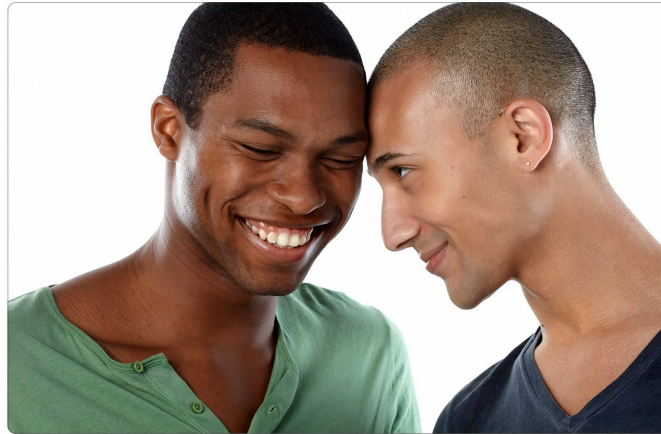


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Identity, Culture & Wellbeing among MSM:

A Model for Enhancing Clinical Practice



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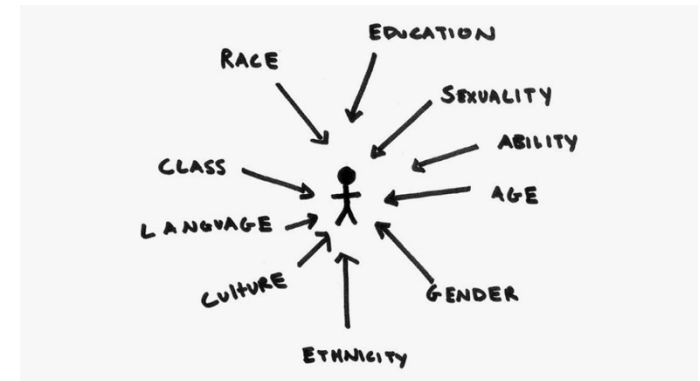


- NAZ Project London



What is 'identity'?

The individual's psychological image of himself
Informed by the external social world
Consists of multiple elements



Jaspal, R. & Breakwell, G.M. (2014). Identity Process Theory: Identity, Social Action and Social Change. Cambridge: Cambridge University Press.

What is 'culture'?

An interaction process with two main component processes: the creation of shared activities (cultural practices) and the creation of shared meaning (cultural interpretation) (Greenfield, 1997)

A relatively organised system of shared meanings (Smith & Bond, 1998)



What is 'wellbeing'?

Psychological equilibrium between the challenges one faces
and the resources for coping (Dodge et al., 2012)

The absence of resources undermines wellbeing



Case Study 1: Ahmed

- Ahmed, a 25 yo HIV- British Pakistani Muslim gay man
- Lives in a close-knit community in North of England
- Exposed to homonegativity across life course
- Experiences guilt, shame and anxiety vis-à-vis sexual orientation
- Perceptions of identity inauthenticity in relation to religion
- Disengaged from the gay scene due to perceived racism
- Using gay social networking applications and gay saunas
- Increase in sexual risk-taking – at risk of HIV



Case Study 2: Juan

- Juan, a 33 yo gay man living with HIV
- Faced significant childhood adversity – sexual abuse
- Socialised within a deeply religious family
- Diagnosed with HIV in Spain but experienced adjustment difficulties
- Starts ART but has a bad experience
- Faces rejection from sexual partners
- Himself stigmatises others living with HIV
- Experiences stigma, loneliness and depression
- Disengages from HIV care
- Seeks intimacy on the 'chemsex' scene

