

SELECTED ABSTRACTS

AIDS

Attitudes

1. Christopher Leone & Cynthia Wingate, A Functional Approach to Understanding Attitudes Toward AIDS Victims, *The Journal of Social Psychology*, 131(6), 761 - 768

Attitudes toward victims of AIDS were conceptualized as serving three possible functions : a value expressive function (e.g., stigmatization), an ego-defensive function (e.g., homosexual prejudice), or a knowledge function (e.g., victim derogation). These functions were evaluated by having a sample of U.S. undergraduates respond to a victim who had contracted AIDS by one of three different means : a blood transfusion, a sexual encounter of a homosexual nature, or intravenous drug use. Subjects then indicated their beliefs about the victim's responsibility for the disease, feelings toward the victim, and likely behavioral interactions with the victim. The findings provided most support for the knowledge function of attitudes toward AIDS victims.

2. Gill Green, Attitudes towards People with HIV : Are they as Stigmatizing as People with HIV Perceive them to be?, *Soc. Sci. Med.* Vol. 41, No. 4, 557-568, 1995.

Stigma is a feature of HIV disease and many people who are HIV- positive report that their lives are affected by fear of discrimination (felt stigma). Although opinions do not necessarily predict behaviour, this article examines whether the public's avowed attitudes to people with HIV are as punitive and stigmatizing as those infected think they are, and the extent to which public attitudes may contribute to felt stigma. A street survey was conducted in Glasgow and Edinburgh, Scotland asking a stratified quota sample of 300 men and women of all ages to complete a short questionnaire about their attitudes toward people with HIV. The same questionnaire was also completed by 42 men and women with HIV. One in five respondents in the street survey, and all of those with HIV, were also asked to complete the questionnaire imagining that they were a typical member of the public, to find out whether both groups attributed more hostile attitudes to generalized others than they themselves professed. Overall, the general public had relatively liberal views about people with HIV although a majority felt that some restrictions should be placed upon their freedom. Controlling for age, sex, socioeconomic status and city, people with HIV had more liberal attitudes than the general public, but perceived public attitudes to be far less liberal than were reported in the street survey. Respondents in the street survey also perceived generalized others to be less liberal than themselves. These results provide evidence of felt stigma among people with HIV and the policy implications are discussed. The findings are also set within a theoretical framework concerning the nature of attitudes, their relationship to behaviours, and the pervasiveness of negative images associated with AIDS.

3. Vincent Price Mei Ling Hsu, Public Opinion about AIDS Policies : The Role of Misinformation and Attitudes Toward Homosexuals, *Public Opinion Quarterly*, Vol. 56, 29-52, 1992.

In an effort to better understand the cognitive and attitudinal factors underlying public opinion on AIDS-related issues, this article proposes and empirically tests a model of the relationships between (1) knowledge of HIV transmission, specifically the misinformation that AIDS can be transmitted easily through casual contact with HIV-infected persons : (i) from eating food that had been handled by a person with AIDS, (ii) from a toilet seat, (iii) from trying on clothes in a department store and (iv) from handling money; (2) attitudes toward homosexuals, the most prominent of the social groups presently affected by the AIDS crisis; and (3) support for restrictive public policies aimed at HIV-infected persons. Data from two nationally representative surveys conducted in December of 1985 (N = 2,308) and in July of 1987 (N = 2,095) provide evidence that misinformation about AIDS transmission and negative attitudes toward homosexuals are strong predictors of support for stringent restrictions of persons with AIDS. This finding is important because it suggests that efforts to build consensus for AIDS-related policies should be concerned both with potential cognitive obstacles (i.e., a lack of proper public understanding) and with attitudinal obstacles (i.e. a lack of positive sentiment toward subpopulations affected most by AIDS). The findings also suggest that several background factors, in particular, education and political liberalism, may also play decisive roles in influencing levels of support for restricting those infected with the AIDS virus.

