




Exploring Psychological Empowerment Among HIV Support Groups

Harit Agroia, DrPH

County of Santa Clara, Public Health Department, San Jose, California, United States

 <https://orcid.org/0009-0001-1710-6309>

Leyla Mousli, MPH

County of Santa Clara, Public Health Department, San Jose, California, United States

Rock Braithwaite, EdD

County of Santa Clara, Public Health Department, San Jose, California, United States

Silvia Boron, BS

County of Santa Clara, Public Health Department, San Jose, California, United States

Rene Padilla, MSW

County of Santa Clara, Public Health Department, San Jose, California, United States

Abstract

Support groups can provide members with space to discuss life issues, foster a sense of community, and promote connections with others. For people living with HIV, support groups can improve knowledge and awareness of tools and resources for HIV management, reduce stigma, improve social competence, and overall health. Studies that have connected empowerment and support group structures in populations with HIV have found promising results; however, a dearth of research demonstrates how applying theoretical frameworks can improve understanding of factors that increase empowerment among support group participants. The purpose of this phenomenological study was to apply the Psychological Empowerment Theory among seven HIV support group members to understand: (1) individual beliefs about how their HIV diagnosis affected day-to-day life, (2) efforts that the individual makes to maintain “control” of their life to proactively manage their diagnosis, and (3) their sociopolitical environment, such as their self-assessment of resources and available supports to manage their HIV diagnosis as well as level of involvement in community activities and organizations. Data were analyzed using an interpretive phenomenological analysis approach through which seven themes were identified: fostered relationships within the group, positive self-perception, increased perceived control, safe and secure environment, increased knowledge and social learning, group validated benefits through positive experience, and intention for longer-term commitment to the group. Findings contribute to the positive impact of HIV support groups in enhancing empowerment among its members, especially the critical role that both individual and interpersonal factors play in achieving improved health-related outcomes.

Keywords: *psychological empowerment, theoretical framework, phenomenology, support groups, stigma reduction, HIV/AIDS*

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Introduction

HIV-related stigma continues to be a complex and misunderstood phenomenon as well as a significant barrier to patients' access to HIV prevention and care services in their communities (Sen et al., 2022). In addition to experiencing HIV-related stigma, individuals diagnosed with HIV may further experience feelings of low self-esteem, isolation, negative self-perception, and a lack of social support, all of which, collectively, adversely affect overall quality of life, including mental and physical health (Cooper et al., 2021). One strategy to address the psychosocial needs of HIV patients is to implement support groups (Bateganya et al., 2015). This strategy, endorsed by the World Health Organization, may facilitate patient adherence to prescribed antiretroviral medications and retention in ongoing HIV care and improve several quality-of-life dimensions, such as improved confidence and self-esteem and better coping skills (Bateganya et al., 2015; World Health Organization, 2013).

Support groups can be empowering and uplifting for members because they create a safe space to discuss life issues, provide a sense of community and solidarity, and promote personal connections with others who may be experiencing similar challenges (Mohamed, 2024). Research has also found that when support group characteristics enhance inclusive environments, individuals living with HIV are more likely to report positive gains in overall quality of life from physical, psychological, environmental, and social aspects (Basavaraj et al., 2010). While there are different models for implementing support groups among this population, generally the types of topics discussed include stigma reduction, improving self-esteem, and the importance of adhering to HIV treatment medications (Bateganya et al., 2015; Haberer et al., 2010; Krebs et al., 2008; Peterson et al., 2011). For people living with HIV, the transformative power of support groups has been found to improve outcomes associated with the challenges they may face regarding stigma, discrimination, loneliness, lack of support, and self-esteem (Basavaraj et al., 2010; Mohamed, 2024). Further, support groups that are perceived as inclusive among members can improve membership and participation rates for greater public health reach and impact, especially among priority populations and populations disproportionately affected by HIV. Each of these quality-of-life dimensions improves individual outcomes; however, a priority should be addressing psychological factors that empower individuals to develop skills that improve mental health.

