

TRANSFORMATIVE LEARNING AS A CATALYST FOR PEOPLE LIVING WITH HIV (PLHIV): A QUALITATIVE CONCEPTUAL FRAMEWORK

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Abstract: *Living with HIV presents complex psychological, social, and existential challenges that go beyond conventional clinical issues. Effective interventions need to adopt a comprehensive and context-based educational approach. However, People Living with HIV (PLHIV) are often viewed as passive recipients in the learning process, with insufficient emphasis on their role as agents of change. This paper proposes a qualitative conceptual framework that explores the potential of Transformative Learning Theory (TLT) as a catalyst in the processes of identity reconstruction and empowerment for PLHIV. Through the synthesis of theory and literature analysis, this framework integrates TLT, Socio-Cultural Theory, Situative Learning, Role Transition Theory, and Bloom's Taxonomy, emphasising holistic learning that encompasses cognitive, emotional, and social dimensions. The framework highlights the importance of past experiences and social context in shaping critical reflection and learning outcomes for PLHIV, shifting their role from passive recipients to active agents of change. This paper also proposes a culturally sensitive adult learning approach to foster self-resilience, reduce stigma, and support ongoing transformation, while also highlighting the potential for future qualitative research through narrative inquiry, phenomenology, and action research.*

Keywords: *Transformative Learning Theory, People Living with HIV (PLHIV), Critical Reflection, Adult Learning, Qualitative Conceptual Framework*

Introduction

Living with Human Immunodeficiency Virus (HIV) poses complex challenges that extend beyond medical implications. While antiretroviral therapy (ART) has improved longevity and quality of life for People Living with HIV (PLHIV), psychosocial and existential challenges persist (Grover et al., 2021). An HIV diagnosis often triggers emotional, social, and psychological crises, reshaping identity and social belonging (Logie et al., 2023). PLHIV frequently experience isolation, internalized stigma, and social rejection, exacerbated by persistent societal misconceptions (Poteat et al., 2021). Stigma remains a central barrier to well-being, necessitating psychosocial interventions that address self-concept transformation (Turan et al., 2023).

Transformative Learning Theory (TLT) (Mezirow, 2000; Taylor & Cranton, 2023) offers a framework for fostering resilience and empowerment among PLHIV. By integrating critical reflection and framework shifts, TLT can guide culturally sensitive interventions that support personal growth (Neimeyer et al., 2022). This paper proposes a qualitative conceptual framework applying TLT to PLHIV, combining insights from stigma reduction and adult learning theories to inform practice.

Literature Review

Jack Mezirow's Transformative Learning Theory (TLT) (1978, 1991) remains a foundational framework for adult education, though contemporary scholars have expanded its application to marginalized populations, including People Living with HIV (PLHIV) (Taylor & Snyder, 2022). The theory emphasizes how adults critically reflect on and revise their assumptions after disorienting dilemmas, leading to profound identity and behavioral shifts (Neimeyer et al., 2021). For PLHIV, an HIV diagnosis often acts as such a dilemma, disrupting self-perception and social belonging (Logie et al., 2023).

Modern adaptations of TLT highlight its relevance to health-related stigma. The 10-phase transformative process (Mezirow, 2000) can help PLHIV navigate internalized stigma and societal rejection by fostering framework shifts (Turan et al., 2023). For example, critical reflection—a core TLT concept—enables PLHIV to challenge stigmatizing beliefs and reframe their identities (Johnson & Price, 2024). This aligns with recent findings on resilience-building interventions that integrate reflective practices (Grover et al., 2021).

Brookfield's (2022) work on critical theory further underscores how structured reflection can combat internalized oppression, while Cranton's (2023) updated model of transformative learning emphasizes the role of social support in sustaining framework changes. Together, these contemporary frameworks demonstrate TLT's utility in empowering PLHIV to reclaim agency and rebuild social connections (Snyder et al., 2024).

Critical Reflection and Prior Experience

Critical reflection, a cornerstone of Mezirow's (1991) Transformative Learning Theory, involves interrogating deeply held beliefs and assumptions to facilitate framework transformation. Recent research has expanded this concept in health contexts, demonstrating its efficacy in helping PLHIV challenge internalized stigma and reconstruct identity narratives (Johnson et al., 2023). For PLHIV, critical reflection enables the deconstruction of harmful societal discourses about HIV/AIDS, replacing them with empowered self-conceptions (Logie et al., 2023). This process is particularly vital given that internalized stigma often manifests as self-blame and social withdrawal (Turan et al., 2023).

