







## Representational Structure of AIDS for Evangelical Religious Leaders

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**ABSTRACT** – This study aims to analyze the social representation structure of AIDS for religious leaders of evangelical Pentecostal churches. It is a qualitative and descriptive study based on the structural approach of the Theory of Social Representations, developed with 120 religious leaders. The data were collected through free evocations and analyzed with EVOC software. The terms in the possible central nucleus are sadness, death, and disease. The term sin is an element present in the representational structure of AIDS. It is concluded that the social representation of AIDS for evangelical religious leaders is predominantly negative, similar to that of the emergence of the epidemic.

**KEYWORDS:** religion and health, psychology and religion, protestants, acquired immune deficiency syndrome

## Estrutura Representacional da Aids para Líderes Religiosos Evangélicos

**RESUMO** – Este estudo objetiva analisar a estrutura das representações sociais da aids para os líderes religiosos de igrejas evangélicas pentecostais. Trata-se de um estudo qualitativo e descritivo baseado na abordagem estrutural da Teoria das Representações Sociais, realizado com 120 líderes religiosos. Os dados foram coletados por meio de evocações livres e analisados com o auxílio do software EVOC. Os termos localizados no provável núcleo central são tristeza, morte e doença. O termo pecado é um elemento presente na estrutura representacional da aids. Conclui-se que a representação social da aids para líderes religiosos evangélicos é predominantemente negativa, semelhante à do aparecimento da epidemia.

**PALAVRAS-CHAVE:** religião e saúde, psicologia e religião, protestantes, síndrome de imunodeficiência adquirida

The present study has as its object the structure of the social representation of AIDS elaborated by evangelical religious leaders. The history of the emergence and development of AIDS in the world, and especially in Brazil, was marked by religious and moralistic beliefs and values that contributed to the construction of social representations of the syndrome, which, at times, promoted prejudice and discrimination, as well as the social exclusion of people living with HIV/AIDS. On the other hand, religious institutions have largely contributed to the fight against AIDS, through

the development of explanations about the syndrome for better acceptance by the HIV-infected person and strategies to welcome and combat AIDS based on their doctrines and practices.

The emergence of AIDS had repercussions in objective spheres, such as the organization of health services and programs, and in subjective spheres, such as the way of thinking and living sexuality. And it is in this subjective sphere that religiosity stands out. The space left by science, since it was an unknown disease that caused doubts and concerns,

was occupied by discourses from various institutions of knowledge, such as the State, medicine, and the Church. This knowledge ended up being accepted by social groups and, thus, institutions, such as religious ones, established a network of power on the subject (Brito & Rosa, 2018).

AIDS is related to morality as it is seen by society and religious groups, carried by the stigma of sin and punishment that is inscribed on the body. It is the irrevocable denunciation of the sin committed, dividing those affected by the disease into two groups: the “sinners”, the guilty, and the “victims”. In this sense, evangelicals, with their variety of ramifications of Christian conduct and customs, have different positions and actions about the person living with HIV/AIDS. Some consider it as a divine punishment, but on the other hand, some propose to cure AIDS through faith. Some do not propose a cure but seek to welcome the sinner. Some do not relate the fact of being infected by HIV to sin, showing, in a way, a welcome free of stigmas (Ferrara et al., 2008; Silva, 2011).

In addition, a national survey conducted by Moreira-Almeida et al. (2010) showed that, in Brazil, high levels of religious involvement are observed, which occurs regardless of income, educational stage, occupation, or marital status and is more expressive in women and the elderly. Therefore, knowing the importance assumed by religion in society – in the case of this study, the Protestant one – and understanding its power to influence people’s ways of thinking and acting, the present study was based on the Theory of Social Representations from the perspective of Social Psychology to analyze the structure of social representations of AIDS for religious leaders of Pentecostal evangelical churches.

This study is relevant for its contribution to the reflection on the development of strategies to prevent and combat AIDS in this religious group, as well as to the understanding of the experience of evangelical people with HIV/AIDS since religious leaders can influence the construction of social representations on a given subject.