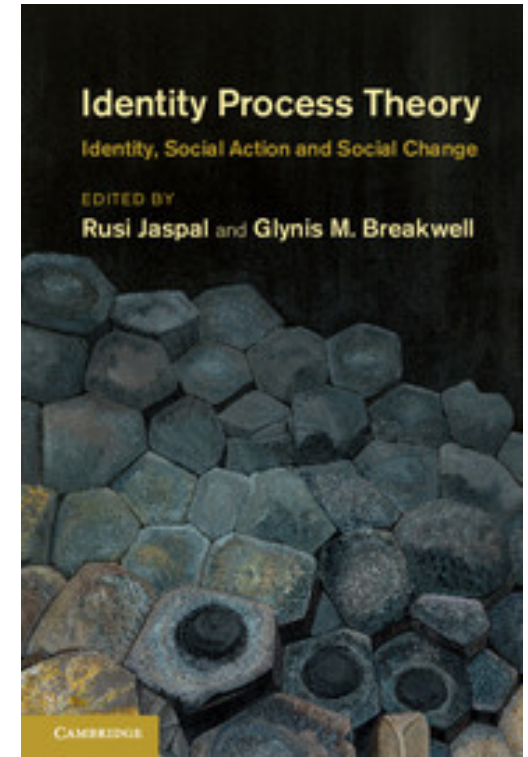


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Identity Process Theory*

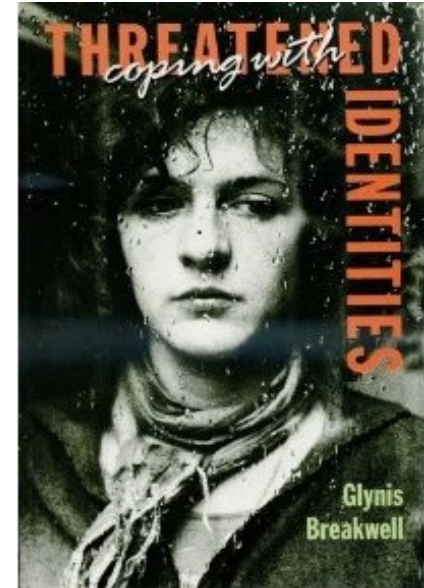
- Model of identity construction, threat and coping
- The identity processes
 - *assimilation-accommodation and evaluation*
- The identity principles
 - Self-esteem
 - Self-efficacy
 - Continuity
 - Distinctiveness
 - Belonging
 - Coherence



Jaspal, R. & Breakwell, G.M. (2014). Identity Process Theory: Identity, Social Action and Social Change. Cambridge: Cambridge University Press.

Coping with threat

- If salient principles are jeopardised, identity is threatened
- We attempt to cope
- Intrapsychic
 - e.g. denial, re-conceptualisation, anticipatory re-structuring
- Interpersonal
 - e.g. self-isolation, passing, self-disclosure
- Intergroup
 - e.g. group departure, deriving social support



Threats to identity

- Childhood sexual abuse
 - 4x greater prevalence in MSM than heterosexual men (Friedman et al., 2011)
 - One study, MSM with CSA more likely to be HIV+ (Lloyd & Operario, 2012)
 - Morbidity and mortality in adulthood (Brown et al., 2009)
 - Increased HIV risk (Boroughs et al., 2015)
 - Increased risk of disengagement from care (Meade et al., 2009)
- Homophobia across the life course
 - Minority stress (Jaspal & Dhairyan, 2018)
 - High prevalence of anxiety and depression (Walsk et al., 2016)
 - Difficulties in relationship formation (Jaspal, 2017)
 - 'Passing' & authenticity (Johnson, 2015)

Threats to identity

- *Internalised* homophobia
 - Poor self-esteem & negative emotions (Pucket et al., 2016)
 - Escapism behaviours
 - Self-distancing from LGBT information networks (Jaspal, 2018)
- HIV stigma (Earnshaw & Chaudoir, 2009)
 - Poor self-esteem & negative emotions
 - Self-disclosure & social support
 - Internalisation of stigma
 - Disengagement from care
 - Decreased testing behaviours

Spotlight on CSA (1)

MENTAL HEALTH, RELIGION & CULTURE, 2017
VOL. 20, NO. 8, 841–853
<https://doi.org/10.1080/13674676.2017.1414170>

 **Routledge**
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 Check for updates

Sexual abuse and HIV-risk behaviour among black and minority ethnic men who have sex with men in the UK

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Spotlight on CSA (2)

