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Psychology and HIV/AIDS: An academic view in the extension

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ABSTRACT

In the course of the discovery of Human Immunodeficiency (HIV), stigmas and prejudices were created and disseminated in the social space. Having this condition brings with it a break in friendship cycles and the creation of affective bonds, given the label that bodies with a confirmed diagnosis carry with them. The insertion of Psychology in the areas of action of public policies, especially HIV and Acquired Immunodeficiency Syndrome (AIDS), brought a fundamental role of being alert and acting to social chains, that is, to reduce the potential of the implications constituted about all stigma and stereotypes thrown at the bodies of those who have the virus infection. In this context, to help the dialogical exchange, the extension project entitled: "Knowing and Promoting Nutritional Care, Self-Perception of Body Image and Quality of Life of People Living With HIV/AIDS through Interdisciplinarity and Interprofessionality in the Municipality of Macaé - Group APHETO" of the Multidisciplinary Center/UFRJ-Macaé-RJ, in partnership with the multidisciplinary team of SAE/IST/Aids from Macaé-RJ/Brazil, enables multidisciplinary team actions, in addition to sharing informative posts and polls on the project's instagram through bibliographic research, making visible the reliable information on this pathology within the field of health and interpersonal relationships.

Keywords: HIV, University Extension, Psychology, Public Policies.

1 INTRODUCTION

In the course of the life of any human being we go through processes of social interactions that in the future will contribute to the development and learning of each individual. Given this, it is normal, over time, from the result of the experiences acquired and the family / social context present, to form cycles of friendships with people who have the same interests as ours or are part of the family life, subjects these belong to the social groups to which we are inserted, such as: schools, academies, religious institutions, among others. Therefore, the formation of an affective bond of friendship is very important and necessary to live and remain healthy in society.

However, in the same way that this connection can be beneficial to the physical and mental health of the individual, it can also present its negative side when the discovery of the infection of a virus that causes a discriminatory look and promotes intolerance and invisibility to the bodies that carry it (Parker & Aggleton, 2001). Since its inception, HIV/AIDS caused the rupture of several bonds of friendship throughout its discovery, since it was considered a punitive and shameful disease for those who possessed it, so the withdrawal was something that "correct" to do.

However, even today, in the face of the technological age and easy access to information via the internet and social media such as TV and radio, social ignorance continues to be manifested in the present. This act of distancing after diagnosis is still due to the stigmas imposed and the low disclosure about prevention, self-care and health promotion (Santana et al., 2021). In this case, the insertion of psychology in the public policies involved can be seen as responses to social problems, generated meeting the demands and tensions engendered in society.

The entry of Psychology in these debates and studies was of paramount importance, since psychologists can play a relevant role in the elaboration of efficient public policies aimed at AIDS, in addition to evaluating actions from the guidelines of the programs of the federal, state and municipal governments (CREPOP, 2008). In this sense, in view of the great impact caused by the HIV/AIDS epidemic, it was necessary to insert psychology and the performance of a multidisciplinary team in public health. For, the entry of psychology in this field made it possible to guide in the formulation of policies and programs in the application of actions, evaluation of these methods and their monitoring. However, the execution of these works are promoted together with multidisciplinary groups, which contributes to the foundation of the work of psychology in the space of health and public policies.

2 GOALS

Thus, thinking about the expansion of information and forums about the virus would advance a step to deconstruct and resignify all current prejudice, given the dissemination of booklets, projects, lectures, congresses on the subject and the support of a friend, his friendship cycle or the family, is fundamental for long-term treatment. Given this, the university extension project emerges as a strategic device whose function is to generate a dynamic resource for professional training and health promotion (SAMPAIO et al., 2018).

In the meantime, since the advent of the promotion and implementation of extension activities within Brazilian universities, its objective has been characterized as a dynamic educational process that favors the junction between teaching in the classroom and learning in the face of the demands of the community. In this sense, the extension activity stands out for the integrative and multidisciplinary characteristic proposed, in which they enable students to form networks with other professions for the benefit of the community (DESLANDES & ARANTES, 2017).

