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Stigma and self-esteem: A case of HIV-positive sex-workers

G. Kalemi,¹ S. Gkioka,¹ P. Tsapatsari,¹ G. Tzeferakos,¹ T. Kandri,²
M.L. Psarra,¹ F. Konstantopoulou,¹ A. Douzenis¹

¹2nd Psychiatry Department, Medical School, National and Kapodistrian University of Athens, Attikon University Hospital,
²Psychiatric Department, University General Hospital of Larissa, Greece

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Stigma associated with sex work and HIV can be easily recognized in public reactions towards the members of discriminated groups. Nevertheless, there are only a few studies examining the impact of discrimination to the self-esteem of individuals who suffer the coexistence of multiple stigmatizing conditions. In our case, the unprecedented stigmatization of sex workers through the media as a menace of public health as well as criminals due to their seropositivity should be examined with respect and scientificity. The sample consisted of the 27 women found to be HIV positive. The small number of subject and the uniqueness of the situation made necessary the use of qualitative research method. Data were collected through a semi-structured interview during which personal and medical history was taken and Rosenberg self-esteem scale was completed. Information for each domain of interest was systematically collected from multiple interview guide items. Interpretive Phenomenological Analysis was used to analyze data derived from qualitative interview (IPA). Four main categories emerged from the horizontal analysis of the interviews referring to the mechanism used by those women in order to cope with stigma and protect their self-esteem, a description of their felt stigma and feelings about seropositivity, as well as the existence of self-destructive behaviors. The existence of a normal self-esteem on the majority of those women is well explained by the use of certain coping strategies in order to confront the enacted stigma, such as the avoidance of self-blame for their condition (HIV-positive), the disregard of public's discriminating comments and behaviors, the acknowledge of their competence in specific issues they have to deal with in their everyday life, in common with the existence of a strongly supportive network. Despite those women's felt stigma, structured by community's discriminating approach of their families and their feelings of helplessness and incompetence to protect their beloved, their self-esteem is not harmed and the frequency of self-destructive behaviors remained stable, possibly as a result of those coping mechanisms developed early in their lives. The circle of stigmatization that emerged through the stories of those women is not an isolated social phenomenon related only to prostitution and drug use. This is the reason why educational programs, access to HIV care services and efforts towards de-stigmatization would benefit the society in multiple levels, and would ultimately strengthen the effort of combating the global AIDS epidemic.

Key words: Stigma, self-esteem, sex workers, HIV positive, media, Interpretive Phenomenological Analysis, Greece.

Introduction

Stigma is etymologically rooted in ancient Greece. It refers to scars, usually burns, deliberately caused on someone's body (e.g. a slave, traitor, criminal) in order to indicate his inferiority and be avoided by others. Goffman's¹ seminal text defines a stigma as an attribute that is deeply discrediting, which reduces the stigmatized person from a "whole and usual person to a tainted, discounted one".

Scambler and Hopkins^{2,3} have differentiated stigma into enacted and felt stigma. The former refers to episodes of discrimination against people with the stigmatized condition on the grounds of their social and cultural unacceptability whereas the latter involves two components: the shame associated with membership of the stigmatized group, and the fear of encountering enacted stigma.²

Self-esteem is widely recognized as a central aspect of psychological functioning^{4,5} and is strongly related to other variables, including general satisfaction with one's life.⁶ Merton proposed that self-fulfilling prophecies occur when a perceiver acts on his or her false beliefs about a target in such a way that those beliefs come to be confirmed by the behavior of the target.⁷

The theory of "efficacy-based self-esteem", contrasted to the theoretical concepts presented above, refers to the stigmatized individuals with low self-esteem not as passive victims of others' attitudes, but as individuals with limited control to their environment, as a result of discrimination and stigmatization. According to the theory, members of stigmatized groups have limited possibilities to form an efficacy-based self-esteem, as their access to the necessary resources for producing intended effects towards their environment is limited. Those individuals view themselves as incompetent to control their environment and interact successfully with it, thus, their self-esteem gets lower.⁸

Despite the belief that the power of stigma affects the self-concept, there is surprisingly little evidence that supports the idea that stigmatized individuals have low self-esteem. Many studies within a wide range of low status or stigmatized groups show that people have levels equal to, or higher than, non-stigmatized groups (for reviews see Hogg & Abrams,⁹

