Review

Social acceptance of people with chronic diseases

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Abstract: The discussion concerns social acceptance of people with chronic diseases, covering the definition of acceptance, its determinants, stereotypes, and groups of diseases that most often face social reluctance. Social acceptance is a key element of healthy social functioning and implies agreement that people with chronic diseases exist, are respected and treated equally with healthy people. It is a process dependent on education, personal experience, social support and culture. Research indicates that people with mental illness, HIV/AIDS, skin diseases and obesity often experience stigma and discrimination. In particular, people with mental illnesses face negative stereotypes, such as being seen as dangerous and unable to function in society. People living with HIV/AIDS are often victims of social ostracism due to fear of infection and moral judgments. Skin diseases such as psoriasis and obesity also lead to social isolation and discrimination. Another group is people with cancer, who often experience social resentment due to fear, ignorance and stereotypes associated with the disease. Social education and psychological and social support are key to reducing stigma and improving the quality of life for these people. Practical measures to increase social acceptance include: educational programs, media campaigns, psychological support, legislative changes, and local and community initiatives. All of these activities can help reduce stigma and discrimination against people with chronic diseases, promoting greater empathy and understanding in society.

Keywords: acceptance; stereotypes; chronic diseases; resentment

1. Introduction

Social acceptance of people with chronic diseases is a complex and multifaceted issue. Acceptance here means agreeing to exist, respecting and treating people with chronic diseases equally with healthy people. It is a psychological and social process that depends on many factors, including personal experiences, knowledge, culture and prejudices. This article will discuss the basic aspects of acceptance, the factors that determine it, stereotypes and the specific groups of diseases that most often lead to social resentment. The literature review was conducted using a systematic review method, focusing on scientific articles published in the last twenty years.

Acceptance in a social context can be understood as an adaptive process in which an individual or group recognizes and respects the differences of others, in this case people with chronic diseases (Rogers, 1961). It is a key element of healthy social functioning, allowing for inclusion and reducing discrimination. Acceptance encompasses both emotional and cognitive aspects that influence how we view and treat others.

Social acceptance of people with chronic diseases depends on many factors, which can be divided into individual, social and cultural:

*   Education and awareness: Higher levels of knowledge about chronic diseases often correlate with higher levels of acceptance. Education about the causes,

course and consequences of chronic diseases can reduce prejudice and fear (Fisher et al., 2003).

- Personal experience: People who have had direct contact with people with chronic illnesses often have higher levels of empathy and acceptance. Personal experiences can change negative stereotypes and lead to a more realistic perception of chronic illness (Corrigan and Watson, 2002).

- Culture and social values: Cultural differences have a significant impact on social acceptance. In some cultures, chronic diseases may be viewed as taboo, making open discussion and acceptance difficult (Kleinman, 1988).

- Social support: social support networks, such as family, friends and support groups, can significantly affect acceptance. Emotional and instrumental support helps cope with the challenges of chronic illness (Thoits, 2011).

One source of disapproval and resentment may be stereotypes. Stereotypes are simplistic and often incorrect beliefs about a group of people. In the case of people with chronic diseases, stereotypes can include:

- Perception as less capable: People with chronic illnesses are often unfairly perceived as less productive and less able to work or participate in society (Stone and Colella, 1996).

- Appearance bias: Some chronic diseases can affect physical appearance, which can lead to stigma and social isolation (Goffman, 1963).

- Assumptions about dependency: There is a perception that people with chronic illnesses are more dependent on others, which may lead them to be viewed as less self-reliant (Albrecht and Devlieger, 1999).

- Fear of infection: In the case of chronic infectious diseases such as HIV/AIDS, fear of infection can lead to strong stigmatization (Herek, 1999).

Certain groups of chronic diseases are particularly vulnerable to social resentment and stigma:

- Mental illnesses: People with mental illnesses such as schizophrenia and depression often face misunderstanding and fear, leading to their marginalization (Corrigan et al., 2001).

- HIV/AIDS: Despite medical advances, people living with HIV/AIDS still often experience strong stigma due to fears of infection and moral judgments about the modes of transmission of the virus (Herek, 1999).

- Skin diseases: Diseases such as psoriasis and rosacea can affect physical appearance, leading to negative social reactions (Ginsburg and Link, 1989).

- Obesity: Obesity is often seen as the result of a lack of self-discipline, leading to negative judgments and discrimination (Puhl and Heuer, 2009).