## METHOD

It is a descriptive and exploratory study, with a qualitative approach, based on the structural approach (Abric, 2003) of the theory of Social Representations (Moscovici, 2015). Three Pentecostal evangelical churches of the same denomination, belonging to the same state general leader, called the presiding pastor, were chosen as study scenarios, two located in the city of Rio de Janeiro and one located in the city of Petropolis, all of them in the State of Rio de Janeiro.

A total of 120 evangelical religious leaders participated, randomly selected based on the following inclusion criteria: being named pastors, evangelists, and presbyters belonging to the same convention, over 18 years old, of both genders, who had already counseled, or not, people living with HIV/AIDS. Those who were away from their ecclesiastical activities were excluded.

Data were collected in August and September 2014 by the principal author. As a strategy, the author learned about the agenda of meetings of evangelical leaders and, with the authorization of the presiding pastor, a space was released in these meetings for the author to present the research and collect the data. The number of meetings necessary to collect all the data was eight meetings that took place in the morning, afternoon, and evening shifts.

The collection of free evocations aimed to identify the structure of the social representations of AIDS for evangelical religious leaders, in the normal, non-hierarchical normative context. For data collection, an instrument containing a characterization form of the research participants was used, with a sociodemographic survey, considering that these data are relevant and can influence in some way the social representation constructed about the object of study, as

well as a form with the technique of free evocations, which inductive term was “HIV/AIDS”.

The sociodemographic characterization questionnaire presents variables related to the identification of the participants, such as gender, age, educational stage, current position in the church, time in the position, time as an evangelical, acting as a leader of some church, relationship with someone who lives with HIV/AIDS, counseling of people with HIV/AIDS and sources of access to information on HIV/AIDS.

The collection of evocations consists of asking subjects to produce a certain number of words or expressions that occur to them, from a given inductive term, and then asking them to organize their responses in order of importance, from the most to the least important (Oliveira et al., 2005). In this study, the number of five words to be verbalized by each research participant for each inductive term was delimited. Thus, 120 Pentecostal leaders participated, corresponding to the 120 free evocations analyzed in this study.

### Data Analysis Procedures

The analysis of the data of the free evocations was statistical, using the 2003 version of the *Ensemble de programmes permettant l'analyse des evocations* software (EVOC). This software enables the organization of the evocations produced according to their frequencies and the order of evocation according to the technique developed by Vergès in 1992. The crossing between the frequency and the hierarchy of evocations enables the formation of a

four-house chart, which expresses the content and structure of social representations for a given object of study (Oliveira et al., 2005).

After the construction of the four-house chart, in continuity, the technique of similarity analysis was used, which enables an initial survey of possible central elements to be carried out, as well as confirming the centrality of these elements. Thus, after assembling the four-house chart, the co-occurrence of words was calculated based on those that made up this chart. The principle of spontaneous connection was used, i.e., it is assumed that the terms provided by the subjects in free association are related to each other (Pecora, 2007).

To calculate the similitude indices between each pair of words, the co-occurrence table was assembled for each evoked term. Thus, the maximum tree was elaborated

based on these indices, which are characterized as a graphic representation of the connections between the elements of a social representation (Pecora, 2007).

The study was developed considering the devices presented as norms and guidelines for research development in Resolution 466, of December 12, 2012, of the Brazilian National Health Council (Resolution No. 466, 2012). The project was submitted to the ethics committee of the State University of Rio de Janeiro and approved under opinion No. 699,220 from 2014 and was also evaluated by the pastor president of the religious institutions, and its realization was released. From the institutional authorization, the social actors of the study were approached, whose participation was formalized, and through the explanation and knowledge of the project, there was awareness of its ethical aspects. Thus, the participants signed the Free and Informed Consent Form.

## RESULTS

Characterizing the research participants about the gender variable, the study participants were mostly male, with little female participation. The highest ecclesiastical positions have recently been made available to female believers, reflecting the data found in this study.

It is noticed that the age group of 50 to 59 years has the highest expressiveness of participants. Regarding the variable time of affiliation to the evangelical religion, the range in which the longest time is concentrated is between 20 and 29 years. Regarding the highest ecclesiastical position they hold, which role, among others, is the pastorship – that is, being able to lead a religious community – it can be seen that most of the participants in the free evocations are appointed pastor, followed by the positions of evangelist and presbyter. Regarding the variables of educational stage and marital status, it is noticed that most of the participants have a high school degree and almost all of them are married.