Epidemiology

4. Igor Grant and Robert K. Heaton, Human Immunodeficiency Virus-Type 1 (HIV-1) and the Brain, *Journal of Consulting and Clinical Psychology*, Vol. 58. No. 1, 22- 30, 1990.

Infection with human immunodeficiency virus Type-1 (HIV-1), the causative agent of AIDS, can be associated with central nervous system as well as immune system disease. Advanced AIDS can be complicated by a dementia. Short of frank dementia, many AIDS patients manifest neuropsychological (NP) impairment including disturbance in speeded information processing, abstraction, learning, and recall. Data conflict on whether medically asymptomatic HIV-1 carriers have subtle NP deficits. Variations in tests chosen, criterion specification, and sample selection may all be contributing to disparate results. Longitudinal research is needed, and this should examine representative samples of HIV-1 seropositive individuals for whom approximate date of seroconversion is known and in whom sources of comorbidity (e.g. drug abuse, concurrent infections, CNS injuries) can be specified.

Rights and Restrictions

5. Jeff Glenney, AIDS : A Crisis in Confidentiality, *Southern California Law Review*, Vol.62:1701-1731, 1989

This Note suggests principles to mediate the conflict between a patient's desire to protect the confidentiality of an AIDS diagnosis and the state's need to publish or release the identities of HIV carriers in order to prevent the further spread of AIDS. It argues for the limited disclosure of the identities of HIV carriers to those groups who are particularly at risk of contracting AIDS as a result of their contact with HIV carriers. (Contends) that a significant degree of confidentiality can be protected despite limited disclosure. However, confidentiality concerns should not take precedence over the state's interest in protecting the public's health and safety.

6. Harold Edgar & Hazel Sandomire, Medical Privacy Issues in the Age of AIDS : Legislative Options, *American Journal of Law & Medicine* Vol. XVI Nos. 1-2, 155- 222

Promises of confidentiality of HIV-related medical records and protection from discrimination based on HIV seropositivity are two of the legislative inducements state governments have offered to encourage voluntary HIV testing. Yet neither can be granted without impact on others whose interests range from those of a lover to those of an insurer. Politics as well as practicalities prevent the absolute protection of records from unauthorized disclosure and of individuals from discrimination. This article details the already enacted statutory compromises that have been made to resolve the conflicts of these competing interests and closely examines the myriad fine decisions made in reaching those legislative decisions.

7. James W.Tegtmeier, Ethics and AIDS : A Summary of the Law and a Critical Analysis of the Individual Physician's Ethical Duty to Treat, *American Journal of Law & Medicine* , Vol. XVI Nos. 1-2, 249-265

Persons afflicted with acquired immune deficiency syndrome [AIDS] or its preceding medical conditions face a potential problem with assured access to basic threshold medical care. Subject to certain limitations, there is no guarantee that a physician will fulfill the health care needs of any population of patients. Individuals with AIDS, thus, have a considerable interest in the development of a duty on behalf of physicians to provide treatment. This Note first highlights the limits of the legal duty to treat. It then examines the theoretical impetus propelling an ethical duty to treat. The Note concludes that the grounds for imposing an ethical duty on physicians are too weak to support that result, but the creation of an AIDS-specific legal duty is a viable alternative.

8. Joel Neugarten, The Americans with Disabilities Act : Magic Bullet or Band-Aid for Patients and Health Care Workers Infected with The Human Immunodeficiency Virus? *Brooklyn Law Review*, Vol. 57 : 1277

This Note focusses on the crisis in access to health care for HIV-infected persons and argues that a one-dimensional legislative approach aimed at compelling physicians to care for HIV-infected patients is an inadequate response. By preventing discriminatory exclusion of HIV-infected persons from health care services, the ADA is expected to help alleviate the severe shortage of health care professionals willing to provide care for HIV-infected patients. (L)egal remedies alone, while compelling some physicians to provide treatment for HIV-infected patients, can neither force physicians to "care" for HIV-infected persons nor ensure that HIV-infected persons receive quality health care in the private sector. Moreover, as the HIV epidemic continues its spread to economically disadvantaged segments of society, lack of adequate financial resources will become an even more insurmountable barrier, restricting the access of HIV-infected persons to health care in the private sector, irrespective of available legal remedies. This Note discusses measures that must be adopted to supplement anti-discrimination legislation. Health care workers must be adequately protected from the risk of occupational transmission of HIV and its devastating financial consequences. In addition, health care financing reforms must be enacted to ensure access to quality health care for HIV-infected persons.

