

A Case Study, The Psychological Impact of Sudden HIV Disclosure in Adolescence

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Abstract

This case study presents the complex situation of an 18-year-old woman born with HIV who later developed psychiatric issues and a drug dependency. She suffered from various challenges, including coping with her chronic illness, psychiatric symptoms, and substance dependence. With comprehensive treatment that included medical, psychological, and social support, she was able to stabilize and improve her situation. This case study underscores the importance of integrated treatment for adolescents with complex health issues and emphasizes the necessity of a personalized, multidisciplinary approach.

Background:

AIDS is a global health issue that impacts not only the physical condition of patients but can also have profound psychological effects [1]. Mother-to-child transmission is one of the critical pathways for the spread of this disease, posing unique challenges. In this case report, we examine the circumstances of a young girl born to an HIV-positive mother, explore the psychological impacts of a late HIV diagnosis, and discuss treatment strategies for her psychological issues.

Case presentation:

This report focuses on an 18-year-old girl born to an HIV-positive mother through natural childbirth. Due to her family's inability to care for her, she was raised in several orphanages in Switzerland. Despite the risk of mother-to-child transmission, she remained unaware of her health status until the age of 18. Following her AIDS diagnosis, she experienced psychological issues such as depression, anxiety, and hopelessness.

Investigations revealed that she grew up without awareness or guidance about her health status, and the sudden diagnosis triggered a psychological crisis. This crisis significantly jeopardized her social and educational performance.

Conclusion:

This case report highlights the need for better planning and interventions in the care of children born to HIV-positive mothers. Adequate education and psychological support, especially for adolescents diagnosed with AIDS, can prevent psychological complications and improve their quality of life. Emphasizing the importance of mental health support programs and leveraging interdisciplinary teams to provide appropriate assistance to this patient group is essential.

Keywords: HIV infection; psychiatric problems; drug addiction; adolescents; integrated treatment

Introduction

Learning a bitter truth suddenly, especially at a young age, can have complex psychological effects. These effects may include:

1. Shock and denial: The initial reaction to an unexpected and distressing truth can be shock and denial.
- b. Anxiety and stress: It may lead to increased stress and anxiety as a defensive mechanism against unfamiliar and unpleasant situations.
- c. Anger or despair: Intense emotional reactions, such as anger or despair, may occur, especially if the individual feels deceived or let down.
- c. Self-Questioning and Value: This experience may prompt individuals to reassess their values, beliefs, and understanding of the world.
- D. Personal growth and maturity: On a positive note, it can lead to personal growth and maturity as the individual adapts to life's realities and complexities, developing a deeper understanding of themselves and the world.
- E. Loss of peace of mind: It may result in feelings of insecurity and a lack of peace of mind as the foundation of prior knowledge is shaken. For a more detailed description of possible problems, see below.

The sudden revelation of a life-altering diagnosis, particularly in the context of a chronic and stigmatized illness such as acquired immunodeficiency syndrome (AIDS), can profoundly affect a young person's psychological well-being. This essay focuses on the psychological challenges faced by an 18-year-old patient who has come to terms with the reality of AIDS, particularly how it was transmitted from an infected mother to her child. The child spent his formative years in an orphanage. The interplay of identity, stigma, fear, and the quest for belonging creates a complex mosaic of emotional distress and developmental hurdles worthy of examination. All information is in the treatment documentation.

Identity And Stigmatization

At the core of the psychological struggle is the adolescent's search for identity, which is an essential task during the late teenage years. For an 18-year-old who was raised in an orphanage, learning the details of their mother's AIDS status introduces a profound sense of abandonment. They may ask themselves, "Am I defined by my mother's illness?" and "What does this mean for my future?" Being associated with a stigmatized disease can amplify feelings of shame and rejection, which are compounded by societal misconceptions surrounding AIDS [2]. Internalizing stigma can lead to withdrawal from social interactions as the individual fears discrimination and judgment from peers, further complicating their transition into adulthood. Growing up in an orphanage can foster a multifaceted understanding of attachment and belonging. The emotional void left by parental absence can make it difficult to establish secure attachments with others [3]. Discovering that their mother had AIDS could reopen emotional wounds related to abandonment, intensifying feelings of isolation. Young adults may grapple with a dual sense of loss: the loss of their mother to illness and the loss of the opportunity for a typical family life. These attachments, or the lack thereof, can profoundly influence one's ability to form relationships in adulthood, raising concerns about trust and intimacy. Despite these psychological challenges, individuals can exhibit resilience. Recognizing one's resilience can serve as a protective factor during this tumultuous period. An individual's experience in an orphanage, which is often filled

with adversity, may foster coping mechanisms such as resourcefulness and adaptability.

