

# Experiences of self-blame and stigmatisation for self-infliction among individuals living with COPD

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- chronic obstructive pulmonary disease;
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*Scand J Caring Sci; 2011; 25; 100–107* **Experiences of self-blame and stigmatisation for self-infliction among individuals living with COPD**

**Background:** Chronic obstructive pulmonary disease (COPD) is a major health problem estimated to become the third leading cause of death and the fifth leading cause of disability by 2020. Tobacco control is the most effective protective intervention, and it serves as a key element in patient counselling. However, a focus on tobacco control may cause unintended and adverse effects to individuals who already suffer from the disease.

**Aim:** The current study aims to understand how patients with COPD experience daily life in a society with heavy emphasis on tobacco control.

**Method:** The design was longitudinal and descriptive. The sample included thirteen men and five women with COPD, recruited from pulmonary rehabilitation units. Data were collected by means of qualitative interviews and analysed using qualitative content analysis with search for meanings.

**Findings:** The main theme was a feeling of being *exiled in the world of the healthy*, because of self-blame and society's stigmatisation of COPD as a self-inflicted disease. The participants experienced feelings of disgrace through subtle blame and a lack of support from their social network, health care encounters and larger society. This seemed to increase illness-related strain and a need for defensive actions.

**Limitations:** A small convenience sample, local cultural influence, the study's wide scope and lack of health professionals' views must be considered.

**Conclusion:** This study illuminates the challenge of how to combine health advice on smoking cessation with nonblaming psycho-social support throughout the course of COPD. An awareness of the potential for stigma, the nature of nicotine dependence and broadened causal explanations for the disease may improve the ability of caregivers to address patient strain and its negative association with coping and well-being. Dilemmas in health communication concerning COPD patients' experience of stigma and negative emotional response should be further explored.