Practitioner Companion Guide

Supporting Patients Across Online and Offline Stigma

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Companion to: From Offline to Online Stigma Resistance: Identity Construction in Narratives of Infertile Muslim Women (with Prof. Lisa J. McEntee-Atalianis)
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Audience

Healthcare professionals and medics, counsellors and psychologists, teachers and health-awareness educators, religious and community institutions, policy makers.

Why This Matters

Infertile Muslim women often turn to online communities precisely because offline disclosure is restricted by stigma. But these online spaces are not simply safe havens: they can also 'other' and exclude members whose situation changes — most strikingly, members who become pregnant. Support that only accounts for offline stigma will miss half of what patients are actually navigating.

Guide Focus

Recognise that peer communities can gate-keep as well as support — A member achieving pregnancy can be treated with suspicion or resentment by others still trying to conceive — even when she works hard to remain considerate. A positive outcome does not end a patient's need for identity support; it can open a new, delicate phase of belonging.

Understand the 'deserving vs undeserving' pregnancy narrative — Patients may internalise or encounter a hierarchy in which pregnancies earned through suffering are seen as more legitimate than those achieved easily. This can add guilt or self-censorship to what should be straightforwardly good news — worth naming explicitly in support conversations.

Treat religious discourse as an active meaning-making resource — References to God's will, destiny, and patience are tools patients use for connection, self-affirmation, and distancing from painful past selves — not simply passive belief. Faith-literate communication should work with this, not around it.

Bridge faith-based and social expectations explicitly in awareness work — Communication strategies between religious/cultural institutions and community members undergoing treatment can lower resistance to treatment, reduce anxiety and stigma, and help avoid delays in accessing care and support.

Reflective Questions

• Have I asked how this patient's peer community has responded to her current stage — not just assumed it will be supportive?

• Am I aware that a good outcome (pregnancy) can come with its own guilt, backlash anxiety, or loss of community?

• Is there a way to connect this patient with faith-literate or community-based support, not only clinical support?

Practice Prompts

"Sometimes people find that friends who are still trying react in unexpected ways to good news — has that come up for you at all?"

"A lot of people describe feeling caught between two identities for a while after a diagnosis changes — does that match how things feel for you?"

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