



Mental Health and HIV/AIDS: A Thematic Analysis of Communication and Support for People Living with HIV/AIDS in an Online Support Group

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Abstract: Qualitative research on HIV/AIDS and the use of online support groups has suggested that participants benefit from them in terms of empowerment and emotional support. However there is almost no information available on the specific topic of mental health and concerns that people living with HIV/AIDS have around the topic, and what the role is of forums when participants look for orientation and relief from psychological distress. The aim of this study was to explore trends in discussion about mental health in online support groups and to try to identify usual concerns and strategies that members share in the forums when they address the matter of psychological distress, including mental disorders such as depression and anxiety. Thematic analysis of 701 messages posted by 220 members in a forum about mental health and HIV/AIDS revealed three themes: ‘Therapy almighty?’, ‘Swallow the pill or not’, and ‘Being lonely is not helping’. The findings suggest that participants tend to idealise therapy, medicine and companionship, which are the three main alternatives of solution to problems discussed in the online forum. This idealisation might be due to the uncertainties and burdens inherent to HIV/AIDS, and the need for hope in definitive solutions to the multiple problems this population can face. While other studies have considered online support groups as a source of relief themselves, our findings suggests that participants use them as a mean to mainly look for answers, obtaining only references to other resources that could actually have those desired answers.

Keywords: HIV/AIDS, Idealisation, Therapy, Medicine, Companionship

1. Introduction

Living with HIV/AIDS means having a chronic condition with a wide variety of physical, emotional/psychological and even social implications that include discrimination and stigma. Adaptation to changes due to the impact of diagnosis, adherence to treatment or effects of disclosure on social life can be psychologically demanding [1], therefore mental health is a central topic of interest when it comes to address the lifestyle of people living with HIV/AIDS [2]. For the reasons mentioned before mental disorders such as depression and anxiety are frequent among this population [3, 4], and then concerns of people living with this condition are usually related to looking for effective strategies or resources to deal with psychological distress [3]. For example, it is known that prevalence of depression is

between 22% and 38% in the population living with HIV/AIDS around the world [5], while other studies have shown a prevalence of anxiety in focalised groups of around 5 to 15% in the populations studied [6, 7].

Apart from medicines to deal with distress and other kinds of mental disorders associated with HIV/AIDS, social support appears as another helping resource as contact with others creates a context in which common experiences can be shared, reinforcing identity and sense of belonging at the same time [8]. In fact, lack of social interaction due to discrimination and stigma around HIV/AIDS can be the cause of emotional distress and even affect physical health as research shows that the immune system can be impaired by belongingness deprivation [9, 10]. Therefore, absence of

social support and/or rejection can directly affect the weakest point of people living with HIV/AIDS (the immune system), apart from making it difficult for people to reinsert in social activities such as work or education, thus preventing them from considering themselves as productive persons.

Psychological therapy is also a common alternative for people living with HIV/AIDS to cope with distress due to their condition [11]. Although this category embraces a wide range of approaches and therapeutic methodologies it can be established that cognitive behavioural therapy is one of the prevalent alternatives with some relevant results in clinical practice, especially in cases of mental disorders associated with HIV/AIDS such as depression and anxiety [12, 13].

Online support groups (OSG) have emerged in the last few decades as a very important source of help to cope with all the issues related to living with HIV/AIDS, with well-documented effectiveness [14-20]. These are webpages that provide information and guidance to people living with HIV/AIDS and that also contain forums where people can post messages, contact other participants in the website and even create a profile and be part of a virtual community. People living with HIV/AIDS that participate in online support groups are likely to look for understanding, sharing experiences, clarifying their doubts about their condition or simply express sympathy for others going through the same situation [14]. Among these motivations, concerns about treatment are fairly commonly shared using these virtual resources, with questions related to possible side-effect or right choices regarding medicines, but also about other possible solutions to psychological distress including associated mental disorders. Moreover though, topics about depression, anxiety, suicidal ideation and other issues related to mood are numerous in the forums of these OSGs, and participation around them reflects a generalised impact of both the condition itself and the treatment for the mental health of people living with HIV/AIDS.

