# Perspective Transformation among People Living with HIV through Meaning Reflection and Recognition

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## ABSTRACT

The application of transformative learning to people living with HIV (PLHIV) requires clarity about what changes when a perspective is transformed. This conceptual paper uses purposive theory adaptation and selected literature to distinguish premise revision from coping, information gain, and compliance. It defines meaning, reflection, recognition, and perspective transformation and relates them through a conditional framework and six propositions. Mezirow's account supplies the focal explanation of premise revision, while recognition and stigma frameworks address relational and structural conditions. Narrative identity, posttraumatic growth, and intersectionality offer complementary questions and rival explanations. Published qualitative evidence concerning gendered HIV stigma and explicitly hypothetical vignettes ground the argument without validating the mechanism. Proposed applications include voluntary reflection in peer support, participant-led exploration in counselling, and scrutiny of institutional assumptions in stigma-reduction programmes. Qualitative interviews, narrative inquiry, and participatory research with PLHIV could examine the propositions through open analysis, contextual comparison, and negative cases. Transformation is neither universal nor inevitable; continuity and practical adaptation remain legitimate outcomes. The framework is untested and establishes no clinical or intervention effectiveness. Empirical validation across diverse settings is required.

**Keywords:** perspective transformation; transformative learning; critical reflection; HIV-related stigma; social recognition; meaning perspectives

## INTRODUCTION

Perspective transformation concerns a change in the assumptions used to interpret experience, evaluate claims, and judge one's relationship with others. This distinction matters in HIV-related education because a person can acquire accurate information or manage a difficult situation without revising the underlying meanings through which HIV is understood. A framework that calls every positive adjustment transformative risks obscuring the very process it seeks to explain.

Mezirow's (1978, 1997) account provides the central theoretical starting point. Its relevance lies in explaining how adults question an established frame of reference rather than simply add information to it. Yet transferring that explanation to people living with HIV (PLHIV) raises difficult questions. Does accepting a diagnosis demonstrate transformation? Can an individual change a stigmatizing self-interpretation while remaining exposed to discrimination? Who decides that a revised perspective is more defensible, and can a programme promote transformation without prescribing the participant's preferred identity?

HIV stigma literature makes these questions concrete. Earnshaw and Chaudoir (2009) differentiate enacted, anticipated, and internalized stigma, while Stangl et al. (2019) locate stigma within wider social and institutional processes. These distinctions imply that an educational change in self-understanding cannot be equated with the disappearance of external discrimination. Transformation may alter the meaning assigned to rejection while leaving the conditions producing that rejection substantially intact.

Recent Malaysian evidence also supports conceptual restraint. Bin Ahmad et al. (2024) identified associations between HIV-related stigma, HIV knowledge, and late presentation among 400 adults attending selected public primary care clinics in Selangor. That finding establishes the relevance of stigma and knowledge in a local care setting. It does not demonstrate a transformative learning mechanism or justify assuming that perspective change produces earlier care engagement.

Md Baharudin et al. (2025) previously proposed a conceptual framework integrating several learning perspectives to explain transformation among PLHIV. The present paper extends that work by concentrating on perspective transformation as the phenomenon requiring explanation. Supporting concepts are retained only where they illuminate the revision of meaning. Identity reconstruction, agency, and participation are treated as possible consequences or contexts, rather than interchangeable evidence that transformation has occurred.

The guiding question is therefore: what distinguishes perspective transformation from adaptation among adults living with HIV, and how do emotion, recognition, and power shape that distinction? The paper argues that transformation requires a change in the premises guiding interpretation, while its evaluation must attend to the credibility of revised meanings and the participant's authority to accept, reject, or qualify them. This argument sharpens the earlier framework without presuming that diagnosis initiates an inevitable sequence of personal growth.

## CONCEPTUAL APPROACH AND ANALYTICAL SCOPE

### Critical Theory Adaptation

The paper uses conceptual theory adaptation and selective synthesis rather than an empirical study or systematic review. Jaakkola (2020) identifies the need to make the role of selected theories explicit in conceptual research. Here, transformative learning supplies the focal explanation, and recent debates about conceptual precision, recognition, emotion, and epistemic evaluation are used to examine its application to HIV-related experience.

The analysis proceeds through four questions. First, what is the object of change: information, a specific interpretation, or the underlying frame of reference? Second, which mechanisms could explain that change? Third, what alternative explanations could account for the same apparent outcome? Finally, which contextual conditions limit the interpretation of change as transformative? This structure makes the argument contestable instead of treating theoretical integration itself as proof of contribution.

The literature was selected purposively for relevance to these questions. Foundational publications clarify perspective transformation and conceptual boundaries. Selected publications from 2024 to 2026 address contemporary theory debates and HIV stigma evidence; earlier work on narrative identity and posttraumatic growth supplies complementary conceptual perspectives. Sources were selected for their explanatory relevance rather than recency alone. Newly added theoretical citations were checked against publisher records. No exhaustive search, formal evidence appraisal, or numerical estimate of the size of a literature gap is claimed.

The analysis distinguishes three kinds of statement: an established theoretical concept, an empirical finding from a cited study, and an inference proposed in this paper. Evidence from teachers, nursing education, or general adult learning is used to inform theoretical discussion; it is not treated as direct proof of transformation among PLHIV. The proposed framework remains open to revision because its relationships have not been examined in an original participant dataset.

### Rationale for Theoretical Selection

Kokkos (2024) identifies fragmentation and uncertainty in the terminology of transformative learning, while McClain (2024) reviews theoretical development and the continuing challenge of integration. These discussions support precision rather than the addition of more theories. If reflection, learning, empowerment, and identity change all name the same process, a framework becomes difficult to challenge: almost any favourable outcome can be interpreted as confirming it.

This paper therefore uses one explanatory centre. Perspective transformation refers to a reorganisation of the assumptions governing interpretation. Critical reflection and dialogic evaluation are proposed mechanisms. Recognition and power shape access to those mechanisms. Identity reconstruction and agency may follow, but neither is incorporated into the definition merely because it is desirable. This separation also allows negative cases, including information gain without premise revision and changed self-understanding without greater public participation.

Mezirow is selected because the paper asks how assumptions governing interpretation change, rather than why distress falls or service use improves. Recognition, developed here through Fleming (2024, 2026), addresses a limit of that account: people need social standing and opportunities to question meanings without losing support. HIV stigma frameworks (Earnshaw & Chaudoir, 2009; Stangl et al., 2019) distinguish internal interpretations from enacted discrimination and institutional conditions. Each contribution therefore addresses a different analytical task. Recognition cannot establish the validity of a belief, and premise revision cannot establish that a discriminatory institution has changed.

