I would tell everyone to practise safer sex - that is the message that you HAVE TO get across." Nationally, at the end of June 2000, 17,209 Aids cases had been reported and 11,871 are known to have died, in addition 42,125 cases of HIV have been reported. 2000-12-01_Grimsby_Evening_Telegraph_0950

You – maybe from an institutional POV, more direct - VERBAL – ENQUIRE HOW THE MESSAGE IS GETTING ACROSS - You - This brings the total number of Aids cases reported in the State to 726. HIV (human immunodeficiency virus) is the virus that causes Aids. The virus is mainly passed from one person to another through sexual contact and sharing needles. Many of these people with the HIV infection will develop Aids which stands for Acquired Immunodeficiency Syndrome. HIV support group Cairde has warned for years that the virus could spread outside the traditional risk groups of gay men and drug- users. A spokesman said: "You HAVE TO ask how the message is going to get across. Most people can't remember the scares in the 1980s when the epidemic first broke. "Can you remember the last poster campaign for HIV and Aids?" Live and Let Live is set to be the slogan for this year's World Aids Campaign staring on December 1. It will focus on eliminating the stigma and discrimination surrounding the virus. Tim Bingham, who promotes sexual awareness among young people, believes the new Irish figures are frightening. 2002-11-23_The_Mirror_1981

You – intended as those people with HIV - VERBAL – TELL PEOPLE HOW THEY CAN BE INFECTED BY SB WITH HIV - You - I don't think I am any more than any other gay man. I remember one boyfriend. We had a second date and I was leaving him in Soho Square and said: "I want to see you again but there's something you must think about - I have HIV." His smile vanished. He hugged me and said, "I have lost so many friends." It's as though you've pulled a rain cloud over your relationship. Of course you still HAVE TO tell people as - however small the risk - you could give it to them. Even if they don't think about it, I

certainly do. After all, who wants to kill anybody? Taking my daily drugs is a reminder too. I was gravely ill with PCP pneumonia not long after diagnosis, but now the virus is kept at bay with drug treatments. I can't imagine a day when I don't knock back the capsules, even though they are huge and you feel very odd afterwards. 1998-11-25_The_Independent_(London)_5392

You – people responsible in the any kind of authoritative capacity - 2 processes – the second of which I find it difficult to define - BEHAVIOURAL – IMPORTANCE TO TAKE INTO CONSIDERATION THE CAUSE OF X - You - So while you can count to four, somebody dies of hunger. That's the context in which we are trying to look at HIV/AIDS." Finola Finnan, who represented Dochas, the Irish association of voluntary agencies working in the area of development, at the UN conference, said: "You can't look at just the effects, you HAVE TO look at the cause." She stressed that people suffering from the disease should not be just passive recipients of care. "It's no good people just sitting in the UN deciding what the response should be. You HAVE TO bring it back down to the people who are infected and affected by it. There has been a lot of discussion in this conference about youth being involved and you need greater involvement with youth because they are the greatest hope for the future." She explained the high incidence of the disease in 2001-06-30_The_Irish_Times_1601

You – anyone reflecting upon the HIV crisis - not used in an obligationary way – rather in the paraphrase ‘it suffices that…’ BEHAVIOURAL – IT SUFFICES TO DO X TO UNDERSTAND Y - YOU The more treatment you have, the more infection you get." ARVs reduce people's viral load, she agrees, making them less likely to infect someone else - as long as they don't miss a single dose. "But it also keeps them alive longer, and healthy enough to want to have sex. You only HAVE TO look at the experience of the UK or US gay communities where we've had more or less universal access to ARVs for at least eight or night years, and the number of new infections are rising. More people are living longer with HIV, and there is what we call behavioural disinhibition: 'Fuck the condoms, I don't need them any more, because if he's positive he'll be on drugs, so he probably won't infect me. And if I do get infected, it would be annoying 2008-05-13_The_Guardian_Final_Edition_3649

You – anyone who is in a relationship with one person – personal responsibility to look after oneself BEHAVIOURAL – LOOK AFTER YOURSELF - You - "The message is obviously being ignored by some judging by the amount of STDs and unplanned pregnancies in the Province," she said. "This is a very real illness. All people can do is to look after themselves. Don't wait for a sexual partner to tell you if he or she has Aids, you HAVE TO look after yourself New figures show 300 have died from Aids in Republic THREE hundred people have died from Aids in the Republic, according to figures published today by the Department of Health. Some 608 people have been diagnosed as suffering from the disease up to the end of August. A total of 129,528 tests for HIV antibodies were undertaken by the Virus Relief Laboratory in Dublin up to the end of last August. Of these, 1,799 tested positive. The largest category of people who have tested positive are intravenous drug users 1997-12-02_Belfast_News_Letter_(Northern_Ireland)_5023

PEOPLE – THEY (standing for PEOPLE)

PEOPLE in general - Dr Brian Gaffney, chief executive of the Health Promotion Agency said: "These figures show that we must not be complacent about our sexual health. We should also be concerned about other infections such as syphilis, chlamydia and gonorrhoea, not just HIV and AIDS. A spokesman for the Aids helpline in Belfast, Stuart Kirk, said people HAD TO change their attitudes to the disease. "There is no high risk group but high risk activities which lead to infection - HIV does not discriminate, " he said. He said there was now a younger sexually active generation who did not see the high profile Aids campaign of the late 80s. "There is no cure for HIV/Aids, so people need to be educated about ways to prevent it, " he said. And it was revealed yesterday that women have been risking their health by not heeding the safe sex 2001-11-30_Irish_News_1755

People first in general - this region the incidence of HIV in adults over 16 is probably about one in 1,000. Many patients have never been tested so don't even know they are HIV positive. We currently look after about 250 but it is the undiagnosed ones that are the big problem." Although there is no cure for HIV, the consultant acknowledged drugs now allow people with HIV to live a long and active life. However, he highlighted that people first HAD TO be diagnosed with having the illness by getting tested. "The population needs to be aware that the current technological advances in diagnostics mean that a full STD screen can now

be done in any general practice; for men it is a urine sample and a blood sample, for women it is a selftaken swab and a blood sample and this would be screened for chlamydia, gonorrhoea, syphillis and HIV. Obviously it can be done at an STD clinic if you can actually get an appointment in one. 2015-12-10_Chester_Chronicle_2829

– act up on and become responsible (metaphorical one – maybe) – PEOPLE in general who will have sex - I'M in a similar position. Apart from my partner, no-one knows. And I'm not ashamed of what happened any more. I too trusted someone and now I'm paying a very heavy price for that trust. At the same time, accept I can't blame anyone else because I didn't practise safe sex. People HAVE TO take responsibility for themselves and for that reason don't think it's necessary for this guy to tell any future lover. If he's careful and they're careful, there is a minimal risk of passing on the virus. But my main reason for advising him to stay quiet, particularly at work, is that there is still a huge stigma surrounding HIV/Aids. Apart from maybe paedophiles, we are treated worse than criminals. 2005-08-12_Daily_Record_0591

implications too - Gay people - For us to successfully tackle the spread of Aids, people must not ghettoise it to one particular section of society. We all HAVE TO be responsible in controlling its spread, but likewise certain high profile gays must be responsible in controlling how the rest of society accepts them and what they stand for so that the fight can be all for one and one for all. How many straight and indeed gay people did Elton John alienate this week with his troupe of male strippers dressed as cub scouts? For so long gay people have HAD TO cope with a stereotype image of dirty old men who prey on young boys. An image resulting from the abuse of trust of certain individuals in charge of choir boys, boys homes, school pupils, and of course boy scouts. To those campaigning for a lowering of the age of consent, for those campaigning for equal parenting rights, for those campaigning for a lifting of the ban of gays in the armed forces - has Sir Elton done any of your causes any favours this week? 1999-12-05_Sunday_Mirror_0107

Gay people - But, according to the IFA Association, the Terence Higgins Trust, which campaigns and provides care for people who are HIV-positive or have Aids, has welcomed the initiative in that at least it removes future uncertainty for policyholders who may face the onset of such illnesses. Some firms do provide minimal protection to affected HIV-positive

individuals, although it is likely to be only for "accidental" infection - such as where nurses or doctors accidentally jab themselves with an infected needle. Gay people in particular are likely to HAVE TO wait a long time before insurers view their sexual preferences in the same light as they do promiscuous heterosexuals. Heavy-smoking straights will continue to get cover while safe- sex-practising gays won't. But that's only fair, isn't it Labour big guns head for Paisley LABOUR is sending its biggest Cabinet guns to Paisley South to stop its by-election campaign being hit by sleaze allegations. 1997-10-15_The_Independent_(London)_5107

How many people of his age - M2: WHY I'M STARING DEATH IN THE FACE 'Y OU almost get used to being told you might have something which could kill you,' says Adam Jones. 'When it has happened two or three times you get used to it.' Even though Adam is only 30 he talks about death with the unnerving calm of someone three times his age. But then how many people of his age have HAD TO face real fears of HIV, hepatitis and even new variant CJD? Adam has severe haemophilia B, a deficiency of Factor 9 in his blood, and he grew up during a period when blood-based treatments carried an unprecedented risk of contamination. 'HIV was prevalent amongst the haemophiliac community during the 1980s,' says Adam, a lab technician planning toIt's very disturbing to know as a haemophiliac that the blood you are HAS TO help you could be killing youstudy medicine. 'I was lucky enough to be HIV negative 2002-12-03_Birmingham_Evening_Mail_1950

They (young people – anyone) - A quilt made by nine local people in remembrance of loved ones lost to the disease was to go on display. Meanwhile, in Cinderford at 7pm, Act Now '98 was to feature an evening of entertainment and information for young people by the members of the Splinters- Spotlight Theatre at Heywood School. Dr Jean Tyler, district HIV prevention co-ordinator for the health authority, is keen to emphasise the importance of making young people aware of the risks of HIV. She said: "Young people know they HAVE TO use condoms but they very quickly stop using them once in a regular relationship. Our message is that they need to be using condoms all the time." - The first UK case was reported in December 1981. - Since then, about 40,000 people in the UK have become infected and 15,000 have died. - HIV is one of the top four causes of death in 15 to 44-year-old males in

England and Wales, alongside suicide, road accidents and heart disease. - In the UK the average age of death from AIDS 1998-12-01_The_Gloucester_Citizen_5365

THEY (YOUNG PEOPLE who suspect might have contracted HIV) "There are no courses for teachers to go on, so young people end up only having access to the bare facts, which is not sufficient to protect them against getting the disease. "Another contributing factor is the lack of access to facilities where young people feel safe enough to go and get checked out when they suspect they might have Aids. "Often they HAVE TO travel a long way or feel embarrassed about going. "One of the ways we are trying to combat the problem is by going in to secondary schools and trying to inform young people about Aids in a fun way." She added: "In many cases, young people do not get checked out early enough. "It is estimated that one third of people who have HIV are unaware they have it - that needs to change. "Young people are having sex more often, 2006-09-14_Llanelli_Star_3090

They (people who take PrEP to avoid infections) - Pre-exposure prophylaxis (PrEP) has been proven to be effective at preventing HIV, but the NHS will now HAVE TO weigh up the cost of offering potentially thousands of people a pill they would HAVE TO take daily to cut their risk of infection. Truvada costs £361 for 30 pills - one month's provision. On top of that, the cost of providing the drug through clinics costs about £62.50 per month. This gives a full monthly cost of £5,081 per year. The next question is how many people would be given the pill. It would probably only be available for high-risk people - those who are having sex with several partners, sometimes unprotected. About 18,000 men who have sex with men

People who take the HIV test after being spat at - A survey of 12,000 people found that 46 per cent wrongly think you can get HIV from unusual means such as being spat at, the National Aids Trust said. 'We often read stories in the media about people HAS TO take HIV tests after being spat at, bit or stepping on a needle in a park, however the risk from these activities is either non-existent or incredibly low,' said charity chief executive Deborah Jack. 'Misinformation about how you can contract HIV leads to anxiety and feeds stigma and discrimination towards people living with the disease. 'This stigma can be incredibly damaging. It is also an immense distraction from the overwhelming risk factor for HIV in the UK - unsafe sex.' 2013-01-14_MailOnline_2692

THEY (PEOPLE WITH HIV who thought they would die and instead they survived) She said there had been a small number of deaths of people who had come forward for treatment too late. The new developments meant that there needed to be a new approach to the psycho-social treatment of people who were HIV positive. "There are people who spent several years gearing themselves up to dying and now they HAVE TO turn around and gear themselves up to staying alive. It is a huge adjustment." She said she had dealt with patients who "spent life-savings, cashed in insurance policies, used credit cards to the limit 1997-09-04_The_Irish_Times_4768

Material metaphorical – mental - - Many people that find out about their HIV+ status - So there are many more in the North West living with the knowledge that they are HIV positive. Regrettably, with the withdrawal of public funding from some support centres, many people will HAVE TO cope with this devastating news on their own. The only way to stop the rises in HIV infection is to change people's behaviour. And to change their behaviour, people HAVE TO have information. With all STDs on the increase, it is obvious that there is not enough information about sex, about the dangers of unsafe sex or about the simple steps you can take to prevent infection. With little money now being spent on sexual health education the days of everyone knowing the dangers of HIV are passed. 2005-07-19_Daily_Post_(North_Wales)_0659

They (a great many more people living with HIV) - "AZT was my drug, then we found it wasn't going to be the answer," he said. "Then we found combination therapy could help. But taking combination therapy will mean a great many more people will be living with HIV and they will HAVE TO make decisions about their own life, particularly their own sexual behaviour. They HAVE TO accept that there is a duty to behave responsibly." Financial issues have rarely been so inextricably linked with the HIV/AIDS epidemic than they are today. Combination therapy has meant that some people, previously receiving disability allowance, have recovered so well that they should be back in the workplace and face losing their benefit. But being HIV positive is a distinct handicap when it comes to finding and keeping a job. 1998-12-01_The_Scotsman_5368

People in general (reduce the overconfidence in HIV treatment) - Drugs have helped reduce the number of people dying from 10pc to 1.5pc since monitoring began six years ago. But Prof Bellis warned there was growing resistance to the treatment. He added: "New treatments have come along and vastly improved the quality of life and life expectancy for people who have contracted HIV and reduced the chances of them developing Aids. "But people HAVE TO understand that these are treatments not cures and there are still people dying in the North West from HIV. "There is now some resistance so the battle against infections like HIV is far from won." The report shows that just over half of the 449 new cases last year were contracted through homosexual sex. But the fastest rise in infection rates is among heterosexuals, who now account for 38pc of new cases. 2002-08-07_Daily_Post_(North_Wales)_1900.

Young people (gay and hetero who HAVE TO realise that HIV treatments are not a cure) - And the number of young women with the virus has been rising every year since 1995. Youngsters are being too complacent about safe sex, warn health experts who have declared today World Aids Day. Around 40 million people worldwide are now infected. "The good work which was gained in the late 1980s has been squandered," said National Aids Trust chief Derek Bodell. "Young people today, both gay and straight, are contracting the HIV virus in increasing numbers. Young people HAVE TO realise recent advances in treatments are not a cure." An early HIV vaccine may be developed by next year. But condoms are still the best protection. "Treatment's not a cure. People need to understand this," added Mr Bodell Day of reckoning Aids is spreading through Russia with the speed of a medieval plague and the country is totally unprepared for the consequences. 2002-12-01_The_News_of_the_World_1955

People (with or without HIV) - Gary says the diagnosis doesn't affect his personal relationships. He told his partner early on that he was HIV positive. He said: "It didn't make the slightest bit of difference. "I think people should know as early as possible and then they can make up their own mind." However, Gary doesn't ignore the seriousness of the illness. He warned: "I think what a lot of people HAVE TO realise is that, if you have HIV, it's with you for life. "If you value your life and you respect yourself and other people, you cannot be complacent with your health. "I was and I've got myself into this situation." SARAH HAVING a baby is meant to be a time of excitement and anticipation - but for Sarah it was a

different story. She found out she was HIV positive when she was three months pregnant with her second child. She had been trying for a 2009-11-26_The_Sun_(England)_2104.

Mental – People (people without a terminal illness vs people with a terminal illness) - "Now we know that people are getting better because of advances in therapy, but nevertheless there are new challenges for people infected with HIV. Now there are just as many, if not more uncertainties. They do not know how long or how sustained their recovery will be. It could be many years but they cannot be sure. "People HAVE TO think about all sorts of things which they would not have worried about with a terminal illness - such as finding a job, getting a mortgage, family life, even getting a pension. These are no less exacting and difficult than the challenges faced by someone dealing with a terminal disease." 1998-12-01_The_Scotsman_5368

People – everyone especially heterosexual people - men have been well targeted about the risk of transmission, not that infection has disappeared from that group, and education has had an impact," added Dr Kennedy. "Heterosexuals just do not consider themselves as particularly at risk and these figures have slowly been building up. "There was a time when some people maintained that heterosexual AIDS didn't happen, which is total nonsense. "This is a disease which is transmitted by sexual intercourse, by blood to blood contact and sharing needles and by mother to baby. People HAVE TO realise this is the case." Dr David Goldberg, of the Scottish Centre for Infection and Environmental Health, said: "There are probably going to be more heterosexual cases this year than previously." But he believes a significant number of heterosexual people with HIV in Scotland may have contracted the virus abroad. But he added: " People who bring an infection into the country tend not to spread it within the indigenous population." 1999-10-20_The_Scotsman_0055.

THEY (YOUNG PEOPLE who need to learn about HIV) 'It's clear that young people's knowledge and motivation to do something about Aids is declining,' said Dr David Regis of the Schools Health Education Unit, which carried out the survey in 3,600 schools. 'You don't want them to be anxious, you want them to be safe, but they HAVE TO have adequate knowledge to do this.' 'I never knew anyone with HIV,' said Clint Walters, who contracted the virus at 17. 'At school all they told us was the biological aspects of sex and pregnancy. I was told to wear a condom or you might get a woman pregnant. I'm sure I got HIV from a

guy in London but he didn't look sick.' Walters, now 21, returned to school after his diagnosis and sat his A-levels a year later with a catheter under 2001-11-18_The_Observer_1771

PEOPLE – intended as anyone who has sex - "I really like people and I really like food. Pleasure and lusciousness and luxury are what I do." Heterosexual sex, she says, has become "tired". "Since the advent of HIV, people have HAD TO become much more explorative, and now sex is not just about penetration. Bisexualism is increasing among women simply because of dissatisfaction with men. The new man thing never really happened and when you want to find someone you can live with, talk to and get on with, often men don't always make the grade." 1997-09-28_The_Independent_(London)_5127

People – anyone - 814 new people were diagnosed with HIV - and Merseyside has seen the largest increase in new cases since 2001 - 122%. So there are many more in the North West living with the knowledge that they are HIV positive. Regrettably, with the withdrawal of public funding from some support centres, many people will HAVE TO cope with this devastating news on their own. The only way to stop the rises in HIV infection is to change people's behaviour. And to change their behaviour, people HAVE TO have information. With all STDs on the increase, it is obvious that there is not enough information about sex, about the dangers of unsafe sex or about the simple steps you can take to prevent infection. With little money now being spent on sexual health education the days of everyone knowing the dangers of HIV are passed. Part of the problem are the myths surrounding HIV. The myth that it only affects gay men, that it only affects those in sub Saharan Africa ... that it is not to do with you. 2005-07-19_Daily_Post_(North_Wales)_0659

People (anyone that goes abroad and especially those that are likely to get infected) - Perhaps the biggest obstacle would be the importation of HIV from abroad. The HPA now recommends that migrants from countries with high HIV rates be offered a test when they access any health service, such as registering with a primary care doctor. The agency frowns on testing at ports of entry in case it encourages discrimination. Residents also import HIV by having unsafe sex while abroad. People would HAVE TO be persuaded to take the test when they returned. For Brian Gazzard, one of the UK's leading HIV specialists, based at the Chelsea and Westminster Hospital in London, this makes eradication on a country-by-country basis unfeasible. "It's got to be done worldwide," he says. "A public debate about that

issue would be wonderful." Western countries without state-funded healthcare would hit bigger problems 2009-02-21_New_Scientist_2234.