Using the free recall technique, each participant ( $n = 120$ ) was asked to recall five words related to the inductive term “HIV/AIDS”. Thus, 448 words were evoked, of which only 125 were different. The minimum frequency established was 9, and words with a lower frequency were excluded from the four-house chart. The calculation of the Average Order of Evocation (AOE) performed by the software was 2.52, on a scale of 1 to 5, and the average frequency of words calculated from the minimum frequency was 17. At the end of the analysis, the four-house chart built had the following configuration, as shown in Table 1.

According to the Central Core Theory, the upper left quadrant contains the most readily evoked words with the highest evocation frequencies, characterizing the possible central core. It should be noted that not all elements present in this quadrant are necessarily central, but the central core is in this quadrant. The normative character of the central

Table 1  
Four-house chart of evocations of evangelical leaders on HIV/AIDS

AOE		<2.52		≥2.52	
Avg. Freq.	Evoked term	Freq.	AOE	Evoked term	Freq.
17	Sadness	29	2.517	Prejudice	20
	Death	27	2.519	Sex	20
	Disease	18	1.722	Discrimination	18
17				Isolation	17
	Suffering	15	2.000	Drugs	11
	Sin	15	2.000	Care	9
	Communicable disease	12	2.167		
	Pain	11	2.273		

Note. Avg. Freq.: Average Frequency. Freq: Frequency. AOE: Average Order of Evocation.

core is linked to the value system of the group studied, consisting of a fundamentally social dimension of the core. On the other hand, the functional character favors, in the representation and constitution of the central core, elements that are more important for the realization and justification of a task, that is, elements linked to an action (Oliveira et al., 2005).

Analyzing the representational structure of HIV/AIDS for evangelical leaders, it can be noted in the composition of the four-house chart that the terms located in the probable central core are: sadness, death, and disease. These three elements encompass the cognitive or conceptual, affective, and practical dimensions of the social representation of AIDS. Sadness is related to the religious leader's feelings about the condition of discovering that they are HIV positive. Death is associated with the perception of the shortening of life provided by infection with the AIDS virus. The term Disease refers to the concept of AIDS as a blood disease, a disease that affects the body's defenses, and an incurable disease.

Thus, these elements demonstrate a negative attitudinal, imaginary (death), affective (sadness), and conceptual (disease) dimension of the social representations of AIDS. In this context, for evangelical leaders, AIDS is represented as a disease that generates sadness and death, assuming a normative and functional character. Sadness was the most frequently evoked word, while disease had the lowest order of evocation of the entire quadrant.

In the contrast zone, the words suffering, sin, communicable disease, and pain appear, showing a negative attitudinal, practical, conceptual, and affective dimension. In this sense, AIDS is represented as a disease that is transmitted (conceptual), caused by a practice (the practice of sin) and that generates suffering and pain (affective). These words reinforce the negativity present in the terms that appear in the probable central core.

The peripheral system of social representation is characterized by being organized around the central core. These elements may be more or less close to the central core and constitute the interface between it and the concrete situation in which the representation is constructed (Abric, 2001). It expresses the representational elements associated with the immediate context of life, everyday reality, and social practices.

The first periphery, located in the upper right quadrant, is composed of more important peripheral terms, with high frequency and less importance attributed by the

research subjects. It is formed by the words prejudice, sex, discrimination, and isolation, indicating a negative attitudinal dimension towards AIDS, in addition to reinforcing the probable central core. Isolation is caused by prejudice and discrimination, not only by society but also by the person living with HIV/AIDS in the face of their HIV-positive condition. The word sex refers to the practice through which HIV/AIDS is transmitted. It is thus the main form of transmission highlighted by religious leaders, characterizing it as an illicit sexual practice.