Narrative identity, posttraumatic growth, and intersectionality are considered as complementary and potentially competing perspectives below. They are not merged into a single causal theory. Narrative identity concerns the organisation of a life story, posttraumatic growth concerns perceived positive change after adversity, and intersectionality directs attention to interacting relations of power. Comparing their explanatory objects helps identify when transformative learning adds value and when another account is more appropriate.

## Key Concepts and Perspective Transformation

### Definitions And Relationships Among the Core Concepts

Meaning refers here to the significance attributed to an experience, relationship, or social position. It includes interpretations of what happened and evaluative assumptions about what that event implies for worth, belonging, and possible action. A meaning perspective is the more encompassing frame that organises these interpretations (Mezirow, 1978, 1997). Meaning is therefore the content and significance being interpreted; the perspective supplies the premises through which that interpretation is made.

Perspective transformation is defined as a consequential revision of those organising premises, such that a person interprets relevant experiences and judges alternatives on a changed basis. For example, reconsidering the assumption that HIV establishes moral inferiority may alter interpretations of several social encounters. Improved mood or learning a new fact is insufficient to establish this revision. Its scope must be examined rather than assumed to extend across all areas of life (Mezirow, 1997; Hoggan, 2016).

Reflection is the examination of experience and the grounds of an interpretation. Critical premise reflection specifically questions the assumptions that make an interpretation appear natural or legitimate. Reflection can confirm, qualify, or revise an existing view; its occurrence does not guarantee transformation. Dialogic evaluation refers to considering interpretations with others under conditions that permit questioning and disagreement.

Recognition means being treated as a person whose dignity, account, and judgement deserve consideration. Following Fleming (2024, 2026), it is understood relationally, including everyday respect and the social standing needed to participate. Recognition differs from agreement: another person can respect a participant while questioning a claim. Misrecognition includes devaluation and exclusion, while conditional recognition makes acceptance depend on an approved identity or story.

The proposed relationship is that socially formed meanings may become objects of reflection; recognition and unequal power shape whether that examination can occur; and premise revision, where supported by a participant's account, constitutes perspective transformation. Revised meanings may subsequently influence identity and action. These relationships are conditional and recursive. Recognition may support reflection without producing revision, and a person may revise a perspective while continuing to encounter misrecognition.

**Meaning perspectives and the premises of judgement**

Mezirow (1978) connects perspective transformation with a structural change in how adults understand themselves and their relationships. Mezirow (1997) further emphasises critical and autonomous thinking. Applied to HIV, the relevant issue is the reasoning that links a diagnosis with conclusions about worth, belonging, or entitlement to be heard. Those links may be questioned even when the person continues to experience fear or uncertainty.

A meaning perspective is the broader interpretive frame through which particular experiences acquire significance. A specific belief about one service encounter may change without reorganising that frame. For example, recognising that a particular healthcare worker was respectful need not alter the assumption that people living with HIV are generally undeserving of respect. Conversely, questioning the moral basis of that assumption may change how several encounters are interpreted. The framework focuses on this second kind of revision.

This distinction does not mean that everyday adaptation is trivial. Practical learning can improve a person's situation without becoming perspective transformation. Theoretical clarity requires recognising its value while avoiding a stronger claim than the evidence supports. In the present analysis, transformation concerns the rules by which experience is understood, rather than the emotional desirability of a particular outcome.

**Content Reflection Process Reflection and Premise Reflection**

Three analytical levels help clarify the object of reflection. Content reflection examines what is believed or experienced. Process reflection examines how an interpretation or response was reached. Premise reflection questions why particular assumptions are accepted as legitimate starting points. These levels are used to distinguish possible learning processes; they are not a compulsory sequence or a hierarchy of participant worth (Mezirow, 1997).

**Table 1**: Analytical distinctions in HIV-related reflection. Examples are hypothetical and do not represent participant data. Premise questioning is a candidate mechanism; its occurrence alone does not prove a transformed perspective

| Level of reflection | Object of examination | Illustrative question |
|---|---|---|
| Content | A specific belief or experience | What do I believe this diagnosis means? |
| Process | How an interpretation or response was reached? | How did I decide that this encounter meant rejection? |
| Premise | The legitimacy of the underlying assumption | Why do I assume HIV status determines whether I deserve respect? |

Premise reflection is particularly relevant when a participant interrogates the source and legitimacy of a stigmatizing judgement. Asking whether a belief is medically accurate differs from asking why a diagnosis is taken to establish moral inferiority. Both questions may matter, but they target different assumptions. An educational programme focused only on correcting facts may leave the broader judgement intact.

**Distinguishing Transformation from Coping and Compliance**

Hoggan (2016) warns against using transformative learning to describe almost any learning experience and offers criteria concerning the significance of change. This critique is important in HIV-related education, where a compelling personal narrative can be interpreted too readily as transformation. Improved confidence, acceptance of medication, or attendance at a peer group may reflect practical adjustment, interpersonal support, or a desire to satisfy programme expectations.

The present paper treats three features as reasons to examine a transformation claim more closely: an identifiable prior assumption, an account of how that assumption was questioned, and a revised basis for interpreting experience. These are proposed analytical indicators, not a validated measurement scale. They establish a more demanding interpretation than a simple before-and-after statement that life feels better.

Compliance is especially ambiguous. Repeating a facilitator's preferred narrative may produce visible agreement without autonomous judgement. A person who challenges that narrative may show more critical engagement than someone who accepts it. Perspective transformation cannot therefore be defined by adherence to an educator's desired identity, lifestyle, or public role.

## Critical Tensions in Applying Transformation Theory to HIV

### Diagnosis as a Disorienting Dilemma or an Imposed story

An HIV diagnosis may disrupt expectations, but its educational significance depends on how the person interprets it. It may also provide clarity, confirm an existing concern, or be managed within a relatively stable understanding of self. The assumption that diagnosis necessarily begins a transformative journey can turn a theoretical possibility into a prescribed biography.

The stronger conceptual position is conditional: an experience becomes disorienting when it challenges the adequacy of an existing meaning perspective. The disruption may concern stigma, family expectations, a healthcare encounter, or an unexpectedly supportive relationship. Diagnosis is thus a possible occasion for reflection, not evidence that reflection or transformation has already occurred. This distinction protects the explanatory value of the dilemma concept without equating distress with educational progress.

