

Adult Learners and AIDS Artwork: Suggestions for Adult Education Practice

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Abstract: The purpose of this paper is to explore the ways in which the creative and purposeful use of AIDS Artwork as an educational tool may reduce stigma about HIV/AIDS and help adult learners to regulate their own prejudices about the diseases.

Imagine a child passed over and ignored because others believe even the slightest symbolic contact will result in the child passing a dangerous contagion. Imagine believing that victims of a terrible disease deserve to die from it. Imagine believing this disease was a punishment. Imagine losing your friends or a member of your family to this disease, knowing that you may soon follow in their footsteps. Imagine an uncontrollable pandemic. Imagine HIV/AIDS as one of the most relevant, continual cultural issues that we face as a global society.

Realities surrounding human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) have changed since the first reported human cases in the 1980s, but stigma still marginalizes those who currently have or are falsely perceived to be more likely to contract HIV/AIDS (Parker & Aggleton, 2003; Varni, Miller, McCuin, & Solomon, 2012). This stigma increases health and psychological risks for persons living with HIV/AIDS—referred to in this paper as PLWHA (Vanable, Carey, Blair, & Littlewood, 2006). However, concerns related to stigma have been lowered for PLWHA in instances where those with whom they have close interactions have felt convicted by personal values not to discriminate (Miller, Grover, Bunn, & Solomon, 2011). Stigma-related concerns have been less ameliorated in instances where PLWHA felt as if others were not discriminatory simply because their community pressured them not to be. Therefore, exploring new techniques that increase adult awareness of their knowledge of, experience with, and beliefs about HIV/AIDS may be beneficial in decreasing stigma for PLWHA.

The limited nature of HIV/AIDS education literature, tools, and instructional methods necessitates continued exploration of new practices. HIV/AIDS educators may benefit from the development of methods designed to bridge the gap between truth about HIV/AIDS and what people *actually believe*. AIDS Artwork—visual, fine, and performing art created by individuals to express feelings about or understanding of portions of the HIV/AIDS narrative—may be a powerful tool for teaching adult learners about HIV/AIDS realities. Nabulime and McEwan (2011) noted of their experiences using sculpture as a part of HIV/AIDS education in Uganda:

By encouraging openness and dialogue, [sculpture helps] to reduce stigmatization and discrimination. As the interviews revealed, [the art] can educate, entertain and provoke interest. [Sculptures] simultaneously initiate discussion about the dangers of the disease, which may lead to behavioural change, while also giving hope by reducing stigmatization of those living with HIV/AIDS. (p. 292)

AIDS Artwork has the potential to demonstrate the unnerving power of HIV/AIDS to cross sexual, racial, gender, age, and socioeconomic dividing lines. This may be accomplished through the engagement of adult learners in the reflective process of creating and explaining amateur art inspired by HIV/AIDS.

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The purpose of this paper is to explore the ways in which the creative and purposeful use of AIDS Artwork as an educational tool may reduce stigma about HIV/AIDS and help adult learners to regulate their own prejudices about the diseases. Using Jarvis's (1987, 2004, 2006) experiential learning process theory as a framework for analysis, this paper will discuss some of the literature on HIV/AIDS education (Baumgartner, 2002; Boshier, 1992) and on the use of socially-informed art in adult education (Grace & Wells, 2007). Previous discourses on art and HIV/AIDS will also be discussed using the theoretical framework to reposition conversations within the field of adult education.

HIV/AIDS Stigma and Prejudice

In 1986, DiClemente, Zorn, and Temoshok surveyed 1,326 high school students to determine their overall awareness of realities about AIDS in San Francisco. Of these students, 78.7% reported "being afraid of getting AIDS" (p. 1443) and 79.6% agreed that "most people who get AIDS usually die from the disease" (p. 1444). DiClemente et al. (1986) concluded that increased education about HIV/AIDS would be necessary to decrease infection rates. Now, 25 years after this research was conducted, it is not difficult to see how this statement may still carry some truth. Ortega, Bicaldo, Sobritchea, and Tan (2005) said that in the Philippines, workplace discrimination related to HIV/AIDS "occurs mostly in practice rather than on the levels of legislation and policy" (p. 161). Liu, Canada, Shi, and Corrigan (2012) found that some PLWHA have a difficult time obtaining and maintaining employment, based primarily on employer perceptions of incompetence and/or HIV/AIDS being highly contagious. These findings suggest that stigma about HIV/AIDS is still alive in the hearts and minds of many. What is spoken in policy may not always be enacted in reality; education is a potential solution to this problem.