Policy

9. Tiffani Mari Schmitt & Raymond L. Schmitt, Constructing AIDS Policy in the Public Schools, *Journal of Contemporary Ethnography* Vol. 19 No. 3, 295-321, 1990

A male hemophiliac, who had contracted AIDS through a contaminated blood product, enrolled as a senior student in an Illinois public high school. The disruptive reactions that had emerged in similar situations were averted. The 13 processes that were primarily responsible for the successful integration of the student into the school system are delineated, illustrated, documented, and interpreted. Four methods - inside participant observation, analysis of documents, interviews, and survey questionnaires - were used to investigate the situation. The findings have implications for three areas : (a) the use of multiple methods in researching large social systems, (b) the sociological understanding of "overt ambiguous awareness contexts," and (c) policies for the management of schoolchildren with AIDS. This study appears to be the first to intensively examine the reaction of an educational community to a student with AIDS while the reaction was actually emerging. Other studies have been retrospective.

10. Robin Weiss and Leslie M. Hardy, HIV Infection and Health Policy, *Journal of Consulting and Clinical Psychology*, Vol. 58, No. 1, 70-76, 1990

The epidemic of human immunodeficiency virus (HIV) infection has given an urgency to health policy dilemmas that have long been brewing. By exacerbating long-standing problems, the epidemic has surpassed what we find tolerable and has pressured politicians and health officials to find solutions. Whether the approaches they take will substantially

contribute to solving the underlying problems is unclear. Many persons engaged in health policy believe that in responding to the AIDS crisis we may be defining our society for future historians. Judgement may be passed on how compassionately we care for those who are sick, how effectively we choose our public health measures, and how creatively we apply our scientific knowledge. This paper addresses six challenges that face policy makers : (a) protecting people from discrimination, (b) designing testing and screening programs, (c) developing safe and effective antiviral drugs, (d) planning for future vaccine trials, (e) organizing and delivering health care to sufferers of HIV infection, and (f) financing such health care.

Surveillance

11. Allan M.Salzberg & Duncan Macrae Jr., Policies for Curbing the HIV Epidemic in the United States : Implications of a Simulation Model, *Socio.Econ.Plann. Sci.* Vol. 27, No. 3 153-169, 1993

An 8-compartment simulation model, with monthly steps and with different infectivities for 4 pre-AIDS phases of HIV, simulates the U.S.epidemic from 1976-2005. The use of AZT or other antiretroviral drugs is introduced under the assumptions that it halves the rate of conversion to AIDS, and that, with behavior change, it reduces transmission coefficients by 2/3. Two policy scenarios are projected. They assume that 66 and 100% of HIV- infected persons whose CD4 count is less than 500 are identified by voluntary testing and are treated with AZT by the end of 1993- which might be approached with full subsidy of medical treatment and protection against discrimination. Without such policies, we project over 100,000 new AIDS cases and 110,000 HIV infections in 2005, and a \$14 billion annual cost. Maximum use of AZT could reduce these numbers to 50,000, 45,000 and \$10 billion, respectively. Such policies might draw support from the infected, the uninfected, economizing officials and pharmaceutical companies.

12. Shelley E.Taylor, Margaret E.Kemeny, Lisa G.Aspinwall, Stephen G.Schneider, Richard Rodriguez and Mark Herbert, Optimism, Coping, Psychological Distress and High- Risk Sexual Behavior Among Men at Risk for Acquired Immunodeficiency Syndrome [AIDS], *Journal of Personality and Social Psychology*, Vol. 63, No. 3, 460-473, 1992.

