

Constructing HIV/AIDS on the Internet: A Comparative Rhetorical Analysis of Online Narratives in the United States and in China

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Social constructions of HIV/AIDS have previously been explored in individual countries and cultures; however, little comparative study has been conducted. This article examines how online communications and the rhetoric(s) identified in discussion forum posts reveal and construct the meaning of HIV/AIDS. We explore how Chinese and American discussion forums rhetorically construct HIV/AIDS illness experiences. A rhetorical topoi analysis of 100 most-responded-to posts demonstrates how specific reasoning traditions and sociocultural beliefs shape the interpretation of and responses to HIV/AIDS. The findings suggest that whereas Chinese participants view contracting AIDS as fate and social death, American participants do not share this intense concern with moral criticism.

Keywords: HIV/AIDS, illness and disease, interpretive description, social construction, research, cross-cultural, research, online

Introduction

The human immunodeficiency virus (HIV) has caused an estimated 30 million deaths worldwide. An estimated 35 million people lived with HIV in 2012, up from 29 million in 2001. More people than ever are living with HIV, both because of new HIV infections and because of greater access to treatment (UNAIDS, 2013). HIV and Acquired Immunodeficiency Syndrome (AIDS) are no longer mysterious; in today's information age, searching for the terms "HIV" or "AIDS" on the Internet returns more than one billion hits with information related to the topic. In addition to being a major source of information, the Internet provides various communication platforms for people to exchange information, share thoughts, and provide emotional support. People at risk of contracting HIV/AIDS and people living with the disease, as well as doctors, teachers, researchers, and policy makers, contribute to the online discourse and glean

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useful insights from it. The flow of information on these digital platforms has become increasingly critical in terms of our sociocultural understanding of this epidemic.

Epidemiologically, the spread of HIV/AIDS varies significantly across countries. As a result, geographic variations exist in social constructions of HIV/AIDS between countries and regions. These various constructions are reflected through online discourse, further directing people's responses to policies, social norms, and illness experiences and forming a reinforcing spiral of online discourse and illness experience. Given this background, the cross-cultural study of HIV/AIDS as a socially constructed illness provides a unique perspective for understanding the various constraints in global and local responses. Specifically, the increasing number of personal narratives created and shared in online support groups provide valuable insights in understanding HIV/AIDS as a social construct at the individual and community levels.

To study the social construction of HIV/AIDS in online spaces, rhetoric functions as a powerful tool to deconstruct the medical reasoning that forms a central part of the illness experience. As Billig (1996) pointed out, thinking can be considered an internal conversation in which people assess all available information and persuade themselves one way or another. In medical practices, rhetoric not only functions in doctor-patient communication but also in patients persuading themselves when coping with illnesses. Rhetorical topoi helps to reveal lines of reasoning because "in the neo-Aristotelian tradition, the rhetorical topoi are both common places for generating lines of argument in general and special places for constructing lines of argument unique to particular subjects" (Xu, 1999, p. 42). In the context of HIV/AIDS discourse, rhetorical topoi are employed to suggest possible ways to cope with the disease. Additionally, such rhetorical topoi are used to provide justifications of cultural response in terms of preferred values and accepted ways of talking about, attributing, and responding to HIV/AIDS.

This article compared the rhetoric(s) used to construct and negotiate HIV/AIDS as an illness experience in two online discussion forums, one from the United States and the other, China. By analyzing online forum posts, we explored how and to what extent the meaning of HIV/AIDS is socially constructed in the two cultural contexts. More specifically, by comparing the types and frequencies of the topoi used in the two forums, we untangled the reasoning strategies behind different social constructions.

Literature Review

AIDS in the United States and in China

AIDS was first discovered in gay men in 1981 and then in intravenous drug users (IDUs) in the United States. In 2010, the Centers for Disease Control and Prevention (CDC) in the United States estimated that more than one million people were living with HIV and that 18% of those living with HIV were unaware of their infection. Men who have sex with men were the most severely affected group of individuals, accounting for more than half (52%) of those living with HIV in 2009 (CDC, 2012a) and 63% of all new HIV infections in the United States in 2010 (CDC, 2012b). In China, the first HIV infection was likely introduced in 1985 from a foreign traveler (Zeng, 1988). During the mid-1990s, China entered a rapidly increasing phase of HIV/AIDS infection, as a result of commercial plasma donations in rural

communities in several provinces (Wu, Liu, & Detels, 1995; Zheng et al., 2000). In 2010, of the 740,000 people estimated to be living with HIV, the percentage infected through sexual transmission reached 59.0%, where 44.3% were infected through heterosexual transmission and 14.7% through homosexual transmission, which has become a very significant mode of transmission for new infections in recent years (Ministry of Health of the People's Republic of China, 2012).

Historically, AIDS was constructed as a "gay plague" in the United States. However, since the latter half of the 1980s, the framework for understanding AIDS shifted from a plague to a chronic disease because of the lengthening time frame and broadening scope of the epidemic. In contrast, AIDS is still linked to sexual deviance and moral corruption among the general population in China. A gradient of guilt to innocence persistently surrounds HIV in the Chinese society: sex workers or IDUs who acquire HIV infection are considered "culpable," while at the other end of the spectrum, people who are infected through blood transfusion are deemed "innocent" (Zhou, 2007).