Therapeutic Interventions

In addressing the multitude of psychological issues arising from this revelation, therapeutic interventions become paramount. Cognitive-behavioral therapy (CBT) may prove beneficial in challenging and reframing negative beliefs about self-worth and stigmatization [4]. Support groups for young adults living with HIV/AIDS can provide a sense of community and belonging, reducing feelings of isolation. Additionally, psychoeducation about the realities of AIDS can demystify the illness, lessening fears and facilitating a more grounded understanding of health management.

Properly managing these reactions usually requires social support, conversations with trusted individuals, or psychological therapy to help the person adapt to and understand the new truths.

Case presentation:

In this article, we examine an 18-year-old female. She is calm, cooperative, alert and oriented x 3. She is well groomed and her clothing is clean and appropriate for the weather. Her speech is clear and comprehensible and she follows instructions appropriately. She moves all extremities equally bilaterally with good posture. Her gait is even and she maintains her balance without assistance. Her skin is warm and her mucous membranes are moist. She is 162 cm tall and weighs 121 kg with a BMI of 46.1 in the obese class III category. Her vital signs were BP 138/88, pulse 94 and regular, respiratory rate 14, temperature 37.1 degrees Celsius, and pulse oximetry was 98% on room air. She was born to an HIV-positive mother. Her parents avoided taking care of her and she grew up in an orphanage. At the age of eighteen, she discovered that she was HIV-positive, which led to sudden psychological problems. The mental disorders she developed and for which she sought treatment at our centre include: feelings of shock and anger, insecurity and deep fear, depression, hopelessness and helplessness. These symptoms were more pronounced due to her upbringing in an orphanage compared to those living with family. physical examination results

Psychopathological findings on admission

Well-groomed appearance. Appears younger. Childlike appearance. Friendly and open in contact behaviour. Speech modulation and volume inconspicuous. Alert and conscious. Fully orientated to all qualities. Long and short-term memory and concentration subjectively and objectively unremarkable. Perception undisturbed. Good abstraction in the verbal test. Auditory hallucinations. No ego disorders. Isolated phobia. Mood subjectively depressed and sad and objectively slightly depressed. Drive, interest and pleasure undisturbed. No suicidal thoughts or intentions.

Treatment plan:

Abilify (Aripiprazole, 5 mg tablets); Escitalopram (10 mg film-coated tablets); Genvoya (Emtricitabine, 200 mg; Tenofovir Alafenamide, 10 mg; Elvitegravir, 150 mg; Cobicistat, 150 mg); Maltofer Fol (Eisen (III), 100 mg); Folsäure (0 mg).35 mg; Melatonin 5 mg; Nozinan (film tablet, 25 mg); Prezista (film tablet, 800 mg); Quetiapine XR Sandoz (retablet, 50 mg); Solian (tablet, 100 mg); Abilify Maintena Depot (injection suspension, 400 mg, prefilled syringe, aripiprazole, 400 mg).All information comes from documentation.

Discussion:

Receiving an HIV diagnosis at a young age can profoundly impact one's mental health and well-being. If the infection is present at birth, it can lead to various challenges, including identity crises, social stigmatization, emotional turmoil, and the need for effective coping strategies.

In our case study, the 18-year-old patient suffers from depression, anxiety, and hallucinations. These symptoms are due not only to the HIV infection itself but also to her experiences with social isolation and stigmatization throughout her life.

An important question that arises in this context is how we can address the emotional and supportive gaps created by a lack of family affection and an upbringing in an orphanage. We must provide comprehensive, compassionate treatment that considers the patient's individual needs and strengthens her abilities and resources.

Another challenge is helping the patient overcome her social isolation and strengthen her relationships with others. This can be achieved through psychological therapy, social support, and promoting self-help groups.

Overall, it is clear that treating young people with HIV infection requires a complex, multidisciplinary, and individualized approach. However, with comprehensive, compassionate treatment, we can improve these young people's quality of life and help them overcome their challenges.

Conclusion:

The experiences of young people with HIV infection are characterized by profound challenges ranging from identity crises and social stigma to emotional turmoil and the need for effective coping strategies. By providing comprehensive and compassionate treatment that addresses the individual needs of these young people and strengthens their abilities and resources, we can improve their quality of life and help them overcome

their challenges. Recognizing and promoting the importance of social support, psychological therapy, and self-help groups is crucial for these young people. Through an individualized, multidisciplinary approach, we can address the complex needs of these individuals and help them lead fulfilling, self-determined lives.

Overall, supporting young people with HIV is a critical task requiring close collaboration between healthcare providers, social workers, and other professionals. Through our joint efforts, we can improve these young people's quality of life and help them shape their future.

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