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The HIV epidemic: a critical discourse analysis of a campaign in Brazil

A epidemia do HIV: uma análise crítica do discurso de uma campanha no Brasil

La epidemia del VIH: un análisis crítico del discurso de una campaña en Brasil

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ABSTRACT

This study aims to analyze the discourse of a campaign about HIV, produced by *Ministério da Saúde*, which has four participants who live with HIV, as well as understand and discuss how they reacted to the diagnosis, their challenges, recommendations for other people, and if this discourse contributes to transform the stigma that triggers prejudice and discrimination. The study was carried out following a qualitative research methodology and the data are discussed in the light of the theoretical-methodological approach of Critical Discourse Analysis and the concepts of stigma and biopolitics. The results show different difficulties the participants faced, mainly focused on biomedical concerns. Regarding recommendations, they are mainly driven by individualist purposes with the focus on the drug treatment. Discourse regularities were also found, such as the biological and neoliberal ones, which are commonly seen in the biopolitical technology, showing that the campaign did not contribute to transform the stigma.

Keywords: Discourse; Epidemic; HIV; Stigma; Biopolitics.

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ARTIGO

RESUMO

Este estudo tem como objetivo analisar o discurso de uma campanha sobre HIV, produzida pelo Ministério da Saúde, que tem quatro participantes que vivem com HIV, bem como compreender e discutir como eles reagiram ao diagnóstico, seus desafios, recomendações para outras pessoas, e se esse discurso contribui para transformar o estigma que desencadeia o preconceito e a discriminação. O estudo foi realizado seguindo uma metodologia de pesquisa qualitativa e os dados são discutidos à luz da abordagem teórico-metodológica da Análise Crítica do Discurso e dos conceitos de estigma e biopolítica. Os resultados mostram diferentes dificuldades enfrentadas pelos participantes, especialmente focadas em questões biomédicas. Quanto às recomendações, elas são movidas especialmente por propósitos individualistas com o foco no tratamento medicamentoso. Também foram encontradas regularidades discursivas, como os discursos biológico e neoliberal, comumente vistos na tecnologia biopolítica, mostrando que a campanha não contribuiu para transformar o estigma.

Palavras-chave: Discurso; Epidemia; HIV; Estigma; Biopolítica.

RESUMEN

Este estudio tiene como objetivo analizar el discurso de una campaña sobre VIH, producida por el *Ministério da Saúde*, que tiene cuatro participantes que viven con VIH, además de comprender y discutir cómo reaccionaron ante el diagnóstico, sus desafíos, recomendaciones para otras personas y si este discurso contribuye a transformar el estigma que desencadena prejuicios y discriminación. El estudio se realizó siguiendo una metodología de investigación cualitativa y los datos se discuten a la luz del enfoque teórico-metodológico del Análisis Crítico del Discurso y los conceptos de estigma y biopolítica. Los resultados muestran diferentes dificultades que enfrentan los participantes, especialmente enfocados en temas biomédicos. En cuanto a las recomendaciones, están motivadas especialmente por propósitos individualistas con enfoque en el tratamiento farmacológico. También se encontraron regularidades discursivas, como los discursos biológicos y neoliberales, comúnmente vistos en la tecnología biopolítica, lo que demuestra que la campaña no contribuyó a transformar el estigma.

Palabras clave: Discurso; Epidemia; VIH; Estigma; Biopolítica.

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INTRODUCTION[1]

During the more than 40 years of the hiv/aids[2] epidemic, we notice many advances regarding its biomedical aspects. In the early 1980s, there was no treatment and, a few years later, the first combination of medications appeared, with lots of side effects. Biological and medical sciences have worked hard to improve the quality of the drug treatment and, consequently, the life expectancy (and quality of life) of people who live with hiv (PLHIV). Nowadays, this social group can have the same life expectancy and quality of life as people who do live with the virus. Also, following the drug protocols — taking antiretroviral medications (ARVs) regularly —, and having an undetectable viral load for at least six months, PLHIV will no longer transmit the virus via any type of sexual practice (Brasil 2019).

This scientific evidence — Undetectable = Untransmissible (U=U) — gave PLHIV the possibility of being placed in another arena. In other words, for many years, this social group was related to threats, pollutions, such as soldiers in a war that come to infect and destroy others (Sontag, 2001). Nowadays, from a biomedical perspective, PLHIV cannot be seen as 'polluters' anymore, considering they follow the drug protocols and have their viral load undetectable for at least six months.

Despite all the advances from a biomedical perspective, if we look at the epidemic from a sociopolitical view, there are still a lot of work to be done. For example, silencing of PLHIV related to their diagnoses is expected in different social contexts. We can attribute this silencing to stigma, which was strongly produced throughout the epidemic. Specific identities for PLHIV were created, as well as the (tacit) demand for silence about the virus by different social groups (Sontag 2001).

