Mindfulness as a Transformative Intervention for Building Psychosocial Resilience in People Living With HIV/AIDS in Bhutan: A Literature Review

Kunzang Chophel, Kuenga Tenzin & Ann Moir-Bussy

People Living with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) face many challenges at the individual, interpersonal and neighborhood levels. In Bhutan there is an increasing prevalence of people living with HIV or AIDS. The most notable impact for these individuals with HIV or AIDS in Bhutan is felt at the psychosocial level. These people are susceptible to chronic stress and social stigma. The challenge lies in the accessibility of counselling interventions intended toward elevating their psychosocial resilience. Social stigma and chronic stress are two major adversities that men and women living with HIV/AIDS in Bhutan face on a day-to-day basis. Although, both treatment and counselling are available exclusively under the Bhutanese universal health care system and supported by various stakeholders with intervention programs to enhance their psychosocial resilience, those living with HIV/AIDS in Bhutan still face social stigma and discrimination.

Such discrimination includes being disowned by their families, unemployment, simply because it is a sexually transmitted disease. Despite the prevalence of promiscuity in Bhutanese society, infected people often remain silent for fear of discrimination in an otherwise progressive society. Both the government and media have recognized the need to address social stigma, which hampers treatment and prevention, by educating and counselling the general population. This literature review attempts to explore in depth how mindfulness could be used as a transformative intervention for building psychosocial resilience for those living with HIV/AIDS in Bhutan. The role of socio-cultural and religious factors on the psycho-social resilience of people living with HIV/AIDS is an important area that needs further exploration. The study will attempt to delve deeper into the impact of mindfulness based transformative intervention on the multilevel psychosocial resilience of PLHIV/AIDS in Bhutan.

Keywords: *human immunodeficiency virus, acquired immune deficiency syndrome, people living with HIV, mindfulness, sociocultural, psychosocial resilience, transformative intervention, Bhutan.*

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Background

HIV/AIDS was relatively rare among Bhutan's population but has grown into an issue of national concern since Bhutan's first reported case in 1993 (WHO, 2010). Those living with HIV/AIDS in Bhutan are across all social groups, including government employees, businessmen, farmers, soldiers, monks, sex workers and housewives. There is a steady rise in the number of reported cases since the first detection, and in June 2020 the total number of cases stood at 741 (384 males and 357 females). In June

2022 Bhutan detected 40 new cases. Of those, 19 are males and 21 females. This is the highest number of cases detected in a period of six months. It is a serious public health concern for a small population of about 700,000 people in a country, which prompted increased government efforts to confront the spread of the disease. This was done through mainstreaming Sexually Transmitted Disease (STD) and HIV/AIDS prevention, grassroots education, and the personal involvement of the Bhutanese royal family, namely Her Majesty Queen Mother Ashi Sangay Choden Wangchuk.

Lhak-Sam was the first community network in Bhutan to tackle the disease and was formed in September 2009 by a group of HIV positive people in Thimphu. The group was registered as a civil society organization (CSO) on 26th November 2010. Their main aim is to provide and promote leadership, education, and capacity building to those living with HIV/AIDS and their families. In addition, they wanted to establish linkages with regional and international networks of affected people with HIV/AIDS. The Ministry of Health provided strong encouragement and, Lhak-Sam expanded its group to other districts with a mission to create and promote a strong support system based on solidarity, and social networking. The group encouraged people's participation in addressing and taking collective action towards effective responses to HIV/AIDS and its impact. Currently, Lhak-Sam has 107 members (51 females and 45 males) across the country and an executive committee (comprising of 8 members) has been formed that makes all major decisions for the group. Today, Lhak-Sam works with partner organizations alongside the LGBTQ+ community in Bhutan, drug users and affected children in an attempt to eliminate impacts of HIV and AIDS in the country. Lhak-Sam envisions a society where all those living HIV/AIDS and affected family members can have opportunities for a meaningful livelihood with the illness controlled and its impact eliminated.