2. Review methodology

The literature review was conducted using a systematic review method. Databases such as PubMed, PsycINFO and Google Scholar were searched, focusing on articles published between 2000 and 2023. Key keywords included "social acceptance", "chronic disease", "stigma" and "prejudice". Inclusion criteria included peer-reviewed articles, written in English or Polish, that directly addressed the topic of acceptance of people with chronic diseases. Non-empirical papers and publications

older than 20 years were excluded, unless they were key theoretical papers.

3. Comparison of research results

Social acceptance of people with chronic diseases is a widely studied topic in the scientific literature, and the results of these studies indicate a variety of factors that affect the level of acceptance. This text will present the results of several studies available online that compare the level of social acceptance toward people with various chronic diseases.

One of the most studied aspects is the acceptance of people with mental illnesses. Studies show that people with mental illnesses, such as schizophrenia or depression, are often stigmatized and face social resentment. A study by Corrigan and Watson (2002) found that society often views people with mental illnesses as dangerous and unable to function in daily life, leading to their marginalization. Similar results were presented in a literature review by Angermeyer and Dietrich (2006), who found that negative stereotypes and prejudices against people with mental illness are widespread and affect their quality of life.

For people living with HIV/AIDS, research indicates that there is considerable stigma associated with fears of infection and moral judgments about the modes of transmission of the virus. Herek (1999) points out that despite advances in HIV/AIDS treatment, people with the condition still often experience social ostracism. UNAIDS (2020) research indicates that stigma and discrimination against people living with HIV/AIDS are major barriers to accessing health care and social support, negatively affecting their mental and physical health.

Skin diseases such as psoriasis and rosacea are also a source of negative social reactions. Ginsburg and Link (1989) showed that patients with psoriasis often feel stigmatized because of their visible skin lesions, leading to feelings of isolation and lowered self-esteem. Research by the National Psoriasis Foundation (2020) confirms that people with psoriasis experience discrimination in workplaces and social life, which affects their overall well-being.

Obesity is another example of a chronic disease that faces low social acceptance. Puhl and Heuer (2009) point out that obese people are often seen as lazy, lacking self-discipline and less competent, leading to discrimination in the workplace and other spheres of life. Research by WHO (2017) confirms that obesity-related stigma is a global problem, affecting access to health care, employment and quality of life for obese people.

ovarian cancer, which is one of the most common and life-threatening group of diseases, is also a source of various social reactions, including resentment. Despite the increase in public awareness of cancer, those affected still experience stigma and discrimination. It is worth looking at this phenomenon from the perspective of the results of available research.

Studies show that the stigmatization of people with cancer often stems from fear, ignorance and stereotypes. In particular, a study by Else-Quest et al. (2009) found that people with cancer are often viewed by society as physically and mentally weaker. The results of these studies also indicate that cancer patients may be unfairly judged as having lost their battle with the disease, leading to negative attitudes toward them.

Stigmatization is also associated with a lack of knowledge about the causes and course of the disease. A study by Chambers et al. (2012) found that people who have not had close contact with cancer are more likely to show resentment toward those who are ill. This is due to a lack of understanding and an irrational fear of infection, despite the fact that cancer is not an infectious disease.

It is also worth noting the differences in stigma associated with different types of cancer. Research by Lebel and Devins (2008) indicates that people with visible cancers, such as head and neck cancers, experience greater stigma due to visible changes in appearance. This leads to social isolation and reduced quality of life.

Another important aspect is the stigma associated with guilt. Some cancers, such as lung cancer, are often associated with risky behaviors such as smoking. A study by Wakefield et al. (2016) shows that people with such cancers are often seen as guilty of their disease, leading to greater stigma and lack of empathy from society.

Differences in the level of social acceptance of people with chronic diseases may be due to a number of factors, including society's level of education about the disease, personal experience with the disease, social support and cultural differences. For example, research by Fisher et al. (2003) shows that higher levels of knowledge about chronic diseases correlate with higher levels of acceptance. In contrast, research by Thoits (2011) emphasizes that social support plays a key role in increasing acceptance and reducing stigma. Findings from these studies indicate that despite medical advances and greater availability of information, people with chronic diseases still face various forms of discrimination and stigma. It is crucial to continue to promote public education and support for people with chronic diseases to increase their acceptance and improve their quality of life (**Table 1**).