There are different studies on stigma, prejudice and discrimination against PLHIV, such as Anjos, Fonseca and Silva (2018), who analyzed how young students who live with HIV deal with the stigma and discrimination in the educational context; Brito and Rosa (2018), who investigated how PLHIV and people who lived with aids were seen by society, which includes common sense ideas about the diagnoses; Lopes (2021), who investigated the relationship between homosexuality and aids in a theoretical study, using a narrative review method; Araújo, Carvalho, Oliveira and Cordeiro (2017), who analyzed psychosocial concepts related to what PLHIV know and do not know about the virus; Oliveira (2017), who wrote a qualitative study based on Discourse Analysis; Atanázio (2017), who investigated two main issues that affect PLHIV: the virus and its consequences from a biological perspective, and discrimination, which socially marginalizes this

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[2] Along the article, we use the acronyms hiv (human immunodeficiency virus) and aids (acquired immunodeficiency syndrome) in small letters in order to restructure a hegemonic discourse associated with the stigma they convey, as well as support activism that fights against serophobia.

social group; and Pelton *et al*. (2021), who analyzed 185 thousand PLHIV in 14 countries (including Brazil) in a systematic review and concluded that PLHIV are 100 times more likely to die than people who do not live with the virus — in the first year after diagnosis is the number of suicides is alarming.

Therefore, the relevance of this study is intrinsically related to serophobia, which is prejudice and discrimination against PLHIV. Since this social group faces many difficulties after discovering the diagnosis of the virus, which can trigger symbolic and real deaths, as shown in the studies aforementioned; the objective of this study is to analyze the discourse of a campaign about hiv, produced by *Ministério da Saúde*, which has four participants who live with hiv and discovered the diagnosis at the beginning of the epidemic, as well as understand and discuss how they reacted to the diagnosis, their challenges, recommendations for PLHIV, and if this discourse contributes to transform the stigma that triggers prejudice and discrimination. The study was carried out using a qualitative research methodology and the data are discussed in the light of the theoretical-methodological approach of Critical Discourse Analysis (Chouliaraki, Fairclough, 1999; Fairclough, 1992, 2003, 2010, 2015; van Dijk, 2020) and the concepts of stigma (Goffman, 1982) and biopolitics (Foucault, 2010).

This article is divided into four chapters: after presenting the introduction, in the first chapter, I discuss the concepts of stigma and biopolitics. In the second chapter, I explain the theoretical-methodological approach this research is anchored on — Critical Discourse Analysis. In the third chapter, I describe the methodology, with the procedures for data selection and analysis. In the fourth chapter, I present the results and discussions of the research. Afterwards, I discuss the remarks about the study, showing limitations and presenting suggestions for future research. Having presented the overview of the study, in the following paragraphs, I discuss the concepts of stigma and biopolitics.

1. STIGMA AND BIOPOLITICS

Regarding the (re)production of stigmatizing and serophobic discourses, Sontag (2001) argues that different metaphors were related to the aids epidemic, associating patients with dangerous pollutants and invaders (such as soldiers in a war who come to kill). Here we see the creation of a stigma. Goffman (1982) argues that the stigma is a different trait — considered negative, in the physical appearance of the body, in the way of thinking, and in traits that are not easily visible — attributed to certain people by dominant groups, therefore, ‘contaminating’ the social identities of these people, as well as making them unworthy of respect. The author argues that once social actors are affected by the stigma, they are seen as less human — there is an entire discursive repertoire to ‘explain the inferiority’ of these groups, as well as warning by society about the ‘dangers’ they represent, i.g.: disabled people, prisoners, alcoholics, unemployed people, depressed people, people with 'radical' political behavior, among others.

We notice an intrinsic relationship between stigma and biopolitics. There is a selection (and separation) between ‘pure’ and ‘impure’ people, classified as more or less human, which is the logic of biopolitics (Foucault 2010). In other words, there are people who are 'made to live' — the 'normal ones', as they are 'healthy', active, productive, 'happy', which are able to work in our neoliberal societies —, while others are 'left to die' — the 'abnormal ones', who are seen as pathological and monstrous in our societies (Caponi, 2001), such as PLHIV, once their social identities are stigmatized. In this way, we see that biopolitics aims to ‘normalize’ bodies, there is a “responsibility, blaming and almost moral obligation to anticipate risks, not to get sick [...]” (Caponi, 2014, p. 36, my translation).

In this sense, there is a very subtle control, determined by discourse, which establishes what is necessary for people to remain 'alive' (and not 'contaminated') in contemporary societies — biopolitical technology creates (subtle) norms that show how people must behave, act and feel, and those who do not fit into the social, political, cultural, behavioral and psychological standards demanded by this technology are ‘left out to die’.

When it comes to PLHIV, it is possible to see both sides of the biopolitical technology. Whereas there is the drug treatment (at least in Brazil) to keep them alive, healthy and productive — ‘making them live'; medication is not enough as life is not restricted to the biological sphere. Here lies the other side of biopolitics — ‘letting them die’. From the moment the ethical and political domain is reduced to the biological field, our individual and daily afflictions, our social connections, quickly begin to be managed by therapeutic intervention and prevention — which are interested in classifying the human being as merely 'normal' or 'pathological'. (Caponi, 2014).

Therefore, discourse plays an important role in managing the epidemic and dominant social groups use different strategies to discipline, control, normalize and extinguish marginalized bodies. However, there is always room for resistance. As Foucault (2020, p. 104, my translation) argues, “where there is power, there is resistance”. We need to expand agendas so that we dismantle hegemonic discourses, which ‘let PLHIV die’, and create discursive rearticulations (Fairclough, 1992), which contribute to social change.

