



Original Article

Lived experiences of spiritual conflict among LGBT individuals living with HIV in Lampung, Bengkulu, and Depok, Indonesia: A phenomenological study

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ABSTRACT

Background & Aim: Spiritual conflict among LGBT individuals living with HIV may arise from intersecting sexual or gender identity, religious beliefs, and illness-related meanings. This study explored lived experiences of spiritual conflict in Lampung, Bengkulu, and Depok, Indonesia.

Methods & Materials: This descriptive phenomenological study used Colaizzi's seven-step method. Twenty purposively recruited participants (14 gay men, three bisexual men, and three transgender women) completed in-depth interviews from July to August 2026. Interviews addressed faith, identity, HIV diagnosis, spiritual struggle, coping, and reconciliation. Analysis identified significant statements, formulated meanings, clustered themes, and developed an essential structure. Trustworthiness was supported by member checking, reflexive journaling, peer debriefing, expert review, and an audit trail.

Results: Five themes and 17 subthemes emerged: (1) recognizing the contradiction between faith and desire; (2) living with guilt and spiritual distress; (3) interpreting HIV as a spiritual turning point; (4) negotiating identity and faith; and (5) seeking reconciliation with God. Participants described tension between religious teachings and identity, guilt, self-blame, fear of divine punishment, spiritual distance, meaning reconstruction, and reconciliation. Spiritual conflict was overlapping and recursive rather than uniform or sequential. Participants moved between guilt and hope, spiritual distance and religious engagement, and self-rejection and acceptance. HIV diagnosis often prompted reflection, although its spiritual meaning varied.

Conclusion: Spiritual conflict involved ongoing identity negotiation, moral interpretation, meaning reconstruction, and reconciliation. Spirituality could be both a source of distress and a resource for adaptation.

Introduction

Human immunodeficiency virus (HIV) remains a major global public health concern despite substantial progress in prevention, diagnosis, and treatment. In 2024, approximately 40.8 million people were living with HIV worldwide, with an estimated 1.3 million new infections and 630,000 AIDS-related deaths (1). The burden of HIV remains particularly pronounced among key populations, including men who have sex with men (MSM), transgender people, sex workers, and people who inject drugs. MSM continue to experience a substantially higher risk of HIV

acquisition than the general population, reflecting the combined influence of biological, behavioral, social, and structural factors (2). In Indonesia, the continuing burden of HIV among sexual minority populations highlights the need to understand not only the biomedical dimensions of HIV, but also the social and personal experiences that shape how individuals live with the infection (3).

Living with HIV involves challenges that extend beyond disease management. Stigma, discrimination, concerns about disclosure, fear of rejection, and uncertainty about intimate and social relationships can affect psychological well-being



and quality of life. These challenges may become more complex for LGBT individuals who simultaneously navigate HIV-related stigma and stigma associated with sexual minority status (4). A recent qualitative study published in *Nursing Practice Today* highlighted how LGBT individuals living with HIV in Lampung, Indonesia, experienced intersecting forms of stigma associated with their HIV status and sexual or gender identity, reinforcing the importance of understanding their psychosocial experiences within the Indonesian sociocultural context (5). Such intersecting experiences can contribute to depression, anxiety, internalized stigma, and social isolation. They may also influence how individuals understand themselves, cope with HIV, relate to others, and engage with healthcare services. Consequently, understanding the HIV experience among LGBT individuals requires attention to dimensions of identity and meaning that are not captured by biomedical indicators alone.

Spirituality and religion represent one such dimension. In the Indonesian context, religious beliefs can shape how individuals understand illness, suffering, morality, identity, and personal responsibility (6). Spirituality may provide hope, resilience, and psychological strength when individuals face prolonged adversity. At the same time, religious beliefs may become a source of distress when lived experiences are perceived as incompatible with deeply held values. Evidence from Indonesia indicates that religion and spirituality can have both supportive and constraining roles in adaptation to HIV, including through their influence on self-perception, health-seeking behavior, and treatment engagement (7). This dual role is particularly important when HIV intersects with an identity that may be perceived as inconsistent with prevailing religious expectations (8).

For LGBT individuals, tensions between sexual identity and religious beliefs may therefore precede the experience of HIV itself. When an HIV diagnosis is subsequently received, existing tensions may become more pronounced as individuals attempt to make sense of the illness within their moral and spiritual frameworks (9). HIV may be interpreted not only as a health condition but also, in some cases, as a consequence of moral

failure or divine punishment. Such interpretations can generate guilt, shame, self-blame, fear, and a sense of spiritual disconnection. These experiences may affect how individuals understand their relationship with God, their sense of worth, and the meaning they attribute to their lives. The resulting experience is not simply a conflict between religion and sexual identity (10). It involves an ongoing process of negotiating illness, identity, faith, morality, and belonging (11).