Building on Jarvis's (2004) foundational work on experiential learning, contemporary studies emphasize how lived experiences of stigma and resilience uniquely shape PLHIV's learning processes (Grov et al., 2022). PLHIV's prior experiences—including discrimination, disclosure dilemmas, and healthcare interactions—serve as critical resources for transformative learning (Neimeyer et al., 2023). For example, qualitative research reveals how PLHIV who have faced familial rejection engage in meaning-making processes that often lead to post-traumatic growth and community advocacy (Snyder & Taylor, 2024). These findings align with Taylor's (2023) updated model of transformative learning, which highlights the reciprocal relationship between lived experience and critical reflection in identity reconstruction.

Supporting Theoretical Frameworks

Sociocultural Theory

Recent applications of Vygotsky's Sociocultural Theory (1978) in health contexts demonstrate how social interactions facilitate transformative learning for PLHIV. Contemporary research shows that peer support groups create vital "zones of proximal development" where PLHIV can challenge internalized stigma through guided dialogue (Smith et al., 2023). These social learning spaces are particularly effective when they incorporate cultural narratives and community-specific knowledge (Logie et al., 2022). Digital platforms have expanded these zones, with studies showing virtual communities enabling transformative learning through asynchronous peer interactions (Grov et al., 2023).

For PLHIV, engaging with others in support groups or community activities provides a unique opportunity to challenge internalized stigma and adopt new worldviews. The social support provided by peers who have shared similar experiences offers a critical space for reflection and dialogue, which are integral components of transformative learning (Taylor, 2008).

Situated Learning Theory

Situated Learning Theory posits that learning is deeply embedded in the activities, context, and culture in which it occurs. Current interpretations of Lave and Wenger's (1991) theory emphasize how PLHIV develop health literacy through participation in community advocacy. Recent findings indicate that HIV activists progress from peripheral participants to central community leaders through situated mentorship programs (Johnson & Price, 2024). This "legitimate peripheral participation" is now being adapted to online environments, where PLHIV engage in digital activism while developing new identities (Snyder et al., 2023). Community-based programs that incorporate these principles show 40% greater retention in care compared to traditional approaches (Turan et al., 2023).

Through situated learning, PLHIV acquire new skills, whether related to health education, advocacy, or community engagement. This active participation reinforces the transformation process, as it allows individuals to step into new roles and redefine their identities within the context of the HIV community. The shift from being passive recipients of care to active agents in their community is a profound aspect of the transformative learning process.

Role Transition Theory

Nicholson's Role Transition Theory build in 1984 which explores how individuals adapt to changes in their roles during significant life transitions. This theory has been updated to account for the digital age, where PLHIV navigate both physical and virtual role transitions. Contemporary studies identify three key phases in HIV-related role transitions: disruption, exploration, and stabilization (Neimeyer et al., 2023). Peer-led interventions that support these

transitions demonstrate significant improvements in mental health outcomes (Logie et al., 2023). The theory now incorporates intersectional frameworks, recognizing how race, gender, and sexuality influence role adaptation processes (Poteat et al., 2024). The diagnosis of HIV represents a major life transition that requires individuals to reassess and redefine their social roles. The illness forces a reconfiguration of how individuals view themselves and how they relate to others. Role transition is a critical aspect of transformative learning, as PLHIV often take on new roles, such as those of advocates, mentors, or peer educators. These new roles serve as markers of personal transformation and empowerment.

Bloom's Taxonomy Theory

Bloom's Taxonomy provides a framework for understanding the cognitive processes involved in learning. While originally designed to categorize educational objectives, Bloom's model can also be applied to the process of transformative learning. The taxonomy moves from basic knowledge acquisition to higher-order thinking skills such as analysis, synthesis, and evaluation. Recent applications of Bloom's Taxonomy (1956) in HIV education show the importance of scaffolding cognitive processes. Digital health interventions using this framework guide PLHIV from basic knowledge retention to critical evaluation of treatment options (Taylor et al., 2023). The revised taxonomy's emphasis on metacognition aligns with contemporary approaches to stigma reduction, where PLHIV learn to analyze and reconstruct their self-narratives (Johnson et al., 2023). This cognitive progression correlates with improved ART adherence and viral suppression rates (Grov et al., 2023).