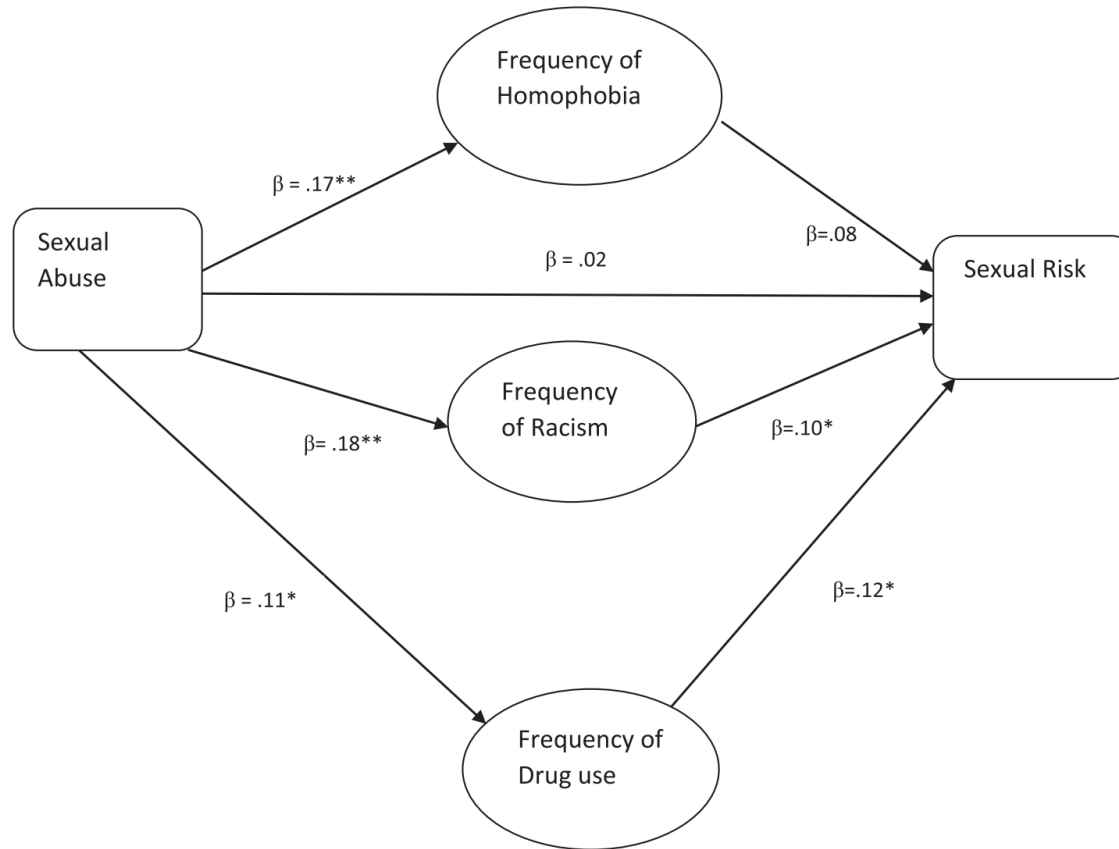


Figure 1. Pathway analysis with sexual abuse and frequency of homophobia, racism and drug use impacting sexual risk. $*p < .05$; $**p < .005$.

Possible coping behaviours

- Sexual compulsivity
 - Higher prevalence among MSM than heterosexual men
 - Higher prevalence in HIV+ MSM than HIV- MSM (Coleman et al., 2010)
 - Emotion dysregulation & internalised homophobia are predictors (Pachankis et al., 2015)
- Chemsex
 - 21.8% prevalence of chemsex in last 3 months (Sewell et al., 2017)
 - Associated with diagnosed depression/ anxiety – escapism (Bourne et al., 2015)
 - Associated with a myriad of other risk behaviours (Lee et al., 2015)

KEY AREAS FOR CLINICAL PRACTICE

Knowledge of HIV

Awareness-raising campaigns are particularly needed in some communities*

- A two-way ANOVA indicated a significant main effect of ethnicity ($F(2, 498)=11.61, p<0.001$) on level of HIV knowledge but not education ($p=.09$). There was no significant interaction effect between level of education and the ethnicity of the individual, on level of HIV knowledge, ($p>0.05$).
- Across all 3 education levels, South Asians ($M=3.18, SD=1.9$) possessed less HIV knowledge than Black ($M=4.47, SD=2.25$) and Latin respondents ($M=4.89, SD=2.06$).



*Jaspal, R., Jamal, Z., Yap, C., Paccoud, I. & Sekhon, P. (in press) HIV knowledge, sexual health and behaviour among black and minority ethnic men who have sex with men in the UK. *Sexual Health*.