Even though several studies have been conducted on the content of messages posted within forums in online support groups for people living with HIV/AIDS [14, 15, 17-20], no qualitative studies have explored concerns of participants in these websites on the nature of their motivations to share their doubts, needs and fears in a virtual community. Many references to strategies to cope with distress have been evidenced by these studies, but only as an indirect result of the analysis of communication and content of messages in general rather than as the outcome of a research focused on mental health and the motivations for people living with HIV/AIDS to participate in online forums.

The aim of this study is to attempt to identify the underlying interest of members of an online support group around the topic of Mental Health and HIV/AIDS through a thematic analysis, considering also what are their specific concerns at two main scenarios related to psychological distress: anxiety and suicide. Throughout this research the motivations of people living with HIV/AIDS to participate in OSGs are exposed and interpreted in order to increase knowledge about the usefulness of online support groups,

especially when it comes to discuss about concerns related to mental health and the demanding situations that this population usually go through.

2. Methods

2.1. Procedure

Data was obtained from the webpage POZ.COM [21], which is an online support group for people living with HIV/AIDS that contains several different forums related to specific topics around this subject. Threads selected come from the forum "Mental Health & HIV", where 6,046 messages within 517 topics have been posted between 14th June 2007 and 20th June 2016. For the present study, 64 threads containing 701 messages were randomly selected by giving each thread a number and using Excel to obtain a list of 64 random numbers that corresponded to the sample extracted. As the textual content of the sample extracted reached the length of around 500 pages of a word processor it was considered to be a reasonable quantity of data that would be both manageable and representative, as it is suggested by some authors [22, 23] in regard of qualitative analyses.

The information provided by the webpage is in the public domain, therefore no informed consent was necessary to extract and use this data according with the guidelines of the British Psychology Society Code of Human Research Ethics [24]. Additionally, information such as nicknames or references to people, locations or institutions has been omitted in the results in order to protect the identities of the participants in the forum.

2.2. Sample Characteristics

A total of 220 unique message senders' names were identified in the threads selected for the study, including three moderators. As the website protects the identity of all members/posters it was no possible to have access to personal information other than the users' nicknames. The positive status of all posters in Mental Health & HIV is assumed by the website, as it is one of the requirements to participate in the forum. Four posters were identified as notably more active than the rest, with at least 30 posts within the threads. It was known that one of these active posters committed suicide last year.

2.3. Data Analysis

Data-driven bottom-up thematic analysis was conducted to process the data contained within the threads. The principles of the thematic analysis were followed according to the guidelines provided by Braun and Clarke [25]. The data was read once before coding started, then possible themes were identified while second reading. Themes and codes were defined after careful systematic analysis of the data, and interpretation of results departing from the data was conducted to develop a theory that could explain those results.

3. Results

Themes:

3.1. Therapy Almighty

This theme goes around idealisation of psychological therapy and their providers. This means that participants in the forum tend to interpret therapy as an ideal source of answers and relief. This idealistic way of thinking about therapy appears to be independent from the appreciation of real experiences with therapists, in the sense that while therapy is regarded as infallible a therapist cannot be absolutely reliable. The theme is discussed within the forum around two subthemes, as follows:

3.1.1. The Last Answer

This subtheme refers to the image that members have of psychological therapy as the infallible solution under any circumstance. The points listed next summarise the characteristics of this subtheme:

- (1) Therapy is often quoted as the right answer to all kinds of mental discomfort. Even just the word “therapy” seems to be interpreted by participants as having the power to bring comfort and give hope to others.
- (2) Participants refer to therapy as unique modality of intervention provided though by different kinds of healthcare providers such as GPs, social workers, HIV/AIDS specialists and counsellors. The key issue is that the ideal encounter identified as therapy is supposed to offer the best answer among all the options available, including the forum itself.
- (3) Even though participants can have some knowledge on the particularities of psychotherapeutic alternatives such as Cognitive Behavioural, idealisation is evident as they assume that positive results on specific cases can always be generalised.
- (4) Reliance on therapy due to real experiences related to anxiety, depression and suicidal behaviour does not suggest idealisation, but high confidence on its supposed capability of always solving other members’ issues appears as indirectly related to idealisation as some kind of absolute healing power is attributed to it.

