

Social reality and creation

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Keywords:

Discourse analysis, discrimination, ethics, public authorities, prevention, rhetorical processes, public health, HIV/AIDS.

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Abstract:

HIV/aids has marked history at the end of the 20th century and the beginning of the 21st century, for the havoc it has wreaked and the anxiety it has provoked since its discovery in the early 1980s, as well as for the clash of cultures, ideologies and habits it has given rise to (Grmek, 2005). For more than thirty years now, in response to new health and safety requirements, governments{{By this idea, just like by the "political authority" mentioned below, we mean government institutions that address the public, on behalf of the state.}} have borrowed from the discourse on public health that aims to change citizens' social hygiene beliefs and behaviors and incite them to purchase certain items (medicine, condoms, etc.){{For an introduction to the disciplines mentioned, see books by Bunton, R. Macdonald, G. (2002). Health. promotion. New York : Routledge., Scriven, A. (2010). Promoting Health: a Practical Guide, 6th edition. Edinburgh : Balliere Tindall/Elsivier; Adam, J.-M. Bonhomme, M. (2012). L'Argumentation publicitaire, Paris : Nathan}} and services (doctor's appointments, hospice care, psychotherapy treatment, etc.). In this article, we define this discourse as a way of creating{{We will discuss the concept of creation through the rhetorical art, used by governments to build a social reality adapted to public health requirements.}} social reality, with which the political authorities address the issue of governability of contemporary societies (Rinn, 2002).

The creative power deployed by the discourse on public health can be explained by its hybrid nature: It is both *functional*, in its maximization of efficiency and its anticipation of reception – and *normalizing*, in its unification of behavior⁶. In this regard, the discourse on health is developed here as a major component of what Marc Angenot broadly calls social discourse. This discourse governs citizens' way of living, by organizing, unifying and fixing limits on what is said, debated and discussed in a given society. Our analysis shows how health communication goes beyond the cognitive dimension of social discourse. Political authorities aim, not only to impose a discursive dominance, in order to develop and legitimize their way of thinking, as the dominant *Zeitgeist*, but also to provide ways of acting that dictate the behavioral codes of each citizen. It is this combination of cognition and action that gives the public health discourse its persuasive power.

Thus, when launching prevention campaigns, faced with the fact that they had no established knowledge about the disease, much less a vaccine or remedy against HIV/aids, government institutions had to create a new social environment, in order to establish a way of living and sexual practices dictated by the requirements for prevention and “safer” hygienic behavior. The visual and conceptual design of these campaigns borrows largely from social marketing [1] and the idea of the underlying transparency of new information and communication technologies that emerged in the end of the 20th century [2]. It is thus the newness of HIV/aids itself and the advent of the communication society, that kept political authorities from using methods of building of social reality, by organizing the health discourse around a body of existing data. The same can be said of the concept of discursive production, determined by the conditions of public opinion reception.

The concept of creation of social reality allows us to understand why the discourse on public health has not fundamentally changed, even if the public at large now views aids as a chronic disease, due to the advent of combination therapies in the nineties. That is why this issue spans many countries today and why our analyses can be generalized. Indeed, as the Swiss *Stop Aids* campaign (1987-2004) (<http://www.lovelife.ch/en/>) - renamed *Check Your Lovelife*, and then in 2005, *Love Life*, will show, it is clear that such an approach is only effective when the government interferes in the private life of each citizen. We can make the following hypothesis: In the name of the greater common good, the government undertakes action in the interest of all, while, in reality, it can only be in the interest of certain people, as much of a majority as they may be. The institutional discourse produces increasing inequality between those who are doing well – because they have adopted the safety instructions they have been instilled with... and the others. This discourse creates a social reality from which “the others” will be excluded, not only socially, but also economically. Since they knew about the dangers of HIV/aids, those who suffer from HIV/aids are considered responsible for their acts. It is up to them to pay for health care, according to penalization systems in place. Our analysis will show how the public health discourse, contrary to what it claims, ends up discriminating against a portion of the population.