### Rational Reflection and Emotional Meaning

Transformative learning gives critical judgement a central role, but an overly rational account may understate the emotional conditions that make reflection possible. Shame can make a question difficult to voice, and recognition can change whether an alternative interpretation feels credible. Chiu's (2025) study of five schoolteachers examines emotional experience and reflection in another professional context. It provides a theoretical prompt to consider emotion, not direct evidence about PLHIV.

The implication proposed here is that emotion can be part of meaning-making without becoming sufficient evidence of transformation. A moment of relief may open space for questioning, while intense distress may narrow that space. Neither establishes premise revision by itself. The model therefore avoids two extremes: treating emotion as an obstacle that must be removed before reasoning begins, and treating a strong emotional experience as proof of a changed frame of reference.

### Personal Autonomy and the Need for Recognition

Fleming (2024) argues for greater attention to the sociological dimensions of transformation theory. Fleming's (2026) discussion of recognition further locates emancipation within relationships and collective life. These arguments challenge the idea that an individual can simply reason their way out of a socially devalued position. A revised understanding of dignity may require encounters in which that dignity is acknowledged rather than repeatedly denied.

Recognition nonetheless creates a conceptual tension. If a new perspective is sustained only by membership in an approving group, the individual may become dependent on another source of authority. The present framework therefore distinguishes recognition that supports judgement from recognition conditional on conformity. Acceptance by peers can enable exploration, but it cannot determine whether a perspective is defensible or freely adopted.

In HIV-related contexts, the relevant question is whose account is permitted to count. Participants may disagree about disclosure, religious interpretation, family involvement, or advocacy. A reflective setting should

allow these disagreements to remain meaningful. Otherwise, dialogue may replace one unquestioned frame with another while calling the replacement empowerment.

**Individual Transformation and Structural Discrimination**

Gioti and Toka (2026) distinguish the political and epistemological commitments of Freire, Mezirow, and Brookfield. Their comparative analysis shows why critical reflection cannot be assumed to name a uniform practice. The HIV application must therefore state whether reflection examines personal assumptions, the ideologies organising stigma, or the social practices sustaining exclusion. These tasks overlap, but they are not equivalent.

The argument advanced here is that individual premise revision can make structural discrimination more visible without eliminating it. A person may stop interpreting exclusion as deserved and instead recognise it as unjust. That shift changes the meaning of the experience even if the institution's conduct remains unchanged. Claiming that transformation has reduced external stigma would require additional evidence about those institutions or relationships.

This distinction also prevents education from transferring responsibility for discrimination to PLHIV. If an intervention is judged only by whether participants become resilient, its success criteria may accommodate the conditions that require resilience. A critical transformation perspective asks whether the learner can examine and contest those conditions, while recognising that such contestation may be unsafe or unsupported.

**Affirmation and the Credibility of Revised Meanings**

A more positive self-description is not automatically a more defensible perspective. Roux (2026) develops an epistemic account of transformation that considers the evaluation of revised ideas rather than relying solely on their endorsement. The present paper draws on that concern while retaining attention to power: claims should be open to examination, but the criteria for legitimate evidence must not silence lived experience.

In an HIV-related dialogue, participants may consider the consistency of an interpretation with relevant information, lived experience, and alternative explanations. Agreement within the group is insufficient because a group can share a false or coercive premise. Equally, an educator should not treat a participant's personal interpretation as invalid simply because it differs from a preferred recovery narrative. The proposed standard is reasoned and revisable judgement, supported by access to reliable knowledge and meaningful freedom to disagree.

**Critiques and Complementary Perspectives**

A central critique of transformative learning concerns its emphasis on articulate rational reflection. Applied rigidly, this emphasis can privilege participants comfortable with explicit argument and underrecognise embodied, emotional, relational, or tacit ways of knowing. Taylor (2008) and the contemporary debates discussed above provide grounds for treating reflective speech as one form of evidence rather than the exclusive form. The present framework retains premise revision as its conceptual criterion but allows stories, pauses, contradictions, and accounts of action to inform interpretation. None independently proves that revision occurred.

A second difficulty is the normative ideal of autonomous judgement. Autonomy can be interpreted as individual separation from family or community, making interdependence appear deficient. Here, a critically endorsed family or religious commitment can remain central to a revised perspective. The relevant concern is whether alternatives can be considered without coercion. A third difficulty concerns the tendency to present learning as a progressive sequence initiated by crisis. Transformation may be partial, contested, interrupted, or experienced as loss. Diagnosis need not be traumatic, and retaining an existing perspective may be an appropriate response.

Narrative identity concerns how people connect a remembered past with an anticipated future to sustain a sense of self (McAdams & McLean, 2013). It complements transformative learning by asking how an HIV-

related experience becomes part of a life story, including stories of continuity and unresolved disruption. Its object differs from premise revision: a coherent account of becoming stronger may organise identity without questioning the assumptions underlying self-worth. Conversely, a participant may question a stigmatising premise while remaining unable or unwilling to tell a coherent recovery story. Narrative inquiry should therefore examine what a story accomplishes and which meanings change, rather than treating narrative coherence as validation of transformation.

Posttraumatic growth concerns perceived beneficial changes emerging through struggle with highly challenging circumstances (Tedeschi & Calhoun, 2004). It can sensitise inquiry to changed relationships or priorities when participants themselves describe such changes. It cannot be presumed to characterise an HIV diagnosis or made a requirement for successful adjustment. Its emphasis on perceived benefit also differs from the present interest in revised judgement, which may coexist with distress and yield no declared benefit. Reports of growth, practical coping, and premise revision should be coded separately and compared. Retrospective benefit claims alone cannot establish either a causal process or durable transformation.

Intersectionality challenges explanations that examine HIV status independently of other relations of power. Dang et al. (2025) and Janek et al. (2024) support attention to gendered experiences of HIV stigma, although neither validates the proposed transformation mechanism. The framework consequently asks how gender, sexuality, class, ethnicity, age, and other locally relevant positions interact through particular institutions and relationships. These positions are not an additive checklist of disadvantages. For example, economic dependence may make a gendered expectation of family respectability consequential for privacy and access to support. Such an account is an analytical possibility to investigate, not a claim about all women or all families.

These perspectives produce distinct questions for the same account. Narrative identity asks how the participant connects life events; posttraumatic growth asks whether beneficial change is perceived; intersectionality asks how power shapes available interpretations and actions; transformative learning asks whether organising assumptions have been revised. Their explanations may coexist, but they may also diverge. Retaining these distinctions prevents the framework from explaining every positive account by definition.