These messages extracted from the sample reflect what has been stated above:

“Therapy. That’s it in a nutshell. Sounding off to a therapist can help steer through these issues. I see mine on a regular basis.”

“The people that will listen are psychologists / counselors / therapist. Mine is an LCSW (licensed clinical social worker). If you don’t have a therapist, I would highly recommend one.”

“Lots of psychotropic drugs a good shrink to talk to (not just a drug dealer Dr.) but also lots & lots of psychotherapy , it’s helped me a lot and has saved my life many times over after being committed in the VA Psyc hospital twice last yr.”

3.1.2. Look for a Therapist That Fits You

In this subtheme members acknowledge that therapy have indeed limitations, but rather on the side of the healthcare providers and the quality of the relationship established between them and the patients. The next points help to describe this subtheme in more detail:

- (1) Whenever therapy fails participants tend to always put the blame on the therapists and their failures, while effectiveness of therapeutic methods themselves are interpreted as adequate in any situation. In fact participants tend to recommend therapy to others even after having lived a non-satisfactory experience with it, pointing at the healthcare provided as the only responsible for it
- (2) Participants also recognise that failure of therapy can be due to resistance of the patients to disclose themselves about things related to their condition. Thus, limitations of therapy lie on the fact that it depends on establishing a relationship with a stranger, that is, the therapist. Also, time and accessibility are issues considered by members as limiting benefits from therapy, nonetheless they never put into doubt its healing potential apart from these issues.

Some examples of what has been stated above can be found in the next quotations:

“I agree that you should try to find another therapist, they are kind of like shoes, you have to find one that fits. Printing your post out like Buckmark suggested is a great idea! It might take awhile to get to what you really need to talk about but you will get there and you will feel better.”

“I’m still getting to know my therapist. I don’t get to see her as often as I’d like she is always so booked out, so unless I saw different ones, I can’t see her but about once a month (which sucks). It’s hard to tell a random stranger all of this stuff, especially when I have major trust issues anyway.”

3.2. To Swallow the Pill, or Not

The key fact of this theme is the role that a pill can play in the life of people living with HIV/AIDS as another determinant solution or just the cause of more discomfort and health deterioration. This is discussed through two subthemes, explained next:

3.2.1. The Power of Meds

This subtheme reflects how members attribute to pills some important deal of power on their lives that go beyond the mere positive and negative effects they can cause on their health. More details on this are listed below:

- (1) Members see medicine as a sign that something is really happening to them, when living with HIV/AIDS is often just about having no other trace of their condition than a diagnosis.
- (2) A certain amount of power on members’ lives is attributed to pills when suicidal thoughts emerge. While committing suicide usually implies an action to put an end to their lives, in this case the responsibility for killing themselves is avoided in the way that only

by stopping to take the medicine the person would let the virus take over their bodies and that eventually cause their death. Therefore, the pill might be considered as the difference between life and death just by taking it or not.

- (3) Several good experiences with medicines have made participants attribute to pills the responsibility for an important positive change in their lifestyle. In this way members tend to see pills as another strength of therapy, thus reinforcing its idealisation, as the recommendations of taking them are made by healthcare providers
- (4) Power of medicines to be determinant in life is also present in the sense that members recognise it as the only thing capable of directly fighting the virus, therefore there is some sense of gratitude to them as if they were actually performing a conscious job. This might be another way in which members attribute to pills the power to decide for them if they live or die.

The following messages extracted from the sample illustrate some of the points stated above:

"I can relate to what you are saying. When I popped my first pills almost a year ago only three months after diagnosis, it was the first tangible "thing" I was doing that drove the reality home. It was a mind bender for sure. I wondered if I would ever feel routine; folks say it is like brushing your teeth."

"I think about stopping my meds all the time and like you said let nature take its course. Fortunately, in my more rational moments I know that isn't the answer and have started seeing a therapist and I dropped prozac and am trying Effexor to see if that is any better."