In a cohort of gay men responding to the threat of acquired immunodeficiency syndrome [AIDS], dispositional optimism was associated with less distress, less avoidant coping, positive attitudes as a coping strategy, and fewer AIDS-related concerns. Men who knew they were seropositive for human immunodeficiency virus (HIV) were significantly more optimistic about not developing AIDS than men who knew they were seronegative for HIV. This AIDS-specific optimism was related to higher perceived control over AIDS and to active coping among seropositive men only and to health behaviors in both serostatus groups. There was no relation of optimism to risk-related sexual behavior. It is concluded that optimism is psychologically adaptive without necessarily compromising health behavior. It is also concluded that it is useful to distinguish between event-based optimistic expectations and dispositional optimism.

13. Paul B.Jacobsen, Samuel W.Perry, Dan-Alan Hirsch, Behavioral and Psychological Responses to HIV Antibody Testing, *Journal of Consulting and Clinical Psychology*, Vol. 58, No. 1,31-37, 1990

The development of test to identify the antibody to human immunodeficiency virus (HIV) has made it possible to diagnose infection with the virus prior to the development of physical symptoms. The introduction of these tests raises questions regarding the effects of informing individuals of their antibody status. These issues include the emotional impact of telling individuals that they have been infected with a fatal virus and the usefulness of antibody testing in promoting behaviors that would reduce the spread of acquired immunodeficiency syndrome (AIDS). Research that has examined changes in psychological distress and in behaviors associated with HIV infection among individuals who have undergone antibody testing is reviewed. Methodological issues encountered in studying behavioral and psychological responses to antibody testing are identified, and directions for future research are offered.

Treatment

14. Michael H.Antoni, Neil Schneiderman, Mary Ann Fletcher, David A.Goldstein, Gail Ironson, Arthur Laperriere, Psychoneuroimmunology and HIV-1, *Journal of Consulting and Clinical Psychology*, Vol. 58, No. 1, 38-49, 1990.

Recent psychoneuroimmunologic findings have suggested that it may be useful to evaluate the influence of behavioral factors on immune functioning and disease progression among human immunodeficiency virus-Type 1 (HIV-1) infected individuals. Behavioral interventions with immunomodulatory capabilities may help restore competence and thereby arrest HIV-1 disease promotion at the earliest stages of the infectious continuum. Evidence describing benefits of behavioral interventions such as aerobic exercise training on both psychological and immunological functioning among high-risk HIV-1 seronegative and very early stage seropositive gay men is presented. The HIV-1 infection is cast as a chronic disease for which early immunomodulatory behavioral interventions may have important physical and psychological impact.

Vulnerable Groups

15. Gerry V. Stimson, AIDS and Injecting Drug Use in the United Kingdom, 1987-1993 : The Policy Response and the Prevention of the Epidemic, *Soc. Sci. Med.* Vol. 41, No. 5, 699-716, 1995

This paper assesses policy development, service changes and trends in HIV infection and risk behaviour among injecting drug users (IDUs) in the United Kingdom. In 1986, the U.K. was faced with the possible rapid spread of HIV infection among IDUs. The combination of an outbreak of HIV infection with prevalence levels of 50% or more in Edinburgh, the recent diffusion of drug injecting, and high levels of syringe-sharing risk behaviour, suggested that HIV infection might spread rapidly through IDU populations. HIV prevention activities commenced in 1986 and developed in 1987. The first report on