Within this context, spiritual conflict can be understood as distress arising when personal experiences, values, behaviors, or identities are perceived to be inconsistent with deeply held religious or spiritual beliefs. Spiritual conflict represents an important dimension of spiritual struggle because it concerns the perceived incompatibility between how individuals understand themselves and how they believe they are expected to live according to their faith (12). Unresolved spiritual struggles have been associated with psychological distress, depressive symptoms, reduced quality of life, and difficulties in adapting to chronic illness. Conversely, processes that help individuals reconstruct meaning and negotiate spiritual tensions may support psychological adjustment, personal growth, and spiritual well-being. Among sexual minority populations, previous research has documented tensions between religious beliefs and sexual identity, including the ways individuals negotiate faith, identity, and belonging (11). However, this literature has predominantly examined sexual identity development, minority stress, stigma, mental health, or healthcare access rather than spiritual conflict as a lived and evolving experience.

This study was conceptually informed by the religious and spiritual struggles framework, which understands spiritual struggle as tension, conflict, or distress involving beliefs, values, identity, morality, and one's relationship with the sacred (12). Within this perspective, spiritual struggle may emerge when personally significant experiences or identities are perceived as

incompatible with deeply held religious beliefs or expectations. Such struggles may involve guilt, self-blame, perceived divine punishment, spiritual disconnection, and difficulty reconciling competing sources of meaning. At the same time, spiritual struggle is not necessarily static and may involve efforts to reconstruct meaning, renegotiate one's relationship with faith, and draw on spirituality as a source of coping and adaptation. This framework was particularly relevant to the present study because participants were living at the intersection of HIV-related meanings, sexual orientation or gender identity, and religious beliefs. The framework provided a conceptual lens for understanding the phenomenon of spiritual conflict while remaining consistent with the descriptive phenomenological approach, in which themes and meanings were derived from participants' lived accounts rather than imposed as predetermined analytical categories.

The existing literature on spirituality and HIV has likewise provided important insights into religious coping, psychological adaptation, treatment engagement, and stigma. Yet these areas have generally been examined as separate dimensions of the HIV experience (6). Less is known about what happens when religious beliefs, sexual identity, and HIV converge in the everyday lives of LGBT individuals (13). In particular, limited evidence describes how individuals experience spiritual conflict, how they interpret HIV in relation to their faith and identity, and how they negotiate these tensions over time (14). This gap is especially relevant in Indonesia, where religious beliefs form an important part of social and personal life. Exploring this phenomenon within its sociocultural context may therefore provide a more nuanced understanding of how LGBT individuals living with HIV make sense of illness, identity, and spirituality.

This gap has implications for nursing and other healthcare professions. Spiritual conflict may shape emotional well-being, coping, self-acceptance, perceptions of illness, and engagement with healthcare. When these

experiences remain unrecognized, healthcare professionals may address the biomedical needs of HIV while overlooking a dimension of suffering that is meaningful to the individual. Understanding how LGBT individuals living with HIV experience and negotiate spiritual conflict can therefore inform more person-centered and culturally responsive approaches to HIV care.

Therefore, this study aimed to explore the lived experiences of spiritual conflict among LGBT individuals living with HIV in Lampung, Bengkulu, and Depok, Indonesia.

Methods

Study design

This study used a descriptive phenomenological design guided by Colaizzi's phenomenological method to explore the lived experiences of spiritual conflict among LGBT individuals living with HIV in Lampung, Bengkulu, and Depok, Indonesia (15). A phenomenological approach was selected because the study focused on how participants experienced, interpreted, and gave meaning to spiritual conflict within the intersection of religious beliefs, sexual identity, and living with HIV. Rather than treating spiritual conflict as a predefined psychological or religious outcome, the study sought to understand how the phenomenon was experienced from the participants' perspectives.

The study was conducted and reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) (16). The reporting framework was used to enhance transparency regarding the research team, study context, participant recruitment, data collection, analysis, and interpretation.

Researcher characteristics and reflexivity

The interview team consisted of three nurse academics (IA, AW, and MT) with backgrounds in community nursing, HIV research, and qualitative research. None of the interviewers had a prior personal or professional relationship with the participants

before recruitment. Given the sensitivity of the study topic, the researchers recognized that their professional experiences in nursing and HIV research could influence how participants' accounts were understood and interpreted. Bracketing and reflexive journaling were therefore used before and throughout data collection and analysis to identify and critically examine assumptions, expectations, and preliminary interpretations related to HIV, sexual orientation, gender identity, religion, and spirituality. Reflexive notes included pre-interview assumptions, impressions and emotional responses following interviews, and emerging interpretations during analysis. These reflections were subsequently discussed within the research team to distinguish participants' meanings from researchers' preconceptions and to consider alternative interpretations. During interviews, the researchers maintained a nonjudgmental stance and avoided imposing personal, professional, or theological interpretations on participants' accounts.