Table 1. Comparison of study results (Source: Provided in table).

Source	Chronic disease	Survey results
Corrigan and Watson (2002)	Mental illnesses	Stigmatization and marginalization of people with mental illnesses
Angermeyer and Dietrich (2006)	Mental illnesses	Negative stereotypes and prejudices against people with mental illnesses
Herek (1999)	HIV/AIDS	Social ostracism due to fear of infection and moral judgments
Ginsburg and Link (1989)	Psoriasis	Sense of stigma in psoriasis patients leading to isolation
Puhl and Heuer (2009)	Obesity	Discrimination in workplaces and other spheres of life due to obesity
Fisher et al. (2003)	Chronic diseases	Higher level of knowledge correlates with higher level of acceptance
Thoits (2011)	Chronic diseases	Social support plays a key role in reducing stigma
National Psoriasis Foundation (2020)	Psoriasis	Discrimination and social isolation in people with psoriasis
UNAIDS (2020)	HIV/AIDS	Stigma and discrimination hindering access to health care
WHO (2017)	Obesity	Global stigma associated with obesity
Else-Quest et al. (2009)	Cancers	Stigmatization, being seen as physically and mentally weaker
Chambers et al. (2012)	Cancers	Reluctance due to lack of understanding and irrational fear of infection
Lebel and Devins (2008)	Cancers	Greater stigmatization of visible cancers, leading to social isolation
Wakefield et al. (2016)	Cancers	Stigma associated with guilt, especially in the case of lung cancer

4. Conclusion

In conclusion, resentment toward people with cancer is a complex phenomenon,

stemming from fear, ignorance and stereotypes. Public education and greater support for patients are key to reducing stigma and improving the quality of life of cancer patients. It is important to promote empathy and understanding to counter negative social attitudes and promote the inclusion of people with cancer. Social acceptance of people with chronic diseases is a complex phenomenon that depends on many factors, including education, personal experiences, culture and social support. Stereotypes and prejudices continue to be a major obstacle to the full inclusion of people with chronic diseases. In particular, people with mental illness, HIV/AIDS, skin diseases and obesity often face social resentment. It is crucial to promote public education and awareness to reduce prejudice and increase acceptance.

5. Practical implementation

5.1. Introduction of educational activities

One of the key elements in increasing social acceptance of people with chronic diseases is education. Educational campaigns aimed at the public can significantly reduce stigma and prejudice. Examples of such efforts include:

- Training programs in schools and workplaces: Introduce regular training on various chronic diseases, their causes, course and impact on daily life. This will help raise awareness and empathy among students and employees.
- Media campaigns: Using social media, television and other mass media to spread information about chronic diseases. Campaigns can include real stories of people with diseases, dispel myths and provide scientifically validated information.

5.2. Psychological and social support

People with chronic diseases often need psychological and social support to cope with the disease and its consequences. Practical activities include:

- Support groups: Organize support groups for people with chronic diseases to share experiences and receive emotional support from people in similar situations. These groups can be led by psychologists or trained volunteers.
- Individual psychological support: Provide access to psychological therapy for people with chronic diseases to help them cope with anxiety, depression and other emotional problems associated with the disease.

5.3. Legislative and political changes

Making changes in law and social policy can significantly affect the acceptance of people with chronic diseases. Suggestions for action include:

- Anti-discrimination legislation: Introduce and enforce anti-discrimination laws that protect people with chronic diseases from discrimination in workplaces, schools and other spheres of society.
- Financial support programs: Increase access to financial support for people with chronic diseases so that they can cover the costs of treatment and rehabilitation. These programs may include grants, scholarships and other forms of support.

5.4. Local and community initiatives

Involving local communities in efforts to promote the acceptance of people with chronic diseases can yield significant results. Examples of such initiatives include:

- Local workshops and seminars: Hold workshops and seminars on chronic diseases for local community residents. These may include meetings with doctors, psychologists and people with chronic diseases who share their experiences.
- Inclusion initiatives: Create spaces and events that promote the integration of people with chronic diseases with the rest of the community, such as joint artistic, sports or cultural projects.

Implementation of practical measures to increase social acceptance of people with chronic diseases requires a multifaceted approach. Increasing public awareness through education, providing psychological and social support, making appropriate legislative changes and involving local communities are key. These activities can help reduce stigma and improve the quality of life of people with chronic diseases.

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