## CONTEMPORARY HIV EVIDENCE AND ITS CONCEPTUAL LIMITS

### Stigma and Identity are not Uniform Experiences

Dang et al. (2025) examined the intersection of female identity and HIV stigma in a survey of women living with HIV in Vietnam. Janek et al. (2024) synthesised qualitative accounts of men living with HIV in sub-Saharan Africa, including the relevance of masculinity to stigma experiences. Together, these studies challenge a generic account of the HIV subject. They do not establish a shared transformation mechanism across genders or settings.

The inference for this framework is that the premises being questioned may differ. A participant might reconsider expectations about parenthood, gender, moral responsibility, or social belonging. These questions should be elicited from accounts rather than assigned on the basis of demographic categories. The social content of a meaning perspective matters because it determines both what is challenged and which revised interpretations remain possible.

### Published Qualitative Evidence and Illustrative Interpretation

Janek et al. (2024) synthesised qualitative evidence concerning men living with HIV in sub-Saharan Africa and identified masculinity as a recurring influence on testing and treatment experiences. This published evidence grounds the argument that HIV-related meanings emerge within social expectations about gender. It does not show that participants revised those expectations through transformative learning. The inference proposed here is to ask whether a participant treats a gendered expectation as legitimate, negotiates it pragmatically, or questions its authority.

The following two vignettes are hypothetical analytical illustrations informed by the distinction between stigma and interpretation. They are not cases extracted from Janek et al. (2024), composite research participants, or evidence that the framework has been validated.

In the first vignette, an adult initially interprets needing help as proof of personal failure. Respectful peer contact enables discussion of that assumption. The person subsequently regards accepting help as compatible with responsibility, yet chooses selective disclosure because employment remains insecure. This would be a candidate account of premise revision only if the reasons for the changed interpretation can be examined. Peer attendance and disclosure choice alone establish neither transformation nor its absence.

In the second vignette, a participant becomes more comfortable in counselling and repeats that HIV does not define them, but describes the counsellor as the only person whose acceptance matters. The account may indicate valuable reassurance or a relationship-specific exception. It would not yet support a broader revision of the belief that social worth depends on others' approval. Comparing these possibilities makes the model vulnerable to contrary evidence while respecting the value of support.

**Stigma Reduction is not proof of Perspective Transformation**

Turan et al. (2017) demonstrate the importance of distinguishing relationships involving internalized and anticipated stigma. More recent intervention evidence retains a similarly important caution. Zhang et al. (2025) reviewed 39 articles and reported substantial variation in stigma intervention content and delivery. Shahdev et al. (2026) reviewed 13 United States studies and identified limitations in the evidence and gaps in attention to provider and system-level stigma within that review.

These reviews justify examining multiple explanations for a favourable outcome. Reduced stigma scores might follow supportive contact, counselling, improved information, or changed practical circumstances. Unless a study examines the assumptions through which participants interpret experience, it cannot establish that perspective transformation explains the change. Conversely, premise revision could occur without a measurable reduction in anticipated stigma if participants continue to expect discrimination on realistic grounds.

Evidence from nursing education similarly requires bounded interpretation. Van Rensburg and Matahela (2025) identify themes concerning reflection, facilitation, and barriers within open distance and e-learning. Their review supports attention to educational conditions. It does not permit conclusions about the effectiveness of those conditions in transforming HIV-related perspectives. Contemporary sources strengthen the argument when their scope is respected, rather than when their findings are imported as universal confirmation.

**A Focused Conceptual Framework of Perspective Transformation**

**The Object and Mechanisms of Transformation**

Figure 1 positions a pre-existing meaning perspective as the object that may be revised. A challenging encounter can expose a tension between that frame and experience. Critical premise reflection interrogates the assumptions producing the tension. Dialogic evaluation provides opportunities to consider alternatives and their credibility. Perspective transformation occurs conceptually when the premises guiding judgement are reorganised, rather than when a participant merely experiences support or adopts a prescribed behaviour.

The relationships are recursive, not a fixed progression. Dialogue can prompt reflection, reflection can challenge the terms of dialogue, and a revised perspective can remain open to further examination. Taylor (2008) provides the broader theoretical context for considering different conceptions of transformative learning. Emotion, recognition, disclosure control, and unequal power are treated here as conditions affecting the proposed relationships. Identity reconstruction and agency are possible consequences, but transformation does not require a specific public role.

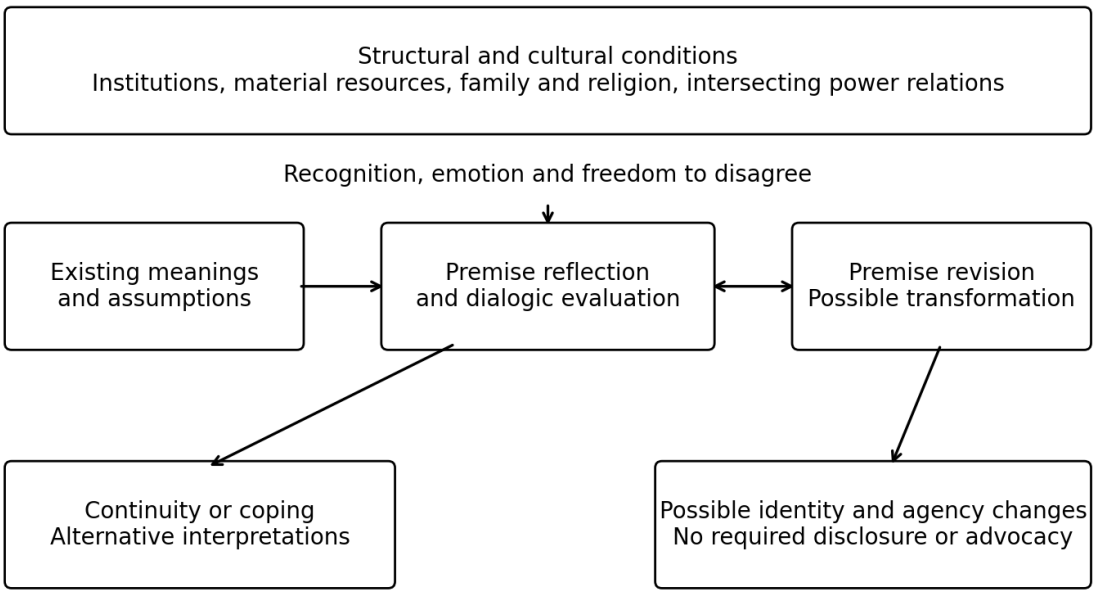


Figure 1. Conditional relationships among meaning reflection recognition and perspective transformation. Bidirectional movement indicates continued evaluation; the framework allows continuity and adaptation.

