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The Import of Political Psychology for Global Health and Security: The Case of AIDS

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Abstract. This article describes a number of applied research areas that political psychologists can explore to help manage the threat to global health and security from acquired immune deficiency syndrome (AIDS).

The advent of the 13th International Conference on AIDS in Durban, Republic of South Africa, seems an auspicious time to describe research areas that political psychologists can explore to help manage the threat to global health and security from AIDS. The key to these areas is recognizing that, though AIDS is a disease defined by biology, its prevention, minimization, and management largely rests on a biopsychosocial understanding of human functioning.

Macrosocially, political psychologists must confront perceptions that AIDS is a just plague authored by God to visit those who engage in ungodly acts: viz., homosexual anal intercourse, heterosexual adultery and oral and anal sex outside of wedlock, oral and anal sex within wedlock, and the use of illicit drugs via subcutaneous needle transmission. Other perceptions that must be confronted comprise a perspective that the vast majority of HIV-positive individuals and individuals with AIDS are poor, are not characterized by the social constructions of "white" or "Caucasian," and reside in Third World countries--and that such individuals should be ignored, discounted, or helped grudgingly or as an afterthought. Still other perceptions that must be confronted comprise a perspective that compassion for others is non-adaptive or irrelevant to a full and successful and moral life--a perspective that engenders and exemplifies a malignant narcissism. Finally, other perceptions that must be confronted comprise a perspective that AIDS is an elective disease contracted mostly by individuals who knowingly try to defy the odds with risky behavior, who deserve what they get, and deserve no help. The confrontation of perceptions must go well beyond assessing their incidence, prevalence, and accuracy. As well, the linkages between perceptions and egoistic and altruistic behaviors must be identified and social policy prescriptions must be developed that help induce the unafflicted to help the afflicted--in terms of primary, secondary, and tertiary interventions.

Microsocially, political psychologists must confront perceptions of incipient sexual and drug-induced pleasure that impel risky behavior of unafflicted and afflicted alike. The former is important to prevent initial infection. The latter is important to prevent infecting others and to prevent re-exposure to infection and other exacerbations of infection that bring one's demise ever nearer. Other perceptions that must be confronted comprise a perspective that life is so hopeless and dismal that the choice of engaging in risky versus non-risky behavior is not existentially meaningful. The confrontation of perceptions again must go well beyond assessing their incidence, prevalence, and accuracy. As well, the linkages between perceptions and risky behaviors must be identified and social policy prescriptions must be developed that substitute non-risky for risky cognitions as an intermediary step towards the induction of non-risky behaviors. (An additional research endeavor would be to delineate how emotional, motivational, cognitive, and behavioral functioning interact in sequences leading to AIDS-related behavior.

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It is only when macrosocial and microsocial efforts are successfully effected that the most commonly imparted information--risky versus non-risky acts of sexual and drug gratification, the many aspects and facets of HIV- and AIDS-fighting drug regimens--will be most effective in preventing, minimizing, and managing AIDS. Unfortunately, such efforts are threatening to powerful segments of political authorities for they would necessarily weaken ideologies that exploit and are harbored by the exploited--constituting the basis of the authorities' power. And, unfortunately, it is these ideologies that political psychologists--subject to their own exploitive ideologies--are most loath to confront. (See Buchanan, D., & Cernada, G. (1997). AIDS prevention programs: A critical review. *International Quarterly of Community Health Education*, 16, 295-313; Dievler, A., & Pappas, G. (1999). Implications of social class and race for urban public health policy making: A case study of HIV/AIDS and TB policy in Washington, DC. *Social Science and Medicine*, 48, 1095-1102; Holtgrave, D. R., Doll, L. S., & Harrison, J. (1997). Influence of behavioral and social science on public health policymaking. *American Psychologist*, 52, 167-173; McGinnis, M.D. (2000). Policy substitutability in complex humanitarian emergencies: A model of individual choice and international response. *Journal of Conflict Resolution*, 44, 62-89; Singer, M. (1997). Needle exchange and AIDS prevention: Controversies, policies and research. *Medical Anthropology*, 18, 1-12; Tourigny, S.C. (1998). Some new dying trick: African American youths "choosing" HIV/AIDS. *Qualitative Health Research*, 8, 149-167.) (Keywords: AIDS, Political Psychology.)