HIV, Shame and Philosophy

(ASSHHH edit)

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Framing

The bio-chemical advances in the treatment of HIV rank alongside the foremost achievements in biomedicine, and perhaps even beyond.

In contrast, while the psycho-social aspects of HIV are widely acknowledged as constitutive of the distinctive pathology of the virus, the extent to which we have understood the nature of and integrated effective treatments for HIV stigma and shame in to healthcare policy, are marked by a distinct lack of progress.
The Importance of Understanding the Nature of Shame

- Stigma has been extensively discussed in the context of HIV. The relationship between HIV-stigma and shame, and how the latter poses serious problems for us is less widely discussed.

- Moreover, while shame has not gone without discussion in the context of HIV, and sexual health more broadly, much of the discussion is undertaken without going below the philosophical ‘waterline’, as it were.

- The point I want to emphasise is this: it is crucial to be well versed in the philosophical discussions about human emotions, and shame, and have these discussions inform one’s practice, if that practice is going to be effective. Misidentifying the nature of shame and stigma will lead to misfiring attempts to address shame and stigma.
Shame, Stigma, HIV and Sexual Health

• 1. Shame can prevent an individual from disclosing all the relevant facts about their sexual history to the clinician.

• 2. Shame can be a motivational factor in people living with HIV taking breaks in treatment, or even simply leaving treatment.

• 3. Shame can prevent individuals from presenting at clinics for STI and HIV testing.

• 4. Shame can prevent an individual from disclosing their HIV (or STI) status to new sexual partners, when they otherwise might decide to do so.

• 5. Shame can serve to psychologically imprison people, it makes the task of living with HIV a far more negative experience than it should, or needs to, be.
So, we need to absent or mitigate shame for the purposes of good clinical treatment, good public health and, most importantly, to facilitate the emotional health of individuals. To do so we need to understand the nature of the emotion.

What is the nature of shame?

- Do we understand it on the Jamesian model or on the cognitivist?
  - It has generally been depicted as a characteristically cognitive emotion, but how should one understand the cognitive constituents? For example, are they beliefs?

Is shame an autonomous or heteronomous emotion?

- Does the instantiation of shame require the presence of an audience, or honour group?
To feel shame is to take oneself to be worthy of shame, and this shame-worthiness can have a number of sources.

- It can be *heteronomous*, such that shame is an acknowledgement, a taking-on-board, of the judgements (or morally-loaded perceptions) of others about one’s self, and in so doing considering oneself, one’s being, to be in some way evaluatively diminished.

- Shame can also be *autonomous*, such that shame serves as testament to a mismatch between the sense of self one assumes and seeks to project to others and the self that one considers oneself to be on reflection.
Autonomous shame, therefore, might emerge from a mismatch prompted by acknowledging *all* one’s actions and all one’s beliefs, rather than focusing only on some convenient or self-serving selection of these.

Take an example: consider the ‘liberal’ who must ‘face-up’ to their sexism or racism, when they have reflected on their subtle-but-there-all-the-same propensity to racial or gender stereotype. In this case, shame might emerge as our ‘liberal’ comes to acknowledge the tension between this aspect of their character—their propensity to subtle gender- or racial stereotyping—and the liberal character they had assumed and projected as theirs. Shame, the emotion, can testify to this (if they are merely embarrassed they really haven’t acknowledged the true significance of the tension). This provides us with an example of autonomous shame.
· It is a characteristic of shame that one can experience the emotion owing to tensions that testify to mismatches between social norms or mores on the one hand and aspects of one’s character on the other.

· Here the self-evaluation that one falls short of some standard relates to a standard which transcends and exists external to the character of the specific individual.

· This is the kind of shame which testifies to perverse social norms, the sort of shame in evidence when one considers the shame that some rape victims experience. Here the tension has its source in the way in which social norms intersect with one’s sense of self and how this, despite one’s beliefs about oneself, seems to impose upon one a sense of shame. This type of shame can often be accompanied by a desire to flee or hide from others, from the society (the audience, the honour group) that has conferred upon one this shame. This provides us with an example of heteronomous shame.
Ultimately, when one looks close enough at the sources of shame, the distinction collapses. This matters:

- If one holds that shame is always autonomous, then that might well lead one to focus any attempt to alleviate shame solely on the psychology of the individuals who bear shame. One will see shame as a purely psychological problem for individuals.

- Conversely, if one were to assume that shame is always heteronomous, that shame is instantiated in individuals by their acceptance of the judgement of others who form their honour group, then that will lead one to identify that which is in need of change as being the social norms of which the honour group (the shame-instantiating audience) are an embodiment. In this latter, heteronomous sense, therefore, addressing shame might be a political, cultural and social task in addition to being a psychological task.
Staging Post 2:
Learning from and overcoming the heteronomy - autonomy distinction

• We overcome the heteronomy vs autonomy debate by noting that:
  • a. shame can descend on one in the absence of an audience. And
  • b. that while ostensibly shame appears to operate autonomously, it does so, when it does, by drawing upon resources that are directly related to our social nature, our membership of a community, and our second nature.
SHAME: Jamesianism & Cognitivism

Any account of emotion falls into one of two philosophical camps.

