Coping with Stigma & Other Stressors

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Disclosure

- No Conflict of Interest to Report

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Learning Objectives

- Discuss Stigma and related stressors
- Describe the biobehavioral conceptualization of stress and coping in HIV
- Explain the coping process in the context of stigma
- Define Healthy Coping Strategies
What is Stigma?

- Stigma is characterized by associations with physical imperfection and membership in a negatively regarded social group.
  - Enacted stigma refers to acts of discrimination such as social rejection
  - Perceived stigma refers to the extent that one is aware of negative societal attitudes
How Does Stigma Show Up?

- Physical
- Social
- Behavioral
- Psychological
- Cognitive
Physical

- Fast heartbeat
- Stomach problems and indigestion
- Headaches
- Backaches
- Muscle pain and tension
Social

- Pulling away from others/social withdrawal
- Easily Irritable with others
- Social Isolation
Behavioral

- Problems sleeping
- Using alcohol or drugs
- Overeating and comfort foods
Psychological

- Get angry easily
- Feel fearful
- Feel blue and depressed
- Feel irritated or hostile
- Feel bad about yourself
Cognitive

- Feel worn out/unmotivated
- Feel overwhelmed
- Negative Thought Spirals
What can we do?

- Understand
- Identify
- Adjust
Biobehavioral Model

External Demands and Pressures
- Physical
- Psychosocial
  - Job
  - Family
  - Personal
  - Social
  - Environmental
  - Financial

Internal Demands and Pressures
- Physiological Needs
- Symptoms of Strain
- Psychological Conflict

Stress Control Methods
- Rest and Relaxation
- Exercise
- Meditation
- Yoga
- Prayer
- Psychotherapy
- Medication
- Self Prescription

Activation of Stress Response
- Cortisol Adrenaline

Systems Affected by Stress
- Muscular
- Cardiovascular
- Gastrointestinal/GenitoUrinary
- Endocrine
- Immune
- Cognitive
- Emotional
When someone experiences a stressful event, the amygdala, an area of the brain that contributes to emotional processing, sends a distress signal to the hypothalamus. This area of the brain functions like a command center, communicating with the rest of the body through the nervous system so that the person has the energy to fight or flee.
Pieces of the Puzzle

Central Nervous System

Perception

Sympathetic Nervous Activity/Adrenocortical Activity

Coagulation/Inflammation

Lymphocytes/Cytokines

Infectious Disease Processes

Distress
Depression
Hostility
Aggression
Anxiety

Poor Lifestyle Choices: Diet, Alcohol, Drugs, Risky Behavior
Biological Resilience

- Determined (in any given moment) by the interaction of our genetic endowment and our environment
Cognitive/Psychological Processes

- Thoughts
- Feelings
Coping!
Biobehavioral Model
Coping!
Cognitive Appraisal

- **Primary Appraisal**: Perceiving the Threat

- **Secondary Appraisal**: Process of Bringing to Mind a Response to the Threat
I just coped with it!
Coping

- An individual's efforts to manage demands that are believed to exceed available resources - (Lazarus & Folkman, 1984)

- By changing the way he/she thinks about the situation (cognitive appraisal)

  or

- By altering their behaviors in the situation
Coping Processes

- Can Be:
  - Emotional
  - Behavioral
  - Social
  - Cognitive

- Create A:
  - Physiological Response
Problem-Focused Coping

- Changing a problem, or aspect of a problem causing distress.

- Problem-focused coping may involve:
  - decision making
  - conflict resolution
  - information or advice seeking
  - goal setting
  - problem solving
Emotion-Focus Coping

- regulating the emotional response connected to a stressful situation.

Emotion-focused coping strategies could involve:
- cognitive reappraisal and reframing
- emotional expression
- behavioral changes (i.e., engaging in pleasant activities)
- physical stress reduction (i.e., exercising, relaxation, deep breathing)
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Goal Setting  
Decision Making  
Conflict Resolution  
Requesting help | Reappraisal of situation  
Reframing thoughts  
Exercise, Massage  
Relaxation exercises, meditation  
Accept Negative Emotions:  
  - self-soothing (softening)  
  - talk with friends |

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  • talk with friends |
| Passive:    | Cognitive and Behavioral Avoidance:  
  • denial  
  • not thinking about it  
  • procrastinating | • Smoking, eating, drinking alcohol, doing drugs  
• Not taking medication  
• Missing doctor’s appointment  
• Stuffing feelings, giving up |
Focus: Quality of Life (QOL)

- QOL In Question:
  - Medical Complications
  - Co-morbidities
  - Substance Use
  - Poorer Mental Health
  - Social Isolation
Lack of Social Support

- High levels of:
  - Loneliness
  - Depression
  - Insufficient instrumental and emotional support
Depression

- Estimated Prevalence - 50%

- Depression linked to: poor HAART adherence
The Aging Process

- Associated with:
  - Increased Social Isolation
  - Greater Depressive Symptoms
  - Transition from informal to formal care settings
Active Coping

- Social Support an essential coping skill
Thank You!

QUESTIONS?