

Speaker Name	Statement
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Stigma: An intractable problem?



A framework to
address stigma in our clinical work

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What is HIV stigma?



- Negative feelings, beliefs, and behavior directed toward individual/group due to particular label or characteristic
- The person with the attribute is “reduced in our minds from a whole and usual person to a tainted, discounted one.”

Types of Stigma



- **Enacted stigma**

Overt acts of discrimination and hostility directed toward HIV+ individuals

- **Felt Stigma**

The HIV-positive person's subjective awareness of stigma and the degree to which they perceive that stigma to be normative

- **Internalized Stigma**

The extent with which an HIV-positive individual accepts the stigma as valid, thus resulting in self-stigma.

- **Courtesy Stigma**

People associated with the HIV+ person also get viewed in a negative way

Stigma and Disease



Common characteristics of stigmatized diseases:

1. The person with the disease is seen as responsible for the illness
2. The disease is chronic, perhaps progressive and incurable
3. The disease is not well understood among the public

HIV Stigma as a layered experience



- HIV may also be associated with stigmatized groups e.g. gay men, Black Africans, IVDU's, MSM, sex workers
- HIV becomes associated with other undesirable traits or groups of people
- The interaction of the effects of belonging to more than one group may intensify the experience
- Stigma becomes experienced at many levels and it becomes difficult to untangle the different effects

How does HIV stigma affect people with HIV?



- Poorer adherence to ART
- Poorer mental health – depression & anxiety
- Less likely to disclose status to seek support
- Less likely to disclose to sexual partners
- Social isolation
- Fear of being found out and do not expect to be treated compassionately
- Shame
- Feelings of guilt, unworthiness, worthlessness
- Tend to be unable to have a personal explanation of how HIV stigma affects them personally
- Tolerate poor interpersonal relationships

How does HIV stigma affects clinicians?



- Everyone knows what stigma is and its effects but don't know how to address it other than advice giving
- We may underestimate the effects of stigma and the long term impact on sense of self-worth, self-esteem, quality of life
- We misattribute effects of stigma e.g. poor adherence, alcohol/drug problems to other factors (e.g. patient reported side effects, disorganized lifestyle, cultural factors)
- We can feel powerless to help

A practical anti-stigma framework for clinicians: talking to clients

- Clinicians can address stigma in practical ways in their clinical work by helping clients to think about?
- **What is stigma?**
 - It is impossible to NOT feel stigmatized by HIV
 - What are the different kinds of stigma?
Enacted, felt, internalized, courtesy
- **What groups have been stigmatized?**
 - Religious groups, ethnic groups, the disabled, women, gays, prisoners etc
 - The experience of stigma is common

A practical anti-stigma framework for clinicians: talking to clients



- **What is the function of stigma?**
- Locates badness in others and makes the “in” group feel better about themselves
- **Where does stigma emerge in your life?**
 - Shame? Not wanting to deal with HIV? Meds?
What is your internal self-talk?
- **What would your life be like in a year from now if you addressed your personal stigma?**
 - What would you be doing differently?

Conclusion



- We have adopted the approach with young people and adults
- It helps to give patients a framework to consider what is stigma, how does it affect their lives in practical ways
- It reassures clients that clinicians really understand the complexity of responses to HIV
- Also reassures them that WE have practical ways to help them address the impact of stigma

A letter to future self



13 March 2013

Dear F.,

After realising that I wasn't such a bad man, through understanding other good things about me, I am doing things that I thought I can never do before. Now I can go out for a drink with friends.

F