In the next chapter I present a theoretical-methodological approach that provides tools to contribute to changing this social order that decides who is ‘made to live’ and who is ‘left to die’.

2. CRITICAL DISCOURSE ANALYSIS

When we talk about discourse analysis, it is important to highlight that it is an umbrella term that carries different approaches, including Critical Discourse Analysis (CDA), which is used in this study. According to Fairclough (1992), discourse is not a mere individual activity, as it reflects, represents and builds social relationships, triggering implications — for example, subjects can affect lives by acting discursively in the world. Thus, through discourse there are different possibilities that range from the attempt to 'naturalize' discourses produced by dominant social groups to resistance to these attempts, when there is the possibility of disarticulation and rearticulation of these discourses in order to promote social change (Chouliaraki, Fairclough 1999).

When it comes to public discourses, van Dijk (2020) argues that they produce social inequalities, since dominant groups decide what will be said and how public communication occurs. Meanwhile, marginalized social groups do not have access to these discourses in order to intervene or express themselves. Therefore, as the author points out, these social groups remain silenced (and on the margins) in different social contexts or communicate only passively due to restrictions and lack of opportunity to express themselves.

Regarding these dominant groups, van Dijk (2020) states that they can be called symbolic elites, since they control the production of dominant genres, themes to be discussed, curricula to be studied, styles, types of information and knowledge to be approached, moral standards, beliefs, ideologies, values, among others; they also choose who will be included and who will be excluded in certain debates, based on previously planned criteria.

In this sense, texts (oral, written, multimodal) are powerful tools for these social groups, which can use discourse to influence and convince people (van Dijk 2020). When we talk about texts, we can think about how original and 'fabricated' they are. In other words, within a text, we may have elements of other texts, which can be explicitly attributed to people or, sometimes, the 'new voices' are not so obvious and easy to identify, such as specific (groups of) people and institutions (Fairclough, 2003). This is intertextuality, in which the author points out that voices are included (or excluded) in a text. Concerning the attribution of voices in a text, Fairclough (2003) presents direct and indirect attribution. While the former uses the same words, in quotation marks, the latter can paraphrase and (re)contextualize parts of a text with different words. The author also explains two other types of intertextuality: free indirect reporting, which is somehow intermediate between direct and indirect speech and commonly seen in literary texts; and narrative reporting of a speech act, which reports it without its content.

Another issue that Fairclough (2003) highlights for us (critical discourse analysts) to consider in intertextuality is the relationship between the authors (from the 'original' text and the reported one), as well as the relationship between the reported text and the rest of the original text, which can trigger a number of discourses. For example, authors can be invited to participate in a certain text, as well as represent the producers of this 'original' text. Therefore, there is a close relationship between the 'original' and 'reported' voices of a text, as well as the discourses produced from these voices (Fairclough, 2003).

Texts also make assumptions, taking meanings as given (Fairclough, 2003). For the author, assumptions are associated with ideological strategies that are related to the ability to exercise social power, domination and hegemony, as well as naturalize particular ideas, and making them universal. For this study, the following types of assumptions, developed by Fairclough (2003), were taken into consideration: i) value assumptions, which are associated with 'good' and desirable situations, and can make use of certain verbs, such as ‘help’; ii) propositional assumptions, which state what is, can be or will be the case; and iii) bridging assumptions, which establishes a relationship between different sentences, and then the text makes sense and becomes (semantically) coherent; iv) logical assumptions, which can be implied from features of language. For example, in ‘they have been studying English for five years’ assumes that they still study English, due to the use of the present perfect continuous; and v) ideological assumptions[3], which can be seen in the previous assumptions and are related to issues of hegemony, with the aim of universalizing particular ideologies to establish and maintain domination.

When it comes to ideologies, Fairclough (1992) argues that they are meanings and constructions of reality (the physical world, social identities and social relations) and play an important role in discourse practices, as well as contribute to the production, reproduction or transformation of relations of domination. According to the author, ideologies are more efficient when their work is less visible and this invisibility is achieved when ideologies are brought into discourse not as explicit elements of a text, but as assumptions (Fairclough, 2015). The author also claims that when someone becomes aware that a particular aspect of common sense is maintaining inequalities and asymmetric power relations, the ideology ceases to be common sense and may cease to have this capacity for maintaining asymmetric power, i.e. to function ideologically.

Thus, through resistance, discursive disarticulation and rearticulation, different social groups can contribute to social change (Fairclough, 1992). The author states that the struggle to transform dominant and oppressive discourse practices and their ideologies is the main objective of critical discourse analysts, who aim to restructure relations of domination by showing hidden discourse practices, as well as intervening in reality by offering resources to those who are socially disadvantaged.

After explaining the theoretical framework of this study, in the next chapter, I present the methodology carried out for this research, followed by the results and discussions.

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[3] Although most of the assumptions may be considered ideological (Fairclough, 2003), in this study, I first identified the other types of assumptions, which are more concerned with the textual features of my analysis, and left as ‘ideological assumptions‘ those that were intrinsically related to the core of the social and discourse problems that surround the hiv/aids epidemic, such as the stigma.

