

“Journey of Uncertainties:” Nature of Transitioning among Persons Living with Undetectable HIV

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Abstract

Introduction: The management of persons living with HIV gears towards making that person “seronegative,” undetectable in screening and practically with almost no risk of transmitting the disease. Although the trajectory of this management is clear, the process by which the person living with HIV transition from being seropositive to seronegative remains to be explored. There remains to be a paucity of research on the nature of transitioning among seronegative persons living with HIV especially from the lens of an Asian nation.

Methodology: This study explored the nature of transitioning among nine (9) seronegative persons living with HIV. Grounded on the Rogerian Science of Unitary Human Being as its philosophical underpinning and Gadamerian interpretative phenomenology as its approach, nine (9) informants were selected with the following criteria: They are 1) Persons living with HIV for at least 2 years; 2) Seronegative for at least a year during the time of the interview, and 3) Willing to articulate and share their experiences. After obtaining approval from the University Research Ethics Board, multiple in-depth interviews, story-telling sessions, and photo-elicitation were utilized to gather the informants' narratives.

Findings: After a series of reflective analyses, the following nature of transitioning was identified: (1) transitioning as a conscious deliberate choice, (2) transitioning as an unpredictable struggle of being, and (3) transitioning as seeking a personal sense of normalcy. These transition patterns reflect the moment to moment deliberate choice of existence by the informants. The transition moments are appreciated thru the lens of unpredictability and internal struggles as they try to create a sense of

normalcy amidst their transitioning situations.

Implications: Insights from this study suggest that though the process of transitioning among informants seems varied, the core patterns of deliberateness, unpredictability, and sense of normalcy cut across their stories. Persistent support from peers and family sustained counseling from diagnosis to being seronegative and health teaching focusing on risky behavior while transitioning are implied techniques to provide support during their transitioning process. The sense of immediacy and genuine presence from health care providers caring for these persons seems to be appreciated as a supportive mechanism of their transitioning journey.

Keywords: *Persons Living with Undetectable HIV, Phenomenology, Science of Unitary Human Being, Transitioning*

Introduction

The World Health organization has always emphasized the link between building a peaceful nation where its citizens are active participants in nation-building and the presence of a maximum sense of wellness and health among its citizens. The citizens of the country serve as the grassroots that lay the very structure and foundation of nation and peacebuilding initiatives. These processes can only be realized if there is justice, equity, and equality among its citizen in terms of health access and governmental support. Any health threat that may directly or indirectly break the very structure of society should be address as it affects both peacebuilding initiatives and the continuous nation-building program of the government. One of these emerging health threats is the HIV/ AIDS pandemic.

The World Health Organization (WHO) defines Human Immunodeficiency Virus as a microorganism that infects cells of the immune system, thus resulting in the deterioration of the body's defense mechanism against harmful infection and disease (2017). Globally, 37.9 million people were living with HIV in 2019 with over 5.8 million people from Asia and the Pacific region alone. In that same year, an estimated 160,000 deaths attributed to HIV/AIDS-related complications occur (UNAIDS, 2019; Avert, 2019). In terms of the number of cases, the Philippines remains to be one of the fastest-growing epicenters of this pandemic with an estimated 52,280 cases and at least 3,706 deaths from 1984 to 2019 (Verdery et al., 2017; Restar et al., 2018; Gangcuangco, 2019).

Even with the arising number of local cases, the golden standard for the treatment of HIV remains to be anti-retroviral therapy. Although antiretroviral therapy does not cure HIV, it can reduce the amount of virus in the bloodstream making the person living with HIV seronegative; undetectable in screening, and practically unable to transmit HIV through sexual intercourse (Eisinger et al., 2019). Taking antiretroviral therapy enables the person living with HIV to live longer without compromising their quality of life in the treatment process.

With the increasing number of HIV cases in Asia, specifically in the Philippines, and with the standard management of HIV toward making persons seronegative, the trajectory of the HIV management phenomenon points to two things; no new HIV cases and an increase in the number of persons living with undetectable HIV.

