Unbinding the other in the context of HIV/AIDS and education

Peter Rule and Vaughn John

Abstract

Theorists in fields such as philosophy, psychology, sociology and education provide both positive and negative conceptions of 'the other'. In relation to the social pathology of HIV/AIDS, 'the other' and 'othering' are themes that have particular pertinence. Data from an education research project in the Richmond area of KwaZulu-Natal, South Africa, provide evidence that the stigma associated with HIV/AIDS manifests itself in a radical 'othering' of those infected or otherwise directly affected by the disease, and that this is acutely perceived and reflected by children. Silence, secrecy, denial and distancing are strategies that people use to avoid HIV/AIDS stigmatization. One consequence is that discourses of communal trust and solidarity are undermined. However, a positive and inclusive conception of the other is evident in the discursive practices of HIV/AIDS support groups, and this opens up possibilities for a pedagogy of trust and connectedness that transgresses the stark boundary of 'us' and 'them' in the struggle against the disease and its associated stigma. A holistic approach to HIV/AIDS education acknowledges the complex ways in which the disease articulates with other barriers to learning in 'othering' those infected and affected; and affirms the key role that people infected and affected by HIV/AIDS have to play in educating their communities, thus rehabilitating 'the other'.

Introduction

HIV/AIDS is the quintessential 'other' and this otherness is manifest at a variety of levels. At a biological level the virus disguises itself as a retrovirus and infects the body through its own defences. At a sociological level, it was initially associated with 'the other' in the form of homosexual men and drug users, and later more generally with marginalized groups such as sex workers, migrant workers and the poor. In Africa, AIDS is often associated with the otherness of bewitchment. Politically, AIDS is the other in relation to South Africa's fledgling democracy, threatening to roll back the socio-political and economic gains of the post-apartheid era by sapping government resources and destabilizing social structures. Drawing on data from a research project in the Richmond area of KwaZulu-Natal, which studied HIV/AIDS as a barrier to basic education (Muthukrishna, 2006; John and Rule, 2006), this article explores HIV/AIDS in relation to 'the other' and the processes of 'othering'. It

identifies both positive and negative conceptions of 'the other' in the data and outlines the possibilities for a pedagogy of trust and connectedness in response to HIV/AIDS.

In reviewing studies of HIV/AIDS, Baxen and Breidlid (2004, p.9) have noted that "trends in research over the last ten years neglect the situated context in which messages, knowledge, experience and practice are produced, reproduced and expressed". As a response to this hiatus, this paper explores the concepts of 'the other' and 'othering' in the discourse of groups involved in education (learners, teachers, parents, caregivers, school governors, and other respondents) in Richmond. We believe that the conception of social others and the process of 'othering' by people in Richmond reveal important aspects of the situated context in which knowledge about HIV and AIDS is constructed and exchanged. We further believe that intervention strategies aimed at addressing barriers to learning in Richmond and elsewhere would be served by an understanding of various 'othering' processes taking place in the context of HIV and AIDS. Hoosen and Collins (2004, p.487) note that "Behaviour cannot simply be changed by providing information, since human behaviour is not independent of culture and social history, and is contextualized within social relations." We argue that 'othering' offers an important perspective on social relations in the context of HIV and AIDS. In the next section, we examine various conceptions of 'the other' and 'othering' by way of providing a conceptual framework for the paper.

Conceptions of the other

One sense of the word 'other' is that of difference or distinctness: *the hill is always greener on the other side*. Another sense is that of an addition: *he and one other person.* A related sense is that of complementarity, as in the second of a set of two: *on the other hand*; *my other half*. The verb 'othering' picks up on the sense of difference and takes it further to mean a process of making alien, of separating and denigrating in some way.

Following from these distinctions, 'the other' is constructed in positive and negative ways by various theorists. On the one hand, 'the other' has derogatory connotations that add to the word's sense of *difference* notions of *strangeness* and *threat*. Western modernity, and its associated processes of colonization and exploitation, figured an 'other' that was the opposite of the

rational, civilized, hegemonic white male. Jervis (1999, p.1) argues that these 'others', associated with

> the carnivalesque, the 'primitive', madness, nature, sexuality, aspects of the feminine – are shown to hold a powerful fascination for the modern imagination, and to provide powerful resources for transgression, conflict and nostalgia.