Background

Research that has studied the effects of support group structures on varied populations living with HIV has found positive substantive results across several different health-related clinical outcomes (Bateganya et al., 2015; Berg et al., 2021). More broadly, the connection between empowerment and support groups is well-documented. For example, Bartlett and Coulson (2011) found that online support groups have the potential to produce empowerment outcomes among participants, including a positive role in enhancing participants' relationships with their health professionals. Other studies evaluating online support groups have shown similar results (Pandey et al., 2025; Sharma & Khadka, 2019; Wentzer & Bygholm, 2013). Specifically, in populations with HIV, initial studies connecting empowerment and support group structures have further found promising results (Beeker et al., 1998; Kellett & Gnauck, 2016; Mo & Coulson, 2010; Zimmerman et al., 1997). However, existing research is limited in demonstrating how individual-level theoretical frameworks can

be applied to evaluate HIV support groups, especially to understand whether participation in support groups facilitates improved HIV clinical outcomes or positive changes in overall dimensions of quality of life. A recent systematic review uncovered that the concept of empowerment is especially important to understand among vulnerable populations, such as people living with HIV, because power may be inequitably distributed within these communities (Halvorsen et al., 2020). Healthcare professionals may be uniquely positioned to help redistribute this power by harnessing individual-level cognition as a motivational factor that arises from self-empowerment (Halvorsen et al., 2020).

Empowerment Theory is a framework that can be applied to assess psychological, organizational, and community-level empowerment (Zimmerman, 2000). Empowerment is a concept that can be understood by assessing processes and outcomes that affect an individual's, organization's, or community's ability to control and influence its decisions (Perkins & Zimmerman, 1995; Rappaport, 1981; Zimmerman, 2000; Zimmerman & Warschawsky, 1998). At an individual level, theoretical constructs of this concept include self-esteem, self-efficacy, or locus of control (Zimmerman, 2000). At this level, Psychological Empowerment Theory proposes that one's beliefs about their own competence, efforts to exert control, and understanding of the sociopolitical environment collectively are considered processes and actions in which an individual may engage. An empowered individual is one who can demonstrate competence guided by their beliefs, exertion of control, and demonstrated ability to engage in sociopolitical activities in their community, such as participating in social clubs or organizations (Zimmerman, 2000). Because all people have the potential to empower themselves (Zimmerman, 2000) or be empowered, strategies implemented to support them in this process (e.g., support groups) can promote their continuous intention to engage in those activities and improve their quality of life.

Our study focused on evaluating an HIV support group based in a large county in the western United States. The group is a closed, member-only group open to individuals only by referral. In order to join the group, individuals must first be screened for eligibility by a team of social workers responsible for facilitating the group; eligibility entails verification of an HIV diagnosis and assessment of whether the individual is living or working in the county where the support group is held. The purpose of the group is to provide a safe space and environment for people who are living with HIV to discuss topics that can facilitate proactive and improved management of their HIV, as well as challenges and barriers that members may be experiencing, both in terms of their HIV diagnosis and broadly in their lives. A common practice of the group is to celebrate the successes and accomplishments that individuals achieve during their membership. Topics discussed within the group include the importance of taking antiretroviral therapy as HIV treatment, the meaning of undetectable compared to untransmittable, healthy eating, community services, immigration/political asylum, behavioral health, substance use, disclosure of HIV diagnosis among family or friends, partner services, and life goals. Group sessions often end with sound healing exercises that incorporate breathing and grounding techniques to close the meeting on a positive note. The group meets for one 90-minute session each month, both virtually and in-person; sessions are conducted only in Spanish. Session attendance data are tracked by support group facilitators.

Evaluation of the support group entailed application of the Psychological Empowerment Theory to assess the following theoretical constructs among current support group participants: (a) individual beliefs about how their HIV diagnosis affects their day-to-day life, (b) efforts that the individual makes to maintain "control" of their life in proactively managing their diagnosis, and (c) an understanding of the sociopolitical environment, which includes their self-assessment of resources and available supports to manage their HIV diagnosis as well as level of involvement in community activities and organizations. Research has found that a person who is empowered would be expected to exhibit a personal sense of control, have a critical awareness of their environment, and demonstrate behaviors necessary to exert control (Zimmerman, 2000). We hypothesized that the support group provides a safe environment for individuals to feel psychologically empowered.

