

“Innocent Victims” of AIDS: Identifying the Subtext¹

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References to “innocent victims” of AIDS in the media and public discourse imply that other people with AIDS or HIV are blameworthy. In the present study, college undergraduates read two newspaper articles about an “innocent victim” of AIDS, and were required to report what they understood to be the “victim’s” message. Very few participants reported the subtext without prompting. When asked directly, however, most respondents (88%) agreed that the “victim” was making an implicit statement about other people with AIDS, and 70% of this subgroup correctly identified the subtext. Compared to other respondents, those who identified the subtext had more positive attitudes toward homosexuals.

Efforts to deal effectively with AIDS are “complicated by its social construction” (Brandt, 1987, p. 191). Although the situation is similar for other diseases (e.g., tuberculosis and cancer; Sontag, 1978), the social construction of AIDS is particularly convoluted (Schiller, Crystal, & Lewellen, 1994; Treichler, 1988). AIDS was first diagnosed among male homosexuals and intravenous drug users, a disproportionate number of whom were African Americans and Hispanics. By building on distinctions between in-groups and out-groups (Allport, 1958), AIDS provides a further basis for prejudices toward out-groups (Watney, 1987). AIDS stigma is unique, moreover, because it is like mentally or behaviorally based stigmas in that sufferers are considered blameworthy, but like physically based stigmas in its irreversibility (Weiner, Perry, & Magnusson, 1988).

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After AIDS was diagnosed in recipients of blood products, infants, and people infected through heterosexual sex, distinctions among subgroups of people with AIDS became common. Those whose infection resulted from "deviant" behaviors (e.g., homosexual sex, drug use) are often contrasted with those whose infection resulted from circumstances beyond their control (e.g., recipients of blood products, infants). The media has consistently capitalized on this distinction, referring to infants, hemophiliacs, and people who had blood transfusions as "innocent" victims of AIDS. When a small minority of people with AIDS are singled out as innocent, the subtext is one of guilt and blame for other people with AIDS (e.g., Patton, 1990; Watney, 1988), because "innocence, by the inexorable logic that governs all relational terms, suggests guilt" (Sontag, 1989, p. 11). Well-known "innocent victims" who have died from AIDS include Ryan White (a young hemophiliac who was barred from his school) and Kimberley Bergalis (a young woman allegedly infected by her dentist).

Identifying the subtext of the term "innocent victims" in relation to AIDS has not been solely the domain of cultural theorists and AIDS activists; newspaper journalists often engage in similar analyses (e.g., Berke, 1991; Leavitt, 1989). For example, in a 1989 article in the *New York Times Magazine*, Leavitt wrote that "the implication inherent in the phrase 'innocent victim' (is) that the majority of people with AIDS are 'guilty' victims" (p. 28). Similarly, after Kimberley Bergalis appealed to Congress to protect people who have "done nothing wrong" from health-care workers with HIV, a writer for the *New York Times* (Hilts, 1991) paraphrased comments from AIDS activists: "They say Ms. Bergalis represents an idea . . . that there are 'innocent victims' of AIDS . . . and presumably victims who are not so innocent" (p. A12).

In the present study, we examined the extent to which college students identify the subtext of Bergalis' statements to the press. Specifically, we estimated the proportion who could identify the implied guilt of other people with AIDS in such statements. Moreover, we explored the possibility of systematic differences between students who succeeded or failed to identify the subtext. We chose Bergalis because, unlike Ryan White (who recommended compassionate and dignified treatment for all people with AIDS) and other well-known people with AIDS, Bergalis consistently portrayed herself as innocent and different from other people with AIDS. Moreover, her efforts to promote AIDS-related legislation were aimed solely at protecting other "innocent victims" from infection with HIV.

Previous research on AIDS-related issues and attitudes toward people with AIDS has revealed strong and consistent associations with attitudes toward homosexuals. For example, people with more positive attitudes toward homosexuals have more positive attitudes toward people with AIDS (e.g., Bishop,