Being a Buddhist country, Bhutan's people's way of life, attitude and belief system are highly influenced by Buddhist values of self-determination, mindfulness, compassion, loving-kindness, and detachment. These are deemed to be a potential source of inspiration in building the resilience of those in Bhutan living with HIV/AIDS. The Bhutanese social and religious factors are one of the strong precursors that enhance the psychosocial resilience of those living with HIV/AIDS in its country. The Government philosophy of Gross National Happiness (GNH) on the other hand, is concerned with psychosocial wellbeing as one of its domains of GNH, while it further caters for the needs of mental and emotional wellbeing of the people in general. Mindfulness practice is seen as one of the most effective transformative interventions for people with HIV/AIDS in Bhutan. Through their participation in social and religious festivals, it boosts their social and moral values irrespective of their social situations. Besides that, there are many temples and monasteries around the kingdom, where people practice mindfulness and seek blessings for their physical, mental, and emotional wellbeing, thereby significantly contributing to the building of psychosocial resilience.

The Prevalence of HIV/AIDS in Bhutan

A small country between China in the north and India in the south, Bhutan has a population of approximately 733,700, and of these 53% are male and 48% are female (Tshering, Lhazeen, Wangdi and Tshering, 2016, p. 45). The first HIV case was detected in 1993. By the end of 2016, the Royal Government of Bhutan recorded 515 people living with HIV in the country, of whom have 102 died. This translates into almost 100 married couples losing their spouses and leaving behind about 150 children, without either or both of their parents (Annual progress report, MoH, 2016). Unlike neighbouring countries, the HIV epidemic in Bhutan is of a diffused nature with incidences in all the 20 districts of the country, and it is equally distributed among sexes, age group and occupational backgrounds. The most dominant route of HIV transmission is through unsafe sexual practices with a risk of 90%, while mother to child transmissions and probable IDUs attribute to 8% and 2% respectively. It is worrying that almost 84% of transmissions are occurring among the most active working age group of 24 to 49 years (Annual progress report, MoH, 2016). At the end of 2020 Bhutan recorded on average a new HIV case every week, with the majority aged 25-49 years and the rest over 50 years. The most common form of transmission was unprotected sexual intercourse. Unfortunately, UNAIDS estimates that there are 1100-2700 people living with HIV in Bhutan, a case detection gap of 53%, which means 585 people in the country still do not know their HIV status. Without treatment, it takes 7 to 10 years on average for a person living with HIV to show AIDS defining symptoms (Annual progress report, 2016).

Further to this report the Ministry of Health is also dealing with the COVID 19 pandemic and has implemented the 3T approach (Testing, Treating and Tracking) to mitigate the spread. The Director of Public Health, Dr Karma Lhazeen, noted that the

"pandemic had worsened the challenges faced by people living with HIV, women and girls including female sex workers, men having sex with men, and transgender populations as many lost their source of income and faced difficulty in accessing the health care services".

He added that the same 3T method needed to be used in alerting the population and those living with AIDS that it is possible to lessen the transmission if people are aware and know their condition.Health officials also noted that the stigma and discrimination of victims of HIV/AIDS could be discouraged if it was more widely known that there are now well-proven effective HIV medicines (Kuensel , Dec 1, 2020)

Mindfulness and AIDS

In this paper the authors attempt to explore and understand the phenomenon of mindfulness and its impact as a transformative intervention in building the resilience of those living with HIV/AIDS in Bhutan. The study intends to elucidate how Bhutan's unique sociocultural and religious factors determine the resilience of the people living with HIV/AIDS on three different levels: individual; interpersonal; and communal levels.

The need to review the correlation between the mindfulness intervention and the significant stakeholders is of immense importance. The mindfulness intervention is part of a Buddhist tradition, and it is deemed a valuable pre-requisite for every counsellor, mental health professional, policymaker, lawmaker; politician and others in Bhutan, all of whom play some significant roles in determining how those with HIV/AIDS deal with their chronic stress and other mental disorders related to illness.