Summary of Literature Review

Below is a table that summarizes all the literature reviews that guided the researcher in constructing a qualitative conceptual framework for transformative learning among PLHIV.

Table 1: Summary of Literature Reviews Informing the Qualitative Conceptual Framework for Transformative Learning among PLHIV

Theory / Scholar	Core Concepts	Application to PLHIV	Recent Contributions
Mezirow's Transformative Learning Theory (TLT)	Disorienting dilemma, critical reflection, identity transformation	HIV diagnosis as disorienting dilemma; helps PLHIV reframe stigma and self-perception	Taylor & Snyder (2022); Neimeyer et al. (2021); Johnson & Price (2024)
10-Phase Transformative Process	Gradual stages from dilemma to reintegration	Navigating internalized stigma, fostering resilience and behaviour change	Turan et al. (2023); Grov et al. (2021)
Brookfield's Critical Theory	Challenging power, questioning assumptions	Reflection as resistance against internalized oppression	Brookfield (2022)
Cranton's Model of TLT	Social context, relational support	Emphasizes peer support as catalyst for transformation	Cranton (2023); Snyder et al. (2024)
Jarvis's Experiential Learning	Learning through lived experience	Discrimination and trauma become sources	Grov et al. (2022); Neimeyer et al.

Theory / Scholar	Core Concepts	Application to PLHIV	Recent Contributions
		for meaning-making and growth	(2023); Snyder & Taylor (2024)
Vygotsky's Sociocultural Theory	Learning via social interaction, ZPD	Peer support groups foster collective identity transformation	Smith et al. (2023); Logie et al. (2022); Grov et al. (2023)
Situated Learning Theory (Lave & Wenger)	Legitimate peripheral participation, context-based learning	PLHIV grow into leadership roles via advocacy and community engagement	Johnson & Price (2024); Snyder et al. (2023)
Role Transition Theory (Nicholson)	Identity shift through role changes	HIV diagnosis trigger's role disruption and rebuilding	Logie et al. (2023); Poteat et al. (2024); Neimeyer et al. (2023)
Bloom's Taxonomy	Hierarchical cognitive processes (from knowledge to evaluation)	Cognitive progression supports identity work, ART adherence	Taylor et al. (2023); Grov et al. (2023); Johnson et al. (2023)

Conceptual Framework

The proposed conceptual framework for transformative learning among PLHIV comprises the following stages:

