

# Living with Hepatitis C : a psychosocial exploration of hepatitis C infection and its treatment

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## *LIVING WITH HEPATITIS C*

A psychosocial exploration of hepatitis C  
infection and its treatment

van Max Hopwood

1. Global drug prohibition exacerbates the hepatitis C epidemic by increasing injecting risk behaviour; in part because of the policy's central tenet of demonising illicit drug users which deters drug users' from accessing health care, and in part because the policy restricts the flow of harm reduction information to those who most need it (this thesis).
2. The more one experiences hepatitis C-related symptoms the more likely one will experience discrimination as indications of illness compel individuals to interact more frequently with health services (this thesis).
3. Currently deployed deficits-based approaches to hepatitis C treatment assessment do not adequately prepare people to cope with the rigors of the regimen. On the other hand, strengths-based assessment uncovers ways to ameliorate the impact of side effects and enhance adherence among people receiving treatment (this thesis).
4. People living with hepatitis C infection inhabit an identity devoid of positive social meaning and this has profoundly negative implications for health-related behaviour and quality of life (this thesis).
5. Anti-stigma and discrimination programmes are limited in effectiveness because stigma and discrimination are tools of social control; in-group and out-group differentiations are codified within economic and legal systems and serve socially adaptive functions for hegemonic groups.

6. Complex social issues are best understood by a triangulation of methods to compensate for phenomena such as bi-directionality in cross-sectional designs, researcher bias in observational studies and the Hawthorne effect.
7. Social psychological theories that attempt to account for a rapidly expanding global illicit drug market and the normalization of drug use among specific sub-cultures are blinkered by coping, pathology and deviance discourses; the psychology of pleasure is absent from these suppositions.
8. Paradoxically, social and economic marginalization can enhance one's capacity to cope with adversity. Exposure to the chronic and uncontrollable stress of living on the margins necessitates development of protective factors and processes that facilitate positive adaptation.
9. Medicalisation and a political preoccupation with health-ism has eroded individual freedom and simultaneously constructed a simplistic, unchallengeable notion of health and wellbeing.
10. The information management practices of bureaucracies like the UN accommodate and reinforce denial of difficult social and political issues on an international scale. Similar practices happen at the national level in western democracies and have dire implications for public health and the environment.
11. Violence is accepted as part of the gender socializing process for boys to become men. Many social problems from traffic accidents and domestic violence to homophobia have their genesis in this tacit structural approval of aggression.