"I am not quite there yet, but as time moves along, it does get better. One thing that has helped me is a bit of reframing - the pills are not a burden, curse or negative thing, they are soldiers that are keeping the virus the loser. Each time I pop them, I dwell for a quick moment in gratitude that I have them, they are paid for, there will be more and most especially for the thousands of lives that were experimented on so that I have what I have."

3.2.2. This Happens with Pills

In this subtheme members share their view of medicines and offer them as a guidance for others, stating their advantages and limitations. This realistic appreciation is based either on personal experiences or information accessible to people, and no trace of idealisation is perceived. Then, even though some relieving properties are regularly attributed to pills, they are not regarded as a definitive solution. The next quotations from the sample will reflect this characteristic:

"Regarding hiv and anxiety at least for me, once I started hiv meds the anxiety started to lessen and about a year ago I stopped having to take anxiety meds."

"I am on Prozac, Xanax, and the beta-blocker, Atenolol. While these have helped, I've not been cured. I honestly don't know what I would do without the Xanax. I've been in

situations where I was having a bad panic attack, and gasping for air. Popped a Xanax, talked myself down, breathing exercises, and I'm usually better. I will still usually feel crappy, because of the flood of adrenaline and other chemicals."

3.2.3. Being Lonely Is Not Helping

Concerns about loneliness throughout the posts are abundant, and refer to intimate relationships, social support, family and friends. Members do not clearly define what companionship implies for them, but they share their hope on having someone as an indispensable component of life and a source of relief from the burdens related to their condition. Loneliness and the need for someone are discussed in the forum through these two subthemes:

3.2.4. What Having Someone Around Means

This subtheme goes around experiences and points of view that members share about human relationships in general and the role they can play in the lives of those living with HIV/AIDS. More considerations on this subtheme are summarised as follows:

- (1) Members see loneliness as very likely to happen, or even as unavoidable, in cases of people living with HIV/AIDS. There is a major agreement on the seriousness of its negative effects on mental and physical health, therefore companionship is widely acknowledged as a main relieving source from distress even in extreme cases. Also, positive real experiences with having someone are stated as evidence of its relieving qualities.
- (2) Members tend to identify themselves with others' experience with loneliness and to express their empathy by stating that identification. This evidence a common need for companionship and an honest desire that everyone sharing their condition manage to get some company and enjoy from its benefits.
- (3) Companionship is regarded as a most valuable component of life, thus any effort to have someone near seems to be justified at member's eyes.
- (4) There are active and passive strategies that members identify as useful to fight loneliness. Members that assume an active role talk about possible strategies to make contact with people or state testimonies of having approached to others to establish some kind of relationship, while those adopting a passive attitude just manifest their hope in eventually finding company, but not mentioning any plan to achieve this.

The following messages depict some of the ideas previously stated around this subtheme:

"Try to reach out to SOMEBODY even if it's just a wave at a neighbor or someone you see at the store etc. Offer a SMILE, hold a door open with a SMILE....make yourself approachable AND if possible rescue a puppy or a dog!"

"As I grow older, I find myself filtering out the noises of life. I would rather get a clear signal from those I interact with. They can tell a good story. Full of all the right things being said, but underneath it all, I can hear the sadness, the

desperation and the loneliness. I am so grateful, early on. I found people honest enough to tell me the truth and share their experiences strength and hope. That was right here, this very room. Saved my life? Yup”

3.2.5. *Looking for Love*

Discussion on love and intimate relationships in the forum is different from talking about family and social support in that it is regarded as the ultimate goal in life. This is explained in more detail next:

- (1) Members regard romantic relationships as the ideal kind of companionship, either by stating their desire to find a partner or by complaining about not having one.
- (2) Love relationships are usually seen by members as capable of replacing any other need for companionship, either based on actual experiences or on pure hope. In any case, idealisation might be present again, as members magnify the capability of a partner to fulfil the need for friendship or social interaction. In the same way, not having someone to love and be in love with is usually identified as a main cause for psychological distress, to the point of being considered as an understandable reason for contemplating suicide.