Materials and Methods

Design

This was a phenomenological study design employing semistructured interviews among participants of the HIV support group. We designed the interview guide to include questions aimed at assessing each individual-level construct of the Psychological Empowerment Theory; with these questions collectively, we aimed to obtain an in-depth understanding of individuals' experiences as members of the HIV support group, thereby defined as the phenomenon of interest in this study. Phenomenology is a qualitative research method that sheds light on and increases researcher understanding of the experiences of others (Neubauer et al., 2019). It is particularly useful for understanding complex societal problems and issues (Neubauer et al., 2019), such as HIV disease, for which historical stigma and discrimination have contributed to the formation of societal norms, provider perceptions, and cultural values and beliefs that have adversely affected patient health outcomes both mentally and physically.

Measures

We collected qualitative data through a 24-item semistructured interview guide that included questions focused on assessing the theoretical constructs associated with the Psychological Empowerment Theory. Questions were grouped according to theoretical constructs connected to empowering processes and empowered outcomes across the individual level of analysis. Empowering processes included an assessment of individual beliefs about ways in which support group members shifted their self-perception or knowledge about HIV. For example, participants were asked about any changes to their self-esteem, beliefs about the HIV disease, and how they would rate their ability to manage resources. Empowered outcomes included an individual sense of control over their life or self-efficacy in managing their HIV diagnosis, participatory behaviors and participatory skills, and continuous intent to participate in the support group.

Procedures

All current support group members were eligible to participate in the study and were contacted by the lead social worker, who has established rapport with each group member by serving as the group's facilitator and HIV case manager, to garner member interest in participating. The lead social worker recruited members by announcing the opportunity to participate in the study during support group sessions and by calling each member individually using the telephone number on file to inform them of the research opportunity. Given that all support group members were Spanish speaking, all research procedures that involved direct interaction with the members, including conducting the semistructured interviews, were conducted by the lead social worker, who is bilingual certified in Spanish. To reduce social desirability, the lead social worker informed potential participants that their decision to participate, as well as their responses to the interview questions, would not affect their membership in the group or their future experience being a member of the group (Bispo Júnior, 2022).

Upon receiving support group member interest in participating in the study, the lead social worker obtained written consent before the start of the interview. The lead social worker utilized a Spanish-translated copy of the semistructured interview guide to conduct the 45-minute interview. To ensure participant comfortability, a Spanish-speaking health educator attended the telephone interview in a listening role only to document field notes of participant responses; participants were not recorded. Upon conclusion of the interview, the lead social worker thanked each participant for their time and offered a small incentive as a token of appreciation. This incentive included a water bottle, key chain, and stress ball. Research procedures were approved by the Institutional Review Board (#24-04).

Data Analysis

We analyzed the field notes using an interpretative phenomenological analysis approach, which is a six-step process that aims to obtain an in-depth understanding of individual experiences and how these may be longitudinally expected to change over time (Engward & Goldspink, 2020). Using reflexivity as an attentive way to minimize researcher bias and influence on the coding process, we analyzed the data by reading and rereading field notes, making initial notes to systematically capture observations, develop emerging themes, search for connections, and look for patterns (Engward & Goldspink, 2020; Nicholls, 2019). During the initial stages of coding, field notes were also tested for reliability using the interrater reliability method in which two researchers independently coded field notes, compared codes, and met with the first author to review and resolve any discrepancies. Thereafter, all field notes were coded with established consistency to identify emergent themes and subthemes. We performed each step of this hermeneutic analysis to consider the between and within perspectives to convey the voices of the support group participants (Engward & Goldspink, 2020; Smith & Osborn, 2004). Finally, emergent themes and subthemes were tabulated for summarization (Table 1) and assessed for connections to the individual-level constructs of the Psychological Empowerment Theory (Figure 1).