This conception of 'the other' is shaped by a series of binary oppositions: modernity/tradition; civilization/savagery; us/them; centre/margin; humanity/barbarity; progress/degeneration; advanced/backward (Hinton, 2002). As a noun used in these contexts, 'the other' thus carries connotations of both difference and threat, and is viewed (Jervis, 1999, p.1) as "a carrier of pollution, irrationality and danger". As an associated verb, 'othering' entails processes of differentiation, subordination and exclusion. The processes of 'othering' are related to the literature on alterity (Said, 1995), scapegoating (Kearney, 1999; Petersson, 2003), stigma (see Goffman's seminal contribution, 1968; Alonzo and Reynolds, 1995), mental illness (Maccallum, 2002) and discrimination in the provision of services (Johnson, Bottorff and Browne, 2004) – concepts used in post-colonial studies, sociology, psychology and health sciences – to capture the processes of social marking, distancing and disowning. In its most extreme form, 'othering' can result in the stigmatization, targeting and extermination of a particular social group, manifest in genocide (Hinton, 2002).

Conversely, the other has positive connotations associated with co-operation, mutuality and sharing. The African concept of ubuntu entails a notion of the other that is central to the development of the self: I am because of others – *umntu ngumntu ngabanye abantu* in isiXhosa; *umuntu ungumuntu ngabanye abantu* in isiZulu (see Devenish, 2005). This broad concept embraces values such as solidarity, communality and compassion, dignity, respect and personhood, and stands in tension with a Cartesian view of the atomized individual pursuing his or her own personal goals in isolation from community. While the notion of ubuntu arguably arises from a romanticized version of the African past and of the African village as a communal utopia, it informs and is informed by the ways that Africans survive in community by helping each other. It is manifest in structures such as *stokvels* (savings clubs), burial societies and women's groups, and in practices such as good neighbourliness, *ilima* (reciprocal farming assistance), taking in of orphans and support of bereaved families.

Along the same lines, the French philosopher Paul Ricoeur (1992) argues that the self and the other are mutually constitutive, and that the dynamic of 'the self as another' and 'another as self' can create what he terms 'solicitude' – attitudes and practices of empathy that build personal ethics and communal solidarity.

Positive conceptions of the other are also apparent in the adult education literature (Freire, 1970, 1998; Mezirow, 1991). In the context of HIV and AIDS, learning takes place through interaction with others, our identity is shaped by significant others and we build solidarity through interaction with people. These social processes highlight the importance of relationships, reflection and dialogue with people, concepts which are well-established in the literature on emancipatory and transformative learning (Freire, 1970; Mezirow, 1991). This literature establishes reflection, dialogue and solidarity as pedagogical relationships of trust and unity, which are fundamental to learning and change. Such learning could help to shatter silences, stigma and denial, conditions nurtured by 'othering', and contribute to the unbinding of the other.

Freire (1970, pp.114 and 136) provides extensive discussion on the role and importance of the collective (social others) for dialogue and reflection leading to conscientization, humanization and action.

> Unity and organization can enable them [the oppressed] to change their weakness into a transforming force with which they can re-create the world, making it more human.

> Cooperation, as a characteristic of dialogical action – which occurs only among Subjects – can only be achieved through communication.

Freire (1970, 1998) draws attention to the importance of the teacher-student relationship and proposes that teachers become teacher-students and students become student-teachers in the process of dialogue. We return to these notions in our recommendations below.