The messages listed below express most of what has been stated about this subtheme:

“I fell my problem is not having a partner to love. I haven't been able to go out and find someone, because I'm to ashamed to admit to the other person of my status.”

“I occupy myself by having a stressful job and spending money on whatever I want, but at the end of the day I still go to bed alone. My mates dint get it, they think material things bring happiness. I am jealous of their relationships and families.”

“You long for something with a special someone and anything worth having takes a hell of a lot of work. Actually, I think relationships are some of the hardest things in life, but the rewards are infinite.”

“This thread hit home tonight as I have just been going through a quite difficult time anticipating my companion for the past 2 years leaving to go off on his own. I had been living alone for 10 years and for the most part enjoyed the independence and freedom, despite those episodic Friday nights or weekends when I suddenly felt so alone. I was at the brink of entertaining suicidal thoughts...more so than ever in my life.”

4. Discussion

The aim of this study was to explore the recurrent topics discussed by people living with HIV/AIDS in online support groups in relation to mental health, including the identification of patterns in discussion about dealing with anxiety, depression and suicidal thoughts. Through this thematic analysis it has been identified a generalised trend related to idealise alternatives to cope with psychological distress, which might be associated with a strong need to keep faith in that at least a definitive relief from all the pain

associated with living with HIV/AIDS does exist, while a cure for the condition do not. Other studies around the topic of HIV/AIDS and online support groups have shown that people sharing experiences and thoughts through discussion in forums can provide emotional support in order to help others to experience some of that pursued relief [14, 16-20], but in this work it is suggested that participants in forums might be looking for guidance towards ideal solving alternatives rather than expecting emotional relief from just reading messages. In this way, usefulness of online support groups seems to be more related to having a space in which people can talk about faith in the existence of ideal solutions for distress, and to feed their hope of it.

In general, the thematic analysis revealed that members see mental health as the ultimate desired state of well-being, and that this could be achievable through three alternatives: therapy, medicines and companionship. Nonetheless, this evaluation of mental health would be unrealistic as there is no evidence of participants in the forums having ever actually fully experienced it, yet it is seen by them as an ideal state where all the distress caused by their condition would be gone. Here, idealisation of the goal implies idealising the means as well, as faith in effectiveness of therapy, medicine and companionship as the three infallible ways to achieve mental health has been clearly identified as prevalent throughout the posts. Therefore, through these three themes people living with HIV/AIDS state that even though there is no cure for their condition they can always have hope in the fact that mental health is an achievable state where their lives could be lived as if the virus was not real at all.

4.1. *Idealisation of Therapy*

Living with HIV/AIDS could mean having to face many uncertainties related to the fact that their health condition has many particularities that make it difficult to define it, and also because of the responsibilities that are placed on them since the diagnosis, such as having to decide to go to a health service, start a treatment, disclose to others, or adopt a different lifestyle [26]. This might lead to experience the need for a figure with the authority to state the absolute truth as a way to deal with uncertainty, therefore faith is directed to therapy as the infallible source of answers as discussions throughout the forum almost always lead to that conclusion.

It is to be stated that “faith” is not used here in a sense of spirituality but rather related to beliefs not based on proofs. However, as faith in spirituality works under the same principle of believing in something independently from real experiences, it is possible to use studies based on spiritual needs of people with chronic illnesses as a reference for these conclusions [27-32]. These studies assume faith as a useful element in therapy for chronic conditions such as cancer, diabetes or multiple sclerosis but none of them have considered the possibility of faith in therapy itself, nevertheless their findings suggest that the mere presence of faith in something superior could be helpful enough in terms of adaptation and healing. In the case of this study, faith in therapy as having the potential of solving any problem could

be working in a similar way as described in regard of spirituality, thus explaining the need for idealisation that underlies discussion about therapy in the forum of mental health.

