



Post-traumatic Growth in People Living with HIV/AIDS

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Commentary

Acquired Immune Deficiency Syndrome (AIDS) is caused by Human Immunodeficiency Virus (HIV) infection and has become a serious infectious disease that is prevalent throughout the world. AIDS is a major hidden danger to human health. The report of The Joint United Nations Programme on HIV/AIDS (UNAIDS) suggests that the number of surviving HIV-infected patients worldwide was approximately 36.7 million by the end of 2016, and approximately 18.2 million patients have received antiretroviral therapy [1]. The number of AIDS-related deaths has fallen by 26% per year since 2013.

AIDS is a public health and social problem that is extremely harmful to human health. That's the reason why People Living With HIV/AIDS (PLWHA) are still discriminated in many ways, and there are still demeaning and alienating attitudes and behaviors towards them in the mainstream society, although relevant departments gradually rev up publicity of AIDS prevention and treatment in recent years. Some surveys found that 80% of PLWHA feel scared, 66.7% of them were lonely and shame, 41.7% of them commit suicide because of depression, and 66.7% of them take revenge on society [2]. Jianning Wang and Wenzhao Qu believe that the patients lose hope of life, despair and finally end the life in an extreme way due to the suffering of the disease and the strong sense of stigma, guilt and helplessness [3]. In the Canadian study, the test result of the Beck Depression Scale also shows that about one-third of PLWHA suffers moderate to severe depression [4].

The research of traditional negative psychology focuses on the patients' abnormal mental experiences and finds that these negative emotional experiences have a great impact on patient's quality of life and even increase the risk of HIV transmission [5]. Other studies show that some patients have a positive psychological change in the fight against disease. These positive psychological changes, such as Post-Traumatic Growth (PTG), not only provide a better basis for follow-up treatment, but also promote the comprehensive recovery of body and mind [6].

The concept of Post-Traumatic Growth was proposed by Tedeschi and Calhoun in 1995. PTG is also known as stress-related growth, positive growth, growing up in adversity, perceived benefit, stress-related growth, positive psychological change, and discovery benefits. It means a positive psychological change experienced by an individual after a traumatic event. PTG shows that traumatic events not only have a negative impact on individuals, but also cause positive changes, such as promoting individual spiritual growth, improving self-awareness, improving relationships with others and society, and enabling individuals to correctly view life values, reset new life development goals and so on. Tedeschi and Calhoun summarized the theme of PTG as the following five aspects: more love for life, more meaningful interpersonal relationships, increased personal strength and changes of priorities, richer survival and spiritual life [7]. PTG emphasizes the individual's harvest after the traumatic event, not only the reduction of negative emotions and the increase of positive emotions. It represents that the individual can be more enriched and experienced after experiencing trauma. Tedeschi and Calhoun developed the Post-Traumatic Growth Inventory (PTGI) under this theoretical framework [8].

With the development of Positive Psychology after trauma, researchers find that traumatic events are not totally negative at a certain level or time. In some cases, traumatic events can make individuals improve their self-consciousness, promote their spiritual growth, enhance their social relations with the outside world, urge them to reassess their life value, plan new life goals, and produce a series of positive changes [9]. Bluvsteind's research [10] indicates that PTG can reduce the stress symptoms of individuals after traumatic events, and is also a positive factor in mental health. Some reviews also show that individuals with Post-Traumatic Stress Disorder (PTSD) may have fewer symptoms if they develop PTG [11].

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Post-traumatic growth makes up for the shortcomings of negative psychology and have a more comprehensive study of individual psychological experience, because it emphasizes that individuals not only have negative emotions or behaviors after traumatic events, but also positive emotions. Therefore, post-traumatic growth is getting more and more attention in the field of psychology and medicine [8]. With the expanding research scope of post-traumatic growth, studies show that PTG can not only happen to individuals, but also in groups, even in the country and the world [9]. According to Cohen's research, traumatic events can not only change family functions, marital relationships, and social atmosphere, but also cause social and cultural changes in a region or even a country [12].

Current research indicates that post-traumatic growth is highly prevalent in HIV-positive patients, ranging from 59% to 83% [6,13], and longitudinal studies by Milam [6] indicate that 59% of AIDS patients/HIV-infected persons have positive changes in certain dimensions of the PTG, and these positive changes are inversely related to depression. This positive psychological growth can not only reduce negative psychological factors, promote mental health, improve treatment adherence and enhance the immune system [14], but also improve quality of life and enhance health-related behaviors, including improving diet, regular exercise, and reducing risk behaviors such as dangerous sexual behavior and substance abuse [13].

In foreign literature, post-traumatic growth is still concentrated on major natural disasters, malignant tumors, myocardial infarction, and serious disease caregivers. Qualitative research is rare and focuses on accidents and cancer patients [15,16]. There are only a small number of studies on PTG of PLWHA, and most of them are cross-sectional surveys. There are only 26 articles about the research of PTG and PLWHA on web of science, and only two studies are conducted in China. Joseph investigated the relationship between disease perception and post-traumatic growth in new HIV-positive patients with gay men and lesbians in Chengdu [17]. The total average score of PTG scale was 27.68, and 9 dimensions in the disease-awareness scale were significantly associated with PTG [17]. In rural China, Wei investigated the mediating role of comprehending social abilities, hope levels, and emotional regulation in perceived discrimination and post-traumatic growth among children whose parents were HIV-positive patients [18].

Domestic researches on this aspect start late and involve a relatively narrow population. They are mostly related to survivors after the Wenchuan earthquake and diseases such as cancer and myocardial infarction. At present, there are few PTG studies on HIV-positive patients, and there are only two articles related to PTG and AIDS in China National Knowledge Internet (CNKI) and Wanfang. Chaoran Chen studied the stigma response and post-traumatic growth of adolescent AIDS orphans [19]. Jingjing Huang investigated the relationship between psychological flexibility, rumination, self-esteem and post-traumatic growth in a young population whose parents are suffering from AIDS [20]. However, there is no qualitative study on the relationship between HIV and PTG, and there is a lack of understanding of positive psychological changes of HIV-positive patients.

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