Transformative learning theory articulated by Jack Mezirow (1975, 1991) has benefited from over three decades of development and scholarship in adult education. No other theory in the field of adult education has been subjected to as much research and debate (Taylor, 2007). According to transformative learning theory, *meaning perspectives,* which constitute one's worldview constructed from a lifetime of prior experiences, frame how one interprets new experiences. When one's meaning perspective has been transformed, during a process involving reflection and dialogue, transformative learning is said to

have occurred. Mezirow saw transformative learning as a goal of adult education, allowing for the ongoing development and learning of adults and as a guide to future action. The theory of transformative learning discusses the role of others in establishing awareness that one's dilemma is shared and is a basis for rational discourse which can lead to a perspective transformation. Recent research (Taylor, 1997, 2007) has found relationships to be a central element in transformative learning. Taylor (1997, p.42), in his first extensive review of transformative learning, notes that,

> More studies referred to the significance of relationships in a perspective transformation than any other finding in the review. These findings. . . reveal a learning process that is dependent upon collaboration and creation of support, trust, and friendship with others. Transformative learning is not about promoting and striving for individual autonomy, but about building connections and community. It is through relationships that learners develop the necessary openness and confidence to deal with learning on an affective level, which is essential for managing the threatening and emotionally charged nature of a transformative learning experience.

A valuable contribution to the literature on transformative learning theory is found in a three-part longitudinal study of HIV-positive adults (Courtenay, Merriam and Reeves, 1998; Courtenay, Merriam, Reeves and Baumgartner, 2000; Baumgartner, 2002). The study explores meaning-making and perspective transformation in a group of HIV-positive adults over a four-year period. Its longitudinal design provided an opportunity to track the durability of perspective transformation and changes in meaning schemes over a period of living and learning with HIV/AIDS.

The initial phase of the study identified a perspective transformation amongst most participants that was characterized by an opportunity to make a meaningful contribution, a heightened sensitivity to life and people, and the desire to be of service to others. The second phase of the study confirmed the stability of the perspective transformation and identified the adoption of three meaning schemes related to participants revealing more future-oriented perspectives, taking more care of themselves and having integrated their HIV-positive status into their self-identities. The third phase of the study again confirmed the durability of the original perspective transformation and furthermore found that participants had acted on their meaning schemes. This phase of the study also highlighted the centrality of social interaction to the learning process and provided some evidence of personal transformations which had led to social transformations. When participants joined groups that fought for causes such as money for HIV/AIDS drugs, they acted on their new perspective of needing to be of service to others, and their collective actions helped others in the local HIV/AIDS community.

The socio-economic status of participants in this study was very different to that of participants in our study (discussed below). However, the study does point to a powerful set of life-affirming changes to identity and learning which can counter 'othering' and which also serves as a referent of hope. Later, we discuss evidence of some life-affirming changes with a group of HIV+ volunteers in our study.

HIV/AIDS and 'othering'

As a disease, HIV and AIDS has been the focus of 'othering' from its very early history. It should be recalled that the first name given to what is now known as HIV and AIDS, was GRID, Gay-related Immune Deficiency (Flowers, 2001). In this form of 'othering', mainstream sectors of society were able to attribute the disease to a small, marginal and stigmatized community. With the arrival of tests, a new form of 'othering' became possible, namely HIV-positive people could be separated from the larger part of society who considered themselves HIV-negative. In this regard, Flowers (2001, p.60) comments that "While the general population continued to 'other' gay men, within the gay community, for those who chose to test and tested positive, they themselves risked being 'othered'."

The literature on HIV-related stigma (Webb, 1997; Aggledon, 2000; UNICEF, 2001; Francis, 2004; Petros, Airhihenbuwa, Simbayi, Ramlagan and Brown, 2006) reveals that oppression of those infected and affected by HIV and AIDS happens at multiple levels: within the home and family; in the wider community; in institutions such as schools and clinics; in the media; and within those infected themselves as a form of internalized oppression. It takes a variety of forms including overt violence, isolation, discriminatory practices and labelling. Francis (2004, p.66) uses the term "HIVism" to refer to the "pervasive system of discrimination and exclusion that oppresses people who are living with HIV/AIDS". We argue that 'othering', as a strategy of identifying, differentiating, subordinating and discriminating against the HIV infected or affected 'other', is a cornerstone of HIVism.