Although the HIV phenomenon is considered a global health concern and a looming national health emergency in the Philippines, research on the lives of persons with HIV are still given little attention. Research on the lives of persons with HIV that have been conducted primarily focuses on meaning-making (Barroso & Powell-Cope, 2000), experience adherence to medication (Sidat et al., 2007), and coping (Earnshaw et al., 2015; Siegel et al., 2018). The concept of transitioning among persons living with HIV remains unexplored. The concept of individual transitioning, *vis-à-vis* sense of being is closely tied to the idea of attainment of individual sense of peace with the self and coming to terms with living with the disease (Rogers, 1992). Further still, there much greater paucity of research exploring the lives of persons with undetectable HIV, more so their unique experience and meaning of the transition. Although there are studies that explore the lives of persons with HIV, the voices represented are mostly non-Asian.

The trajectory of the HIV phenomenon moving towards being a person with undetectable HIV, lack of studies exploring the concept of transitioning, the paucity of researches exploring the lives of people with undetectable HIV, and the lack of qualitative study on HIV explored thru a non-Western lens serves as the gaps that this study intends to fill. The immediacy and need for this research stem from the discourse that understanding the nature of transitioning and being among people living with HIV will provide insights on their processes of developing a sense of inner peace. By doing so, other people may come to understand their context and effectively dismantle inaccurate information regarding their lives, effectively giving them an active voice in the exposition of their health experience.

Insights from this research can be used to inform practice and create programs and policies that will minimize the effect of HIV as a national health burden and help facilitate the reintegration of persons living with undetectable HIV to their community and the society at large, aiding in their transformation into responsible citizens contributing to the nation-building processes.

Methodology

Philosophical Underpinning

This research is grounded on the paradigm of Roger's Science of Unitary Human Being (SUHB) which asserts that human beings are irreducible and are in constant change as they are in contact with the environment (Rogers, 1992; Phillips, 2016; Wright, 2007;). The experience of persons living with HIV will be gleaned holistically without fragmenting the experience of the person

(i.e. coping, adherence, etc). The principles of hemodynamics serve as the philosophical underpinning of the study with the concept of transitioning being the primary focus of this endeavor.

Helicy, one of the principles of hemodynamics, emphasizes the idea of the constant interaction of the person and the environment which results in their continuous, diversified, and unpredictable changes (Rogers, 1992). Helicy presupposes the presence of a concept of transition. The unpredictability and diversification of a person's concept of being as they are in the process of transitioning echoes the principle of resonancy; that human being and their environment are dynamic energy fields continuously evolving (Phillips, 2016). Being a person living with undetectable HIV presumes that changes in their lives will be inevitable. The Rogerian Science of Unitary Human Being asserts the presence of this change and the uniqueness of the persons' experience of transitioning viewed from their distinctive contexts.

Research Approach

Gadamerian interpretive phenomenology serves as the approach of inquiry of the study. The approach places great emphasis on the primacy of language, understanding as a fusion of horizon and the hermeneutic circle. The primacy of language gives pointers to the truth hidden within word meaning and reveals that something exists in a hermeneutic circle of ontological (the study of being) possibilities. The fusion of horizons- the hermeneutic circle, runs along like a rhythm, open to personal expectation, personal pre-generalization, prejudice, and judgments (Holroyd, 2007; Sammel, 2003). The tenets of Gadamerian Interpretive phenomenology echo the principles of SUHB, emphasizing the primacy of the person's experience and at the same time appreciate that the process of understanding as a co-created reality between the researcher and the informants.

The process developed by the researcher (Martinez, 2013) informed by the philosophy of SUHB and the approach of interpretive phenomenology was utilized to reflective analyzed the narratives from the informants. Figure 1 shows an overview of the process.