3 METHODOLOGY

The extension project "*APHETO",* even if its creation comes from UFRJ, the research was not limited only to the municipality of Macaé or the intermediations of Rio de Janeiro. His research seeks to give visibility to peoples who within the HIV exclusion group themselves fall into subgroups that determine or further aggravate social repudiation. This amplitude in investigating and highlighting the eminent social gaps in an integrative way, seeks to re-signify their impact and erroneous information in front of stigmatized and subalternized subjects (ALVES et al., 2016).

In this sense, the proposal of the project was to develop in social media debates and posts that emphasized the importance of talking about the theme among the different bodies crossed by HIV, namely: indigenous, quilombolas, women, pregnant women, children, homosexuals, blacks, among others. The stigmas generated to the bodies that carry the mark of intolerance only aggravates the formation of the affective and social bond after the diagnosis, in this way, the program was presented with the intention of developing a look with apheto in front of the social notes.

4 THEORETICAL FRAMEWORK

Promiscuous! Careless! Irresponsible! These are words that reach people living with HIV on a daily basis. Loaded with prejudice, they are phrases that hurt and violate bodies that fight every dawn against the stigmatization that surrounds this theme. In addition to the words uttered without the slightest reflection, serophobia - the name given to discrimination against people living with HIV - moves in the face of the personal experiences of a portion of the population. That is, in addition to this spoken violence that is felt as a punch in the face, serophobia is present in several other veiled forms, such as prejudice related to the donation of blood of gays and bisexuals, the lack of assistance in the public sphere and the scandalization of the sexual life of these people. Thus, it is understood that despite the immense progress as a society and the increase in information on the subject, there are still instruments of oppression directed at people living with HIV.

The individual carrying the HIV virus is commonly faced with questions such as "Why didn't you use a condom?" "Do you take care of yourself?" questions that direct a criminalization to the person you listen to. When talking about care and, however, in the doubt of the lack of it, the concern that many people who have tested positive for HIV have when starting an affective relationship is discussed. The responsibility of a caregiver, in many cases, is placed as assigned to only one part of the relationship. In this sense, it is worth thinking about how these thoughts disguised as sincere concern, that is, entangled in the pressure for the partner, the one who carries the virus, to always take care of himself, also express a veiled discrimination against these people, since the responsibility of care is attributed not only individually but in both parties.

Nevertheless, talking about HIV/AIDS brings out increasingly relevant discussions about sexuality, since it is related to certain power relations. Research from the Joint United Nations Programme on HIV provides important examples that reinforce stigmas regarding gender role. Thus, it is understood that, in a relationship, men commonly earn the right to forgiveness for the behavior that resulted in their seropositive diagnosis. On the other hand, women are blamed, often abandoned by their husbands, who are responsible for this infection. These women are determined to be contempt, judgmental, and rejected by family and friends. Thus, taken by a fear that is evoked through a sexist and serophobic society, many of them prefer not to know their condition with the virus, their rights and choose, at the highest level of oppression, to keep their experience with HIV a secret.

Thus, entering into the depths that the theme proposes, encompassing the relationships with the other and, in the same way, with oneself, thinking about the initial process that is to receive the news that one is a carrier of the HIV virus, opens space to discuss a very important point in this process: the issue of self-esteem. It is understood that the analysis of the construction of self-esteem must, necessarily, include the real relations and the historical and social context of the subject, because the other has great influence on the constitution of this. Self-esteem is built in the relationship with other members of the culture, since socioeconomic, cultural, family and school contexts and the like exert varied influences on the web of interactions that are constitutive of the individual (FRANCO, DAVIS, 2010). In this way, the social representations of a person living with HIV is fostered and structured through interpretations diluted in moralistic beliefs that place the subject in a position of immorality, raising ideas where women are seen as irresponsible and gays are seen as promiscuous. These relationships affect not only the relationship with the mirror but affect a thought of oneself, about one's own personality, about one's own experiences and one's own way of being and acting in the world.

