

Double Stigma: The Psychological Impact of Discrimination Related to Sexual Orientation and HIV: Theoretical Perspectives and Clinical Observations

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Abstract

Stigmatization associated with both sexual orientation and HIV status continues to deeply affect the mental health of gay men living with HIV. This article explores the concept of double stigma from both theoretical and clinical perspectives, emphasizing the interaction between these two forms of discrimination and their compounded psychological impact. Drawing on the minority stress model, the paper details how internalized stigma contributes to depression, anxiety, social isolation, and identity disturbances. Based on clinical experience, various coping strategies are examined, ranging from maladaptive mechanisms (e.g., avoidance, self-blame) to constructive resources (e.g., community support, identity reframing, activism). Clinical examples of psychological resilience are also presented, illustrating how individuals reconstruct meaningful lives in spite of multiple layers of stigma.

Keywords: Double Stigma, HIV, Sexual Orientation, Gay Men, Mental Health, Coping, Resilience, Psychotherapy, HIV Stigma, Minority Stress

Introduction

Gay men living with HIV face a dual stigma—stemming from both their sexual orientation and their HIV-positive status. This multifaceted marginalization has significant repercussions for mental health, increasing the risk of emotional disorders and identity conflict. The article offers a theoretical synthesis of this dynamic, complemented by clinical observations and examples of resilience.

Sexual Orientation and HIV-Related Stigma: Theoretical Framework

Stigma is defined by Goffman (1963) as a “attribute that is deeply discrediting” [1]. For HIV-positive gay men, stigmatization is dual and interdependent. Sexual orientation stigma leads to homophobia, social exclusion, and minority stress, while HIV stigma elicits fear, moral prejudice, and social isolation. These two forms of stigma overlap and amplify each other, consistent with the minority stress model [2].

The Interaction Between Sexual Orientation and HIV Stigma: Clinical Observations

Psychological practice reveals compounded effects: guilt, shame, isolation, fear of dual rejection, and mistrust in medical systems. Many clients struggle with internalized stigma and challenges integrating socially, both within the broader society and the LGBTQ+ community.

Theoretical Approach

A synthesis of a separate theoretical approach for this article on the double stigma experienced by HIV-positive gay individuals.

The double stigma experienced by HIV-positive gay men represents a complex and interdependent phenomenon, involving the intersection of stigma related to both sexual orientation and HIV status. This theoretical approach explores how these forms of stigma intersect and mutually reinforce each other, leading to significant psychological distress and diminished well-being.

First, sexual orientation stigma is conceptualized as the process by which homosexual individuals are subjected to discrimination, marginalization, and societal pressure due to their sexual identity. This often results in internalized homophobia, self-deprecation, and difficulties in integrating within both mainstream and LGBTQ+ communities.

On the other hand, HIV-related stigma is marked by fear, negative stereotypes, and social isolation, exacerbated by misconceptions about transmission and moral judgments about the lifestyles of people living with HIV. HIV-positive gay men frequently face dual stigmatization, where these two identities intersect and intensify the psychological burden.

According to the minority stress model [2], HIV-positive gay men are exposed to a range of minority-specific stressors, including discrimination and ostracization, that can contribute to emotional disorders and identity conflict. This model underscores that double stigma is not merely a sum of the two-stigma phenomenon's, but a complex interaction that can deeply affect mental and emotional health of the involved individuals.

In conclusion, the theoretical approach to the double stigma experienced by HIV-positive gay individuals not only explains how these two forms of marginalization intersect and mutually reinforce each other, but also highlights the need for appropriate social and psychological interventions to support the resilience and well-being of these individuals in the face of social pressures and discrimination.

Coping Strategies Observed in Therapy

- **Maladaptive Strategies:** Social withdrawal, emotional suppression, problematic substance use, self-devaluation.
- **Adaptive Strategies:** Psychotherapy, support groups, identity reframing, activism, and volunteer engagement. These facilitate psychological adjustment and reduce internalized stigma.

Examples of Psychological Resilience

Clinical Case Narratives: Acceptance of sexual identity as an act of liberation; transforming trauma into activism; redefining the self beyond the HIV diagnosis; cultivating authentic intimate relationships based on transparency. These examples demonstrate the potential for healing and post-traumatic growth.

Sexual Orientation and HIV-Related Stigma: Theoretical approach

Stigma is defined as a “deeply discrediting attribute” that leads to social devaluation [1]. For HIV-positive gay men, this devaluation is both dual and interdependent.

Sexual Orientation Stigma: Men who engage in sexual activity with other men (MSM) face homophobia expressed through

social exclusion, violence, denial of rights, and rejection. This produces minority stress, including internalized stigma and concealment of identity.

HIV-Related Stigma: HIV is often linked to moral judgment and fear, resulting in social isolation and stigmatization within the healthcare system. This impairs access to medical and psychological care.

Interaction of Both Stigmas: The overlapping and mutually reinforcing nature of both stigmas contributes to complex challenges, such as multiple rejections, heightened anxiety, and identity disruption. The minority stress model explains how chronic stress resulting from marginalization impacts mental health [2].

The interaction between the two forms of stigma – clinical observations

Clinical experience reveals the devastating impact of dual stigma on self-esteem, social relationships and emotional well-being. Clients report profound feelings of guilt, shame, isolation, and fear of rejection - both from mainstream society and within the LGBTQ+ community. Additionally, stigma influences access to healthcare and mental health services, perpetuating mistrust and withdrawal.

Example of Psychological Resilience

Patient experiences illustrate the capacity to overcome stigma and build positive identities: accepting one's identity as an act of self-liberation, transforming trauma into social activism, redefining self-concept beyond diagnosis, and building authentic intimate relationships. These examples underscore the importance of psychological and community support in the healing process.

Conclusion

Double stigma profoundly affects the mental health of HIV-positive gay men; however, resilience is possible through inclusive psychological interventions and adequate social support. Mental health services must be attuned to the lived realities of HIV-positive LGBTQ+ individuals and promote their dignity and inherent worth.

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