Results

A total of seven support group members participated in the study ($n = 7$). A majority identified as male, all were Spanish-speaking, and all identified as Hispanic/Latinx. Membership in the support group ranged between 8 and 11 years.

Seven themes were identified, which included (1) fostering relationships within the group, (2) positive self-perception, (3) increased knowledge and social learning, (4) group-validated benefits through positive experiences, (5) safe and secure environment, (6) increased perceived control, and (7) intention for longer-term commitment to the group. Table 1 provides a definition of each theme, including the subthemes that comprise it and the theme's connection to individual-level constructs of the Psychological Empowerment Theory. Findings also revealed that several themes were connected to more than one theoretical construct (see Figure 1). This section presents contextual narrative pertaining to each theme and the connection of each theme to one or more theoretical constructs related to the Psychological Empowerment Theory.

Table 1. *Identified Themes, Definitions, and Connections to Theoretical Constructs*

| Theme | Definition | Subthemes | Theoretical Construct(s)* |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Fostering relationships within the group | Nurture, develop, and strengthen group relationships that increase likelihood of long-term connection and/or participation | 1) Relationship development with members/facilitators, 2) long-term connections in group, 3) close relationship formation, and 4) engagement and participation | Individual beliefs, sociopolitical environment |
| Positive self-perception | Improvement in self-perception that results in changes in life outlook and health behaviors | 1) Belief in self, 2) positive self-worth, and 3) clarity on purpose/motivation/self-care | Individual beliefs |

| Theme | Definition | Subthemes | Theoretical Construct(s)* |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Increased knowledge and social learning | Enhanced understanding of self, others, and/or services that improves health condition | 1) Diverse perspectives through information sharing, 2) observational learning from others, and 3) knowledge of community resources | Individual beliefs, perceived control |
| Group-validated benefits through positive experiences | The ways through which members affirmed the advantages of group membership that reduced stigma and improved comfort to be more open within the group | 1) Group membership advantages, 2) benefits of the group, 3) positive outcomes experienced during group sessions, and 4) reduced barriers due to group participation | Individual beliefs, perceived control, sociopolitical environment |
| Safe and secure environment | Freedom to share, express, and be authentic without fear, negative attitudes, or discrimination | 1) Freedom of expression, 2) freedom to be authentic, and 3) reduced feelings of negative attitudes or discrimination from others | Individual beliefs, perceived control |
| Increased perceived control | Improved feelings of autonomy that provide direction and guidance for health-informed decisions or motivation toward life purpose | 1) Increased feelings of influence, authority, or autonomy, 2) informed decision making or personal control, and 3) clear understanding of motivation/life purpose that has changed personal outlook | Individual beliefs, perceived control, sociopolitical environment |
| Intention for longer-term commitment to the group | Intention to commit to participating in the support group long-term and accessing resources shared with them | 1) Strong voluntary commitment, 2) no change in community involvement with shift in behavioral intention, 3) group expansion, and 4) increased knowledge of community resources | Perceived control, sociopolitical environment |

*Theoretical constructs pertaining to the individual level of the Psychological Empowerment Theory

Fostering Relationships Within the Group

Fostering relationships with the group is defined as nurturing, developing, or strengthening relationships with support group members that increase the likelihood of long-term connection and/or participation in the support group. Several participants expressed that the connections they developed with other support group members not only helped them develop stronger relationships on a personal level but also created a sense of community in which they could express themselves without fear of judgment. One participant stated: “[we were] being supported and work with people who listen and can advise you. And not only on a personal level but also with the community members who are a part of the support group.” Another participant said: “I feel very connected ... [we] have the freedom to speak whatever anyone in the group might want to share. We are free to talk and just be ourselves.”

When discussing how fostering relationships has affected their individual beliefs about HIV, participants discussed how talking about having HIV with other members helped them learn ways through which they can navigate life while living with the condition. One participant stated:

All the group members mingle and I feel comfortable. ... I can connect with them about HIV how it has affected them and how they managed to keep going. I like to see other people who have HIV like I do and how they navigate their normal lives despite their diagnosis.