**Proposition 1 Disruption depends on the meaning assigned to experience**

*P1. An HIV-related encounter is proposed to prompt transformative reflection when it challenges the adequacy of an existing meaning perspective; diagnosis or distress alone is insufficient to establish such a challenge.*

The proposition preserves the role of disorientation while rejecting its universal attribution. Evidence should identify what assumption becomes problematic and why. An account of disruption without premise questioning would support an interpretation of distress or adjustment, rather than necessarily supporting transformation theory.

**Proposition 2 Premise revision distinguishes transformation from adaptation**

*P2. Perspective transformation is proposed to involve a revision of the assumptions organising judgement, whereas changes in information, strategy, or emotional state may occur within an otherwise unchanged frame of reference.*

This proposition identifies the explanatory boundary of the paper. A participant's new strategy for avoiding disclosure may represent effective coping. It becomes a candidate for perspective transformation only if the account also indicates a changed basis for understanding privacy, belonging, or self-worth. The same behaviour can therefore express different learning processes.

**Proposition 3 Emotion and recognition condition critical reflection**

*P3. Emotional experience and recognition are proposed to shape access to premise reflection, but neither emotional intensity nor interpersonal affirmation alone demonstrates a transformed perspective.*

This proposition resists a simple division between rational and emotional learning. It also leaves room for reflection to arise in a difficult relationship and for a supportive relationship to produce no premise change. The empirical question concerns how feelings and recognition enter judgement, not whether the setting is labelled supportive.

**Proposition 4 Dialogue requires meaningful disagreement**

*P4. Dialogue is proposed to support perspective transformation when participants can examine competing interpretations and refuse imposed conclusions; dialogue that rewards conformity may produce compliance without autonomous premise revision.*

The proposition makes power part of the mechanism rather than a background qualification. A participant's disagreement can be evidence of critical engagement. Researchers and facilitators should therefore examine whose explanations dominate, which claims can be questioned, and whether participation depends on accepting a particular narrative.

**Proposition 5 Transformation is distinct from the removal of discrimination**

*P5. A revised meaning perspective may change the interpretation of stigma and the perceived legitimacy of self-judgement while external discrimination and realistic concerns about social harm remain unchanged.*

The proposition distinguishes an educational change from a social outcome. A participant can recognise a rejection as unjust while being unable to challenge it safely. This does not necessarily invalidate the perspective change. It identifies a limit to its practical consequences and a continuing obligation to address the conditions producing discrimination.

**Proposition 6 Visible participation is an ambiguous indicator**

*P6. Disclosure, advocacy, and participation in peer activities are proposed to be insufficient indicators of perspective transformation because each can arise from an unchanged perspective, coercion, or practical necessity; considered privacy may also express revised judgement.*

The proposition rejects a universal endpoint while retaining the possibility of social action. The relevant issue is how the participant understands the choice and its premises. Public participation may enact a revised perspective, but its visibility cannot establish the underlying learning process.

# DISCUSSION

## Theoretical Contribution and Limits of Integration

The proposed theoretical contribution is a more precise explanation of the object of transformation within the earlier framework of Md Baharudin et al. (2025). Rather than treating several theories as parallel explanations of positive change, the present paper identifies premise revision as the central mechanism requiring examination. The distinction matters because changes in knowledge, emotional well-being, social participation, and self-description do not necessarily involve a transformation of the assumptions through which a person interprets experience. A transformed perspective concerns a reorganisation of meaning and judgement, whereas identity, participation, and agency concern how that perspective may be expressed within particular social circumstances. These dimensions may interact, but they should not be treated as interchangeable evidence.

For people living with HIV (PLHIV), this distinction directs attention beyond whether individuals report feeling more confident or becoming more socially active. The more demanding question concerns whether they have examined and revised assumptions about their worth, social legitimacy, relationships, or capacity to make decisions. For example, an individual may acquire accurate information about HIV while continuing to interpret their diagnosis as evidence of personal failure. Conversely, an individual may reconsider that interpretation while remaining cautious about participation because their social environment continues to expose them to rejection. The first case illustrates learning without established premise transformation; the second illustrates possible premise transformation without a visible expansion of participation. The framework therefore separates the interpretation of change from the visibility of its consequences.

This focus addresses the conceptual uncertainty identified in contemporary theory debates without claiming to

resolve the wider field (Kokkos, 2024; McClain, 2024). Its contribution lies in making the explanation more discriminating. If every improvement in confidence, knowledge, or behaviour is accepted as transformative, the concept becomes difficult to distinguish from adaptation, recovery, or ordinary learning. By specifying premise revision, the paper establishes a clearer basis for examining what would count against its interpretation. Knowledge without reconsideration of assumptions, agreement without independent judgement, and participation without revised meaning become potential counterexamples. Reducing the number of experiences labelled transformative is therefore a consequence of greater conceptual precision rather than an indication that those experiences lack value.

The distinction also prevents transformation from being inferred solely from socially desirable outcomes. Disclosure, peer involvement, and public advocacy may express a revised perspective, but they may also arise from obligation, external encouragement, or a desire for acceptance. Similarly, privacy, selective participation, and continuity in established relationships may reflect considered judgement rather than resistance to change. The analytical task is to examine the reasoning underlying these actions. Behaviour becomes relevant when it helps clarify how participants understand their choices, not when it serves as an automatic marker of transformation.

The proposed integration nevertheless retains an unresolved tension between epistemic evaluation and social recognition. Epistemic evaluation concerns the grounds on which a revised interpretation is considered warranted. Social recognition concerns whether individuals encounter conditions in which they can examine, articulate, and act upon that interpretation without being dismissed or devalued. A supportive environment may make reflection possible, but acceptance by others does not establish that an interpretation has been critically examined. Equally, a carefully reasoned perspective may remain difficult to express where stigma, dependence, or unequal relationships restrict the individual's choices.