People - EVERYONE - Since news of his proposal was announced by a sub- committee he heads for the International Association of Physicians in Aids Care in Chicago, Dr Farthing, 44, has been variously described as certifiably insane and lacking in scientific judgment. But he remains undaunted. "Someone HAS TO go first," he said. "Medicine has changed. Years ago, people took risks. Now it is as if research cannot expose anyone to risk. That is why this research is going so slowly. People HAVE TO accept some risk." Last week, Dr Farthing and his enthusiastic cohorts visited Washington to seek the assistance of the National Institutes of Health, the Food and Drug Administration and the Centres for Disease Control and Prevention in addressing scientific concerns before a live attenuated vaccine trial can take place. In November, he will present his plan to an international health conference in the American capital before moving towards the live tests. 1997-09-29_The_Times_5125

INFREQUENT ANIMATE DEICTICS

THE PUBLIC BODIES (PASSIVE) When I first read it, I didn't know anyone who had died of AIDS , which is not the case now." What do the next ten years hold for Clyde Unity? "I have no idea. It's a bummer that we never know if we are going to be funded beyond the current project. The whole funding system needs a major shake-up and the public bodies HAVE TO be made more accountable. Something is very definitely wrong and it's difficult, but we intend to continue making out." Doctors in wonderland In less than 15 seconds the damage is done. 1997-01-14_The_Scotsman_4475

He (HIV EDUCATOR)- The survival of so many sexually active people with HIV heightens the risk that they will now spread it to others. The Terrence Higgins Trust, created in 1982 in memory of the first British man to die of Aids, said: "We don't want to scare people senseless but it is necessary to keep them aware of the risks of HIV." The new problem for Aids workers is ignorance among the young. Ben Hills Jones, of the Aids Education and Research Trust, said that he HAD TO deal with queries from people asking if HIV could be caught from touching an infected person's coat-hanger. There is frustration that the Government's

HIV/Aids and sexual health strategy, which Yvette Cooper, the Public Health Minister, promised by spring this year, has failed to materialise. HIV and Aids is still left out of the national curriculum, as local education authorities are allowed to decide their own sex education policies. 2001-06-02_The_Times_(London)_1674

They (dentists – HEALTH AUTHORITIES) - We've heard of cases of dentists turning away patients with HIV because they're afraid of infecting other patients and would HAVE TO thoroughly disinfect their equipment, which they should be doing anyway. An older lady told us she couldn't get any home helps to see her. People are still scared to touch those with HIV, even though there's no risk of contracting the virus that way.' Indeed, Rachel has had problems getting dental appointments and has faced bigotry from strangers. I went to a wedding with a friend and got talking to a woman there. Because I'm so open about my HIV, I mentioned it to her. 2012-12-16_MAIL_ON_SUNDAY_(London)_5129

HEALTH AUTHORITIES - would cut short the lives of thousands of people in Britain diagnosed each year as being infected with the HIV virus. Demand for the expensive Aids 'combination therapies' which can extend life by 20 years grew by up to 30 per cent in some regions last year, while government funding remained at pounds 234 million. One of the Government's top advisers on Aids said: 'The figures don't add up now. If the spending is pegged, the numbers will add up even less in the future.' Health authorities are HAS TO fund the drugs by making desperate cutbacks in spending on Aids prevention, health education, and needle-sharing programmes for drug users. 'It's crazy, it's absolutely crazy, but we have no choice,' said Dr George Kinghorn, clinical director for communicable diseases at the Royal Hallamshire Hospital, Sheffield, who has funded the drugs by cutting his workforce by 5 per cent and scaling back prevention work. 1999-11-28_The_Observer_0125

HEALTH AUTHORITIES WHO - Dr Tregoning said homosexual men remained the group most at risk and there was some concern many were forgetting the lessons of the 80s or were becoming complacent about practising safe sex because of the new drugs available. He said: "Young men who haven't seen their friends dying are more susceptible to unsafe practices and there is concern many people are more complacent because people survive for years with a high quality of life through taking multiple therapy drugs. "The cost of the treatment is putting a lot of strain on health authorities who HAVE TO make difficult choices, but the

North compares favourably with the rest of the country for the provision of multiple therapy drugs." Peter Andrew, HIV and Aids co-ordinator for Newcastle and North Tyneside Health Authority, said in the past people HIV positive quite quickly went on to develop Aids which quickly led to death, but new drugs had significantly stretched the period before which an HIV positive patient went on to develop Aids. "A lot more people are living a lot longer with HIV rather than getting the disease, 1998-10-21_EVENING_CHRONICLE_(Newcastle_UK)_5466

Aids organisations - There were other signs that life was being made difficult for the women's group. For two years, Colyer had tried to get BP to put up a fence on the side of the building to stop children running down on to the railway track, but the management kept stalling, claiming children shouldn't be there anyway. "They made it as hard as possible to run a service," says one woman who regularly attends the group. As Aids organisations have HAD TO fight their corner for resources in the new purchaser/provider marketplace, the idealism that existed in the eighties has evaporated. So, too, has the view that Aids would be this great leveller, uniting marginalised groups in their fight against oppression and discrimination. In the current climate of gay men reclaiming Aids, women are feeling in danger of being pushed out. As one woman puts it: "Gay men want Body Positive exclusively for themselves." 1996-02-15_The_Guardian_(London)_3555

They – (doctors and dentists) Wolf claimed that Barton had approached him in 1985 after receiving a call from an AIDS patient and urged him to stop seeing people who were HIV positive. But Barton later denied these allegations and called the case a 'blackmail situation.' Barton was fined $15,000 for terminating the lease. Wolf said at the time: 'I hope this will give AIDS patients, dentists and doctors hope that the system is backing them and they don't HAVE TO turn away an AIDS patient or HAVE TO move.' Wolf was investigated by authorities after the informant said that he was 'actively involved' in underground bestiality sex parties. Conversations where Wolf told the informants about parties in which people had sexual intercourse with animals were recorded by the FBI. The informant said he saw Wolf and his employees using drugs on several occasions, federal officials said. Outside his apartment building in the Village on Friday, residents described Wolf as 'ordinary.' 2015-11-21_MailOnline_2850

Health economists - Secondly, the trial was directed at gay men, specifically those who did not always wear condoms during high-risk sex. The fact that there are some 2,800 new infections a year among gay men suggests that condom use is not what it should be. This is despite years of public health campaigns and a widespread understanding of the risks - which is why prophylactic drug use is being considered as an additional strategy. Health economists will HAVE TO make a judgement about whether it makes financial sense to offer prophylactic treatment to HIV-negative gay men. To do this they will HAVE TO weigh up a few numbers. The first is the cost of prophylactic treatment with Truvada, estimated at about £423 a month for the pills and healthcare. This is not expected to be a lifetime cost, more a "seasonal" cost over a few months or years, based on the time of a person's life when they are most likely to be having risky sex. 2015-02-25_The_Independent_(London)_2966

They – health economists - The fact that there are some 2,800 new infections a year among gay men suggests that condom use is not what it should be. This is despite years of public health campaigns and a widespread understanding of the risks - which is why prophylactic drug use is being considered as an additional strategy. Health economists will HAVE TO make a judgement about whether it makes financial sense to offer prophylactic treatment to HIV-negative gay men. To do this they will HAVE TO weigh up a few numbers. The first is the cost of prophylactic treatment with Truvada, estimated at about £423 a month for the pills and healthcare. This is not expected to be a lifetime cost, more a "seasonal" cost over a few months or years, based on the time of a person's life when they are most likely to be having risky sex. The second figure is the cost of the lifetime treatment of someone who becomes infected. 2015-02-25_The_Independent_(London)_2966

These celebrated new theorists - The policy on AIDS is one which is particularly subject to the ebbs and flows of public and governmental opinion, and Duesberg's thesis is one which is constantly revisited when a society is faced with an unwanted bill for AIDS research and medicine, or, more importantly, an unwanted social group. Thus, it was initially popular when there was no significant heterosexual spread out with the intravenous drug-using population and AIDS was a "gay plague". However, if HIV was not the explanation, then these celebrated new theorists still HAD TO come up with alternative explanations for the incidence of AIDS within gay and male populations. Just what was it about "gay lifestyles" that encouraged disease? One popular initial explanation was that it had something to do with

applying "poppers", or amyl nitrate, "locally", whilst the most recent theory is that AIDS is caused by a succession of sexually (or intravenously) transmitted infections breaking down the immune system over time through the particularly vulnerable anal passage. 2000-07-04_The_Scotsman_1191

Even doctors - There was, of course, smoking which he thinks 'is a major cause of deaths and ill health in this country'. After that he blamed 'obesity and lack of physical fitness'. No doubt smoking does increase the risks of cancer and heart disease and there are certainly more and more couch potatoes glued to their television sets. Sadly, even doctors HAVE TO be politically correct under this Government. However, AIDS is the largest cause of death for young and middle-aged men in London. It has already killed more than 10,000 people in Britain, with a further 10,000 in inner London known to be infected with HIV, but Sir Kenneth did not add so- called 'gay' sex to his list of unhealthy lifestyles. 1998-09-13_MAIL_ON_SUNDAY_4076

The rest of the world - 'For the first time in history, a large proportion of the survivors (of a disease) will not simply be those who escaped infection, or were immune to the virus, but those who contracted the illness, contemplated their own deaths and still survived,' wrote Andrew Sullivan of the New Republic. Such a view is understandable but, with World Aids Day today, we cannot let the hopes of Western victims blind us. They may now survive but the rest of the world still HAS TO deal with 'Aids, the global epidemic'. Today alone, around 8,500 people will become infected by HIV. Very few will ever get to hear of, never mind get access to, protease inhibitors. Last year, 1.5 million died of Aids, while more than 60 per cent of sub-Saharan Africans now carry HIV. In addition, infection rates in some former Soviet countries have risen from 1 or 2 per cent in 1995 to more than 50 per cent today. Inexorably, the disease is tightening its grip on all
1996-12-01_The_Observer_4224.

This is a generation who - The alarming findings are evidence that children are being taught about sex too early, according to leading church figures. The survey, by the Health Education Board Scotland, has found that more than one in three 15-year-olds admit to having sex - up from 26 per cent in 1990 to 37 per cent. But three times the number are practising safe sex compared to seven years ago - a reflection of an increasing awareness of Aids, according to

health board public affairs director Martin Raymond. 'This is a generation who have HAD TO grow up and come to terms with Aids - the first generation to do so,' he said. Reacting to the findings, Father Tom Connolly, spokesman for the Catholic Church in Scotland, said he was not surprised by the rise in underage sex. 'Young people are being bombarded by sex all the time, even on so-called afternoon television viewing such as Neighbours. 'Television is always promoting underage sex and promiscuity so it's not that surprising children are being attracted to it.' 1997-12-01_DAILY_MAIL_(London)_5031

Society - "AIDS infringes upon people too. If we're going to stop this epidemic, this is a responsibility that society HAS TO shoulder." Clare Wilson is the medical features editor at New Scientist If we are going to ban nasty foreigners, can we at least be consistent about it? Perhaps we should not let anyone into our lovely country, for fear of the mischief they might cause. Almost all foreigners I have met have been devious and malevolent, eaten up with jealousy about what it is to be British, none too bright and with filthy table manners. You would not leave them alone with your wife for ten minutes. 2009-02-21_New_Scientist_2234.

they = thousands of people - The Proud study suggests it doesn't, but it did not prove it unequivocally. One of the biggest worries in offering it widely is that some men will drop condoms in favour of a daily pill - which was never the intention. PROPHYLACTIC APPROACH COST-BENEFIT ANALYSIS Pre-exposure prophylaxis (PrEP) has been proven to be effective at preventing HIV, but the NHS will now HAVE TO weigh up the cost of offering potentially thousands of people a pill they would HAVE TO take daily to cut their risk of infection. 2015-02-25_The_Independent_(London)_2966

THE REST OF THE VILLAGE - What will be the consequences for those around Ste? "You'll see in a couple of weeks Ste going back to the hospital to speak to doctors, working out what medication he needs and you'll see how it affects his relationship with John Paul. "It's not just about one person. It's also about how John Paul deals with his husband having HIV. And in a couple of weeks' time, the rest of the village HAVE TO find out so we'll see their reactions." What has the reaction been like from fans? "I've had a lot of reaction from people who have HIV saying thank you for being the voice and lots of these guys who are getting in contact are gay. "And because it hasn't been on television before portrayed by a gay

character they had no one to relate to. "It doesn't HAVE TO be the end of the world, you can still live a relatively healthy life as long as you 2015-01-17_Liverpool_Echo_2988

WOMEN that HAVE TO be tested- With the right treatment and care the babies of HIV-positive women have a good chance but the women HAVE TO be tested first." Support groups fear that youngsters are no longer taking the precautions they should to protect themselves. Jane said condoms were once an essential item in every handbag and jacket pocket. "It was fashionable to be careful," she said. "But because of the hype over unwanted pregnancies young women today are paranoid about taking their pill but take a chance where unprotected sex is concerned." Twelve years ago a multi-million-pound advertising campaign was launched to raise awareness about Aids. 1999-08-26_THE_JOURNAL_(Newcastle_UK)_0202

13 HIV negative men - There are about 80,000 sexually active gay and bisexual men in England who are HIV-negative and seek sexual health services. About 18,000 of them are diagnosed each year with sexually transmitted diseases, indicating a high-risk lifestyle. About a quarter or more of them are expected to be eligible for Truvada. The Proud study found that prophylactic treatment with a daily pill offered 86 per cent protection. Another way of looking at this is saying that 13 HIV-negative men will HAVE TO be given Truvada in order to prevent one infection - which is actually quite a good hit rate for this kind of prophylaxis. Another issue to be considered are side-effects. All drugs can cause unwanted symptoms, and Truvada can cause mild and transient problems, such as nausea, joint pain and sleep disturbances. 2015-02-25_The_Independent_(London)_2966

A THIRD (of gay men and people who get sex diseases repeatedly - waiting for an HIV test) Sir Liam will recommend that everyone with a sexually-transmitted disease who attends a clinic should be advised to have an HIV test. He also wants GPs to urge gay men and people who repeatedly get sex diseases to have an annual HIV test. But patients are HAS TO wait up to eight weeks for an appointment at a clinic. Nearly a third HAVE TO wait at least two weeks. The delays are fuelling the epidemic as sufferers continue to have sex with their partners. Sir Liam will blast the "unacceptable" waits in his annual report on Wednesday. Later this year Health Secretary John Reid is due to unveil tough new targets to speed up

appointments. But Labour MP David Hinchliffe, chairman of the all-party Commons Health Committee, is furious about the hold-ups. 2004-07-26_The_Sun_3323

Gay men (may HAVE TO take the test) - However, despite claims from insurers that they have embraced these guidelines, research suggests that gay men still find they are more likely to be subjected to unnecessary HIV tests than heterosexual applicants. According to Compass, more than 80 per cent of customer service staff at the major insurance companies still give incorrect information, often resulting in the demand for HIV tests when dealing with applications. Equal treatment? The stage at which insurers demand HIV tests seems to vary dramatically, and confusion among staff means that some gay men are still HAS TO take a test to assure a small amount. Some companies will not ask for an HIV test until the sum assured reaches £1m. Royal Liver, for example, has a limit of £1m of cover without HIV testing both for gay men within a Civil Partnership and married couples. 2008-04-19_Independent_Save_Spend_3661

MOST HETEROSEXUALS - several hundred people," adding, in the same 1992 interview: "I do think sex is something worth dying for." We are all, of course, driven by our sexuality - whether in the pursuit, expression, frustration or denial of it - and perhaps a writer like Edmund White is simply being more honest about it than the majority of us choose to be. And no doubt for gays, the spectre and reality of AIDS inevitably link sex and death in a way that most heterosexuals don't HAVE TO confront, or even imagine. Yet it's difficult not to demur - not to argue that an over-emphasis on sexual desire and fulfilment is to belittle those variously complicated and mysterious and fascinating other things that make us what we are: things not reducible to the catalogue of anonymous couplings in bath houses that some gay writers, whether by design or unintended distortion, convey as the essence of their world. White, an urbane, elegant and interesting writer (as anyone who's read A Boy's Own Story or The Burning Library 1999-08-28_The_Irish_Times_0196

HE – A MAN ON THE PILL SO THAT HE DOESN’T HAVE TO WEAR A CONDOM - with HIV in the UK, according to 2014 government report 530 people with HIV reported to have died in 2013 6% of gay and bisexual men living with HIV; 13% in London The logic of paying £500 a month so gay men don't HAVE TO wear condoms At a time when the NHS is

under immense financial strain - some might say bankrupt - it may seem odd to suggest that the health service pay nearly £500 a month for a gay man to take a daily pill so that he doesn't HAVE TO wear a condom. However, the scientists behind this clinical trial believe that a policy of offering daily drugs aimed at curbing new HIV infections within certain high- risk groups of men who have sex with men may actually save the NHS money in the long term. Prophylaxis is about avoiding disease. In this case, a daily dose of Truvada, a combination of two anti-retroviral drugs, could in some circumstances avoid HIV infection and the associated lifetime costs of treating a man with HIV-Aids 2015-02-25_The_Independent_(London)_2966

THEY (GAY COUPLE) - According to Michael Kemp, chief executive of the Insurance Industry Federation, the proposal form now usually asks if the applicant has had treatment, is getting treatment or thinks they may have been exposed to a range of illnesses, including HIV and hepatitis. However, he says because a couple is gay, it does not mean they HAVE TO tick the box which states they might have been exposed to HIV. But this is not commonly believed across the community. Karl Hayden, Out In the Open producer on Anna Livia 103.8 AM, says in most circumstances only one member of the couple applies for the mortgage and the other helps pay off the loan with both being tied in through a separate contract drawn up by a solicitor. One way is to sign a trust deed which one partner can use to access the funds after the property is sold. 1999-03-04_The_Irish_Times_0403.

OTHERS, INCLUDING HER OWN CHILDREN AND CLOSE FAMILY HIV test was necessary. But this was the time her body was being invaded by the virus. "He came to stay again and was taken ill but no one at the hospital told her what was wrong with him" It was when she saw an empty tablet packet by his bed and looked up the name on the internet that she discovered he was being treated for a "low immune system". "She was distraught when she discovered she was HIV positive." Others, including her own children and close family HAD TO be tested too and her parents HAD TO be told - her father suffering a stroke not long afterwards. "She was a complete wreck and heartbroken", the barrister said. Defence counsel Karl Williams said the defendant had pleaded guilty as soon as it was "medically shown that he was the source". "He feels sorry for the victim", he said. Locking him up,

Judge Parry said: "It was a serious breach of trust and she has gone from being a working, caring, reliable mother 2015-08-28_South_Wales_Echo_2893

WHO (FAMILIES WITH ILL RELATIVES) We in the gay community have a tremendous amount to be proud of. It has taken the Aids tragedy to demonstrate that. We have looked after our own in sometimes very difficult circumstances. We have supported our friends as they have become ill, and we have worked hard in maintaining good relations with families who have HAD TO face so much. We may be homosexual, we may be promiscuous, we may even use drugs, we are certainly different. But we are also human. We deserve respect from the whole of society, something that society is so reluctant to give. If we had that respect, then we would not HAVE TO go to so much trouble to protect the natural pride parents have in their sons. Names have been changed to protect the identities of the individuals and their families. 1996-01-10_The_Guardian_(London)_3615

THEY (THE FAMILY of a person who is dying of AIDS) - And Helen. It's around Helen that the novel is centered. The Blackwater Light- ship sees her returning to the scene of much childhood unhappiness - her grandmother's one-time guesthouse in Cush where she and her brother, Declan, stayed while their father was dying of cancer in a Dublin hospital. Now, years later, Declan is dying of AIDS. The family have kept their distance from each other for so long that, inevitably, nursing Declan in the shabby seaside home, they HAVE TO confront their past. A constant presence in the novel's background is the flashing light of the lighthouse on Tuskar Rock. The title comes from the lighthouse which used to operate close to Tuskar but was removed, its absence seeming to symbolise a deeper void within the family. The characters walk on the beaches, through the remains of houses destroyed by decades of erosion by the sea. They see the thin sand tumbling down the cliffs in dusty rivulets as the process continues. And, as though we were inspecting the location 1999-09-18_The_Irish_Times_0168

PRIESTS AND OTHERS - "Gay priests and heterosexual priests didn't know how to handle their sexuality, their sexual drive... How to be celibate and to be gay at the same time, and how to be celibate and heterosexual at the same time, that's what we were never really taught how to do." A gay priest, who responded to the survey anonymously, said: "I don't think the real problem is HIV-Aids but the basic dishonesty of the church with regard to all sexuality.