Threatened identity & risk-taking*

- Racism and self-esteem
 - As an Asian on a White gay scene, I did face quite a bit of rejection from White guys, sometimes blatant racism. You know, the whole ‘you’re a Muslim, so you must support terrorism’. It makes you feel pretty down about your culture... It made me feel a bit vulnerable and I didn’t really have confidence with anything (MSM, 19)
- Anti-gay prejudice and self-esteem
 - My priority was more like having sex without being found out and I didn’t think, I didn’t care about condoms. I was more focusing on ‘this is against my religion. My parents will kill me’ Each time I thought I just felt like a really bad person (MSM, 28)
- Internalised homophobia & coherence
 - As a Muslim, I’m basically there thinking to myself “am I an abomination?” I was basically just struggling with who I was. I was bullied about it but I tried to hide it. You reach a point where you are so mixed up that you don’t respect yourself any more. I just didn’t respect myself enough to look after myself and look where it got me (MSM, 30)

*Jaspal, R. (2017). Coping with ethnic prejudice on the gay scene: British South Asian gay men. *Journal of LGBT Youth*, 14(2), 172-190

Communicating HIV prevention*

- Polarised reporting of PrEP in the print media**
- 'Wonder drug' vs 'party drug'
- Interviews with gay and bisexual men in Leicester & London*
- Poor knowledge
- Social stigma around 'risk'
- Stigmatisation of other users



*Jaspal, R. & Daramilas, C. (2016). Perceptions of pre-exposure prophylaxis (PrEP) among HIV-negative and HIV-positive men who have sex with men. Cogent Medicine. 3: 1256850.

**Jaspal, R. & Nerlich, B. (2017) Polarised Reporting about HIV Prevention: Social Representations of Pre-Exposure Prophylaxis (PrEP) in the UK Press. Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine, 21(5), 478-497.

Understanding identity change*

- Diagnosis entails the **assimilation** and **accommodation** of a **new identity element**, namely being HIV-positive
- When I heard the news, I just froze basically and it was like the nurse was talking about someone else. I was just thinking ‘it can’t be me. How could it be?’.. I avoided any appointments and just didn’t want to hear the letters “H-I-V” (MSM, 25)
- It took a lot of alcohol, a lot of drugs and a lot of ups and downs to get to that point in my life where I can say I’m positive and it’s who I am now (MSM, 28)



*Jaspal, R. & Williamson, I. (2017). Identity management strategies among HIV-positive Colombian gay men in London. *Culture, Health and Sexuality: An International Journal for Research, Intervention and Care*, 19(2), 1374-88.



Understanding identity change*

- Diagnosis entails the **assimilation** and **accommodation** of a **new identity element**, namely being HIV-positive
- Since my diagnosis, I've started up a group and I'm quite active on Twitter and I feel that I'm making a difference, and I feel like I'm contributing something back, turning my life around, you know (MSM, 31)
- He told me and I just started reading. I started like finding out about what it's like and that and then it wasn't a massive shock when the clinic told me (MSM, 23)



*Jaspal, R. (2018). Enhancing Sexual Health, Self-Identity & Wellbeing among Men Who Have Sex With Men: A Guide for Practitioners. London: Jessica Kingsley Publishers.

Identity change & proactive behaviour change

- Channelling patients towards proactive coping strategies
- The idea of going to the doctor and actually admitting it to him and then to me that I've got HIV was a nightmare. That's what I needed the support with, accepting it as the new me (27)
- I started and managed to forget about it for a while and then started [ART] and each time I took that pill it hit me and I felt awful. Like a bad person (MSM, 30)
- Now I'm an advocate for this and I tell new people that it'll be fine, that they're going to live and I feel like it's good to help others. It helps me too (MSM, 35)
- I don't know where I'd be without their support and just telling me 'it'll be OK' (MSM, 21)



*Jaspal, R. (2018). Enhancing Sexual Health, Self-Identity & Wellbeing among Men Who Have Sex With Men: A Guide for Practitioners. London: Jessica Kingsley Publishers.