The Social Construction of HIV/AIDS

Berger and Luckmann (2011) defined the social construction of reality as a dialectic between social reality and individual existence. A social construction is "a symbolically based tension between commonly accepted knowledge and personal understanding" (Sharf & Vanderford, 2003, p. 10). From the social construction perspective, the boundaries between knowledge and personal interpretation tend to blur, making health and illness both ideological and dilemmatic (Radley & Billig, 1996).

The social construction approach to health communication has primarily emerged as a reaction to the dominant biomedical perspective in the health care arena (Lunsford, 2005), which assumes that diseases are universal and invariant to time or place. Since the late 1980s, HIV/AIDS has been viewed not merely as a "biomedical problem," but more as a psychological, social, and political problem (see Keniston, 1989; Crystal & Jackson, 1992; Sontag, 2001). Polgar (1996) summarized five different social constructions, including medical, epidemic, organizational, social/moral, and political models, which clearly distinguished different power relationships, dominant metaphors and symbols, pressing questions, and the corresponding actions in different discourse communities. For instance, while the epidemic model constructs HIV/AIDS in terms of transmission routes and rates among risky populations and targeted prevention effectiveness, the social/moral model constructs it in terms of individual's corrupted moral standards, deviant behaviors, and social sanction.

These early theoretical discussions drew upon perspectives from sociology, psychology, and linguistics; however, they did not consider culture as an important variable. By focusing more carefully on the beliefs and values that the members of specific cultures use to understand and interpret their everyday lives and illness experiences, the cultural analysis of HIV/AIDS in the early 1990s began to identify a range of broader cultural factors that shape an individual's vulnerability to HIV infection, so that more effective prevention and treatment strategies could be developed (Parker, 2001). Much of the work began to emerge in intercultural research and in the analysis of situations in non-Western settings (Aheto & Gbesemete, 2005; Duncan, Harrison, Toldson, Malaka, & Sithole, 2005; Herdt & Lindenbaum, 1992; Lambert & Wood, 2005; Van Dyk, 2008; Webb, 1997). For instance, Lambert and Wood's (2005) research

in India and South Africa found several common discursive features of health indirectly relating to sex. In both cultures, sex is expressed indirectly in daily discourses and is constructed as a part of one's bodily and mental health that affects both personal and social well-being. Thus they suggested using indigenous definitions of health, which incorporate concerns with sexual regulation and social propriety to promote HIV prevention.

Perceived stigma concerns impede HIV status disclosure, psychological adjustment, and medication adherence (Rao, Kekwaletswe, Hosek, Martinez, & Rodriguez, 2007; Rintamaki, Davis, Skripkauskas, Bennett, & Wolf, 2006; Vanable, Carey, Blair, & Littlewood, 2006). Treating social stigmatization as an important product of social construction, Parker and Aggleton (2003) drew on Foucault's work to argue for a "new emphasis on stigmatisation as a process linked to competition for power and the legitimisation of social hierarchy and inequality" (p. 18). The authors further discussed "how it is that those who are stigmatised and discriminated against in society so often accept and even internalise the stigma that they are subjected to" (p. 18). Based on this critical perspective, they called for context-specific empirical investigations that "should be conducted alongside broader comparative work to enable us to better understand those aspects of HIV and AIDS-related stigmatisation and discrimination that are local, as well as those aspects that may cross national and cultural boundaries" (p. 20). This work highlights the limitation of individualistic approach for stigma elimination and calls for new approaches to help stigmatized individuals and communities act for themselves to produce broader social change.

New Media and Online Narratives

Studies taking a comparative analysis of HIV/AIDS discourse tend to investigate traditional media outlets in different countries (Wu, 2006), yet few studies have examined the discourse on the public sphere of the Internet (Makamani, 2011; Chong & Kvasny, 2006). Furthermore, the majority of previous studies of HIV/AIDS and social media, especially the studies of online discussion forums, were concentrated on exploring the communicative functions of the forums, as well as their implications on health communication and intervention strategies (Coursaris & Liu, 2009; Desouza & Dutta, 2008; Gillett, 2003; Mo & Coulson, 2008, 2010). Little research has been done to analyze the rhetorical community and illness narratives that are both emerging in and constrained by online communication platforms (Cohen and Raymond, 2011; Høybye, Johansen, & Tjørnhøj-Thomsen, 2005). The narrative context influences the narrative's form, presentation, and interpretation. Conventional illness narratives are often analyzed in the context of patient-doctor interaction, interpersonal conversation, and self-reflection for medical diagnosis or coping (see Charon, 2006; Hydén, 1997). Illness narratives in online discussion forums, in comparison, have the potential of transforming individual experiences into collective experiences. Zappen, Gurak, and Doheny-Farina (1997) argued that in online discussion forums, "'voices' from different places all [speak] at once in the same 'place' in fragments rather than complete discourse" (p. 400). As a consequence, the online forum becomes a public space in which "local communities and individuals can express themselves and develop mutual respect and understanding via dialogue and discussion" (p. 400). In this sense, these online illness narratives are constantly reconstructed based on local feedbacks, whose dynamic provides a more powerful case for analyzing social construction.