With this, the project "Knowing and promoting nutritional care, self-perception of body image and quality of life in people living with HIV/AIDS through interdisciplinarity and interprofessionality in the municipality of Macaé-RJ – APHETO Project", carried out at UFRJ, sought to enable new ways of relating to the body, understanding that the image reflected in the mirror, impregnated by phrases that call into question the appearance, presentation and the being itself does not define and does not represent the subject living with HIV. The project seeks to provide self-perception of body image beyond a diagnosis, beyond stigmas, beyond the invisibility of access, beyond the wounds by words, beyond the violence experienced.

Therefore, it is worth thinking that there is no more tolerance for instruments that imprison these bodies in a determined stigma. The freedom of the body is a right of all and the fight against prejudices against people living with HIV must walk along a horizon where the body has political, ethical and sexual freedom. Thus, the meaning of the word HIV and its other meanings should not be related to repulsion or rejection but should be synonymous with care, empathy and awareness. That this welcoming look does not come only from those who identify with the cause, but that they cover public agencies and policies that promote visibility and, above all, care. May we continue with the message that the artist Maria Sil (2017) echoes in her song "yellow eyes":

> "From my yellow eyes I know. There is no shame in all this that I am. Now there are still dreams. On this road I'm going to tread. With all the history they shut up. Of my rewritten dreams I know. I bring in my mouth every song that has changed. Whoever fights shows his teeth and my soul I will wash. With the force of my singing. In this old new closet. I'm not going in... Parceled out in days of affliction. I wasn't asked if I wanted to go. And they just pointed me in the direction. Of the secret, the shame, and the fear of being like this: PositHIVo!"

5 RESULTS AND DISCUSSIONS

Considering that HIV/AIDS is still denoted as taboo in our society, mixing misinformation with prejudice, there is an urgency to make debates about this theme more comprehensive in the social environment, in order to overcome the stigmas experienced by people who have this condition. The experience of acting in the Apheto project, as stated above, goes against this proposal. Regularly, social networks were used to share information about HIV, from publications about living with the virus among different social groups to tips on food and lifestyle, aiming to promote well-being for those with the disease, understanding that such a circumstance does not mean, as already thought, a cessation of life. Thus, more than sharing psychopathological data on HIV, the project sought to disseminate studies on the quality of life of these people.

By looking at this theme in a macro way, it is possible to affirm that the realization of a quality of life after HIV diagnosis demands a set of aspects that do not end only in the carrier, but surround throughout their social sphere. Coast et. al. tells us that the necessary biases for this issue involve "care by health services and relationships with health professionals; work and employment ties; experience of sexuality; body changes and perception of self-image; and social support and family relationships" (COSTA et. al., 2015, p. 366). Thus, while the debate leaves an individualistic vision to go through the entire field to which the subject with HIV belongs, it is necessary that the institutions and social roles involved in this front are engaged in a present, genuine and empathetic way.

Among these roles, we highlight the presence of Psychology in the prognosis of the virus carrier. In particular, to the fact that this area allows the rescue of the identity of that subject who, sometimes, is suffocated by the diagnosis and even more suppressed by social stigmas, as previously addressed. Thus, it is possible to conclude that:

> Psychology, recognized as a contributor in the scope of health interventions, is inserted in the context of HIV/AIDS, evidencing the human being in his integrality - a subject who suffers far beyond the disease he carries. This view made it possible to break with a partial understanding of the health-disease process, which valued only the organicity of the pathologies and which blamed, almost exclusively, the subject with the disease. [...] This allowed a global view of the health system and the engagement of the professional with broader issues, such as those related to people's quality of life. (PERUCCHI et. al., 2011, p. 72)

Therefore, it is evident that the psychological support provided by a professional in the area rescues the subjectivity of the subject, making him able to trace new possibilities of life after the diagnosis of the disease, which can have full quality and vigor. However, this performance of Psychology needs to be supported by a social commitment to that individual who seeks the health system to perform his treatment, diverting from a strictly biological look at the disease to broaden the perspectives of the subject, bringing parallels about his body, his trajectory, his habits and desires, being a path that has different paths to be followed. And, when entering one of them, the project brought debates about the benefits of paralleling psychology with the debates about HIV/AIDS.

