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"Acceptance" as an Ongoing Negotiation: An Interpretative Phenomenological Analysis of the Experiences of Young Adults Living with HIV

Süregelen Bir Müzakere Olarak "Kabul": HIV ile Yaşayan Genç Yetişkinlerin Deneyimine İlişkin Yorumlayıcı Fenomenolojik Bir Analiz

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ABSTRACT

Objective: This study aims to examine how young adults living with HIV experience and make sense of acceptance as an ongoing and context-sensitive process in their everyday lives.

Method: The study was conducted using an interpretative phenomenological analysis approach. The study group consisted of nine young adults living with HIV in Türkiye who were aged 24–30 years and had received an HIV diagnosis at least six months previously. Data were collected through two or three in-depth, semi-structured interviews with each participant.

Results: The analysis organized the experience of acceptance into two group experiential themes: "Encountering the Diagnosis" and "Negotiating Everyday Life with HIV." Participants initially recognized HIV as an enduring reality that could not be removed from their lives and, over time, reconsidered the meaning of living with HIV through treatment, encounters with healthcare professionals and peers, and personal experiences. Accordingly, while the experience of living with HIV can recede into the background over time within the natural flow of everyday life, it can become visible again in socially meaningful encounters such as romantic relationships, disclosure of the diagnosis, family, work, and healthcare.

Conclusion: These findings highlight the importance of mental health professionals working with young adults living with HIV viewing acceptance not as a final outcome to be achieved, but as a process that can be revisited across different life contexts, and planning their interventions accordingly.

Keywords: HIV, acceptance, social stigma, HIV disclosure, young adult

ÖZ

Amaç: Bu çalışmanın amacı, HIV ile yaşayan genç yetişkinlerin kabul deneyimini gündelik yaşamlarında süregelen ve bağlama duyarlı bir süreç olarak nasıl deneyimlediklerini ve anlamlandırdıklarını incelemektir.

Yöntem: Araştırma, yorumlayıcı fenomenolojik analiz yaklaşımıyla yürütülmüştür. Çalışma grubunu Türkiye'de HIV ile yaşayan, 24–30 yaş arasında, tanı üzerinden en az altı ay geçmiş olan dokuz genç yetişkin oluşturmuştur. Veriler, her katılımcıyla iki veya üç kez gerçekleştirilen yarı yapılandırılmış derinlemesine görüşmeler yoluyla toplanmıştır.

Bulgular: Analiz sonucunda, kabul deneyimi "tanıyla tanışma" ve "HIV ile gündelik yaşamı müzakere etme" olmak üzere iki grup deneyim teması altında yapılandırılmıştır. Katılımcılar başlangıçta HIV'i yaşamlarından çıkarılamayacak kalıcı bir gerçeklik olarak tanımış, zaman içinde tedavi, sağlık profesyonelleri ve akranlarla karşılaşmalar, aynı zamanda kişisel deneyimler aracılığıyla HIV ile yaşamanın anlamını yeniden değerlendirmiştir. Buna göre, HIV ile yaşama deneyimi, gündelik yaşamın doğal akışı içinde zamanla arka plana çekilebilirken, romantik ilişkiler, tanının açıklanması, aile, iş ve sağlık hizmetleri gibi sosyal olarak anlamlı karşılaşmalarda yeniden görünür hâle gelebilmektedir.

Sonuç: Bu bulgular, ruh sağlığı uzmanlarının HIV ile yaşayan genç yetişkinlerle çalışırken kabulü ulaşılması gereken nihai bir sonuç olarak değil, farklı yaşam bağlamlarında yeniden ele alınabilen bir süreç olarak değerlendirmelerinin ve müdahalelerini buna göre planlamalarının önemine işaret etmektedir.

Anahtar sözcükler: HIV, kabul, sosyal damgalama, kendini açıklama, genç yetişkin

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Introduction

The experience of living with HIV has changed considerably over the past forty years. With the widespread availability of effective antiretroviral therapies, HIV infection has become a chronic health condition that can be managed while allowing individuals to live long and healthy lives when appropriate diagnosis, treatment, and care are accessible. According to the latest data from the World Health Organization, approximately 41 million people worldwide were living with HIV at the end of 2025, and access to antiretroviral therapy has expanded substantially (WHO 2026). The prevention of sexual transmission through treatment-induced suppression of viral load is also an important development that could change some long-standing societal assumptions about the transmissibility of HIV. However, the subjective experience of living with HIV has not undergone a comparable transformation. Indeed, HIV-related stigma and discrimination remain widespread today and are associated with various outcomes ranging from access to healthcare services to quality of life (Andersson et al. 2020, Zhang et al. 2022, UNAIDS 2025).