We identified two gaps in existing literature on HIV/AIDS as a social construct. As a response to

Parker and Aggleton's call, we compared the illness narratives of HIV/AIDS in two cultural contexts. Knowledge from this comparison would highlight some deep cultural reasons for different obstacles faced by HIV/AIDS health programs in the two countries, which in turn helps guide the design of culturally appropriate education and intervention programs. Methodologically, to address the rhetorical significance of social media in the construction of HIV/AIDS, we examined the rhetorical topoi used in online narratives by people at risk of or living with HIV/AIDS. The rationale for analyzing rhetorical topoi to reveal the cultural difference is discussed in the following method section. In sum, we proposed the following research questions:

RQ1: What are the topoi utilized in illness narratives in the U.S. discussion forum?

RQ2: What are the topoi utilized in illness narratives in the Chinese discussion forum?

RQ3: What are the similarities and differences in the use of topoi between these two types of cultural rhetoric regarding HIV/AIDS? What contributes to such differences?

Method

Illness accounts are always produced in situations, gaining meaning from the rhetorical activities in those situations (Billig, 1987, 1991). The rhetorical perspective has assumed communication to be instrumental to people's strategic purposes and thus has highlighted individual agency, normative goals, and attentiveness to social dilemmas (Bekerman, 2009). Rhetorical analysis is "an effort to understand how people within specific social situations attempt to influence others through language" (Selzer, 2004, p. 281). It aims to assess critically how symbols are used in a certain way to construct different dimensions of reality, through which effort people "get a better sense of the values and beliefs and attitudes that are conveyed in specific rhetorical moments" (p. 281). Rhetorical analyses of health and illness have primarily focused on examining arguments (Segal, 2007; Wilson, Weatherall, & Butler, 2004), narratives (Frank, 1993; Sharf, 1990; Sharf & Vanderford, 2003) and metaphors (Gibbs & Franks, 2002; Radley, 1993; Sontag, 2001) to identify the dominant propositions composed of various rhetorical appeals situated in local contingencies. In comparison to these methods, topoi analysis can illustrate in greater granularity the different reasoning approaches invoked in HIV/AIDS illness experiences.

Topoi Analysis

Aristotle (1960) explicated 28 common topoi, which he introduced as "a method by which we shall be able to reason from generally accepted opinions about any problem set before us and shall ourselves, when sustaining an argument, avoid saying anything self-contradictory" (p. 273). A topos is both a place of common knowledge and a warrant that might be invoked in argument interpretation (Crowley, 1994; Wodak & Meyer, 2001). In this study, topoi analysis is a method for explicating the link between a particular illness construction and justifications, the reasoning approaches, which are grounded in the general sociocultural and political background. In the case of online discussion forums, rhetorically effective arguments refer to popular posts with the ability to generate significant resonance and repercussion with other forum participants.

Following Wodak in phrasing topoi as conditionals for conclusions, we provide two illustrative reasoning examples: (a) if HIV infection is caused by a risky sexual behavior, one might regret conducting such a mistake; otherwise, (b) if HIV infection is imposed by uncontrollable forces, one might attribute the cause to fate or the social environment. Topoi analysis thus highlights the rhetorical aims of narratives and reveals how multiple reasoning positions translate into the construction of the illness experience. When the narratives are analyzed in terms of different or opposing reasoning positions, as conforming to either a medical, social, or political model, the inference rules are highly sensitive to cultural context. Although each topos could be deemed as an individual algorithm-like element, various topoi also are interrelated, forming a part of the discourse landscape when considered together. Correspondingly, a specific illness construction can be understood as the mental terrain in which interrelated topoi are located (Grue, 2009).

We used topoi analysis because it reflects human beings' fundamental knowing and reasoning processes. The 28 Aristotelian topoi are the most basic reasoning heuristics routinely treated as foundational principles in studies of human cognition, psychological development, epistemology, and philosophy (Leff, 1983, 2006; Miller, 1987). For rhetoricians, these are the rhetorical points of view from which people construct their reasoning based on presumed common bases. Although later scholars have identified more topoi in various discourse communities, such as the scientific discourse community (Walsh, 2010), Aristotle's framework remains the classic and most applicable. Nelson (1969) extrapolated a systematized view of Aristotelian topoi as a system that is sufficiently inclusive to account for all major arguments capable of being advanced regarding any special case (p. 9). The universality of Aristotelian topoi suggests one way in which to approach the Chinese discourse with a Western rhetorical analysis methodology (Blinn & Garrett, 1993; Xu, 1999). Thus, we used Aristotle's schema of topoi as an initial guide and then identified cultural specific new topoi emerging from the online narratives.