3. METHODOLOGY

In this chapter I describe the methodological choices used to carry out this study. After selecting the topic — discourses about hiv — I chose the corpus itself. Therefore, I decided to analyze discourses from a federal government body — *Ministério da Saúde*. The department where I selected the corpus was ‘*Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais*’. Once the topic was selected and the place to select the data was decided, I worked on the data selection and analysis.

It is important to highligh that every year, since 1998, *Ministério da Saúde* has produced different campaigns (totaling 102 campaigns by the year 2022), with specific themes and purposes and most of them focusing on prevention of the hiv virus. There are few campaigns (totaling 11 by 2022) that focus on people who live with the virus. For this study, I selected one of these few campaigns, entitled ‘Undetectable Campaign’.

As previously explained, the objective of this study is to analyze the discourse of a campaign about hiv, produced by *Ministério da Saúde*, which has four participants who live with hiv and discovered the diagnosis at the beginning of the epidemic, as well as understand and discuss how they reacted to the diagnosis, their challenges, recommendations for PLHIV, and if this discourse contributes to transform the stigma that triggers prejudice and discrimination

To carry out the study, I visited the campaign website: http://antigo.aids.gov.br/pt-br/campanha/campanha-indetectavel, which was developed in 2018. According to the producers, the campaign portrays the stories of 13 PLHIV who became undetectable after the adherence to treatment. They explain that the campaign was divided into two parts: the first with PLHIV who were recently diagnosed and the second with PLHIV who discovered the diagnosis of the virus at the beginning of the epidemic. All the participants recorded videos on YouTube, which are available on the official MS channel also named ‘*Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais*': https://www.youtube.com/@dstaidshv, where I also visited for the study.

When it comes to the data selection, I selected the discourse of the campaign producers (on the website) and the second group of PLHIV, which has four participants (four videos) who discovered the diagnosis at the beginning of the epidemic, more specifically in the early 1990s, late 1990s, and 2000. I watched the four videos, read the subtitles and paused when I transcribed them. Afterwards, I translated into English (both, the transcription of the videos and the text on the website).

The criteria for selection are related, firstly, to the fact that it is a campaign whose theme is a major advance in the hiv/aids epidemic — the scientific evidence on the possibility of PLHIV become undetectable; as well as the search for understanding different challenges over three decades that affect these participants — which is why I chose the second group of people. For the analysis, I selected the passages transcribed that could achieve the objective of this research, as previously presented.

The study was carried out using a qualitative research methodology and the data was discussed in light of the theoretical-methodological approach of Critical Discourse Analysis (Chouliaraki, Fairclough, 1999; Fairclough, 1992, 2003, 2010, 2015; van Dijk, 2020) and the concepts of stigma (Goffman, 1982) and biopolitics (Foucault, 2010). Therefore, I only took verbal texts into consideration due to the delimited theoretical-analytical choices.

After describing the methodology, in the next chapter, I present the results and discussions.

4. RESULTS AND DISCUSSIONS

The analyzes are divided into two parts: the first is the analysis of the campaign producers, with texts selected from the website; and the second is the analysis of the participants who live with hiv.

4.1 Discourse analysis of the campaign producers

> The undetectable campaign portrays the stories of PLHIV who have become undetectable after the adherence to treatment […] All the characters tell in their stories how they received the diagnosis, the struggle for acceptance, and the difficulties in adhering to the treatment […].

[4]Example 1: campaign producers

In the passages *portrays the stories* and *all the characters tell in their stories*, we can perceive the attribution of other voices in the campaign, which is intertextuality. According to Fairclough (2003), intertextuality is the presence of elements of other texts within a text. The examples seen here are classified as ‘indirect speech’, which is a type of intertextuality. Since the producers of this campaign selected the voices to represent them, as the campaign has specific purposes — the undetectability of the virus, stories that talk about diagnosis, acceptance, and other difficulties —, a close relationship is established between the campaign producers and the participants who live with hiv.

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[4] A campanha indetectável retrata as histórias de pessoas que vivem com HIV e se tornaram indetectáveis após adesão ao tratamento [...] Todos os personagens contam em suas histórias como receberam o diagnóstico, a luta pela aceitação e as dificuldades para aderirem ao tratamento [...].

4.2 Discourse analysis of the participants (PLHIV)

As previously explained, the four testimonials analyzed in the following examples were broadcast in videos available on the official YouTube of MS. Since the participants themselves tell their stories, the type of intertextuality seen is direct speech. The passages analyzed, and the original testimonial in Portuguese (see footnotes), are presented as they follow.

Participant 1: Ariadne

All of this was possible because of people who made health services, made the public health service, something that could give meaning to another life. [...] I believe that I wouldn't be able to have a lifestyle that allowed me to have quality of life and even a routine with my medication if I hadn´t received proper treatment.

[5]Example 2: Ariadne

The passage *All of this was possible because of people who made health services, made the public health service, something that could give meaning to another life* assumes that public health service can change people´s lives. Some types of assumptions are perceived: a propositional assumption, since it assumes what is possible — change people´s lives —; a bridging assumption, since there is a connection between two different situations — because of people who work hard to offer decent public health services, people who regularly need the system, such as PLHIV, could see a positive impact in their lives. Through these assumptions, the participant started her testimonial focusing on social aspects of the epidemic, mentioning the role of public health services. Although the participant encompasses the social sphere of the epidemic when she talks about public services available to all Brazilian citizens, the sole focus is on the biomedical aspects that PLHIV face with their routines — taking the drug medications at the health center in order to treat themselves.