Fostering relationships with other members also helped participants build their self-esteem and confidence, especially in being able to speak more openly about HIV. One participant stated: “I feel more confident with speaking to other people. Before, it was hard to talk to strangers and people I know. Now, my interactions are better, and I no longer feel small.”

Participants also expressed fostering deeper relationships that manifested into longer-term friendships. One participant stated: “Friendships have come from being part of this group and I feel very connected.”

Positive Self-Perception

Positive self-perception was defined as an improvement in self-perception that resulted in changes in life outlook and health behaviors. All participant responses expressed improvements in their level of overall confidence in life and sense of self-worth. These improvements were attributed to various experiences they had within the support group and with the members. One participant stated: “It has helped me in having more confidence. I was not taking good care of myself when I received my diagnosis. When I went to the group I started to take better care of my health.” Another participant stated: “It [support group] helped me keep on living and loving myself more.”

Several members also expressed feeling like they have found purpose and improved motivation in life, in that they looked forward to attending support group meetings and had a desire to take better care of themselves, especially from a mental health perspective. One participant stated: “It [support group] has given me some sort of purpose. We meet every few weeks and it gives me something to look forward to.” Another participant said: “I started caring for myself. I started actually being a better ME. I fell into a depression I felt like I wanted to die. I thought my life was over. It [support group] made me love myself.”

Increased Knowledge and Social Learning

Increased knowledge and social learning was defined as an enhanced understanding of self, others, and/or services that improve an individual’s health condition. Several participants stated that their knowledge base on HIV as a condition has increased, and they have learned what resources are available to help them manage the condition, including support services. From a socioeconomic perspective, participants also expressed being better informed about how to manage their resources, including financial, food, and housing resources, to have a better life. One participant stated: “It [knowledge] has changed in the sense that now I understand HIV better ... it [support group] gives me more knowledge and insight and I’m not lost.” Another said: “When I arrived at the group I had financial problems. But through the group, I was connected to [resources] ... for food, rental assistance, and to help get back on track. I received a lot of support in all of that.” A third participant added:

I received help with my dental work. They have motivated me to receive treatment as well. I received complex dental care. The problem was cost and they [dental clinic staff] helped me pay the expenses in order to get the treatment I needed.

Group-Validated Benefits Through Positive Experiences

Group-validated benefits through positive experiences was defined as the ways through which members affirmed the advantages of group membership that reduced stigma and improved comfortability to be more open within the group. Participants expressed feeling as if both their physical and mental health had

improved since joining the support group because of improvements they observed in their level of confidence and ability to express themselves, especially to their close friends and family, with whom they may not have had the courage to speak about their HIV diagnosis before. Participants stated:

It [support group] has been positive in the changes of the attitude of the people that surround me. An example would be visual. The physical and mental aspect has changed in a positive way. ... I appreciate the changes I've made. Mentally, I'm more calm. My attitude is more happy.

The advantages are a plenty. It made me feel more confident in the processing of my diagnosis. It helps me understand my illness. The thought of feeling heard by someone. Listening to others share their stories from their point of view living with this illness. The confidence I get to express myself.

It shifted in a positive way because I can educate someone with the HIV diagnosis. Before I couldn't talk about it and now, I can speak of it and my family knows about it. And to be able to have the knowledge to answer the questions they have.

Participants also appreciated the opportunity to express themselves within the group in their native language because they often experienced language-related barriers that may have hindered their ability to not only express themselves but also form meaningful connections with others. One participant stated:

One prior to this [previous experience with another support group] and it was in English for people living with HIV. However, sometimes I felt like I couldn't open up as much partly because of the language barrier ... this [support group] has helped me with the language barrier and I learn about different topics.

Safe and Secure Environment

Safe and secure environment was defined as the freedom to share, express, and be authentic without fear of negative attitudes or discrimination. The majority of support group members commented on having the freedom to express themselves and be authentic. A participant stated: "It's a safe place we can be ourselves. Express ourselves. Be listened [to]. And being our authentic self." And another said: "The freedom to speak whatever anyone in the group might want to share. [We] are free to talk and just be ourselves."