Data Selection

Three criteria were used to select discussion forums for further analysis, namely, open public access, forum function, and the numbers of members and total posts. The most popular open forums in each country were then selected. At the point of data collection, the U.S. forum had more than 14,900 members and more than 504,000 posts from approximately 36,000 topics; similarly, the Chinese forum had more than 72,700 members and more than 604,000 posts. The two forums reflect the differences between the AIDS epidemics in the two countries. Specifically, the U.S. forum is mainly devoted to the communication and discussion of health issues, treatments, medication, and the life conditions of individuals who had already tested positive for HIV or had been living with AIDS for multiple years. In contrast, the Chinese forum is mainly used by people engaging in high-risk behaviors and questioning their test results and diagnoses of HIV status. However, despite the differences, both forums have a mixed community of people living with HIV/AIDS and people fearing that they might have been infected with HIV.

Discussion boards in online forums are organized based on topics. To compare the rhetorical topoi used in illness narratives from the two countries, we selected discussion boards devoted to similar topics. Topical boards only appearing in one forum and irrelevant boards were not included. For instance,

the Chinese forum had one discussion board dedicated for homosexuals, while the U.S. forum did not have one. Although this board had a large number of illness narratives, it had to be excluded from the analysis. Both authors analyzed the two forums and compared all discussion boards by reading each board's description and the 10 most-responded-to posts in each board to determine the boards' topical similarity. As a result, five similar boards from each forum were selected. The selected boards covered five general topics, including (1) HIV infection: boards for discussing concerns and most often fear of becoming infected with HIV given previous risky behaviors; (2) HIV test: boards for discussing HIV testing method and the interpretation of results; (3) medication and treatment: boards for discussing concerns regarding the use of medication and the effect of treatment; (4) living with HIV/AIDS: boards for discussing experiences of living with HIV/AIDS and concerns in social interaction with others; and (5) emotional support: boards for expressing emotions and exchanging psychological support.

After identifying the 10 boards, we hand-selected the 10 most-responded-to posts in each board. In total, 50 posts for each forum and 100 posts in total were collected and compiled into two separate corpora for topoi analysis. All the posts were posted by unique usernames. We collected only archived and publicly available data that can be searched through search engines from the discussion forums. All board names were paraphrased and identifying information was not collected. Data collection was conducted from December 5 to 16, 2011. A detailed distribution of the collected data is shown in Table 1.

Table 1. Number of Posts Selected From the Two Forums.

	The U.S. Forum		The Chinese Forum	
Topic	Paraphrased Board Name		Paraphrased Board Name	
HIV infection	"Infection Questions"	10	"Consulting and Care"	10
HIV test	"Test Results"	10	"Test and Self-test"	10
Medication and treatment	"HIV/AIDS Medication"	10	"Treatment Information and Consulting"	10
Living with HIV/AIDS	"Living with HIV/AIDS"	10	"Rainbow Tribe"	10
Emotional support	"Stress and Depression"	10	"Emotional Essays"	10

Data Analysis

A topos can comprise one sentence or several sentences, serving as a reasoning strategy for the organization of evidence and conclusion for an argument. Using Aristotle's original 28 topoi as the analysis scheme, we coded all sentences according to the 28 topoi throughout each post. A detailed explanation and operationalization of the 28 topoi can be found in Walsh (2010). We started with a randomly selected 10% of the data from each forum (i.e., 5 posts from each forum and 10 posts in total) and coded the 10 posts independently. The interrater reliability rate was 81%. We then coded all posts and went through the two sets of coding results and settled the differences before moving ahead with full analysis.

If a topos governing a particular argument did not match any of the topoi in Aristotle's scheme, we labeled it a "new topos" and then looked for its recurrence throughout the whole set of data. Because the Chinese rhetoric might present different patterns from the Aristotelian scheme, we sorted the new topoi and assigned the topoi new names for discussion. After we identified all of the topoi in the posts selected from the two forums, we further counted their times of occurrence and presented the descriptive statistics. After comparing the frequencies of the individual topos used in the two forums, we discussed different dominant topoi underlying the rhetoric of HIV/AIDS construction in the two countries. To protect the privacy of forum posters, all forum posts in English were paraphrased to ensure that no reader could find the original posts. The Chinese direct quotations were translated into English from the original posts.

Findings

The Topoi Identified in the Two Forums

For the U.S. forum, 13 of the 28 Aristotelian topoi were identified: time, degree, consequence by analogy, cause and effect, opposites, compare/contrast, appearance vs. reality, parts, induction, motivations, correcting impressions, division, and precedence. For the Chinese forum, 11 of the 28 Aristotelian topoi were identified: time, degree, consequence by analogy, cause and effect, opposites, compare/contrast, parts, induction, motivations, precedence, and evaluation by consequence.