According to Pryor, Reeder, and Landau (1999), adults' views of HIV/AIDS become contaminated by their social contexts and experiences with the conditions. For example, an individual who has only ever seen or heard of AIDS cases in drug-users, gay men, or the sexually promiscuous may believe that those are the only populations at risk for contraction. Further, this same individual may internalize these previous experiences to personally justify the marginalization of populations *perceived* to be at higher risk. This stigma may be dangerous for many reasons, not the least of which is that people "are more likely to seek out and follow through with HIV testing services that they perceive to be nonthreatening, nonjudgmental, and responsive to their individual needs and circumstances" (Valdiserri, 2002, p. 341). A system of prejudice and judgment may contribute to at-risk individuals' lack of willingness to get tested. However, the implications of HIV/AIDS-related stigma are much further reaching than health care concerns.

As of 1999, Herek and Capitanio found that nearly a quarter of the individuals in their study believed that HIV/AIDS could be passed between two gay men even if neither of the men was infected at the time of sexual intercourse. When compared with data from a study conducted eight years prior, Herek and Capitanio (1999) found that the "changing epidemiology of HIV" (p. 1139) did not seem to reduce stigma. Individuals in their study still believed AIDS was something primarily contracted by gay men, that people with HIV/AIDS are guilty in some way, and that "mere symbolic contact with [PLWHA], such as touching an article of clothing or drinking from a sterilized glass used by a [PLWHA]" (p. 1139) could lead to infection. Vanable et al. (2006) found "a substantial minority of [HIV positive] participants reported that people behave negatively (42%), avoid being near them (29%), and exclude them from social events

(20%), because of their HIV status” (p. 480). This prejudice must be reduced before PLWHA may escape, to some degree, harmful stigma on a daily basis.

Theoretical Framework

Arguing from a constructivist perspective, Jarvis (2006) posited that a person brings her/his biography—history of experiences, relationships, and social interactions—into new learning situations. Within Jarvis’ experiential learning process theory, learning is foundationalized by the past and spurred by a specific experience within a social context. When such an experience occurs, Jarvis (2004) argues, “No longer can previous learning cope with the present situation; people are consciously aware that they do not know how to act” (p. 93). After adult learners engage in the learning process, they move through a continual process of reflection, emotion, and potential action until the change is enacted and embodied holistically—in every sense of that individual’s being (Jarvis, 2006). The application of what has been learned is then contextualized within the ever-changing immediate world of the learner (Jarvis, 2006), meaning that what “works today” for a learner may not “work tomorrow” or could change given a new physical or metaphorical location. The nature of this change being somewhat unpredictable, internalization of knowledge on the part of the learner is a critical aspect of the experiential learning process because with that foundation, the learner may be able to better interpret new and challenging situations.

Prejudice, Stigma, and Learning

Prejudice Awareness

Racial prejudice may be reduced with education. Hogan & Mallot (2005) found, “completing a college level course in race and gender issues did indeed reduce prejudice toward African Americans in students” (p. 123). These findings are consistent with the contentions of Shaefer (1996) who argues that education itself is not the answer to reducing prejudice, but rather education created with the explicit purpose of highlighting issues not typically addressed in the classroom. Conceptually, it is reasonable to believe that the same logic in designing education courses about race and gender may be applied to the development of courses that grapple with HIV/AIDS topics. However, HIV/AIDS education does not necessarily need to take place in a formalized higher education setting to make a difference. Adults may learn in a number of different settings/environments, and it is important that adult educators meet learners where they are in order to reduce stigma across identity and environmental factors.

Drawing on previous research conducted on the reduction of prejudice, Paluck and Green (2009) compiled a list of potential interventions from the literature. Table 1 (Appendix) represents the findings and the socio-psychological theories that frame the intervention approaches supported by experimental evidence from the field/laboratory. These findings support the conceptualizations within this paper by providing a basis for the claim that social prejudice in adults may be regulated with theoretically grounded interventions aimed at reshaping learners’ knowledge and beliefs about HIV/AIDS.