Priests and others HAVE TO disguise and hide their sexuality in all sorts of ways and of course this leads to unhealthy sexual expression." The high degree of HIV infection in the priesthood strikes at the core of Catholic doctrine, which preaches abstinence as the solution for nearly all sexual issues outside the confines of marriage. It is not entirely surprising, however, that thepriests were willing to talk to the Kansas City Star, since the American church has for many years been lobbying the Vatican - unsuccessfully - to loosen its zero - tolerance policies on safe sex 2000-02-01_The_Independent_(London)_1292

Most gays - Another factor is that changes in HIV treatment have transformed the lives and life expectancies of people afflicted by this disease. Drugs can stop the virus reproducing and can reduce it to such a low level that it cannot be detected. Even once it has turned into Aids, it can still be successfully suppressed. Phil Carvosso, proprietor of Carvosso & Company, another independent intermediary specialising in providing financial services to gay people, said: "Most gays are affronted by HAS TO answer lifestyle questions. If someone is genuinely homosexual and HIV negative then they are practising safe sex, so where is the increased risk to the insurer? If you are going to use the logic employed by most underwriters, you might as well start blood testing everyone in Essex just because someone in Essex is HIV positive." Even lesbians can find themselves the subject of significant prejudice 2001-09-29_THE_DAILY_TELEGRAPH(LONDON)_1575

They (gay men) Matthew Hodson, a project worker for Gay Men Fighting Aids, an organisation that works in London, seeks to persuade gay men that the choices they make HAVE TO be informed. 'If you are both positive, it is fairly easy to establish, but if you are both negative, that is where you are only as safe as your last test result.' He stresses that protected sex is still the safest, but acknowledges that this is not the right message for all gay men. 'The best advice I can offer someone who does not want to become HIV positive is that they shouldn't have unprotected anal intercourse. 2000-03-14_The_Guardian_(London)_1237

Their families (of people with HIV) - worry also that if they do tell people about it, they can be subjected to malicious gossiping because there is such ignorance among some people about HIV and AIDS, " she said. "In Wales this fear is not just a rural phenomenon, its something that is happening in urban areas and even among the gay community." And the

impact of living a lie is greater than it seems. For not only do people with HIV/AIDS HAVE TO make excuses for their situation when they fall ill, their families might HAVE TO lie on their behalf as well. Under employment law companies are not allowed to discriminate against people with HIV or AIDS. People with the condition are only compelled to declare their situation if they work in sensitive areas of medical professions such as surgery. But Genevieve Clark of the Terrence Higgins Trust, says that living with AIDS in the 21st century still carries huge practical problems along with the stigma. The trust, Britain's leading campaign and educational organisation on HIV/AIDS, has found that one in five people with the condition 2002-03-30_Western_Mail_1999

person that feels responsible and took the HIV cause to heart - Robert also got involved in the city's support groups - Bodypositive, Solas, Waverley Care - and became quite vocal about the needs of people who are HIV positive. "When I started in a support group there were only four of us - now there's only me left and I feel that I still HAVE TO shout about it. "There's too much complacency about HIV and yet at the same time the numbers of heterosexual people with it are growing. People think there's a resolution because there are drugs - but there's no cure and that shouldn't be forgotten. "And the drugs have horrendous side-effects. I never took them for 13 years, I do now, though not in the doses they want me to take, but I find my complementary medicines help. You see the drug companies advertising their wares - 1996-04-07_Scotland_on_Sunday_3464.

The younger generation - I know HIV-positive people who've had constant nausea or extreme numbness in their feet, which has been far worse than the actual illness. Almost ten years on I feel better than I ever have. I know with my medication I can lead a full, happy and healthy life. Some people still think you can catch HIV by sharing cups or towels, or from toilet seats. Even some dentists and doctors won't accept HIV-positive patients. 50% LIVING The younger generation HAS TO be told that it takes just one night of unprotected sex, so don't take the risk. 2015-03-03_The_Sun_(England)_2957

THEY – PEOPLE MORE COMPLACENT "On the one hand combination therapy makes people less infectious, which is good," says Goldberg. "But on the other hand there are fears that combination therapy makes people more complacent - which makes them more likely to have unprotected sex." Craig agrees. "I know some young gay men and heterosexuals as well

who think it's all over - that there is a cure and that they don't HAVE TO be careful any more. That's so untrue. Combination therapy is not a cure -it is alleviating a terminal illness -and in any case the side effects are terrible." According to Dr Jamie Inglis, a consultant in public health with the Health Education Board for Scotland, more is coming to light on the question of side -effects, as the drugs are used over longer periods. 1998-12-01_The_Scotsman 5368

EVERYONE- if he's spreading the tale because it's true or because he's trying to get at you through your kid brother. So try to establish the facts first. Of course, if he did really set out do this deliberately then he has acted in a wholly reprehensible and completely unacceptable way and I can well appreciate why you might want to have a word with him about his behaviour. But would it really do much good or help your brother? As a gay man yourself, you must also be aware that everyone HAS TO be responsible for themselves and that means they follow the 'safe sex' message at all times and don't take the risk of picking up an infection. Nor is it just HIV about which we should worry, but all the other sexually - transmitted diseases which have shown frightening increases over the past few years, not only among the gay community but in the straight one as well. The days when people could sleep around without taking the appropriate precautions are long gone for all of us. 2002-07-19_Daily_Record_1911

I, as a gay man, - "i was living a very self-absorbed, addictive life at that time, and the White family's humanity hit me like a thunderbolt," says Elton. "It reminded me that being a decent human being meant really caring about and fighting for things beyond yourself. "At the time, Aids was 'the gay disease'. As my gay friends died secretly, in pain, I knew this was the struggle I, as a gay man, HAD TO be part of and do something about. I got sober and started the Elton John Aids Foundation. Every day since - every project, trip, speech or fundraiser, every time I meet someone living with HIV, visit a clinic or cuddle a baby that has been born HIV-free - reinforces that being part of something much bigger than you is what makes life worth living." It was a few years after the foundation was created that Furnish met John. 2015-11-08_The_Sunday_Times_(London)_2869

- I (sense of personal responsibility and urgency)- "We had this wonderful romance and then, after a superb weekend together, she realised that we'd had unprotected sex and she went hysterical. That's why I HAD TO have an AIDS test. "Waiting for the first result was the

worst 24 hours of my life. It really made me think of the harm I could have done. "I was almost resigned to going back to Wales and catching rabbits in the time I had left." 1996-10-27_Sunday_Mirror_4289

An individual at risk and HAS TO be responsible - Professor Graham Hart, another leading expert, told a recent international conference: "There are changes happening in some gay men's sexual cultures around the world. "There are sexual micro-cultures developing where there is less of a sense of gay community and more the sense that an individual HAS TO look after their own risk." One explanation for the practice of "gifting" may be "survivor guilt" among men who have lost partners to Aids. Dr Mark Pakianathan, spokesman for the British Association of Sexual Health and HIV, said that sites should do more to encourage safe sex. "There is no doubt that there has been an increase in the amount of unprotected sex and new infections including hepatitis C and syphilis. "It may be that these sites should, at the least, be required to carry 2004-04-18_Independent_on_Sunday_(London)_3226

They - People just aren't protecting themselves, says NHS Grampian consultant in public health Dr Helen Howie. "When HIV and Aids first hit the headlines, there were these very powerful awareness campaigns. I think that, now, people have become complacent. "But they HAVE TO realise that HIV hasn't gone away and they need to protect themselves. They must use condoms." Over the last year, the health board has worked with occupational health workers, ethnic groups and schools in a bid to drive that message home. A play, Elegies for Angels, Punks and Raging Queens, which reflects the broad spectrum of people HIV and Aids infects and affects will be performed by Aberdeen Cares Drama Company at the Mitchell Hall, Marischal College, Aberdeen on December 1 and 2. 2004-11-27_Aberdeen_Press_and_Journal_5283

Thousands and thousands of fans that - the poor and the young than the announcement that the basketball hero Magic Johnson was HIV positive. If it could happen to Eazy, it could happen to anyone. Wright himself issued the following statement through his lawyer 10 days before his death: 'There were great rewards for me personally, like fancy cars, gorgeous women and good livin' . . . I'm not saying this because I'm looking for a soft cushion wherever I'm heading, I just feel that I've got thousands and thousands of young fans that HAVE TO learn about what's real when it comes to Aids. Like the others before me, I

would like to turn my own problem into something good that will reach out to all my homeboys and their kin because I want to save their asses before it's too late. I'm not looking to blame anyone except myself. I've learned in the last week that this thing is real and it doesn't discriminate. It affects everyone . . .' There have been stories of Eric sleeping with five women a night. 1996-01-27_The_Guardian_(London)_3589

THE MEN A key factor necessary for this approach to work is that the men HAVE TO want to change their behaviour. Gold came to the conclusion that in these circumstances HIV prevention educators can exploit the difference between men's thinking in the 'cold light of day' and in the 'heat of the moment' to promote changes in behaviour. Men on the programme were asked to keep diaries, in accordance with guidelines supplied by the project, and to record what was in their minds when they 'slipped up'. As a consequence they were able to reduce the incidence of multiple slip-ups in the post-intervention phase. 2005-08-23_Nursing_Times_0545

The volunteers - Some callers report incidents where they have seen dried blood on toilet seats, but this is unlikely to present a problem, as hypothetically, the virus would be dead and the blood would HAVE TO get into a lesion." Callers have been concerned over the implications of their children coming across syringes. "In each case, the volunteers HAVE TO tease out exactly what happened. Usually the syringe would be there so long the virus would be dead," he says. AIDS Helpline Dublin was set up as a voluntary organisation in response to an overwhelming demand for information on HIV and AIDs. "The public were very frightened by reports of people dropping dead in America," he says. "Groups such as the helpline were set up to try to bridge the gap." 1997-09-16_The_Irish_Times_4748 ??????

A woman - the first time many in Africa learn that they are HIV-positive is when they visit an antenatal clinic in anticipation of motherhood and a test is taken. Often, the husband or mother-in-law is informed first that the test is positive and the woman may be forced to undergo an abortion. She is blamed and ostracised as the cause of the illness infiltrating the family. The husband is never tested and continues to infect others. At the same time, if a husband chooses not to use a condom, a woman HAS TO abide by his wish. Ludfin Anyango, Action Aid's HIV co-ordinator in Kenya, who herself has been HIV-positive for eight years, says: "Women are expected to be subservient, even at a cost to their own lives.

That needs to be challenged." Inequality is an issue in Britain, too, says Helen Clifton of Action Aid. Teenagers and young women require the self-confidence to negotiate safe sex. The escalating rates of sexually transmitted diseases - often a precursor to a surge in cases of HIV 2004-01-26_The_Evening_Standard_(London)_3239

The person - Dr Mark Kealy, North and East Devon Health Authority's consultant for communicable diseases, said the area has seen very little full-blown Aids because the virus can be sup$-pressed by drugs. But he added: "The virus can be suppressed to a level, but it can hide in parts of the body. "If treatment is stopped for any reason, the person HAS TO be treated with a new set of drugs because the virus can re-occur. "Although the majority of our cases - there are about 50 in our area - are the result of sex between men, nationally, there has been an increase in the numbers of infection through sex between men and women. 2000-12-01_Express_Echo_(Exeter)_0949.
THEY - But we are not far from HIV becoming a disease that you learn to live with, not die from." Tomorrow's generation of drugs are even more effective, he adds. "There'll be fewer tablets and they will be easier to take, more powerful and with fewer side effects." At the moment people with HIV HAVE TO take between two and 30 tablets per day. When the new drugs become available they will only HAVE TO take one or two. From when the first case of HIV was diagnosed in 1981 up until 1994, the number of people dying of Aids rose rapidly. 2001-12-04_Daily_Post_(North_Wales)_1739

People (with HIV)- "People can assume HIV hits men in their mid 30s to 40s, because they didn't know about HIV when they were in their 20s. "But there are quite a lot of new infections with young people. The public have become very complacent, mainly due to the new drugs regime. People think there is a cure or vaccine and there isn't. "Aids isn't easy to manage. It is difficult. The drugs regime people HAVE TO stick to is horrendous. "You HAVE TO pop pills all day at exactly the right time and with the right amount of food in your system." Ms Moore said that because the huge epidemic predicted in the 80s didn't happen, people thought it was a false alarm. But she stressed: "Thirty four million people across the world are infected at the moment. In five years time experts fear that could translate into billions." She said a rise in tourism is another potential source of increased risk. " 2000-02-26_Belfast_Telegraph_1259

At the moment people with HIV - he says. "People are still getting sick and some are dying. We are still some years from a cure. But we are not far from HIV becoming a disease that you learn to live with, not die from." Tomorrow's generation of drugs are even more effective, he adds. "There'll be fewer tablets and they will be easier to take, more powerful and with fewer side effects." At the moment people with HIV HAVE TO take between two and 30 tablets per day. When the new drugs become available they will only HAVE TO take one or two. From when the first case of HIV was diagnosed in 1981 up until 1994, the number of people dying of Aids rose rapidly. As soon as the number of drugs given to a patient was increased to three - from one or two prior to the mid-1990s - hospitals started to see more and more survivors. In the UK last year, fewer than 500 people died of Aids, 2001-12-04_Daily_Post_(North_Wales)_1739.

They (other teenagers) - Many teenagers are loath to take medicines they HAVE TO hide or that interfere with their social lives, she says. One 15-year-old is refusing medication despite having nearly died. For Matthew, who has also let his regime lapse, the next combination will be the last. If that fails, he is reliant on scientists developing new medicines. Other teenagers have not even been told they are HIV positive. They may be told they HAVE TO take medicines to stay well, but their parents feel unable to tell them their diagnosis, despite staff's efforts to persuade them. At 16, staff will do it anyway because, under the Children Act, they have a right to know. 'I think it is wrong for any 16-year-old not to know,' says Clapson. As well as explaining the importance of taking medication, they may well be sexually active, she explains. She recently HAD TO tell one 16-year-old boy who 2000-06-18_The_Observer_1050.

ONE PERSON "It is very brave. The reality is depending on the age of your children and whether you have still got older family the stigma is very much still there. "It is a widely held misconception that this is a predominantly gay disease, but that is very much not the case. In fact it affects roughly 50% heterosexuals. "It is also no longer a certain death sentence, but it is a condition where people respond very differently to the treatment. One person may only HAVE TO take one or two tablets a day, another 46 tablets. "It is a daily reminder because you HAVE TO take that daily medication to keep you well. It can have very serious effects on mental health as well. "It has been 30 years and we have discovered some very

good treatments. 2014-02-24_The_Argus_(Newsquest_Regional_Press)_2787

Others (people with HIV) - Nick Partridge, the chief executive of the Terence Higgins Trust, who last week celebrated 25 years leading the charity, explains that this year the number of people living with HIV in the UK will reach 100,000 for the first time. How well they fare depends largely on how quickly they receive a diagnosis of HIV infection. For half those diagnosed, the infection may already have damaged their immune system. Every year, around 500 people still die as a result of diseases related to HIV infection. Others may HAVE TO live the rest of their lives taking ten or more pills a day, constantly dealing with unpleasant side- effects such as dizziness and nausea. 2010-08-17_The_Times_(London)_2339.

Those who do survive - Forty types of microbicides are in development but all, shamefully, lack the backing of a major pharmaceutical company. Microbicides are important, says Anyango, because a woman can protect herself from infection without her husband even being aware - protecting her health without challenging convention. In the UK, the advent of anti-retroviral drugs (ARVs) in the Nineties and the use of drugs to treat other infections means the rate of Aids related deaths has slowed considerably. However, those who do survive often HAVE TO cope with unpleasant side-effects and, too often, a life of secrecy. "Jane" is a white middleclass mother-of-two who has been HIV-positive for 14 years. She was infected by her businessman husband, from whom she is now divorced. She will remain silent about her status, she says, until her children leave home since she doesn't want them to become social lepers. "I've met British grandmothers in their fifties, widows with HIV, and they daren't tell their children about their status for fear 2004-01-26_The_Evening_Standard_(London)_3239

People with the condition - Any damage or loss of the T helper cells therefore seriously affects the immune system. The main routes of transmission of the virus are sexual intercourse - anal and vaginal - and direct blood-to-blood contact. Introduction to care issues Over the past five years, the widespread use of combination antiretroviral therapy has led to a dramatic decline in the morbidity and mortality associated with advanced HIV infection (Nelson, 2001). HIV has now been reclassified as a long-term chronic illness and people with

the condition are HAS TO deal with 'new' HIV-related issues. Think Point: What kinds of issues do you think the reclassification of HIV creates? It is beyond the remit of this article to address the specific issues for all client groups (gay men, women, children, heterosexuals, drug-users, asylum seekers and refugees) living with HIV, but it is essential to acknowledge that in addition to stages of infection, disease trajectories, treatments and variable degrees of stigma and discrimination there are also social, economic, 2002-02-14_Nursing_Times_1793

IN RURAL AREAS, PEOPLE (with HIV) But South Africa has the highest number of people with HIV in the world, with almost one in five of the population infected; among women aged 25 to 29, it is close to one in three. Last week, a report suggested that a fifth of healthcare facilities surveyed in South Africa face a shortage of drugs to treat HIV and tuberculosis. In rural areas, people often HAVE TO travel long distances, only to find there are no drugs available. Women are much more vulnerable to infection by men than the other way round, while many live in cultures where men refuse to use condoms and domestic violence is common. The link with inequality is confirmed by startling figures from the US, where African-American women have an HIV prevalence rate nearly four times that of white women. A disease once associated in the public mind with gay white men has turned, in some parts of the world, 2013-12-01_The_Independent_on_Sunday_2488

some sufferers - Andy found out he was HIV positive in June 1998 when he developed a bout of pneumonia while he was on holiday in Majorca. He said recently: "I think that I kind of knew. I had been a bit self- destructive for a while and it seemed to be a part of that." He immediately began combination drug therapy and, while some sufferers HAVE TO try several different drugs to get the right mix for them, Andy was lucky to find the right ones early. "After taking them for a month I felt completely normal," he said. He went public on his condition in 2004 after a website began spreading rumours about his health. He said then: "I'm feeling fine - in fact I've never felt better. "Being HIV does not mean that you have Aids. My life expectancy should be the same as anyone else's so there's no 2011-06-25_The_Mirror_5528.