Crocker & Majo,¹⁰ Wright¹¹). A number of reasons have been advanced for these findings, such as the existence of strategies that protect self-esteem, including the use of selective social comparisons, the attributions of prejudice to the higher status group,¹² and the selection of different values on which to base evaluations.¹⁰

Sex workers and HIV-positive individuals are high risk groups for stigmatization.¹³

In this study, we attempt to identify specific ways in which stigma may affect female HIV positive street workers stigmatized by the media in Greece of 2012, and how the stigmatization was related to their self-esteem. In other words, this study sought to address the primary question: How these women "experienced" the stigmatization and in what way this experience affected their self-esteem. We hypothesized that the shame caused by the exposure of their personal information in Social Media might negatively affect their self-esteem.

Material and Methods

The case

In Greece of 2012 the national media showed the faces of 27 female street sex workers that were found to be HIV-positive. In the framework of an intervention for epidemic surveillance in a prostitution house in Athens, the Hellenic Center of Disease Control and Prevention (HCDCP) has detected HIV-positive sex workers. Thus, the HCDCP announced the results of their investigation in order to inform and to protect people. Prior to the political elections, state, physicians and police officers "collected" prostitutes and forced them to take an HIV test. Having arrested 27 HIV-positive women (28/4/2012), the attorney of the Athens First Instance Court ordered the disclosure of the prosecution as well as of their identities and photos.

They were arrested in the center of Athens for "endangering the public health" and accused of practicing unsafe sex and drug trafficking. The district attorney prosecuted them under the charge of attempting both serious and intended physical injury. The women were arrested and imprisoned pending trial in the "Koridallos" Female Prison where the standardized assessing procedure was followed by

the Forensic Psychiatry Unit in the context of the memorandum of agreement (MOA) signed between the Unit and the Ministry of Justice. Specifically, members of the Forensic Unit, assessed the women prisoners' psychological state, addressed their mental health needs and developed a rehabilitation plan.

Participants and data collection

The sample consisted of 27 imprisoned women that were found to be HIV positive. The mean age of the women was 30.7 and ranged in age from 18–48 (table 1). The interviews were conducted in Greek since all these women speak this language fluently and have been living in Greece for a long time. The qualitative and demographic data collection was completed within a month. Interviewers received training in the particular type of semi-structured interview to minimize divergence between them and to ensure the quality of the questionnaire.

Firstly, we conducted a screening interview looking for demographic and other information such as: age, education, marital status, employment status, residence, ethnicity, number of children, history of substance use, substance type, age of onset of substance, use criminal history. Then we conducted semi-structured interviews that were developed by the multidisciplinary team of the Forensic Unit aiming specifically to outline the HIV-positive sex workers' experience after their personal information exposure in national media, and to investigate how this experience along with their lifestyle and the new issues uplifted (imprisonment, HIV), affected their feelings and thoughts about themselves and their life in general.

Additionally, for the purposes of measurement in this project, Rosenberg test was used.

Data analysis

A first, descriptive statistics were calculated for demographic, medical and behavioral data of our study sample. Interpretative Phenomenological Analysis (IPA) was used to analyse data derived from qualitative semi structured interviews. IPA is an inductive form of analysis that takes into consideration the subjective accounts of individuals' experiences and understanding rather than trying to objectively determine the facts. The thematic content analy-