We have chosen the example of the solidarity theme conveyed in the campaigns against aids, because it shows to what degree the persuasive scope of prevention messages has had not only a deliberative decision-making purpose, to protect oneself or not against HIV, but also an ideological dimension, likely to produce moral and social behavioral changes. Our first theory is that, in order to be truly efficient, the institutional advertiser has to provide proof of its civic nature, an oratory exercise which refers to the rhetorical concept of *ethos*, meaning the way the speaker presents him or herself to the public.¹⁰ It is significant that the discourse on aids often

refers to an ethic based on the concept of *responsibility* to oneself and others, a premise that underlies any action undertaken in a social marketing context. Our second theory consists in showing that the argumentation strategy adopted by advertisers aims to validate the idea of *freedom of choice*, based on the standards of social rationality. One must, then distinguish between ethics, conceived as a set of social values shared by a community of speakers at a given moment, and ethos, an oratory posture adopted by the government.

Analysis of campaigns against HIV/aids will show how the public health discourse has adopted a socio-economic ideology of distinction based on personal merit; an ideology whose outcome leads to discrimination against those who will have failed in their civic duties [3].

Our approach is based on the idea that institutional advertisers build self-image by successive steps, starting with a non-verbalized advertising concept, in order to impose a fully verbalized ethos, after having gone through several levels of intermediate discursive situations.

I. Implicit self-image

The signature of the Swiss STOP AIDS campaign (1984 - 2004) illustrates one of the processes of what we call preexisting ethos, that is a self-image of the advertiser that anticipates speech. Situated below the logo, which enjoys a worldwide reputation (a condom in the shape of a pink icon), the syntagm "The Swiss Aids Federation, in collaboration with the Swiss Federal Office of Public Health" does the strategic work of pinning down the ad. This core phrase allows to highlight the double affiliation of the advertiser. The Federal Office of Public Health (OFSP [4]), one of the sections of the Swiss Federal Department of Interior, is responsible for national aids prevention ads. The Swiss Aids Federation (ASS [5]) was founded in 1985, by members of a Zurich gay movement. Co-signatories of the STOP AIDS campaign, with the OFSP, from its launch in 1987 until 2004, the ASS plays a leading role in the integration of people living with HIV/aids into all aspects of society.

The choice of this partnership between the national government and a marginalized community, offers one element that, based on the rhetorical concept, builds public trust in the ability to take action together, for the good of all. The Federal Office of Public Health, like the Swiss Aids Federation, has a level of expertise widely acknowledged by the general public. Its roots in collective programs bringing prevention and protection from infectious diseases to the whole of the population, is underpinned by a theme of solidarity. Providing a second reason for credibility, according to the rhetoric, the advertiser, shown to be in solidarity, displays kindness, thoughtfulness and sympathy towards the its audience. Finally, in conferring legal status to this mixed advertiser, representing all the major players concerned by aids, the legislator demonstrates honesty and sincerity. The adoption of the right balance of voices in the campaign offers a third reason to trust the advertiser.

We thus note that the preexisting ethos of solidarity campaigns are based on a fundamental argumentation approach, which all the rhetorical traditions are sustained by: common sense, virtue and kindness. The process behind the self-image of the advertiser is made up of several corresponding elements: the moral and deontological reputation of organizations the advertiser is composed of, its institutional status, its political and

legal mandate, the success of the majority of past public health campaigns, and even the choice of the theme of solidarity, which *theoretically* refers to loving one's neighbor, a fundamental principal of Christianity, dominant religion in Switzerland.

2. Presentation of self in the discourse

We will now analyze ads that put the representation of self of the speaker progressively into a language situation. We can distinguish the image of a speaker representing an institution from that built through the discursive action carried out by the speaker. In regards to the former, it involves a process of construction of presentation of self that integrates certain elements of preexisting ethos: the social prestige that it represents, one's good reputation and one's ethical motivation. As for building a self-image through a speech act, it is constructed through verbal interaction with the receiver, meaning through the argumentative scope of the discourse. The former tries to convince the public through demonstration of the high morality and the irreproachable character of the speaker discussing the institution he or she is representing. The latter aims to persuade through the merits of its arguments.

