

Chapter 7

Blogging: A New Tool for Coping and Accessing Psycho–Social Support for People Living with HIV?

Cecilia Strand
Uppsala University, Sweden

ABSTRACT

Upon learning about an HIV-positive status, the individual is often faced with immense psychological stress. Besides coming to terms with a life-threatening disease, fears of stigma and discrimination are often attributed as stressors. The purpose of this chapter is to explore blogging as a tool to cope with a lifelong and highly stigmatized disease such as HIV/AIDS. A literature review and content analysis of six HIV-positive individuals' blogs indicate that blogging can be regarded as a tool for coping with HIV and potentially a form of self-administered therapy. Due to the ephemeral nature of blogs, the case blogs were revisited after 7 months to determine if they had been maintained. The fact that all six were still being updated regularly indicates that the bloggers found blogging about HIV/AIDS beneficial in one or several ways.

INTRODUCTION

With 33.4 million currently infected with HIV, and with approximately 7000 newly infected individuals every day (UNIADS, 2009), the virus has often been referred to as one of our time's great

public health challenges (European Commission, 2010; Lewis, 2005).

HIV is a retro-virus that targets the body's immune system, and in particular its T-cells lymphocytes. As an HIV-infection progresses the number of CD4-positive T-lymphocytes decreases and, unless the infected individual has

DOI: 10.4018/978-1-60960-866-8.ch007

Blogging

access to anti-retroviral treatment, he/she becomes increasingly vulnerable to a wide range of viral and bacterial infections, often referred to as opportunistic infections (Engel, 2006; Hoffman & Rockstroh, 2010). Without anti-retroviral therapy the individual dies after a variable period of time.

Despite nearly 30 years of research, there is still no vaccine (Hoffman & Rockstroh, 2010). Instead public health efforts have focused on two fronts: prevention of new infections, as well as, treatment and care of those already infected. Despite earlier disputes on disease control priorities, it is increasingly accepted that the earlier prevention vs. treatment dichotomy is not a constructive approach to a comprehensive HIV/AIDS strategy (D'Adesky, 2004; Barnett & Whiteside, 2006). Anti-retroviral treatment is not only life prolonging for the infected individual, but an essential component in motivating individuals to take part in voluntary counseling and to get tested for HIV in the first place. Moreover, prevention of infection will continue to be pivotal in future control strategies as anti-retroviral drugs are still relatively expensive despite recent reductions in prices. Furthermore, HIV with its high mutation rate is particularly well equipped to adapt to both new anti-retroviral treatment regimens and potential future vaccines (Engel, 2006).

Treatment options have improved significantly, in particular in the developed world where HIV/AIDS is increasingly being regarded as a chronic disease that can be managed rather than a death sentence (Engel, 2006). Anti-retroviral treatment aims at suppressing the HIV-viral load in the body which prevents the virus from weakening the immune system (Hoffmann & Rockstroh, 2010). Anti-retroviral treatment needs to be taken consistently and without interruption to be effective (World Health Organization, 2003). In order to ensure that treatment options continue to save lives in both the developed and developing world, it is crucial to keep adherence rates high. Low adherence to treatment regimens results in HIV builds resistance and the drug eventually

becomes useless (Hoffmann & Rockstroh, 2010; World Health Organization, 2003). An important factor for successful anti-retroviral treatment is the individual's acceptance of the situation, as well as access social support (Simoni, Frick, & Huang, 2006; Cornet, 2008; Nachegea, Mills, & Mauro, 2010).

Accepting an HIV-infection and reaching out for medical and social support is however often hampered by the high level of stigma and discrimination attached to HIV/AIDS. HIV/AIDS has since it was discovered in the early 1980s' been intimately linked to various stigmatized groups' such as homosexuals, prostitutes and injecting drug users (Stoller, 1998; Engel, 2006). While HIV today also affects much less stigmatized groups, an HIV-positive status is still often associated with socially unacceptable behaviors, such as hypersexuality, promiscuity, prostitution and drug use (Dodds et al. 2004; Engel, 2006). HIV-infection thus continues to be burdened by external and internalized stigma and discrimination (Reeves, 2001; Adam & Sears, 1996).

According to Ray, Lindop and Gibson (1982) "Coping is action directed at the resolution or mitigation of a problematic situation" (p. 385). Lazarus and Folkman (1984) provide an expanded definition on coping as a "person's cognitive and behavioural efforts to manage internal and external demands on the person, which are appraised as taxing or exceeding the person's resources", and outline six different types of coping: rejection, control, resignation, dependency, avoidance and minimization. The act of 'coping' in this chapter refers to a situation where the individual cognitively accepts his/her situation and in particular the HIV infection, as well as behaviorally attempts to access social support in situations which exceed the individual's own resources.

While there are several studies showing the psychological benefits of traditional journal writing in coping with stressful life events, this chapter will review and explore the potential psycho-social benefits with blogging in dealing with a highly

13 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/blogging-new-tool-coping-accessing/59979

Related Content

Improving Academic Specialization Choice in Higher Education in Oman Using Virtual Reality (VR) Experiential Learning

Shaik Asif Hussain (2025). *Creating Immersive Learning Experiences Through Virtual Reality (VR)* (pp. 401-410).

www.irma-international.org/chapter/improving-academic-specialization-choice-in-higher-education-in-oman-using-virtual-reality-vr-experiential-learning/356915

Virtual Worlds and Well-Being: Meditating with Sanctuarium

Laura L. Downey and Maxine S. Cohen (2018). *International Journal of Virtual and Augmented Reality* (pp. 14-31).

www.irma-international.org/article/virtual-worlds-and-well-being/203065

Living with the CoP-Stage One

Paul Hildreth (2004). *Going Virtual: Distributed Communities of Practice* (pp. 77-115).

www.irma-international.org/chapter/living-cop-stage-one/19315

Teaching and Learning Abstract Concepts by Means of Social Virtual Worlds

David Grioland Zoraida Callejas (2017). *International Journal of Virtual and Augmented Reality* (pp. 29-42).

www.irma-international.org/article/teaching-and-learning-abstract-concepts-by-means-of-social-virtual-worlds/169933

Omnichannel Retailing: A Comprehensive Exploration of Integration, Customer Engagement, and Market Share in Today's Retail

Sanjay Taneja and Rishi Prakash Shukla (2024). *Omnichannel Approach to Co-Creating Customer Experiences Through Metaverse Platforms* (pp. 60-76).

www.irma-international.org/chapter/omnichannel-retailing/341023