Stigma Reduction

Nyblade (2006) argues that literature pertaining to HIV/AIDS stigma reduction is not sufficient at the present time. More data must be collected before the nature of HIV/AIDS-related stigma can be fully understood and combated against. However, some scholars have experienced success in practice with programs aimed at reducing stigma. Heijnders and van der Meij (2006) found that education and advocacy are among the most useful strategies for reducing stigma related to various health conditions, including HIV/AIDS. Wu, Li, Wu, Liang, Cao, Yan, and Li (2008) experienced success reducing HIV-related stigma in health service providers; this

was accomplished through a brief (four-hour) educational intervention. According to their results, even the short educational initiative was able to reduce fears and increase knowledge of precautions among the learners.

HIV/AIDS Education

Boshier (1992) was one of the first to argue that the field of adult education has an obligation, and the capacity, to help combat miscommunication about HIV/AIDS that emerges from varying discourses about the diseases. According to Boshier, discourse about AIDS began with rumors of a “gay plague” (p. 128). In the mid-late 1980s, discourse shifted to concentrate on AIDS patients as “the contaminated other” (Boshier, 1992, p. 129). Other discourses leading up to Boshier’s publication in 1992 included “innocent victim[s]” (p. 130), “heterosexual-risk” (p. 131), and “development” (p. 132). According to Boshier (1992), what all of these discourses about AIDS have in common is the conceptualization of HIV/AIDS education “from the assumption that individuals are capable of making the ‘right’ choices” to avoid contracting HIV/AIDS” (p. 133). Arguably, these discourses still linger today, and there is a need for quality HIV/AIDS education to “represent [the] multiple meanings” of the diseases (Boshier, 1992, p. 133). According to Archie-Booker, Cervero, and Langone (1999), AIDS education programs “defined as generic across cultural boundaries of race, gender, and sexual orientation” (p. 173) can result in programs that are not “culturally relevant” (p. 173) for certain populations—in their study, African American women. Multiple meanings should be considered to avoid this fate.

Ironically, the multiple meanings referred to by Boshier (1992) and Archie-Booker et al. (1999) are often considered primarily from an “outsider” (HIV-negative) viewpoint. However, some research does exist to discuss adult education’s role in relation PLWHA. In a qualitative study examining how HIV-positive adults make meaning of their experience, Baumgartner (2002) describes “an increased appreciation for the human condition” and “an expanded view of intimacy” (p. 50) as key changes for people who are successful at managing their own identities as HIV-positive. Participants of the study said that dealing with HIV diagnosis positively impacted the way they interacted with different kinds of people, and the diagnosis also encouraged a more holistic sense of intimacy beyond what is physical (Baumgartner, 2002). The assumption that these kinds of positive life changes can exist for PLWHA informs a different approach to HIV/AIDS education—an approach that aims to teach both PLWHA and the general population about how the conditions shape and impact lives in a complex, multilayered manner. One way of developing a more inclusive curriculum may be to include art as a tool of instruction.

Learning with Art

In the last several years, art as an educational tool has made its way slowly into the field of adult education (Clover & Stalker, 2005; Lipson Lawrence, 2005). Theorizing about their own experiences with administering an art education program to lesbian, gay, bisexual, intersexual, trans-identified, two-spirited, and queer (LGBITTQ) youth and young adults, Grace and Wells (2007) posited: “dialectical engagement helped [program participants] to see themselves in personally transforming ways that helped to counter a past in which they were invisible in families, schools, and communities” (p. 100). The authors reflected further that youth who completed the arts program felt more able to “counter the ignorance that so often leads to fear and symbolic and physical violence toward LGBITTQ persons” (Grace & Wells, 2007, p. 100). The art created as a result of their program was installed and displayed for the purpose of “representing self, others, reality and possibility in art” (Grace & Wells, 2007, p. 105). Grace and Wells (2007) called for the continued blending of arts education into adult education initiatives aimed at “cultural action for social transformation” (p. 104), in this case,

specifically for LGBITQ persons, but arguably on a much larger scale for other stigmatized or marginalized identity groups, such as those living with HIV/AIDS.