The authoritative moral argument is certainly the most promising approach in terms of an orator speaking on behalf of an institution. Thus, relative to the overall aim of a prevention discourse that consists in winning the trust of the public at large, convincing it of the value of the solidarity message, the advertiser emphasizes its moral and institutional authority. As in the enclosed example, the expectation provoked by preexisting ethos is reinforced when the advertiser calls upon a figure well-known for his or her intellectual and moral integrity. We will look at the following example:

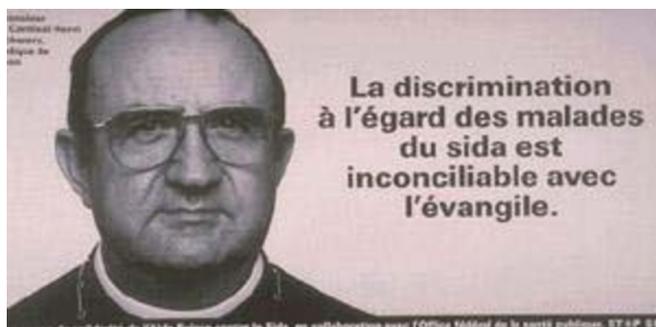


Fig. 1

“With the gospel, discrimination against aids victims is inconceivable.”

(The Swiss Aids Federation and the Swiss Federal Office of Public Health)

http://www.bag.admin.ch/hiv_aids/11667/12565/12587/12601/index.html?lang=fr

(consulted on October 2, 2014)

Displayed in large format (270 x 128 cm), the poster shows the portrait of Cardinal Henri Schwery, bishop of Sion. Henry Schwery is known as a moral authority, not only for the high office he holds in the Catholic church, but also for the courageous stands he has taken, largely surpassing his episcopal mandate. Thus the prelate's statement has a more of an impact than would a simple evocation of the gospel. This semantic extension shows that the advertiser does not wish to moralize on debates about aids. The cardinal's widely known

reputation strengthens the ethos of the advertiser, that the public has every reason to consider as honest, and to be acting selflessly from the bottom of its heart and who, must, after all, be right: For the good of society, discrimination against people with aids must be rejected. Ethos based on fairness strives to remind us more of good than of harm suffered, in order to emphasize the relativity of value judgments against others. This rhetorical process aims to convince that the advice offered is adapted to a given communicative situation. We can suppose that the implied advice in this ad consists in saying that it is better to join together in a spirit of solidarity than to stand facing a wall.

In regards to the second way of building self-image, it is no longer the institution that the orator is speaking on behalf of, that guarantees the ethical value linked to the advertising message, but the discourse act. It is a matter convincing the public, by developing communicative ethos through discussion. As the next example shows, the advertiser can use the *inherent argumentative nature* of language. This can be seen in the following passage.



Fig. 2

Can one make love with someone seropositive? (I) YES ! (II) Condoms prevent transmission of the virus. (III), Let's put an end to prejudice. (IV) STOP AIDS. (V)

(Swiss Aids Federation and the Swiss Federal Office of Public Health, 1992)

(http://www.bag.admin.ch/hiv_aids/11667/12565/12587/12600/index.html?lang=fr, consulted on October 2, 2014)

This ad is from a series of posters distributed in December 1992. All the ads in this series involve a discursive pattern in five successive movements: The first segment (I) asks a precise question about how to relate to a person who has HIV and the dangers involved (working or living together, kissing, etc.) This question leads to a positive, exclamatory answer (II). The third syntagm (III) consists in supporting the answer, while the fourth movement (IV) of the debate sequence delivers a general maxim. Finally (V), the prevention campaign logo plays the role of theme changer. It indicates the final goal of the message: Stop propagation of the epidemic.

A first look at these syntagms shows the polyphonic nature of the message, successively articulating the voices of one or more speakers, anxious about the idea of meeting someone seropositive: the advertiser, who takes the role of speaking partner from the scientific community, authorized to address the issue; all of the speakers present who call for an ethical approach; and lastly, society itself, threatened by aids. The speaking network woven into the rhythm of the debate movement contributes to integrating the verbal interaction between the speaker-public and the speaker-advertiser, into a general opinion authorized to judge fairly and competently.

This staging of a verbal exchange allows the advertiser to block counter-arguments coming from a receiver-speaker, who might have doubts about bio-medical research, which can certainly boast progress in the treatment of the disease, but still lacks knowledge as to the cause and inner workings of the virus. Thus, the dubious position of the advertiser is neutralized by the ethical merit of calling upon a sense of community spirit whose preventive interest concern everyone.