A national study of 'othering' in relation to HIV/AIDS in South Africa (Petros *et al.*, 2006), used focus groups to explore the perceptions of the disease in all nine provinces. It found that a discourse of blame was prevalent around the disease. A variety of social groups, including women, homosexuals, foreigners and blacks, were identified as being infected and blamed for spreading the

disease. These strategies of blaming went hand-in-hand with strategies of 'othering' and distancing. Campbell (2003, p.192) argues that "this process of 'othering' often serves as a mechanism whereby groups distance themselves from taking any responsibility for seemingly overwhelming problems".

If HIV and AIDS is the quintessential 'other' then South Africa can be regarded as exemplary ground for 'othering'. In South Africa's recent history of Apartheid, racial 'othering' was legally enforced in forms such as territorial separation, job reservation and educational segregation. This history provides the backdrop to a different form of 'othering' where HIV/AIDS is not only the problem of deviant groups such as sex workers and promiscuous people, but in South Africa it has also been viewed as the problem of African people or poor people. The sample in the UKZN study did not allow for the latter race- and class-types of 'othering' to be explored but it does allow us to examine the 'othering' strategies of people in the broader Richmond area.

The Richmond project

The UKZN research project entitled 'Mapping HIV and AIDS as a barrier to basic education for children and adult learners in the Richmond District, KwaZulu-Natal', was carried out by staff and students from three university schools, namely, education, psychology and adult education. The research process was designed to include two phases of data collection spanning 2004 and 2005. The National Research Foundation (NRF) and the University of KwaZulu-Natal provided funding for both years (see also Van der Riet, Hough and Killian, 2005; Muthukrishna, 2006).

Over both phases the project entailed working in the areas of Indaleni, Patheni, Richmond village, Magoda, Esimozomeni, and Inhlazuka, an even split between rural and urban areas of the Richmond Municipality. In terms of institutions across these areas, the project targeted three high schools, five primary schools, two adult centres (offering Adult Basic Education), a School for the Deaf and two Early Childhood Development centres. Through community meetings, focus group discussions and interviews, the research drew on the views of school and adult learners, educators, school governing bodies, caregivers and parents, NGOs working in district, health officials, People Living with Aids, HIV/AIDS support groups and volunteers, youth who had dropped out of school and interested community members.

With regard to methodology (see Muthukrishna, 2006), the project positioned itself strongly within a qualitative approach with a clear preference for participatory methods of data collection. In addition to focus group discussions and interviews, a range of context relevant, participatory techniques were developed and used, including various ranking exercises, a vulnerability matrix, social mapping, photo-voice and transect walks. Participants in the study were selected largely through purposive sampling. Following due protocols for research at UKZN, participation was voluntary and informed consent was gained from all participants or from their parents in the case of minors. The study began with meetings with the various communities involved in the study to explain the purpose, build relationships with stakeholders and invite participation. The study concluded with a series of feedback meetings in these communities. Although not part of the initial plans, the study formed the basis for fundraising for a development intervention in the Richmond which is currently being planned.

The massive amount of data generated by the research project was managed using the qualitative software NVivo. Regarding the analysis of the data, a common set of thematic codes was generated by the research team and applied to data sets across the project. Recurrent patterns were identified using the software. The common patterns identified and discussed in this paper arise from different data sets within the study.

The project can thus be described as a qualitative, localised study, which drew on a wide range of stakeholders, using participatory methods to understand how HIV/AIDS and other related barriers may affect various types of learning in Richmond. The project was also keen to explore the epistemological value of participatory methodology. In a move away from large-scale surveys across a range of locations, the design for the UKZN project was intended to capture both depth of experience and a range of perspectives in understanding the intersections between HIV/AIDS and learning within a limited geographic space (John and Rule, 2006).

The other and 'othering' in relation to the Richmond data

The Richmond data reveals that AIDS has played a devastating role in fracturing communities and undermining the spirit and values of ubuntu. Even more than apartheid, which deliberately set out to divide people but often had

the effect of uniting people at a local level against a common enemy, AIDS has undermined ordinary people's experience of communal solidarity and support, particularly those who are infected or affected by the disease.