In the second periphery, located in the lower right quadrant, there are the less evoked and less readily evoked elements, which are therefore the least important in the representation. However, it is associated with the more immediate context of social actors and social practices. In this research, it is formed by the words "drugs" and "care", revealing a practical dimension concerning AIDS. Drugs are also a content addressed that constitutes another form of HIV/AIDS transmission, through a practice condemned by the leaders: injecting drug use with syringe sharing. By analyzing the similarity of the words present in the four-box chart, the maximum tree was constructed to identify the connection between the terms, as shown in Figure 1.

According to this maximum tree, the centrality of sadness and death is confirmed, which have the same number of connections between the other terms. Although the element isolation appeared in the second periphery in the four-house table, it is the word that presents the strongest connections with the terms in the central core, i.e., sadness and death are strongly related to isolation. The links between death-disease and sin-sex show that for evangelical leaders, AIDS is a disease that causes death and is transmitted by sexual intercourse, considered a sin among Protestants.

In the analysis of the subgroups, it is worth noting that, for evangelical leaders of the elementary level, the term sin composes its possible central core, being the only subgroup of the education stage that presents the term divine cure. For leaders with higher education stage, the central core is formed by the words sex, suffering, and disease, demonstrating an approximation with reified knowledge, insofar as HIV/AIDS is perceived as a disease that is transmitted by sexual intercourse. Thus, for leaders with a higher educational stage, the existence of a social thought closer to the rationalization of the disease is perceived. In contrast, the lower the educational stage, the greater the approximation with aspects linked to affectivity, emotion, and faith.

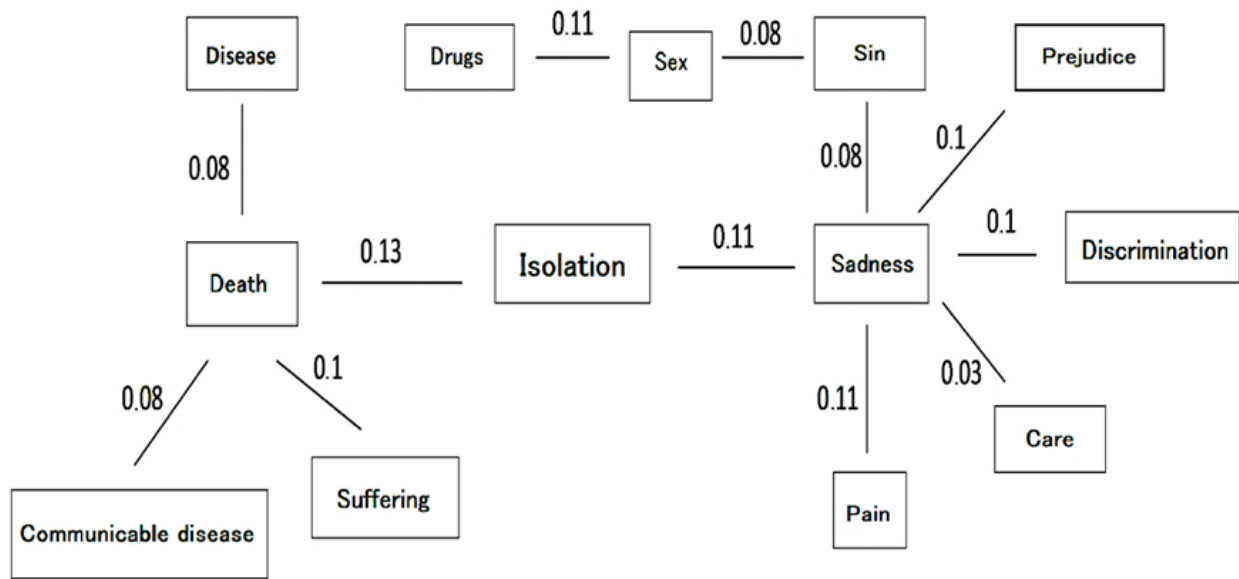


Figure 1. Tree of similarity of evocations of evangelical leaders on HIV/AIDS

## DISCUSSION

Like the present study, several social representation studies conducted with various groups have highlighted death as a representational element of AIDS. Among them, we can highlight the research conducted with truck drivers, rural and urban youth, and even people living with HIV/AIDS (Natividade & Camargo, 2011; Silva & Doula, 2014; Sousa et al., 2014). The representation of AIDS as a disease, which has high symbolic value and is a descriptor of the syndrome (Bezerra et al., 2018), and also as death, also appeared in a study conducted with older women, older adults living with HIV/AIDS and pregnant women (Brandão et al., 2019; Nemer et al., 2019; Silva, 2014).