Table 1. Demographic and behavioral characteristics of qualitative participants

	Participants completing qualitative interview (n=27) n/N (%)
<i>Demographic:</i>	
Median age (range in years)	30.07 (18–48)
<i>Marital status:</i>	
Married	6/27 (22%)
Single	13/27 (48%)
Separated or divorced	8/27 (30%)
<i>Motherhood:</i>	
At least one kid	15/27 (56%)
No kids	12/27 (44%)
<i>Ethnicity:</i>	
Greek	18/27 (67%)
Foreign	9/27 (33%)
<i>Residence:</i>	
Permanent residence	24/27 (89%)
Homeless	3/27 (11%)
<i>Education:</i>	
0–6 years	9/27 (33%)
6–9 years	9/27 (33%)
9–12 years	9/27 (33%)
<i>Profession:</i>	
Unemployed	14/27 (52%)
Stable employment	7/27 (26%)
Part-time employment	6/27 (22%)
<i>Behavioral:</i>	
<i>Psychiatric history:</i>	
Yes	14/27 (52%)
No	13/27 (48%)
<i>Other physical disease:</i>	
Tuberculosis	1/27 (4%)
Asthma	3/27 (11%)
Hepatitis	13/27 (48%)
None	10/27 (37%)
<i>Substance Use:</i>	
Yes	26/27 (96%)
No	1/27 (4%)
<i>Type of drugs:</i>	
All kind of drugs	6/26 (23%)
Her	1/26 (4%)
Coc	1/26 (4%)
Her/Coc	12/26 (46%)
Her/Coc/Benzos	5/26 (19%)
Her/Coc/Benzos/Meth	1/26 (4%)
Median age of onset (range in years):	16.4 (11–30)
<i>Awareness of seropositivity:</i>	
Yes	8/27 (30%)
No	19/27 (70%)
<i>Criminal history:</i>	
Yes	18/27 (67%)
No	9/27 (33%)
<i>Supportive network before imprisonment:</i>	
Yes	18/27 (67%)
No	9/27 (33%)
<i>Supportive network during imprisonment:</i>	
Yes	18/27 (67%)
No	9/27 (33%)

sis methodology was employed for the interviews analysis. Initially, all interviews were independently coded by two researchers (vertical analysis) and then were systematically processed using constant comparison (horizontal analysis). Transcripts were continually re-read and re-analysed in order to identify new themes, validate the relevance of the original themes, and refine the thematic categories. To analyze and interpret the interview data we utilized theories of self-esteem and stigma, and international literature that highlighted the strong association between stigma, prostitution and seropositivity.

Additionally, for the purposes of measurement in this project, Rosenberg test was used. The Rosenberg self-esteem scale, developed by Dr. Morris Rosenberg, is a ten-item Likert scale with items answered on a four-point scale from strongly agree to strongly disagree.

Ethics

All women gave initially verbal consent. The individuals were informed through written material about the research and they all provided written informed consent regarding their participation. The study protocol was submitted to the Ministry of Justice and approval was obtained. The same protocol was also submitted and approved by the ethics committee of the Attikon University Hospital. Following the protocol all appropriate actions were made in order to comply with the principles suggested for ethically conducted research by the British Psychological Society (BPS).

Results

Demographic characteristics and behavioral information are presented in table 1. In Rosenberg self-esteem scale 22% (6/27) of the women presented low self-esteem, 74% (20/27) of them presented normal self-esteem and a 3,7% (1/27) presented high self-esteem.

Using the technique of thematic content analysis and through the final horizontal analysis, these three main categories emerged: (a) Mechanisms protecting self-esteem (coping with stigma), (b) Felt stigma, (c) Feelings about seropositivity, accompanied by specific subcategories that allowed us to explore the feelings, thoughts and reactions of those women af-

ter their imprisonment, the confirmation about being HIV-positive, and the consequences of their exposure in social media.

A. Mechanisms protecting self-esteem (coping with stigma)

A.1. Disregard & Values' selectivity

The participants were asked to express and explore emotions and reactions triggered by the exposure of their personal information in the national media. The majority of the participants (except two) expressed a flat emotion, disregarding this stigmatizing fact. Some of them not only seemed indifferent about the exposure, but they devalued this experience in comparison to their daily life and the situations they had to cope with, belonging to a specific stigmatized group and recognizing themselves as skillful individuals.

"Sweetie... I have been through worse! In the night and the bargain with drugs there is no shame."

Another woman had a different emotional response to the exposure in social media, describing a passive-aggressive reaction accompanied by resignation:

"They got me mad. They always want to do their job (she means the politicians), like the clients. However, I do not have the strength to do something."

A.2. Support network & Information management

During the interview, the women were asked if they had already a support network consisted of family and friends, and the impact that the imprisonment had on it. It is noteworthy that most of those women made it clear that they do not want to involve their families into the negative aspects of their lives, such as the nature of their job and their drug addiction. Furthermore, they stated that they consider either people coming from the same workplace or friends who share the same drug habits as part of their supportive network. Something worth mentioning is the fact that the percentage of the sample that had supportive network before imprisonment remained stable after imprisonment (67%) with some of the women reporting that the financial or emotional support was even stronger than it was before.

