

Psychosocial Adaptation to HIV/AIDS

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Due to advancements in scientific knowledge and pharmacological therapies there has been a dramatic decline in the morbidity and mortality rates associated with HIV infection (UNAIDS, 2010; Werth, Borges, McNally, Maguire, & Britton, 2008). Access to Highly Active Antiretroviral Therapy (HAART) and medical follow-ups has enabled the majority of people living with HIV (PHA) to experience a higher quality of life and longer life expectancy (Lohse et al., 2007). Consequently HIV/AIDS is now categorized as a chronic illness (Argentier et al., 2003) and PHAs are increasingly accessing psychosocial services including counselling and psychotherapy (Samson & Spector, 2011).

The onset of a chronic illness as represented by the diagnosis of HIV often provokes an adaptation process. It is important to understand how this process unfolds. According to several theoretical models, the adaptation process is based on the completion of certain adaptive tasks (Cohen & Lazarus, 1979; Corr, 1992; Moos & Tsu, 1977; Samson & Siam, 2008). Current task based models tend to ignore the social environments in which this adaptation occurs. Therefore it is important to contextualize the process of adaptation for counselling and psychotherapy professionals who may offer assistance to PHAs.

To aid these professionals, the authors propose an expanded task based model which takes into account the influence of structural conditions on the adaptation process. These structural conditions may include, but are not limited to, the availability of housing, access to healthcare and experiences of stigma and discrimination. To illustrate this expanded model, the dynamic relationship between structural conditions in the lives of PHAs and adaptive tasks, as detailed in the current adaptive model, will be considered. The paper will conclude with a proposal to add a new component to the existing model of adaptation to HIV/AIDS.