Studies focusing on the psychosocial dimension of living with HIV address interconnected aspects of this experience, such as stigmatization, disclosure of the diagnosis, close relationships, and uncertainty about the future. In particular, being subjected to discrimination, fear of rejection, and decisions regarding self-disclosure can shape the social meaning of HIV in everyday life. Research shows that forms of HIV-related stigmatization are associated with psychological distress, life satisfaction, and quality of life (van der Kooij et al. 2021, Chan et al. 2025). Similarly, disclosing one's HIV status to family, friends, or romantic partners is considered not only an individual choice but also a relational process shaped by the quality of the relationship, expectations of rejection, and societal perceptions of HIV (Derlega et al. 2004, Chaudoir and Fisher 2010). A study conducted with young adults listed disclosure of the diagnosis and establishing close relationships among the difficulties individuals most frequently encounter in everyday life (Nyongesa et al. 2022). Thus, understanding the psychosocial dimension of living with HIV appears to go beyond how individuals respond to the diagnosis, also raising the question of how a person will relate to the diagnosis and its place in their life.

One of the concepts used to explain this relationship is "acceptance." Acceptance has been conceptualized in different ways in the HIV literature. Some quantitative studies have treated acceptance as a measurable psychosocial characteristic and examined its relationship with variables such as functioning, self-efficacy, and coping (Guck et al. 2010, Xiao et al. 2020). In contrast, other studies suggest that accepting an HIV diagnosis may be an individual and nonlinear process that takes time (Kutnick et al. 2017, Stroumpouki et al. 2020, van der Elst et al. 2022). Bilardi et al. (2019) showed that individuals' acceptance of their HIV diagnosis does not always coincide with their comfort in sharing their HIV status with others. These studies suggest that acceptance can be considered an experience related to the meaning and place of the HIV diagnosis in an individual's life, rather than simply a one-time psychological outcome that is reached. In the present study, acceptance involves recognizing the reality of the HIV diagnosis and developing, over time, a relationship with what living with HIV means and where it fits in one's life. Within this framework, acceptance refers to embracing the possibility of a life with the diagnosis, rather than being emotionally satisfied with one's diagnosis or no longer thinking about it at all.

Findings from studies on HIV-related stigmatization showing that individuals can develop strategies involving varying levels of disclosure, concealment, and self-protection in social and relational contexts suggest that acceptance may also be sensitive to the circumstances in which individuals find themselves (Friedland et al. 2020, Stutterheim 2026). Therefore, examining acceptance as a process that can be revisited at different times and in different social contexts of the experience of living with HIV, rather than as a fixed psychological stance, may provide a more comprehensive understanding of individuals' subjective experiences. This is particularly important for individuals in young adulthood (Nyongesa et al. 2022). Young adulthood is a developmental period in which romantic relationships begin to be established, educational and professional lives take shape, an independent life is built, and plans for the future are made (Arnett 2024). When an HIV diagnosis occurs amid these developmental tasks, the person's relationship with the diagnosis also takes on an intersectional position as it encounters each of these tasks anew (Uwamariya et al. 2022). Thus, young adulthood necessitates examining the meaning of living with

HIV not only through the experience of illness but also within the developmental and relational contexts in which individuals build their lives.

This experience is also not independent of the social context in which it occurs. Although HIV has relatively low social visibility in Türkiye, there has been a marked increase in the number of diagnoses in recent years. According to Ministry of Health data, cases are reported to be concentrated particularly in the 20–29 and 30–34 age groups (Republic of Türkiye Ministry of Health 2025). Studies conducted in Türkiye show that individuals living with HIV shape their social relationships largely around fear of transmission (Kasapoglu et al. 2011) and that stigmatization can emerge in unpredictable ways during healthcare encounters (Şenyürek et al. 2021). Living with HIV in an epidemiological context characterized by relatively low visibility may mean having more limited access to a community of peers with whom one can share one's diagnosis. This makes the question of how the relationship with the diagnosis takes shape particularly worth examining in the context of Türkiye.

Taken together, the existing literature shows that living with HIV has been extensively examined in relation to aspects such as stigmatization, disclosure of the diagnosis, treatment adherence, and quality of life. However, most of these studies have treated acceptance as an outcome that has been reached or has not yet been reached, while the question of how acceptance is experienced and reinterpreted over time and across different contexts of life has received relatively limited attention. This limitation becomes even more pronounced with regard to young adults' subjective experiences and specifically in Türkiye, an epidemiological context characterized by relatively low visibility. This study aims to examine the experience of acceptance and the meanings associated with this experience across personal contexts among young adults living with HIV in Türkiye. Accordingly, this study seeks to answer the research question, "How do young adults living with HIV experience and make sense of acceptance in their everyday lives?" In this respect, the study contributes to the existing literature by approaching acceptance as a contextual experience that is renegotiated as the meaning and social visibility of the diagnosis change, rather than as a fixed psychological outcome reached by the individual. Furthermore, by focusing on the subjective experiences of young adults living in Türkiye, it aims to contribute to the limited contextual and idiographic research in this area.