She - One of the women recently referred to Buddies was HAS TO cope with the double whammy of learning that her husband was seriously ill and her own life is also in danger. Frances recalled: "The woman had married for the second time and her partner had become

very ill with chest infections and a cancerous growth. He was weeks away from death when he was diagnosed as an AIDS sufferer, then she HAD TO go through the additional trauma of finding out she was HIV positive too." Two counsellors are employed by the NHS to work from Hanley's Buddies drop in centre. There are weekly sessions to offer help and support to AIDS and HIV sufferers and the team offer practical support and advice to families. They will take children on outings to give a parent struggling to cope with the disease some respite, and they also give practical advice on the medical help available. The charity offers sufferers a chance to try complimentary therapies such as massage 2000-11-28_The_Sentinel_(Stoke)_0975

I - I said no. I'd been in a monogamous relationship for over 17 years, and after my partner left me, I was still so much in love that I'd remained celibate for years. I was always extremely cautious and led a very healthy lifestyle. I still do. I got the result the day after the test. They reckon the trauma of the accident had given the virus the opportunity to attack my immune system. If I hadn't had the accident, I would probably have carried on undiagnosed. I HAD TO go on to medication immediately. At the time of the accident, my father had already died, and my mother was in her 80s, being supported by my sister. The hospital HAD TO contact them as next of kin as they weren't sure I would survive. They said they did not want any more contact with me. Months later, once I had been discharged by the hospital, my mother's health was deteriorating, so I made one last attempt to bridge the gap. I was told that HIV 2013-11-20_Daily_Record_Sunday_Mail_2505

Some patients - The challenge for HIV treatment is to find the best combination of drugs to clear the virus from the blood and improve the CD4 counts over a sustained period of time, allowing the virus no opportunity to build resistance. There are also difficulties with the regime. Some patients HAVE TO take up to 20 tablets a day at various times - some before meals and some after. Side effects include nausea and kidney stones. Even if the virus is eliminated the immune system may be permanently damaged. Noone knows what will happen if and when patients stop taking the drugs. The treatment appears to keep HIV in check but it remains to be seen if resistant forms of the virus will develop, as happened with earlier HIV drugs. 1997-05-05_The_Irish_Times_4391

I - The fact of HIV - what he calls "that terrible gift" - no longer preoccupies him: "I HAVE TO take care of myself, but at the age of 45, as a performer, I'd be doing that anyway." His new partner, an improbably pale-skinned French-born Israeli named Bjorn (true, all true), now produces the decor for Jones's dances and has given him his entree to the visual-art and fashion set. But the lessons of the Still/Here project are still very present for Bill T Jones. "What I've learnt about identity politics, what I've learnt about pain and anger, 1998-03-15_The_Independent_(London)_3845

He - And when you see it happen to a close friend you realise 'this is my future'." Dave now takes more modern drugs, with minimal side-effects. They are not a cure - there is none for HIV - but they can stabilise the virus. He hopes to be able to carry on taking them for a year before his body starts to build up a resistance to them. He will then HAVE TO take a different combination. "I'm much more optimistic than I was when I was first diagnosed," says Dave, whose wife and daughter are still HIV negative. "I was told more or less that 90 per cent of people who were infected would develop Aids and be dead within two or three years. "I lived with that diagnosis for 10 years. It never preyed on my mind because I was working and I was always trying to get on with my life. 1999-01-07_South_Wales_Evening_Post_0515

She - At present she's tired of being hauled out whenever someone with Aids is needed to speak in the media or for public training sessions. She would now love dearly to hand over the mantle. When she's feeling well, the idea of working overseas again is appealing, but the other day when she rang VSO they told her they couldn't insure her. Her health, however, is now reasonably good, although she still lacks stamina and is a slave to her cocktail of pills, which she HAS TO take on an empty stomach at regular intervals throughout the day and night. One distressing side effect of the drugs is lipodystrophy, where you lose fat from your limbs, which then gets redeposited round the waist. "As a result I don't have a bottom, and I've HAD TO take to wearing men's trousers," she explains, clearly dreading the prospect of the condition worsening. And then there is still, of course, the possibility that the drugs will stop being effective. It happened to two friends of 1999-11-27_The_Times_(London)_0128

He - "There is still a lot of taboo about HIV and Aids. People think it is retribution for the lifestyle you lead. There are all sorts of prejudices." When he first found out he was HIV

positive, this man said the first thought was he was going to die. He has come to terms with it now but he HAS TO take dozens of pills every week as well as medication to counteract the side effects of the HIV drugs. He also HAS TO be careful about what he eats and when he eats it as well as what he drinks. He believes members of the gay community are well aware of the disease and the risks of unprotected sex but it does not stop them. "I think there is a general feeling that 'It is not going to happen to me' and that is wrong. 2000-12-01_Grimsby_Evening_Telegraph_0950

Many HIV sufferers - He added: "The sooner diagnosis is made the better the chances of effective treatment, because the immune system will be stronger. "But people should not be complacent because of advances in treatment - many HIV sufferers HAVE TO take up to 30 and 40 tablets a day, and this isn't pleasant. "The message is still very much prevention - be responsible sexually and do not share syringes." Newcastle General Hospital is currently treating 250 sufferers and experts say it is impossible to predict how many undetected cases there are in the region. In 1997 there were 64 new cases and that figure has steadily risen - in 1999 there were 78 and last year there were 104. Life expectancy for sufferers has increased dramatically.
2001-06-02_EVENING_CHRONICLE_(Newcastle_UK)_1670

They (the parents with HIV) - it's like walking into the United Nations. 'Some patients are quite open about why they left Africa - they came here to get treatment for HIV, and once here, they know they will be allowed to stay. And they are having children here, too. There is a whole ward at St Mary's for babies and children with HIV, and most of them are Africans. 'In many cases, the parents do not tell the child why they HAVE TO take this cocktail of drugs every day- and when the child reaches puberty, they may have unprotected sex and spread the virus.' There is no simple answer to the Aids pandemic ravaging the African continent and threatening Asia. Neither is there a quick fix in Britain, which is now being affected by the same syndrome. But one fact is beyond question: if the growing problem is not discussed, it cannot be resolved. Like the virus itself, and those queues outside the clinics, the numbers will multiply in 2003-06-28_DAILY_MAIL_(London)_0824

He - 'And if that realisation helps to challenge prejudice and to give just a few other people the confidence and the determination to overcome the uncertainty, the fear, and the difficulty,

then it's worth talking about.' When he was first diagnosed Mr Smith was given a drug called AZT and later a 'combination therapy', a mixture of drugs that attack different parts of the virus. He HAS TO take 'a lot of pills every day' and maintains a strict diet and fitness regime involving mountain walking. He is a member of the elite club of so-called 'Munro baggers', having climbed all 284 of Scotland's 3,000ft-plus mountains. Mr Smith is the second son of Colin, a civil servant and Gladys, a maths teacher. The family lived in Watford until he was 10 and then moved to Edinburgh when his father was transferred to the Scottish Office. It was a Christian household and Mr Smith has been 2005-01-31_DAILY_MAIL_(London)_0002

At first in 1997 patients - Here in Liverpool for example there is excellent collaboration between the GUM clinic and the Infectious Disease unit at the Royal to the extent it is virtually run as a single service for HIV patients. Since 1996/97 we've had very good, new effective drugs for HIV and that may have led to some complacency. It has essentially become a treatable condition, not in terms of being able to eradicate the virus but in being able to control it. At first in 1997 patients HAD TO take possibly up to 20 or 30 tablets a day in three or four doses, with all sorts of difficulties and constraints such as exact timings, food restrictions etc. There were also very unpleasant side effects. With the newer drugs available recently some patients just need to take two tablets a day. But the message is that while we can to some extent control HIV - with the majority of people living relatively normal lives (although it is too soon to say whether the effects of the pills will last indefinitely 2005-07-19_Daily_Post_(North_Wales)_0659.

The couple - Things were fantastic until Rob started getting sick with glandular fever and went for a HIV test. When it came back positive, I took a test and found I had it too. We didn't think in a million years it would be HIV." Further tests showed that Terry was likely to have contracted the virus when he was 19. He said: "If I hadn't been tested then I could have died within a year." The couple began combination therapy and will HAVE TO take tablets every day for the rest of their lives, until they are no longer effective. He is now trying to raise awareness of HIV. He said: "HIV is something that no-one wants to think about because it comes from something we all enjoy - sex. Everyone has had or will have unprotected sex in their life because they think it'll never happen to them, but it's just not worth it. "People think

they will be OK if they do get it because there is medication available, 2005-11-10_Wakefield_Express_0650

Patients - As they died, I'd put each patient into one of the little drawers and go back one at a time when I was ready to think about them without them all overwhelming me at once.' In Marilyn's 40 years of nursing, the ward sister has seen more than her fair share of suffering and tragedy. 'When I first started in nursing, working with HIV positive patients was a sad job. I was going to two or three funerals a week, patients HAD TO take a cocktail of pills three times a day and there seemed to be no hope,' she says. Something of a maverick, Marilyn was determined to help her patients. If a patient was dying, she would bring two beds together in a side room of the unit to allow the patient and their partner to spend their final hours together. 'Some people thought it was outrageous,' she says, 'but I have never played by the rules. I'm not really a rebel. 2007-11-19_Nursing_Times_3136

I - I've lost scores of friends, all young people, to Aids. I wanted to take control of my life and I thought without the drugs I might get sick rapidly.' Each millilitre of his blood contained 250,000 copies of the HIV virus. 'I started taking the drugs in November last year and by December my viral load was below detection. I look at myself as a text book case for drug companies. I have no side effects. I knew when I started I might HAVE TO take the drug for the rest of my life but it's like people who take insulin for diabetes. Now my energy has come back, my head's cleared and I can contemplate going back to work. 1997-05-12 The Guardian 4379.

Users (of combination therapy) - Combination therapy involves patients taking up to 30 pills a day to suppress rather than kill the virus. To be effective, the pills HAVE TO be taken at certain times of the day, which often means tailoring meal times to the drugs timetable. If the tablets are not taken correctly, HIV can become resistant to them, meaning users HAVE TO switch to other drugs. Previously a contradiction in terms, living with HIV is now a realistic (if heavily medicated) possibility. The problem is that many people with HIV do not automatically want to live like monks. Sexual needs do not disappear just because someone has been told they are HIV positive, though it obviously makes sexual relationships more complicated. Long-term couples can find that anxieties about the diagnosis can interfere with

sexual pleasure. Singles may be reluctant to find new partners. 2001-12-09_Independent_on_Sunday_(London)_1737

I (person with HIV) - There is no budget, yet morning after pills are available to teenagers - this immediately tells you that young people are not practising safe sex, which is depressing really," he said. "If the Government doesn't grasp control it will continue. We need to be much more open in schools. "If you don't make kids aware of the consequences of unsafe sex the problem is going to grow. "I would certainly like to hear from more schools, tell them my story and show them the drugs I HAVE TO take on a daily basis. Awareness really does need to be raised." He believes the figures speak for themselves: 47.3 million people have been infected with HIV since 1982, 52,661 of these in the UK There have been 21.8 million deaths since the beginning of the epidemic Worldwide, one third of people living with HIV are between 10 and 24-years-old Over the past two years more HIV heterosexual than homosexual people have been diagnosed as HIV positive In the past 15 minutes worldwide 20 children and 60 adults will have died due to AIDS 2002-11-30_Express_Echo_(Exeter)_1964

He (Dave with HIV) - And when you see it happen to a close friend you realise 'this is my future'." Dave now takes more modern drugs, with minimal side-effects. They are not a cure - there is none for HIV - but they can stabilise the virus. He hopes to be able to carry on taking them for a year before his body starts to build up a resistance to them. He will then HAVE TO take a different combination. "I'm much more optimistic than I was when I was first diagnosed," says Dave, whose wife and daughter are still HIV negative. "I was told more or less that 90 per cent of people who were infected would develop Aids and be dead within two or three years. "I lived with that diagnosis for 10 years. It never preyed on my mind because I was working and I was always trying to get on with my life. 1999-01-07_South_Wales_Evening_Post_0515

John (with HIV) - The 1980s and 1990s were terrible, and I just took to drink. "I refused treatment until I became very ill about six years ago. I was rushed into the Western [Infirmary] and they said going on the drugs was a matter of life and death. I asked myself, do I want to live or do I want to die? I chose life." Like many adjusting to the virus, John HAD TO persevere with several different combinations of anti-retroviral drugs until one

helped him maintain relatively good health. Though he spends occasional periods in Waverley Care's Milestone hospice, he now lives an active life, completely free of the alcohol problem that wasted so much of his youth. "If you're determined enough, as I am, you can get there. I have begun to feel more like I was before being diagnosed. I keep myself active and carry on living without it getting me down or letting it dominate my life. 2007-12-02_Sunday_Herald_3165.

I – HIV+ BETWEEN 30 AND I was supported by the charity Crescent Cresels, cent who helped me come to terms with the stigma I was experiencing. 35.3m LIVING ing I hated taking pills but knew I was luckier than those diagnosed in the Eighties and Nineties, as I've only ever HAD TO take three HIV a day. And I've never had any bad side-effects. I know HIV-positive people who've had constant nausea or extreme numbness in their feet, which has been far worse than the actual illness. Almost ten years on I feel better than I ever have. I know with my medication I can lead a full, happy and healthy life. Some people still think you can catch HIV by sharing cups or towels, or from toilet seats. 2015-03-03_The_Sun_(England)_2957

I (PERSON WITH HIV) John said: "The first couple of years after we discovered Colt had HIV everybody was blaming everybody. "I got made redundant from my job as a foreman for a building contractor in 1985 because I HAD TO take so much time off. "It turns your life upside down. I reckon this man is going through exactly what my family did. "We felt alone 1999-12-07_Evening_Herald_(Plymouth)_0103

THEY – (PATIENTS) They'll have been through pre -test counselling which has already addressed a lot of their questions, " she says. "Then it depends on how they react. Sometimes they just want to sit there in silence for a while and I think you've got to be prepared to sit there with them until they're ready to talk." Once HIV has been diagnosed, it is important for patients to work out who they could have put at risk. Then they HAVE TO undergo a barrage of tests to find out how much of the virus is inside their bodies, how badly damaged their immune systems are and also whether the virus is immune to certain drugs. "It can still be depressing because it's not like any other illness where people visit the hospital just a few times and are cured, " says Margaret. "We get to know the patients and their problems and we discuss very intimate aspects of their lives. 2001-12-04_Daily_Post_(North_Wales)_1739

PHOTOGRAPHER EDO ZOLLO - MY LIFE WITH HIV After having unprotected sex with an HIV positive partner, photographer Edo Zollo HAD TO undergo short-term anti-retroviral treatment to reduce the risk of becoming infected. 'The medication made me think about what it must be like to be HIV positive,' he says. This prompted him to create the project Stand Tall, Get Snapped: 30 HIV+, a collection of photographs and stories of 30 HIV-positive people (to mark the 30th anniversary of the death of Aids sufferer Terrence Higgins) from around Britain. 'I wanted to expose the still widely held misconception that HIV is largely restricted to gay men and people of 2012-11-26_Metro_(UK)_5148

They (people with HIV) - AIDS live, there have not been huge advances. AIDS in Ireland is a cultural thing not simply a medical condition. The communities that are disproportionately affected by AIDS are gay men and, marginalised inner-city communities where there is poverty and deprivation. "For these people infection is not the focus of their lives, getting money or drugs is. HIV is just another piece of crap they HAVE TO deal with. They do not deal with it well in terms of managing their illness. The regime is difficult so they do not adhere to it. These people tend to be ignored really. People will dispute that but all of the money is being invested because the drug problem causes a crime problem not because of HIV. PREVENTION, she stresses, is the way forward. But she is concerned that the stigma attached to the disease, mainly in middle-class sections of Irish society, has not lessened. 1997-05-07_The_Irish_Times_4388

They (ppl with HIV) - Vincent said: "Paul fights the case for people living with HIV. He came to Waverley Care and I was volunteering that day. He was a real gentleman and a really nice guy. Despite his tragic story he's so supportive of other people living with HIV and understand the problems they HAVE TO face on a day to day basis." Grant Sugden, Chief Executive of Scottish HIV Charity Waverley Care, focuses on the damage done by HIV stigma in Scotland 2013-11-20_Daily_Record_Sunday_Mail_2505

Even gay men aged 66-70 in civil partnerships - But the report highlights failings by Legal & General and AEGON Scottish Equitable staff in particular, for imposing HIV tests on applicants for very low sums assured. Compass found evidence to suggest that even gay men aged 66-70 in civil partnerships HAD TO go through the test in order to get cover when

applying for a sum as low as £25,000. Bright Grey's official stance is that they will not demand an HIV test for anyone on a sum assured less than £1m. The research has found that this is true of married couples but for civil partnerships the limit is reduced to about £250,000, contravening the discrimination laws. "It's remarkable that so many insurance companies are failing when looking after gay clients," 2008-04-19_Independent_Save_Spend_3661

I (AM HIV+ AND..)The cover of your 25 October issue poses the question in relation to the future funding of long-term care: "Does Wanless hold the key?" Is this the same Sir Derek Wanless who chairs the Northern Rock risk committee? I think we should be told. Professor Nick Gould Department of Social and Policy Sciences University of Bath Registration woes I am HIV-positive and HAD TO endure eight months' delay in my registration as a social worker ("How honesty could harm your career", 18 October). What concerns me is the way in which it was dealt with. I was assured that my health concern was irrelevant and the same procedures applied to everyone making a health declaration. Five minutes' conversation with my colleagues revealed that this was not the case. The GSCC is making assumptions about risks to client safety, although I'm not sure what part of social work practice involves sharing intimate body fluids 2007-11-08_Community_Care_3123

Many of the teenagers at the project - "It makes you realise your own problems are very small - nothing compared what they're going through. "But at the same time, they are able to be themselves and to be happy. Annmarie said that when she brought Morgan here, it was the first time she had heard him laugh in months. "In the UK, every two hours someone will be told they are HIV-positive. That's unbelievable. We should be educated about these things." Many of the teenagers at the project have HAD TO fight to learn the truth about their diagnosis and how they came to be infected. While the UK's gay community has faced up to Aids, the heterosexual community is lagging behind. There are now 400 straight men with HIV at Body And Soul alone. Women attend in their hundreds. Yet even with Comic Relief's funds, the project is struggling to survive. "I'm so glad I got involved," Gareth said. "This has made me feel differently. I now know how much I am blessed.. 2003-03-17_The_Mirror_0768.

I - Living with HIV is more to do with being unable to talk about it, not knowing what people's reactions will be, the feeling of being isolated. After Paul died, it was the first time I HAD TO go and look for love as a person with HIV. I had another long-term relationship-with a man who was HIV negative-After two or three weeks it became clear that it was going to be more than a fling 2005-02-01_The_Evening_Standard_(London)_0697

I (=Andrew Sullivan) A.S., a prominent American journalist, English-born, only a little older than myself - working-class; Tory; Roman Catholic; gay - has lived with HIV for five years and watched his friends die one by one. Sullivan, a thoughtful and stylish wordsmith, writes, in his latest book: "In order to survive mentally I have HAD TO find a place within myself where plague couldn't get me, where success or failure in such a battle were of equal consequence . . . Only once or twice did I find that place, but now I live in the knowledge of its existence. So, perhaps, will a generation." n Love Undetectable: reflections on friendship, sex and survival. By Andrew Sullivan, Chatto and Windus, 1998: £12.99. A MIRACLE THAT'S HARD TO SWALLOW CRAIG starts each day at 7: 30am precisely 1998-12-01_The_Herald_(Glasgow)_5366

I - But despite this he has suffered shingles twice and has also contracted septicemia. Today he receives chemotherapy for Kaposi's Sarcoma, something he has had on and off for the last two years. He has, however, witnessed many changes which have taken place with the treatment of Aids, which he contracted in 1988: "I will admit that initially I just could not hack it. I was extremely sick with all of the drugs which I HAD TO take. I would HAVE TO set alarm clocks to wake me in the middle of the night and taking the drugs was not straightforward. One tablet would HAVE TO be taken with food, another without food but with grapefruit juice. It was just like a military regime which I HAD TO live by and the dosages were so high. "Thankfully, as advances have been made, the dosages have been gradually reduced and I now take five tablets, once a day. " Nick says he does occasionally get a "wake up" call that 2004-11-29_Liverpool_Daily_Echo_5281

they – HIV+ guys - As one local gay activist wryly observes: "For a lot of these guys, the fact that they are HIV positive and were expecting to die was the perfect excuse to run around acting like spoilt children, doing exactly what they wanted, never taking any responsibility for their actions, and never stopping to think about other people. Now the new drugs have

come along, and suddenly they're HAS TO face up to their responsibilities as human beings, and as members of a community that has enough to deal with already, without HAS TO worry about the destructive behaviour of a relatively small group of people. Don't get me wrong. I'm pleased for these guys. Really I am. But I'm really pleased for the future of South Beach too." 1997-10-12_The_Independent_(London)_5109

I (AS HIV POSITIVE) What if I hadn't given blood? What if I hadn't had the relationship with the man I believe had infected me? But you can't turn the clock back. I'm HIV positive but I have no bitterness about it. I simply HAVE TO make the most of the life I have. I'd decided to donate blood after reading an article in Marie Claire magazine about blood shortages in Britain. I gave a sample in February 1994, and on - 1997-05-27_DAILY_MAIL_(London)_4360

Matthew (who has struggled with HIV through adolescence) - Matthew is a role model for others struggling through adolescence with HIV. He can unburden himself. Outside, he's terrified of being found out. It took him months to tell his girlfriend. 'I HAD TO think about the consequences,' he explains. 'If she was to tell her mum or other people, then I would HAVE TO move away.' Luckily, she has stood by him. It is his first serious relationship and, again leading the way for other teenagers, Matthew is HAS TO grapple with the deadly serious business of safe sex. Teen Spirit members are well versed in the dangers of passing on HIV through unprotected sex. 'I know my responsibilities,' says Matthew. 'I would not take risks. I wouldn't be able to live with myself.' Matthew wants to go to university, become an interior designer and eventually have children, although he knows he may HAVE TO adopt, rather than risk passing on HIV. It is quite possible, according to HIV experts, 2000-06-18_The_Observer_1050

People with HIV - there is an expectation that someone who is HIV positive will disclose this before sex. People's ability to communicate this, in the heat of a sexual encounter, is varied." It would be wrong, he says, for anyone to believe that antiretroviral drugs have brought an era in which HIV infection has no impact at all. The emotional effect is still huge, and many people in the gay community are aware of that. "Physically, treatment may have got much easier, but people with HIV still HAVE TO live with the idea that they will always carry a sexually transmitted virus with them. They HAVE TO live with the lifelong questions of who to tell, how people will react, how it will affect relationships. We see elevated levels of

mental health problems in people with HIV - greater dissatisfaction with sexual and emotional relationships, issues of self-esteem, more depression. Life is considerably more complicated." Andrew Gilliver (right), from Manchester, is one of those who received an early diagnosis. Looking at it objectively, 2010-08-17_The_Times_(London)_2339

I - The 59-year-old, who wishes to remain anonymous, also contracted hepatitis C and was put at risk of contracting CJD. He said: "At the time I was 35 and already had two children, which was fortunate because it would have ruled out starting a family. "I HAD TO stop working, I couldn't get life insurance. I was effectively given a death sentence. Back in the 1980s there was a real stigma to HIV. It was seen as the gay plague - so people judged me." Earlier this year Lord Archer of Sandwell issued a string of recommendations after a two-year inquiry into the scandal. 2009-05-28_Lancashire_Telegraph_2171.