Three new topoi were identified in the Chinese corpus: the mandate of heaven, admonition, and appropriation from authority. Originally meaning the responsibility of heaven placed on a new emperor, the mandate of heaven refers to forum participants' belief that all things are planned by heaven. As Huang (2002) points out, "throughout Chinese history, transitions from one dynasty to another had been legitimized by a rhetoric topos called t'ien ming" (p. 98). One example of this topos is "it happened because it is determined by my destiny." Admonition refers to the repeated use of slogan-style advices. This type of advice was formed and widely used during the Chinese Cultural Revolution, when political slogans were used to simplify complicated issues, unify public thoughts, and motivate specific public action (Lu, 2004, p. 53). One such example is "never forget class struggles" (p. 57). In the HIV/AIDS rhetoric, examples of admonition include "since there is no drug to cure regret in the world, please preserve your moral integrity" and "be a good man and never make the same mistake that I made." Appropriation from authority refers to arguments recomposed based on the sentence structure of ancient classical Chinese poems or prose. The historically preserved and therefore highly memorable poetic style

conveys a sense of authority and persuasiveness. For example, one author concluded his post by appropriating a famous sentence from a folk-song-styled-verse to admonish his readers: "Everyone has to behave well. Year after year the blossoms look alike, while people never remain the same."¹ Table 2 gives examples from the posts of narratives representing each topos in the two forums with linguistic marker(s). Some of the topoi were only identified in one forum, but not the other; such topoi are set in italic format. The three new topoi are listed at the bottom.

Table 2. Topoi Identified in the Two Forums.

Topos	Illustrative quotes from the sample posts (above is from the U.S. forum, below is from the Chinese forum)	Other linguistic marker(s)
Time	If he is not better tomorrow, then we're going to the emergency room. Tomorrow, I'll take all my medicines and not smoke any cigarettes.	before/after ago next
	I have already bought potassium cyanide. I'm just waiting for the test result six weeks later, and then I will kill myself.	finally
Degree	She fought the virus with everything and lived her life to the fullest right until the end.	more/most deeper
	If we work harder and earn more money, we could take better medication, and the treatment will be more effective.	worse/worst longest
Consequence by analogy	I thought I was getting well, but all of a sudden the light at the end of the tunnel was gone, and the darkness has destroyed all the hope of getting over the nightmare.	like similar
	HIV is the ghost dwelling around in my mind all the time.	
Cause & effect	I am not sexually active all that often because I am extremely afraid of getting HIV from someone.	so since
	I seldom eat with my family because I'm afraid I will bring the virus to them.	thus
Opposites	I am gay, but he is straight. We got HIV through different routes of transmission.	otherwise but
	All the symptoms are same, how come I'm still tested negative?!	
Compare / contrast	Well . . . I haven't been here for a while 'cause I have other things to do in my journey. . . . Although I have to come back to ask something.	than yet
	My wife is beautiful and young; she loves me very much. My parents are nice as well. I'm very happy to have this family; however, all will be destroyed by my AIDS.	

¹ These two sentences are from a folk song "Dai Bei Bai Tou Weng" composed by poet Liu Xiyi in the Tang Dynasty.

<i>Appearance vs. reality (only in the U.S. forum)</i>	Everyone thought that putting me in a recovery institution was going to help the situation, but it didn't, as I said it wouldn't.	seem feel like
Parts	I have given up all the things I wanted in life . . . money . . . professional career . . . traveling . . . love . . .	include
	I got acute symptoms three days later: two lymph nodes, mouth sores, persistent low-grade fever . . .	
Induction	He told me the sad story about how three people he knows have told him recently about being infected. So I think he tries to make me agree that we shouldn't be together because he would be at risk too.	So therefore
	After I read Li Jiaming's story, I become more fearful than before. There were many times when I could have been infected like him.	
Motivations	To fight my depression, which causes suicidal thoughts, I have been visiting my psychologist often lately.	on purpose to in order to
	Under her persuasion, I decide to test in order to know the truth before I die.	
<i>Correcting false impressions (only in the U.S. forum)</i>	In fact, the whole story does not give the impression that condoms could prevent cases like this. No, it gives the impression that HIV positive people should not even be touched and should not have relationships.	actually
<i>Division (only in the U.S. forum)</i>	But there is still, to my mind, a difference between "low risk" and "no risk."	difference
Precedent	I have had unprotected anal sex in the past. I guess I could have been infected that way as well.	previous it has been
	She infected me with Hepatitis B before, and I know I will be infected by HIV as well before long. I have been living with her for one year!	
<i>Evaluation by consequence (only in the Chinese forum)</i>	If people have a stable family and a fixed sex partner, they will not transmit the disease to others. Why does our country not think this way? If we could have our own family instead of being abandoned, we would definitely value our life in every aspect.	If
The mandate of heaven ^a	I have promised a lot, and begged a lot in front of Bodhisattva. But I think even heaven will not let me go.	heaven
Admonition ^a	Everyone should preserve moral integrity ("jie shen zi hao"), don't be like me, there's no medicine for regret ("hou hui yao") in the world!	should must ought to
Appropriation from authority ^a	Since the dawn of time everyone will die, you should not die in the phobia.	
^a . These are the new topos identified in the Chinese discussion forum posts.		

A total of 221 instances of topos were identified in the U.S. forum posts. Time, degree, and consequence by analogy were the three most used topos in the posts, whose contents varied from discussions of HIV/AIDS testing to expressions of strong emotion. The Chinese corpus contained a total of 179 instances of topos. Among the 14 topos identified, time, the mandate of heaven, and evaluation by consequence were the three most used topos in the posts (see Figure 1 for the numbers of all topos used in the two corpora).