In the passage *I believe that I wouldn't be able to have a lifestyle that allowed me to have quality of life and even a rule with my medication if hadn´t received proper treatment* we can notice a value assumption, since it is assumed that 'quality of life' and 'proper treatment' are good and desirable situations. Through this assumption, we also notice the focus on the biomedical sphere, since the participant connects *quality of life* attributed to a *proper treatment*. Therefore, we notice the reproduction of the biomedical discourse, once the drug treatment is the sole focus to deal with epidemic.

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[5] Original: "Tudo isso foi possível por conta de pessoas que fizeram dos serviços de saúde, fizeram do serviço público de saúde, algo que poderia dar significado a outra vida. [...] acredito que eu não conseguiria ter um estilo de vida que me permitisse ter qualidade de vida e até mesmo uma regra com a minha medicação se eu não tivesse conseguido um tratamento adequado."

> The fact of taking my medication on time allowed me to become undetectable. And the undetectability today gives me the safety of also carrying a virus that no longer needs to be treated by me, nor by other people who have relations with me. Because being undetectable — in my case — as I am undetectable, today I don´t transmit hiv.

[6]Example 3: Ariadne

This passage assumes that by being undetectable, both the participant and people who have relations with her do not need to worry about the virus. There is a value assumption, since it is assumed that being undetectable is a desirable situation as it provides *safety*. Through this assumption, a power relation between PLHIV who are undetectable and those who are not are established, as well as we see the focus, again, on the biomedical sphere. Within this logic, undetectable PLHIV can become 'normal' people again, once they do not transmit the virus anymore. As Sontag (2001) argues, PLHIV are seen as dangerous creatures, such as soldiers in a war that come to destroy others. With this advance in science, this concern by society should not be seen. However, there are PLHIV who do not get tested (consequently they do not start the drug treatment) because of the stigma and fear of side effects, and consequently do not get treated. Therefore, they may continue infecting others, as their viral loads are not undetectable. Also, there are PLHIV that quit the drug treatment because of psychosocial issues (fear of exposure when taking the medication at the health center or storing it at home, among other examples, as commonly reported by health professionals from these places). Therefore, the origin of the difficulties of becoming undetectable, which encompasses complex sociopolitical issues, must be also widely discussed, rather than simply placing undetectable PLHIV in an idealized position, which is based on a meritocratic logic.

Participant 2: Vanessa

> I am […] a person living with hiv and aids for 26 years. […] I was diagnosed at age 19. When my diagnosis came, my greatest pain was to think I wouldn´t be able to be a mother. I suffered a lot, I said: how? […] The treatment with ARVs brought me quality of life. A quality of life that at the beginning of the diagnosis I could not visualize. I did not have access to this treatment. It is fundamental for me to have an undetectable viral load.

[7]Example 4: Vanessa

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[6] Original: "E o fato de tomar minha medicação em dia permitiu que eu me tornasse indetectável. E a indetectabilidade hoje me confere a segurança de estar também carregando um vírus que não precisa mais ser tratado por mim, nem pelas outras pessoas que se relacionam comigo. Porque indetectável – no meu caso – como eu estou indetectável, hoje eu não transmito hiv."

[7] Original: "Eu sou [...] [uma] pessoa vivendo com hiv e aids há 26 anos. [...] eu fui diagnosticada com 19 anos. Quando o meu diagnóstico veio, a minha maior dor foi achar que eu não ia poder ser mãe. E eu sofri muito, eu dizia: 'como'? [...] O tratamento com os antirretrovirais me trouxeram qualidade de vida. Uma

The passage *a person living with hiv and aids for 26 years* indicates that the participant does not know the difference between hiv and aids. There is a propositional assumption, since it is assumed what is the case — hiv and aids have no difference. It is important to highlight that the participant does not live with aids, once she says she makes use of ARVs and her viral load is undetectable. However, in this assumption there is a rapid discursive shift, which promotes the idea that PLHIV also live with aids, by confusing the virus with the disease. Through intertextuality, the participant is talking for the campaign producers, as they have a close relationship, and the latter selected the former to give a testimonial. For many years, PLHIV were associated with aids, which is seen as a death sentence and the end of life. While living with aids, a patient is sick and vulnerable to other diseases, a very common scenario in the 1980s (at the beginning of the epidemic). Although people do not see this reality anymore in the news, for example, the war metaphor argued by Sontag (2001) still remains, and it opens the way to biopolitics. For obvious reasons, the participant is not interested in contributing to maintain this stigma. However, it is surprising that the difference between hiv and aids was not made clear to her over the 26 years that she had been living with hiv and reproducing this discourse.

The passage *when my diagnosis came, my greatest pain was to think I wouldn´t be able to be a mother. I suffered a lot, I said: how?* assumes that although the participant imagined she would not be able to have children, she did not know exactly the reason why, since she asked *how*. Here, there is a bridging assumption — at the same time that she seems to be confused about the reasons why she could not have children, she also wants to know, since this situation is directly affecting a personal desire. There is a relationship between the sentences (with an idea of movement) by making them semantically coherent — because I do not know (and it directly affects me), I will try to discover. Through this assumption, first, we notice lack of knowledge about the epidemic. Second, this lack of knowledge is not understood or addressed as a sociopolitical issue, but rather, it is seen as an individual problem, which implies a neoliberal perspective.