I - She did not ask her husband, who had been married before and, she presumed, had had a life between his marriages, how he became HIV positive. "At the end of the day it didn't matter how he got it." When he died, she did not tell people he had had Aids. "I told everybody my husband had died of cancer because I hadn't told my children, and I'd lost my husband - being diagnosed to losing him was only a short time and I was HAS TO come to terms with that and my own diagnosis. I couldn't deal with telling anybody at that time. But I confided in somebody who actually told other people so I realised that I would HAVE TO tell my children quickly before somebody else told them." That was tough. She HAD TO explain the tragedy over the phone to her 22-year-old daughter who was overseas. More distressing still was the talk with her 14-year- old son and the impact the news had on him. "He stopped smiling. 2001-11-15_The_Guardian_(London)_1774

HE (A TALENTED, LOVELY MAN) - But I was only 21 and, at that age, you believe that people can change." On his 30th birthday, in 1987, he told her he had the Aids virus. "He was standing in front of the mirror, shaving. We were going to the races for the day, in Golden Gate Fields, and there I was chirping away, putting my make-up on, talking about betting. And I just thought how unfair it was. There he was, a talented, lovely man, HAS TO confront his death so young." Bosley reckons he probably contracted the disease in the early Eighties, when no one knew much about Aids. At that time there were rumours, but no hard medical

facts. In New York they were calling it the gay man's plague, while in Britain, the scare stories didn't begin until around 1986. 1996-09-11_The_Independent_(London)_4518.

THE JUDGE CAMERON - Cameron was to hit the headlines again by announcing that he was HIV positive. The first pages of Witness to Aids are very much personal and intimate, drawn from the perspective of an individual who comes to terms with his illness and then resolves to fight it in any way that he can. The problem is that, when Cameron decides to be open about his condition, he quickly finds himself HAS TO confront the ignorance and prejudice of others. He also HAS TO confront the fact that the drugs that he successfully uses to treat himself are far too expensive for the vast majority of fellow South Africans and it is this that spurs him onto a more overtly political awareness of the role of corporate greed in condemning millions to painful and premature death. Finally and, perhaps, most surprisingly, campaigning for justice for those with Aids brings Cameron into conflict with the denialists who have often received a sympathetic hearing from key figures in the present South African government. Put simply, denialists question the link between 2005-09-19_Morning_Star_0712

I (PERSON WHO FOUND OUT LATER TO HAVE CONTRACTED HIV INSTEAD OF USING PEP)condom split during sexual intercourse with a gay partner who was HIV-positive. He knew immediately that the likelihood of infection was very high, and thought that he could resign himself only to one outcome -the shattering progression of a frightening illness. "I sat in a corner for three months, shaking, depressed and unable to go to work," he said. "Had I known of the possibilities offered by PEP, I would have gone immediately to A&E, and I would have stood a good chance of not HAS TO now live the life I am faced with. When I found out, I just couldn't believe it." To make matters worse, he said that he has not received any advice on PEP at any time during subsequent medical treatment. Two years ago, when a condom broke during sex with his present partner, both men thought only that the exposure meant another potential death sentence. Robert said that ignorance of PEP was widespread among his friends in the gay community, which was better informed than the general public. 2005-04-21_The_Times_(London)_0612

EVERETT Winning the HIV war Deaths from the virus are now rare because of the remarkable advances in drug treatment Kenny Everett's flamboyant life as a comedian was

well documented in a recent television programme. Everett, although married, was bisexual. He was brought up in a religious family and as a result not only HAD TO battle with the symptoms of the HIV that he contracted but also struggle with guilt and depression during his long illness. Everett is thought to have become HIV-positive in the Eighties, some time after his friend Freddie Mercury, the pop star, had also contracted it but before adequate anti-viral treatment was available. Mercury had been a star performer famed for his stage vigour, athleticism and vitality. 2007-11-29_The_Times_(London)_3157

I - Four months later, her husband died of AIDS. 'I very quickly HAD TO tell the truth to my son, who was 13. It was the hardest thing I've ever HAD TO do. Not only was his stepfather dead from AIDS but his mother was also diagnosed with it. He just stopped smiling and went into a severe depression. We both felt as if no one in the world was going through what we were going through.' After a social worker told her about Body & Soul, she persuaded her son to go along to Teen Spirit. 'I always get tearful at this point, ' she says, pausing for a moment, her voice breaking. 'It was something that was so 2002-11-20_Time_Out_1983.

HIV sufferers - It was only several years later, when the fear of HIV was widespread, he was told he had the virus. Almost three decades later, people are still too scared to shake John's hand as the prejudice entrenched in the public about HIV refuses to budge. But rather than hide himself and his illness away, John has dedicated his life to campaigning for HIV sufferers and felling the stigmas society attaches to the disease. The Redhill resident said: - "It's totally unjust that HIV sufferers HAVE TO live in fear - too frightened to talk about it. "The ignorance and complacency of people's attitudes towards the illness makes me very angry. "They are scared of me when, in reality, you would need to drink about 25 pints of my spit to even have a chance of catching it." John's campaign has taken him all over the country. He's received letters from the Queen and No 10. He volunteered at an HIV clinic in Manchester, he single-handedly made sure HIV information was available 2009-10-01_Reigate_Mirror_2118

I - The thought terrified me. "No one knew how I'd caught HIV. I believe it was either from unprotected sex in my youth or from contaminated factor Vlll." Although in the 80s many haemophiliacs were infected by HIV through blood treatments, by 1991, when Mandy started having factor-Vlll treatment, blood products were screened. She was told it was unlikely to

be the cause. "Telling Ben that I have HIV was the hardest thing I've ever HAD TO do. He went straight to his room - it still upsets him too much to discuss it," she says. Ben, now 20, has shown no signs of HIV. Mandy decided to be brutally frank with friends and family, telling them she had HIV when they visited her in hospital. "They were gobsmacked," she says. "Friends have been so supportive and many admit: 'There but for the grace of God...' I'm proof this can happen to anyone." 2008-11-28_The_Mirror_4615

l (person with HIV) - The psychological impact of HIV on a person can be enormous. Q. Have you HAD TO change your way of life since contracting HIV? A. I have HAD TO make minor changes to my lifestyle like maintaining a healthy diet and ensuring that my sexual practices do not expose me to any other infectious illnesses. I exercise regularly which I did not do before my diagnosis. Q. Have you told your family, friends and colleagues? A. My close friends knew within days of my diagnosis, as I HAD TO turn to them for support. 2000-12-01_South_Wales_Evening_Post_0960

I (one gay man from Grimsby) - One gay man from Grimsby, who was diagnosed HIV positive some eight years ago, said finding out about the condition was the most distressing thing in his life. "I lost my job because of it and HAD TO go on to treatment which was a devastation in itself," he said. "I am not promiscuous and I had not had sex for three years when I was diagnosed. The only reason I found out was because I HAD TO have a medical examination for a job." Like the story above, this man has only told the closest members of his family for fear of being treated as an outsider by others. "There is still a lot of taboo about HIV and Aids. People think it is retribution for 2000-12-01_Grimsby_Evening_Telegraph_0950 -

He - Today, Michael admits feeling cut off from some of his friends and family who have shunned him because of his sexuality and health. He lives alone with his dog Holly and plays tennis three times a week and loves watching football. Discomfort is part of daily life as he deals with the nausea, nerve damage, retina problems and physical discomfort that come with his condition. But one of the hardest things he HAS TO cope with is ignorance of his condition. Decades after HIV and AIDS were first announced to the world, sufferers such as Michael still HAVE TO face appalling discrimination and suspicion. He said: "I have had people ask if they can catch HIV or AIDS from coins I HAVE TOuched, or towels. "In the

21st century, people are still asking those kind of questions." 2013-11-15_Daily_Record_Sunday_Mail_2509.

Some (people with the virus) - there is still no cure for AIDS; however, treatments have been developed that enable most people with HIV to stay well and live normal lives, writes Dr Ashwin Shah. Many people still do not know what HIV/AIDS is, the ways it is transmitted, how to protect themselves, nor do they understand the reality of living with HIV/ AIDS. There is still a great deal of stigma about HIV/AIDS, which results in people with the virus finding it difficult to talk to others about it. Some HAVE TO deal with rejection from friends, family or colleagues. NHS Newham is encouraging everyone to become "HIV/AIDS aware" to reduce stigma. So it is important to sort out the facts from the myths. Myth: If you get HIV you'll die soon: The truth is that although there isn't a cure for HIV, contracting it is not a death sentence. Treatments have come a long way and people with HIV can expect a normal life expectancy, and live healthy and productive lives. 2010-12-01Newham Recorder 2269

Sufferers such as Michael - He lives alone with his dog Holly and plays tennis three times a week and loves watching football. Discomfort is part of daily life as he deals with the nausea, nerve damage, retina problems and physical discomfort that come with his condition. But one of the hardest things he HAS TO cope with is ignorance of his condition. Decades after HIV and AIDS were first announced to the world, sufferers such as Michael still HAVE TO face appalling discrimination and suspicion. He said: "I have had people ask if they can catch HIV or AIDS from coins I HAVE TOuched, or towels. "In the 21st century, people are still asking those kind of questions." But mostly, he is relieved that he is still here and is grateful for the time he has been given, especially the years he spent looking after his mum. He admitted: "I have good days and bad days, but I do still HAVE TO pinch myself 2013-11-15_Daily_Record_Sunday_Mail_2509

He - My mum is quite clued up," he said. "She can see I am physically fine and fit, she understands it and the medication." But not everyone has been so understanding. He has HAD TO defend himself when people have called gay men with HIV "filthy" to their faces. "I don't get hurt when it happens, I get angry," Rob said. "And I try to explain to them why they are not right." Rob's HIV is managed very well and he has been living symptom-free for some time. "It's not the death sentence people used to think it was," Rob said. In fact,

if they are diagnosed quickly, there's no reason why a person 2010-12-02_Essex_Chronicle_2266.

I - 'I thought it was over': Charlie Sheen reveals moment he was diagnosed with HIV Actor Charlie Sheen has spoken about his life living with HIV after admitting contracting the disease saying: "I thought it was over". The Wall Street star took to America's Today show to confirm reports he had been diagnosed with the virus . Speaking to host Matt Lauer, Sheen said he was was speaking out to "release myself from this prison today". He said: "I am HIV positive and I HAVE TO put a stop to the onslaught, this barrage off attacks of sub truths and very harmful and mercurial stories that are about me that are threatening the health of others. Charlie Sheen reveals that he is HIV positive on the Today Show "I HAVE TOld enough that I trusted that to be in the exposition and the situation that I am in today." Revealing when he was diagnosed he said: "Roughty four years ago. 2015-11-17_mirror_co_uk_2859

THEY (YOUNG PPL IN THE DEVELOPED WORLD – WITH THE ILLNESS - The seminar at the Royal Victoria Hospital heard how there are less than 10 children infected in the north but as many as 60 children living in a family with one or more members infected. However, there are around 1,100 HIV-positive children in total across Northern Ireland and Britain. Ms Conway described how young people living with the illness are often compelled to stay silent about the condition because of the stigma. "People living in the developed world whether they are children or gay men, the biggest problem they HAVE TO confront is the stigma, " she said. "Many of them live double lives out of fear of someone finding out." Ms Conway explained that, unlike developing countries, life expectancy for HIV positive people in western societies has increased enormously. The HIV and sexual health trainer came to Belfast to promote the Network's aims in Northern Ireland. "Our aim is to challenge the stigma and discrimination associated with HIV and be an effective voice for children and young people living with the virus, " 2005-04-09_Irish_News_0616

I - they just sank to their knees and hugged me. I felt so much better that it was out in the open, but it has hurt them terribly. Mum still says: "Tania, I want to be able to heal you, but this is one thing I just can't make better". I started to find out all I could about HIV and made the decision that I was going to be totally upfront about it. I have been amazed at how well people have accepted it - although I have also HAD TO cope with rejection. It would be so

much easier not to tell men I have HIV and simply practice safe sex, but I don't want to deceive anyone. They have a right to know. Once I went out with a man and when I told him he said: "You'll be lucky if I'm going to kiss you". I told him to clear off, I don't need people like that in my life. I met my boyfriend Vincent a year ago this Easter after my friend fixed 1997-02-28_The_Mirror_4437.

I - Men were saying they had lost their jobs when people found out. Everyone was afraid their neighbours or employers would find out.' A few months later Mabele attended an Aids conference in Canada. The television pictures were relayed to South Africa and her face was spread across the news. Her family was horrified. 'It was scary. Suddenly I was recognised all over the place. People pointed to me on the streets and said: 'She's the one with Aids.' I HAD TO go to my family and neighbours and try and explain what HIV is. But they didn't want to know. I was cursed.' Two years later, the health ministry recruited Mabele as one of South Africa's 'Faces of Aids'. She toured factories, churches and schools talking about the realities of HIV and why those carrying it should not be treated as outcasts. 'Whites think it is a black disease. Among blacks there's this legend that it's a white gay disease. Blacks say they had eight 1999-03-16_The_Guardian_(London)_0379

THEY (HIV SUFFERERS) - He said: "I have never looked for sympathy. I don't want to be seen as a sick person, but a strong man committed to the community. "But people are still infected with ignorance. Despite all the work that's been done, HIV is still seen as 'gay men's disease', and people still don't take their sexual health seriously. "I just want HIV sufferers to realise that they don't HAVE TO hide away. There's always going to be discrimination and prejudice but you shouldn't be scared to speak out and try and change things." 2009-10-01_Reigate_Mirror_2118

HE (CHRIS SMITH, BLAIR MINISTER) - He hopes that revealing his condition will encourage others with HIV that they, too, with the right treatment, can live what is in effect a normal life Why this is the time to break my HIV silence Chris Smith was the first MP to come out as gay and now, he says, he feels he HAS TO confront the prejudice and ignorance that surround HIV IT IS now just over 20 years ago that I decided to tell the world that I'm gay. It wasn't an easy statement to make. No MP had ever done so before. But I felt it was important to make the point that your sexual orientation makes no difference to the job you

do. I wanted to say, "Yes, I'm gay. So what? Now let's get on with the job of being a good MP." 2005-01-30_Sunday_Times_(London)_0031

I - "I thought that was my only option and that I'd never be able to have kids. I've regretted it ever since - especially as I later discovered it is possible to have a child without infecting them." Even while she waited for the termination, Julie was given a glimpse of how she would now be treated differently for the rest of her life. She recalled: "I was waiting with a number of other girls for the abortion in hospital, but the nurse told me I HAD TO go last because I was HIV positive." After the termination, Julie concentrated on her work and tried to get on with life. She said: "I only told my closest friends, my family and my boss about being HIV positive. My mum didn't say much, but has been supportive. And my employers have been understanding. But I've still HAD TO be secretive to protect my children and I from prejudice." Julie met her next partner, Jason, at a self-help group. 2001-12-03_Daily_Record_1740

THEY (PPL LIVING WITH THE ILLNESS – GAY MEN, CHILDREN) However, there are around 1,100 HIV-positive children in total across Northern Ireland and Britain. Ms Conway described how young people living with the illness are often compelled to stay silent about the condition because of the stigma. "People living in the developed world whether they are children or gay men, the biggest problem they HAVE TO confront is the stigma, " she said. "Many of them live double lives out of fear of someone finding out." Ms Conway explained that, unlike developing countries, life expectancy for HIV positive people in western societies has increased enormously. The HIV and sexual health trainer came to Belfast to promote the Network's aims in Northern Ireland. "Our aim is to challenge the stigma and discrimination associated with HIV and be an effective voice for children and young people living with the virus, " Ms Conway said. 2005-04-09_Irish_News_0616

She - She said: "I went to the hospital thinking, 'I am dying, I am dying, I will not be here in five years time'. But when you are there and you hear experts say its not as bad as you think, you can live a normal life." She was with another partner at the time but ended that relationship as she could not face putting someone else at risk of contracting the virus. Her family and friends have been supportive but she HAS TO put up with whispers from those ignorant of HIV. Now she works to break the stigma surrounding HIV. She said: "I would

encourage any other people in my situation to be positive, don't feel scared or alone. My life is no different in a practical sense." 2004-05-15_EVENING_CHRONICLE_(Newcastle_UK)_3302.

Some (people with HIV) - there is still no cure for AIDS; however, treatments have been developed that enable most people with HIV to stay well and live normal lives, writes Dr Ashwin Shah. Many people still do not know what HIV/AIDS is, the ways it is transmitted, how to protect themselves, nor do they understand the reality of living with HIV/ AIDS. There is still a great deal of stigma about HIV/AIDS, which results in people with the virus finding it difficult to talk to others about it. Some HAVE TO deal with rejection from friends, family or colleagues. NHS Newham is encouraging everyone to become "HIV/AIDS aware" to reduce stigma. So it is important to sort out the facts from the myths. Myth: If you get HIV you'll die soon: The truth is that although there isn't a cure for HIV, contracting it is not a death sentence. Treatments have come a long way and people with HIV can expect a normal life expectancy, and live healthy and productive lives. 2010-12-01_Newham_Recorder_2269

Who – his friends - there are times when silence isn't only deafening, but deadly. And nowhere is this more true than in South Beach. In 1989 in New York, activists took to the streets to protest at what they saw as wilful government neglect over the growing Aids crisis. The slogan they coined was "Silence equals Death". Almost 10 years on, in South Beach, the fashion photographer Thomas Heidemann talks me through his latest work: an exhibition entitled "Sex and Death", dedicated to all his friends "who HAVE TO live silently with HIV". On show at the Clayspace gallery on Lincoln Road, the resulting photographs are big, bold and have the simple urgency of activist art - 6ft-high prints of men in agonising poses, bound and gagged, naked bodies backed against walls, faces frozen in fear, overlaid with images of rotting corpses. Heidemann's lover died six years ago. He has also lost his two closest friends, as well as innumerable colleagues and those he describes as "friends from past lives". 1997-10-12_The_Independent_(London)_5109

I (PERSON WITH HIV) 'For someone who has had HIV for so long you could say I am well but tests show there are problems. Because of my reduced immunity I am very vulnerable to other things. Any infection could be a real problem. 'I am the kind of person who tries to get

on with life. I continued working for much of the time but have now HAD TO retire. 'The problem is the uncertainty. You HAVE TO be aware that at any point all this could be taken away from you. 'Although I am in quite good health now I cannot depend on that, and that makes it impossible to see far ahead. 'I did think about going back into education and doing a Masters but I could not be sure I would be here to complete it. I gave up planning for tomorrow 16 years ago.' And living with HIV touches every part of Tom's 2001-11-29_Birmingham_Evening_Mail_1759

I - He lost some of his friends, other rallied to help him. Soon he was to come up against discrimination and abuse from the public. Princess Diana had led the way in compassionate treatment of HIV and Aids victim but ignorance continued to be widespread. Yet Peter's anguish at the time was that he may have infected someone else. He says: "I found that hard to cope with but I HAD TO put it to the side as I fought for my life. I believe I became infected in 1982. At that time there was talk about people practising 'safe sex'. That was easier said than done and I know that it took a long time for people to practise that, even amongst the heterosexual community. "During 1994/95 I was really ill but I was determined I wasn't going to die. Before my illness I had been teaching Tai Chi here but that stopped. 2001-08-15_Belfast_News_Letter_(Northern_Ireland)_1561

They (ppl with HIV) - 'What worries me is that the stigma is still as bad as it was 16 years ago. People are afraid to say they have HIV. But while people are afraid to admit it and act as if they don't have it, the infection rate will continue to go up and up. 'People are still horrified and will reject someone when they learn they have HIV. But they HAVE TO realise it is part of the package. That person is the same person, they are just positive.' 2001-11-29_Birmingham_Evening_Mail_1759

SUFFERERS WITH HIV - How wonderful then when the very brave Chris Smith, the first Member of Parliament to volunteer publicly that he was homosexual in 1984, found the courage to announce that for the past 17 years he has also been HIV positive. He should be admired for single-handedly helping sufferers to come to terms with their disease because people who find they are HIV positive HAVE TO suffer fear, isolation, prejudice and social exclusion. That's why so many of those who might be infected, decide not to find out, thus

risking infecting others. In Wales, Aids hasn't reached epidemic proportions, but numbers are doubling annually, and that is very scary. Twenty years ago I presented a programme called 'Facing up to Aids', one of the first programmes to inform people about this new disease. 2005-02-06_Wales_on_Sunday_0694.