"I do not care about me. But I don't want my family to be involved. They are in Bulgaria. My friends are here, in Greece. They support me and they are mad with the system."

As for those women who reported absence of support system before imprisonment, they were now enjoying a mutual understanding and peer support from other sexworkers-fellow prisoners.

A.3. Responsibility for the stigmatizing condition

All of the women underline the multiple difficulties they have to deal with in a daily basis, adding up to them the imprisonment and HIV. They support that they are responsible for neither of these two stigmatizing factors (prison, HIV), as they had no intention to get the virus, they were ignorant about being positive and never intended to transmit the disease. They recognize themselves as victims and avoid to moral blemish themselves.

"I do drugs, I sell my body for the dose, I go to prison, now AIDS? They accuse me for something I did not do. I am HIV-positive, I may die."

B. Felt stigma

B.1. Anticipated stigma

Despite the fact that the majority of those women had decided not to share with their families information about their lives, their arrest inevitably led to the revelation of their involvement in prostitution, drug addiction and their seropositivity. They expressed intense anxiety about how their families would react to this revelation and the possible consequences that the disclosure would have on their lives from now on.

"My parents don't know anything. I do not know yet if they have learned about it. I hope they have not. We do not have frequent contact. My friends and the girls here (in prison), we support each other. We do everything we can."

B.2. Acceptance of negative attitudes towards the stigmatized group and self-efficacy

At this point, we should mention that there were two cases of women and their families who already had suffered the consequences of disclosure when the interviews were conducted. These are their words:

"I feel desperate and angry. My child is with my parents at the village. The teacher got my child out of the class because she was afraid that he had AIDS. He was scared."

"My mother lives in my village. She didn't know about prostitution. She knew about my drug addiction. She was working as a cleaner in the municipality and after that she was fired. She is angry. It's ok if these things happened only to me but why my mother has to suffer all these? And what can I do from in here?"

C. Feelings about seropositivity

During the interviews, the majority of the women stated that they were not aware of being HIV-positive. When they were asked to explore and express feelings related to their seropositivity they mentioned that they were dominated by fear of having the "illness" and the "unknown" attached to it, including the risk of death.

Some of them said:

"I didn't know it. One more problem to deal with. Are there a lot of people who have died from HIV?"

It should be noted that most of the women in this study were drug addicts who worked as prostitutes in order to live by and support their drug habit. The fact of their seropositivity was felt as another even heavier burden to deal with, because of the mortality attached to the disease.

"I do drugs, I sell my body for the dose, I go to prison, now AIDS? They accuse me for something I did not do. I am HIV-positive, I may die."

Discussion

The aim of the present study was to investigate the specific ways in which stigma may affect female HIV positive street workers stigmatized by the media in Greece of 2012, and the way the stigmatization was related to their self-esteem.

The participants were street sex workers who were working in order to support their drug habits, similarly to the findings of other studies. The connection between prostitution and drug use has been vigorously researched in the scientific literature.¹⁴ The fact that unprotected sex is common after drug injection and use of drugs such as ecstasy, ketamine and

methamphetamine, increases further the likelihood of HIV transmission from drug using female prostitutes to their clients.^{14,15}

In the current study, women were indeed found to be HIV-positive, and paradoxically most of them were not aware of their seropositivity. Even though they were accused for unsafe sexual intercourse and intended transmission of the virus HIV, and were exposed through social media, they adopted and applied specific coping strategies in order to protect their self-esteem and secure the life of their families. Specifically, being well-adjusted and comfortable with their profession, they disregarded any comments on their profession, given the fact that this is a stigma they probably have dealt with for a long time. It seems their self-efficacy based self-esteem is well supported by acknowledging their ability to cope with everyday difficulties attached with their lifestyle. As it is theoretically supported, members of stigmatized groups take under consideration their competence into specific situations related to their way of life.¹⁰ Furthermore, the majority of those women had chosen not to reveal information regarding their lifestyle/life choices to their families (even after the revelation of their seropositivity) which explains why the rates of support from family remained unaffected. Interestingly the source of perceived support from friends increased after their expose to the media, with most of them reporting that they received great peer support. As Jennifer Crocker and Brenda Major note, appraisals of significant others become incorporated into one's self-view.¹² In settings where other people with a similar stigma are present, such as in prison, the salience of the stigma is reduced, and therefore people focus on other characteristics of the person. It is pointed out that the most significant interactions and relationships for a person are more likely to be with friends, family or others with a similar condition.^{10,12}

Moreover, those women seem terribly worried about their seropositivity and the mortality associated with it. Their vulnerability to low self-esteem is minimized at this point by the fact that they do not blame themselves for the stigmatizing condition. They were unaware of being HIV-positive and had no intention to transmit the virus, despite the court's accusation.