Their interaction provides a plausible basis for understanding transformation without collapsing one dimension into the other. Recognition may reduce the interpersonal risks associated with questioning established assumptions, while critical reflection may enable individuals to reconsider whose judgement they accept and why. However, recognition can also become conditional on adopting an approved narrative. A participant may be welcomed because they describe themselves in ways that a programme, family, or peer group considers appropriate. In that situation, apparent affirmation may coexist with limited interpretive independence. The framework must therefore examine not only whether recognition occurs, but also the conditions attached to it.

This synthesis is an analytical proposal developed in the present paper, not a claim that the cited authors advance an identical theory. Its explanatory value depends on whether the distinctions help interpret experiences that competing accounts leave insufficiently explained. It should not be presented as a complete model of the social lives of PLHIV. Material conditions, relationship histories, and institutional constraints may influence outcomes independently of premise revision. The contribution is consequently bounded: it clarifies one mechanism of transformation while preserving the possibility that other mechanisms better explain particular experiences.

**Competing Explanations of Apparent Transformation**

Three rival interpretations require sustained attention because each can produce a persuasive account of change without establishing premise transformation. The first is improvement in practical circumstances. Access to support, greater stability, or reduced everyday difficulties may improve confidence and social engagement while leaving the individual's underlying meaning perspective largely intact. These outcomes are important in their own right. However, interpreting them as transformation would confuse a change in the conditions of experience with a change in the assumptions through which experience is understood.

The second interpretation concerns a change that remains specific to one relationship or setting. An individual may come to trust a facilitator, peer, or family member while continuing to assume that people outside that relationship will reject them. The experience may challenge a particular expectation without reorganising the broader frame through which social relationships are interpreted. Alternatively, that encounter may initiate a more extensive reconsideration. The distinction cannot be established simply by identifying a supportive

relationship. It requires attention to the scope of the revised interpretation, including whether participants explain the encounter as an exception or as a reason to question a previously generalised assumption.

The third interpretation concerns adoption of a ready-made narrative. A persuasive programme may offer language about empowerment, acceptance, or resilience that participants repeat because it provides reassurance or secures membership within a group. Such language may support reflection, but fluency in it does not demonstrate independent judgement. A participant's account may closely resemble the programme's preferred explanation while leaving its underlying claims unexamined. The possibility becomes particularly relevant when approval, belonging, or continued support appears linked to demonstrating a positive change.

These rival interpretations show why emotional intensity and narrative coherence are insufficient evidence of premise transformation. A compelling testimony may describe meaningful relief, a valued relationship, or successful adaptation. It may also reflect the expectations of the interview setting. Critical interpretation therefore requires examination of what participants believe changed, how they justify that claim, and which aspects of their experience remain unresolved. Contradictions should not automatically be treated as weaknesses to be removed from the account. They may reveal the boundaries of change, competing obligations, or differences between a revised interpretation and the circumstances in which it can be enacted.

Directionality introduces a further limitation. Recognition may precede reflection by creating conditions in which an individual feels able to question a devaluing assumption. Alternatively, a revised perspective may enable the individual to recognise support that they previously distrusted or dismissed. Both processes are compatible with the conceptual framework, but their compatibility does not establish which occurred in a particular case. An account that mentions support, reflection, and greater agency cannot by itself demonstrate their causal order.

The framework is strengthened when it clarifies conditions under which another explanation is more plausible. For example, where participants describe greater comfort but cannot identify any reconsidered assumption, practical improvement or emotional reassurance may provide the stronger interpretation. Where a revised judgement applies only to a single relationship, the evidence may support a bounded change in expectations. Where participants reproduce an approved narrative but find it difficult to explain their reasons or consider alternatives, conformity remains a relevant possibility. These distinctions should guide interpretation without becoming rigid criteria that exclude uncertainty or demand a polished account from every participant.

Transformation should also remain open to uneven and ambivalent expression. An individual may revise one premise while retaining another, or develop a more critical understanding without experiencing immediate relief. Greater awareness of unfair treatment may initially make social difficulties more visible rather than reduce them. The absence of a uniformly positive outcome therefore does not disprove transformation, just as the presence of a positive outcome does not confirm it. The central issue remains the character and justification of the change in meaning.

**Cultural Interpretation without Predetermined Outcomes**

In Malaysian contexts, inquiry should explore how participants interpret morally loaded meanings of HIV, privacy, family obligations, and belonging. The evidence from Selangor supports the relevance of local investigation but does not establish a single Malaysian meaning perspective (Bin Ahmad et al., 2024). Cultural and religious categories should consequently guide questions about context rather than determine the meaning assigned to an individual's account. Treating these categories as fixed explanations would risk overlooking differences in how participants understand, negotiate, and sometimes contest the expectations surrounding them.

A critical transformation perspective should distinguish between a commitment and a particular interpretation of that commitment. A participant may retain religious beliefs while reconsidering the assumption that HIV signifies moral unworthiness. Similarly, an individual may continue to value family obligations while questioning whether those obligations require unrestricted disclosure or acceptance of demeaning treatment. In both cases, transformation may involve revising how a valued commitment is understood rather than abandoning the commitment itself.

This distinction challenges an implicit progression from tradition to independence as the expected endpoint of change. Greater individual autonomy may be meaningful for some participants, but it should not become the standard against which all accounts are evaluated. Maintaining interdependence, preserving selected relationships, or practising careful privacy may also reflect critically examined judgement. The analytical question is whether the participant has reconsidered an underlying premise and can explain the revised interpretation, not whether their decision resembles an externally preferred model of modern life.

Nevertheless, cultural sensitivity should not prevent examination of power. Appeals to family unity, respectability, or communal responsibility may express valued relationships, but they may also restrict a person's ability to question harmful assumptions. Inquiry should examine how expectations operate, who has authority to define acceptable conduct, and what consequences follow disagreement. Neither acceptance nor rejection of an expectation should be interpreted in advance as evidence of transformation. The significance lies in how the participant understands the expectation and the room available for an independently considered response.

The same reasoning applies to belonging. Inclusion may support a revised sense of social worth, yet inclusion that depends on silence, concealment, or conformity may place limits on agency. Conversely, choosing not to disclose does not necessarily signify internalised stigma. It may represent a considered assessment of privacy, dependence, and possible social consequences. Interpretation must therefore distinguish the meaning participants attach to privacy from the assumptions researchers might attach to it.

The framework consequently understands cultural context as part of the process through which meanings are formed and examined. Context is neither a background variable nor a predetermined barrier to transformation. Its relevance lies in the particular obligations, resources, and relations of authority through which participants negotiate social life. This approach allows transformation to be examined within valued relationships while retaining a critical focus on the conditions that support or constrain judgement.