Stigma and discrimination were also key points of discussion among participants. Several expressed how people diagnosed with HIV are perceived negatively in society and the impact that may have on individuals who are living with HIV. Participants discussed how the support group made them feel less stigmatized and part of a setting in which they were truly not being judged for having HIV. Participants stated: "We all share the same stigma. ... they [facilitators] take that into consideration. [Name of facilitator], you call me and remind me about the meeting. Knowing I have a safe place to go makes me feel good."

I was being traumatized not wanting to be around people or them knowing about my diagnosis. ... The support group gave me the knowledge about how it [HIV] is transmitted, how to take your medication, what happens if you take extra medication.

Increased Perceived Control

Increased perceived control was defined as improved feelings of autonomy that provide direction and guidance for health-informed decisions or motivation toward life purpose. Participants expressed that they, overall, feel more control over their lives, including their HIV diagnosis. Participants stated: "Good. It's helped me manage my money better and. ... I started working out again and eating healthy again." "I learned that I can have better control of my life more than I thought. That was huge for me."

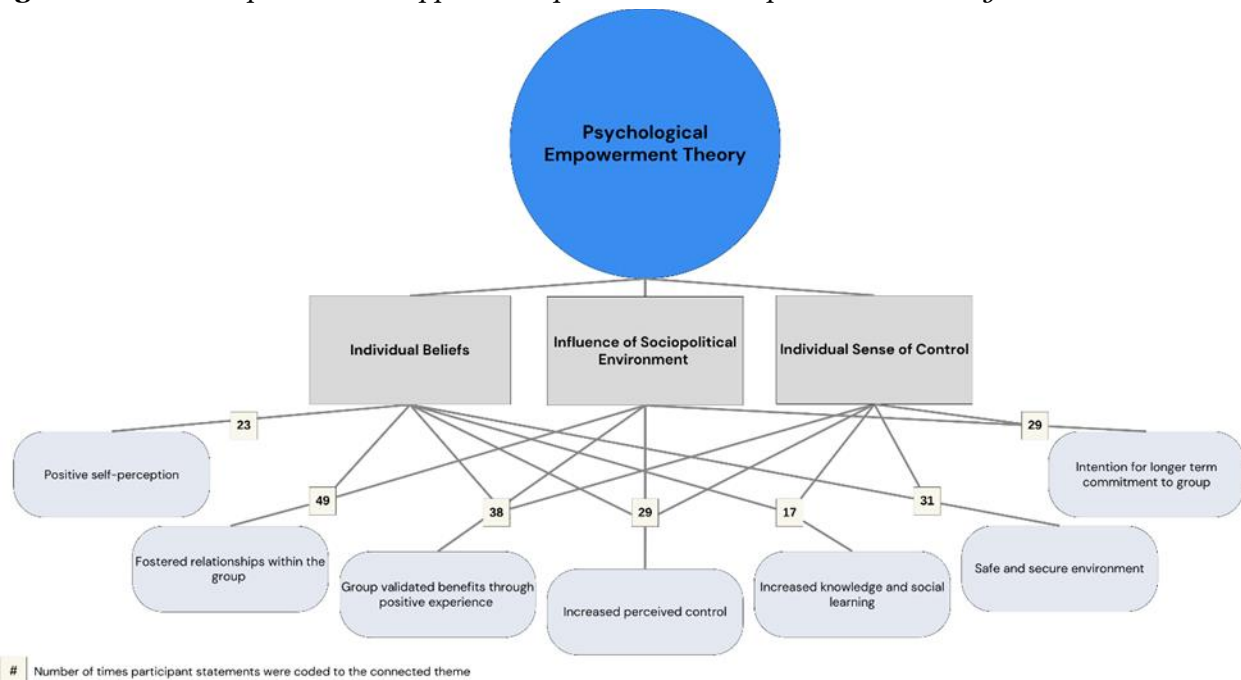
Long-Term Intention and Commitment

Long-term intention and commitment was defined as the participant’s intention to commit to participating in the support group long-term and accessing resources that were shared with them. All participants expressed strong voluntary commitment to continue participating in the group. Several stated: “I have a high intention to continue to participate in the group as long as it is going.” “Through the group I was able to get connected to [name of program] ... to help get back on track.” “Section 8, food basket, immigration, medication, insurance.”