Another strategy of persuasive discourse consists in using arguments outside of language. Such is the case, in the following example signed by the Swiss Aids Federation and the Swiss Federal Office of Public Health. This ad bears witness to a fate that most receivers could share. The layout of this double page magazine ad is presented as an autobiographical photo narrative, commented by a mother of three. Entitled, "I'm Fighting for my Life," the narrative respects rules of the genre, maintaining certain characteristics of orality and diegesis, progressing by successive ellipses. The points of the argumentative process are connected by the progressively putting the reader into the place of the "I" identified by the narrator.

This example allows us to conclude that this sort of argumentation process aims to develop strong public conviction, through shimmering mirroring effects between the different images in play. The ethos of the advertiser is built up in the message, through the roles of advisor or mediator that it takes on. The non-manipulative persuasive power that the advertiser thus acquires, depends on the appeal of this portrayal. However, this sort of reasoning by generalization, that exploits existing stereotypes and counters others, should not allow us to forget that the argument is not truly persuasive unless it deductively confirms a rationalist axiom, namely that humankind has a natural inclination towards the true, the good and the fair. The assumption of this anthropological ideal seems particularly problematical in the field of prevention against aids, an epidemic that reveals the conflicting ideological, political and historical forces found throughout western countries.

3. Verbalized Ethos

Evaluation of verbalized ethos can only be addressed hypothetically. It is up to each receiver to get a clear picture of the sender aiming to convince of the validity of a message. However, nothing keeps the advertiser from staging the outcome of this work of reciprocal, simultaneous portrayal between speaker et receiver. It is a matter of making it seem as if the creation of the social reality had already happened. The following ad is an indicative example:

A Storybook Image. [6]

The image is beautiful. It is that of a country in which, side by side, the healthy and the handicapped sing and spin the flag together, in a land where those who are seropositive or have aids are not excluded, where there is no isolation, nor solitude, nor discrimination, neither in terms of work, nor in terms or housing.

Yet, the image is misleading. One could almost forget that reality falls short.

UNIS DANS LA SOLIDARITÉ [7]

(Nouveau Quotidien, December 12, 1997)

This double page ad in a French Swiss daily newspaper was part of a solidarity campaign jointly launched by the Swiss Federal Office of Public Health, the Swiss Aids Federation and by *Pro Infirmis*, a private organization that works for better integration of handicapped people into society. On the bottom lefthand corner of the page, the text is divided into two parts, one that is denotative et deconstructivist and another that is connotative and utopian. This opposition is indicated by the title, "A Storybook Image", and the closing phrase, "united in solidarity."

The term "Storybook Image" refers to the iconic image, representing a mixed choir in traditional folk dress. In the foreground we see two Swiss alpine horns, while the background is dominated by mountains. At first glance, it looks like a tourist snapshot. This impression is strengthened by the opening sentences in the text area. ("The picture is beautiful..."). However, as of the word "handicapped" in the second sentence, the interpretant's attention is drawn to the person in a wheelchair in the first row of the choir. The sense of idyllic representation connected to this "storybook image" therefore shifts in nature, to better denounce the utopian nature of a society that claims to be in solidarity with all people who are marginalized or becoming so. The referential relationship between text and image starts the simultaneous deconstruction of the project of a united community, such as it is extolled in the text, and depicted by the iconic image of the choir. (No one is excluded and no one will experience isolation, solitude, discrimination, etc.) Indeed, among the singers, we seem to make out some with Down syndrome, others who are visually impaired and yet others with reduced mobility. The choir would equally include members living with HIV/aids, as the text states.

It's precisely this gaze that starts to scrutinize, define and, in some cases, judge and stigmatize whatever does not correspond to established norms of society, that is made impossible, through the diverse social reality represented by the image-symbol. Anticipating the interpretive process begun by the receiver, the advertiser aims to channel criticism about its message of solidarity. In denouncing the utopian aspect of a united society, this ad enhances the ethos of both the sender and the interpretant, by praising the lucidity of each of them, to finally affirm the ethical project: be responsible for oneself, for one's own *Weltbild*, one's way of being and living in a society made up of a sum total of unique individual players.

