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Research Article

Invisible Grief: Young Adults' Reflections on Losing a Parent to AIDS During Adolescence

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ABSTRACT:

Children who lose a parent to AIDS-related complications often experience grief shaped by stigma, secrecy, and social isolation. Although the biomedical aspects of HIV/AIDS have been widely documented, far less attention has been given to the long-term psychological consequences for children who carry this loss into adulthood. This qualitative phenomenological study explores how young adults reflect on losing a parent to AIDS during adolescence and how this experience continues to influence emotional well-being, identity development, coping strategies, relationships, and spirituality. Semi-structured interviews were conducted with young adults between the ages of 18 and 35 who experienced parental loss to AIDS-related complications between the ages of 10 and 19. Data was analyzed using thematic analysis guided by the Transactional Stress and Coping Model. Findings revealed persistent sadness, unresolved grief, anger, stigma and discrimination, loneliness, substance use, and enduring negative self-beliefs. Participants described how secrecy and stigma restricted opportunities for open mourning and emotional support, contributing to prolonged distress into adulthood. Despite these challenges, many participants demonstrated resilience, meaning-making, and post-traumatic growth through faith, education, and advocacy. The findings underscore the need for trauma-informed, stigma-sensitive interventions that extend beyond childhood and address the unique needs of adolescents and young adults affected by AIDS-related parental loss.

Keywords: *HIV/AIDS, AIDS-related parental loss, grief, young adults, stigma, resilience, coping strategies, psychological well-being.*

INTRODUCTION:

The global HIV/AIDS epidemic has profoundly affected families and communities, leaving millions of children to grieve the loss of a parent. While advances in treatment have transformed HIV into a manageable chronic condition for many, the psychological legacy for children who lost parents during earlier and more stigmatized periods of the epidemic remains largely invisible. Adolescence is a critical developmental stage characterized by identity formation, emotional regulation, and increasing independence (Steinberg, 2014). The death of a parent during this period is associated with heightened risks for depression, anxiety, academic difficulties, and disrupted identity development (Worden, 2018). When parental death is AIDS-related, grief is further complicated by stigma, secrecy, and moral judgment, which can suppress open expression of loss and restrict access to social support (Herek, 2009).

Existing bereavement literature often treats parental loss as a singular event or focuses on short-term outcomes. However, grief associated with AIDS-related loss frequently unfolds across the lifespan, resurfacing during adulthood in relationships, parenting, career development, and spiritual life. This study addresses a critical gap in the literature by examining how young adults reflect on losing a parent to AIDS during adolescence and how this loss continues to shape psychological functioning in adulthood. Centering survivor voices allows for a deeper understanding of how stigma, silence, and coping intersect to produce long-term outcomes that traditional grief models often fail to capture.

THEORETICAL FRAMEWORK:

This study is guided by the Transactional Stress and Coping Model, which conceptualizes stress as a dynamic process involving cognitive appraisal and coping responses (Lazarus & Folkman, 1984). According to this framework, individuals first appraise a stressor by evaluating its significance and potential threat, followed by a secondary appraisal assessing available coping resources. Coping

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responses may be adaptive or maladaptive, depending on perceived control, social support, and contextual constraints.

For adolescents experiencing AIDS-related parental loss, stress is not a single event but a series of ongoing stressors, including parental illness, anticipatory grief, stigma, secrecy, family disruption, and eventual death. Each stage requires repeated appraisal and coping, often in environments that discourage open discussion of the illness. The Transactional Stress and Coping Model provides a useful lens for understanding why some survivors develop resilience and meaning-making, while others experience prolonged distress, substance use, or relational difficulties. This framework supports an interpretation of coping as a survival strategy shaped by developmental timing and social context rather than individual weakness.

METHODS:

A qualitative phenomenological design was employed to explore the lived experiences of young adults who lost a parent to AIDS-related complications during adolescence. This approach was selected to capture the meaning participants ascribed to their experiences and how those experiences were carried into adulthood.

Participants were young adults between the ages of 18 and 35 who experienced parental loss to AIDS-related complications between the ages of 10 and 19. Recruitment occurred through community outreach, professional networks, and referrals. Inclusion criteria required participants to be willing to reflect on their adolescent loss and adult experiences. The sample reflected diverse backgrounds in terms of gender, socioeconomic status, and family structure.