As will be illustrated below, negative constructions of the other in the Richmond data are pervasive. The person identified as HIV positive is discriminated against in a variety of ways. These include being the target of gossip; ridicule and laughter; moral disapprobation; ostracization and discrimination against family members. All of these are linked to processes of 'othering' and dehumanization. At this level, the data confirms findings elsewhere in the literature (Webb, 1997; Aggledon, 2000; UNICEF, 2001; Francis, 2004; Petros *et al.*, 2006) regarding the oppression of people infected and affected by HIV and AIDS.

In the Richmond study, some of the most alarming data comes from the school learners. They reveal a keen awareness of the stigma attached to AIDS and how this is manifested socially. They attribute very strong negative reactions among community members to persons living with HIV and AIDS and use the words 'hate' and 'hatred' to describe this reaction. If one is known to be HIV positive:

- *They will go and tell other people and they point fingers at me*

- *Others laugh at him, others say unesidina* [he is despised /loathed/ contemptible

- *Maybe you tell someone that you are positive and they are going to gossip and laugh at you.* (Peri-urban Grade 3 learners)

The discrimination extends beyond the infected individual to his or her family:

- *They dislike everybody from that family*

- *They witchcraft all of you to die because you have this disease*

- *She is afraid to go to school because other learners are going to laugh at her because there is someone who is HIV positive at home.* (Peri-urban Grade 3 learners)

The stigma can lead to social ostracization of the infected person or those associated with him or her:

- *His friends don't like him because they hear that there is someone in his home that has got HIV/AIDS and they assume that he is also infected with HIV/AIDS so they run away from him and talk about him.* (Urban Grade 6 learner)

The stigma associated with the disease is linked to a sense of moral disapprobation. The infected person is seen as being guilty of sexual and moral misconduct that has resulted in their illness:

- *When the people in the community see a person who is sick and very thin, then they all know that this person has HIV and that this person was naughty.*

- *The people will hate you.*

- *They will talk about what you did before. That your behaviour was bad and that is why you have HIV.*

- *They will tell you that you were a bad person and that you were smoking and drinking and taking drugs and maybe you have TB.*

- *They will tell you that you are sick because you had many, many boyfriends. They will tell you that you must stop smoking and being a bad person.* (Peri-urban Grade 9 learners)

While there were no indications of actual physical violence perpetrated against infected persons, there is clear evidence of emotional and psychological violence through labelling, ridicule, and moral condemnation.

The consequences of the powerful stigma associated with HIV/AIDS include a variety of strategies of dissociation from the disease by community members. These include silence in the form of an avoidance of the topic or a refusal to speak about it. As one educator from a rural school put it:

> . . .it is not easy to know how big the problem (HIV) is because people don't say.
> (Rural educator)

A related strategy is that of concealment from both self and others. People who suspect that they are HIV positive would rather not know and decline the option of testing. This is because of fear of the disease itself or because of fear of public exposure and the community's responses:

> Me, I cannot go for a test. . . because I know that there is no cure for HIV.
> (Rural Grade 6 learner)

> The thing that I fear about HIV/AIDS is death and being laughed at by other people.
> (Rural Grade 9 learner)

Those with family members with AIDS sometimes hide them away from the community. As a high school learner from a peri-urban school said:

> They leave them alone in the house, even if they can't help themselves. They lock them in the house if they go for extended period away from home. You may find that the person has already messed on the bed and is wet.
>
> (Peri-urban Grade 9 learner)

Closely associated with strategies of silence and concealment is outright denial. This might take the form of a denial that AIDS exists at all and an ascription of AIDS symptoms to supernatural causes. A voluntary HIV/AIDS worker, drawing on her experience of visiting infected and affected households, gave the following example of this kind of 'supernatural 'othering':

> They feel that their loved ones are not sick because of the HIV virus but are getting sick because of other bad things. They go to the police station and report that the neighbour was bewitching his/her child and now the child is sick. So I don't know. We have been doing all these awareness days programmes. We tell and talk to them about the disease but still this is the way they are thinking.