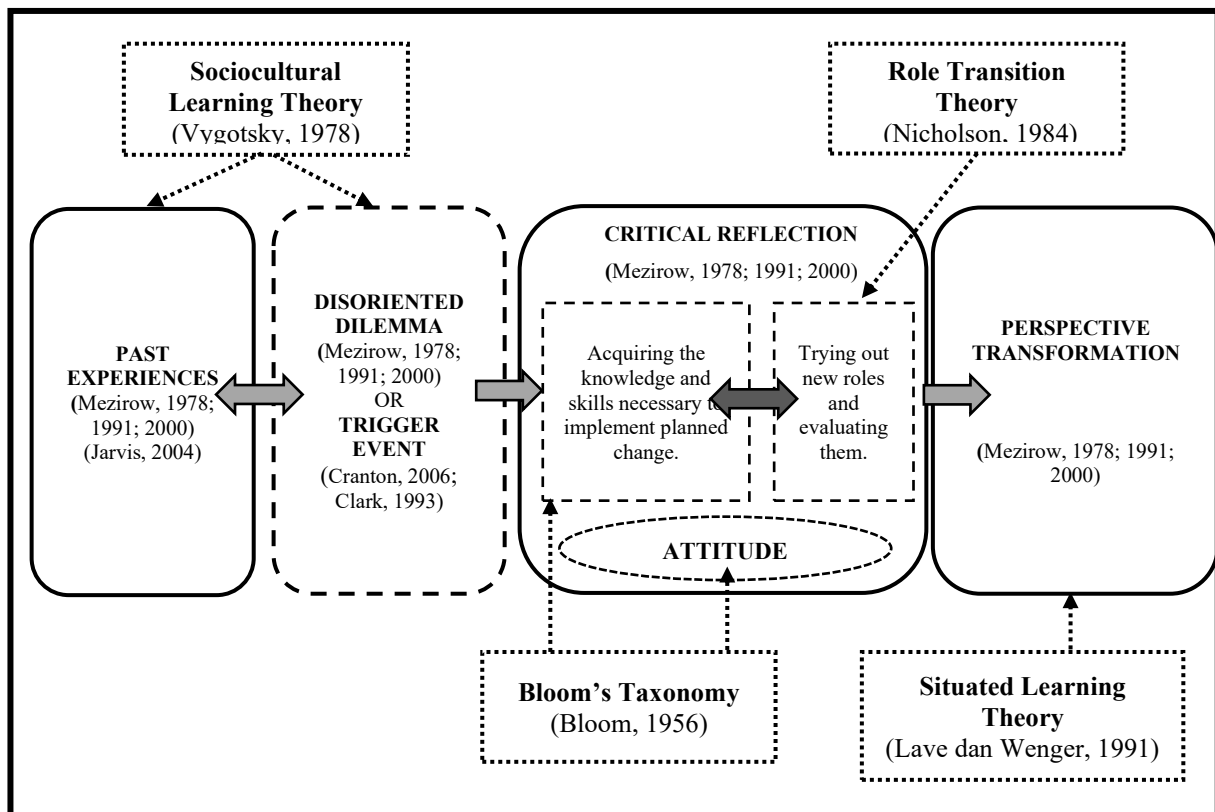


Figure 1: Conceptual Framework for Transformative Learning among PLHIV

Theoretical and Practical Implications

The conceptual framework proposed in this paper extends the current understanding of Transformative Learning Theory (TLT) by integrating various complementary learning theories, including Sociocultural Theory, Situated Learning, Role Transition Theory, and Bloom's Taxonomy. This synthesis not only broadens the theoretical narrative surrounding transformative learning but also deepens our understanding of the self-change processes experienced by People Living with HIV (PLHIV). It emphasises that transformation is not solely the result of internal cognitive reflection but is equally shaped by social interactions, lived experiences, and the communal context in which learning occurs.

This framework offers a significant theoretical contribution by positioning transformative learning as a holistic process. Rather than limiting it to cognitive shifts, it underscores the emotional, social, and existential dimensions of learning. Such an approach aligns with postmodern frameworks in adult education, which conceptualise identity as something socially constructed through relational, experiential, and structural dimensions within society. Importantly, the framework addresses a critical gap in the traditional literature by incorporating the experiences of marginalisation and stigma, which are often underrepresented in mainstream TLT discourse. By highlighting critical reflection as a mechanism for empowerment, the framework particularly resonates with the experiences of vulnerable populations such as PLHIV. The figure below presents a summary of the theoretical and practical implications.