In the passage *the treatment with ARVs brought me quality of life. A quality of life that at the beginning of the diagnosis I could not visualize. I did not have access to this treatment. It is fundamental for me to have an undetectable viral load* there is a value assumption, since it is assumed that *the treatment with ARVs, quality of life,* and *an undetectable viral load* are desirable situations. Through this assumption, we notice, as the previous participant, the reproduction of the biomedical discourse, as she places the drug treatment as the sole focus to deal with the epidemic.

> Adhere to treatment. Believe that it is effective, that it is necessary, so that it walks with you, with your plans and with the construction of your dreams.

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qualidade de vida que no início do meu diagnóstico eu não visualizava. Eu não tinha acesso a esse tratamento. Ele é fundamental pra que eu possa estar com a minha carga viral indetectável.”

[8]Example 5: Vanessa

In the passage *adhere to treatment. Believe that it is effective, that it is necessary, so that it walks with you, with your plans and with the construction of your dreams* we see, again, the focus on the biomedical sphere as being enough to PLHIV face the epidemic, as the participant associates, with the connector *so*, the use of ARVs with plans for the future and the construction of dreams. In other words, the biomedical sphere prevails over other complex subjective issues that affect PLHIV, and the passage assumes that once people adhere to treatment, they will somehow be able to overcome these issues and construct dreams. Here, there is a logical assumption due to this logical association — ARVs with plans and construction of dreams. Through these assumptions there is a reduction of all the challenges PLHIV face to follow the drug treatment, reproduced by the biomedical discourse, which illustrates the need to expand discussions and agendas regarding hiv, aids, treatment, stigma, prejudice and discrimination. Allied to that, it is also possible to perceive a neoliberal discourse. The message conveyed is that people are expected to be responsible for themselves, not only to make use of ARVs regularly, but also to be (completely) in charge of their physical and mental health. Here, we may include another discourse as part of an overarching neoliberal discourse, such as the meritocratic discourse — it only depends on you, if you really want you will get it.

Participant 3: Jacqueline

> I am a transsexual woman. I have been living with aids for 24 years. When I discovered aids, it was terrifying — at the beginning of the pandemic, in 1994. I went through that very difficult process at that time.

[9]Example 6: Jacqueline

This passage shows that this participant also confuses hiv and aids. There is a propositional assumption, as it assumes what is the case — the participant is living with aids rather than hiv. It is important to clarify that hiv and aids are completely different biomedical conditions. She may have developed aids, since she faced the epidemic from its very beginning, but after taking the medication regularly, a person lives with hiv, not with the disease called aids anymore. It is urgent that this distinction should be made clear in the public arena. Again, for obvious reasons, I believe the participant did not mean to blur the difference between hiv and aids to maintain

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[8] Original: “Faça adesão ao tratamento. Acredite que é eficaz, que é necessário. Pra que caminhe junto com você com o planejamento e a construção dos seus sonhos.”

[9] Original: “Sou uma mulher transexual. Vivo com aids há 24 anos. Quando eu descobri a aids, foi um terror. No início da epidemia, foi em 94. Passei por aquele processo bastante difícil à época.”

serophobic and conservative hegemonic discourses. However, lack of information even among PLHIV wind up reproducing these discourses which are allied to biopolitics.

> From that time on, I never stopped taking the medication. The first thing that I think to discuss about adherence to aids treatment is that you adhere to you own aids. What does it mean? It means accepting your hiv or aids and not fighting against it. Adherence will imply a series of factors: good nutrition, the healthiest lifestyle you can have, good mental health.

[10]Example 7: Jacqueline

In the passage *from that time on, I never stopped taking the medication. The first thing to discuss about adherence to aids treatment is that you adhere to your own aids* there is a propositional assumption (what is the case), since the participant, again, blurs the difference between hiv and aids. Later, the participant says *adherence will imply a series of factors: good nutrition, the healthiest lifestyle you can have, good mental health*. When she talks about mental health, there is a bridging assumption, as it is connected to the previous passage *adhere your own aids*. Through this assumption, the message conveyed is that as the ‘aids’ is ours, it is our problem to try to have good mental health. Here, we notice the influence of a neoliberal discourse. As Safatle (2021) argues, neoliberalism is not only an economic model, but a whole social engineering. Subjects are shaped to think and act in a more or less standard way. This logic is mainly driven by individualist purposes. It is important to highlight that the participant represents the campaign producers who represent MS and the federal government. As PLHIV are responsible for themselves — at the individual level —, this exempts the State from major responsibilities. In this participant´s discourse, the regularity of the focus on the biomedical sphere is also perceived, when she talks about the treatment, good nutrition, and healthy lifestyle.

> There are a lot of issues that push me to live. I have my family, I have my husband, I have my children. I want to do my best as the mother of my children […].

