

An AIDS-denialist Online Community in a Russian Social Networking Service: Patterns of Interactions with the Newcomers and Rhetorical Strategies of Persuasion

Peter Meylakhs, PhD, National Research University Higher School of Economics, Laboratory for Comparative Social Research, Senior Research Fellow

Background:

The rise of social media proved to be a fertile ground for the expansion of AIDS-denialist movement (in form of online communities). While there is substantial literature devoted to disproving AIDS-denialist views there is dearth of studies exploring AIDS-denialists as online communities that interact with external environment.

Objective:

We explored three research questions: why newcomers come to an AIDS-denialist community; what are patterns of interactions of the community with the newcomers; what are rhetorical strategies that denialists employ for persuasion in the veracity of their views.

Methods:

We studied the largest AIDS-denialist community in one of the most popular social networking services in Russia. We used netnography as a method for collecting data for qualitative analysis. We observed the community during 9 months (at least 2-3 times a week). While doing netnography we periodically downloaded the community discussions. In total we have downloaded 4821 posts and comments for analysis. Grounded theory approach was used for data analysis.

Results:

Most people come to the community for the following reasons: their stories do not fit the unitary picture of AIDS disease progression translated by popular and popular medical discourses; health problems; concern about HIV-positive tests; desire to dissuade the community members from false AIDS-beliefs. On the basis of strength in AIDS-denialist beliefs we constructed a typology of the newcomers that consists of the three idealtypical groups: ‘convinced’ (who already had become dissidents before

coming to the group); ‘doubters’ – who are undecided as to the truth of either HIV science theory or AIDS-denialist theory; ‘orthodox’ – who openly hold HIV science views. Reception of a newcomer mainly depends on the newcomer’s belief status – it is very warm for ‘convinced’, cold or slightly hostile for ‘doubters’ and extremely hostile or derisive for ‘orthodox’. We identified six main rhetorical strategies of persuasion of the undecideds on the issue used by denialists: 1) "Scientific arguments". Denialists present the scientific community as having no proof of HIV existence, and the evidence produced by scientists as unconvincing or fabricated. Simultaneously, the denialists point at hero-scientists (the most notable of whom is Peter Duesberg), who have the evidence against this concoction but they are silenced by those who take part in the global conspiracy. 2) Ideological arguments. Denialists claim that the myth of HIV appeared as a result of a global conspiracy between the secret world government and the Big Pharma, who enforced the acceptance of this myth first on the US and then on all the other countries. 3) Underscoring the importance of personal experience and critical thinking as compared to unreflective acceptance of abstract medical knowledge. 4) Underlining material interestedness of “aidsologists”, whose aim is to sell as many pills as possible compared to the dissidents' lack of material interests. 5) Pointing out at suspicious practices of AIDS-centers. AIDS-center's specialists obscure, which for denialists means that they have something to hide. They do not give health records and test results to the patients, but read these results to them instead. Indeed, for some unknown reasons in many Russian AIDS-centers patients' health records and tests results are not given to them, which generates suspicion on the part of some patients. Denialists interpret these practices as the evidence of doctors’ participation in the global conspiracy. 6) Claims about uselessness and toxicity of ART.

Conclusions:

Contrary to the widespread public health depictions of AIDS-denialists as totally irrational, our study suggests that some of those who become AIDS-denialist have sufficiently reasonable grounds to suspect that 'something is wrong' with the scientific theory because their personal experience contradicts the unitary picture of AIDS disease progression they have in mind. Odd and inexplicable practices of some AIDS-centers only fuel these people's suspicions. We can conclude that public health practitioners’ practices may play a role in generating AIDS-denialists sentiments. In interactions with the newcomers the experienced community members highlighted the importance of personal autonomy and freedom of choice in decision-making consistent with the consumerist ideology of healthcare. The study findings

suggest that healthcare workers should change a one-size-fits-all mode of counseling for a more complex and patient-tailored approach, allowing for diversity of disease progression scenarios and scientific uncertainty.