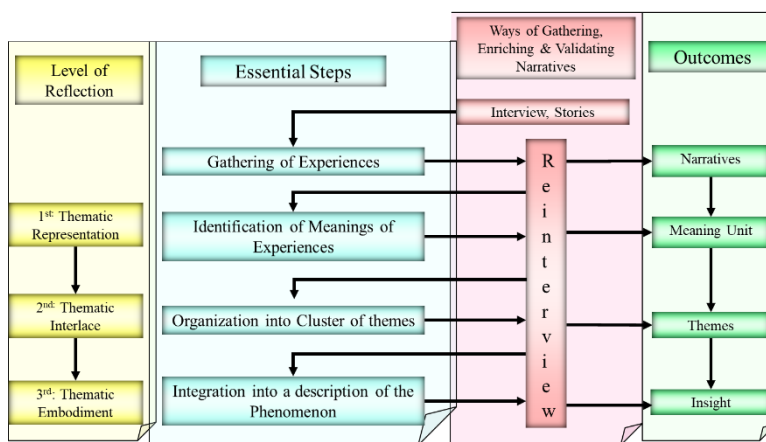


Figure 1: The process of reflective analysis

The yellow shaded boxes show the level of reflections utilized in this study and the opposite of which, the blue shaded boxes, represents the essential steps in the process of reflective analysis related to each level. The pink shaded boxes represent the ways by which the narratives of the informants were enriched, validated, and counter-validated while the green shaded boxes represent the significant outcomes of each essential step within the different levels of reflections.

Selection of Informants

Theoretical saturation and criterion sampling were utilized to select the nine (9) informants that participated in this study. The following criteria were utilized in the selection process, 1) They are persons living with HIV for at least 2 years, 2) They have been on antiretroviral medication for at least 2 years, 3) They are currently seronegative and for at least 1 year and 4) They are willing to divulge and share their experience. The recruitment process was thru a snowballing technique starting from a referral from a national HIV advocacy organization.

Gathering of Narratives

This research utilized three (3) qualitative methods to obtain and gather the narratives of the informants, in-depth interviews, storytelling, and artistic expression. The in-depth interview as a method involves a small number of informants who are interviewed individually to explore their perspectives on an idea or a particular situation (Boyce & Neale, 2006). The story-telling technique, on the other hand, relies much on the ability of informants to narrate individual experiences from their lens, with a little prodding from the researcher (Rosenthal, 2003). The storytelling technique enables the informants to situate the context of their life experiences and let the researcher be drawn within this context

The in-depth interviews and story-telling sessions were done through a face-to-face dialogue with individual informants at their choice of location. At least three (3) interviews were done with individual informants with each interview lasting at least 95 minutes. The informants were made aware and subsequently agreed to have the individual interviews tape-recorded to be later reflected upon and analyzed for their underlying themes.

The artistic expression, specifically photovoice, was utilized to provide another lens by which the informants' experience of transitioning was gleaned upon. Photovoice utilizes photographs captured by the informants that reflect the meaning of their transitioning and eventually discover insights that would break their socially constructed perspectives (Sutton-Brown, 2014). The informants were asked to show photographs that for them represent their experience of transitioning and were further asked to provide their reason why they chose their photographs and the meaning they attributed to it. These techniques provide multiple lenses by which the informants' experience of transitioning is understood, making the insights of this research more grounded and reflective of the informants' realities.

Maintaining Rigor

To ascertain the study's rigors, the following processes were utilized: (1) method triangulation, (2) audit trail, and (3) informant resonance. Method triangulation, defined as the utilization of various methods of data collection (Creswell, 2013) was done by using three techniques, in-depth interview, story-telling, and artistic expression, to gather the informants' narratives thus providing multiple lenses by which their experience can be gleaned upon. An audit trail was done by making the process of reflective analysis open to scrutiny by the informants and making it certain that the process of creating the insights from this study is traceable to the informants' narratives. Last and most importantly, resonance with the informant was done by constantly returning to the informants for validation and counter-validation of the researcher's significant insights within the different levels of the process of reflective analysis. This ascertains that the insights from this study are a co-created reality of the researcher and the informants and that they are an active agent in this meaning-making process. These three processes maintained that the resulting insights from this study are a truthful representation of the informants' experiences.