He (HIV+) The fallout must have been tough? 'Yes, but not as tough as getting ill.' A week after finding he was HIV positive he was told he had full-blown Aids. He had already lost most of his 'extended gay family' to the disease by then, and he prepared himself for the worst. Not only did he HAVE TO come to terms with Aids, he HAD TO come to terms with the attendant prejudices. Just after getting the result he visited a counsellor who said that if he thought this was bad he should wait till the media gets hold of it and tells the world that Holly Johnson has got his just deserts for spouting on about gay sex. 1999-08-16_The_Guardian_(London)_0212 + 1999-09-10_The_Irish_Times_0179

She - Going to the hospital is another worry. "You always HAVE TO have a story ready in case you are seen. I am careful never to get into discussions about HIV in case I appear too knowledgeable. I find it so hard to trust people," she says. Kathleen's son John (4) is HIV positive. A former drug addict, one of the hardest things she HAS TO bear is the fact that she sees his infection as her fault. "At times the guilt is unbelievable. To think that you passed on this deadly virus to an innocent young baby. When I was diagnosed I was utterly in shock. Then I had my son tested and he was positive as well. I was suicidal. Now I wonder how long I am going to have with him - until he is five or 13. He was born so healthy, a little baby who had done nothing to anybody." 1997-05-06_The_Irish_Times_4390

165. Personal and medical reality - Mental - All HIV positive people - The project is called Quality of Life, a phrase which would have stung with cruel irony only a few years ago. Chris explains the difficulties that people face: "All HIV positive people have HAD TO come to terms with imminent death. Ten years on, some are still alive against all the odds. They HAVE TO learn how to live again.' The good news stories conceal some distressing trends, however. Infection among gay men has remained at a consistently high level. Jamie, 38, says: "You hope for acceptance from gay men but are stigmatised by those who see themselves as 'clean' whereas, in truth, they don't know their status." Prejudice remains rife throughout society. 1999-07-31_The_Herald_(Glasgow)_0225

I (PERSON LIVING WITH HIV) is partner, Dorian Jabri, two years after the diagnosis, spoke yesterday of his fear on being told that he was HIV-positive. The Government's multimillion-pound "Don't die of ignorance" advertising campaign featuring sinister images of tombstones was at its height. AZT, a retroviral drug, had only just been developed. He said: "In those days, our knowledge of HIV was rudimentary. We knew very little about it and even less about the possible medical responses to it, so it was certainly a difficult time. I HAD TO learn to live with uncertainty, but nonetheless you decide to get on and live your life. And then gradually, thankfully, medical science progressed. The quality of treatment and care which is now available through the NHS is of the very highest standard and there are much more effective medical responses." Mr Smith, who will retire as an MP at the next election, added: "I have been fit and well throughout. There is no reason at all why I should not carry on for many years to come. 2005-01-31_The_Times_(London)_0021

I - So he took the brave decision to take back the power and tell people himself. Matthew told the Irish Daily Mirror: "Some people get scared, some people don't know what to say but I just want to get rid of the stigma and show people I'm still the same old me, just a lot more tired. "I wouldn't curse HIV on my worst enemy but it's a fact of my life now and I have HAD TO learn to accept it and manage it. "It still hurts and angers me when people think they can catch HIV from a toilet seat I've sat on or from sharing a cup or a towel with me but hopefully being so open about my disease will help change all those was misconceptions." Matthew is now in a serious relationship with a guy who accepts him for who and what he is. They were friends before they became lovers so the Carrickfergus man never HAD TO sit him down and tell him about his HIV 2011-08-15_The_Mirror_5535

I - told me that he had taped his 'conversion'; it had pride of place in his VHS collection - just as videos of the birth of a child do in millions of suburban front-rooms. These men know that what they want is overwhelmingly likely to hasten their death. 'The excitement, I guess, comes from the risk aspect; as does the fear, I guess, ' says Jon. 'I don't want to reach 70 or above! The control aspect is that with something as final as HIV I HAVE TO take focus of what is left of the time I have.' The language that he uses is macabre, very like that of the patient told he has unwittingly caught a terminal disease. 'Yes, it could only be a matter of a

couple of years, or it could be 15 or 20; however long, it will make me put some focus to my life.' The bug-chasers want to belong to the most exclusive club of all, one that will make them feel special permanently, and from which they 2003-02-01_The_Spectator_0757

I - "It is a positive thing," she says. "It keeps me company. I call it Betsy. Everywhere I go, Betsy's there. "The good thing about the diagnosis is that it's meant I can find out who I am and get to know myself. If it hadn't happened I would have just been going out, having fun, enjoying myself, but now I'm taking the time to develop myself. I HAD TO get to love the illness, I HAD TO get to love the medication. I had a really horrible relationship with the meds. I was really resentful, really hating them. Every time I HAD TO take them I was reminded of the HIV. And as soon as I started to think more positively, that changed." In the meantime, she hopes for a cure. "There are myths," she says, "of people being cured. A patient in Berlin had leukaemia and he had a stem cell transplant. After that he was tested HIV negative 2013-11-16_Scotsman_2508

I - I worked out that I had probably been positive for about a year before I was tested. "I spent a lot of time wondering who gave it to me, whom I'd given it to . . . but I realised, what's the point? I am HIV positive and it makes no difference who I got it from. The thing I HAD TO worry about was taking care of myself." Having chosen not to take the drugs and vitamins (known as triple or combination-therapy), he relies on living healthily, going for acupuncture treatment every week as well as some other form of therapy, such as massage. His doctor is anxious to get him on the drug treatment but he is determined not to for as long as he can. 2000-11-28_The_Irish_Times_0973

She - I don't in practice feel confident, but I suppose I must be or perhaps doing this has given me that confidence," she concedes. She also knows that where Aids is concerned, there is nothing certain or consistent. For instance the challenges ahead of her have significantly changed during the past two years, ever since combination therapies started to restore her health. It means she's no longer facing the inevitability of dying, but now HAS TO come to terms with the reality of living and all the many decisions and diversions which that entails. "I found dying quite easy," she says calmly, "but once I started to get better, that was the real challenge. I'd dropped everything you see - my job and all my expectations - and it's hard to know what to pick up again. 1999-11-27_The_Times_(London)_0128.

He (person diagnosed with HIV) - "But I am the proof that it can happen to anyone and I also want to be the proof that it isn't a deadly, dirty disease. "I still have all the same hopes and dreams. "My family have been great, they've HAD TO drag me through the last few years kicking and screaming but I'm coping and I'm not afraid anymore." Matthew revealed the first few months were the most difficult. Every day he woke up he HAD TO realise that he had been diagnosed with deadly HIV. Friends betrayed him and word soon got out that he was "infected". 2011-08-15 the Mirror 5535

They (people living with HIV) - At a meeting in Edinburgh last week, he agreed that the present treatments created their own problems. "AZT was my drug, then we found it wasn't going to be the answer," he said. "Then we found combination therapy could help. But taking combination therapy will mean a great many more people will be living with HIV and they will HAVE TO make decisions about their own life, particularly their own sexual behaviour. They HAVE TO accept that there is a duty to behave responsibly." Financial issues have rarely been so inextricably linked with the HIV/AIDS epidemic than they are today. Combination therapy has meant that some people, previously receiving disability allowance, have recovered so well that they should be back in the workplace and face losing their benefit. But being HIV positive is a distinct handicap when it comes to finding and keeping a job. "There is still a real stigma attached to HIV," says Geoff Pope, the director of the charity 1998-12-01_The_Scotsman_5368

VICTIMS being feted by the morally superior ranks of the great and good. What luscious palace was he dining in when poor Paisan tried to describe his own possibly imminent death to four walls and two Mrs Mops? No, I don't speak lightly of AIDS. It is one of the greatest catastrophes of all time. But unlike the Black Death, it began as, and largely remains, a disease of volition. Aside from a person being raped, in the early stages of the epidemic anyway, victims HAD TO consent to a sexual deed, or an injection, which would transmit the disease. One does not - generally - consent to being bitten by a flea. And from the outset, the primary vectors of the disease were (and remain) men, thinking solely with an organ not just remote from their brain, but apparently entirely disconnected from it. AIDS spread in the West among male homosexuals, some of whom would regularly have anal sex with dozens of

partners a night: and how really, really stupid must you be 2004-07-22_The_Irish_Times_3326

They – women with HIV - Doctors at a recent International Aids Society conference in Rome said many over-50s emerging from long-term relationships had little experience of contraception. Expert Professor Jane Anderson said: "The number of cases in the older age group are going up significantly." The professor, who launched an education programme to support women with HIV, added: "The phenomenon in the over-50s is because of cultural changes - 70 is the new 50 and 50 is the new 30. "They are living full lives and experiencing partner changes. They have not HAD TO think about condoms and contraception because they were married or in long- term relationships before. "They don't consider the risk and therefore we are seeing more becoming infected." 2011-08-01_Daily_Record_5534

PATIENTS - From 1997 to 2002 there were 31 deaths, while from 2003 to the present day, six people have died there. Health professionals have warned that the decline in deaths has led to complacency, false optimism and risky behaviour, especially amongst the young. It is thought that one in three gay men with HIV is unaware of his status. There is still no cure for HIV and treatment can be difficult and bring many side effects. Patients might also HAVE TO contend with being seriously ill and the social stigma and prejudice attached to HIV. Robert Griffiths, fundraising manager for the Martlets, said: "It is one of those ironies. When Sussex Beacon opened, a lot of people were dying. With the drugs, the incidence of dying has reduced so people think it has gone away. 2007-11-19_The_Argus_(Newsquest_Regional_Press)_3137

He - "His health is definitely worse; it's a thing I HAD TO expect," she says. "I know that one day it will come to an end, and of course I don't want to lose my son. "No parent expects to die before one of their children. "But I think of all the things he has done and I feel so proud of him. "He didn't HAVE TO write his diary in the paper each week, yet Simon felt he HAD TO let other HIV-Positive people know there was someone else going through the same thing and he hoped that others would learn something too." Now Audrey is doing something similar. She has set up, with the help of other mothers of HIV-Positive sons, a self-help group. "It's not all doom and gloom when we meet up," she says cheerily. "At first

we all ask about each other's sons and how their health is, and then we chat about all sorts of things. 1998-03-24_Hull_Daily_Mail_3832

I - NO amount of preparation could make Adam's admission to his mother any easier. Telling her he was gay was almost easy in comparison to the second "bombshell" he landed on her - that he was HIV positive. "In the same week I told my mother I was gay, I HAD TO tell her I had Aids. "It's the worst thing I've ever HAD TO do. There were lots of tears but, in the end, she accepted me and helped me to accept it." Adam, from Newcastle, is one of the 200 men and women in the North East who are known to be HIV positive - though the actual number of men and women who are unaware they have the condition will be far higher. HIV and Aids can affect anyone, irrespective of age, nationality, social 1999-11-30_EVENING_CHRONICLE_(Newcastle_UK)_0120

I - 'They were just having fun, being themselves and being normal. WhenI come out of the meetings I feel free. I don't HAVE TO wear a mask there.' Her enthusiasm for the group is echoed by Annmarie Byrne, a bright-eyed and elegant woman in her fifties. She was diagnosed with HIV in 1996 - on her forty- fifth birthday. Four months later, her husband died of AIDS. 'I very quickly HAD TO tell the truth to my son, who was 13. It was the hardest thing I've ever HAD TO do. Not only was his stepfather dead from AIDS but his mother was also diagnosed with it. He just stopped smiling and went into a severe depression. We both feltas if no one in the world was going through what we were going through.' After a social worker told her about Body & Soul, she persuaded her son to go along to Teen Spirit. 2002-11-20_Time_Out_1983

I - 1989, Bekky was living in Hollywood on the threshold of a life that promised glamour, riches and maybe even acting stardom. But signs of what lay in wait were growing... fatigue, bruises and strange, lingering colds. August 28, 1989, is the day indelibly etched on Bekky's mind - the day that the Aids test came back positive. "The doctor called and said: 'I need to see you right away. I HAVE TO tell you that you are HIV positive'. "My legs buckled and I fell to the floor. I was sobbing and shaking. Aids was something other people got, not people like me. After I'd calmed down, I rang home and said: 'Mom, I'm positive'. "She replied: 'I know that, honey - you're always positive. You're one of the most positive people I've ever met'. Though I was devastated, I couldn't help laughing that 1997-01-23_The_Mirror_4464

I - "You'll be lucky if I'm going to kiss you". I told him to clear off, I don't need people like that in my life. I met my boyfriend Vincent a year ago this Easter after my friend fixed me up on a blind date. We clicked immediately and I agonised about telling him I had HIV. I knew it could put him off but I didn't want him to find out six months down the line after we'd slept together. I knew I HAD TO tell him the truth otherwise he would have the right to be angry and resentful at being deceived. So I invited him to the country and just blurted it out. He was wonderful. He said: "How well are you? Now that I've found you, I don't want to lose you." I was so bowled over by his attitude and we had a wonderful weekend. W e practise safe sex but even so Vincent does worry about contracting HIV from me. 1997-02-28_The_Mirror_4437

I - Mr Rushton decided to tell his story to the Lancashire Telegraph last October in an article published on World Aids Day. He was determined to help remove the stigma attached to HIV and AIDS and to fight for more funding to help people affected by the condition. Speaking at the time, he said: "I've had an amazing life so I don't feel sorry for myself. "I feel like I've been given this for a reason and I HAVE TO talk about it. "HIV is massively on the increase in East Lancashire. "And it's not just gay people, it's not just drug users, it is heterosexual people. "The UK has the highest rates in Europe. "I think half of the stigma around HIV is attached to a lack of understanding. "If you don't catch it early enough and if you don't get medicine then it's more likely to become full-blown AIDS. 2010-05-28_Lancashire_Telegraph_2384

A PERSON who has HIV and not AIDS - THE HIDDEN VIRUS ALL people who have contracted the virus (whether they are HIV-positive or not) can pass the virus on to others, even if they appear healthy and symptom -free. A person doesn't HAVE TO be ill with AIDS to infect others. This is why it's so important to use a condom. WARNING THE only sure way to avoid HIV infection is not to have unprotected sex. It can make sexual relationships more difficult - but the risk is too great to compromise. MYTHS ABOUT HIV INFECTION BECAUSE HIV/AIDS is a very frightening subject, many myths and half-truths have grown up about how these infections can be transmitted. It should be stressed that HIV is quite difficult to catch. 1999-03-04_The_Mirror_0404

Fran - They could not have been more protective and supportive. On the night of the diagnosis, Fran had slept at her flat with her sister, Poppy, curled up on the sofa outside her door. Meanwhile, the news spread around her friends, but she had no need to explain herself to a generation more accepting than mine. And when it came to the carrier of the virus, Fran realised he probably hadn't known he'd had it, so was no more culpable than she. But Fran HAD TO make sure the infection wasn't passed on, so she phoned the man she believed she'd caught it from and broke the terrible news to him. In those days, remember, HIV was a death sentence. This, Fran knew instinctively, would change and become like diabetes controllable through drugs, by no means life-threatening. Too late for her. Those were ignorant times. 2013-03-06_DAILY_MAIL_(London)_2655

I (GRIMSBY WOMAN BEING DIAGNOSED WITH HIV) "Since I found out, I have still got friends who go out and have sex with different people every night and that is just my friends in Cleethorpes. "It just amazes me - there are so many people that do it all the time." But the Grimsby woman still enjoys a social life and said being diagnosed as HIV positive has not ended her world. "I still do the same things, I just HAVE TO be a bit careful and watch what I eat and drink. If there is a fight in a pub or club I HAVE TO keep away because if I got cut I could spread it." But she does not feel comfortable with people knowing she has HIV and HAS TOld only a few close friends and family. "It is still a taboo subject and people do not really understand it," she said. Others have been more affected by the news they are HIV positive. 2000-12-01_Grimsby_Evening_Telegraph_0950

People who thought they were facing a death sentence and now - While on the one hand that's wonderful, it has meant many have HAD TO rebuild their lives and learn to live with HIV. "It's a life full of uncertainty. In the past it was a case of not having a place in society - you were going to die. We have people here who are designers, recruitment consultants etc who thought they were facing a death sentence and now HAVE TO look at rebuilding their lives." As a result, Staffordshire Buddies is now working with its clients to build confidence skills and help them get as far as possible back to the way they used to live. In some cases that can actually mean returning to jobs or even taking up voluntary work. The charity runs a drop-in centre and also works with the families of those with HIV and with children of HIV positive parents. That side of the group's work has just been boosted by a GBP 10,000 grant from the Lloyds TSB 2000-07-16_The_Sentinel_(Stoke)_1170

THEY (FAMILY) PASSIVE She knows she HAS TO for the sake of her four children. But even now, three-and-a-half years after she was diagnosed, she cannot bring herself to tell her family. "To this day only my mother knows. I chose not to disclose to anyone. Even my children do not know, although I realise the day is near when the eldest at least will HAVE TO be told. I chose not to disclose to them because of the stigma that still surrounds HIV. I feel they may be scared of me and the possible consequences of the disease, as well as I fear they may be ostracised by their peers." Danielle, who lives in Stoke-on-Trent, took an HIV test after her husband was diagnosed with the virus. The results came as a shock to both of them and, given the nature of the disease, put strain on their relationship. 2000-07-16_The_Sentinel_(Stoke)_1170

INANIMATE DEICTICS

Those taking it (PrEP) –passive - "I'm not a fan of PrEP as a public health matter," he says. "It probably works, if you take it regularly and can adhere to the dosing." The problem, he believes, is that many will struggle to commit to taking it every day, and could even end up developing resistance to a crucial drug they may need if they do become infected. Those taking it HAVE TO be regularly tested, and healthy people may resist being absorbed into the health system. And there is a big cost involved. The most effective means of combating the virus among the population is a vaccine, such as was behind the eradication of smallpox. Nonetheless, Weber is open to its use for certain groups and individuals, even if it does not offer a comprehensive solution to the global HIV pandemic. As Cary James at the Terrence Higgins Trust puts it to me, Truvada is "very promising". 2014-09-29_The_Guardian_Final_Edition_2735

The drugs – passive - But in recent studies, when patients have stopped taking even the most powerful and apparently effective combinations, the retrovirus has crept back, usually from hiding places where the drugs cannot as yet reach. That, if it really needs pointing out, is not the definition of a cure. Even when the drugs aren't stopped, most doctors accept that HIV eventually comes back. It develops resistance to even the most complex pharmaceutical combinations. The drugs therefore HAVE TO be shuffled each time resistance emerges. A recent US army survey showed that one in every four people infected in the past three years

has been infected with a retrovirus that exhibits at least one type of drug resistance. In other words, HIV in the west is getting stronger. So much for its days being numbered. All this might not matter if the drugs could just be shuffled ad infinitum, expensive though this would be. So expensive, by the way, that no one has explained adequately how most African countries could 2001-02-05_New_Statesman_1530