Study setting and participants

Participants were recruited using purposive sampling to identify individuals who had direct experience of the phenomenon and were able to provide detailed accounts of their lived experiences (17). Recruitment was facilitated through HIV clinics, peer-support groups, community organizations, and HIV program coordinators operating in Lampung, Bengkulu, and Depok.

Twenty participants were included in the study. Eligibility criteria were: (1) aged 18 years or older; (2) self-identified as lesbian, gay, bisexual, or transgender; (3) having received an HIV diagnosis at least six months before participation; (4) having experienced spiritual, religious, or faith-related conflict associated with their sexual or gender identity, HIV diagnosis, or both; (5) being able to communicate in Bahasa Indonesia; and (6) being willing to participate voluntarily and provide written informed consent.

Individuals with severe cognitive impairment, acute psychiatric conditions, or

other circumstances that prevented meaningful participation in an interview were excluded. Recruitment and interviewing continued until data saturation was confirmed. Saturation began to become evident by the 13th interview, when subsequent accounts no longer generated substantially new experiential meanings, descriptions, categories, or themes, and increasing redundancy was observed across participants' narratives. Seven additional interviews were conducted to confirm that no substantively new information emerged, resulting in a final sample of 20 participants. The assessment of saturation was discussed and agreed upon by IA, AW, MT, ANZ, LA, and CE through comparison of emerging meanings, preliminary categories, and developing themes across interviews.

Data collection

Data were collected from July to August 2026 through in-depth, semi-structured interviews conducted by IA, AW, and MT. Interviews were conducted face-to-face in private rooms at HIV clinics, community organization facilities, or other locations selected by participants. Participants who preferred remote participation were interviewed through secure online communication platforms. Remote interviews were conducted using audio only. Consequently, visual and non-verbal cues such as facial expressions and gestures could not be observed to the same extent as during face-to-face interviews. To support rapport when discussing sensitive spiritual experiences, the interviewer allowed time at the beginning of each remote interview to establish comfort and used attentive listening, verbal acknowledgment, follow-up prompts, and pauses to facilitate participants' narratives. In remote interviews, field notes therefore focused primarily on verbal and paralinguistic cues, including tone of voice, pauses, hesitations, changes in speech, and emotional responses that could be identified through audio interaction. This difference in interview mode was considered during interpretation of the data.

The interview began with an open-ended question:

“Can you describe your experiences of spiritual conflict while living with HIV?”

Follow-up questions and probes were used to explore participants’ experiences of religious beliefs, sexual or gender identity, HIV diagnosis, relationship with God, guilt and shame, spiritual struggle, coping, meaning-making, acceptance, and reconciliation. The flexible interview format allowed participants to describe experiences that they considered personally significant while enabling the researcher to explore issues relevant to the study phenomenon. The interview guide was used as a flexible prompting framework rather than as a predetermined coding or thematic structure. The opening question invited participants to narrate their experiences in their own terms, and follow-up probes were used only to clarify or deepen issues raised during the interview. Participants were not required to address the probes in a fixed sequence, and topics that emerged spontaneously were explored even when they were not explicitly anticipated in the guide.

Each interview lasted approximately 45 to 90 minutes. With participants’ permission, interviews were audio-recorded. Field notes were completed after each interview to document contextual observations, available non-verbal or paralinguistic cues, emotional responses, and preliminary reflections relevant to subsequent analysis. For audio-only remote interviews, these observations were limited to cues available through speech, such as tone, pauses, hesitations, and changes in emotional expression.

Data collection and preliminary analysis proceeded concurrently. Emerging issues identified during early interviews informed subsequent probing and helped the researcher assess whether new interviews continued to contribute substantially new meanings to the developing interpretation (16).

Data analysis

Interview data were analyzed using Colaizzi’s seven-step phenomenological method. First, interviews were transcribed verbatim and reviewed repeatedly to develop familiarity with the participants’ accounts. Second, significant statements relevant to the experience of spiritual conflict were identified. Third, formulated meanings were developed from these statements while remaining grounded in participants’ descriptions. Fourth, related meanings were grouped into theme clusters. Fifth, the theme clusters were integrated into exhaustive descriptions of the phenomenon. Sixth, an essential structure representing the core meaning of the lived experience was developed. Finally, member checking was undertaken with selected participants to assess whether the interpretation adequately represented their experiences.