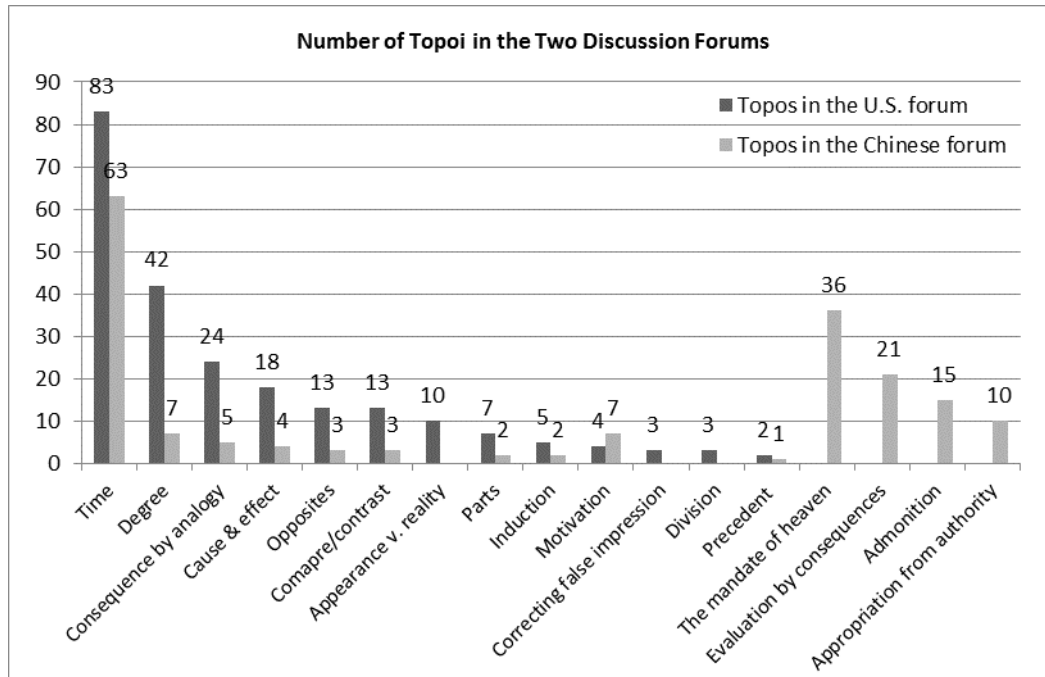


Figure 1. Number of topos in the two discussion forums.

The Pattern of Topoi Use in the U.S. Forum

Time was the most commonly used topos in the U.S. sample. The time topos argues that because B takes place upon the completion of A, now that A has been accomplished, B must be delivered. The sequence of events in a narrative is organized around the associated time frame, which is predominantly linear in the Western culture.

Western cultures think of time in the linear sense of a flow from the past to the present to the future. It is said that the idea of linear time became commonly accepted as we became more aware of change—that is, aware that things were different before change and after change. (Jandt, 2012, p. 117)

Therefore, the topos of time functions primarily to trace the cause of the infection and to identify the subsequent health consequences and life changes. It is commonly believed that the cause of AIDS can be precisely identified based on a specific incident, such as sexual intercourse or blood transmission. Hence, the topos of time is often used in the posts to identify the exact incident of infection. Knowing the time at which an infection is acquired is as important as knowing the reason. By tracing how they possibly get infected, people are able to rationalize the disease in their lives to some extent. Time also functions to explain confusion and to attribute responsibilities. In one post titled "husband gave me HIV," the author traced her story and concluded that "HIV was devastating. Moreover I can't handle the fact that this could have been prevented, that he did not put me and our family first." This belief in prevention is largely dependent on her recognition of the moment or time period of possible infection. Finally, because of the different ways diagnostic kits work, forum participants paid a lot of attention to the duration of time between risky encounters, dates of symptom onset, testing dates, and possible time to obtain reliable diagnostic results from home or laboratory tests.

As the second most commonly used topos, degree refers to the strategy of assigning things relative positions in a dimension. A degree inherently contains a comparison in value or quality, which assists people in interpreting life experiences. In the 1980s, HIV/AIDS was viewed as a disease transmitted from the "polluted other" who was classified and repressed at the bottom of a sociocultural hierarchy. Today, after years of public health efforts and social movements, HIV/AIDS has been largely demystified and acknowledged by the public in American society. As revealed in the posts, the topos of degree is not often used to compare the healthy and the infected; instead, it is primarily used to assign relative meanings to one's life before and after HIV infection. Paired words, such as "better/worse" and "more/less," and superlative word forms, such as "worst," "deepest," and "longest," were often used, embedded with strong emotional expressions. For example, a post titled "I'm about to give up" said, "I saw my doctor today and feel even more depressed. I thought I would get better, but only fall deeper into the bad situation."