[11]Example 8: Jacqueline

In the passage *there are a lot of issues that push me to live. I have my family, I have my husband, I have my children. I want to do my best as the mother of my children*, there is a bridging

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[10] Original: “E a partir daí, eu nunca deixei de tomar medicamento. A primeira coisa que eu acho pra gente falar em adesão a tratamento de aids é você aderir a sua própria aids. O que que é isso? É aceitar o seu hiv ou a sua aids e não brigar contra. Adesão vai implicar numa série de fatores: uma boa alimentação, uma vida mais saudável que você puder ter, uma saúde mental minimante boa.”

[11] Original: “Tem uma porção de questões que me alavancam pra viver. Eu tenho minha família, eu tenho meu marido, eu tenho os meus filhos. Quero fazer o melhor que eu puder como mãe dos meus filhos. Eu não tinha muita escolha. Ou eu deixava me escravizar e ser engolida pelo mundo, pelas pessoas ou eu vivia com a verdade [...] uma mulher que vive com aids há 24 anos [...]Bom, eu escolhi seguir em frente. Escolha você o tratamento também.”

assumption that connects her family with remaining her alive. Through this assumption, the message conveyed is that she was only able to survive because of her family. Also, and again, this resonates the neoliberal discourse. In order to deal with hiv related issues, the private and individual spheres (e.g. family support) prevail. Although the participant does not belong to a traditional family — since she is a transsexual woman —, she reproduces a discourse that universalizes the traditional family model as a source of protection, love, and security.

Participant 4: Cida

> In 2000, I received a positive hiv diagnosis and it had nothing to do with me. No doctor had ever requested me to take an anti-hiv test, even because they said it was not my profile. […] The most difficult thing for me was when, in 2001, the cytomegalovirus, CMC, attacked my retina and I completely lost my sight. Hiv and still go blind? I practically lost the right to come and go alone. I looked for an institution and there I discovered that what I was looking for, I could help more than the help I needed for myself. I met people who did not have family support, who did not have homes. The more I told other people they would get over it, I also got over it and got better.

[12]Example 9: Cida

The passage *in 2000, I received a positive hiv diagnosis and it had nothing to do with me. No doctor had ever requested me to take an anti-hiv test, even because they said it was not my profile* assumes that there were specific risk groups, such as the ‘5H’— homosexuals, hemophiliacs, Haitians, heroin users, and hookers (Brasil, 1982) — and others would be supposedly safe from the hiv/aids epidemic. There is a logical assumption, as it is assumed that at that moment (2000s) of the epidemic, people in general — including the medical community — would believe there was a specific profile of people who lived with hiv and aids and this profile was associated to these specific risk groups, the ‘5H’. The term ‘risk group’ is not used in the health community anymore, mainly because it reproduces the stigma against those groups, as well as it has a dramatic increase in the number of cases among other groups. However, there is still a strong association between gay/bisexual people and hiv — it is not by chance that at the beginning of the epidemic, aids was called the ‘gay cancer’.

In the passages *the more I told other people they would get over it, I also got over it and got better*, there is a bridging assumption, which assumes a relation of cause/effect between telling people to get over the bad moments they had experienced, and getting over bad moments

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[12] Original: “Em 2000, eu recebi um diagnóstico de hiv positivo e não tinha nada a ver comigo. Nenhum médico nunca me pediu um teste anti-hiv até porque diziam que não era o meu perfil. [...] O que foi mais difícil pra mim foi quando em 2001, o citomegalovírus, CMV atacou minha retina e eu perdi totalmente a visão. Hiv e ainda ficar cega? Eu perdi praticamente o direito de ir e vir sozinha. Eu procurei uma instituição e lá eu descobri que o que eu fui buscar, eu podia ajudar mais do que eu fui buscar. Eu conheci pessoas que não tinham apoio da família, que não tinham casas. Quanto mais eu falava para as outras pessoas que elas superariam, eu também fui superando e melhorei.”

yourself. There is also a value assumption implicit in the verb ‘get over’, which assumes this is something required and expected, as it is desirable to leave what ‘bad things’ behind. We also notice an ideological assumption in this passage. Although terrible things may happen to people, it is naturalized that it is their responsibility to ‘get over it’, rather than looking at the causes of the many hardships faced by marginalized social groups, such as lack of assistance from the government, no access to social rights, among others, which aggravate their social vulnerability. Through the assumption that ‘it’s everyone for themselves’, the participant reproduces the neoliberal discourse, which dominates not only the economic sphere, but a whole standard for the modeling of social subjects, focused on the individual stance. Biopolitics is a technology that is allied to the neoliberal logic and works to produce active, ‘happy’, workable, ‘normal’, and healthy subjects for the capitalist social order. This is why, regardless of their circumstances, people are pushed to ‘get over it’ — as it was seen in the messages conveyed via assumptions —, otherwise they will be left to die.

In the results of this research, we notice different challenges faced by the participants. For example, in the first two decades, there was no drug treatment and after a combination of precarious medications. Two of the four participants even confuse hiv and aids, triggering a rapid discursive shift that associate PLHIV with terminal patients, as it was commonly seen in the 1980s. Afterwards, new medications appeared and PLHIV could benefit from this advance, which can provide them the same life expectancy (and quality of life) of people who do not live with hiv, for instance.