Review of the Significant Literature

Despite pre-emptive education and counselling efforts, the number of reported HIV/AIDS cases has climbed since the early 1990s (WHO, 2010). On average 50 new infections occur and about 5 positive individuals die of either AIDS related complications or due to repercussions of social stigma every year in Bhutan (Annual Health Bulletin, 2010). As noted earlier, Lhak-Sam is on a mission to mitigate and prevent new HIV infections by ensuring full access to treatment and care services for those with WHIV/AIDS, thereby reducing their psychological burden (Annual progress report, MoH, 2016). This group faces a wide range of obstacles at individual, interpersonal and neighborhood levels. Dulin, et al., (2018) believe that those living with HIV experience psychological trauma including anxiety, depression, and other mental health issues, such as suicidal ideation, substance abuse of drugs and alcohol, low self-esteem, shame and self-guilt. (Riley & Kalichman, 2015). These authors are of the view that on the interpersonal level HIV related stigma is the most significant challenge and at the neighbourhood level economic deprivation and violence (Dulin, et al., 2018). The degree of anxiety is higher during the diagnosis of HIV infection, which is often reflected through blaming one's partner, expressing anger through violence and self-harm, and gradually resorting to drugs and alcohol (Emlet, Tozay & Raveis, 2010; Riley & Kalichman, 2014). One study confirms the prevalence of higher suicidal ideation and depression in people living with HIV/AIDS during the first few months of anti-retroviral therapy (Mahajan, et al., 2008).

Infection and transmission of HIV in South Asia is linked to multiple factors including political tension, religious restrictions on discussion of sex, lack of awareness of safe sex in rural areas, social stigma, and extremism. These factors limit the accessibility of treatment and control prevention programs to a sizable population (Rodrigo & Rajapakse, 2009). However, this may not be true in Bhutan. It is politically stable since 1907, religious and cultural freedom is well-enunciated in its constitution (The Constitution of the Kingdom of Bhutan, 2008). Research claims that HIV infection and transmission in Bhutan is linked to HIV stigma due to its closely knitted social structure (Khandu, Zwanikken & Wangdi, 2019) and the casual attitude of the general population toward unsafe heterogenous sex (Rodrigo & Rajapakse, 2009). More than 92% of infections are transmitted through sex and more than 70% of the infected live in the capital city (Tshering, Lhazeen, Wangdi & Tshering, 2016).

Social stigma is embedded in the consciousness of many. However, Mahajan et al (2008) note that there are men and women living with disclosed AIDS who are able to benefit and access treatment and support services. With Bhutanese people in contrast, it is their family members and children who are likely to face more discrimination and social rejection (BBS, 2018). The Lhak-Sam Centre in Bhutan initiates lots of community based inspired programs such as access to resources (counselling and health services), LGBTQ forums, leadership empowerment, advocacy, and awareness on HIV/AIDS to support the people living HIV and stop further spreading. This initiative has encouraged people living with HIV/AIDS to disclose their HIV status to and avail themselves of support services.

Stigma is defined as "an attribute that is deeply discrediting" (Goffman, 1963). According to him, stigma taints and discounts a person and leads to a socially spoiled identity and, as a result, the individuals are compelled to view themselves as discredited or undesirable. At the same time, others are encouraged to consider them in the same way. Stigma that is related to HIV/AIDS focuses more on individual perceptions and collective constructions of negative stereotypes, which ultimately enforce discrimination against the stigmatized (Mahajan, et.al., 2008).

Resilience is needed to overcome the debilitating effects of stigma. Resilience has been defined in many ways and, in almost every definition, overcoming adversity is the most prominent theme. Resilience is referred to as an individual personality characteristic (Bonanno, 2004; Connor & Davidson, 2003; Leipold & Greve, 2009; Masten, 2001). Resilience is seen as a successful adaptation to negative life events, trauma, stress, and other forms of risk and as having capacity to cope with significant change (Connor & Davidson, 2003).

In this article we use the perspective of resilience that is drawn from the socioecological model of health. According to Baral, Logie, Glosso, Wirtz, and Beyrer (2013), health is influenced by factors at the individual, interpersonal, neighborhood, and societal/policy levels. HIV related stigma faced by the people living with HIV/AIDS at these multi-levels of health can adversely affect their overall health. To help those with HIV/AIDS to overcome HIV/AIDS related adversities at these many levels, it is important to identify the 'resilience' resources at these levels of health (Dulin et al., 2018). Resilience resources in this study refer to positive psychological, behavioural, and societal adaptation in the face of HIV/AIDS stigma related stress and adversities (Fletcher & Sarkar, 2013). Hence, resilience resources in this context are referred to an individual's capacity combined with families' and communities' resources, which are essential to overcome any serious threats to development and health caused by HIV/AIDS related adversities (Earnshaw et al., 2013).