All interviews were conducted and transcribed verbatim in Bahasa Indonesia. Coding, identification of significant statements, formulation of meanings, development of subthemes, and construction of themes were also conducted in Bahasa Indonesia to preserve the original experiential and culturally specific meanings expressed by participants. Translation into English was undertaken only after the thematic analysis had been completed and the final thematic structure had been established. Participant quotations and relevant findings were translated into English by members of the research team and subsequently discussed with qualitative research experts to examine semantic equivalence, contextual meaning, and culturally specific expressions. Where necessary, wording was refined through discussion to ensure that the English version remained as close as possible to the meaning conveyed in the original Bahasa Indonesia accounts.

To reduce the influence of concepts embedded in the interview guide, analysis was conducted from the full interview transcripts rather than by organizing data according to the interview questions. Significant statements

were identified on the basis of their relevance to the lived experience of spiritual conflict, regardless of which interview question elicited them. Formulated meanings and theme clusters were then developed through repeated comparison across participants' accounts. The interview guide categories were not used as predefined codes, and emerging meanings were retained when they extended beyond or differed from the topics anticipated in the guide.

To illustrate the analytic progression, one significant statement from P13 was: "The greatest change in my life occurred when I stopped viewing God primarily as a judge and started seeing God as a source of mercy." This statement was interpreted as reflecting a shift from a punitive understanding of God toward a more compassionate spiritual meaning that supported renewed hope and spiritual connection. The formulated meaning was subsequently grouped within the subtheme "Finding Hope Through Spirituality," which contributed to the broader theme "Seeking Reconciliation with God." This example illustrates how the final thematic structure was developed from participants' accounts through successive stages of significant statement identification, meaning formulation, subtheme development, and theme construction.

Significant statements and formulated meanings were initially identified and developed by IA, AW, and MT through repeated reading and comparison of the transcripts. Related meanings were subsequently grouped into preliminary subthemes and themes and discussed with ANZ, LA, and CE to examine interpretive consistency and consider alternative interpretations. Differences in coding or interpretation were resolved through discussion until consensus was reached. Field notes were used as supplementary contextual material during analysis to support interpretation of participants' accounts, particularly in relation to emotional responses, pauses, available non-verbal or paralinguistic cues, and contextual observations recorded during or immediately after the interviews.

Data were managed through manual coding and repeated review of transcripts, formulated meanings, subthemes, and emerging thematic structures. The iterative comparison of these analytical materials supported consistency across the analysis and ensured that the final themes remained grounded in participants' accounts.

Trustworthiness

Trustworthiness was addressed using the criteria of credibility, dependability, confirmability, and transferability proposed by Lincoln and Guba (18).

Credibility was supported through iterative interviewing, member checking, and comparison of interview accounts with field notes. Member checking was conducted with five participants who were purposively selected to reflect variation in participant characteristics, availability, and representation of different participant categories within the sample. During this process, selected participant quotations that had contributed to keywords, subthemes, and themes were reviewed together with the corresponding preliminary interpretations. Participants were invited to clarify whether the meanings attributed to their statements accurately reflected their intended experiences. Feedback from member checking did not result in major changes to the overall thematic structure, but it led to clarification of several key words used in the analytic process to better preserve participants' intended meanings.

Dependability was supported through an audit trail documenting participant recruitment, interview procedures, coding decisions, theme development, and major analytical decisions made throughout the study.

Confirmability was enhanced through reflexive journaling, bracketing, peer debriefing, and independent review of selected transcripts and coding procedures by two qualitative research experts who were not involved in data collection. Reflexive notes documented researchers' assumptions before interviews, impressions and emotional responses following data collection, and

emerging interpretations during analysis. These notes were revisited and discussed within the research team to identify potential preconceptions and to examine whether interpretations remained grounded in participants' accounts.

Transferability was supported through detailed descriptions of the study settings, participant characteristics, recruitment procedures, data collection process, and analytical approach. These descriptions allow readers to determine the relevance of the findings to other settings and populations.

Reporting

The study was reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ). The reporting focused on participants' accounts and preserved the experiential meaning of spiritual conflict as described by LGBT individuals living with HIV.

Ethical considerations

Ethical approval was obtained from the Ethics Review Committee of the Faculty of Nursing, Universitas Indonesia (Approval Number: KET-378/UN2.F12.D24/PPM.00.02/2026). The approved research protocol was 2606254-029, and the study used Informed Consent Form Version 2. (19).

Administrative permission was subsequently obtained from the relevant healthcare facilities, HIV clinics, and community organizations involved in participant recruitment. Before participation, individuals received verbal and written information about the study objectives, procedures, potential risks and benefits, confidentiality, and the voluntary nature of participation. Written informed consent was obtained before data collection.