Table 1. Participant characteristics

Participant	Gender	Age	Education Level	Time Since Diagnosis (years)
Participant 1	Male	26	Associate degree	1-2
Participant 2	Male	25	Bachelor's degree	1-2
Participant 3	Male	30	Associate degree	5–6
Participant 4	Male	28	Bachelor's degree	3–4
Participant 5	Female	26	Bachelor's degree	3–4
Participant 6	Male	30	Master's degree	5–6
Participant 7	Male	27	Associate degree	3–4
Participant 8	Male	30	High school	3–4
Participant 9	Male	24	Bachelor's degree	1-2

Method

Sample

This qualitative study was conducted with nine young adults living with HIV in Türkiye. Participants were recruited through community-led referrals using snowball sampling (Hays and Singh 2023). Individuals aged 20–30 years who had received an HIV diagnosis at least six months earlier and agreed to participate in all study interviews were included. The age range was selected to allow the examination of participants' experiences within a similar developmental period. The requirement of at least six months since diagnosis was established to ensure that participants had sufficient experience of living with HIV to reflect on. During data collection, 22 individuals volunteered to participate in the study. Of these, eight were excluded because they did not meet the age criterion, and two were excluded because they did not meet the

requirement of at least six months since diagnosis. One individual indicated that they no longer wished to participate before the interviews began. Of the 11 individuals who met the study's inclusion criteria, two discontinued the interviews for health reasons and were excluded from the study, resulting in a final participant group of nine individuals (Table 1).

Keeping the sample homogeneous and limited to nine participants was considered sufficient to enable the idiographic depth that underpins Interpretative Phenomenological Analysis (Smith et al. 2021), the approach used in this study, and to allow a detailed examination of similarities and differences in participants' experiences of living with HIV.

Procedure

Ethical approval for the study was obtained from the Istanbul Aydın University Non-Interventional Clinical Research Ethics Committee (29.01.2025, Decision No: 24/2025). Data collection was conducted between July 2025 and June 2026. Participants were reached through associations led by people living with HIV, HIV clinics, social media groups and accounts, and individual referrals. Throughout the process, participants' identifying and personal information was collected only to the extent that they chose to share it, and their confidentiality and well-being were prioritized at all stages.

Data were collected using a semi-structured interview guide developed by the researchers based on a review of the literature. The interview guide was developed with input from young people living with HIV and social science scholars who have published research on the experience of living with HIV. A pilot interview was conducted in June 2025, and the individual who participated in the pilot interview was not included in the final sample. Follow-up and probing questions were used during the interviews when necessary. The interview guide was reviewed after each interview.

The interviews were conducted by the first author using the semi-structured interview guide, with two or three interviews conducted with each participant. The first interview aimed solely to get to know the participant and establish the researcher–participant relationship. The intervals between all interviews were determined by participants' preferences and did not exceed two weeks. Depending on participants' preferences, interviews were conducted by telephone, online, or face to face, with online interviews conducted via Zoom or Google Meet. Face-to-face interviews took place in settings chosen by participants or at an independent counseling center. Each interview lasted approximately 80 minutes.

The interview process followed a relationship-oriented and trauma-informed approach, and participants' rights to decline to answer any question, stop the interview, take a break, or change the pace of the interview were explicitly stated at each interview. A third interview was conducted when additional time was needed for the participant to feel ready to share their experiences and to complete the interview content. The purpose of the study and the researcher's positionality were explained to participants, and their questions were answered throughout the interview process. Electronic and verbal informed consent was obtained from participants, and verbal consent was reconfirmed at the beginning of each interview.

The interviews were recorded, transcribed verbatim, and the transcripts were checked against the audio recordings. Only the first author had access to the audio recordings, and names and other potentially identifying information were anonymized in the transcripts. Data collection was concluded when the interviews with nine participants were judged to have yielded rich and contextualized case narratives of each participant's experiences of living with HIV. The authors determined that these data provided sufficient idiographic depth to examine both the particularities of each case and the similarities and differences across cases.

Data Analysis

In this qualitative study, the data were analyzed using the Interpretative Phenomenological Analysis (IPA) approach developed by Smith, Flowers, and Larkin (2021). In line with IPA's idiographic orientation, which involves a detailed examination of the particularities of participants' lived experiences, the analysis initially focused on each participant's experience individually, followed by a comparison of similarities and

differences across participants. The entire analysis was conducted by the first author. Approximately 700 pages of interview transcripts were analyzed using a licensed version of MAXQDA 2020. MAXQDA was used to organize and examine transcripts by case, carry out coding and categorization, record analytic notes, and organize and store themes.