In this regard, most studies on AIDS representations demonstrate the appropriation of reified knowledge mainly when referring to its descriptor (disease) and the transmissibility of the syndrome, as occurs in this research (Domingues, 2014; Natividade & Camargo, 2011; Silva & Doula, 2014).

The negative representations of AIDS are not exclusive to the social construction of evangelical religious leaders. A study carried out with Candomblé adepts, likewise, showed that the syndrome for this social group is represented by the words fear, loneliness, sadness, and suffering, among others (Souza, 2010). These representations also appear in a study conducted with young students (Natividade & Camargo, 2011). In a study in African countries, the highest proportion of both moralizing narratives and narratives with pessimistic outcomes came from countries in which evangelical Christian movements, including Pentecostalism, have considerable followers (Winskell, 2021).

In contrast, some studies of structural analysis of the social representations of AIDS, such as Costa et al. (2015), conducted with people living with HIV/AIDS, and Costa et al. (2012), conducted with nurses, show that death is no longer a more representative element of AIDS, thus presenting itself as a peripheral term. It is noteworthy that sadness, an element that also appeared in the research by Costa et al. (2015), is part of the periphery of the representation of the syndrome.

It is thus understood that the social representation of AIDS for evangelical leaders maintains deep relations with the symbolic productions of the early 1980s and 1990s of the last century when there were no therapeutic options available and no deeper understanding of the illness process itself. Between the 1980s and 1990s, disease, death, incurable, condoms, sex, and sin were the representations of AIDS that were part of social thought (Joffe, 2013). Even today, the relationship between AIDS and its incurability, which culminates in death, is observed in the discourse of social groups (Antunes et al., 2014). However, the representation of death now only has meaning when compared to non-adherence to treatment, which gives the syndrome a condition of chronicity and, together, its resignification.

The movement of transformation of social representations of AIDS is clear in the study by Oliveira (2013) who compared these representations between the intervals of the decades 80-90, 90-2000, and 2000-2010. In the first interval, between the 1980s and 1990s, the representations revolved around death, deviant sexual practices, sex, and transmission. Between the 1990s and 2000s, representations linked to coping with the syndrome appeared, based on the

use of politically correct discourse and the maintenance of discursive veiling. Between the 2000s and 2010s, the representations reflect the construction of AIDS as a chronic disease, which cannot be observed in the present study with religious leaders.

The presence of the term sin in the structure of the social representation of AIDS is justified by the strong connection made by evangelical leaders about AIDS because of sin, divine permission, and the very anchoring of the syndrome as a divine punishment/curse. In this sense, AIDS becomes an opportunity for the person who sins to change their behavior, reflect on their practices, and turn to God. A study that analyzed AIDS in the public space from French newspapers highlighted that the social representation of AIDS associated with divine punishment occurred at the beginning of the epidemic in the United States, whose reality was puritanical and thus reinforced the idea of curse or just punishment on those guilty of the disease (Herzlich & Pierret, 2005). This representation of AIDS linked to sin and morality can also be evidenced in studies with pregnant women (Silva, 2014).

In addition to condemnation by society, people living with the syndrome also feel guilty about their HIV infection. In many situations, HIV/AIDS is seen as a punishment from God for bad behavior and this view is often reaffirmed by the church, which understands sexuality as something sacred to be practiced mainly for reproductive purposes. Thus, instead of providing a welcome, the Church ends up removing those living with HIV/AIDS from their circle (Schröder, 2011).