Findings

The informants

Nine (9) informants recruited via the snowball technique, agreed to participate in this study. All informants were seronegative at the time of the study as evidenced by their most current CD-4 count laboratory results. Below is the overview of the individual informants:

A is a 32-year-old male from Las Pinas, diagnosed with HIV three years ago. He decided to have himself tested after he and his long-time partner got separated. Now he owns a tattoo studio in his place of residence.

B is 36 years old female from Pasay, diagnosed with HIV 11 years ago. She used to be an OFW before her diagnosis and is currently a full-time HIV advocate where she shares her experience as a person living with HIV and is also a part-time dressmaker.

C is a 23-year-old female from Las Pinas, diagnosed with HIV 14 years ago. She used to work as a sex worker until her diagnosis and is currently a volunteer in an NGO that works with people living with HIV.

D is a 32-year-old female, diagnosed with HIV 10 years ago. She used to work in the music industry abroad before her diagnosis and is currently working as a project assistant in an NGO.

E is a 26-year-old male from Mandaluyong, diagnosed with HIV 3 years ago. A confessed person with multiple sexual partners, he attributes his diagnosis to this previous high-risk sexual behavior. He is currently working as a staff in a company's HR department

F is a 29-year-old male from Pasig, diagnosed with HIV 4 years ago. His diagnosis was made known when he applied for work abroad. Currently, he is a full-time volunteer in an NGO HIV support group.

G is a 27-year-old male from Quezon City, diagnosed with HIV 4 years ago. He was diagnosed after he got himself tested during free testing conducted by an NGO group. He is currently working in the BPO industry

H is a 35-year-old male from Makati, diagnosed with HIV 8 years ago. He was a former OFW and was diagnosed during his medical examination. He is currently a shop owner in his place of residence

I am a 28-year-old female from Quezon City, diagnosed with HIV 5 years ago. A former bar attendant before her diagnosis, she currently owns an online business and is a full-time online seller.

Themes

After the series of reflective analysis of the individual narratives of the nine (9) informants, 267 unique meaning units were derived. From these meaning units, the further reflective analysis resulted in three (3) distinctive themes representative of the nature of their transitioning experience, that (1) transitioning as a conscious deliberate choice, (2) transitioning as an unpredictable struggle of being, and (3) transitioning as the personal sense of normalcy.

Transitioning as a conscious deliberate choice

This theme emphasizes that transitioning involves more than the physical and psychological aspect of a person but encompasses a deliberate conscious choice from the person. The initial shock of being diagnosed with HIV was cut across as the initial response and experience of the informants. Varied processes of coping, such as anger directed toward the self or towards society, seclusion from society, questioning the existence of a Supreme Being, was experienced by the informants as they navigate through the initial experience of being a person living with HIV.

Although varied ways of coping were experienced by the informants, a sense of meaning from the initial experience was only made clear when they have learned to accept the situation, they are in. As one informant said:

"At the end of the day kahit anu pa yang gawin mo wala ka naming choice kundi iaccept kung anu ka na, di na ikaw dati (No matter what we do, we do not have a choice but accept who we are now, we are not who we used to be) – Informant F"

For the informants, the key to the start of their transitioning journey is accepting the reality that they are in now; that things will be different than they were used to be. There is the element of a conscious acceptance of their new reality which marks the beginning of their transitioning journey.

For them, the sign that they have indeed accepted their fate as a person living with HIV is that they are deliberately changing their behaviors to signal that they are journeying towards becoming a seronegative PLHIV.

For some informants, these behaviors include changing "habits" they deem now as risky such as vices, casual sex encounters, and sex without protection as well as creating new habits for their well-being such as healthy diet and exercise. Another recurring process is deemed important by the informants as part of their transitioning they are reconnecting with their families. The experience of having HIV and living the life of a PLHIV at times makes them distant and secretive with their family but somehow being seronegative gives them a boost of courage to make amends with their family. There is a prevailing belief among the informants that indirectly, HIV facilitates the process of healing their broken relationship with their families, that the disease was a wake-up call for them to fix their relationship and lives more than a punishment.

The experience of helping other persons like themselves make sense of their situation was also seen as an overarching story among the informants. Being an HIV advocate and/or peer counselor seems to be a prominent phase and integrate the aspect of their transition process.