During the analysis, each participant's narrative, including the introductory interview, was examined on a case-by-case basis. First, all interviews with each participant were read in their entirety multiple times, with attention to the context of the participant's narrative, the relationships among experiences, and the meanings that stood out throughout the narrative. At this stage, detailed descriptive comments and notes were made on the transcripts. The comments consisted of conceptual and interpretative notes focusing particularly on the meaning of the participant's experience, the language they used, and how they made sense of their experience. Thus, the analysis was not limited to describing participants' statements but also examined the meaning of these statements within the context of each participant's lived experience. Statements in each participant's narrative and the exploratory comments relating to them were brought together to develop emergent themes specific to that participant. During this process, care was taken to ensure that themes were not based solely on frequently recurring statements but also captured an important aspect of the participant's experience and preserved the particularity of the individual case. Once the analysis of one participant was completed, the analysis of the next participant began, allowing each case to be examined in detail within its own context without being predetermined by themes from other cases. After the individual analyses of all nine participants were completed, cross-case comparisons began. At this stage, the emergent themes for each participant were compared to examine which experiences appeared in similar, different, or contrasting ways across participants. This comparative process resulted in the development of group experiential themes that encompassed the experiences of more than one participant while preserving the particularities of individual cases as far as possible. Theme development focused not only on bringing together recurring content but also on how participants made sense of their experiences of living with HIV in different ways and how these meanings intersected across cases.

During the development and review of the thematic structure, the interpretations and themes generated by the first author were critically evaluated through supervision meetings with the second author. These meetings aimed to assess whether the interpretations were supported by participants' narratives, whether the themes went beyond the data, and whether the particularities of individual cases were adequately preserved. Theme names and boundaries were reconsidered and revised as needed in light of these discussions.

Finally, the potential influence of the researcher's previous research and activism experience in HIV and social justice on the interpretative process was considered throughout the analysis. The first author kept reflexive notes throughout the analytic process, regularly reviewing their own assumptions, points that drew their attention, and the interpretations they developed. By making the researcher's assumptions and position within the interpretative process explicit, these notes helped support the critical reassessment of interpretations throughout the analysis.

Results

Group Experiential Theme 1. Encountering the Diagnosis

Encountering the diagnosis involved HIV becoming established as a reality that could not be removed from participants' lives and changes over time in the meaning they attributed to HIV.

Subtheme 1.1. Diagnosis as an Enduring Reality

For participants, the acceptance process began with recognizing that HIV was now a reality that could not be removed from their lives, before emotional adjustment to the diagnosis. Although this awareness emerged through different experiences, such as waiting for the confirmatory test result, starting treatment, or seeing that ordinary life was continuing, it constituted a shared experiential threshold across

the narratives. Participants mostly described this process not as "accepting HIV" but as "encountering a reality that could no longer be reversed."

For certain participants, this process became inevitable once the diagnosis was confirmed. Participant 8 described the rupture they experienced following the confirmatory test, when no alternative explanation remained: *"When that also comes back positive, you have to accept it" (P8).* Similarly, Participant 1 described realizing that refusing treatment would not change the reality:

"For the first month, month and a half, I didn't accept it. I kept insisting it wasn't mine and so on... I asked the doctor, 'If I refuse treatment, how long will I live?'... And the doctor said, 'You could live for 10 years.' That's why I started treatment." (P1).

In both narratives, acceptance appears to mean that the diagnosis and its consequences have become a reality that can no longer be disregarded, rather than that HIV has been internally accepted. Some participants emphasized that this awareness developed over time. Participant 7 expressed this as follows: *"Even though I didn't accept (the diagnosis), I felt like I had to, so I did. Because I couldn't change it, I accepted it... I've only recently been able to accept it."* A distinction exists between confronting the permanence of the diagnosis and coming to terms with it emotionally. Participants 2 and 5 stated that regular medication use and check-ups made it increasingly impossible to deny HIV, expressing this as follows:

"Part of me accepts it, whether I want to or not. Because you take the medication every day... After all, at some point, you have to get used to living with this." (P2).

"I had to accept it... Instead of sitting and crying about it, I needed to think about what I could do from then on... Even if I tore myself apart or slammed myself against a wall, I have to live with this illness, and somehow I will. Now, instead of focusing on the bad aspects, I need to focus on how I can make my life better, how I can move forward with my life in a better way." (P5).

Thus, participants experienced the beginning of acceptance as a shared threshold at which they realized that life would continue with HIV, rather than as coming to terms with HIV emotionally.