AIDS Artwork

Artistic expression has nearly always been a part of the HIV/AIDS discourse. The first patients and their loved ones turned to their journals, their canvases, their cameras, and their creative spirits to make sense of the confusing, earth-shattering news of testing positive, and to record feelings and thoughts in what were often unfortunately their last days together. In 1984, “The AIDS Show” opened in San Francisco, followed in 1985 by the opening of “As Is”—both were plays aimed at raising awareness of the realities of AIDS near the beginning of the pandemic (Artery, n.d.). In 1987, the AIDS Quilt, which now contains hundreds of thousands of pieces dedicated to victims of HIV/AIDS, debuted in Washington, D.C. That same year, the now-well-known AIDS education initiative ACT Up created its artwork to be used nationally. 1988 and 1989 saw the opening of the first well-established art exhibits dedicated to persons living with AIDS and also birthed the first Day Without Art (a day dedicated to mourning HIV/AIDS). In 1990, the documentary “Common Threads: Stories from the Quilt” (Epstein & Friedman, 1989) won the Academy Award. The mid-late 1990s brought HIV/AIDS discourse to the Internet in creative ways and also saw the first stage productions of the Broadway smash hit, “Rent” (Larson, 1993), which humanized HIV/AIDS as a disease by making a number of the main characters HIV positive. One may also grasp the importance art may have in creating understanding of HIV/AIDS by doing a “Google Image” search for the term “AIDS Artwork” and scrolling through the thousands of paintings and photographs that appear, each telling unique portion of the HIV/AIDS story without the use of any words.

The majority of the academic literature exploring art and HIV/AIDS has focused on how art can be used therapeutically for PLWHA (Rao, Nainis, Williams, Langner, Eisin, & Paice, 2009; Willemsen & Anscombe, 2001). However, recently Nabulime and McEwan (2011) used sculpture activities as a part of AIDS education in a Ugandan community and “were successful in stimulating dialogue and discussion and reminding people of their own experiences related to HIV/AIDS, which they then felt more able to articulate in public” (p. 290). This public articulation about experiences with and knowledge about HIV/AIDS may be exactly what is needed in order to reduce prejudice and stigma against PLWHA.

Discussion

The proposed development of adult learners in educational settings using AIDS Artwork as a tool for instruction draws its strength from my experiential learning theoretical framework (Jarvis, 1987; Jarvis, 2004; Jarvis, 2006). Figure 1 (Appendix) represents the Critical Senses conceptual map developed for the purpose of this paper. Within the Critical Senses conceptual map, it is my belief that adult learners should first explore alternative viewpoints on HIV/AIDS. These viewpoints may focus on the following: (a) the capacity of HIV/AIDS to cross social and cultural boundaries and affect people from all walks of life, (b) the belief that HIV/AIDS does not necessarily have to mean death or social demise for PLWHA, (c) openness to the truth that HIV/AIDS is not a punishment for non-heteronormative sexual behaviors and practices, and (d) the critique of depictions of HIV/AIDS that serve to keep certain truths and realities about the conditions hidden. The desire to enter such a learning environment may spark from interaction with PLWHA, realization of lack of knowledge about the diseases, witnessing prejudice in the community, or some other significant event.

After adult learners have had the experience of re-evaluating their beliefs and understandings of HIV/AIDS, they may apply their new knowledge to deconstruct the stigma

surrounding the conditions by *creating* and *explaining* personal works of AIDS Artwork. Stigma and prejudice may indicate “miseducative experiences” (Jarvis, 1987, p. 16), which Jarvis argues should be seen as valid experience that feeds into the overall learning process. Education is vital to fill the gaps between previous and new knowledge, beliefs, and attitudes about HIV/AIDS, and such education should take place “in splendid isolation from the world in which the learner lives” (Jarvis, 1987, p. 11).

Adult learners who understand how their new knowledge and the application of that knowledge may lead to new learning about prejudices related to HIV/AIDS may be ready to consider ways that stigma can be reduced for PLWHA. Holistic embodiment of experiences in the learning process may enable the adult learner to internalize lessons from AIDS Artwork to regulate personal and community prejudice against PLWHA. In subverting systems of power that have sustained HIV/AIDS stigma, these adult learners may be more equipped to make educated choices. For adults completing an AIDS Artwork educational session, this social intelligence should be considered a primary goal of instruction: that learners integrate material into their belief system and enact critical principles on a daily basis.