As the third most commonly used topos, consequence by analogy argues for conclusions in two related cases based on a shared premise or key property. It is closely related to argument by metaphor, which functions to establish first-hand the shared premise or property. Generally, the relationship based on a shared premise is usually quite arbitrary and can seem common and neutral in a confined community. Zilberman (2006) argued that analogy is inherent to Western philosophy because no general judgment or premise exists in nature. Therefore, all consequences by analogy suffer from uncritical deduction, which would fall into a paroxysm of interpretation. As revealed in the analysis, a major premise for the analogy is constructed on the belief that "AIDS is a death sentence." However, given the ready access to HIV/AIDS treatment, care and support in the United States, the notion of death refers more to the shortened life expectancy than immediate death. As one poster argued:

Reality check, we will all die eventually for one reason or another. . . . why end your life now when there is still the possibility of living and being happy? How do you know you will live a full and good life without HIV?

Taken together, the three topoi construct HIV/AIDS as a chronic illness that causes changes in personal life stages. Other less used topoi, such as cause and effect, opposites, and compare/contrast, all contribute to this rhetorical construction. The general line of reasoning of all these topoi is as follows: "If I get HIV/AIDS, I will face significant changes in health condition, thus I must make plans for medical treatment and future life changes." By comparing the life situations before and after the diagnosis of HIV/AIDS, people often express a sense of loss, sadness, depression, or anger. By posting on the discussion forum, individuals seek both psychological and medical support. As one person wrote, "I mean, I do have a plan of action to handle these illness issues and I hope, preferably, to a successful resolution and future."

In summary, the topoi used in the U.S. forum reveal a more individualist-expressive rhetoric, which constructs the illness as both individualized and chronological. The meaning of HIV/AIDS largely resides within personal daily context, sidestepping the larger social and political considerations.

The Pattern of Topoi Use in the Chinese Forum

Similar to the U.S. forum, time also was the most commonly used topoi in the Chinese forum. However, in contrast to the American posts, which disclose a comparative shorter time period of self-examination that often began with the most recent high-risk behavior, the Chinese posts usually discuss the illness covering a significantly longer time period that could have begun in childhood or the first love experience. For example, in one post, titled "Right after my boyfriend and I tested HIV positive," the author started by writing how he was frail during his childhood:

I have always been frail since childhood. I often needed to take penicillin for various inflammations. Since I was susceptible to many kinds of viruses and diseases, I was very thin as well. . . . Maybe it is my fate.

Then the author went on to write about his love stories with three boyfriends in college, although they are not directly related to his later HIV/AIDS infection. Huang (2002) discussed this mode of Chinese rhetoric as chains of reasoning, developed from the ancient "Chinese sorites"; the rhetoric refers to a series of linked statements that resemble a chain of incomplete syllogisms, arranged so that the conclusion of one syllogism forms the premise of the next. In this example, the author formed the argument that he was destined to get HIV/AIDS because of the seeming chains of reasons supplied by his previous experiences.

The mandate of heaven was the second most commonly used topoi, called "tian ming," "ming," or "tian yi" in the Chinese posts. The mandate of heaven serves as an ultimate excuse for people to explain and further rationalize changes in life, which also secures the status quo of the political and social structure. When people apply the mandate of heaven in their own writing, they try to explain that all things are prearranged by heaven. Thus, such individuals are neither in control of nor fully responsible for how their life goes. One common phrase used in this topoi was "mandate of ghost and god" (*gui shi shen chai*), which refers to the situation in which one, driven by evil forces, unintentionally commits "wrongdoings." One poster explained why he felt poised after getting a positive test result: "No matter what I do, right or wrong, all is determined by the heaven. I felt calm and poised while waiting for the

result. . . . I don't know how I went to that place under the mandate of the ghost." To a certain extent, this topos leaves out the ethical consideration, both at the personal and societal levels. However, it is important not to isolate this topos from its discursive context. Although the mandate of heaven seems to have the ultimate control, this control also would be weakened by other conflicting arguments. In the same example, the author also talked about his regret in the later part of the post: "I stood alone in the street. At that moment, I could no longer bear all of this. I broke down, and all the emotions and tears just overwhelmed me. Death, fear, regret, helplessness, sickness . . ." Therefore, the mandate of heaven is often used together with regret. To a large extent, it is applied more as an emotional tool for self-persuasion and consolation.

As the third most commonly used topos, evaluation by consequence refers to the argument that considers effects/consequences as grounds for evaluation. As noticed by Guo (2008), "in fighting HIV/AIDS epidemic, the government at all levels in China often apply the strategy of scaring people away from contracting the illness" (p. 8). In the public discourse, there is no other way than preserving moral integrity to prevent HIV/AIDS because no prevention method is failure proof. Jones (1999) provides an instance of this topos: "properly using condoms can reduce the chances of contracting AIDS, but it is not fool proof . . . When they fail in the prevention of AIDS, there is no turning back" (p. 166). Physical and emotional suffering, social discrimination, job losses, isolation from families, and inability to have one's own children are all the publicly perceived consequences of HIV/AIDS infection. One poster talked about this fear: "actually, I am not really afraid of illness and death. I'm afraid of all the things around them. I can't let my wife leave me, because she's the only support in my life." The fear of future consequences is much greater than that of the disease itself. Many posters indicated they were afraid of getting an HIV test because sometimes it was better to be ignorant than to know their HIV/AIDS statuses.