Alva, Cantu, & Rittiman, 1991; Bruce, Shrum, Trefethen, & Slovik, 1990; Larsen, Serra, & Long, 1990; Pryor, Reeder, Vinacco, & Kott, 1989; Ross, 1988; Schwalbe & Staples, 1992; Stipp & Kerr, 1989) and less irrational fear of the disease (e.g., fear of infection through casual contact; Anderson, 1992; Bouton et al., 1987, 1989; Herek & Glunt, 1991; Ross, 1988; Winslow, Rumbaut, & Hwang, 1989; Young, Gallaher, Belasco, Barr, & Webber, 1991). Moreover, positive attitudes toward homosexuals are predictive of stronger support for pragmatic AIDS policies (e.g., condom-distribution and needle-exchange programs; Herek & Glunt, 1991) and for AIDS education and research (Bouton et al., 1989), whereas negative attitudes (homophobia) predict stronger support for coercive AIDS policies (e.g., mandatory HIV-antibody testing and quarantine; Bouton et al., 1989; Herek & Glunt, 1991; Price & Hsu, 1992) and attributions of personal responsibility for contracting HIV (Herek & Glunt, 1991), particularly for gay men (Anderson, 1992). Because attitudes toward homosexuals seem to influence attitudes toward a variety of AIDS issues, we reasoned that they might also influence the identifiability of the subtext of "innocence" in the context of AIDS.

Method

Participants

The participants were 42 undergraduates (21 men, 21 women; mean age 20.20 years; 38% people of color, including Hispanics; 88% exclusively heterosexual) enrolled at Cornell University in 1992, who were recruited from lower-level psychology courses to participate in a study on attitudes toward health-related issues. They received course credit for their participation. Two thirds classified their political viewpoint as liberal or very liberal, the other third being conservative or very conservative. Attendance at religious services was relatively infrequent: 21% never attended, 48% attended yearly, 21% attended monthly, and 10% attended weekly. Ten percent reported knowing someone who had died of AIDS; 26% knew someone with HIV.

Materials

The stimuli were photocopies of two articles³ published by the *New York Times* in 1991. Both articles discussed Kimberley Bergalis' attempts to promote legislation on mandatory HIV testing for health professionals. One article, entitled "Dental Patient Torn by AIDS Calls for Laws" (Golden, 1991),

³Copies of the stimuli and the main questionnaire are available from the first author.

reported the contents of a letter Bergalis wrote to a state health official. In the letter, Bergalis states, "Whom do I blame? Do I blame myself? I sure don't. I never used IV drugs, never slept with anyone and never had a blood transfusion." The other article, entitled "AIDS Patient Urges Congress to Pass Testing Bill" (Hilts, 1991), reported Bergalis' testimony before Congress, in which she states, "I didn't do anything wrong, but I'm being made to suffer like this." The first 10 paragraphs of Hilts' (1991) article were photocopied; the remainder was omitted to reduce the required reading and to prevent exposure to the journalist's discussion of the subtext of Bergalis' message.

The main questionnaire (Footnote 3) had four pages. The first page asked participants for an open-ended description of Kimberley Bergalis' message to the press. Instructions on subsequent pages were increasingly leading. The second page asked for an open-ended description of Bergalis' *implicit* message. The third page required respondents to agree or disagree with the claim that Bergalis was making an implicit comment about other people with AIDS; those who agreed were asked to describe the subtext. On the fourth page, we defined Bergalis' subtext and required respondents to rate their agreement that this was Bergalis' implicit message, and to rate their personal agreement with the definition.

Herek's (1988) Attitudes Toward Lesbians and Gay Men scale (short version) was used to measure respondents' attitudes toward homosexuals. The scale has high levels of internal consistency and construct validity (Herek, 1988, 1994). Higher scores mean more negative attitudes toward homosexuals. Respondents' attitudes toward AIDS-related policies were measured using Herek and Glunt's (1991, Table 3) AIDS Policy Attitudes scale. The scale yields two scores that are not highly correlated: (a) a *pragmatic* score, which is a measure of support for pragmatic AIDS-related policies (e.g., free condoms), and (b) a *coercive* score, a measure of support for coercive policies (e.g., mandatory testing for HIV antibodies). Higher scores indicate greater support. Demographic information was collected on a separate questionnaire.

Procedure

Questionnaires were administered individually and to small groups. At the beginning of the session, participants were provided with background information about AIDS and the transmission of HIV. Participants then read the photocopied articles and completed the questionnaires in the following order: the main questionnaire, the Attitudes Toward Lesbians and Gay Men scale (Herek, 1988), the AIDS Policy Attitudes scale (Herek & Glunt, 1991), and the demographic background questionnaire.

Results

Attitudes Toward Homosexuals

Men had more negative attitudes toward homosexuals than did women, $t(40) = 2.10, p = .042$, and conservatives had more negative attitudes than did liberals, $t(40) = 2.48, p = .017$.

