

Social Morality and Misplaced Responsibility: HIV/AIDS-Related Stigma

By
Amelia A. Pape
amelia23@insightbb.com

Washington, D.C.
April 13, 2005

"My foster son, Michael, aged 8, was born HIV-positive and diagnosed with AIDS at the age of 8 months. I took him into our family home, in a small village in the south-west of England. At first relations with the local school were wonderful and Michael thrived there. Only the head teacher and Michael's personal class assistant knew of his illness. Then someone broke the confidentiality and told a parent that Michael had AIDS. That parent, of course, told all the others. This caused such panic and hostility that we were forced to move out of the area. The risk is to Michael and us, his family. Mob rule is dangerous. Ignorance about HIV means that people are frightened. And frightened people do not behave rationally. We could well be driven out of our home yet again." **'Debbie' speaking to the National AIDS Trust, UK, 2002**

A society's assignment of responsibility for certain events to people or groups is closely tied to its notion of morality. The *Oxford English Dictionary* defines the term "moral" as, "a person's lifestyle or self-conduct (esp. in sexual matters) considered with regard to morality; a set of personal standards relating to right and wrong conduct." Socially constructed codes of conduct like these, or societal morality, often become the basis for lawmaking and, in turn, lead to the imposition of morality by the state. If a person's behavior conflicts with societal morality, the social response is often a negative one, leading to stigmatization of such behavior. Similarly, conditions that may be, but are not always caused by socially unacceptable behavior often suffer the same stigma. Herein lies the connection to assigning responsibility based on an understanding of morality.

If socially unacceptable behavior causes certain conditions to occur, society dubs the perpetrator of that behavior responsible for whatever condition to which it led and, in

turn, absolves itself of responsibility for such conditions. “By blaming certain individuals or groups, society can excuse itself from the responsibility of caring for and looking after such populations” (Fredricksson & Kanabus, 2004: p.1). The societal response to persons living with HIV/AIDS serves as a poignant example of this phenomenon. HIV/AIDS can be, but is not solely contracted through behavior that is deemed socially unacceptable—not only does this stereotype an entire population of people living with the illness, but it also imposes a morality upon individuals whose behavior is judged as wrong, which opens the door to far greater social conflict.

HIV/AIDS has always been linked to negative social reactions due to lack of knowledge about it, assumptions about people living with it, and fear of contracting the disease. According to Fredricksson and Kanabus (2004), the epidemic has always been associated with fear, denial, discrimination, and stigma, making it as much a social issue as it is a medical one. HIV/AIDS-related stigma occurs for many reasons, such as the ideas that it is a life-threatening disease, people are scared of contracting the virus, it is associated with already stigmatized behaviors such as intravenous drug-use, people living with HIV/AIDS are commonly perceived to be responsible for their condition, and religious or moral beliefs lead some people to believe that having HIV/AIDS is the result of moral fault, such as promiscuity, that deserves to be punished (Fredricksson & Kanabus, 2004). Also, a report from the University of California at Davis showed that “...growing numbers blame people with AIDS for their illness and don’t understand how AIDS is spread, according to a study reported in the March issue of the *American Journal of Public Health*” (Herek, Capitanio, & Widaman, 2002: p.1). This conveys the need for

better education about AIDS and how its transmission in order to combat such prevalent and paralyzing stigmas.

Fredricksson and Kanabus also note that negative responses to HIV/AIDS “often feed upon and reinforce dominant ideas of good and bad with respect to sex and illness, and proper and improper behaviours” (2004: p.1). Some of the images that have reinforced HIV/AIDS-related stigma are: HIV/AIDS as punishment for immoral behavior, HIV/AIDS as a crime, in relation to innocent and guilty victims, HIV/AIDS as war, in relation to a virus which needs to be fought, HIV/AIDS as horror, in which people are demonized and feared, and HIV/AIDS as otherness, in which the disease is an affliction of those set apart (Fredricksson and Kanabus, 2004). These images operate under a notion of good and bad, which implies a socially imposed moral standard.