It might also take the form of denial that AIDS exists in a particular community or area, and thus a form of 'spatial othering':

> Researcher: *How is AIDS affecting your community?*
>
> Rural parent: *I don't know because HIV does not exist in this community.*

Similarly, in a form of 'generational othering', some respondents acknowledged the existence of the disease but not in their age group, characterizing it as a problem of the youth:

> Yes, HIV is a terrible disease that kills. It exists. Even to us it exists but I am not counting myself, I am talking about children.
>
> (Peri-urban parent)

> Yes, there is a need (to test) because you don't know, you can't guarantee. Because I am old, the youth is supposed to check all the time, yes.
>
> (Peri-urban parent)

Positive constructions of the other in the Richmond data

Notwithstanding the negative connotations attached to people living with HIV and AIDS by various groups within the Richmond community, a quite different picture emerges from those HIV positive people who are living more

or less openly with the disease, regarding both their own self-image and their perceptions of how the community views them. A female member of the HIV/AIDS support group in Richmond demonstrates a very different construction of the HIV positive 'other' in speaking about a drawing that she made:

> I am drawing a heart, which represents love. In this heart of love, I say to black people, people with the virus should love one another, and they should not separate. They should tell themselves that they are a family and they should not say so-and-so is not from my family, I will not love him. S/he is also your family member, love him/her and put them in the love that is in your heart and be free with him/her. Know that s/he is a person and you should love her as s/he is a person and should live the way you live, thanks.
>
> (Buthelezi and Francis, 2006, p.183)

This construction of the other indicates the possibility of creating an inclusive and caring space in which the HIV-infected 'other' becomes 'another' and is valued and affirmed as a 'member of the family'. Here the values of ubuntu – community, solidarity, caring – are clearly evident.

Although there is evidence of stigma and 'othering' from many other respondents in the study, support group members choose not to construct themselves as victims of stigma and discrimination. As one female member of the group said, in a comment echoed by others:

> Nobody has a problem about my status but I have not informed my family yet. Therefore, I cannot comment about them. The community where I live knows about my status. They do not discriminate against me, we sometimes eat with neighbours from the same plate, and share drinks from one container. We are living happily.
>
> (Buthelezi and Francis, 2006, p.188)

A number of respondents from the HIV/AIDS Support Group had disclosed their status to community members but not to their families. An interesting aspect of the way that they construct their responses is to describe the support group itself as a 'family' in which they are accepted and affirmed. This gives them the strength to live openly and positively in their communities. Their non-disclosure within their families, however, suggests a level of tension in sharing their status with those closest to them, and possibly indicates a level of non-acceptance within the family which they choose not to emphasize. Their responses regarding stigmas suggest that it is not so much the stigma itself that is debilitating, but the fear of stigma. Once they have disclosed their status, these HIV positive support group members find ways of engaging positively with their communities and becoming resources for them.

'Othering' and the 'lifeworld', with specific reference to the 'healthworld'

A number of studies have indicated that HIV/AIDS education programmes that focus only on the transmission of information about prevention and treatment are not effective (Campbell, 2003; Pattman, 2006). Such approaches do not take sufficient cognisance of the socio-economic and cultural contexts in which the disease is embedded. Given the importance of context, theorizations of the social worlds of communities are important in creating potential spaces for educational interventions.

In this regard, the concepts of 'lifeworld' and 'healthworld' are useful. The German philosopher, Jurgen Habermas (1987, p.124), defines the lifeworld as "a culturally transmitted and linguistically organized stock of interpretive patterns".

This lifeworld is

> a reservoir of taken-for-granteds, of unshaken convictions that participants in communication draw upon in cooperative processes of interpretation. Single elements, specific taken-for-granteds, are, however, mobilized in the form of consensual and yet problematizable knowledge only when they become relevant to a situation.