Data was collected through semi-structured interviews that allowed participants to describe their experiences of parental illness, loss, stigma, coping, and adulthood outcomes in their own words. Interviews were audio-recorded and transcribed verbatim. Data analysis was conducted using qualitative analysis software and followed a thematic analysis approach. Initial open coding identified recurring patterns, which were refined into themes through iterative comparison and reflexive analysis. Trustworthiness was enhanced through analytic memoing, audit trails, and thematic saturation.

Ethical approval was obtained prior to data collection. Participants provided informed consent and were assured of confidentiality, voluntary participation, and the right to withdraw at any time. Given the sensitive nature of the topic, participants were provided with referrals for mental health support as needed.

RESULTS:

Analysis revealed several interrelated themes that described participants' long-term experiences following AIDS-related parental loss. Persistent sadness and unresolved grief emerged as a dominant theme. Many participants described grief not as something that ended in adolescence but as an emotion that resurfaced during adulthood, particularly during life transitions such as college, relationships, or parenthood.

Anger and emotional confusion were also prevalent. Participants reported anger directed toward parents, healthcare systems, religious institutions, and themselves. This anger was often suppressed during adolescence due to expectations of strength or silence and later emerged in adulthood as emotional volatility or withdrawal.

Stigma and discrimination were described as enduring experiences that shaped participants' sense of safety and identity. Participants recalled being avoided, judged, or whispered about by peers, adults, and community members. These experiences reinforced secrecy and contributed to feelings of shame and isolation.

Loneliness was a pervasive theme, even when participants were surrounded by others. Many described feeling unseen and unsupported, unable to fully share their experiences due to fear of judgment. Substance use and risky behaviors were identified by some participants as coping strategies used to numb emotional pain when healthier supports were unavailable.

Negative self-belief developed over time, including feelings of unworthiness, fear of abandonment, and difficulty trusting others. Despite these challenges, several participants demonstrated resilience and post-traumatic growth. Education, faith, advocacy, and helping professions were identified as pathways through which survivors transformed pain into purpose.

DISCUSSION:

The findings of this study highlight the unique and enduring psychological impact of AIDS-related parental loss during adolescence. Unlike other forms of bereavement, this loss is embedded within stigma and secrecy that restrict open mourning and social support. Traditional grief models often assume communal acknowledgment of loss and time-limited healing, assumptions that do not hold for AIDS-related bereavement (Doka, 2002).

Consistent with the Transactional Stress and Coping Model, participants' coping strategies reflected adaptive responses to constrained environments. Maladaptive coping behaviors, such as substance use or emotional withdrawal, functioned as survival mechanisms rather than moral failures. Trauma-

informed perspectives emphasize that prolonged stress during development shapes adult emotional regulation and coping patterns (SAMHSA, 2014).
The presence of post-traumatic growth among some participants aligns with research suggesting that meaning-making and purpose can emerge from adversity when individuals are supported (Tedeschi & Calhoun, 2004). However, access to supportive resources played a critical role in determining outcomes, underscoring systemic inequities in care.

IMPLICATIONS FOR PRACTICE:

The findings suggest a need for long-term, trauma-informed interventions that address both grief and stigma. Schools should implement grief-sensitive policies and train educators to recognize trauma-related behaviors. Mental health providers should explicitly address stigma and secrecy when working with AIDS-bereaved individuals. Faith communities must replace moral judgment with compassionate, informed responses. Public health and HIV/AIDS education efforts should include family-centered bereavement support that extends beyond childhood.

LIMITATIONS AND FUTURE RESEARCH:

The qualitative design and sample size limit generalizability. Future research should examine intersectional factors such as race, gender, and socioeconomic status and employ longitudinal designs to track outcomes across the lifespan. Comparative studies between AIDS-related and non-stigmatized parental loss may further clarify unique mechanisms of impact.

CONCLUSION:

AIDS-related parental loss during adolescence leaves lasting psychological imprints that extend into adulthood. Grief shaped by stigma and silence requires recognition beyond traditional bereavement frameworks. By centering survivor voices, this study affirms that invisible grief is both real and enduring and calls for sustained, compassionate, and stigma-informed responses across systems of care.

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