Some of the drugs – passive - Although it is a spectacular improvement on the three drugs we had available five years ago, there are only eight licensed and five on trial to play with. 'We are getting people now with no treatment options left,' says Power. Another reason for failure is the difficulty in sticking to the strict regimes necessary for the drugs to work. Patients may HAVE TO take tablets four times a day at certain time intervals. Some of the drugs HAVE TO be taken on an empty stomach, some with food. Getting it wrong can be serious. If the drug levels in the patient drop for long, the virus seizes its chance and mutates to a form resistant to the medication. Having your life at stake concentrates the mind, but some patients find it hard to cope with the tyranny of the tablets. 1997-12-01_The_Guardian_(London)_5033

One tablet passive- He has, however, witnessed many changes which have taken place with the treatment of Aids, which he contracted in 1988: "I will admit that initially I just could not hack it. I was extremely sick with all of the drugs which I HAD TO take. I would HAVE TO set alarm clocks to wake me in the middle of the night and taking the drugs was not straightforward. One tablet would HAVE TO be taken with food, another without food but with grapefruit juice. It was just like a military regime which I HAD TO live by and the dosages were so high. "Thankfully, as advances have been made, the dosages have been gradually reduced and I now take five tablets, once a day. " Nick says he does occasionally get a "wake up" call that he has a killer condition but tries, as far as possible, to live every day just like everyone else. 2004-11-29_Liverpool_Daily_Echo_5281

IT (THE COMBINATION THERAPY) passive 'I feel lucky,' he says. 'But coming to terms with a longer life expectancy is as traumatic as coming to terms with a short one. I know people who have given up their jobs, spent their life savings and got into terrible debt because they felt they wouldn't be alive to deal with it.' One of the drawbacks with combination therapy is that it HAS TO be taken at roughly the same time every day (the virus multiplies enthusiastically given the chance) and can have side effects such as cramps, headaches and

nausea. Deutsch is obsessive about taking the therapy. 'When you weigh up death and the inconvenience of taking the drugs the scales are completely lopsided. 1997-05-12_The_Guardian_(London)_4379

they (the combination therapies) passive Diary of an HIV survivor: A silent shame They really are working, the combination therapies, even if they are a pain: they HAVE TO be taken at regular eight-hour intervals, with no food or drink for an hour before or two hours afterwards. It's not easy. Most people get up in the morning, have breakfast and are out of the house in an hour. Not so for HIV -survivors. They wake up at 6am, take the cocktail and then go back to sleep for the two-hour fast. Their lives revolve around the pills. That and the loo - chronic diarrhoea being a common 'adverse reaction' to the protease inhibitors 1997-11-26_The_Guardian_(London)_5048

The treatments PASSIVE- But the treatments available for people living with HIV and Aids have improved since the early 1990s and life expectancy has been extended. This has changed the nature of the befriending service because buddies can now anticipate that they will be involved with their "link" for several years. "They can have a better quality of life," said John. "You HAVE TO take some treatments with food, some without, some with a lot of fat, so you HAVE TO have a strict diet. And the treatments HAVE TO be taken on time. It's a strict regime, which means it can impinge on being able to hold some jobs down. "I've been with this person since June, 1997. 1999-02-23_Nottingham_Evening_Post_0421

Several types of medication PASSIVE - First, for a person with HIV, being on combination therapy means living under a very strict and complex regime. Several types of medication HAVE TO be taken at set times and in specific conditions each day, and the side-effects of some drugs can be unpleasant. Secondly, combination therapy is an expensive business. In Lothian, there has been a major review over the last two years of HIV/AIDS services, with difficult decisions being taken to find the money from elsewhere in their HIV/AIDS budget to fund the new drug treatments. Finally, not everyone living with HIV or AIDS benefits from combination therapy. 1998-12-02_The_Scotsman_5360

The pills PASSIVE- In the UK, one in four people is now infected with a strain of HIV that is at least partly resistant to currently available treatments. It is thought that 10 per cent of the

estimated 16,000 people on the drugs are not responding at all. Combination therapy involves patients taking up to 30 pills a day to suppress rather than kill the virus. To be effective, the pills HAVE TO be taken at certain times of the day, which often means tailoring meal times to the drugs timetable. If the tablets are not taken correctly, HIV can become resistant to them, meaning users HAVE TO switch to other drugs. Previously a contradiction in terms, living with HIV is now a realistic (if heavily medicated) possibility. The problem is that many people with HIV do not automatically want to live like monks. 2001-12-09_Independent_on_Sunday_(London)_1737.

The medication PASSIVE - But at the end of the day, disclosing is a very personal decision. It was right for me. Obviously it's not right for everyone. I remained quite healthy until 1997 when my immune system started to weaken. I HAD TO start taking anti-retroviral drugs and that does affect your working life: the medication HAS TO be taken at specific times of the day, sometimes with food, sometimes on an empty stomach. If you're working shifts, it can be quite a juggling act. So I wound up taking a month off work: the side effects to the drugs can be nasty because they're so strong. Sometimes you can't sleep, you might even hallucinate. You may HAVE TO change the drugs because you can't tolerate them. But I've always had support from my bosses and flexibility with my working hours. 2004-03-29_The_Evening_Standard_(London)_3187

It (PEP – post-exposure prophylaxis) PASSIVE DEIDRE SAYS: I am sad you put yourself at risk like this but I can understand how terrified you feel. It takes three months before the HIV virus can be detected in blood samples but if you fear you have run a significant risk, you can ask for PEP (post-exposure prophylaxis) anti-HIV medication, which should be started as soon as possible after the possible exposure to the virus -and certainly within 72 hours. It HAS TO be taken daily for a month and usually has unpleasant side-effects. But that's worth it if you have run a serious risk. Find out more from the Terrence Higgins Trust (0845 12 21 200, tht.org.uk). 2007-10-06_The_Sun_(England)_3110
THEY (DRUGS-PEP) passive here was pressure to make such treatment available in cases where a condom broke during sex between an infected and uninfected person, but it was hard to know where to draw the line. "There is concern about the cost if people get the impression that these drugs are a morning-after pill for HIV. They are not. They HAVE TO be taken for at least a month, they are unpleasant and they are not 100 per cent successful." Mr King said

incorrect use of the drugs would create resistant strains of the virus which could be passed on to other people, rendering the treatment useless. Dr Brian Gazzard of the Chelsea and Westminister Hospital, London, said it was a misperception that the drugs were expensive. Compared with treatments such as kidney dialysis or heart surgery, they were one of the cheapest life-saving options that medicine could offer. 1997-07-25_The_Guardian_(London)_4922

Use of a preventive pill PASSIVE- We estimate new HIV infections in gay men in London are running at 3 per cent a year." Her clinic already offers "post-exposure prophylaxis" to people who have had unprotected sex with someone in a high-risk group, involving a month-long course of treatment with three drugs. But a preventive drug would provide an extra option. "People could pop a pill on a Friday night and be covered for the whole weekend," she said. On a global scale, use of a preventive pill would HAVE TO be restricted to groups at highest risk, such as commercial sex workers or injecting drug users, who would take it daily for the duration of their exposure. Concerns about side effects and the development of resistant strains of HIV would first HAVE TO be overcome. The research is being driven by the lack of progress in the search for a vaccine against HIV, and the failure of efforts to develop vaginal microbicides to protect women which has left scientists determined to find any chink in the virus's armour. " 2008-08-06_The_Independent_(London)_4684

A new combination - PASSIVE - Lapses mean the virus can become resistant to those drugs and so a new combination HAS TO be tried. Persuading teenagers to stick to such routines is a major headache. 'This is a problem that, five years ago, we didn't think we would have,' says Clapson. 'We didn't think these children would live past 15. 2000-06-18_The_Observer_1050

The tests PASSIVE- men leading "fast-track" sex lives, drug addicts, blood product recipients and others whose immune systems are exposed to multiple challenges and who are at risk of Aids are much more likely to have raised levels of the antibodies looked for by the tests than healthy Americans - because the antigens in the tests were chosen on the basis that they were reactive with antibodies in Aids patients. But this association does not prove the presence or otherwise of a lethal new virus. In the absence of a specific test for HIV, the tests HAD TO be calibrated so as to try to find a balance between detecting suspect blood samples and not causing healthy blood to be discarded. The safety of supplies was given

priority, so the cut-off value for defining blood as reactive was set appropriately low. This ensures that the tests detect most samples of blood from people with Aids. But a low cut-off value also means that in screening surveys covering large numbers of people, many healthy individuals test positive. In early surveys covering 8m blood donors in the US, it was found that of 2004-05-16_The_Business_3300

The ‘miracle drugs’ that has given British sufferers hope of a normal life - Aids patients threatened by cutback on 'miracle drugs' THE 'miracle drugs' that have given British Aids sufferers hope of a normal life may HAVE TO be rationed, doctors are warning. Such a move would cut short the lives of thousands of people in Britain diagnosed each year as being infected with the HIV virus. Demand for the expensive Aids 'combination therapies' which can extend life by 20 years grew by up to 30 per cent in some regions last year, while government funding remained at pounds 234 million. One of the Government's top advisers on Aids said: 'The figures don't add up now. 1999-11-28_The_Observer_0125

It (treatment for AIDS) - They, in turn, are able to continue with their schooling. Her neighbours see the difference and realise that they have nothing to fear. By implementing community-based treatment programmes, local communities and their leaders are encouraged to take ownership of the Aids problem. Instead of vilifying the youth as irresponsible, they take it upon themselves to educate them and protect them, giving hope for the next generation. Treatment for Aids with anti-retroviral therapy is not the whole answer, but it HAS TO be part of the equation." But does this tie in with Scotland's "success" story with HIV? Is it really the job of the Scottish parliament to promote access to treatments in other countries? The answer is yes on both counts. As Dr Ingles points out, the problem with success is that the message wears out. 2002-12-01_Scotland_on_Sunday_1956

THIS (MANY PPL WITH HIV FEELING UNABLE TO LIVE FULL AND ACTIVE LIVES FOR FEAR OF PREJUDICE AND DISCRIMINATION) - Chief executive Nick Partridge said: "Many people with HIV feel unable to live full and active lives even if they are well, because of the constant fear of prejudice and discrimination in the workplace, in their social lives, even at home. "But this doesn't HAVE TO happen. The Government can do much to alleviate this problem through simple legislative changes, and we can all help by challenging the unnecessary and damaging attitudes that people with HIV still face." AIDS: VOICE OF THE MIRROR IT'S the deadliest threat to modern civilisation we've ever faced.

A lethal, horrifying enemy tearing through countries and killing millions in its wake. Yet most of us don't seem to give a damn. 2001-11-29_The_Mirror_1761

WHAT (BEING DIAGNOSED WITH HIV) - ps of people at risk and that the spread of Aids to epidemic proportions within the heterosexual population is unlikely outside sub-Saharan Africa. This isn't the experience of HIV centres across the country. People coming forward to register come from all categories, a high proportion being white heterosexual women. These latest comments will fuel the stigmatisation which, unfortunately, still exists. Being diagnosed HIV positive can mean you can't share what HAS TO become 'your secret' for fear of rejection at home and work. If you were diagnosed with cancer you would be supported and cherished. The same should be true of HIV/Aids. 2008-06-13_Daily_Mail_(London)_3631

True tolerance - For some this means life without their already deceased friends; for others it can mean life without jobs and homes. Some people had sold their homes, fearing they could not afford mortgages. Others had given up their jobs because of debilitating illnesses before the discovery of combination therapy. In other words, they live in a time when the need for psycho-social counselling was never greater, yet the services aren't there. Ger Philpott is a former AIDS activist and now a film-maker. True tolerance is not HAS TO 'come out' [regarding one’s status] 1999-05-11_The_Evening_Standard_(London)_0320

There - Dr Barry Evans, a consultant in communicable disease at the Health Protection Agency, and an expert on the epidemiology of HIV, sums up the dilemma. 'I am a liberal, with a small 'l', and have a social conscience. But we cannot go on with a cumulative 20 per cent year-on-year increase in [HIV] infections. Some people will, of course, go back home to Africa; some people will die because they come to us when they are too ill. There HAS TO be a solution that is consistent with human rights, international law and medical ethics.' For now, the government appears to be relying on affected communities to find their own solutions with some support. But if they cannot, pressure on the government to take more interventionist action can only intensify.
2004-04-15_Health_Service_Journal_(HSJ)_3183

That huge rise in survival rates PASSIVE- Among these are the changed perceptions by politicians and health professionals of Aids-related illness; the effect of the virus on patient involvement in drug trials; the contribution made by people with the virus to the idea of a patient-led health service; the development of self-management models of care; and the impetus to developing partnerships between health charities and the NHS. There is a lesson also for the voluntary sector: the importance of mergers to cut duplication and improve efficiency. That huge rise in survival rates HAD TO be matched by changes among Aids organisations: Terrence Higgins managed 15 mergers and service transfers. The Lighthouse, born as an independent charity, came under the trust's umbrella in 2000 as its work had been transformed. "If we had not done that we, as a sector, and THT possibly, would not have survived," says Partridge. 2005-07-13_The_Guardian_(London)_Final_Edition_0668

New attitudes to sexual health PASSIVE - Ministers will next year launch a hard-hitting ad campaign warning of the dangers of STDs. It will echo the "Don't Die Of Ignorance" anti-AIDS campaign from a decade ago. Dr Gwenda Hughes, of the PHLS, said: "We HAVE TO make sure that young people, and young women in particular, have access to clear and accurate information about sexual health. "This must include not just pregnancy but sexually transmitted infections as well." Family Planning Association director Toni Belfield stressed new attitudes to sexual health HAD TO be formed. She said: "People need to know that the majority of infections are treatable and there should not be a stigma to catching a social disease. "It is no different to catching a cold or flu from someone you know. "We need to stop people sniggering and giggling about these diseases as if they are something to be ashamed of." HEALTH FEARS OVER SOARING SEX DISEASES THE Government is to launch a GBP 50million advertising blitz to reverse the massive rise in HIV and other sexually-transmitted diseases. News of 2001-07-28_Daily_Record_1572

HIV - Rupert still never wastes a moment and is campaigning for changes in the way the chronically ill are cared for. And he has a message for anyone with HIV. He says: "HIV doesn't HAVE TO be an immediate death sentence anymore. In fact, if you meet the challenge, it can make your life really worthwhile. "For me HIV has been a real curse, but I'm not sure if I would have developed such a purposeful life without it. How long does he think he's got left? Rupert leans forward again and takes a deep breath. "I'm very realistic," he says

after a lengthy pause. "I hope I make it to 50. "Nine more years. 2004-10-09_The_Mirror_5259

The contraction of HIV - Parents were encouraged to overcome their embarrassment and reinforce the message as strongly as possible for the sake of their children's health. And for a while it worked. The scare tactics and horrifying figures about this new devastating virus had the necessary effect. Advancements in medical treatment, and the successful development combination drugs, meant that the contraction of HIV didn't HAVE TO equate to a death sentence any more. But, while the positive outcome was a reduction in the number of lives lost, the inevitable knock-on effect appears to have been one of apathy. Young people, in particular those engaging in casual holiday sex, have forgotten that the danger still very much exists. Now HIV infections are massively on the increase again and we cannot afford to let that trend continue. 2004-07-01_Liverpool_Daily_Echo_3337

IT – (MISCONCEPTIONS RE. HOW HIV IS CONTRACTED) Sexually transmitted infections Think about sexually transmitted infections (STIs) and there are scores of myths that spring to mind. Paul Hopkins, Gloucestershire's sexual health improvement specialist, said: "Young people hear things in the playground or in nightclubs and that is how misconceptions, like HIV is only contracted by drug users and gay men, spread among peer groups." But it does not HAVE TO be this way. Gloucestershire's sexual health team is committed to lifting the lid on STIs and reducing the number of people across the region who catch, carry and transmit them. Hope House at Gloucester Royal Hospital and Benhall Clinic at Cheltenham General Hospital are sexual health clinics where people of any age can get practical and confidential advice. It is the latter that is so important to the work at both sites, says sexual health nurse Rachel McKenna. "What we do is confidential," she says. 2010-07-06_Gloucestershire_Echo_2358

BEING HIV POSITIVE - DEIDRE SAYS: Being HIVpositive is not the terrifying diagnosis it used to be. Your first step is to get a sexual health check too - though it can take weeks for the virus to be detectable. Meanwhile being HIV positive doesn't HAVE TO wreck or end your relationship. You can still take things at the pace you were doing. Drug treatment is very effective these days and you can take sensible precautions against the virus being transmitted

to you. You can get informed guidance through the Open Heart House 2013-04-27_The_Sun_(England)_2623

AIDS is a disease which –PASSIVE - taken evidence from experts from the Potteries where there are fewer cases of HIV or AIDS than many other parts of Britain. The new strategy is being drawn up by Health Minister Tessa Jowell and is due to be published in the autumn. Among initiatives which have been established in North Staffordshire for many years are regular monitoring of prostitutes and the gay community by staff from the area's sexual health department. They ensure messages on safe sex are getting across and regular HIV tests are offered. Although AIDS is a disease which does not HAVE TO be notified to medical authorities, it is estimated that North Staffordshire deaths are still in single figures and the number of HIV cases is just over 50. 1998-07-31_The_Sentinel_(Stoke)_4134

TACKLING THIS (PROBLEM OF SPREADING INFECTIONS) - Professor Borriello added. 'So it is obvious that the transmitter knew they were infected and was taking anti-retroviral drugs at the time.' Caroline Flint, the Public Health minister, said: 'The rise in sexually transmitted infections, including HIV, is a serious problem and tackling this HAS TO be a priority. That is why we have committed pounds 315m to modernise sexual health services, including a pounds 50m advertising campaign to warn people of the dangers of irresponsible sexual behaviour and the top five infections including HIV.' 20% more have HIV, but region's cases fewest in UK The number of people being treated for HIV in the North-East has soared by 20%. A report by the Health Protection Agency revealed there were 650 people treated for the condition in the region in 2004, compared with 542 in 2003. 2005-11-25_The_Independent_(London)_0559

OUR PRIORITY - But even if the heterosexual risk can be proved to be tiny, many gays fear that publicly reclaiming the illness will revive homophobic prejudices against HIV sufferers and gays at large. As thousands marched through London for Gay Pride this weekend, the issue was threatening to split the community. "Of course prejudice is a worry," admits James Taylor, of Gay Men Fighting Aids, whose plea last month to re-gay Aids precipitated the debate. "But our priority HAS TO be that the infection rate among young gay men is rising, yet gay men's HIV work is not getting funded accordingly. "I'm sorry if that sounds horrible,

but when a quarter of the gay men you meet are dying, it is pretty horrible. Re-gaying Aids is nothing to be ashamed of." 1996-07-07_The_Independent_(London)_4586

The message to our young people - AIDS does not attract the publicity that once it did. But the same dangers are there and the same advice holds true - don't share drug injecting equipment, and don't have unprotected sex. The message to our young people HAS TO be that HIV/ AIDS is not a problem of past generations - it is just as great a risk now as it ever was. 1998-12-02_The_Scotsman_5360.