Attitudes Toward AIDS-Related Policies

Pragmatic scores and coercive scores were uncorrelated ($r = .040$). More negative attitudes toward homosexuals predicted higher levels of support for coercive AIDS-related policies, $r = .420, p = .006$, but lower levels of support for pragmatic policies, $r = -.516, p < .001$. Compared to liberals, conservatives were more supportive of coercive policies, $t(40) = 2.59, p = .013$. Men were marginally more supportive than were women of coercive policies, $t(40) = 2.00, p = .052$.

Detecting the Subtext

Two raters independently coded open-ended responses for presence of the subtext of Bergalis' message (as defined by the experimenters). Agreement between raters was high (94%); instances of disagreement were discussed and resolved. None of the respondents reported the subtext in their initial descriptions of Bergalis' message (page 1 of the questionnaire). When they were asked to describe the *implicit* message (page 2), only 3 of 42 respondents (7%) reported the subtext. When respondents were asked whether Bergalis' message implied a comment about other people with AIDS (page 3), 37 of 42 (88%) agreed. Of these, 26 (70%) subsequently reported the subtext. Compared to other respondents, these 26 had more positive attitudes toward homosexuals, $t(40) = 2.75, p = .009$.

The main questionnaire was internally reliable. When respondents were asked to rate how much they agreed that our definition was the subtext of Bergalis' message (page 4), higher ratings were given by those who previously agreed that Bergalis was making an implicit comment about other people with AIDS, $t(40) = 4.94, p < .001$, and by respondents who identified the subtext on the previous page, $t(40) = 4.45, p < .001$.

When respondents were asked to rate their *personal* agreement with Bergalis' subtext (page 4), greater agreement was found among conservatives than among liberals, $t(39) = 2.05, p = .048$. More negative attitudes toward homosexuals were predictive of marginally greater personal agreement with Bergalis' subtext, $r = .287, p = .069$.

Content Analysis

Because so few participants reported the subtext in their first two open-ended responses, their actual descriptions were submitted to a content analysis. Four themes occurred regularly (i.e., in more than 15% of first- and second-page responses). Responses were coded by two raters for the presence or absence of each of these themes. When complete agreement between raters was achieved, a third independent rater confirmed the reliability of the coding; overall agreement between the initial raters and the third rater was 97%.

The most frequently occurring theme involved any mention of Bergalis' desire for new laws concerning AIDS and HIV. The next most frequent theme involved identifying Bergalis' blame of government officials for failing to pass legislation that could have prevented her infection with HIV. Responses incorporating the third theme included a comparison of Bergalis with other people with AIDS; mention of Bergalis *not* engaging in high-risk behaviors was considered an occurrence of this theme. The fourth theme identified responses that described Bergalis' emotional state (e.g., angry, bitter). Interestingly, inclusion of this "emotion" theme in first-page responses was more likely among those who did not agree that Bergalis was making an implicit comment about other people with AIDS, $\chi^2(1, N = 42) = 7.67, p = .006$; its inclusion in second-page responses was more common among men than among women, $\chi^2(1, N = 42) = 4.29, p = .038$, and predicted greater support for coercive AIDS policies, $t(40) = 2.35, p = .024$, and marginally elevated levels of homophobia, $t(40) = 1.92, p = .062$.

Discussion

Cultural theorists (e.g., Patton, 1990; Sontag, 1989) and journalists (e.g., Hilts, 1991) have remarked that the term "innocence" used in the context of AIDS and HIV infection carries a subtext of blame and scapegoating for the majority of people with AIDS and HIV. The results reported here indicate, however, the overwhelming inability of college students to identify this subtext when reading about an "innocent victim" of AIDS. It is reasonable to expect that the general public would be even less likely to "read between the lines." The most frequently occurring theme in responses (i.e., mention of Bergalis' goal of new HIV-related legislation) indicates students' focus on the explicit message. Because the implicit message is largely missed on a conscious level, the common practice of referring to innocence in relation to some of those infected with AIDS and HIV may promote subconscious attributions of guilt to others.

When asked directly, however, most (88%) of our sample acknowledged

that Kimberley Bergalis' claims of innocence implied "something" about other people with AIDS. Most (70%) of these subsequently reported that her implicit message involved blame on the part of other people with AIDS. Although it might be expected that most respondents would identify the subtext after direct prompting, an interesting additional finding revealed that the subgroup that was successful had more positive attitudes toward homosexuals than did the other respondents.

