

# EXPERIENCES OF HIV DIAGNOSIS: EMOTION WORK IN THE CLINICAL ENCOUNTER, AND THE PURSUIT OF UNDETECTABLE VIRAL LOAD

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**Background:** In the era of HIV biomedical HIV advances, less attention has been focused on people's experiences of receiving an HIV diagnosis. Drawing on the narratives of people recently diagnosed with HIV, this paper explores the emotion work undertaken within the clinical encounter at which a diagnosis was received, as well as the meanings attached to achieving an undetectable viral load (UVL).

**Methods:** In-depth interviews among participants in the RISE study covered their experience of receiving an HIV diagnosis. An initial thematic analysis was conducted on interviews with the first 10 participants, comprising eight men (one heterosexual and seven gay/bisexual) and two women.

**Results:** Most diagnoses occurred outside sexual-health or s100-prescriber networks. Participants' accounts of their diagnosis visit indicated the complex ways in which they managed feelings (e.g. evoking, shaping, suppressing) within these interactions (referred to as 'emotion work' [Hochschild, 1979]). Gay/bisexual men's accounts, in particular, described how their reactions compared to expected/anticipated responses to diagnosis, and the strategies (cognitive, bodily and expressive) they pursued in reconciling discrepancies. Responses were also influenced by interactions with clinicians. Participants' connection to the HIV epidemic, their previous testing history, use of prevention technologies, and expectations of a positive diagnosis, were all important factors in shaping their response to diagnosis.

For all participants, indicating a desire to initiate antiretroviral therapy (and achieving UVL) was important in assuming a responsibilised identity as a person living with HIV (PLHIV). UVL also created a symbolic connection with other PLHIV—a connection that was often more important than specific material connections with other PLHIV formed through face-to-face peer-support activities, even though these activities were usually also valued.

**Conclusion:** Although accounts of HIV diagnosis in 2019 share some similarities with earlier periods in the epidemic, notable changes such the early antiretroviral therapy, and UVL, have changed these clinical encounters.

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