A Model for Clinical Practice

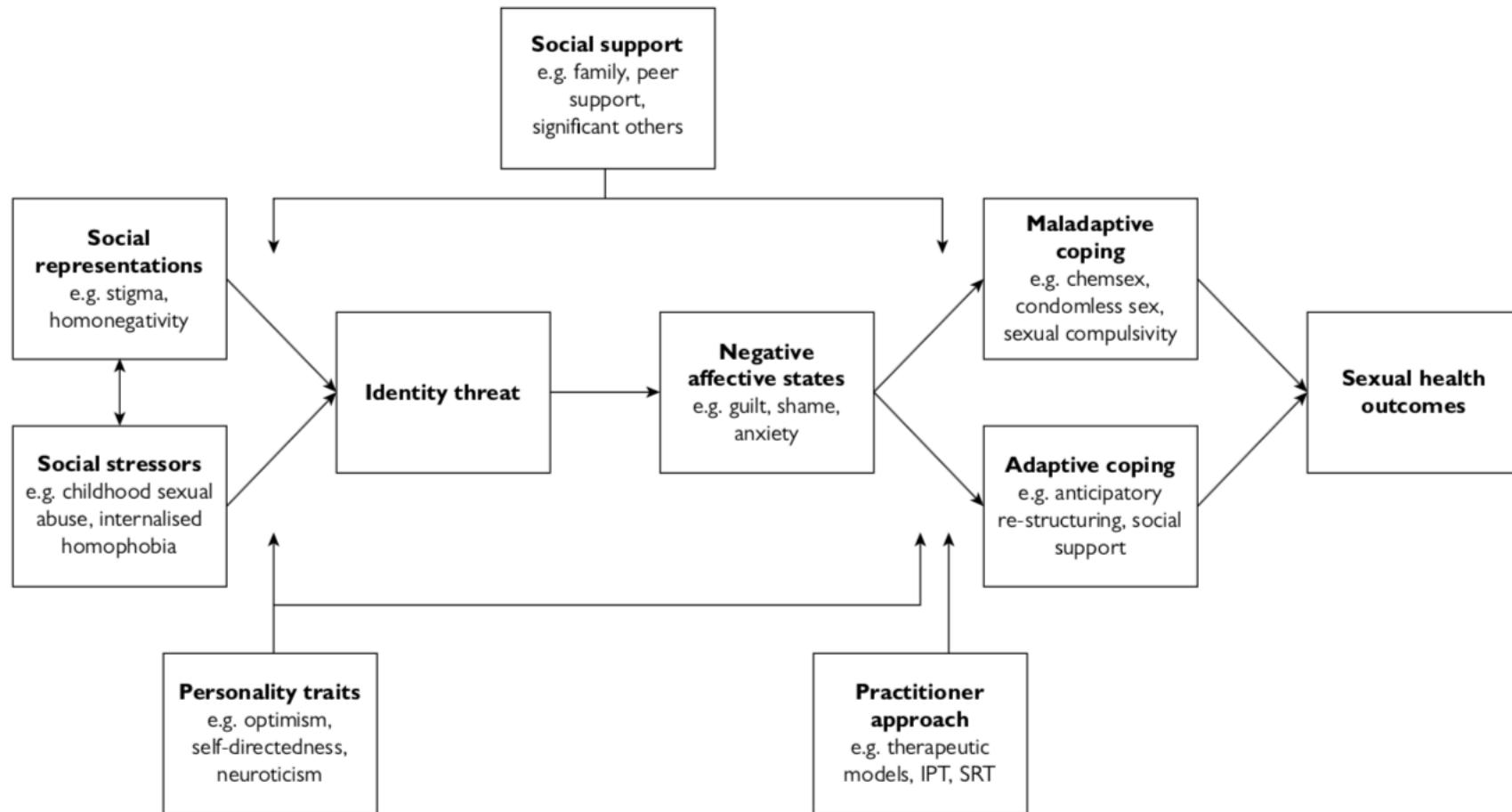


Figure 5: A framework for understanding self-identity, wellbeing and sexual health among MSM

Recommendations

- Challenging inaccurate representations of HIV and prevention
- Identifying potential risk factors for adversity & risk-taking
- Awareness of the complexity of the patient's identity
- Understanding potential threats posed by our solutions
- Understanding & predicting coping responses in patients
- Challenging maladaptive strategies & making available proactive strategies