Relationships Between Identified Themes and Theoretical Constructs

It is important to note that while the aforementioned seven themes are described individually, the relationship between these themes and theoretical constructs related to the Psychological Empowerment Theory was not singular (Table 1); instead, results point to several themes that are connected to more than one individual-level theoretical construct (Table 1; Figure 1).

Figure 1. Relationships Between Support Group Themes and Empowerment Theory Constructs



The most predominant theme—fostered relationships within the group—touched on the sociopolitical environment and individual belief constructs. Through group discussions and shared experiences, members strengthened their relationship with others, linking the sociopolitical construct. These fostered relationships may also enhance a member’s individual belief in themselves by gaining emotional support. One participant stated: “I feel connected. We all have the same problem. We talk about everything and give each other advice. I believe if this group did not exist, I would feel very bad. I’m happy about the group.”

Group-validated benefits through positive experiences was the next most common theme and related to all three constructs. Groups that achieve positive outcomes can foster a sense of motivation and inspire members to become more engaged and contribute to the sociopolitical environment. These positive experiences with a group validate individual beliefs, values, and build a sense of collective empowerment, influencing one’s ability to take control over major aspects of their life. One participant shared: “After joining the group, I started going to the gym and working out. ... I stopped taking sugar and my diet has changed for the better.”

A safe and secure environment provided members a space where they felt valued and respected, strengthening their belief in their self-worth and personal values. Members expressed that when they are freer to express themselves, they are more likely to align their beliefs with their core values. When members shared increased feelings of being able to express themselves in a safe and secure environment, it also enhanced their individual sense of control by empowering individuals to share their ideas within the support group and be able to take better action to address their personal needs. One participant stated: “I feel better. I’m in control of my life and no longer living in fear. I see HIV as a part of my life not my entire life.”

Increased perceived control was a theme related to all three constructs. Members expressed an increased sense of control and were also more inclined to collaborate with others within the support group, thus strengthening their relationships with others. Members also shared feeling more confident, which further strengthened their perceived ability to succeed in their various life endeavors. Conversely, members reported feeling less helpless when they were assured that their peers within the group had been able to successfully manage their HIV and live a good quality of life. One participant stated: “You all have helped me stay more active mentally and coordinate my ideas and have returned back to my path in life. I have a clearer mind in what I want to do and my priorities are in order.”

Intention for longer-term commitment to the group was related to the individual control and sociopolitical environment constructs. Participants expressed their intentions for a longer-term commitment to the group, which implies that they acknowledge their ability to decide to continue or discontinue participating in the support group. This autonomy reinforces perceptions of control over one’s decisions and actions. One participant said: “Like always, continue to attend and participate in meetings. I don’t plan on stopping from attending.”

Having a positive self-perception was intricately linked to individual beliefs, as having a positive self-perception influences how participants view themselves, their abilities, and how they approach challenges. One participant stated: “I didn’t know what to do and how to deal with being HIV positive. The group gave me support “si se puede” and to continue going ... my beliefs changed a lot into a positive outlook.”

Lastly, increased knowledge and social learning was connected to the individual beliefs and sense of control constructs. Increasing knowledge through educational support group sessions allowed members to formulate or shift their own beliefs about the topics that were discussed, such as the importance of reaching viral suppression. Based on this knowledge, members expressed feeling empowered to make improved decisions to maintain individual control over multiple aspects of their lives. One participant stated: “What others share on resources they have found helpful. ... In hearing things from others in the support group has helped me decide certain things/aspects about my own health.”