## Implications for Practice and Qualitative Inquiry

### Facilitation Centred on Judgement

Educational practice can provide conditions for reflection, but it cannot guarantee transformation or prescribe its proper outcome. McClain (2024) discusses the difficulty of directing a learner's transformative process. The implication developed here is that facilitation should distinguish factual explanation, reflective invitation, and evaluation of competing interpretations. These activities may support one another, but factual understanding should not be treated as proof of premise revision, and engagement in reflection should not create an obligation to demonstrate personal change.

For PLHIV, access to information and support should remain available without requiring disclosure of private experiences. Participants should not have to present a painful history, adopt a new identity, or describe themselves as transformed to demonstrate meaningful engagement. Making such accounts a condition of participation could encourage conformity and undermine the independent judgement that the framework seeks to examine. Facilitation should therefore create space for uncertainty, disagreement, and a decision to retain an existing interpretation after considering alternatives.

Reflective questions can explore where an assumption originated, what supports it, whose interests it serves, and whether another explanation better fits the participant's experience. The purpose is to make the grounds of judgement available for examination. For example, a participant who anticipates rejection could be invited to distinguish between particular experiences, expectations learned from others, and assumptions generalised across social settings. Such inquiry should acknowledge the possibility that caution is well founded. It should not presume that every negative expectation is mistaken or that optimism represents a more critically developed perspective.

Facilitators must also remain open to scrutiny of the programme's own assumptions. If public disclosure, peer participation, or visible confidence is presented as the expected outcome, participants may experience pressure to align their accounts with those expectations. A judgement-centred approach instead allows them to question

whether the programme's definition of empowerment fits their circumstances. This openness makes facilitation part of the inquiry rather than positioning the facilitator as the authority who determines the meaning of successful change.

Emotion may inform reflection by drawing attention to shame, fear, relief, or belonging. However, emotional expression should not become a performance requirement. A dramatic testimony is not inherently more reflective than a cautious or restrained account. Participants may also require time to formulate what an experience means, or may choose not to discuss it in a group. Voluntary participation, clear privacy arrangements, and access to appropriate support are therefore practical conditions for inquiry rather than evidence that transformation has occurred.

Evaluation should focus on the reasoning behind participant choices. A decision to speak publicly and a decision to preserve privacy may both follow a careful examination of assumptions and consequences. Equally, either decision may arise from pressure or unexamined expectations. Relevant questions concern whether participants can explain their reasons, consider alternatives, and recognise the limits of their interpretation. Evaluation should avoid rewarding one behavioural endpoint simply because it is more visible or aligns with programme objectives.

This approach also requires realistic expectations about what educational practice can achieve. Reflection may help individuals reconsider a devaluing interpretation, but it cannot independently remove discriminatory treatment or unequal access to resources. Where external constraints remain, limited participation should not be attributed automatically to an individual's failure to transform. Practice should recognise the difference between supporting judgement and changing the social conditions within which that judgement must operate.

**Applications in Peer Support Counselling and Stigma Reduction**

In peer support, the framework could guide a voluntary discussion of a concrete encounter, the meaning attached to it, and alternative interpretations. A facilitator might ask what made an experience feel rejecting and whether it challenged a wider assumption about belonging. Participants should be able to pass, disagree, or retain their interpretation. The group should examine whether its own celebration of disclosure or advocacy creates conditional acceptance. A useful process record would document opportunities for disagreement and participant control, rather than count public testimonies as transformations.

In counselling, a practitioner could use the distinctions to separate factual misconceptions, emotional distress, and judgements about worth. Reflection on a devaluing premise should proceed at the person's pace and within appropriate professional support. A decision to prioritise safety, practical assistance, or continuity is legitimate. The framework provides possible questions for formulation and discussion; it is not a treatment protocol, diagnostic instrument, or substitute for evaluating counselling outcomes.

In stigma-reduction programmes, reflection should extend to healthcare workers, peer leaders, and institutions that reproduce exclusion. Activities could examine assumptions about blame and deservingness alongside changes to confidentiality procedures, complaint routes, and discriminatory practices. Evaluation should distinguish participant reports of revised meanings from service experience, enacted discrimination, and organisational change. Improvement on one dimension should not be used to claim improvement on another. These are proposed applications for development and evaluation with PLHIV, rather than interventions whose effectiveness is established by this conceptual paper.

**Interpretive Inquiry into Meaning Perspectives**

A bounded qualitative study using individual interviews could examine how adults living with HIV interpret particular encounters and the assumptions underlying those interpretations. Its purpose would be to investigate whether premise revision provides a convincing explanation of reported change, while allowing alternative explanations to emerge. The study should therefore avoid organising recruitment or analysis around an assumed progression from diagnosis to transformation.

Purposive recruitment could include varied experiences of peer involvement, disclosure, and perceived stigma. Variation would make it possible to examine accounts of change alongside continuity, uncertainty, and limited participation. Selecting only participants already described as successfully transformed would favour the proposed explanation before analysis begins. Including individuals who report no major change, who have withdrawn from support activities, or who question dominant narratives of acceptance could help clarify the framework's boundaries.

Interview prompts should seek concrete accounts rather than abstract declarations of growth. Participants could be asked which beliefs they previously took for granted, what led them to question or retain those beliefs, and how they now justify their interpretation. Follow-up questions could explore a particular encounter, the meaning attached to it, and whether that meaning extends to other relationships or settings. This would help distinguish a change in a specific opinion from a broader reorganisation of judgement.

Interviews should not presume that diagnosis constituted a dilemma, that reflection necessarily followed it, or that subsequent change was beneficial. Participants may identify another encounter as more significant, describe continuity in their understanding, or reject the language of transformation altogether. Such accounts should remain analytically useful. Requiring participants to fit a predetermined sequence would turn the framework into an interview script that produces the explanation it seeks to examine.

The propositions could function as sensitising concepts alongside open coding and negative-case analysis. Initial analysis could attend to participants' own descriptions of meaning, relationships, and choice before examining their compatibility with premise revision. Subsequent interpretation could compare that explanation with practical improvement, relationship-specific reassurance, conformity, or deliberate continuity. The purpose of negative-case analysis would be to refine the account and identify its limits, rather than relabel contradictory evidence so that it supports the model.