Idealisation of therapy does not imply that people with HIV/AIDS tend to idealise the therapist, in fact there can be established a clear division between both: while therapy is the never-failing instance to which anyone can turn to when all the other alternatives have failed the therapist is just a human being that can administer this ultimate helping resource, but conditioned by certain variables such as personality, level of knowledge, availability, or even by particularities of the clients themselves. Reservations about going on therapy, explored in another study [33], could also be identified in the present work. These kind of conflicts have to do with those personal limitations mentioned before and not with a lack of confidence on therapy itself.

Either members discuss about depression, suicidal behaviour or anxiety, a realistic appreciation of therapy and its benefits is absent as they define it in general terms only, that is, as the right choice when it comes to think of a definite solution but without giving any details on why this would be so. Only in few cases members actually refer to evidence or reflect knowledge on what therapy is about, but even when limitations in practice are acknowledged the final conclusion always is that therapy is the best resource available for them.

4.2. Medicine

Medical treatment either for controlling the virus or fighting the symptoms of a mental disorder is maybe the most discussed topic when talking about mental health in the forum. In this case realistic view dominates, and even when positive experiences with pills are shared there is almost always a reference on drawbacks of taking them. However, as medicine is tangible and its effects can be physically observable participants in the forum seem to place some considerable amount of responsibility on their lives to pills in the sense that simply by taking them or not could mean the difference between life and death. This is true not only in the case of antiretroviral treatment but also about antidepressants, anxiolytics or other kind of psychiatric medicaments. Therefore, even when the person has to make the decision of taking the pill or not, responsibility for consequences of going on meds such as relief, side effects or any kind of health impairment (by both taking or not taking medicine) is not assumed by them, or in other words, they can either thank or blame the pill instead of themselves.

Usefulness of medicine for dealing with mental disorders such as depression and anxiety is the most common topic discussed in the forum. In these cases limitations of treatments are often mentioned and no idealisation of medicines as an ultimate answer can be identified, although it is common that they are usually more well appreciated when considered as a component of the category “therapy”, as an alternative that can bring relief from psychological distress when combined with psychological treatment or as an alternative recommended from the therapeutic environment.

A reason for this ungeneralised idealisation of medicine in discussions about mental health and HIV/AIDS, even when the benefits of taking it can actually be sensed and proved, might be precisely in that it is the only visible, definable and physically perceivable relieving alternative available for people living with HIV/AIDS, therefore their expectations placed on them are more likely to be inspired by evidence rather than in faith.

Unfortunately there are no previous studies on the topic of discussion in online forums about the role of medicine in lives of people living with HIV/AIDS, however other kind of studies around antiretroviral therapy have shown that failure in adherence to treatment or reluctance to using psychiatric medicine are usually due to fear of secondary effects or lifelong treatment [34, 35]. These facts are indirectly related to the idea that expectations on medicine are based on experience and tend to be either realistic or even discouraging, but rarely idealistic in a positive way. Nevertheless, as these studies are focused on completely different goals and use other kind of methodology there is no possibility of connecting their results with the outcomes of the present qualitative research.

4.3. Companionship

Need for companionship is largely discussed throughout the forum. Again hope is placed in human contact as a valuable support that can even bring relief when mental health is affected in some way, as members talk about human relationships outside the online environment as an ideal context where they can share experiences and difficulties. While other studies have shown that online support groups can offer companionship and social support [24, 17-20], in this case members seem more concerned in expressing their need for “real” human relationships rather than actually considering forums as a proper replacement for them. In this way, while exchanging messages in forums can resemble social support, this works more like a source of information based on personal experiences that could lead to finding the desired support in the world outside.

Loneliness is regarded by people living with HIV/AIDS as a cause of psychological distress itself, but also as some kind of disability when dealing with anxiety, depression or another type of mental disorder. This can be related to the results of studies showing that social interaction can be a predictor of lower levels of suicidal ideation or a reduction in levels of anxiety in people living with HIV/AIDS [36, 37], but in this case what it is suggested is that trust in social support is independent from real experiences, as members usually refer to the lack of it as the real problem and to the opposite situations as the strongly desired goal. Companionship is therefore idealised as an indispensable component of well-being and a potentially infallible resource in which someone else could assume responsibility for important decisions, bring support and give strength to deal with hard situations related to physical and mental health, adaptation or social acceptance. This occurs even though real experiences with family, friends or partners can be less than satisfactory

sometimes, maybe because of the fact that companionship is not easy to define and can be provided in many ways and by different people, thus idealisation is always possible.

