



Praxis Note No. 38

Denial, fear and fatigue: The emotional blocks to addressing HIV/AIDS in the workplace

Project Empower

June 2008

INTRAC
International NGO Training and Research Centre

Denial, fear and fatigue:

The emotional blocks to addressing HIV/AIDS in the workplace

Project Empower

Keywords: HIV/AIDS, workplace responses, stigma, treatment, South Africa

The Heart of the Matter

Knowledge about HIV/AIDS is not enough. HIV/AIDS policies are not enough. Responding to HIV/AIDS requires dealing with the powerful and deep-rooted emotional blocks to change.

NGOs in South Africa have been suffering from the symptoms of HIV/AIDS in the workplace for the last decade. Their staff are affected and infected with HIV/AIDS. NGO costs rise and productivity decreases as people take time off for care, for funerals and because they are sick. Yet despite these debilitating symptoms, many NGOs are failing to respond to HIV/AIDS in their own organisations.

Project Empower's experience with NGOs in KwaZulu-Natal, South Africa suggests that this is because the underlying emotional blocks – denial, fear and fatigue – are inhibiting response. This paper describes the different ways this is happening. It concludes that for significant organisational change to occur we have to understand and address these emotional constraints. An imported HIV/AIDS policy that leaves such issues untouched is unlikely to make much difference.

1. Denial

'It does not affect us'

Most organisations in South Africa now recognise the existence of HIV/AIDS and its devastating impact. But they deny that they are affected. They externalise the problem to others. Faith-based organisations (FBOs) are amongst the worst culprits. The following response expresses a common view:

'We are Christians and all our staff lead a moral life and cannot be infected with HIV/AIDS.'

Because they attribute HIV/AIDS to morally unacceptable sexual conduct, and since they assume their staff always behave as Christians, many FBOs do not consider HIV/AIDS a threat.

To raise the issue of staff vulnerability to HIV/AIDS can be considered an assault on their faith. Some even believe that the impact of HIV/AIDS can be managed exclusively through prayer and worship. Such attitudes breed denial and defensiveness, and encourage the attitude that the organisation does not need to do anything special to address the effects of HIV/AIDS on its staff.

‘We already know’

Many NGOs, particularly HIV/AIDS-focused ones, mistakenly assume that because their staff members know about HIV/AIDS and prevention methods, they put this knowledge into practice in their personal lives.

‘As development workers we have the facts about HIV/AIDS and of course we will protect ourselves.’

However, this is not always the case. Project Empower has often heard staff members say they are too afraid to be tested for HIV/AIDS and ‘would rather not know’. This fear of testing is expressed even by staff from organisations that are running VCT (voluntary counselling and testing) programmes. Two levels of denial can co-exist in a workplace:

1. denial that staff are vulnerable
2. denial that it is worth knowing whether one is infected or not.

‘HIV/AIDS is private!’

The workplace culture influences how HIV/AIDS issues are raised and how they are dealt with. In some organisations culture and customs of separating private from professional preclude open discussion of HIV/AIDS.

‘This is a professional workplace, and HIV/AIDS is a private matter.’

They often overlook the vulnerability of women especially to coerced sex and sexual assault, especially through work.

2. Fear

‘Don’t stigmatise’

In some organisations talking about the vulnerability of staff to HIV/AIDS infection can be viewed as insulting the staff.

‘Please don’t stigmatise my staff and colleagues by suggesting that we may be HIV positive.’

However, saying someone might be HIV positive can only be considered insulting if the people at the organisation believe there is something wrong with being HIV positive. Hidden beneath this fear is an underlying belief that HIV/AIDS involves unacceptable sexual conduct, weakness of women (in relation to their male partners), and careless attitudes.

For many the fear of HIV/AIDS makes it too frightening to contemplate. People obviously find it is easier to accept that HIV/AIDS is someone else’s problem than to acknowledge that your own lifestyle could make you vulnerable. This might mean considering the possibility that your partner has more than one sexual partner. It might also mean acknowledging that you do not have complete control over your sexual life and relationships.

Challenging power

HIV/AIDS does not only have to do with one’s personal sexual conduct and relationships. It is fundamentally about the complexities of social and interpersonal power, not just in the bedroom but in the boardroom too.

Raising HIV/AIDS-related issues can threaten existing power dynamics. Some organisations have refused to discuss HIV/AIDS beyond its bio-medical aspect

because they fear what it might reveal about the use and abuse of power.

‘We are afraid to talk about it: it may raise issues that we cannot cope with.’

For example, one leader blocked discussion of HIV/AIDS because of an employee who had become infected some time ago after a sexual assault during working hours. Because she was given no support and was treated with hostility and suspicion at the time, HIV/AIDS remained taboo in the organisation.

The influence of power is demonstrated in the ways that people at different levels of the organisation are treated. Disclosure of positive status can give rise to a variety of responses: from support, ignorance, to open hostility. For example, people at a lower level in the organisation may elicit more compassion than someone in a higher position. Senior managers receive less support, making it even more frightening for them to go for testing to find out their status. They want to avoid the possible humiliation associated with the disclosure.

Costs of treatment

For some leaders, there is little point in addressing the issue of HIV/AIDS in case this raises staff expectations.

‘I can’t allow a discussion about HIV/AIDS. I am afraid that my staff will want treatment that we cannot afford.’

Expensive and visible responses from commercial companies, particularly multi-nationals, have been given considerable publicity. Because they have included extensive VCT campaigns followed by high tech medical care this has discouraged NGO response. They fear they cannot afford such a response. Many are even unsure about paying salaries at the end of the month, let

alone paying for the high costs of HIV/AIDS treatment.

3. Fatigue

‘Sick and tired’

Some leaders simply do not have the energy or interest to address HIV/AIDS in the workplace.

‘I am sick and tired of HIV/AIDS.’

They are exhausted by having to deal with it amongst extended and immediate family at home. The office is looked upon as an escape.

The lack of obvious solutions also reduces hope and energy - particularly in places where the public health systems are not providing adequate ART access. Sometimes it is easier to ignore HIV/AIDS.

It’s not just about HIV/AIDS

The response to HIV/AIDS is often delayed when people rightly question the privileged status of HIV/AIDS among other illnesses. Why does HIV/AIDS receive so much attention to the exclusion of other chronic or dreaded diseases?

‘What’s so special about HIV/AIDS?’

Even the South African Minister of Health has argued that HIV/AIDS should not be privileged above diabetes and high blood pressure.

This concern has helped challenged organisations to deal with other diseases alongside HIV/AIDS. As a result some have developed broader wellness policies that look at a range of physical and psychological conditions. However, others have been paralysed by such questions. The argument for more general policies has been used to

delay and ultimately dissipate the energy to address HIV/AIDS.

Conclusion

Understanding that HIV/AIDS is a threat to the organisation is not enough. Simply developing a policy response is insufficient. Organisations are full of human beings, whose behaviour is influenced by deeper emotions. For any organisation to change, emotional blocks to change need to be addressed.

With HIV/AIDS in the workplace, denial, fear and fatigue are powerful constraints. Any considered organisational response to HIV/AIDS therefore has to explore, surface and address such issues in a contextually appropriate way. This is a sensitive process – but not necessarily a costly one. There are a number of responses NGOs can make without spending much money – this is the subject of Praxis Note 39.

Further information

Project Empower
Room E304 Diakonia Conference Centre
20 St Andrew's Street/Diakonia Avenue
Durban, 4001
KwaZulu-Natal
South Africa
info@projectempower.org.za