Subtheme 1.2. Changing the Meaning of HIV

The meanings participants attributed to HIV and to the experience of living with HIV also appeared to change over time. This change was reflected less in the medical meaning of HIV than in participants' rethinking of what kind of life was possible with HIV through treatment and encounters with healthcare professionals and other people living with HIV. Participant 5's account illustrates this process, as HIV shifted from being compared to a fatal illness to being seen as a condition that could be managed with treatment:

"I used to think [...] I wished I had cancer instead. [...] But now I try not to look at it that way. [...] Right now, thankfully, my treatment is going well, and ultimately, from a medical perspective, it's not comparable to cancer. I mean, yes, there's a medication we need to take. But I also feel that this medication keeps me stronger." (P5).

Similarly, Participant 8 describes HIV as *"just a characteristic that needs to be suppressed" and limits the meaning of the illness to daily treatment, stating that "as long as you take your medication [...] it's just a health condition, nothing more."* Participant 8's account can be understood in the context of witnessing the everyday lives and relationships of other people living with HIV:

"The person I met at the association had an HIV-negative partner. [...] Seeing things like this, I tried to see the situation as more normal." (P8).

Participants described encounters with peers, support organizations, and trusted healthcare professionals, or their personal experiences, as important in transforming how they understood HIV.

"My psychiatrist said, 'This is your health, and it's not something you need to hide or keep secret. It's a condition like diabetes or high blood pressure.' After that, I tried to digest it a bit more, and I continued my treatment." (P9).

Participant 9's statement, *"I tried to digest it a bit more"* indicates that the participant did not immediately embrace the doctor's framing of HIV as an ordinary chronic illness. In Participant 2's narrative, treatment creates a sense of reassurance that temporarily changes the meaning of HIV, while the thought that *"it hasn't completely healed"* preserves the ongoing reality of the diagnosis. Thus, the new meaning coexists with the previous meaning rather than replacing it entirely.

"Going to the doctor every three months was actually a big deal for me. That had a positive effect too... The doctor says, you know, it's U=U... that feeling of 'you're clean now.' It had positive effects. The positive effects don't last long, of course... because, ultimately, it hasn't completely healed. That thought is still there, I mean." (P2).

However, new meanings of HIV did not shift toward a greater sense of safety or manageability with every encounter. For Participant 4, the first person they turned to after diagnosis led them to interpret HIV as the end of life rather than a manageable health condition:

"When my test result came back positive, I called the friend who had initially encouraged me to get tested, thinking they would know the process and I could get help from them. They told me, 'You won't do anything ever again. You'll shut yourself away at home and wait to die. Even if you hug someone, even if you hug your mother, you'll pass it on' [...] I thought about ending my life." (P4).

This statement shows that the meaning of HIV can be shaped not only by medical information but also by the narrative offered by the other person. This initial encounter, shaped by misinformation, made HIV a social and existential threat as well as a medical one. Similarly, in Participant 1's account, the doctor's response framed HIV as something that needed to be hidden: *"My infectious disease doctor told me, 'Don't bear the moral burden of harming anyone, there's nothing we can do,' and sent me away..." (P1).* Participant 1's subsequent experience with an association led by people living with HIV illustrates another point at which this focus shifted: *"(The association representative) said, 'Stay calm... Even if your result comes back positive, there's nothing to be afraid of. You'll take one pill a day and carry on with your life...' I attended association meetings... When I met different people, I realized I wasn't alone" (P1).* In this encounter, the focus shifted from how to conceal HIV to how to continue living with it.

Taken together, these accounts show that the meaning HIV held for participants did not change in a single direction, at a single point in time, or in a linear manner. While for some participants the diagnosis was reframed from a threat associated with death and the end of life to a health condition that could be managed through treatment, for others this new meaning persisted alongside their earlier fears and uncertainties.

Group Experiential Theme 2. Negotiating Everyday Life with HIV

As the diagnosis became part of everyday life, HIV often remained in the background but became visible again in socially meaningful encounters.

Subtheme 2.1. HIV Receding into the Background of Everyday Life

Participants reported that HIV occupied the center of their thoughts in the early period after diagnosis but gradually receded into the background amid the natural flow of everyday life. HIV had not disappeared, but for most participants, it had become part of their routines rather than an experience that constantly shaped everyday life. This change was mostly described in connection with taking medication, attending regular check-ups, and the continuation of the ordinary course of life.