Participants were informed of their right to withdraw from the study at any stage without consequences. To protect confidentiality, pseudonyms and participant identification codes were used during

transcription, analysis, and reporting. Audio recordings, transcripts, consent forms, and other research documents were stored in password-protected files accessible only to authorized members of the research team. Given the potentially sensitive and emotionally distressing nature of the interview topics, procedures were established to protect participants' psychological well-being during data collection. If a participant showed signs of distress or became emotionally overwhelmed, the interview was temporarily paused, and the participant was given time to rest and supportive verbal reassurance. The participant was then asked whether they wished to continue the interview. If they felt able to proceed, the interview was resumed; if not, the interview was discontinued without any consequences. A psychological emergency response team was available for referral if further professional support was required. However, no participant required such referral during the study. Any amendments or extensions to the approved protocol were subject to prior submission to the Ethics Review Committee.

Results

Participant characteristics

Twenty participants living with HIV participated in this study and were recruited from Lampung, Bengkulu, and Depok. Their ages ranged from 22 to 47 years, and the duration of living with HIV ranged from 1 to 15 years. The sample comprised 14 gay men, three bisexual men, and three transgender women. No lesbian participants were included in the final sample. Participants varied in marital status, educational attainment, and occupation, providing variation in personal and social circumstances across the sample. Participants varied in marital status, educational attainment, and occupation, providing variation in personal and social circumstances across the sample. The demographic characteristics of the participants are presented in Table 1.

Table 1. Demographic characteristics of participants (n=20)

Participant	Age	Genderidentity	Sexual orientation	Marital status	Education	Occupation	Duration of HIV diagnosis
P1	24	Male	Gay	Single	High school	Private employee	2 years
P2	29	Male	Gay	Single	Bachelor	Entrepreneur	5 years
P3	35	Transgender woman	Not reported	Single	High school	Beauty worker	8 years
P4	32	Male	Gay	Single	Diploma	Private employee	6 years
P5	41	Male	Gay	Married	Bachelor	Teacher	10 years
P6	27	Male	Gay	Single	High school	Barista	3 years
P7	38	Male	Bisexual	Married	Bachelor	Government employee	7 years
P8	30	Transgender woman	Not reported	Single	High school	Entrepreneur	4 years
P9	26	Male	Gay	Single	Diploma	Sales worker	2 years
P10	43	Male	Gay	Divorced	Bachelor	Businessman	12 years
P11	22	Male	Gay	Single	High school	Student	1 year
P12	33	Male	Gay	Single	Bachelor	Nurse	5 years
P13	45	Male	Bisexual	Married	Diploma	Private employee	15 years
P14	31	Male	Gay	Single	Bachelor	Designer	4 years
P15	28	Male	Gay	Single	Diploma	Entrepreneur	3 years
P16	36	Transgender woman	Not reported	Single	High school	Beauty worker	9 years
P17	39	Male	Gay	Single	Bachelor	Lecturer	7 years
P18	34	Male	Gay	Single	Diploma	Private employee	6 years
P19	47	Male	Bisexual	Married	Bachelor	Merchant	14 years
P20	25	Male	Gay	Single	High school	Freelance worker	2 years

Overview of themes and subthemes

Analysis of the 20 interviews generated five themes and 17 subthemes describing participants' retrospective accounts of spiritual conflict while living with HIV. Although the themes are presented in an interpretive order to show relationships among the experiences, they should not be understood as a fixed temporal sequence or as stages experienced uniformly by all participants. Participants described different combinations and orderings of tension between faith and identity, guilt and spiritual distress, reflection following HIV diagnosis, identity-

faith negotiation, and efforts toward reconciliation. These experiences could overlap, recur, or coexist, and some participants described movement back and forth between guilt and hope, spiritual distance and religious engagement, or self-rejection and acceptance. HIV diagnosis was often described as an important point of reflection, but its meaning and position within the broader experience of spiritual conflict varied across participants. Table 2 summarizes the themes and subthemes identified through Colaizzi's phenomenological analysis.

Table 2. Themes and subthemes of spiritual conflict among LGBT individuals living with HIV

Subtheme	Theme
- Understanding religious teachings about same-sex relationships - Experiencing persistent same-sex attraction - Living between religious values and personal feelings	Theme 1. Recognizing the contradiction between faith and desire
- Feeling sinful before god - Self-blame following HIV diagnosis - Fear of divine punishment - Feeling spiritually distant from God	Theme 2. Living with guilt and spiritual distress
- Viewing HIV as a wake-up call - Reconsidering life priorities - Reconstructing the meaning of illness	Theme 3. Interpreting HIV as a spiritual turning point
- Attempting to change sexual orientation or behaviour - Balancing religious commitment and sexual identity - Seeking personal interpretations of faith	Theme 4. Negotiating identity and faith
- Returning to religious practices - Finding hope through spirituality - Accepting self while maintaining faith - Living with hope and spiritual peace	Theme 5. Seeking reconciliation with god