Through their deliberate process of choosing to be with the company of other PLHIV by just being there in the "treatment hub" or by deciding to be part of other PLHIV's life journey by being counselors themselves, they seem to reintegrate what has happened in the past, what they are experiencing at the moment and what the future may bring. The realization that other people are also transitioning lets them feel that they are not alone in their journey and seeing that others have successfully transitioned enables them to see the possibility of a future. Helping other PLHIV seems to facilitate the informants' sense-making of their transitioning process. This is expressed by the following statement by the informant I

"Ganito kasi yun eh, pag sinusolo mo yung sakit mahirap, di mo kasi nakikita na ay ganun meron pa palang iba gaya ko. Pag nandun ka sa hub naging peer counselor o kahit tambay tambay ka lang marealize mo, di ka pla nag-iisa, may iba pang parang ikaw, yun iba pasimula pa lang yung iba ayun advocate na sila ganun, di na nahihiya na may HIV sila (It is like this, when you make your disease only as your own, it will be difficult since you are unaware that there are other people like yourself. If you are in the (treatment) hub and become a counselor or just be there around with people you will realize that you are not alone, that there are others like yourself, some just beginning (with their journey) while others are now advocates, they are not ashamed anymore that they have HIV).

Transitioning, for the informants, is a journey that only they must deliberate chose. The conscious choice to transition is greatly influenced by the informant's interaction and experience with the people they deemed significant. Transitioning for them involves accepting their past mistakes, their unpredictable current situation and an unsure but optimistic future.

Transitioning as an unpredictable struggle of being

This theme highlights that transitioning is a journey of unpredictability where their sense of self is continually being tested and recreated. For the informants, transitioning was never a linear process and is never the same for every seronegative PLHIV. Within the context of their transitioning experiences are varied personal accounts of good and worst times, all affecting their sense of being.

For the informants, transitioning was never a smooth journey but a rough one laden with random moments of introspection, self-doubt, and at times hopelessness. For some informants, even though they are well beyond their initial shock of the diagnosis and are already seronegative, there will be instances where the feeling of morose would creep in without any obvious cause. Some would randomly feel alone, some would start questioning their decisions in life while others will feel helpless for no apparent reason at all. The narrative of Informant G reflects this common experience among the informants.

"Alam mo yun yung ok ka na, seronegative ka na, prang normal ka na pero yun biglang ququestionin mo sarili mo ulit, bakit ako nagging ganito? Kasalanan ko ba? May pag-asa pa ba? Akala mo tapos na yan eh pero yun nga babalik bigla... minsan sa CR minsan sa Starbucks (It is like you are already doing fine because you are seronegative already but all of a sudden you will start questioning yourself again, why did this happen to me? Is it my fault? Is there still hope? You thought is it already done with, but these tend to recur suddenly... sometimes in the comfort room, other times inside Starbucks) – Informant G

Although there are varied personal experiences among the informants, the importance of a form of support system within these moments is universal. For some, their peers within the HIV group serve as their support system, others their family, or a non-HIV friend. For the informants, these moments of the disorder are made worse with the absence of a significant person they can talk with or share their momentary concerns. For the informants, knowing that another person is there willing to listen to their random concerns would make their situation more bearable.

Informants who are active within their peer counseling volunteer works, it is paradoxical to find that although their volunteer works allow them to facilitate their meaning-making within of their transitioning experience, it is also the context where most of the moments of disorder occurs. For some informants, hearing the stories of another person undergoing almost the same journey they had undergone before brings back memories of their past struggles and this unconsciously triggers them to re-evaluate their past decisions and question the choices they have made.