These findings are consistent with theoretical approaches¹⁰ which suggest that the self-esteem of stigmatized people is resilient to the threat posed by stigmatization because of the coping efforts stigmatized people make (e.g., by blaming poor outcomes on being stigmatized, not to personal shortcomings). Our findings add to this theorizing by suggesting that stigmatized people may cope with stigma in more or less the same way that people cope with anything else – and our results suggest that such efforts may successfully buffer the effects of stigma on self-esteem.

On the other hand, in line with previous studies² a part of these women actually felt stigmatized (felt stigma) as a result of community's negative approach towards their family. The secondary stigma acquired by the family members after their exposure strikes their self-esteem. Initial reactions to a new stigma may result in the stigma assuming a central importance in the person's self-concept. It can be assumed that, even though they have dealt with the stigma engaged with their profession and drug use, they are still processing the new stigmatizing conditions.¹⁶

It is noteworthy that the circle of stigmatization that emerged through the stories of these women is not an isolated social phenomenon related only to prostitution and drug use, but it may be nurtured by societies who suffer from profound financial and humanistic crisis. It is of paramount importance that measures need to be taken in order to protect sex workers who are drug users and/or HIV-positive against violence and the infringement of their rights. Education, access to HIV care services and efforts towards de-stigmatization would be beneficial for the society in multiple levels, and would ultimately strengthen the effort for combating the global AIDS epidemic.

Limitations of the study

Due to the nature of the research we cannot draw causal inferences for the variables, but rather associations among them, with the direction of this association being under question.

Moreover, the interviews were taken during the first month of women's imprisonment, so those women had no contact with the community and were only informed about the stigmatizing events.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

All authors contributed to the design of the study. GK, MLP and GT interviewed the participants. GK, PT and GT prepared the dataset, analysed and prepared all the results. GK, SG and PT drafted the manuscript. GK, SG, TK, MLP and FK conducted data collection and analysis, and also helped to redraft the manu-

script. AD supervised the data analysis, design of the study and redrafted the manuscript, and also made important final modifications. All authors read and approved the final manuscript.

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Στίγμα και αυτοεκτίμηση: Η περίπτωση των HIV-θετικών ιερόδουλων

Γ. Καλέμη,¹ Σ. Γκίοκα,¹ Π. Τσαπατσάρη,¹ Γ. Τζεφεράκος,¹ Τ. Καντρή,²
Μ.Λ. Ψαρρά,¹ Φ. Κωνσταντοπούλου,¹ Α. Δουζένης¹