Therefore, a study found that people living with HIV/AIDS themselves represent AIDS as a divine punishment, relating it to the plagues of Egypt, as a form of opportunity to raise awareness about the value of life, promoting its resignification (Gomes et al., 2012). Another study also identified that among people living with HIV who used a Testing and Counseling Center, the discourses on AIDS revolved around divine wrath for the “inadequate behavior” adopted by those infected (Mesquita Filho & Libânio, 2013). Thus, according to Leite (2015), a positive diagnosis of HIV induces some people with HIV/AIDS to scrutinize their own lives in search of behaviors that prove the trilogy: moral transgression-AIDS-punishment, strengthening the feeling of guilt for HIV infection.

## FINAL CONSIDERATIONS

It is concluded that the social representation of AIDS for evangelical religious leaders is predominantly negative, similar to the appearance of the epidemic in the 1980s. In this sense, the presence of the elements of sadness, prejudice, discrimination, isolation, pain, and suffering in the constitution of the structure of the social representation of AIDS stands out. All the peripheral elements give meaning to the central core, reinforcing it.

The link between sin and sex evidenced in this study is understood within Christian morality, which encompasses precisely defined categories of sins, which are liable to divine punishment when committed. Within these categories, the most feared is sexual sins (Rodrigues, 2012). Thus, having sexual relations outside the pattern established by the Bible, namely marriage, will represent a great failure of the Christian concerning God. Thus, the fear of those who have not committed this type of sin or the sadness of those who have committed it can trigger a distressing process of self-punishment.

Similarly, a study conducted with young Catholics showed that the social representations of AIDS are related to sexual practice outside marriage, whether it is marital infidelity or sexual practice before marriage. Thus, AIDS is conceived as a consequence of the sin committed against God, making evident the existence of conservative doctrines of the Christian religion regarding the control of sexuality and the guilt of the individual who contracted HIV (Couto et al., 2018). The study by Silva et al. (2021) reveals that the discourse of promiscuity and blame persists even among homosexual and bisexual men living with HIV/AIDS.

Likewise, this Christian thinking is observed in research carried out in Zambia, Africa, demonstrating that because it is strongly conservative and with the influence of religions of Christian origin in politics and society, the country has moral norms that stigmatize casual sex and outside marriage, as well as people living with the virus. Prevention is associated with the control of sexuality through sexual abstinence and condom use is condemned (Mackworth-Young et al., 2017). Similarly, a study conducted in Indonesia with people living with HIV/AIDS who are part of a Protestant community also identified narratives of stigma and isolation suffered by the church (Sinulingga & Waluyo, 2021).

In this logic, even today, sexuality seems to be the ultimate manifestation of desires that distance the Christian from God. Experiencing it in disagreement with the parameters established by the Church (outside marriage), in addition to a serious sin by the act itself, brings with it other equally reprehensible practices, such as lust and eroticism. Any sexual relationship considered a sin is worthy of stricter ecclesiastical sanctions, regardless of Protestant denominational confession (Leite, 2015).

Reified knowledge is incorporated into the representation, especially with the conceptualization of the syndrome as a communicable disease and the modes of transmission. Death is still an imaginary dimension in the social representation of this social group. It is noticed that sex does not appear only as a form of transmission of AIDS, but, incorporated in the beliefs and values of the leaders, it constitutes the link in the sin-AIDS relationship. That is, sexual intercourse

that does not follow evangelical doctrine is the main sin committed that generates HIV infection consequently. In this sense, the term sin stands out as a religious element that constitutes the representation of AIDS for evangelical leaders and that gives meaning to the central core as well as to the set of negative elements present in the structure of the representation.

A limitation of the study is the great diversity of Pentecostal and Neo-Pentecostal churches, sometimes with peculiarities that distance them from the classic Pentecostals, such as those that were the scenarios of this study. Thus, other studies that encompass other denominations and

ministries are necessary for a better understanding of this religious universe.

Therefore, this study allows the health professional to understand the organization of the social thought of the evangelical religion about AIDS to, from then on, work together with the person with HIV/AIDS the acceptance of the disease, the daily experience with the syndrome, and adherence to drug therapy. The religious institution is also emphasized as a space for the production of knowledge that can be shared with health professionals, especially for health promotion and the exchange of knowledge that enables the religious leader to welcome the person with HIV/AIDS.

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**Data availability statement**

The authors do not authorize the disclosure of research data.

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