Accounts of confidence without premise change, disclosure under pressure, and continued privacy following careful reflection would be particularly informative. Researchers should examine the basis of these interpretations rather than infer them from behaviour alone. A participant's inability to provide a fluent explanation should also be approached cautiously. It may reflect discomfort, unfamiliarity with reflective language, or the interview relationship, rather than an absence of meaningful reconsideration.

The researcher's interpretive role requires explicit attention. Questions about shame, identity, and belonging may imply that certain experiences are expected or that particular responses are preferable. Researchers should examine how their prompts, reactions, and conceptual commitments influence the accounts produced. Where several interpretations remain plausible, the analysis should present that uncertainty rather than force a definitive classification.

Retrospective narratives cannot independently establish the timing or causality of change. Participants may reconstruct earlier beliefs in light of their present understanding, and accounts of a decisive encounter may simplify a more complex process. A single account also cannot establish the persistence or consistency of a revised perspective across situations. The study could therefore identify reported premise revision and evaluate its interpretive plausibility, but it should not claim to demonstrate an enduring causal process beyond the available evidence.

These limitations do not remove the value of qualitative inquiry. They define the level at which its conclusions can be defended. A carefully bounded study could clarify what participants mean by change, identify where transformation is a stronger or weaker explanation, and refine the proposed distinctions between perspective, identity, participation, and agency. The conceptual argument would thereby remain open to empirical challenge rather than being treated as assumed research finding.

**Narrative Inquiry and Participatory Research**

Narrative inquiry could investigate how participants organise HIV-related experience within accounts of their past, present, and anticipated future. Rather than require a story of crisis followed by recovery, researchers could invite participants to identify significant events, continuities, silences, and competing versions of self.

Analysis could compare how an account changes across audiences and examine whether a revised story also contains a changed premise. A coherent redemption narrative, a fragmented account, and a story of continuity should receive equal analytical attention (McAdams & McLean, 2013).

Participatory research would involve PLHIV in deciding whether transformation is a useful question, selecting acceptable terms, developing prompts, interpreting anonymised material, and shaping dissemination. Participation should carry meaningful decision-making authority, with payment for work and accessible language and formats where needed. Recruiting only established advocates could reproduce the visibility bias criticised by P6; involvement should also be possible for people who prefer privacy or have disengaged from services. Researchers should report how disagreements between academic and community interpretations were handled.

A feasible empirical strategy would use maximum variation purposive recruitment across relevant social positions and service settings, followed by confidential individual interviews and, where participants choose, narrative materials. The six propositions would guide comparison after initial open analysis rather than dictate participants' accounts. For P1 and P2, analysis would look for the meaning of a challenging encounter and evidence of a revised organising assumption. For P3 and P4, it would examine how recognition, emotion, and the ability to disagree entered the account. For P5 and P6, it would compare reported perspective change with discrimination and disclosure choices, actively seeking cases in which those dimensions diverge.

An analytic record could distinguish the prior premise, concrete encounter, reported questioning, revised or retained premise, contextual constraint, and plausible rival explanation for each case. Researchers should preserve participants' wording before applying theoretical labels. Competing interpretations should be discussed within the research team and, where safe and desired, with participating PLHIV. Disagreement and negative cases should remain visible in reporting. These procedures examine interpretive credibility; retrospective interviews cannot establish causal sequencing, prevalence, or intervention effectiveness.

Ethical design should allow pseudonyms, private recruitment channels, control over recording and quotation, and withdrawal under clearly explained conditions. Group participation should never require disclosure of HIV status beyond what a participant has knowingly accepted. Identifying combinations of social details should be removed, particularly in small communities. Researchers should plan responses to distress and clarify the limits of confidentiality. Cross-setting comparisons should explore how language, cultural obligations, service arrangements, and institutional power alter the propositions, rather than score participants against a universal transformation pathway.

## LIMITATIONS

This paper offers conceptual reasoning supported by selected literature rather than a systematic assessment of the complete evidence base. Purposive selection may omit relevant work, and bibliographic verification does not constitute methodological quality appraisal. The contemporary sources differ in context, design, and theoretical commitment. They are not a homogeneous body of evidence validating one mechanism among PLHIV.

Perspective transformation, recognition, and agency may be difficult to distinguish in participants' accounts. The proposed analytical indicators have not been validated, and a narrative of changed meaning may reflect retrospective reconstruction or the expectations of the research encounter. The framework must therefore be examined against rival explanations rather than assessed only through confirming examples.

The proposed model does not establish intervention effectiveness, changes in clinical outcomes, or reduction of structural stigma. Nor does it assume that every person living with HIV requires a transformed perspective. Some people may preserve a coherent frame of reference and seek practical support. Recognising this possibility places an appropriate limit on the reach of transformation theory.

The complementary perspectives also introduce unresolved tensions. Narrative coherence, perceived growth, and premise revision may overlap without being empirically separable in a single retrospective interview. The

rational language used to identify revised assumptions may privilege particular educational and linguistic practices. Recognition theory does not by itself specify how material exclusion is remedied, and an intersectional lens requires detailed contextual evidence rather than demographic labels alone. These limitations should be examined through community involvement and comparison of rival explanations.

Empirical validation is needed across diverse cultural, legal, socioeconomic, and service settings, including accounts of people who describe continuity, ambivalence, deterioration, or no transformation. Such work should test the explanatory usefulness and boundaries of the propositions before developing outcome measures or intervention claims. Perspective transformation is neither universal nor inevitable, and the absence of transformation should never be interpreted as personal failure or inadequate engagement.

## CONCLUSION

Perspective transformation among PLHIV is most defensibly understood as a revision of the premises through which experience, self-worth, and social relationships are interpreted. Its explanatory value depends on distinguishing that revision from coping, factual learning, affirmation, and compliance. The proposed framework foregrounds premise reflection and dialogic evaluation while identifying emotion, recognition, and power as conditions shaping the process.

The paper extends the earlier framework through explicit concept definitions, six propositions, and comparison with narrative identity, posttraumatic growth, and intersectionality. Published qualitative evidence grounds attention to gendered stigma without validating the proposed mechanism. Peer support, counselling, and stigma-reduction applications remain proposals for collaborative development. Interviews, narrative inquiry, and participatory research across diverse settings should examine rival interpretations and negative cases. Transformation is a possible experience, not a universal trajectory or an obligation imposed on PLHIV.

### Ethics and Data Availability

This article presents conceptual analysis of published literature and reports no human participant recruitment, collection of identifiable personal information, or original participant dataset. No new empirical data were generated. Future empirical work would require the relevant institutional approvals and consent procedures before recruitment.

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