AIDS and Drugs Misuse by the Advisory Council on the Misuse of Drugs in 1988 was a major catalyst for change. It supported and legitimized emergent views on new ways of working with drug users. Between 1988 and 1993 innovative public health projects increased the ability to target vulnerable populations through syringe distribution, expansion of methadone treatment and outreach to hard-to reach populations. There were major changes in service philosophy and practices, as ideas of harm minimization, accessibility, flexibility and multiple and intermediate goals were developed. There is evidence that these public health projects encouraged extensive changes in the health behaviour of IDUs. There have been major reductions in syringe-sharing risk behaviour and sharing syringes is no longer the norm. Evaluation of specific interventions (e.g. syringe-exchange) shows their importance in encouraging reductions in risk behaviour. Levels of HIV infection in IDUs remain low by international standards. Outside of London rates of about 1% have been reported; London has a low and declining prevalence of infection to around 7% in 1993; previous high levels in Edinburgh (55%) have since declined to 20% Britain has to date avoided the rapid increase in HIV infection among injectors that has occurred in many parts of the world. The same period saw the continuation of high prevalence levels in New York and many European cities, and the explosive spread of HIV in many countries in South-east Asia. This paper acknowledges the difficulties in proving links between social interventions and epidemic prevention. It argues that there is prima facie evidence for the success of public health prevention, that the collection of intervention approaches in the U.K. had a significant impact on IDUs behaviour, and that this has helped prevent an epidemic of HIV infection among IDUs. The U.K. experience adds to the growing evidence of the significance of early interventions in encouraging behaviour change and in limiting the spread of HIV infection.

16. Jim A.Cates, Linda L.Graham, Donna Boeglin & Steven Tielker, The Effect of AIDS on the Family System, *The Journal of Contemporary Human Services*, Vol. 71, 195-201, 1990

With the increasing longevity of persons with AIDS, the family has begun to assume greater long-term responsibility for care of family members with AIDS. The authors discuss the stressors accompanying reintegration of a person with AIDS into the family system. The medical and social ramifications of the disease and experiences of families are explored. Three case studies and potential intervention strategies are discussed.

17. Kent L.Sandstrom, Confronting Deadly Disease: The Drama of Identity Construction Among Gay Men with AIDS, *Journal of Contemporary Ethnography*, Vol. 19, No. 3, 271-94, 1990

Based on data from an interview study of 19 gay men with AIDS-related diagnoses, this article considers how persons with AIDS (PWAs) construct and negotiate the meaning of their illness. Given the stigma and liminality associated with their condition, PWAs typically experience a variety of problematic emotional and social reactions. In an effort to counteract the dilemmas evoked by these reactions, they engage in various

types of identity management, including defensive strategies which allow them to avoid potentially threatening interactions and forms of embracement which enable them to affirm an AIDS-related identity and to integrate it with other valued aspects of self. The interview data suggest that PWAs are increasingly likely to engage in embracement as the illness progresses and as they become more extensively involved in PWA support networks. These networks provide resources, affiliations, and ideologies which facilitate the construction of more vitalizing identities.

18. Brad Weiss, 'Buying Her Grave' : Money, Movement and AIDS in North-West Tanzania, *Africa*, Vol. 63, 19-35, 1993.

'Buying her grave' is a highly condensed statement about the position of women, and of gender relations more generally, at the crux of dynamic processes of socio-cultural continuity among the Haya of North-West Tanzania. This article suggests that the grave, an essential site of focalisation, is undone by purchase, the quint-essential act of disruption, dislocation and uncontrolled mobility. Men believe that women are 'buying their graves' (contracting AIDS) when they think they are 'getting rich' (finding material wealth through prostitution). To 'buy a grave' when you think you are 'getting rich' is not merely an ironic commentary on the terrible consequences of death for those who seek only their own gain. It is also a statement about the ways in which sweeping transformations in Haya economic and bodily conditions render impossible the very forms of death that allow the living to realise and perpetuate their own well-being.

19. Brooke Grundfest Schoepf, Women, AIDS and Economic Crisis in Central Africa, *Canadian Journal of American Studies*, Vol. 22, 625-44, 1988

Unless biomedical breakthroughs, including the discovery of protective vaccines and effective medications, are made and can be delivered rapidly to those at risk, control of the AIDS pandemic will depend mainly on changing sexual behavior. CONNAISSIDA's research indicates that widespread behavioral change cannot come from education alone, for profound cultural, institutional, and psychological changes are necessary to overcome existing cultural constraints. This means, in the final analysis, that effective AIDS control requires changing the economic and social status of women to increase their independence, their personal autonomy, and their control over interpersonal relations.