We offer a hypothesis to explain this result: Attitudes toward homosexuals not only predetermine attitudes toward people with AIDS (Bishop et al., 1991; Bruce et al., 1990; Larsen et al., 1990; Pryor et al., 1989; Ross, 1988; Schwalbe & Staples, 1992; Stipp & Kerr, 1989) and AIDS-related issues (Bouton et al., 1989; Herek & Glunt, 1991; Price & Hsu, 1992), but influence thought processes concerning AIDS as well. Hence, people with more positive attitudes toward homosexuals may be more sensitive to a subtext of blame for homosexuals, and less likely to feel personally threatened by issues associated with homosexuality. By way of contrast, people with more negative attitudes toward homosexuals may feel threatened by an issue such as AIDS because of its link to homosexuality and, consequently, more likely to respond emotionally rather than analytically to such issues. Indeed, if one makes the reasonable assumption that responding emotionally to the stimuli increased the likelihood of mentioning Bergalis' emotional state, the content analysis of the present study provides support for this hypothesis. Those who mentioned Bergalis' emotional state differed from other respondents in the following ways: (a) They were marginally more homophobic; (b) they were less likely than other respondents to agree that Bergalis was making an implicit comment about the majority of people with AIDS and, therefore, relatively nonanalytic; (c) they were more likely to agree that other people with AIDS are blameworthy; and (d) they showed more support for coercive AIDS-related public policies. Because coercive policies such as quarantine and mandatory testing are ineffective in stopping the spread of HIV, as they are for other sexually transmitted diseases (Brandt, 1987, 1988; Musto, 1988), they reflect an irrational (or emotional) response to a complex health problem.

An alternative (but not mutually exclusive) explanation is that the association between attitudes toward homosexuals and identifying the subtext stems from individual personality differences that influence both variables, such as authoritarianism (Adorno, Frenkel-Brunswick, Levinson, & Sanford, 1950), belief in a just world (Lerner & Miller, 1978), or degree of conformity to socially constructed sex roles (Bem, 1981, 1993). Respondents who are more authoritarian may have been less likely to question the categorization of people with AIDS into a hierarchy of degrees of blameworthiness, and less accepting, in general, of homosexuality. Belief in a just world has been used to explain

why gay men are more likely than are heterosexuals to be blamed for having AIDS, and why more negative attitudes toward homosexuals predict more blame for gay men with AIDS (Anderson, 1992). Because intolerance of homosexuals and blame for AIDS are both positively associated with irrational fear of contracting AIDS (Anderson, 1992), belief in a just world may be a basis of negative attitudes toward homosexuals, as well as emotional rather than analytic responding to AIDS-related issues. Finally, Mihalik (1991) suggests that rejecting traditional sex roles is predictive of more adaptable cognitive skills; acceptance of homosexuality is one indicator of a rejection of traditional sex roles. Future research could test these speculations, preferably with a larger sample that included older adults.

Regardless of the underlying reasons why respondents did or did not identify the subtext of "innocence" in the context of AIDS, continued use of this term is likely to perpetuate negative attitudes toward the majority of people with AIDS. Such attitudes can have negative consequences on their mental health (Moulton, Sweet, & Temoshok, 1990) and the quality of their health care (e.g., Henry, Campbell, & Willenbring, 1990; Lewis, Freeman, & Corey, 1987). Recent discussions in the media of lawsuits demanding financial compensation for HIV-infected recipients of blood products also bear on this issue (Soskolne, 1994). These cases represent instances where legal liability for infection with HIV seems unusually clear—government officials knew that the blood supply was contaminated, but delayed taking action for approximately 1 year (Shilts, 1988). The government also knew, however, how HIV was transmitted and that gay men and intravenous drug users were most at risk, yet took no action to educate these populations on how to prevent transmission for several years (Shilts, 1988). The virtual nonexistence of calls for compensation for HIV-infected gay men and intravenous drug users (and their families) is likely due to the perceived "guilt" of these groups in acquiring HIV. Because the time from infection with HIV to full-blown AIDS is on average at least 10 years, most people with AIDS were unaware (perhaps needlessly unaware) of methods to prevent transmission at the time of their infection. Thus, suggestions that these groups are less innocent than others because they "voluntarily" contracted HIV are unscientific and reprehensible (Poirier, 1988; see also Brandt, 1987; Herek, 1990). All people with AIDS are equally innocent, and equally deserving of compassionate treatment and financial compensation.

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