This experience is evident in Participant 7's account. Describing HIV in the early period after diagnosis as *"as if it were stuck to my forehead,"* the participant explains how this heightened awareness diminished over time:

"But as I kept busy, or when I had tests every three months during this process and my blood results came back normal... it showed me... that I hadn't actually lost my health." (P7)

Similarly, Participants 6 and 1 describe how HIV has become an experience they now recall only at particular moments:

"Overall, I can say that I've accepted the diagnosis... Apart from that, it's something I often forget about. Every morning, I wake up, take my medication, and get on with my life." (P6)

"I've accepted the diagnosis; it's with me now... Nothing has changed since last year... Nothing has changed in my life, at least in these 13 months... I've accepted it, and I'm continuing with my life." (P1)

HIV receding into the background is expressed less in terms of forgetting the diagnosis and more in terms of treatment becoming an ordinary part of the daily routine. Other participants described a similar shift. Participant 4 described HIV as a limited part of their life: *"It's a very small part of my life. It only takes up one day every three months."* Participant 3 emphasizes the continuity of daily life, stating, *"I take medication once a day and pick up where I left off in my normal life. At first, I was a little confused, but now it's a very normal part of my life too."* As medication becomes part of the daily routine, living with HIV is experienced as part of "normal life" rather than as something separate from it. This shift is particularly evident in Participant 8's account:

"I don't think about it (living with HIV) at all... It actually comes to my mind when I come to talk to you. And it comes to mind when it's time to take my medication. At no other time is it on my mind." (P8).

However, HIV receding into the background was not experienced in the same way by all participants. In Participant 2's account, taking medication makes HIV an ordinary part of the daily routine while also bringing the permanence of the diagnosis and the participant's internal reckoning back into view:

"One part of me immediately says, okay, you're living with HIV. Okay, you'll take your medication... you'll take it for the rest of your life. Don't think about it too much, just take the pills and move on, don't dwell on it so much. Another part of me says, you'll take a pill every evening. I mean, at some point, you'll actually have to reckon with yourself..." (P2).

In this subtheme, what changes is not HIV itself but the place it occupies in participants' everyday attention and daily practices.

Subtheme 2.2. HIV Becoming Visible Again in Social Contexts

Although HIV recedes into the background of everyday life, certain encounters bring the diagnosis back to the center of everyday experience. HIV becomes particularly visible again in situations where individuals need to disclose their diagnosis to someone else, develop intimacy, or encounter others' reactions. Participants' attention appears to shift from their own health to how the other person will respond to the diagnosis. This is most evident in Participant 3's account. The possibility of a new romantic relationship brings HIV back to the forefront:

"I mean, maybe I hadn't accepted it a hundred percent, I don't know, but I did accept it. I still have these worries. For instance... If I start thinking about a long-term relationship... How am I going to explain this situation to them? Especially that moment when we first talk about it. How am I going to bring it up? It's very difficult. This process of confessing. It's like a confession." (P3)

For Participant 3, HIV once again takes precedence over everyday life when the possibility of a long-term relationship arises. The participant's use of "confession" indicates that they experience sharing the diagnosis not merely as providing information but as a situation in which they must explain themselves. In the same account, the participant describes how these encounters also affect their sense of self anew: *"I'm relying on the other person's tolerance... I feel like a burden" (P3).* A tension is apparent between having accepted the diagnosis internally and how they will position themselves when disclosing it to someone else. For Participant 2, a similar tension emerges less from disclosing the diagnosis than from how it might position them within a potential relationship.

"...I don't quite know how to put it, but at some level, it's like I'm always in the wrong... as if, as long as I have that illness, I'm always in the wrong somehow." (P2).

The same participant noted that this tension also seeped into everyday interactions at work: *"It made me more distant with people... If I'm talking to someone, I can share everything about myself. If I'm not talking, it's because I won't be able to share anything anyway. That's the biggest difficulty right now" (P2).* Similarly, Participant 5 describes how becoming close to someone can make them feel vulnerable again:

"I can say I've accepted the diagnosis, I think I have, but... there are different worries... I'm engaged, and I've started to worry a little that they'll bring up having children in the future. Yes, I know that taking medication means there won't be any harm to the child... But what if something goes wrong... it could take me back to where I was before." (P5).

This statement shows that an affirmation of acceptance and its conditional nature can coexist within the same sentence. This vulnerability, which often emerges in moments of emotional closeness, can also manifest in relationships with family, friends, or colleagues.

"My family is very conservative, they're closed-minded about everything. If I told them, it would be a source of shame for them. That's why I just gave up on the idea right away." (P2)

"After I learned of my HIV diagnosis, I was really afraid of my family... My family is from the Black Sea region. I come from a conservative family. So I was hiding my homosexuality. I always kept it to myself... And now, alongside that, I started hiding this (HIV) too... Since, in their view, this illness is also a punishment for doing something bad, perhaps that's why I don't feel the need to tell them." (P8).