This analysis shows that since the early 2000s, public awareness campaigns have presented HIV/aids as a largely banalized social reality, which could potentially affect each one of us, just like a handicap or an accident, but which would now be considered a private matter. This can be noted in the 2004 poster that says:



Fig. 3

Take responsibility, not just pleasure. STOP AIDS.

(Federal Office of Public Health, Switzerland, 2004)

(http://www.bag.admin.ch/hiv_aids/11667/12565/12587/12588/index.html?lang=fr

consulted on October 21 2014)

The voice of the state, through the advertiser, solicits the passerby directly, with an appeal to a sense of civic duty, without clarifying whether referring to responsibility for oneself or others. The campaign titles, successively “Love life/Stop Aids”, followed by “Love Life” in 2005, confirms the trend to exclude those living with HIV/aids. In leaving it’s historical partner, the Swiss Aids Federation, the political authority is now concerned only with each citizen’s self-preoccupation, warning them about the danger of STD transmission. It thus reinforces its role as creator of lifestyles in society, presenting itself as a guardian of the well-being of each individual. This allows it to incarnate the new model citizen, worried about maintaining perfect health, in “Le Manifeste Love Life”, distributed during the launch of the 2014 campaign. Now, as the cover of the *Manifeste* illustrates, everyone aside from me, living with HIV/aids or not, will henceforth be excluded from social reality:



Fig. 4

I LOVE MY LIFE. I TAKE CARE OF IT. I LOVE MY BODY. I PROTECT IT. I REGRET NOTHING. I AM CAREFUL.
(Federal Office of Public Health, Switzerland, 2014)

(<http://www.lovelife.ch/fr/campagne/la-campagne-actuelle/le-manifeste/>, consulted October 2, 2014)

This article aims to consider the how of the public health discourse, conceived as producer of a new social reality, operates. Our analyses have focused on different ways that public authorities have presented themselves, in the context of prevention campaigns against HIV/aids, since inception in the 1980s. Through its nonverbal positioning of self-image, its discursive scenario and its verbalized evaluation of ethos, institutional advertisers present themselves to the receiver as recognized moral or civic authorities, counselors, mediators or partners in verbal interaction. In reality, these different images, which are, by definition, suspended between preexisting ethos and discursive ethos, aim to get citizens to adhere to new social standards, in order to radically change their behaviors and practices, their ideological concepts and their religious beliefs. The creation of social reality occurs through the social prestige of the state institution on behalf of whom the orator is speaking, borrowing from the ancient ideal of the “person of virtue”, the upstanding speaker and the model citizen.

In addition, the advertiser’s ethos aims to convince receivers of the validity of its argumentations. The credibility of the approach resides in the fact that it purports to give the public the choice of agreeing or disagreeing. Here, the discursive strategy consists in accentuating the concept of communication transparency, which reigns in contemporary societies. The staging of a discursive presentation of self, which appears as a negotiation of meaning, shared with the general public, modifies the anthropologic preconceptions that consider that people are naturally inclined towards truth, goodness and justice. However, our analysis indicates that the power of the rhetorical process, used in solidarity campaigns, keeps the receivers from being in disharmony with the public health ideology of the advertiser. The examples of solidarity campaigns shows how political authorities seek to impose their understanding of social reality, by exercising both moral and civic pressure on public opinion.

Thus, as our analyses have shown, the power of inclusion, deployed through borrowed argumentation strategies, holds, in itself, the contradictory movement between social inclusion and exclusion. The question is how the institutional advertisers manage this conflict, on the rhetorical level. Analysis of verbalized ethos shows how it tries to anticipate a negative reaction from the receiver, by apparently proceeding with self-criticism. But the power displayed in this ad indicates the real goal of this discursive strategy. The reinforcement of the moral burden exercised by this sort of ethos produces the opposite of what the message advocates: an increasing lack of solidarity and an agonic decline of social ethic(s).

Thus, we have seen that the public health discourse against HIV/aids builds a social reality governed by an ethic of happiness of those who deserve to be happy, because they will have adopted civically proper, self-interested behavior. It is then a selective happiness.

4. Footnotes:

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To quote this article:

Michael Rinn, *Social reality and Creation*, published on June 1st, 2016
URL: <https://www.wikicreation.fr/social-reality-and-creation>