In regard to the two other new topoi identified in the posts, admonition functions to persuade people to maintain moral integrity and to take responsibility of their families and the society at large. Appropriation from authority is used to convey the same ideas by using relevant sentences from ancient Chinese poems. Such rhetorical devices construct HIV/AIDS as evidence of immorality and deviance from social norms within the discussion forum. Overall, the general line of reasoning behind this construction becomes "because I'm culpable of immoral wrongdoings, I contracted HIV/AIDS with severe personal and social consequences, thus other people should learn from my fatal lessons by maintaining their moral integrity and being good persons." In contrast to the U.S. forum, the Chinese forum reveals a more communitarian-persuasive rhetoric, which directly persuades the participants to construct their illness experiences from a moral and ethical standpoint. In particular, the illness is considered more in contexts of personal fate, family responsibility, and social status.

Discussion

HIV/AIDS recognizes no cultural or ethnic boundaries. However, our responses to the disease vary significantly because of various cultural infrastructural and symbolic constraints. In the era of globalization, national boundaries and individual identities have been significantly blurred because of the increasing convergence of political, economic, and cultural interests. To a large extent, the discourse of HIV/AIDS holds conflicting cultural connotations in different countries, which may bring rhetorical

obstacles in global responses to the epidemic. Hence, only if we deconstruct these differences, can we respectfully use global resources and wisdom to build meaningful dialogues and cooperation among countries.

Topoi analysis of posts from the two discussion forums clearly demonstrated different sets of rhetorical arguments in the construction and negotiation of causes, meanings, and implications of infecting and living with HIV/AIDS. Comparing the patterns, we tentatively conceive the following differences in HIV/AIDS construction between the two countries.

After three decades of public education about HIV/AIDS in the United States, uncertainty and fear are still demonstrated in the forum. The U.S. forum, as an online community for people living with HIV/AIDS, provided both informational and emotional support. Thirteen topoi were identified in the selected posts. The most commonly used three topoi suggest that the construction of HIV/AIDS is highly associated with the Western conception of linear time and the historical perception of HIV/AIDS.

However, in China, from the "love-capitalism disease" (Bureau of Hygiene and Tropical Diseases, 1990) to the disease of social deviance, the discourse of HIV/AIDS has always placed its ethical burden on individuals. In line with this rhetorical reasoning, discrimination, self-discrimination, and family discrimination thus gain their legitimacy. Furthermore, fueled by the Chinese traditional culture, individuals often use heaven and fate as an external locus for rationalizing and internalizing consequences of HIV/AIDS infection. This focus on prearranged fate diminishes the roles played by prevention and treatment efforts. These two rhetorical shackles may function as barriers to HIV/AIDS education and prevention in China. Both evaluation by consequences and chains of reasoning may contribute to the controversy of HIV testing. Some people claim infection of HIV/AIDS despite repeated negative test results; more people are reluctant to take tests because they fear the possible devastating consequences. Such a controversial attitude toward HIV testing demonstrates that the social construction of HIV/AIDS in China is still predominated by moral judgment and cultural values.

By applying a cultural rhetorical analysis, this study demonstrates the significance and impact of the rhetorical construction of HIV/AIDS as a cultural experience. Informed by cultural constraints, the topoi analysis reveals the fundamental divergences in how different countries communicate about HIV/AIDS. The understanding of cultural rhetorics of HIV/AIDS can help public health officials develop more culturally appropriate prevention campaigns. For instance, campaign programs in the United States may emphasize HIV testing as a prevention strategy for a chronic illness, whereas programs in China may emphasize HIV infection as a behavioral outcome that can be prevented and managed instead of being a prearranged destiny. Similarly, in the context of patient-doctor communication, doctors and health professionals may want to learn about what information patients have gathered through online discussions and to understand their specific reasoning with regard to infection, illness experience, and treatment considerations.

The rhetorical construction of HIV/AIDS in the two discussion forums reveals a limited facet of the whole picture. This comparative study emphasizes the cultural dimension of the construction; therefore, to a certain extent, this study uses nation states as the unit of analysis, which does not address

the heterogeneity of subcultures within one country. Ideally, an expanded study must account for different subcultures in individual countries to explore the rhetorical tensions in more depth. Furthermore, the majority of participants in both forums are males who contract HIV infections through high-risk sexual behaviors, which provides little chance to study intravenous drug users, commercial sex workers, and other high-risk populations. Future studies should try to gain access to these less visible populations to better understand how they construct their HIV/AIDS experiences. Last, but not least, although we found all posts were from unique usernames, which might correspond to unique posters, we have no means to verify this assumption. There exists the possibility that the same person can use different usernames to post in the forum. This concern of user identity in online space is common in Internet research and future research can address this issue through combining text-based analyses with interviews or surveys.

This study is the first preliminary attempt to explore the social construction of HIV/AIDS in online discussion forums in China and the United States. The findings demonstrate that the disease itself is socially constructed through various rhetorical formations. For future studies, the different cultural notions of HIV/AIDS in the two countries should be tested and critically evaluated in local context for developing culturally appropriate health programs.

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