Here, making the diagnosis visible involves not only sharing information about HIV but also anticipating how family members will make sense of the illness. Encounters in healthcare settings and workplaces are other contexts in which HIV becomes visible again. Participant 3 described attending healthcare facilities for routine check-ups as follows:

"Especially when I was first diagnosed, this felt very upsetting to me. I mean, I felt very alone... Going to the doctor, waiting there for my turn. I can't tell anyone I've made a doctor's appointment." (P3).

Similarly, Participant 5 reports feeling that some colleagues at work avoided being close to them, while Participant 9 states that they still consider the possibility that their students or students' parents might distance themselves if they learned of the diagnosis:

"Some people at my workplace had found out about my situation (without my consent). For example, I try to hug someone, and they say, 'Oh, I'm sweaty,' or something. Yes, they might actually be sweaty and not want to hug me for that reason, but I didn't see it that way. I thought they didn't want to hug me because of this illness, and that really bothered me." (P5).

"For a while, I didn't touch my students, for example... I still worry. If people found out about my illness, would any of my students' parents, my students, my family, or the people around me distance themselves from me? I wonder about that." (P9).

Taken together, these accounts show that HIV can remain in the background of everyday life but return to the forefront in specific encounters, such as forming close relationships, disclosing to family, making plans for the future, or receiving healthcare, reshaping participants' experiences.

Discussion

This study approaches acceptance among young adults living with HIV as a process that is experienced anew as the meaning and visibility of HIV in their lives change, rather than as a state of psychological adjustment achieved after diagnosis that subsequently remains unchanged. In participants' accounts, acceptance involved first recognizing HIV as a reality that could not be removed from their lives, followed by a reassessment over time of what living with HIV meant. However, HIV receding into the background of everyday life did not mean that it became less prominent to the same extent in all contexts. In particular, socially meaningful encounters involving close relationships, self-disclosure, family, work, and healthcare brought HIV back to the center of experience. Therefore, the findings support understanding acceptance not as a "completed" outcome of adjustment but as a context-sensitive negotiation through which

individuals reposition their lives with HIV under different circumstances. This interpretation also explains why participants may experience anxiety, uncertainty, or vulnerability even while stating that they have accepted their HIV status.

The participants' narratives indicate that, in the early stages of living with HIV, acceptance is linked less to coming to terms with the diagnosis emotionally than to recognizing it as a reality that can no longer be removed from their lives. Experiences such as receiving the confirmatory test result, starting treatment, and continuing to take medication regularly led participants to regard HIV as a reality they would have to take into account for the rest of their lives. From this perspective, "acceptance" is not the same experience as coming to terms with the diagnosis. Some participants report accepting the diagnosis while describing this as the result of encountering a situation that cannot be changed. Consequently, this finding suggests that defining HIV acceptance solely in terms of a positive attitude or psychological well-being may be insufficient. Previous qualitative studies have also reported the gradual recognition that, with current treatment options for HIV, it remains a reality that cannot yet be changed (Horter et al. 2017, Kutnick et al. 2017, Bilardi et al. 2019). While Bilardi et al. (2019) describe acceptance among men diagnosed with HIV as a process whose duration varies from person to person, other studies show that treatment and denial can sometimes continue alongside each other (Horter et al. 2017, Kutnick et al. 2017).

The shift in the meaning of HIV is viewed as a process shaped by recognizing the permanence of the diagnosis. In participants' accounts, this shift generally moved from a framework associated with death and threat toward one in which HIV was understood as a health condition manageable with treatment. This process was supported by access to treatment, trusting relationships with healthcare professionals, and contact with other people living with HIV. This pattern broadly aligns with previous findings showing that appropriate treatment, information, social support, and reorienting one's life shape a journey toward acceptance (Stroumpouki et al. 2020, van der Elst et al. 2022), but the data from this study do not fully support a unidirectional progression toward acceptance. Findings showing that experiences of stigma related to living with HIV do not remain static over time but can change at both societal and individual levels (Chan et al. 2025) suggest that this nonlinear movement is not unique to this study. Consequently, this study describes the changing meaning of HIV not as a "journey" in a single direction, but as a process that is responsive to encounters and capable of moving in both directions. As emphasized in the meaning-making literature, reconstructing the meaning of significant life events is generally a process revisited over time rather than a one-time achievement (Park 2010). The data from this study support the view that HIV should be considered not only as a medical reality but also within the context of a meaning system that individuals relate to themselves and their lives (Plattner and Meiring 2006).