Adversities associated with HIV/AIDS related stigma have been linked to various damaging health behaviours such as lower HIV medication adherence, poorer clinic attendance, and outcomes including less viral suppression (Hotlzman, Brady & Yehia, 2015; Hays et al., 2000). However, any interventions targeted at reducing the stigma and enhancing the resilient resources is known to increase empathy and altruism towards, as well as reduce, the anxiety and fear of people living with HIV/AIDS (Dulin et al., 2018).

After reviewing several peer-reviewed articles and manuscripts on the HIV/AIDS infection, and its impact, stigma and resilience resources, there is a significant research gap in the field of HIV/AIDS resilience research. Most of the existing research was focused exclusively on individual level resilience and ignored the social context and social systems in which resilience may occur (Dulin, et al., 2019). As noted above, HIV/AIDS and resilience research is one of the least explored areas in Bhutan. It calls for more studies in order to understand the science of people living with HIV/AIDS and their experiences of living with it.

Mindfulness as Transformative Intervention in Developing Resilience for PLWHIV/AIDS

The majority of the Bhutanese population is Buddhist and that has a massive influence on their way of life. Their values of compassion, caring and altruism are mostly inspired by Buddhism. With Gross National Happiness (GNH) as the guiding

philosophy of the people of Bhutan, the country is bonded with unique social, cultural, and religious factors that determine the way people live in general. In times of both tangible and intangible crisis, most people in Bhutan seek refuge in Buddhism as a way to alleviate their psychological pain. In recent times, this practice has received more attention from the Government and scholars at large. Mindfulness practice is widely used amongst scholars and professionals in the Bhutanese context (Dorji, 2005; Thinley, 2012; Rabgay & Kezang, 2018; Chophel, 2020; Tshering, 2021). Mindfulness has been introduced to schools in Bhutan in order to help students improve their concentration, to be in the present moment and to deal with stresses of their day-to-day life (Thinley, 2012) According to Canadian psychologist Scott Dr. Bishop (2021), mindfulness allows the participants to step back from thoughts and feelings during stressful situations rather than engaging in anxious worry or other negative thinking patterns that might otherwise escalate a cycle of stress reactivity and contribute to heightened emotional distress.

Mindfulness has strong roots in the socio-cultural fabric of Bhutan. It is practiced under the guiding principles of GNH covering a wider range of the psychosocial domain of the society. It is often seen practiced in hospitals, schools, rehabilitation centers and other social services and provides centers, such as Lhak-Sam, using intervention strategies to enhance the wellbeing of the people affected with social and psychological issues. It is also well practiced as a transformative strategy in developing the resilience of people living with HIV/AIDS in Bhutan through provision of mindfulness coaching, retreats and workshops by many of the professionals and religious scholars.

As noted earlier in this paper, psychological stress is prevalent among individuals with HIV, many of whom face poverty, discrimination, homophobia and stigma (Howland et al., 2000). Mindfulness-based stress reduction (MBSR), developed by Jon Kabat Zinn is one approach that has shown promise as an intervention for patients facing other medical conditions for the reduction of disease progression, psychological distress and maladaptive behaviours (Riley, K. E., & Kalichman, S, 2014). Stress, along with negative affective states, such as anxiety and depression, can affect biological processes and behavioural patterns and so advance diseases and symptoms (Cohen et al., 2007). Of particular concern for people living with HIV, research has found that interpersonal stressors, such as bereavement and stigma, impact the intensity of HIV disease (Goforth, Lowery, Cutson, Kenedi, & Cohen, 2009; Mahajan et al., 2008). Stress has been shown to have a direct influence on disease progression, and an indirect influence on disease progression through maladaptive behaviours, as well as adverse effects on the quality of life (QOL; Hays et al., 2000).

Although social stigma is the biggest barrier that people living with HIV face, many people today accept those infected as a result of a timely advocacy and awareness campaign run by the Ministry of Health and NGOs at different social levels. Mindfulness retreats are a common trend in counselling intervention services provided to people living with HIV/AIDS in Bhutan. With temples and monasteries widespread over the kingdom of Bhutan, those living with HIV have maximum access to mindfulness retreats as part of the treatment plan. In addition, when they accept the harsh reality of the social stigma. their attendance at religious rituals plays a significant role in building their resilience.,