Implications

Though it is likely that AIDS Artwork may be most easily implemented in formal learning environments, the use of art activities to educate about HIV/AIDS need not be limited to settings specifically designed to address HIV/AIDS or other health issues. College classes that address issues related to health, diversity, social justice, identity, power, sexuality, and more, may also benefit from the inclusion of some of the methods put forth in Table 2 (Appendix), which represents potential uses for AIDS Artwork, as influenced by each major section of this conceptual paper. The activities in Table 2 might also be used in support groups for PLWHA and their close family members and friends, or as part of a module in HIV/AIDS prevention programs. Finally, these activities could be implemented in the already-existing therapeutic art programs designed for PLWHA (Rao et al.2009; Willemsen & Anscombe, 2001).

The Critical Senses conceptual map (Appendix) offers a helpful framework for future researchers who wish to explore experiential learning methods, or methods that utilize art, in HIV/AIDS education efforts. Researchers may consider developing and implementing instructional programs based on this conceptual map, preceded by assessments to determine participant attitudes and prejudices/stigma about PLWHA and followed with interviews and/or focus groups to determine whether or not those attitudes have changed and prejudices/stigma have been reduced. Similar studies may be completed quantitatively after the conceptual map has been fleshed out more fully through this type of qualitative research.

In creating new HIV/AIDS education activities based on AIDS Artwork, this paper contributes to adult education theory by expanding on applications of Jarvis’ experiential learning process. The continued testing and expansion of Jarvis’ model in an innovative fashion will be crucial to the advancement and validation of the field of adult education. It is possible that AIDS Artwork used purposefully in practice and in research may lead to the development of more holistic and socially just learning theory.

Conclusions

The evolution of HIV/AIDS awareness may be spurred with the design and implementation of purposeful adult educational activities using AIDS Artwork as the basis for learner application of principles. The tools/activities represented in Table 2 are merely a beginning of the possibilities that could stem from the merger of AIDS Artwork, adult education, and HIV/AIDS education. In the 21st century, medicines and treatments are available to

ameliorate many of the medical and physical problems faced by PLWHA; however, presently there is no cure for the diseases. The field of adult education sits at a position of considerable power to help prescribe treatment for some of the other problems faced by PLWHA: social problems. This paper attempts to expand adult education's awareness of prejudice and stigma. The use of AIDS Artwork with adults may prove helpful in taking HIV/AIDS education to the next level, a level that values alternative perspectives on the diseases and regulates the prejudices that have been instilled in many adults since the beginning of the pandemic in the early 1980s.

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Appendix

Table 1
Prejudice-Reduction Approaches and Theories Supported by Experimental Evidence from Field/Laboratory

Intervention approach	Theoretical frameworks
Cooperative learning (<i>learning by exploring the root of prejudice with other learners</i>)	Social Interdependence Theory
Entertainment (<i>learning about prejudice through some form of media</i>)	Extended contact, narrative persuasion, social norm theory, social cognitive theory
Peer influence, discussion/dialogue (<i>learning from what other have to say about prejudice</i>)	Social norm theory, small group influence, social impact theory, contact hypothesis
Contact (<i>learning from contact with prejudice</i>)	Contact and extended contact hypothesis
Value consistency and self-worth (<i>learning by evaluating prejudice in relation to own values</i>)	Cognitive dissonance, self-affirmation and self-perception theory

Note. Adapted from Paluck & Green, 2009, p. 358

Table 2
Potential Uses for AIDS Artwork

Activity	Prejudice Reduction Strategy	Brief Description
AIDS Mini-Quilts	Cooperative learning	<i>Alternative perspective considered: boundary-crossing.</i> Pair up in groups (3-5). Each individual will create one, hand-drawn square of a paper mini-quilt. The group will piece together a quilt and create an explanation of the <i>overall</i> story that it tells about experience with and knowledge of HIV/AIDS.
Embodied Stereotypes	Cooperative learning	<i>Alternative perspective considered: critique common discourse.</i> Pair up in groups (2-4). Brainstorm together about common things heard about HIV/AIDS. The group will create <i>one depiction</i> of how stereotypes might harm persons with HIV/AIDS.
Show-and-Tell	Peer influence	<i>Alternative perspective considered: boundary-crossing.</i> Each individual will create a sculpture out of basic molding clay that relays some aspect of new learning; explanations will be shared with and <i>critiqued</i> by the class.
Integrating “Positive” Experiences	Contact	<i>Alternative perspective considered: critique common discourse.</i> Learners will hear real stories from persons living with HIV/AIDS, either in person, by video, or in writing, and integrate what they hear from these people to create poems and/or very short stories that reflect a <i>portion</i> of the HIV/AIDS experience previously unfamiliar to them.
Visualizing Values	Value consistency	<i>Alternative perspective considered: not punishment.</i> Each individual will use various craft supplies to create a work of art that demonstrates <i>some aspect</i> of the truth that HIV/AIDS is not a punishment for choices made. A second work should also be created to <i>contrast</i> the first and show a potential reason for why some may