A report from a research workshop sponsored by the National Institute of Mental Health described AIDS stigma as a reaction to the belief that AIDS is transmissible and dangerous, augmented by the public’s propensity to blame people with HIV/AIDS for their condition. “This blame stems from the widespread perception that the primary transmission routes for HIV—sexual intercourse and sharing of infected needles—are immoral and voluntary” (National Institute of Mental Health [NIMH], 1998: p.5). In presuming a behavior to be immoral, there must also be a societal morality under which the accusing public is operating. Therefore, in order to assign responsibility for contracting HIV/AIDS to the person living with it, society must pass a moral judgment on that person and, thus, impose its morality on him or her, which is the origin of conflict as a whole.

A study published in *Health Psychology* identified the social construction of illnesses, rather than their medical definitions, as a cause for stigma.

In the course of socially constructing an illness, symptoms are identified and the disease is named. Theories of origin, transmission, prevention, and cure are formulated, promulgated, criticized, and revised. Responsibility and blame are often assigned (Herek, Capitano, & Widaman, 2003: p.1).

This concept does not describe biological facts about an illness, but instead relies on “theories” about it, as defined by society. The socially constructed definition of an illness is one founded upon societal morality because the concept of blame implies a wrong-doing of some kind and, thus, a standard of right and wrong as understood by society.

In his book, *Law, Liberty, and Psychiatry*, Thomas Szasz (1989) describes different types of responsibility. Assigning responsibility to people living with HIV/AIDS is related to his discussion of “ascriptive” responsibility, which refers to the ethical quality attributed to a certain person’s act (1989). Szasz also states that “...the desirability of physical health, as such, is an ethical value...” (1989: p.14). HIV/AIDS is associated with certain acts to which an ethical quality can be ascribed. The stigma related to this illness arises from the decidedly unethical nature of these acts, which include homosexuality, promiscuity, and intravenous drug-usage. Because these acts are also thought to be voluntary, people living with HIV/AIDS are commonly blamed for their illness due to their participation in this immoral behavior. Criminality is associated with socially deviant behavior, so to suggest that people behaving in a socially deviant way are responsible for contracting HIV/AIDS is to equate the illness to punishment for criminal acts. The absurdity of this notion is not often recognized because societal

morality tends to be confused with law, and, therefore, those who do not adhere to those moral standards are treated as deviants or, in a sense, criminals.

It is entirely hypocritical and irrational to assign responsibility to people living with AIDS and simultaneously fear its transmission. Either the illness is contracted due to voluntary and unethical behavior, resulting in the placement of blame, or it can be caught involuntarily, resulting in fear. One cannot make the logical argument that people with AIDS deserve their fate without also agreeing that he or she could only contract the illness voluntarily through similarly deviant behavior. To assign this type of responsibility to an entire population living with an illness is unfounded and results in discrimination and mistreatment of that population. Many people living with HIV/AIDS contracted it through no fault of their own. These people must not only face the daily hardships of living with a life-threatening disease, but also suffer constant prejudice from an intolerant and morally arrogant society.

Responsibility is a central concept within a society. Dangers often arise when certain people or groups try to avoid responsibility for certain things, which is a strong argument against the insanity plea. It is important for individuals to take responsibility for their actions, as behavior is not caused but is the result of one's own free will. However, it is equally dangerous to assign responsibility where it does not belong. Blaming people living with HIV and AIDS for their illness due to the possibility that their behavior caused them to contract the disease results in discrimination and stigmatization of those people, promotes misunderstanding of the illness, and increases society's unwillingness to provide help where it is most desperately needed.

References

- Fredricksson, J. & A. Kanabus. (2004). *HIV & AIDS Stigma and Discrimination*. Retrieved April 11, 2005 from the World Wide Web:
<http://www.avert.org/aidsstigma.htm>
- Herek, G. M., J. P. Capitano., & K. F. Widaman. (2003). Stigma, Social Risk, and Health Policy: Public Attitudes Toward HIV Surveillance Policies and the Social Construction of Illness. *Health Psychology, 22*, pp. 533-540.
- Herek, G. M., J. P. Capitano., & K. F. Widaman. (2002). American Public Increasingly Blames People With AIDS and Misunderstands How HIV Is Transmitted. *American Journal of Public Health, p. 92*.
- National Institute of Mental Health [NIMH]. (1998). AIDS and Stigma: A Conceptual Framework and Research Agenda. *AIDS & Public Policy Journal, p. 5*.
- Szasz, T. (1989). *Law, Liberty, and Psychiatry*. New York: Syracuse University Press.