"Minsan talaga di mo maiwasan yung ganun, yung anu parang pag ayan kausap mo yung may nagpositive na bago tapos ikaw tapos ka na dun kasi di ba seronegative ka na tapos magkukuwento siya makikinig ka tapos bigla kang tatamaan, hala, tama ba yung ginawa ko dati? Panu kung mali masabi ko sa kanya kasi baka mali yung nagawa ko dati? Nalulungkot ka para dun sa tao so malulungkot na ulit. Masarap mag peer (counselor) pero minsan draining kaya lie-low din ako (There are times that you can't avoid it, that instance where you are talking with another person recently diagnosed with HIV that even though you have been there and is now seronegative when they tell their stories you will start asking yourself "Did I do the right thing?" "What if I say something that is not right because my previous decision was bad?" You will feel bad about the other person so you will feel sad as well. It is fulfilling to be a per (counselor) but at times draining that's why I lie-lowed (in that volunteer work) – Informant H

For the informants, the unpredictability of their transitioning journey makes it an experience of uncertainty of their being. It is an ordeal of continuously coming to terms with an inaccessible past in the present moment, traversed with their significant persons. Within their unplanned moments of disorder, their idea of acceptance as an incomplete and imperfect process is emphasized.

Transitioning as seeking a personal sense of normalcy

This theme encompasses the notion that for the informants, to transition is to achieve a personal sense of normalcy. As the informants lived through their transitioning journey, they are on the continued process of creating what they deemed as a new “normal life”. Among the informants, there is the constant fear of discrimination as they feel that HIV is a disease stigmatized by society at large. With this, they have learned to live with this reality either by embracing their new identity and risk discrimination or consciously withholding their disease to others and risk living a doubled life. Transitioning for them is a persistent wandering between these two facets of a new “normal” life.

For some informants, being able to accept their newfound “self”, that of the seronegative PLHIV enables them to move forward and build a life of self-acceptance. Although the risk of discrimination is still palpable, for these informants it is a risk they must take. Expressions of this life path include being open with their status to any person especially their families, being an active member of the community of PLHIV, being able to counsel other PLHIV especially those that are newly diagnosed, and being able to live a life as an advocate. It is a belief among the informants that to be an advocate means you have fully acknowledged your identity as a seronegative PLHIV. For the informants, to be an advocate means you are sharing what you have experience and know about HIV to other people, may it be with many audiences (thru lectures and seminars) or with a single person (peer counselor or a friend) so they may not go through what you have been through. To live the life of an advocate is a personal choice for the informants.

“Siyempre pag advocate ka tanggap mo na lahat, discrimination and all. Panu ka magiging advocate kung nagtatago ka pa at may takot di ba?... Di naman lahat nagiging advocate na very active merong advocate sa sarili nilang paraan na di ganun ka obvious pero yun, alam na nila kung sino na sila” (If you are already an advocate you have accepted everything even discrimination (possible risk). How can you be an advocate if you are still hiding and still fearful?... Not all advocates are the “active” type (those that do seminars or appear in media) there are advocates in their little ways that are not that obvious but they already know who they are) – Informant G

For the informants, their continued process of acceptance that they are seronegative PLHIV enables them to have a sense of oneness with their new self. The assumption of the seronegative status among PLHIV is somehow seen by the informants as a sign that they have accepted who they are. The seronegative status gave them confidence and respect by other people as it sends a signal to other PLHIV that all “pusit” (positive) can become seronegative.

With this, they are starting to see their disease, not as a hindrance to their life but just one facet of who they are. The common fear among the informants that they will be a burden to those they value and will become an unproductive member of society because of their status does not translate into reality. Their transitioning involves working around the restrictions brought about by the disease to fulfill their desire to be reintegrated into the society which they have momentarily left as they make sense of their experience.

There are some seronegative PLHIV that took the other path and deliberately choose not to disclose their status but still believe that they have accepted their fate as seronegative PLHIV. The fear of rejection by those they value, especially from their family, and the discrimination by other people, is enough for them to decide not to divulge their status even though they are seronegative. For them, the sense of being "normal" attached to the seronegative status connotes living the life they have left behind before they were diagnosed.

Secondary stories from the informants and some of their narratives point out the possible danger for a seronegative PLHIV in choosing to live their life as if they do not have HIV. These practices are expressions of giving in the temporal desire of the moment rather than focusing on their future which they see as precarious. Risky behavior may range from willfully missing some of their medications believing that they are already healed to practicing casual random unprotected sex to intentionally playing as the "giver" in the phenomenon of "bug chasing".