The notion of 'healthworld' is seen as a particular region of the lifeworld (see Cochrane, 2006). The healthworld is intended to express in English what is meant by *bophelo* or *impilo* and their equivalents in African languages. As such, it is a much more holistic notion of health than that denoted by a narrowly medical approach; it includes the life of the family and community as inseparable from the well-being of the individual. The Richmond data, particularly the children's perceptions of how their communities regard HIV/AIDS, reveal that the 'taken-for-granteds' of their communities' healthworld about the 'situation' of HIV/AIDS include the following:

– AIDS is a curse associated with witchcraft and bewitchment

– People living with HIV and AIDS are morally suspect

– Such people should be shunned, ostracized, avoided

On the other hand, the lifeworld of the community includes attitudes and values of solidarity, co-operation and acceptance. The HIV/AIDS support group members draw on this reservoir of convictions regarding 'the other' in

their constructions of the support group as a family. Flowers (2001, p.51) notes that

> the social construction of boundaries between 'self' and 'other' . . . and their relationship to boundaries of 'safety' and 'danger' are particularly relevant to understanding notions of health and disease.

Education programmes, both formal and non-formal, face the challenge of engaging with the existing life world of the community, and drawing on those cultural assets, such as solidarity and empathy, which can contribute to countering stigma, silence and discrimination. In the next section, we explore the implications of a positive conception of 'the other' for education.

Towards a pedagogy of trust and connectedness

From 'the other' to 'another'

The cornerstone of a pedagogy of trust and connectedness is the rehabilitation of the 'other', particularly the other who is infected or affected by HIV/AIDS. Whereas the negative notion of 'the other' can lead to exclusion, stigmatization and discrimination, a positive notion views the other as 'another' – one who, although different, shares my humanity, complements my being, engages in dialogue with me, challenges me and learns with and from me. I am in community with the other as 'another' who contributes to my own personhood and self-realization as a social and ethical human being. This is central to the African notion of ubuntu. It constitutes the kind of 'other' that is constructed in HIV/AIDS support groups and that can lead to a new kind of empowering solidarity. We look at what applications this understanding of 'the other' as 'another' might have in relation to teachers and learners, and to teaching and learning in community contexts, and at the contextual limitations that might constrain such applications.

Teachers and learners as resources

Pattman (2006) argues for the notion of both teachers and learners as *resources* regarding HIV/AIDS education. In contrast to "the didactic and authoritarian pedagogic relations" which characterize the delivery of much HIV/Aids education, he proffers a pupil-centred approach that explores the social and cultural worlds of pupils, the significance that pupils attach to

gender and sexuality. Teachers, "as significant men and women in the lives of young people who convey powerful messages about gender in their everyday interactions", have a crucial role to play in promoting gender equality among learners (Pattman, 2006, p.109).

Such an approach would also address the ways that boys and girls construct themselves "with little in common and in opposition to each other" (Pattman, 2006, p.112), with boys as subjects and girls as objects of sexual desire. The consequences of such stereotypes include sexual harassment of girls, rape and high rates of teenage pregnancy. Instead, a pedagogy which promotes possibilities of cross-gender friendships, communication and negotiation should be developed.

A more learner-centred pedagogy could embrace participatory methodologies such as drama, poetry, use of choral music and folklore, peer support groups and peer counselling. Juma's (2001) case studies of HIV/AIDS education in Kenya and Tanzania indicate that such programmes have greater likelihood of success than transmission-based teacher-centred strategies. However, this shift in teacher-learner relations would require a reorientation in the ways that teachers characteristically understand the roles of learners: from understanding the learner as the passive, ignorant and possibly hostile 'other' to an active and co-constructing 'another'. This would require that the teacher understand his own role as including that of a learner, of becoming 'the other'. Paulo Freire (1998, p.58) clarifies this teacher-as-learner role:

> our relationship with the learners demands that we respect them and demands equally that we be aware of the concrete conditions of their world, the conditions that shape them. To try to know the reality that our students live is the task that educational practice imposes on us: Without this, we have no access to the way they think, so only with great difficulty can we perceive what and how they know.