What appears to be the background of this trend of people living with HIV/AIDS to idealise the alternatives they have to deal with mental health issues is the fact that they feel uncertain about their condition, and in that position they just need to believe that someone or something out there have the wisdom to answer their questions with the absolute truth and the power to decide for them what to do. Online groups have been recognised by other studies as important sources of relief, social support and empowering [24, 17-20], but in this case it seems like forums are visited mostly in order to find ultimate answers but then getting mostly references towards ideal instances rather than actually what they really think they need. In this way forums are more a space to share hope and guide others to what they assume are solutions for their burdens and not a source of relief themselves. Although there is no doubt that some comfort can be experienced by sharing and receiving this kind of support in online groups, and that in general terms these resources offer a confidential and understanding environment in which they can feel comfortable to talk about their thoughts and fears [38], concerns about mental health are not solved in these spaces but rather they are only canalised to alternatives in real life that seem to offer relief, even though these ideas are supported by little actual evidence, and that the alternatives could be actually hard to reach sometimes. Indeed, while therapy, love and companionship are as uncertain as the condition of someone living with HIV/AIDS, the social importance of these concepts [39] and its influence on people's beliefs could be the reasons why faith is placed on them instead of more tangible things, such as medicine.

A deeper interpretation of the results of this study suggest that people living with HIV/AIDS might be looking forward to find someone or something that could decide for them, and that those decisions would be right if the absolute truth is supporting them. Therefore, the answer might be: 1) an ideal medicine that works effectively under any circumstances bringing relief from symptoms of psychological distress or fighting the virus with no side effects or risks of failure, 2) an expert therapist capable of finding solutions and clarifying any doubts with absolute knowledge of what is the best alternative, or 3) a partner that gives unconditional support and knows what to do all the time. In the end, living with HIV/AIDS seem to mean living with a great deal of responsibility for making important, sometimes life-changing decisions under a permanent uncertainty about their health, therefore a powerful source of psychological relief might be just to believe that there is someone/something out there capable of assuming that responsibility and free them from the burden.

Some studies have explored the presence of hope or the need for spirituality of people living with different chronic conditions and their families [27-29, 40-43] which can be associated with the results of this research, however none of them has focused on HIV/AIDS and motivations underlying

hope and faith nor have explored the usefulness of online support groups in this concern. Nevertheless, these studies conclude that hope and faith are present in patients with chronic diseases and that they are potentially helpful resources that can be taken advantage of by health services, which is the reason why the present qualitative analysis was conducted in the first place: to identify the usefulness of hope and faith in rehabilitation and support for people living with HIV/AIDS through online support groups.

5. Conclusion

Discussion on mental health in online support groups for people living with HIV/AIDS revolves around looking for guidance toward supposed ideal solutions to distress related to this health condition rather than regarding to these groups as sources of relief themselves. Members tend to identify therapy, medicine and companionship as infallible options with the potential to bring relief even under extreme circumstances, such as going through depression, having suicidal thoughts or dealing with anxiety disorders. In a deeper sense, participants in OSGs seem to be looking for something or someone on which they could place the responsibility for making crucial decisions about their lives, as a way to experience relief. The present study has suggested that idealisation could motivate people living with HIV/AIDS to have hope that a state of well-being is achievable for them, therefore further research should explore this possibility in more detail to have a better understanding of the mechanisms through which this motivation works and how it can be taken advantage of to improve psychological treatment and help people with a chronic health conditions to adapt better to their reality.

Limitations

Although a great deal of information was extracted from one online support group to conduct this study, it is possible that interactions in similar forums from other webpages could have revealed different patterns in discussion about mental health and HIV/AIDS. Also, as no other similar studies have been conducted on this specific topic is not possible to determine that concerns around mental health in this population are significantly different from those people outside this group could have.

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