¹2η Ψυχιατρική Κλινική Πανεπιστημίου Αθηνών, Νοσοκομείο «Αττικών», Αθήνα,

²Ψυχιατρική Κλινική Πανεπιστημίου Θεσσαλίας, Λάρισα

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Το στίγμα που συνδέεται με την πορνεία και τον ιό HIV μπορεί εύκολα να αναγνωριστεί στις δημόσιες αντιδράσεις προς τα μέλη των μειονοτικών ομάδων. Παρόλ' αυτά, υπάρχουν λίγες μόνο μελέτες που εξετάζουν την επίδραση των διακρίσεων στην αυτοεκτίμηση των ατόμων που υποφέρουν από τη συνύπαρξη πολλαπλών στιγματιστικών συνθηκών. Στην περίπτωσή μας, ο πρωτοφανής στιγματισμός των ιερόδουλων από τα μέσα μαζικής ενημέρωσης και η παρουσίασή τους ως απειλή για τη δημόσια υγεία και ως εγκληματιών λόγω της οροθετικότητάς τους, θα πρέπει να εξεταστεί με σεβασμό και επιστημονικότητα. Το δείγμα της μελέτης αποτελείτο από 27 γυναίκες που βρέθηκαν θετικές στον ιό HIV. Ο μικρός αριθμός του δείγματος και η μοναδικότητα της κατάστασης κατέστησαν αναγκαία τη χρήση ποιοτικής μεθοδολογίας για την έρευνα. Η συλλογή των στοιχείων έγινε μέσω ημι-δομημένης συνέντευξης, που περιελάμβανε τη λήψη προσωπικού ιστορικού, ενώ συμπληρώθηκε και η κλίμακα αυτοεκτίμησης του Rosenberg. Πληροφορίες για κάθε τομέα ενδιαφέροντος συλλέχθηκαν συστηματικά από πολλά στοιχεία του οδηγού συνέντευξης. Χρησιμοποιήθηκε η ερμηνευτική φαινομενολογική ανάλυση για την ανάλυση των δεδομένων που προήλθαν από την ποιοτική συνέντευξη (IPA). Τέσσερις βασικές κατηγορίες προέκυψαν από την οριζόντια ανάλυση των συνεντεύξεων που αφορούν στους μηχανισμούς που χρησιμοποιούνταν από τις γυναίκες αυτές προκειμένου να αντιμετωπίσουν τον στιγματισμό και να προστατεύσουν την αυτοεκτίμησή τους, μια περιγραφή του εσωτερικού στίγματος/ αυτοστιγματισμού (self-stigma) και των συναισθημάτων τους σχετικά με την οροθετικότητα, καθώς και την εκδήλωση αυτοκαταστροφικών συμπεριφορών. Η ύπαρξη φυσιολογικής αυτοεκτίμησης για την πλειοψηφία των γυναικών αυτών μπορεί να εξηγηθεί από τη χρήση εκ μέρους τους ορισμένων στρατηγικών αντιμετώπισης του εξωτερικού/κοινωνικού στίγματος (enacted stigma), όπως η αποφυγή της αυτομομφής για την κατάστασή τους (οροθετικότητα), η παράβλεψη των σχολίων και των συμπεριφο-

ρών διάκρισης της κοινωνίας, η αναγνώριση των αναπτυγμένων ικανοτήτων τους σε συγκεκριμένα ζητήματα που καλούνταν να αντιμετωπίσουν στην καθημερινή τους ζωή από κοινού με την ύπαρξη ενός έντονα υποστηρικτικού δικτύου. Παρά το εσωτερικό στίγμα των γυναικών αυτών, που στηρίζεται στις διακρίσεις της κοινωνίας απέναντι στις οικογένειές τους και τα συναισθήματα αδυναμίας και ανικανότητας να προστατεύσουν τους αγαπημένους τους, η αυτοεκτίμησή τους δεν έχει βλαφθεί και η συχνότητα των αυτοκαταστροφικών συμπεριφορών παρέμεινε σταθερή, ενδεχομένως ως αποτέλεσμα των εν λόγω μηχανισμών αντιμετώπισης που ανέπτυξαν νωρίς στη ζωή τους. Συμπερασματικά, ο κύκλος του στιγματισμού που προέκυψε μέσα από τις ιστορίες αυτών των γυναικών δεν είναι ένα μεμονωμένο κοινωνικό φαινόμενο που σχετίζεται μόνο με την πορνεία και τη χρήση εξαρτησιογόνων ουσιών. Αυτός είναι ο λόγος για τον οποίο τα εκπαιδευτικά προγράμματα, η πρόσβαση στις υπηρεσίες φροντίδας οροθετικών και οι προσπάθειες ενάντια στον στιγματισμό, θα μπορούσαν να ωφελήσουν την κοινωνία σε πολλά επίπεδα, και εν τέλει να ενισχύσουν την προσπάθεια για την καταπολέμηση της παγκόσμιας επιδημίας του AIDS.

Λέξεις ευρετηρίου: Στίγμα, αυτοεκτίμηση, ιερόδουλες, οροθετικότητα, μέσα μαζικής ενημέρωσης, Ερμηνευτική Φαινομενολογική Ανάλυση, Ελλάδα.

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Corresponding author: A. Douzenis, 2nd Psychiatry Department, "Attikon" University Hospital, Medical School, National and Kapodistrian University of Athens, Rimini 1, Haidari, Greece
e-mail: thandouz@med.uoa.gr