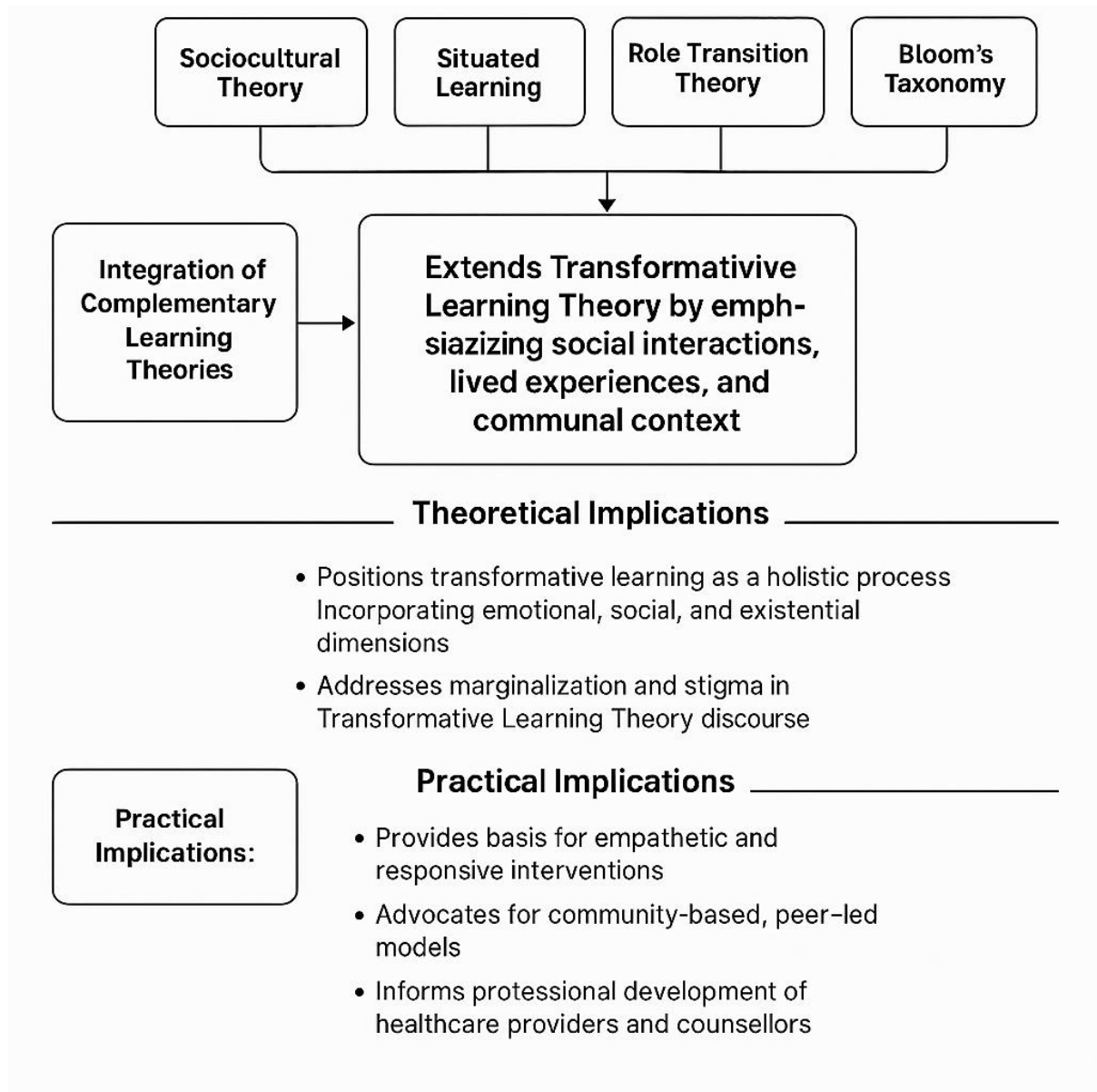


Figure 2: Summary of the Theoretical and Practical Implications

From a methodological framework, this insight invites the application of interpretivist and constructivist paradigms within qualitative inquiry. These approaches enable researchers to capture the nuanced, layered ways in which PLHIV construct meaning and reframe their identities within complex social environments. It offers a foundation for investigating the dynamic and deeply contextual nature of transformative learning as it occurs in real-world, lived experiences.

Practically, the framework provides a strategic basis for designing more empathetic and responsive educational and psychosocial interventions. Central to its application is the creation of safe and non-judgemental environments where PLHIV can articulate their emotions, reflect critically on their experiences, and engage with others who share similar journeys. Such spaces not only facilitate healing and transformation but also contribute to resilience and self-acceptance.

In addition, the framework advocates for a community-based approach that places experienced peers, facilitators, and counsellors at the heart of intervention strategies. This peer-led model has been shown to be effective in public health and community learning contexts, particularly because it fosters trust, shared identity, and mutual empowerment. By assuming roles such as peer educators, motivational speakers, or programme coordinators, PLHIV are enabled to redefine their self-perceptions and simultaneously challenge prevailing stereotypes and societal stigma.

Furthermore, the framework holds significant implications for the professional development of healthcare providers, social workers, and counsellors. By incorporating the principles of transformative learning into professional training, it becomes possible to cultivate a workforce that is more attuned to the emotional and existential realities of PLHIV. This, in turn, supports the delivery of more empathetic and client-centred care.