Essential structure of the phenomenon

The essential structure of the phenomenon reflected an ongoing negotiation among faith, sexual orientation or gender identity, HIV-related meanings, and the desire to maintain a meaningful relationship with God. Participants described spiritual conflict as arising when religious teachings, personal identity, and interpretations of HIV became difficult to reconcile. HIV diagnosis could intensify guilt, self-blame, fear of divine punishment, and spiritual distance, but it could also prompt reflection and reconsideration of previously held meanings. Participants did not follow a single or uniform pathway. Rather, their experiences were recursive and overlapping, with periods of conflict, distancing, reflection, renewed religious engagement, self-acceptance, hope, and uncertainty sometimes coexisting or re-emerging over time. Reconciliation was therefore experienced not as the complete disappearance of spiritual conflict, but as an evolving capacity to live with unresolved tensions while rebuilding meaning, spiritual connection, and a more compassionate understanding of self and God.

Theme 1. Recognizing the contradiction between faith and desire

The first theme described participants' initial recognition of a contradiction between their religious beliefs and their sexual identity. Participants were generally familiar with religious teachings concerning same-sex relationships, often from childhood and through family, religious education, and community environments. At the same time, they described persistent same-sex attraction that they experienced as difficult to reconcile with those teachings.

This contradiction was expressed through three interconnected experiences: understanding religious teachings about same-sex relationships, experiencing persistent same-sex attraction, and living between religious values and personal feelings.

Subtheme 1.1 Understanding religious teachings about same-sex relationships

One of the earliest experiences described by participants was their awareness that same-sex relationships were viewed as inconsistent with religious teachings. Most participants reported learning these teachings during childhood through religious education, family influences, or community expectations.

For example, a participant who was actively involved in religious activities during adolescence explained that he had long understood the religious prohibition against same-sex relationships. Despite repeated efforts to conform to these teachings, he continued to experience attraction toward men.

"Since I was a child, I was taught that relationships between men were forbidden. I attended religious classes regularly and listened carefully whenever religious leaders discussed morality and sexuality. I understood what they were teaching, and I believed those teachings were true. However, every time I tried to convince myself that I should be attracted to women, I found myself emotionally drawn to men. That contradiction stayed with me for many years and became a source of confusion and inner conflict." (P2)

In this regard, a 35-year-old transgender participant described how religious messages became deeply embedded in her understanding of herself.

"I grew up in a religious family where faith was part of everyday life. I prayed, attended religious gatherings, and tried to follow every teaching I learned. At the same time, I felt different from other boys around me. As I grew older, I realized that my feelings did not align with what I was taught was acceptable. I never questioned my religion, but I constantly questioned myself and wondered why I could not become the person everyone expected me to be." (P3)

This account illustrates a distinction within the broader pattern of spiritual conflict. Whereas gay and bisexual men more often described tension around same-sex attraction and relationships, the transgender participant

emphasized conflict related to gendered expectations and the pressure to conform to a male identity. Thus, although religious incongruence was shared across participants, the specific object of conflict varied according to sexual orientation or gender identity.

Another participant explained that religious teachings remained meaningful to him even while he struggled with his sexual identity.

"I never rejected my religion. I still believe in God, and I still believe that religious teachings are important. The difficult part is that my feelings developed naturally and not because I chose them. Every time I heard sermons discussing same-sex relationships, I felt as though they were describing a battle that was happening inside me. I wanted to obey, but I also could not deny what I felt." (P5)

Subtheme 1.2 Experiencing persistent same-sex attraction

Participants also described same-sex attraction as persistent despite repeated efforts to suppress, deny, or change their feelings. Several participants reported attempting heterosexual relationships in an effort to align themselves with perceived religious expectations.

"There was a period when I forced myself to date women because I thought that was what God wanted from me. I hoped that if I spent enough time with women, my feelings would eventually change. However, every relationship felt artificial. I cared about them as friends, but I never experienced the emotional connection that I felt toward men. That realization was painful because it made me feel that I was failing both myself and my faith." (P4)

Another participant described years of struggling against his feelings.

"I prayed many times asking God to remove these feelings. I fasted, attended religious gatherings, and sought advice from religious leaders. For a while I thought I was making progress, but the feelings always returned. The more I fought against them, the more exhausted I became emotionally. It felt

like I was fighting a battle that had no end." (P7)

Subtheme 1.3 Living between religious values and personal feelings

The third subtheme captured the broader experience of living between religious values and personal feelings. Participants described wanting to remain faithful to their religious beliefs while also acknowledging their sexual identity.

One participant described this experience as living between two worlds.