The renewed visibility of HIV in socially meaningful contexts is one of the most original findings of this study. This re-emergence often arose in various contexts, such as the possibility of a new romantic relationship, disclosure to family, workplace encounters, and receiving healthcare. In these encounters, participants' attention shifted from their own health to how the other person would respond to the diagnosis. This pattern is consistent with explanatory frameworks that describe HIV status disclosure as a relational process shaped by the quality of the relationship, expectations of rejection, and societal perceptions of HIV, rather than merely an individual choice (Derlega et al. 2004, Chaudoir and Fisher 2010). More recent qualitative studies with young adults also show that disclosure decisions are shaped by fear of rejection, stigma, and the relational context (Nyongesa et al. 2022, Smith et al. 2023). Similarly, Aurpibul et al. (2023) found that young adults' decisions about disclosing their HIV status could change across different life stages and within different relationships. In particular, the notions of "confession" and "being a burden," along with worries about having children in the future, that emerge in romantic relationships, suggest that the social meaning of HIV can extend beyond one's own health status and that the developmental tasks of young adulthood, such as forming relationships and planning for the future (Arnett 2024), shape one's relationship with HIV.

The idea that acceptance is an ongoing process rather than a fixed outcome has also been expressed in different ways in previous studies (Horter et al. 2017, Bilardi et al. 2019, Stroumpouki et al. 2020, van der Elst et al. 2022). The fact that these findings were obtained from young adults living in Türkiye is itself a contribution, given the limited research addressing this specific combination of life stage, method, and

context. In the Turkish context, the variability of acceptance should be evaluated not only as an individual psychological process but also in conjunction with the social consequences of HIV status. Since HIV and AIDS first became visible in Türkiye, public discourse has linked HIV to homosexuality and framed it in terms of moral deviance, crime, and punishment. Traces of these discourses can also be reproduced in more recent public debates (Andiç 2023). Consistent with this, previous studies conducted in Türkiye have reported that the experience of living with HIV is shaped by misconceptions about HIV, fears of stigma and exclusion, concerns about privacy violations, and discriminatory attitudes in health care services (Şenyürek et al. 2021, Kınay et al. 2026). Accordingly, individuals living with HIV may need to consider privacy and potential social reactions when sharing their status (Öktem 2015, Şenyürek et al. 2021). In addition, persistent gaps in young adults' knowledge of sexual health and sexually transmitted infections (Uğurlu and Karahan 2022) contribute to a social context that may complicate discussions of HIV and perpetuate existing misconceptions. Thus, in the Turkish context, "acceptance" can be interpreted as a relational process that extends beyond individual meaning-making about HIV to involve continually assessing the social conditions under which the diagnosis can be made visible and those under which it needs to be kept private.

This study has certain limitations. Although the idiographic sample of nine young adults was consistent with the study's aim, the transferability of the findings to other age groups and sociocultural contexts is limited. Due to the study's qualitative and idiographic design, the sample size was not determined through a statistical power analysis. The fact that eight participants were men, only one was a woman, and all were unmarried limits the examination of experiences across different gender and relationship contexts. In addition, recruitment through specific networks and referrals may have led to an overrepresentation of individuals with easier access to HIV-related support resources.

Conclusion

This study suggests that interpreting acceptance among young adults living with HIV as a psychological state reached once after diagnosis and remaining fixed thereafter is inadequate and incomplete. Extending previous findings on acceptance as a process, our study shows that expressing acceptance of living with HIV and continuing to experience worry, uncertainty, or a need for self-protection in specific social and relational contexts are not mutually exclusive. This approach makes it possible to understand young adults' experiences with HIV not solely through their psychological response to the diagnosis, but within everyday life and relational contexts. The study's main contribution is to present the practice of acceptance as a context-sensitive experience that can be revisited as the meaning and visibility of HIV in one's life change, rather than as an end state to be reached. Given the importance of the relationship between treatment adherence and acceptance processes among young adults (Nyongesa et al. 2022), the relevance of this approach for practitioners becomes particularly apparent.

The findings of this study and the relevant literature suggest that asking whether young adults living with HIV have "accepted their diagnosis" may not be sufficient on its own in psychological counseling and guidance services. Approaching acceptance in counseling as an experience of "ongoing negotiation" revisited under different life circumstances, rather than as a final stage expected to be completed, may help make sense of participants' expressed acceptance and continuing worries. This may contribute to planning psychological services for young adults living with HIV in Türkiye that are sensitive to context, attentive to stigma, and tailored to individuals' life circumstances.

In future research, it is important to examine the experiences of young adults living with HIV not only through one-way cause-and-effect relationships but also in conjunction with their living conditions, relationships, and social contexts. In particular, establishing trusting researcher–participant relationships and actively involving communities and organizations led by people living with HIV in the research process may contribute to a more contextual and participatory understanding of these experiences. At the policy level, promoting awareness of undetectable = untransmittable (U=U) in line with current scientific evidence, strengthening privacy protections and anti-discrimination practices in healthcare, and

supporting the direct participation of people living with HIV in policy and service development are important priorities.

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