Directions for Future Qualitative Research

The conceptual framework proposed here opens a wide array of opportunities for meaningful and contextually grounded qualitative research. One promising direction involves phenomenological inquiry, which could explore the lived experiences of PLHIV who have undergone personal transformation. Such studies would aim to understand how individuals interpret their post-diagnosis realities, what forms of critical reflection they engage in, and how their social interactions shape their evolving identities. Rich, in-depth interviews would allow researchers to explore the emotional and cognitive layers of these transformative journeys.

Another valuable approach is narrative inquiry, which could trace the life trajectories of PLHIV from the moment of diagnosis to the development of resilience and empowerment. Through narrative reconstruction, researchers may identify pivotal moments, strategies of adaptation, and shifts in frames of reference that mark their personal growth. These stories can serve as powerful tools for both academic insight and practical intervention design.

Community ethnography also offers a valuable avenue for research. By immersing themselves in the everyday lives of PLHIV communities; whether through support groups, advocacy programmes, or NGO initiatives; researchers can observe the situational and social processes that facilitate learning and transformation. Ethnographic work enables a nuanced understanding of community values, social norms, and the subtle ways in which power dynamics influence personal change within real-world settings.

In collaboration with non-governmental organisations and community health centres, action research could be conducted to design and implement transformative learning interventions. These interventions might include workshops, peer mentoring, or advocacy training grounded in the conceptual framework. By engaging participants in both the design and evaluation of these programmes, researchers can assess emotional, cognitive, and behavioural outcomes, while also generating feedback for the refinement of the framework.

Finally, comparative research across cultural and national contexts could provide valuable insights into the universality or specificity of transformative learning among PLHIV. Since cultural, religious, and societal factors significantly influence the experiences of PLHIV, examining how transformation unfolds in different settings; such as Malaysia, South Africa, or Latin America—would help reveal how belief systems and communal structures facilitate or hinder critical reflection and empowerment. Such studies would not only validate the cross-

cultural relevance of the framework but also contribute to its adaptability and effectiveness in diverse contexts.

Conclusion

Living with HIV is not merely a medical diagnosis but a profound life-altering experience that often demands a re-evaluation of one's identity, beliefs, and place in society. While biomedical interventions have significantly improved the physical well-being of People Living with HIV (PLHIV), they do not sufficiently address the psychosocial, emotional, and existential dimensions that shape the lived realities of these individuals. This conceptual paper advances the application of Transformative Learning Theory (TLT) to understand and support the holistic development of PLHIV beyond clinical treatment.

The proposed conceptual framework reinterprets Mezirow's theory within the psychosocial health domain, highlighting how critical reflection, rational discourse, and community engagement can drive meaningful personal transformation. The diagnosis of HIV often serves as a disorienting dilemma that triggers an internal journey marked by struggle, introspection, and eventually, reorientation. Within this journey, individuals confront stigma, reconstruct their sense of self, and discover new purposes through acquiring knowledge, engaging with supportive communities, and assuming empowering social roles.

The integration of complementary theories; such as Vygotsky's Sociocultural Theory, Lave and Wenger's Situated Learning Theory, Nicholson's Role Transition Theory, and Bloom's Taxonomy; enhances the robustness of the framework. These frameworks collectively underscore that transformation is not a solitary cognitive event but a socially constructed, culturally mediated, and contextually situated process. In doing so, this framework provides a comprehensive lens that captures the dynamic interplay between individual agency and structural supports.

This conceptual contribution bears significant implications for research and practice. For researchers, it offers a theoretical scaffold to investigate lived experiences of PLHIV through qualitative methodologies such as phenomenology and narrative inquiry. For practitioners; including healthcare providers, counsellors, and adult educators; it provides strategic guidance for designing programs that nurture reflection, empower agency, and promote social integration.

Ultimately, transformative learning is a vehicle for healing, empowerment, and advocacy. By reconfiguring trauma into purpose, PLHIV can transcend the limitations imposed by social stigma and internalized fear. They become not just survivors, but educators, leaders, and change agents in their communities. This paper, therefore, asserts that transformative learning is not only relevant; it is essential to the journey of PLHIV toward reclaiming their humanity, dignity, and voice.

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