"May tawag saamin. 'Bug chasers', that's what we are called. When you say bug, that's the virus. So you're chasing the virus."(We are called bug chasers, that's what we are called. When you say bug, that's the virus. So you're chasing the virus (by practicing unprotected sex with a PLHIV)) – Informant E

Transitioning, for the informants, is wandering between the bifurcated paths between being an advocate or being their old self, heavily influenced by their fear and acceptance of the reality of rejection and discrimination. To transition is to attain a sense of normalcy, whether this normalcy means accepting the present with all its restrictions or doing things reminiscent of their past self and experiences.

Core Insight

These transition patterns reflect the moment to moment deliberate choice of existence by the informants. The transition moments are appreciated thru the lens of unpredictability and internal struggles as they try to create a sense of normalcy amidst their transitioning situations. Their transition journey is a willful process of sense-making along with the continued paradoxical dynamics of disorder and order. For the informants, transitioning is a journey of uncertainties of accepting who they were, who they are, and who they could become.

Insights from this study suggest that though the process of transitioning among informants seems varied, the core patterns of deliberateness, unpredictability, and sense of normalcy cut across their narratives. Acceptance within this context can never be perfectly achieved but only momentarily acknowledge.

Resonance

Insights from this study support the assumptions set forth by Science of Unitary Human

Being (Roger, 1992), the unpredictability of persons, and their deliberate, multidirectional but unidirectional rhythm. Transitioning among seronegative PLHIV is an unpredictable moment to moment existence. Within their transitioning experience is the realization that they need to move forward and assume a new self that is unitary. Although it seems that some choose to willfully assume their previous self once they are seronegative, but in reality, this previous self is new, a mere conscious imitation of the pre-diagnosis notion of themselves. Redefining themselves in the context of their new identity echoes the idea of a continually innovative and creative process of change. The informant's assumption of their personalized sense of normalcy is always seen through the lens of them being seronegative PLHIV. As with the Rogerian concept of a continuous and infinite energy field, transitioning was appreciated as an imperfect and continuous process.

The continued exchange of energies between persons and their environment was echoed in this study such that for the informants, transitioning although an individual personalized journey, does not exist in silo. Their interaction with other persons and their appreciation of their unique contexts are an integral part of the meaning and sense-making of their transitioning experience. These experiences influenced the momentary decisions and choices they have and will continually make.

Some of the incidental findings of this study echoes with a portion of the findings of Barroso and Powell-Cope's (2000) meta-analysis of qualitative research on PLHIV, specifically the continued search for meaning and dealing with stigma as part and parcel of the transitioning experience. These shared similarities are attributed to the informants lived experiences as seronegative PLHIV, congruent with the experience of other PLHIV. This together with other studies points out that the context of the lives of PLHIV seems unchanged and the concerns seen decades ago may still be pervasively present today.

Although the context of the lives of PLHIV shares similarity with the incidental findings of this study, its primary is the nature of transitioning and not the overall experience of being a seronegative PLHIV, thus the insights found in this study provides a unique perspective not seen in other contexts. Insights that transitioning for seronegative PLHIV as a moment to moment deliberate choice of existence and a willful process of sense-making along with the continued paradoxical dynamics of disorder and order offers a fresh perspective of the nature of transitioning and finds no direct similarities with the current HIV/AIDS research literature.

Implications

Persistent support from peers and family sustained counseling from diagnosis to being seronegative and health teaching focusing on risky behavior while transitioning are implied techniques to provide support during their transitioning process.

The sense of immediacy and genuine presence from persons caring for seronegative PLHIV seems to be appreciated as a supportive mechanism of their transitioning journey. There is a need to focus on assisting seronegative PLHIV as they are in the process of transitioning as and when they see it fit. Supporting seronegative PLHIV understand their patterns and make sense of their momentary situations should be one of the focus of health care providers.

Exploration of their self-images and sense of being while transitioning needs to be further understood. Research on the phenomenon of “bug-chasing” among seronegative PLHIV is also implied.

Conflict of Interest

The author have no conflict of interest to disclose.

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