This does not imply that the teacher relinquishes her authority and adopts a laissez-faire attitude. That teacher retains her authority but, in addition to 'talking to' learners – giving instructions and establishing limits – begins to 'talk to and with' them (Freire, 1998). By entering into dialogue with learners and their concrete life conditions, the teacher begins to generate a knowledge of and with learners that can help both to transform their worlds. This dialogic relation between teacher and learner requires, however, a supporting environment within the school and community, and it is to this context that we now turn.

The other, community and connectedness

Schools on their own struggle to address the issue of HIV/AIDS in a meaningful way and can contribute to the further alienation of people infected and affected by the disease. In this regard, schools reflect the attitudes and practices of the wider community. The reasons for this are complex. The Richmond data shows that most teachers do not identify strongly with the local community because they commute to school from other, often urban areas. They often construct learners and community members as 'other' and employ a discourse of 'us' and 'them' when referring to the local community, and to HIV/AIDS within the community. As Ramsuran, Naidoo, Pennefather, Muthukrishna, Ramiah and Jugmohan (2006, p.105) show, teachers also find it difficult to teach children about HIV/AIDS and sexuality:

> Social and cultural constraints in discussing HIV/AIDS, sexual relations and power inequalities are impeding teachers' efforts to discuss HIV/AIDS and manifest in the practice of 'selective teaching' as follows: entire lessons on HIV/AIDS and sexuality not being taught from the syllabus, no direct reference to sex in HIV/AIDS lessons, and messages on abstinence as the sole means of communicating about HIV and sexual relations. Many teachers are themselves directly affected and/or infected by HIV. A survey of educators (Human Sciences Research Council, 2005) found that KwaZulu-Natal had the highest rate of infection among educators, 21.8 per cent compared with a national average of 12.7 per cent.

In addition, the 'othering' associated with HIV/AIDS stigmatization is often reinforced by a combination of additional 'othering' dimensions, including poverty, violence, crime, substance abuse, and fractured and displaced family situations. Poverty, for example, increases the vulnerability of people, especially girls and young women, to HIV infection through sex work with, and economic dependency upon, men who have multiple sexual partners. HIV/AIDS, on the other hand, accentuates poverty through the death of bread winners and the burden of medical and funeral costs (United Nations Secretary General's Task Force, 2004; Ramjee, 2005; John and Rule, 2006; Muthukrishna, 2006).

Given the social and cultural constraints around addressing HIV/AIDS issues openly in schools, and given teachers own affliction by the disease, it is clear that schools need support if they are to become centres of care and support regarding HIV/AIDS. Networks of support that link schools to local resources are critical. Such resources could include HIV/AIDS support groups, churches, community-based development organisations and the non-government organisations that provide services to them, as well as the local clinic and municipal resources. Provincial and national resources can also play

a role, but if there is not a local network to bolster HIV/AIDS care and support in the schools, it is unlikely that provincial and national resources and interventions, by their nature more distant and intermittent, will have much impact. Local people acting together thus hold the key to rehabilitating 'the other' in the devastating context of HIV/AIDS. The Richmond research data indicates that it is those directly afflicted by HIV/AIDS, people living with the disease themselves, who potentially hold out a vision of community and wholeness for society.

Conclusion

This paper has argued that the prevalence of negative forms of 'othering' in the Richmond area, manifested in ridicule, stigma and ostracization, undermines communal solidarity and drives HIV/AIDS underground, where it is more lethal. Responses to 'othering' include silence, denial, concealment and distancing strategies. The attitudes and practices of members of an HIV/AIDS support group indicate a positive and inclusive conception of people infected and affected by HIV/AIDS that transforms 'the other' into 'another'. Formal and non-formal education programmes should work towards affirming and including people living with HIV and AIDS through a pedagogy of trust and connectedness. Keys to such a pedagogy are rehabilitating 'the other' as 'another', drawing on learners and educators as resources in the programme, and creating networks with other resources within the community.

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Note

Peter Rule and Vaughn John
School of Adult and Higher Education
University of KwaZulu-Natal

rulep@ukzn.ac.za
johnv@ukzn.ac.za