Discussion

HIV continues to profoundly impact individuals’ quality of life from an emotional, mental, physical, and social standpoint, especially for those newly diagnosed. Our findings showed that the trauma and stigma, experienced and internalized, that support group members faced upon receiving their HIV diagnosis initially were reduced through peer support, conversation, and relationship building, such that they were able to successfully navigate through these challenges. This includes being able to overcome psychological challenges and uncertainty about the future when members received their diagnosis initially. Managing HIV involves adherence to prescribed medication regimens (HIVinfo.NIH.gov., 2025), which poses challenges in maintaining overall mental and physical health. Moreover, fear of discrimination and stigma can result in social isolation (Audet et al., 2013). Challenges around disclosure, trust, and fear of transmission can further exacerbate social isolation, particularly in intimate relationships (Audet et al., 2013). Levels of empowerment, that is, to be able to truly feel intrinsic motivation to make decisions purely based on one’s own choice rather

than the influence of outside factors, can be significantly reduced in people living with HIV due to several factors (Tao et al., 2022). Navigating these complexities can create a psychological burden that can ultimately undermine an individual's sense of empowerment. The stigma associated with HIV also often leads to marginalization, which can undermine a person's self-perception and agency (Berger et al., 2001).

The present study highlighted a unique approach to health education through support groups, which diverges from more conventional methods, such as outreach and social media campaigns. Members in this study stated that the information delivered in support groups not only enhanced their knowledge and understanding of HIV-related topics, such as adhering to prescribed HIV regimens, but that it also empowered them to identify resources that address their holistic needs, such as financial support and physical fitness. Previous studies also support the impact of support groups on factors that contribute positively to HIV management, including medication adherence, increased knowledge, and lower internalized stigma (Coulson & Buchanan, 2022; Coursaris & Liu, 2009; Harrison et al., 2023; Nguyen et al., 2009; Tumwikirize et al., 2015). This study contributes to the growing body of evidence on the effectiveness of HIV support groups in providing not only knowledge, but also practical resources that are crucial for managing health comprehensively.

Findings also demonstrated the positive impact of this HIV support group in enhancing empowerment among its members, especially the critical role that both individual and interpersonal factors play in achieving improved health-related outcomes, while sociopolitical environment-related factors were key drivers of empowerment. At the individual level, factors such as personal motivation and belief in oneself were identified as significant contributors in managing HIV. Interpersonal factors within the support group, including relationship development with members and facilitators and diverse perspectives through information sharing, were highlighted as fostering positive outcomes. The sociopolitical environment factors, including resource sharing, were crucial drivers of empowering members. Findings also showed that individuals were empowered to express a continued interest in participating in the support group long-term.

A notable strength of this study is that, to our knowledge, this is the first application of the Psychological Empowerment Theory among members of an HIV support group. Findings may be particularly relevant for practitioners serving this population group within their clinical setting. Another strength lies in the phenomenological design, which allowed the team to deeply explore the unique experiences of the support group members. This phenomenological analysis also facilitated a reduction in researcher bias, enabling data to reflect members' lived experiences. The 100% response rate was an additional strength and points to the strength of the relationship between the support group facilitator and the members, wherein the facilitator played a key role in cultivating a safe and secure environment for members to authentically express themselves. It is equally important to acknowledge that all study participants were Spanish speaking and had been long-term participants of the group; this may have limited insight that could have been gained from those who had been diagnosed with HIV more recently or those from other racial and ethnic backgrounds. This may also have introduced social desirability into the results given that the members had established relationships with the interviewer (Bispo Júnior, 2022). These findings, however, provide valuable insights within the region in which the study was conducted given that it has historically been and continues to be composed of populations closely aligned with the demographics of participants included in this study. Therefore, while our findings were informative within the study context, varied geographical and demographic profiles may differ and, thus, limit generalizability.

Conclusion

Support groups provide a safe space for individuals living with HIV to foster meaningful relationships and build a community that can support their health and wellness needs long-term. Assessing the impact of an HIV support group through a theoretical lens showed specific ways through which support groups can

contribute to positive individual-level changes among people living with HIV, especially as it relates to their beliefs, ability to control their lives, and intention to commit to the group long-term. Findings contribute to the growing body of evidence of the influence of HIV support groups in providing health education and practical resources that are crucial for managing health comprehensively. As population needs shift, public health practitioners may consider integrating support groups in their programming to align with these needs.

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