1. That the emotion is, in essence, awareness of a physiological reaction to an environmental cause.
   - This awareness is of the sensation, or the patterned changes in the autonomous nervous system, which are caused by a trigger in the environment of the organism.
   - This is generally referred to as Jamesianism, after William James who outlined this account of emotion at the end of the 19th century (Carl Lange was advancing the same account contemporaneously, hence: James-Lange theory)

2. That the emotion is, in essence, constituted by thoughts:
   - These thoughts are variously characterised as construals, judgements, propositional attitudes and evaluative beliefs.
   - This approach to explanation of emotion is (often) called cognitivism.

• PUTATIVE PROBLEMS FOR COGNITIVISM: AFFECT & RECALCITRANCE.
  - These problems are grounded in the assumed commitment to propositionality: that thoughts must have propositional structure.
Sub-propositional cognitivism:

Preserving Meaning without Propositional Attitudes

- We want to preserve the strengths of cognitive explanations, while overcoming the weaknesses.
- This demands that we forgo the commitment to propositional attitudes while preserving the insight that emotions, like placebo responses, are meaning responses.
- The extensive work on placebo gives us further reason to be sceptical regarding the prospects for Jamesianism (without shovelling-in a whole load of computational metaphysics).
Staging Post 3.

Stimulus – Response Processors?

Belief Machines?

Persons?

- One might consider this argument from the perspective of our subject: the person who bears shame, who is ashamed. How do we best characterise this person?
- As a mechanistic stimulus-response processor, akin to a smoke alarm?
- As a belief machine, akin to software programmes which output contentful information in response to certain patterned inputs? Or
- Or, as human beings, who have gone through processes of enculturation, who exist in a world which is both conceptually available to them and contains loci of significance for them, given their enculturation (Bildung/Second Nature) and their particular interests?
• Shame and stigma operate on individuals at a deep psychological level, which can make them difficult to overcome. Put another way, shame can often be experienced by an individual who concurrently believes that they have nothing about which to feel ashamed while experiencing shame. (Indeed, this is often depicted as one of the defining characteristics of shame).

• So, pointing out to someone that there is no reason to feel ashamed of their HIV status, or of their sexual behaviour when responding the confidential questions posed by a clinician at a STI clinic, will often leave untouched the shame which that individual experiences.

• This is because our emotional reactions are based on the meaning the social world (lifeworld) has for us and the way that is mediated through our language. Invariably, the ways such meaning is mediated does not operate at the level of (propositionally-structured) beliefs one has about the world, but rather stems from the way certain meanings are metaphorically or enactttively encoded in our language, and therefore structure or frame our beliefs.
One illustration of this point is to look at the ways people sometimes communicate about aspects of sexual health, such as a negative test result being communicated as “I'm clean”, thereby implying that infections are “dirty”. [recall the Grindr exchanges with which I began]

While a person might well believe (and rightly so) that there is nothing “dirty” about having contracted, or carrying, an infection, the fact that such metaphors are operative, are encoded in the way we talk about STIs, means that at a deep psychological level, irrespective of what one might believe, sexually-transmitted infections are thereby framed in terms of cleanliness and dirtiness.
Here the conceptual metaphor of cleanliness/dirtiness, and the moral connotations these concepts carry with them, lead to a kind of moral framing of an otherwise amoral, or morally inert, test result.

So, at the level of propositionally-structured belief, the recipient of a positive HIV test might very well rightly take the test result in a completely morally neutral way, at a deeper level, at the level of framing metaphors, the result is morally-cast.

It is like the metaphor of cleanliness/dirtiness serves to colour or taint the meaningful content of the test result in a way which diminishes the very being of the person who has had a positive result. The person feels themselves to be viceful, while concurrently being clear in their belief that they have committed no immoral act. Their being is diminished.
Concluding Thoughts and Recommendations for future study

Addressing Shame: Politics, Policy and Metaphor

- we can look at the socio-political drivers of shame, and how these become absorbed into our ways of speaking. Here a stigmatisation which might begin as a socio-political attitude, even a government policy or legal prohibition, might get fixed in the conceptual metaphors and symbolism of the material environment long after attitudes, policies and laws have changed.

  - Shaming, on this understanding, can be intentional or structural. Just because a shaming attitude is no longer current, that does not mean it has passed into history; it’s shaming effects might still be present in our modes of expression and the symbolic significance of the material environment.

  - So, in addition to addressing ourselves to current socio-political attitudes, which feed HIV-stigma, like those documented in Norman Fowler’s recent book *AIDS: Don’t Die of Prejudice*, we also need to analyse our language use, including in public health messaging, so that we might ensure that we are not reinforcing-by-stealth HIV-stigma and shame.
Concluding Thoughts and Recommendations for future study

Addressing Shame: Psychotherapy, Peer Support and Co-Counselling

- Whether intentional or structural, these socio-political and linguistic sources of shame serve as sources because of the way they are taken-on by individuals.

- My shame might have its source in conceptual metaphors employed in talk about me and my condition (structural) or in pro-active depictions of people with my condition by others (intentional). In both cases, in addition to addressing the sources (as proposed on the previous slide), I can be helped to detach my way of construing my self (as shame-worthy) from the construals of me advanced by others. I can be supported and helped in the process of detaching from the evaluation conferred upon me by others or by the structures.

- In the UK, there has been a tradition of psychological support for those following ART. This is crucial to good HIV treatment. While HIV remains stigmatised, those living with the virus deserve psychological support should they want it.

- However, this is not the end of the story. What is clear is that peer-support networks and co-counselling have been crucially important in the fight against HIV-related shame and stigma. This has emerged from within the ‘community’ and needs more support.