



The Sick Role and Stigmatization of HIV/AIDS Patients

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Abstract: In the journal article AIDS as a Social phenomenon, the author Velimirovic puts forward such a claim: AIDS is not only an infectious disease, but also a social disease. He believes that it is more important to study the social, political, moral and legal aspects of AIDS than just the traditional medical issues related to the disease. In this journal article, Velimirovic mainly looked at AIDS as a social phenomenon and studied people's perception of fear and threat of disease and collective perception of disease. Although there is currently no effective cure for AIDS as a serious and highly contagious disease, the status of the major risk groups for AIDS is changing. The change of people's morality and values is beneficial to the effective implementation of AIDS prevention and control.

Keywords: AIDS; Social Phenomenon; Morality

1. AIDS and stigmatization

Disease is closely related to stigma. Goffman (2009) explains the characteristics of highly stigmatized diseases: first, the person infected with the disease is at fault, and blame is a crucial factor; The second is that the disease is cumulative and incurable; Third, the lack of public understanding of the disease; Fourth, symptoms cannot be hidden. AIDS meets these criteria and is thus one of the most stigmatized diseases, which distinguishes it from other recurrent and life-threatening diseases such as cancer and multiple sclerosis. Later, researchers attributed discrimination against AIDS patients to the infectious, unidentifiable and deadly nature of the disease (Crandall, 1992). Another related source of stigma is that those infected with AIDS are mostly from stigmatized groups, who are considered to be "original sinners" because of their own behavioral biases (Laura et al., 1991). As a result, AIDS is socially defined as a contagious disease of marginalized groups, thus creating stigmatization. At the same time, race, ethnicity, poverty increase the stigma associated with AIDS ^[1].

The relationship between stigma and liability inference has also been studied. For the same disease, if the cause is beyond one's control, such as a child who gets AIDS from mother-to-child transmission or an individual who gets AIDS from a blood transfusion, members of society may feel they are not at fault and give more sympathy. In this case the stigma is relatively low; Conversely, the stigma is greater if the disease is caused by a cause that an individual can control and loses control of, such as HIV, as a result of an individual's drug use or bad behavior. Thus, Bernard proposed the motivational sequence of "cause-inference-emotional reaction-behavioral response", which enables many observed facts to be integrated together. This will help to reveal the reasons for the different levels of stigma in patients with different infection routes, and on this basis to develop reasonable intervention strategies to promote the prevention and control of AIDS.

2. The consequences of the AIDS stigma

At the micro level, stigma has a serious impact on individual choices, hindering not only testing but also access to

treatment for HIV (Ankrah, 1993). The high level of discrimination associated with AIDS is linked to low participation and willingness, which directly or indirectly affects the willingness of sexually transmitted infections (STIs) to receive treatment in public health institutions, which is not conducive to AIDS surveillance, control and prevention. The stigma associated with AIDS delays the health-seeking behaviour of members of society and affects their physical and mental health, life satisfaction, social participation and social exclusion. The subjective stigma may increase the sense of loss, increase the psychological burden of caregivers, and have a negative impact on their rehabilitation. On a macro level, people with certain traits can be distinguished into “I” and “other” groups. Stigmatized individuals are often seen as discredited, and they accept and internalize this view. They see themselves as deviant, worthless, and feel self-loathing and shame; Stigma also accumulates the dissatisfaction of the stigmatized group. If these negative emotions of AIDS patients are not properly released, they may lead to some anti-social behaviors, which may have a negative impact on social stability and harmony ^[2].

3.Strategies for coping with stigmatization for AIDS patients

In the case of stigmatization, stigmatized individuals may adopt various strategies for stigmatization control to protect their own interests. Individuals in a stigmatizing state of AIDS may turn to the wise people around them or to one of their own because they live together and know the symptoms. Similar people often form self-help organizations or small groups to protect their rights by stigmatising each other while obtaining information, material or emotional support. (Corrigan 2004) proposed three stigma resistance strategies of protest, education and exposure, and Stanley divided the stigma control strategies into avoiding stigma and controlling stigma. In rural China, some parents who care for hiv-infected adult children often adopt two strategies for stigma control: not exposing others and lying about the child’s disease. Parents raising children with HIV use many strategies to control stigma, such as selective exposure to schools and other social contacts, conceals of AIDS symptoms, and controls over children’s social lives ^[3].

Concealment and exposure are strategies chosen by stigmatized AIDS patients after considering their own actual situation and reality. But whether it is concealed or exposed, there are both positive and negative consequences. People exposed to AIDS may receive social support or face stigmatization and discrimination, while people with AIDS who conceal their condition may avoid stigmatization and may increase personal stress and hinder access to treatment. But in real life, the study found that only half of the patients were willing to disclose their condition, even though it was extremely difficult for them to expose their condition and they needed family support, encouragement and help from counsellors.

Conclusion

To sum up, the current social stigma of AIDS caused by AIDS discrimination to their daily life and treatment to create many obstacles. This not only leads to the formation of a bad “self-image” of AIDS patients, but also the false identification of this “self-image” and AIDS patients into a constantly deviant career. Decontamination and decontamination are the primary tasks in the fight against AIDS discrimination. Under the guidance of the government, the participation of the whole people can protect the rights and interests of AIDS patients and really promote the overall health of the society. At present, the COVID-19 epidemic is not effectively under control in some countries, and stigma against patients and their countries often occurs. So, it is also necessary to reduce the stigmatization of certain diseases and not label patients.

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