		believe it is a punishment.
Positive Storytelling	Peer influence	<i>Alternative perspective considered: not death sentence.</i> Pair up into teams (2 people). Teams will share with each other what has been learned in the session and then each team member will individually create a drawing that they believe metaphorically represents the learning experience <i>of their teammate</i> . Teams will report back to the class.
Pre- and Post-Learning Comparison	Contact	<i>Alternative perspective considered: critique common discourse.</i> Before the session begins, individuals will be asked to write short paragraphs about what they have heard about HIV/AIDS in the past. After the instructional session has completed and it is time to apply (create art), each individual will then draw a picture that represents how they believe their views have changed, <i>or remained the same</i> , after contact with further information about HIV/AIDS.
Mini-Gallery	Entertainment	<i>Alternative perspective considered: critique common discourse.</i> Each individual will have the opportunity to create a work of art based on his or her learning, using whatever mediums are available from the instructor. After everyone has completed their work, the pieces will be set out and the class will walk around (as if in a gallery). The group will then come back together and discuss which pieces they connected with and why, and what that means <i>in relation to the learning</i> from the session.

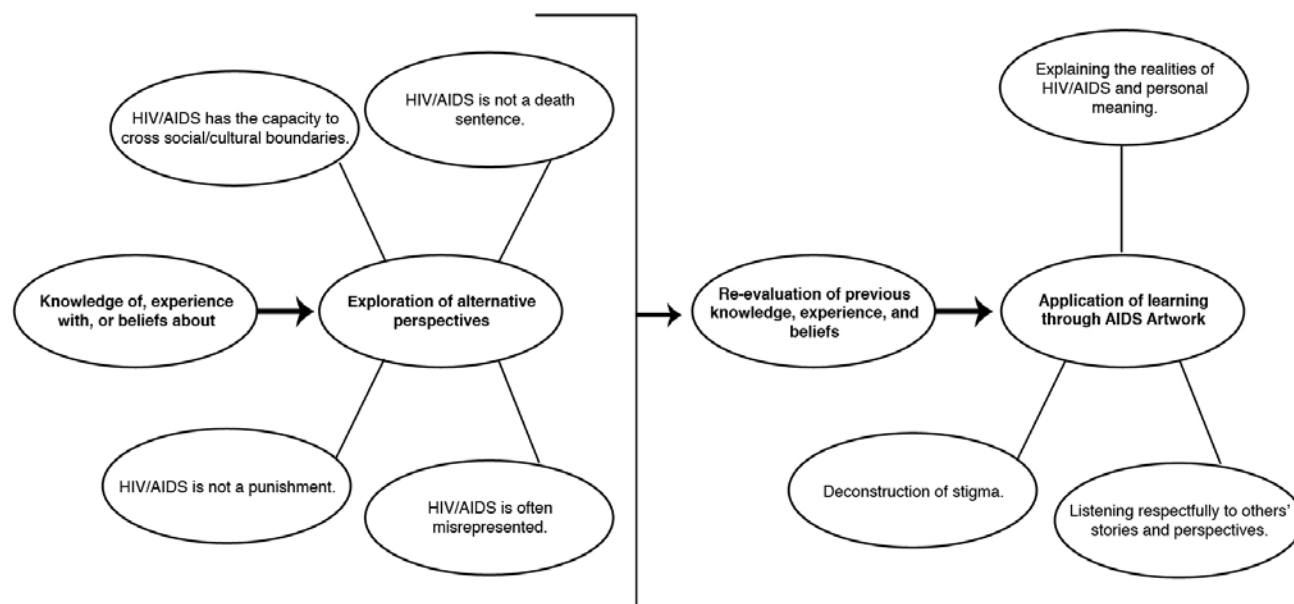


Figure 1. The Critical Senses Conceptual Map for the use of AIDS Artwork in HIV/AIDS Education