

Am I safe here?: How people with HIV/AIDS perceive hidden prejudices in their communities

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People in marginalized groups, such as the disabled or racial minorities, feel stigmatized—condemned, feared, or excluded—when other people stigmatize them. That's obvious. But they can also feel stigma when nobody blatantly discriminates against them or says a negative word.

These folks aren't paranoid, suggests a new study of HIV-positive people and their communities to be published in *Psychological Science*, a journal of the Association of Psychological Science. Rather, they're picking up subtle clues from their communities.

"Society is changing when it comes to prejudice," says psychological scientist Carol Miller, who conducted the study with University of Vermont colleagues Kristin Grover, Janice Bunn, and Sondra Solomon. "Most people don't want to be prejudiced"—yet the culture teaches us bias, and despite ourselves, "sometimes we express it. "

In the effort to suppress prejudice, motives vary. "Internally motivated" people value tolerance and abhor stereotyping. The "externally motivated" respond to social pressure. In either group, bias can "leak out," says Miller. But those who harbor more prejudice are more likely to experience anti-discriminatory norms as coercive, or "politically correct"—and want to disregard them.

In an age where blatant discrimination is rare, how might these

motivations, expressed by communities, affect their potential objects? To get at the answer, the researchers assessed various communities for the social conditions that allow their members with [HIV](#)/AIDS feel safe—or not—to disclose their disease to others.

The team recruited 203 New Englanders with HIV/AIDS. Most were men, and about half were gay or bisexual; they'd lived with the disease an average of 11 years. The participants answered 19 questions assessing their experiences of "enacted stigma" (for instance, "I have lost friends by telling them that I have HIV/AIDS") and their "disclosure concerns" ("I worry that people who know will tell others").

Within the next eight weeks, the researchers randomly selected about 12 adults from each of the communities where the participants with HIV/AIDS lived and interviewed them by phone about community life and their feelings and behavior toward people with AIDS. The questions were designed to tease out whether the respondent's motivation to act tolerantly was internal or external. The results were tabulated to characterize each community the same way.

The people with HIV/AIDS experienced few overt acts of discrimination, the study found. Yet many still were reluctant to reveal their disease.

What made the difference? It was the community's source of motivation. People with HIV/AIDS felt the most need for secrecy in communities where people felt more social and less personal pressure to avoid being prejudiced.

The study has implications both for [communities](#) and their members with HIV/AIDS. "If we want to change community attitudes, we need to be careful," says Miller, "Because if all we do is make people feel pressured, we might be making it worse instead of better."

As for the people with HIV/[AIDS](#), Miller doesn't second-guess their anxieties. Still, she suggests, risk-taking can yield rewards. "If in fact you are in a community where people would like to accept and support you, if you don't disclose, you never give them the opportunity."

Provided by Association for Psychological Science

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