

Preventing without stigmatizing: The complex stakes of information on AIDS

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Abstract

Objective: To evaluate the impact that the marking of the argumentative orientation and the temporal framing of the HIV incidence can have on the intent to adopt preventive behavior and the attitude towards the fight against AIDS.

Methods: We elaborated a text presented as an epidemiological information message about HIV/AIDS in which we varied the marking of the argumentative orientation (high marking versus low marking) and the framing of the HIV infection (yearly estimates versus daily estimates). Subjects were asked to read it carefully and to answer some questions about their preventive intentions and opinions as regards the fight against AIDS.

Results: The high marking of the argumentative orientation and the daily estimates increase the subject's preventive intentions but also reinforce their support for a coercive management of the epidemiological situation.

Conclusion: These results are discussed within the framework of critical studies on mass media and studies discussing the links between experienced stigmata, stress and psychological distress. Some limitations of our study are also considered.

Practice implications: This study could be useful for the designers of prevention campaigns aimed at the general public.

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1. Introduction

The previous studies carried out on the social perception of AIDS have shown that there is some measure of anxiety in the representation of AIDS, so that HIV infection is seen as an “invisible, sly disease” and seropositivity as a “contagious” and “dangerous” condition [1–3]. People who have internalized this kind of representation tend to keep their distance and develop avoidance strategies, by which they reach a compromise between the necessity of touching the HIV person and the fear of that contact, and from then on, they plead in favor of a drastic fight against AIDS [4–6].

The non-specialized press has been one of the main sources of information about AIDS and according to some authors, such media coverage is a first one in the history of the disease in general [7]. Moreover, studies devoted to the media treatment of AIDS have shown the way the disease is discussed is linked

to the emergence of such a social perception, thereby contributing to the fact that the disease loses its biological dimension and is gradually being treated as a health disaster [8–10]. They thus have followed the general trend in psycho-sociological as well as socio-historical research which have studied the role of the media in the construction of a collective memory of natural or technological disasters [11,12], by questioning, in particular, the way in which the media participate in the elaboration of a culture of the risk or not [13,14].

Indeed, if an event can be catastrophic and/or threatening for the populations, in many cases, it acquires – or not – the status of a disaster by the discourses held about it in the media in particular. By the way they are constructed, these discourses do not restrict themselves to report on the events which arise, they re-present them and turn them into referent-events which will add to the already existing representations in the collective memory [15]. Thus, it seems necessary to study the media discourse on AIDS to reveal some particular discursive processes resembling calls for fear, often used in general mass media prevention campaigns [16–18], and to wonder if the latter are not likely, in the case of an AIDS epidemic, to trigger

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overprotective reactions and calls for enhanced social control. We will particularly focus on two processes we have already identified in a study we carried out on how AIDS is dealt with in the French press [19].

We first wondered on the recurring presence of some adverbs in journalistic statements informing the readers about the epidemiological situation. Let's consider the following statements, extracted from our corpus: "AIDS has already killed 300 patients", "In December only, 91 deaths were reported", "Since its emergence, the virus has infected more than 60 million people worldwide, killing more than a third", "In Europe, their number has again increased by 60% from the first to the second half-year", "The infection is spreading at the rate of more than 14,000 new cases per day".

We wondered if such statements, precisely because of the presence of adverbs such as "already", "only" and/or "again", did not quantify the number of people deceased, ill and/or infected in such a way that this number is seen as having exceeded an acceptable and tolerable threshold. They seem to put the indicated quantity into relief. We wondered if such statements were not then likely to influence the readers' judgment and appreciation of the epidemiological situation referred to in the message. For instance, according to Charaudeau [20], the use of the adverb "already" shows that "the moment the event occurs is deemed premature compared to its expected occurrence" and signals that "a certain reference point, considered as a maximum not to be exceeded, has been overshot". Besides, considering studies carried out on "social perception of risk" [21–23], we can wonder if those statements are not likely to affect some variables structuring this social perception, in particular the "controllability" of the risk, its "catastrophic potential", its "occurrence probability" and the "seriousness of the consequences".

Moreover, these adverbs seem to confer to the statements some measure of "argumentative force", as it is defined in the "theory of argumentation in language" [24–27]. Indeed, according to its theorists, the presence of some morphemes endows the statement with an intrinsic argumentative orientation which is likely to suggest certain types of conclusions rather than others: "The statement's argumentative force or orientation can be defined as the type of conclusions suggested to the recipient, the conclusions that the statement offers as one of the discursive aims. This argumentative force is built in the very structure of the statement; in addition to its information content, the statement comprises several morphematic and/or lexical items that endow it with an argumentative orientation and lead the recipient in this or that direction" [24].

We then focused on the framing of the incidence of HIV infection in time and space. Let's take up again the following example: "The infection is spreading at the rate of more than 14,000 new cases per day". It could be argued that announcing "14,000 new cases per day" is a linguistic phrasing that matches the reality, but the choice of the time-frame used can be questioned. This manner of circumscribing the epidemiological fact (i.e. the number of new infections) in time could be seen as a means of affecting the way the fact is perceived, in other words, as a way of influencing its "visibility", its "salient character", its "proximity" and its "character as event" [28].

We propose here an experimental study focusing on the information content on AIDS epidemiology and the way it is phrased. Within a same epidemiological information message, we varied the two discursive processes we have discussed above. The first is the "argumentative orientation" of the message, defined here as a discursive strategy consisting in using discursive tools (i.e. argumentative markers) whose primary function is to increase and/or reinforce the "argumentative force" of the message and "to direct the interlocutor towards a certain type of conclusion". The second is the "framing of the incidence of HIV infection", understood here as a discursive strategy consisting in circumscribing in time the number of new infections. Both the impact on the intent to adopt preventive behavior and the attitude towards authoritative policies in the fight against AIDS are evaluated.

2. Methods

2.1. Independent variables

We manipulated (1) the stress on the argumentative orientation: "Subdued argumentative orientation" versus "Highly stressed argumentative orientation"; (2) the framing of the incidence of HIV infection: "Yearly frame" versus "Daily frame".

Example 1: "Since the beginning of 2002, 6150 new cases of HIV infection have appeared *per year*" (Subdued argumentativity/Yearly frame) – versus – "Since the beginning of 2002, *more than 6000* new cases of HIV infection have appeared *per year*" (Highly stressed argumentativity/Yearly frame) – versus – "Since the beginning of 2002, 17 new cases of HIV infection have appeared *per day*" (Subdued argumentativity/Daily frame) – versus – "Since the beginning of 2002, *more than 16* new cases of HIV infection have appeared *per day*" (Highly stressed argumentativity/Daily frame).

Example 2: "The National Institute for Healthcare registered 3500 new cases *from January to June 2005*" (Subdued argumentativity/Yearly frame) – versus – "The National Institute for Healthcare has *already* registered 3500 new cases *just for the period of January to June 2005*" (Highly stressed argumentativity/Yearly frame) – versus – "The National Institute for Healthcare registered 3500 new cases *from January to June 2005*, that is 20 cases *per day*" (Subdued argumentativity/Daily frame) – versus – "The National Institute for Healthcare registered 3500 new cases *just for the period of January to June 2005*, that is *already 20 cases per day*" (Highly stressed argumentativity/Daily frame).

2.2. Dependent variables

The subject's preventive intentions: participants are asked to answer the following questions on a Likert scale from 1 "No, not at all" to 7 "Yes, absolutely".

- (A) "Will you be using a condom next time you have sex?"
- (B) "Would you be ready to have unsafe sex with an occasional partner?"

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