Additionally, stress may hinder one's ability to access adaptive social support, which in turn can impede effective coping strategies, responses to stigma and treatment adherence (Antoni, 2010). Stress is also related to maladaptive coping strategies, including substance use, which have been linked to disease progression. For example, the use of denial coping at the time of an HIV diagnosis predicts greater impairments in immune status functioning over time (Antoni, Goldstein, Laperriere, Fletcher, & Schneiderman, 1995). According to Vedhara and Irwin (2005), psychological stress is one of the major factors influencing treatment access, medication adherence and HIV diseases progression. Mindfulness based interventions help people living with HIV/AIDS to be in control of their emotions through acceptance, through decrease of emotional reactivity and the increase of positive reappraisal (Holzel et al., 2011). One study indicates that mindfulness helps people suffering from chronic disease to slow down and be realistic in evaluating the prognosis, which helps them to identify different aspects of the disease that require action and those that should be embraced (Brown, Ryan, & Creswell, 2007; Carlson, 2012).

MBSR interventions are typically standardised and manualised and include mindfulness meditation training programs developed for treating populations with high levels of stress (Kabat-Zinn, 1982). MBSR intervention programmes typically consist of eight weekly training sessions on mindfulness through group discussions and guided mindfulness meditation, as well as homework and a day-long retreat around week number seven. In more recent studies, MBSR, MBCT and other mindfulness and meditation-based treatments have been found effective in treating anxiety, depression, psychosis, addiction and other physical symptoms as well (Shaheen, Lakhan & Kerry. 2013). In their literature review, they state that mindfulness-based therapy has been useful in treating the symptoms of somatization disorders. However, this is a fairly new model of treatment that still requires more studies to confirm its efficacy to be used in the general population.

Praissman and Sharon (2008) in their literature review stated that mindfulness-based interventions were therapeutic for health care providers. They were of the opinion that health care providers who practice mindfulness have enhanced interactions with their patients. This similar idea has been adopted in Bhutan in recent time, and its efficacy needs further exploration.

There are several potential reasons that suggest MBSR could benefit people living with HIV. Brown and Vanable (2008) suggest that focusing on somatic states as a result of MBSR may explain the amelioration of chronic pain (Cioffi, 1991; Leventhal, Brown, Shacham, & Engquist, 1979; Suls & Fletcher, 1985). Emotional regulation is another potential mechanism through which distress may be decreased (e.g., Carlson, 2012; Feldman, Hayes, Kumar, Greeson, & Laurenceau, 2007). For example, Holzel et al. (2011) shows that mindfulness-based interventions, such as MBSR and mindfulness meditation, are related to emotional regulation in the form of acceptance, decreased emotional reactivity and positive reappraisal. Past reviews regarding the efficacy of MBSR for chronic diseases have noted promising intervention effects, with one broad review across multiple health conditions noting some initial support for the utility of MBSR for people living with HIV infection (Carlson, 2012). However, we did not find robust and conclusive studies on the efficacy of mindfulness-based interventions for people living with HIV/AIDS (Yang, Hui. Liu & Zhang, 2015). They were of the view that since MBSR and MBT were effective in relieving chronic pain, lowering blood pressure, improving psychological

health, people living with HIV/AIDS could also benefit especially in managing their mental health related issues like anxiety and depression.

Conclusion

As noted throughout, there is a lack of study of the phenomenon of HIV/AIDS infection in Bhutan, with special attention on the adversity which people face, and the resilience required on the part of those experiencing HIV/AIDS. However, the Royal Government of Bhutan, religious organizations, multilateral agencies, business communities, and armed forces, donors, volunteers, individuals and the community members and HIV positive networks partners render invaluable support for HIV/AIDS victims in Bhutan. This enables these people to handle their situation more confidently and meaningfully in a more conducive Bhutanese environment. With the support of the stakeholders, the voices of the those with HIV/AIDS are being heard more clearly and enabling the raising of quality of life for these people of Bhutan. The respect and support from partners and stakeholders from Lhak-Sam have given strength and confidence for those with HIV/AIDS and they are moving forward selflessly and tirelessly towards halting and reversing HIV and mitigating its impact in the country and the region. The members and staff of Lhak-Sam passionate hard work and their willingness and drive to learn have caused their support to grow for those living with PLHIV/AIDS. This same momentum needs to continue to overcome all the other challenges and enhance the psychosocial resilience of the PLHIV/AIDS in Bhutan.

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