"I often felt as if I belonged nowhere. In religious spaces, I felt judged because of my sexuality. In LGBT spaces, discussions about faith were often avoided or dismissed. I loved my religion and I loved God, but I also knew who I was. Living with both realities at the same time was emotionally exhausting because I constantly felt that one part of myself had to be hidden in order for the other part to survive." (P9)

Another participant emphasized that the conflict was not between religion and identity alone but between competing desires for acceptance.

"I wanted acceptance from God, my family, and society. At the same time, I wanted to be honest about who I was. Those desires often seemed impossible to achieve together. There were days when I felt close to God and hopeful, and there were days when I felt completely lost. That tension became part of my daily life and shaped the way I saw myself and my future." (P10)

These accounts show that the initial spiritual conflict was rooted in an enduring contradiction between religious expectations and participants' lived identities. This contradiction provided the experiential foundation for the guilt, self-blame, and spiritual distress described in the second theme.

Theme 2. Living with guilt and spiritual distress

The second theme reflected the emotional and spiritual consequences of the contradiction identified in Theme 1.

Participants described guilt, self-blame, fear of divine punishment, and a sense of distance from God. For some, these experiences were intensified after HIV diagnosis because the diagnosis became interpreted through existing religious beliefs about morality and personal responsibility.

Four subthemes captured this experience: feeling sinful before God, self-blame following HIV diagnosis, fear of divine punishment, and feeling spiritually distant from God.

Subtheme 2.1 Feeling sinful before God

Participants described persistent feelings of sinfulness associated with their sexual identity and relationships. These feelings often emerged during religious activities and shaped their perceptions of their spiritual worth.

“Every time I prayed, I felt there was something wrong with me. I believed that God was merciful, but I also believed that I was doing something that was forbidden. Whenever I attended religious gatherings, I listened carefully to sermons and often felt that the message was directed at people like me. I would leave feeling guilty and promise myself to change, but the feelings always returned. Eventually, guilt became something I carried every day.” (P11)

Another participant described questioning his moral and spiritual standing.

“I never stopped believing in God, but I often felt that God must be disappointed in me. I compared myself to other people who seemed able to live according to religious expectations, while I felt trapped in a struggle that I could not overcome. Sometimes I wondered whether my prayers were accepted because I carried so much guilt about who I was and how I lived.” (P12)

Another participant described how guilt influenced his spiritual practices.

“There were periods when I prayed more than ever before because I felt guilty. I thought that if I prayed enough, perhaps God would forgive me or change me. Instead of bringing peace, prayer often became a

reminder of my shortcomings. I felt as if I was standing before God while carrying a burden that I could not put down.” (P14)

Subtheme 2.2 Self-blame following HIV diagnosis

HIV diagnosis added another layer to participants' self-judgment. Several participants interpreted the diagnosis as a consequence of previous behavior and consequently blamed themselves.

“When the doctor told me that I was HIV positive, my first reaction was not fear of the illness itself. My first thought was that I deserved it. I immediately remembered everything I had done in the past and convinced myself that this diagnosis was the result of my own mistakes. For a long time, I could not separate the medical diagnosis from the moral judgment I had placed on myself.” (P13)

Another participant described the persistence of this interpretation despite receiving biomedical explanations from healthcare providers.

“I spent months asking myself why this happened. Deep inside, I already knew the answer I was giving myself. I believed that my choices had brought me to this point. Even though healthcare providers explained that HIV is a medical condition, I continued to interpret it as evidence that I had failed spiritually. That belief caused more pain than the diagnosis itself.” (P15)

The experience of self-blame was particularly evident among participants who had strong religious backgrounds. They frequently revisited past experiences and questioned whether different decisions could have prevented their current circumstances.

“After being diagnosed, I replayed my entire life in my mind. I thought about every relationship and every decision. I kept wondering whether God was trying to show me something through this illness. Even though people around me encouraged me not to blame myself, I found it very difficult to let go of those thoughts.” (P16)

Subtheme 2.3 Fear of divine punishment

Participants also described fears that HIV represented divine punishment or a warning from God. These beliefs were particularly distressing when participants experienced illness or uncertainty about their future.

"When my health deteriorated shortly after diagnosis, I became convinced that God was punishing me. I was afraid not only of the disease but also of what it meant spiritually. I worried that my suffering was evidence of God's anger. There were nights when I could not sleep because I was thinking about death, judgment, and whether I would ever be forgiven." (P17)

A transgender participant described how messages linking HIV with punishment remained psychologically influential.

"I often heard people say that HIV was a punishment for people like us. Even though I tried not to believe those statements, they stayed in my mind. When I became sick, those words returned. I began questioning whether my illness was a consequence of who I was. That fear created a deep sense of anxiety that affected every aspect of my life." (P18)

Another participant explained how fear of punishment influenced his emotional well-being.