Added to this, it is known that the public policies established with the help of Psychology need to be aligned for different populations. In our posts on social networks, for example, we have already addressed topics such as HIV and the LGBTQIA+ community in order to dissolve the common sense that the disease is related only to this class, aiming to promote information that deals with the prevention and care of the disease without classifying it in an undue and prejudiced way, but emphasizing the social root of this epidemic that excludes vulnerable groups and the so-called minorities from access to health. In addition, we have also addressed the issue of infection among the elderly, since it is known that the lifestyle among those over 60 years of age has changed both in the professional, social and sexual bias.

Thus, we raise the question about the importance of promoting accessible information for this group so that there is no increase in infections in this age group. There were also debates about the prejudice that is seen in relational contexts, such as family, friends and in the work environment, which sometimes exclude HIV patients due to misinformation about their condition, taxing them, even if indirectly, as different and, consequently, inferior. Thus, the lack of support can negatively affect the self-perception of the individual and their care for their physical and mental health, bringing losses in all spheres of their life.

Therefore, it is possible to perceive that Psychology, by promoting a qualified listening and welcoming for this subject, goes against the adherence to HIV treatment. However, it is necessary that the scenario in which the subject is inserted also fully embraces him, respecting his condition and encouraging care for himself. With this, it is realized that nothing is seen in isolation, since all roles social are implicated with each other. Thus, psychological support is only effective if the individual is also contemplated by this support.

And, by uniting the universe of HIV/AIDS with multidisciplinary fronts, the Apheto project has advanced some steps in the fight against misinformation on the subject generated by a social ignorance that, for years, has silenced these lives that deal with an HIV-positive diagnosis. Therefore, we sought to overcome these negative affectations to explore and disseminate content that positively affects carriers of this condition, showing that the treatment process is a walk together and full of affections.

6 FINAL CONSIDERATIONS

The possibility of expanding and giving visibility to the agenda of bodies in HIV condition was the pillar for the foundation of this university extension project, in view of the expectation of producing a look with apheto regarding post-diagnosis care. Regarding the strategies elaborated in order to encompass a whole reflection and social responsibility about the discrimination produced and imagined on top of HIV, the work was carried out in a thorough way and with great affection in order to re-signify all information acquired in an erroneous and traumatic way in a place of reception and safe elucidations. In short, the main considerations of the project were to share reliable psychosocial surveys without any support based on the imposed social knowledge, with the willingness to break stereotypes and stigmas in the face of some bodies that become susceptible to violence.

Thus, despite our society advancing in awareness in the discussion about HIV, it is still evident that there is suffering caused by stigmas that place people living with HIV in certain social roles. It is then understood that prejudice, whether it is blatant in words spoken or veiled in certain questions, intimately affects these bodies in the relationship with the other and especially with oneself. These social representations, loaded with moralism, place, especially, women, gays and bisexuals in a place of rejection, of exclusion, of "risk" where the ways of being and interacting in the world are permeated by looks that judge and annul lives. In this sense, prejudice corrupts the main message to be reproduced, that is, the sense that care is not a relationship that should stick to a single individual but is a public responsibility, that is, of all.

Therefore, it is possible to affirm that psychological support becomes an effective aid in the reconstruction of the link of the individual with HIV with his own subjectivity, so that before the labeling that society imposes on people with this condition there is the rescue of their personality. However, it is known that along with this point, it is also necessary that the nuclei in which the subject participates also engage in this cause, annihilating with any prejudice and untruths on the subject of HIV/AIDS, which comes both with the support dedicated to the carrier of the virus and by the sharing of information and truthful data about their treatment process. Thus, it can be inferred that affection, something so stimulated in our project that carries this same signature, will be perceived both in the subject's interpersonal relationships and with himself, ending in the improvement of his self-perception and, consequently, adherence to treatment and construction of new perspectives of life after diagnosis.

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