THAT (PREVENTION) The latest figures show that a total of 175 people have tested positive for the HIV virus in the province since records began in the mid-80s. Helen Moore, director of the AIDS Helpline, said although the incidence of infection in Northern Ireland was low, it could rise, and warned the general public there was no room for complacency. "You can never be too careful," she urged. "Prevention is the only way you can fight this disease at the moment and that HAS TO be through safe sex," she said. "Sixty percent of the total current infections are from men having sex with men. "Twenty-three per cent of the figures are from heterosexual exposure. "There is still a perception that HIV is a 99% problem in the gay community - and it isn't," she revealed . "Research in England has indicated that where there has been an increase in IV use, there is a definite increase in HIV infection. " 2000-02-26_Belfast_Telegraph_1259

THE SAFE SEX MSG She added: "When my kids are older, I'll tell them how to protect themselves. I always thought this wouldn't happen to someone like me. "When it did, I was convinced I was an isolated case. "Now I've met other people just like me. The safe sex message HAS TO get across to stop this happening to others." For general help, contact the National AIDS helpline on 0800-567123. All names in this story have been changed to protect anonymity. 2001-12-03_Daily_Record_1740

ITS ROLE WILL.. (?) Rates of HIV infection may have peaked in the 1980s, particularly due to intravenous drug use in Edinburgh, but last year the rate of heterosexual people diagnosed outnumbered the homosexual group for the first time, so the HIV virus is still a major threat to public health. Given recent concerns about an increase in injecting drug use among young people in Edinburgh, it would be short-sighted to assume HIV is yesterday's problem. While I

strongly believe that Milestone should remain open, I recognise that its role will HAVE TO change to meet the needs of people who use its services. As people are now living longer, staff who started off caring for patients dying from Aids will be spending much of their time supporting people living with HIV. And in a society where those with HIV and Aids still encounter major prejudices, Milestone has become a safe haven where they can turn for much -needed support, be it mental, physical or even spiritual. We will need to continue to work with the communities out there to tackle the stigma that service 2000-05-06_Evening_News_(Edinburgh)_1099

CAMPAIGNS It's about normalising HIV testing and stressing that it is important to know your HIV status. It's also a symbol of what we're about as an organisation: big-thinking, pioneering and very much with the gay community at the heart of what we do.' What do you see as the future of HIV prevention in the UK? 'We think the whole approach to HIV prevention with gay men needs to change. Campaigns HAVE TO tell it how it is. We HAVE TO tell the real-life stories of those who are getting infected and those who are succeeding at staying HIV negative. We HAVE TO give practical help to those who "slipped up" the night before. We HAVE TO re-establish community norms that promote safer sex. Above all we HAVE TO shake up the complacency of the HIV charities and quangos, and make sure that the gay community gets value from every single penny of the limited money that's available for HIV prevention. 2010-11-25_Time_Out_2284

The message - But HIV and Aids is still a killer disease and there still isn't a cure." Communicable diseases expert Dr Richard Slack said: "Every new infection we see is a cause for concern and the message HAS TO be that people should practise safe sex." A Nottingham Health Authority spokesman said a lot of the work it funded about HIV and Aids was targeted at high risk groups such as the gay community. She said: "Nottingham isn't alone in having sexual health issues although the rate of HIV infection here is comparatively quite low compared to other cities. "In terms of a safe sex campaign it needs to be on a national scale and HAS TO come from central government." 2000-08-25_Nottingham_Evening_Post_0871

Targeting - Drug users and gay men were once most at risk of infection. But anti- Aids education and advertising, it's argued, should now also be focused on the growing number of

people living with HIV (set to double over the next five years); young gay men who were not sexually active when the first terrifying Aids campaigns were run; and the country's African communities, where most of the new heterosexual HIV infection is to be found. But in each case, targeting will HAVE TO be sensitive to avoid stigmatising and alienating particular social groups. "The number of gay men being diagnosed with HIV is beginning to increase again," said Keith Alcorn, of the National Aids Manual, Britain's biggest publisher of Aids information. "Some believe that it's because the new drugs have made the consequences of HIV less serious, despite concerns about long-term side effects of the drugs such as fat redistribution and the increased long-term risk of heart attacks. With the numbers living with HIV growing, the risk of becoming infected 2001-06-26_The_Independent_(London)_1615

It (Scotland) - Brian West of Waverley Care Solas, a support group for people affected by HIV, believes it should be one which "sells good health, rather than the fear of death" to the new generation too young to remember the "Don't Die of Ignorance" message. But if Scots also want to continue to travel and work abroad, and be a hospitable nation for people of other cultures, it HAS TO acknowledge its place in a world ridden with Aids. "It's no use going down the line of HIV screening for immigrants," warns West. "Rather, organisations who work with specific groups should be making people aware of their rights to access treatment. And once you're on drug therapy and are coping with HIV, the chances of transmitting the disease are actually very slim. 2002-12-01_Scotland_on_Sunday_1956

It (teaching kids at school) - Attitudes towards people living with HIV and Aids have got worse. The assumption is drugs will support you but no one is dealing with the rise of heterosexual Aids. They ought to teach self-esteem in schools: it's not a wishy-washy subject, it's about self-worth and self-knowledge. You get kids who are getting so bloody drunk, young girls who are smoking all the time. It's almost like it's denial. We're just not teaching them. It HAS TO be about safe-sex, but I don't think it's being done. It's hard because people don't want to "come out" on this. Young kids can't come out. A young woman who's had her first sexual experience and got HIV and Aids would be ostracised if she had the balls to stand up and say: "This is what happened to me." Body and Soul does not have it easy because 50 per cent are blacks or Asians and they're the more marginalised in our community 2004-02-16_The_Evening_Standard_(London)_3264

The chance to rid just some places of it (AIDS) - According to Conant, some non-specialists fail to use drug regimens that totally block viral replication, so the virus can still be transmitted. "That's the most common mistake I see," he says. There are many obstacles to be overcome if any form of eradication plan, national or global, is to be attempted. Yet the damage done by AIDS is so huge that the chance to rid just some places of it HAS TO be worth considering. What is certain is that, however and wherever it is attempted, such a scheme will be controversial. Hard-line religious groups that view AIDS as divine retribution are unlikely to help out. Some liberals, on the other hand, might resist the idea of mass testing. "Should we try a social intervention which infringes on people's civil liberties?" asks Conant. "AIDS infringes upon people too. If we're going to stop this epidemic, this is a responsibility that society HAS TO shoulder." 2009-02-21_New_Scientist_2234

To be effective strategies to reduce the spread of HIV - The report's co-author, Danielle Mercey, of University College London, suggested that 'safe sex' campaigns needed to be more closely monitored to see if they were having an effect. 'A lot of money is spent on Aids prevention but we don't know that all of the interventions are effective.' Dr Mercey suggested that 'giving out condoms in a bar' and measuring the success of the initiative on the number of condoms given out was not rigorous enough. To be effective strategies to reduce the spread of HIV HAD TO look at the wider environment in which gay men lived. 'If they have grown up in a homophobic environment in which they HAVE TO be secretive about their sexuality it is harder for them to get advice about sexual health, and they will have grown up with lower self-esteem and that leads to more risk-taking behaviour.' Dr Mercey and her colleagues' study of 6,600 homosexual men found that in 1998, 38% admitted having unprotected anal intercourse in the past year, compared with 32% in 1996. 2000-06-02_The_Guardian_(London)_1065

Any play (theatrical plays on ppl with hiv) Here, it received huge attention because it dealt openly and sympathetically with a subject that had been anathema to the Lord Chamberlain, who had only just had his blue pencil torn from his grasp. But how does the play look 28 years later? Does Kenneth Elliott's revival prove that there is still juice in its veins, or has it dwindled into a period piece? Well, it goes without saying that any play in which people talk fondly of New York bath houses would nowadays HAVE TO raise the matter of Aids; but that does not seem too gross an omission. The assumption of some of the characters that

homosexuality comes more from nurture than nature is likely to bother gay audiences more. But what really dates the play is something positively welcome. If Crowley were writing today, he would surely not feel the need to attack homosexual self- hatred and heterosexual prejudice in quite so unsubtle a manner. Michael (edgy Robin Hart) is throwing a birthday do for Harold (svelte Luke Williams). 1997-09-29_The_Times_5126

It (sex campaign) - A Nottingham Health Authority spokesman said a lot of the work it funded about HIV and Aids was targeted at high risk groups such as the gay community. She said: "Nottingham isn't alone in having sexual health issues although the rate of HIV infection here is comparatively quite low compared to other cities. "In terms of a safe sex campaign it needs to be on a national scale and HAS TO come from central government." Devastated after HIV test JOHN was devastated when a routine test revealed he was HIV positive at the age of 19. The university student from Nottingham started having sex with men eight months ago. John had three different partners but had settled into a steady relationship with another man six months ago. But it was not until he made an appointment at the Genito-Urinary Clinic at Nottingham's City Hospital because he had noticed a burning sensation when he went to the toilet that he discovered he had become infected 2000-08-25_Nottingham_Evening_Post_0871.

THERE HAS TO BE A BROAD APPROACH - Nick Partridge, chief executive of THT, said last night that it would continue to target young people, drug users and other high risk groups, as it had since 1982. "It is ridiculous to say this is a 're-gaying' of Aids," he said. "We have an epidemic among gay men, and the potential for an epidemic in heterosexuals. It is not either a 'gay plague', or a disease that will affect everyone. There HAS TO be a broad approach. New AIDS campaign to target gays EVERYDAY images of gay men with the AIDS virus will be displayed throughout London and the national media this summer in a campaign targeted specifically at the gay community. For the first time, HIV-positive men have been asked to take part in an advertising campaign aimed at their peers.
1996-07-02_The_Independent_(London)_4594.

It (getting over messages on important topics, particularly to children – or adults – who may not be literate) PASSIVE- Feedback from these programmes, largely from the young viewers, is on the whole positive, she adds, as demonstrated on the BBC website message

boards. At the child-protection charity Kidscape, director Michele Elliott describes TV as vital in getting over messages on important topics, particularly to children - or adults - who may not be literate. "It HAS TO be done very carefully, especially in sensitive issues such as HIV, so you don't go and scare children. "I must say that my first reaction on hearing about Sesame Street was sharp intake of breath 'an HIV-positive muppet? Good God!' On the other hand, we don't have 40 per cent of our people dying from HIV, do we? And one of the things they'll be saying to children is that if you've got HIV, you don't necessarily HAVE TO die from it, 2002-07-16_The_Scotsman_1916

MORE TO ENCOURAGE MORE REGULAR TESTED PEOPLE ++ MORE passive - Research published in January revealed that the number of people living with HIV in the UK is set to increase to more than 34,000 in 2005 - a 50 per cent rise compared to the 23,000 diagnosed cases in 2000. Out of the 869 people in the Lothians with HIV when figures were last recorded in June 2001, 301 were gay men. Nicola Sturgeon, shadow health minister and Scottish National Party MSP, said more HAD TO be done to encourage people to be regularly tested for the virus. She added: "I think it is very worrying that there are people out there infected who don't know they are. It is time to step up all major campaigns of awareness about HIV in order to start to break down this stigma and gain control of what is becoming a major public health issue. 2002-03-08_Evening_News_(Edinburgh)_2026

MORE TO DISPEL MYTH THAT AIDS IS GAY ONLY ++ MORE WORK ALSO passive- For instance computer students designed posters, and language students visited foreign websites in search of Aids-related data. And as well as the release of red balloons all over the college, staff took a pro-active approach by handing out condoms as part of teaching about safe sex. "We just felt worried that Aids education wasn't happening in schools for some reason," said Ms Harmer. "It seems they are tending not to do it just as students are reaching the vulnerable 16-24 age." Ms Harmer said more work also HAS TO be done to dispel the myth that Aids is predominantly a homosexual disease. After making a human red ribbon in the college theatre, students enjoyed entertainment from local bands including the appropriately named Crimson Exposure. An estimated 58,300 adults were living with HIV in the UK at the end of 2004, of whom 19,700 (34%) were unaware of their infection. In 2004, there were at least 7,275 new diagnoses of HIV, contributing to a cumulative total of 74,977 reported by the end of September 2005. 2005-12-02_The_Gloucester_Citizen_0573

EMBARASSMENT AROUND CONDOM USE ++ THEIR USE – (OF CONDOMS) passive Every individual is responsible for their own health. Because of that, it is vital we bring the safe sex message into communities, the education department, and schools so that teenagers will be able to protect themselves throughout adult life. Embarrassment surrounding condoms and their use HAS TO be tackled and dissipated." Mr Ward says he has seen some good aspects come out of having HIV, both personally and through friends. "You discover your inner strengths as a person. Close friendships and relationships are based on a unique trust and care. Improved medical treatments have meant increasing numbers of people are able to live happily, go to work, and have a future. It is the stigma, prejudice, and ignorance from outside our situation which can make life so hard and which must be challenged." 2001-03-17_The_Herald_(Glasgow)_1467

Some messages - PASSIVE - Advice and information is an intrinsic part of the service, as is easy access to services without referral from a doctor. The public are encouraged to be more aware of their physical and emotional requirements, and due in part to the media, are much better informed about these matters than even 10 years ago. However, as each generation reaches its teens, it becomes apparent that some messages will HAVE TO be reinforced endlessly. There will always be a tendency to become complacent, to think: "It couldn't happen to me", and to ignore the practicalities of good health and issues such as safer sex. 2000-10-17_The_Herald_(Glasgow)_1015.

Any strategies which tries to raise awareness of this virus and tries to address health issues among gay men - passive The publisher of Gay Scotland magazine, Dominic d'Angelo, welcomed the initiative, but said that it should be extended to the wider community. "Any strategy which tries to raise awareness of this virus and tries to address health issues among gay men HAS TO be welcomed, but ultimately, the whole community should be targeted," he said. "There are lots of men who have sex with other men but who don't consider themselves gay or bisexual and they will not respond to this campaign," he added. 1997-12-16_The_Scotsman_5001

(Something new) passive annual distribution of tens of thousands of condoms. "They've been doing it the same way for 10 years and it's now clear it isn't working," said Mr Ledward. "So

something new HAS TO be tried. They should work with gay community groups to put HIV back on the agenda to make gay men start taking responsibility for their health." 1998-03-30_The_Independent_(London)_3826

What PASSIVE- Pisani quotes a Ugandan friend and colleague who believes this is a legacy of polygamy in her country. The book draws attention to the vastly different sexual cultures which exist throughout the world: not just in terms of how people do it, but who they do it with and which gender is permitted to do what. Preventing Aids, therefore, is not just a matter of dropping packages of clean needles and condoms from the sky. What HAS TO be understood, in order to persuade or tie people in to prevention, is the sexual landscape of a place. In Botswana, which has a 40per cent infection level, or South Africa, where 19per cent of those aged 18-49 are infected, it is highly risky for an HIV negative person to have unprotected sex with almost anyone. As Pisani writes: "For the same amount of sleeping around, you now have a greater risk of getting infected with HIV if you use a condom every single time you have sex 2008-05-04_Sunday_Herald_3654

Messages about safe sex PASSIVE- are the highest levels of HIV we have ever recorded. But unfortunately we were not surprised by our findings. We have seen gradual increases year on year, which has also been seen for other sexually transmitted diseases such as syphilis and chlamydia.' New figures were based on data collated from 46 different health and support centres across the North West and were due to be presented today to a conference of charities and medical experts in Bury, Greater Manchester. Prof Bellis added: 'We need to remember that messages about safe sex HAVE TO be refreshed. 'These statistics are often just the tip of the iceberg. Some don't want to come forward out of embarrassment or ignorance. 'Although Merseyside has the highest percentage it is not as high as other parts of the North West in terms of numbers. Liverpool is showing a growth witnessed in London some years ago. This doesn't mean, however, that in four or five years the numbers won't have increased again." According to academics, one of the reasons for the increase in Liverpool 2005-07-14_Daily_Post_(North_Wales)_0664

SERVICES passive - "The epidemic is expanding throughout the world. There are getting on for 20 million cases of HIV infection throughout the world, and we're not excluded from that." He said the Government funding cut had been worked out on the basis that the

projected Aids caseload was not as bad as previously estimated. However, the real workload was still increasing by between 6% and 12%. Another PACT member, Professor Michael Adler, said: "Services are going to HAVE TO be cut, compromised or scaled down." The move would have a "very profound effect" on Britain's ability to control the spread of HIV, he warned. The doctors pointed out that services for tackling Aids and other sexually transmitted diseases were closely interwoven. Cutting back on Aids care would inevitably harm other services as well. It would also mean a greater burden placed on doctors treating conditions associated with Aids , like pneumonia. 1996-05-29_Press_Association_3379

BEDS (HOSPITAL) passive - He described the situation as "Alice in Blunderland". Professor Adler gave examples of what was going to happen in two unnamed centres in the London area. One, which had seen an Aids caseload increase of 11%, was expected to freeze staff vacancies, make redundancies, cease health promotion and stop all "outreach" work which involves identifying and helping high risk groups. Clinic hours and HIV testing facilities would be cut. In the other centre, staff was not being replaced and beds were HAS TO be cut by 18%. Same day testing was being cut, as was day care for outpatients and a special clinic for vulnerable gay men. Derek Bodell, director of the National Aids Trust, said: "The Government's handling of this budget reduction could result in people with HIV and Aids having restricted access to life-enhancing treatments such as drug combination therapies. Adequate funding for centres of excellence in treatment is essential in enabling us to manage HIV infection and delay the expensive progression to an Aids diagnosis in terms of hospitalisation costs. 1996-05-29_Press_Association_3379

MSGS ABOUT SAFE SEX (PASSIVE) Prof Bellis added: 'We need to remember that messages about safe sex HAVE TO be refreshed. 'These statistics are often just the tip of the iceberg. Some don't want to come forward out of embarrassment or ignorance. 'Although Merseyside has the highest percentage it is not as high as other parts of the North West in terms of numbers. Liverpool is showing a growth witnessed in London some years ago. This doesn't mean, however, that in four or five years the numbers won't have increased again." 2005-07-14_Daily_Post_(North_Wales)_0664

THE AIDS SITUATION (PASSIVE) can do something here. "I'm 43 and I'm trying to carve a career as an artist, and what I'm doing here is art. When Constable painted landscapes without people in, that wasn't considered art. This has a social message with a resonance that

comes from the experience of interacting with someone with Aids." The new gallery is run by Jibby Beane, who runs the Soho Arts Club. She intends it to be a venue for exhibitions, readings and performance art. "The Aids situation HAS TO be addressed," she says, "and this is a beautiful and poetic way of doing it. Safe sex pays off with lower rates of HIV If artists think that Aids has fallen out of the public gaze, they may well be correct. Aids has, to some extent, fallen victim to the success of the Government's health education programme. 1996-06-12_The_Independent_(London)_3363

The cash PASSIVE - But the weekend - Come Together - was cancelled after criticism from the Conservatives and local people who said money for the trip would be better spent elsewhere. Even though it pointed out that the cash HAD TO be used for projects connected to a national campaign to halt the spread of HIV, Birmingham Specialist Community Heath Trust said the trip had been cancelled to protect the men involved.
2000-11-06_The_Guardian_(London)_1008

Performative/rhetorical deontc or epistemic? WHICH (THE FACT THAT DR. HAD ENGAGED IN HOMOSEXUAL ACTIVITY) passive Home Office pathologist Guyan Fernando told the inquest the HIV virus had led to Aids. He said a post mortem examination had found evidence that Dr Fasawe had engaged in homosexual activity, which HAD TO be considered a major factor in his contracting Aids. However, it was possible he was bisexual, or had been infected by a needle during operations on HIV patients, or from blood transfusions he may have received as a patient. 1997-04 -23_The_Guardian_(London)_4404.

PERFORMATIVE IT passive - FATAL FLAW OF A TRAGIC MP Tony Blair is under pressure to end the confusion over the suicide of Gordon McMaster because the key figures at the centre of an inquiry and an increasingly bitter row over the Scots MP's death have not yet been approached. While it is desperately sad that Mr McMaster killed himself after taunts that he was gay and dying of AIDS, it HAS TO be said that the men he named in his suicide note as being responsible for the smears - Lord Dixon, Labour's former deputy chief whip and MP Tommy Graham - cannot be held responsible for his death. They may or may not be bullies who don't have the balls to own up to any part they might have had in McMaster's misery, but they didn't kill him. Mr McMaster did that himself. 1997-08-17_Sunday_Mirror_4821

So any information programme to be given to them (them=people with AIDS) PASSIVE - "Treating people with Aids is a lot more expensive than informing people how not to become HIV positive in the first place," he said. But it is important to target the people who need to have the information and to consider what their immediate needs are, he added. "With non-nationals, their priority in coming here is seeking asylum or residency status. They are more interested in this than anything else. So any information programme to be given to them would HAVE TO be given in the context of what their priorities are," he said. "In the heterosexual situation, the majority of the non-Irish people were women. "The thing with education and prevention work is to target your market carefully." The radio presenter said that HIV was a very personal issue for him because he knew people who had died from Aids. But despite the growing HIV problem, in many cases now the virus is not developing into the full-blown version of the disease. 2002-10-06_The_News_of_the_World_2075

Some fairly abrasive and bloody contact PASSIVE- The suffering of AIDS victims has been used to sen-timentalise homosexuals as heroes not for actual bravery, but for endurance of suffering. Princess Diana's visits to homosexual AIDS victims were said to be useful in dispelling the idea that AIDS was contagious. In fact, the idea that it was contagious was fostered by the ludicrous pretence that it would spread to heterosexuals, a pretence which depended on the implication that it was easy to catch, and which obscured the distasteful truth that some fairly abrasive and bloody contact HAS TO be made. The real effect of Diana's visits was to make homosexuality acceptable as it had never been before, blessed both by royalty and glamour. 2000-12-17_MAIL_ON_SUNDAY_0902