There is an emphasis in the biomedical advances and sphere as being complete to deal with the epidemic. Here, we have the prevalence and regularity of the biomedical discourse. Also, it depends on PLHIV — at the individual level — to deal with other facets of the epidemic they may face, such as getting over difficult moments, and moving on with their lives, when the neoliberal discourse comes into play.

Placing the drug treatment as the sole focus to deal with the epidemic and suggesting PLHIV to handle other difficulties by themselves (or with private support, e.g. family) overshadows the collective nature of society, ignores complex subjectivities that affect human beings, and exempts the State from responsibilities related to sociopolitical domains. Also, intertextuality was seen to reinforce the campaign´s purpose, as well as demonstrate idealized PLHIV — those who take the medication, overcome bad moments themselves, and continue their lives normally. In this logic, these social actors are ‘made to live’, while all the others who have difficulties to adhere to treatment and face strict psychosocial social problems are ‘left to die’, either literally or materially (Pelton *et al.*, 2021). Therefore, biopolitics works in its highest level of efficiency, naturalizing ideologies that encompass standards ways of being.

FINAL REMARKS

The current study allowed us to perceive the protagonism of the biomedical discourse, when the topic is hiv/aids, as complete and sufficient to deal with the subjectivities of PLHIV. I emphasize that at no time was it my intention to discourage the use of drug treatment, which is vital for PLHIV. However, this investigation focuses on social and discursive problems that encompass the hiv/aids epidemic, mostly ignored by society in general. Nevertheless, the struggle to transform dominant discourse practices is the main objective of critical discourse analysts, who aim to restructure relations of domination by showing hidden discourse practices, as well as intervening in reality by offering resources to those who are socially disadvantaged (Fairclough, 1992). We also noticed the presence of the neoliberal discourse in the campaigns, which reproduces the idea of solving sociopolitical problems at the individual and private level.

Regarding the objective of the research: to analyze the discourse of a campaign about hiv, produced by *Ministério da Saúde*, which has four participants who live with hiv and discovered the diagnosis at the beginning of the epidemic, as well as understand and discuss how they reacted to the diagnosis, their challenges, recommendations for PLHIV, and if this discourse contributes to transform the stigma that triggers prejudice and discrimination; the discourse analysis shows us different difficulties the participants have when they found out about their diagnoses, mainly focused on biomedical concerns. Also, there was focus on the drug treatment as a possibility of having a normal life again, as they supposedly do. Biologically speaking, indeed, PLHIV can have the same life expectancy (and quality of life) as people who do not live with the virus, however, placing biomedical issues as exclusive to dealing with the epidemic is the aim of the biopolitical governance in the hiv epidemic, which 'makes people live' and 'lets people die' in different ways.

In the analysis, we were able to see that psychossocial issues that comprise the epidemic must either be solved with the drug treatment or be treated in the individual level and at the private sphere. For example, 'life style', 'constructions of dreams', 'family support', 'convalescence' were some of the recommendations the participants give PLHIV. If people who belong to this social group cannot deal with complex subjectivies that affect them, they are 'left to die', when biopolitics comes into play. Therefore, the discourse analyzed in the campaign did not contribute robustly enough to transform the stigma that triggers prejudice and discrimination.

Fairclough (2010, p. 11) argues that CDA "[…] is not just descriptive, it is also normative. It addresses social wrongs in their discursive aspects and possible ways of righting or mitigating them." Thus, I address some aspects that are essential to resist the social wrongs of the hiv/aids epidemic, in their discursive aspects: i) communication and representation: both Sexually Transmitted Infections (STIs) and sexuality must be widely debated in the most diverse social spheres and discourse domains, starting with education, media, literature, audiovisual productions, civil society etc. Furthermore, it is important that we have people who represent PLHIV and portray the complex aspects that go through the biomedical facet of the epidemic, involving deep psychosocial issues that affect the subjectivities of this social group; ii) struggles and resistance: in more than 40 years of the epidemic, stigma, which triggers prejudice and discrimination, still persists. In this context, it is necessary we mobilize ourselves in different spheres of society, disarticulate hegemonic and serophobic discourses and rearticulate discourses of resistance to this social order that 'lets people die' — those who escape from social, political, cultural, behavioral and psychological standards demanded by symbolic elites ; iii) *Ministério da Saúde*: MS is a body of the federal government, which meets the demands related to the biomedical aspects of the population and has SUS as an important protagonist. After analyzing the discourse of this campaign, I suggest that new public policies be implemented, focusing on broad sociopolitical aspects of the hiv/aids epidemic, involving psychosocial problems that PLHIV face in their daily lives, recognition and combating of discriminatory discourses produced by hegemonic social groups, debates about sexuality in its different aspects (desires, knowledge of the body, pleasures etc.), as well as take responsibilities for social and political issues of the epidemic.

Regarding the limitation of the study, the analysis was carried out focusing on a general social group, without addressing specific racial, gender and sexuality aspects in the analyzed discourses. For future research, I suggest a specific dissident social group so that it is possible to understand particular aspects and demands of this social group, e.g. transgender people who live with hiv. Furthermore, for future research, I suggest other aspects that are associated with to the demands of the epidemic nowadays, such as different forms of prevention and behaviors in sexual practices. We can also think about extension projects, so that our research crosses different audiences and social spheres, with the aim of raising awareness among these people about how sexuality, STIs and hiv are discursively produced in our societies.

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