"I was not only afraid of dying. I was afraid of what would happen after death. I worried that my life story would be judged entirely through the lens of my sexuality and my HIV status. Those fears made me feel hopeless at times because I believed that I had already failed before I even had the chance to seek forgiveness." (P19)

Subtheme 2.4 Feeling spiritually distant from God

For some participants, guilt and fear resulted in withdrawal from religious practices. Participants described feeling unworthy of worship, prayer, or spiritual connection.

"Before HIV, I regularly attended religious activities. After diagnosis, I felt uncomfortable entering places of worship

because I believed that I did not belong there anymore. Nobody directly told me to leave, but the shame I carried made me withdraw. I felt as though there was an invisible barrier between me and God, and I did not know how to remove it." (P20)

Another participant recognized that the perceived distance from God was partly created by self-judgment.

"Looking back, I realize that most of the rejection came from myself. I assumed that God no longer wanted to hear my prayers. Because of that belief, I stopped praying for a period of time. I felt abandoned, but at the same time I was the one creating distance. It took years before I felt able to reconnect spiritually." (P1)

Similarly, a participant from Bengkulu described how spiritual disconnection affected his emotional health.

"The most difficult part was not living with HIV. The most difficult part was feeling separated from God. Whenever something bad happened, I interpreted it as confirmation that I was being rejected. That feeling created loneliness that was difficult to explain because it was not social loneliness. It was spiritual loneliness." (P6)

The experiences described in this theme illustrate how guilt, self-blame, fear of divine punishment, and spiritual disconnection became central elements of participants' spiritual conflict. For many individuals, HIV diagnosis intensified pre-existing struggles related to faith and sexual identity, resulting in profound spiritual distress and emotional suffering.

Theme 3. Interpreting HIV as a spiritual turning point

The third theme described a shift in how participants understood HIV. Although diagnosis initially generated fear and suffering, some participants gradually began to view HIV as an event that prompted reflection, self-evaluation, and changes in life priorities. This theme comprised three subthemes: viewing HIV as a wake-up call, reconsidering life priorities, and reconstructing the meaning of illness.

Subtheme 3.1 Viewing HIV as a wake-up call

Participants described HIV diagnosis as an event that interrupted previous patterns of living and prompted greater awareness of health, identity, spirituality, and future direction.

“Before HIV, I lived without thinking too much about consequences. I focused on enjoying life and rarely reflected on where I was going. When I was diagnosed, everything suddenly stopped. It felt as though someone had pressed a pause button on my life and forced me to examine every decision I had made. Looking back now, I see that moment as a wake-up call that pushed me to become more aware of myself, my health, and my relationship with God.” (P8)

A similar perception was expressed by another participant who initially experienced intense despair but later developed a different understanding of his diagnosis.

“At first, I thought my life was over. I cried for days and isolated myself from everyone. Over time, however, I began to realize that HIV had forced me to confront realities that I had been avoiding for years. It made me stop running from difficult questions about my identity, my spirituality, and the way I wanted to live. In that sense, HIV became a painful lesson, but also an opportunity to change.” (P11)

For several participants, the diagnosis disrupted a pattern of denial and encouraged greater self-awareness.

“I spent years pretending that everything was fine. Even when I knew there were risks, I convinced myself that nothing bad would happen to me. Receiving an HIV diagnosis shattered that illusion. It forced me to acknowledge my vulnerability and made me realize that life is not something that should be taken for granted.” (P2)

Subtheme 3.2 Reconsidering life priorities

Another important aspect of this theme involved reconsideration of life priorities. Participants frequently reported that HIV changed how they viewed success, relationships, health, and spirituality.

As participants adjusted to life with HIV, many began to place greater value on emotional well-being, meaningful relationships, and spiritual growth rather than external achievements.

One participant reflected on how his priorities changed following diagnosis.

“Before HIV, I spent most of my energy trying to gain approval from other people. I worried about appearance, status, and whether others accepted me. After diagnosis, those concerns became much less important. I started paying more attention to my health, my family, and the people who genuinely cared about me. HIV taught me that many of the things I once considered important were actually temporary.” (P4)

Another participant described how the experience altered his understanding of happiness.

“I used to think happiness depended on having the right relationship, enough money, or social acceptance. HIV challenged those beliefs. During my treatment journey, I discovered that peace of mind, good health, and a sense of purpose were far more valuable. The diagnosis helped me recognize what truly mattered in my life.” (P13)

Several participants also emphasized that HIV strengthened their appreciation for everyday experiences.

“After diagnosis, I became more grateful for simple things. Waking up healthy, sharing a meal with family, attending religious activities, or simply having someone who listens became meaningful. HIV changed my priorities because it reminded me that life is fragile and that nothing should be taken for granted.” (P18)

Subtheme 3.3 Reconstructing the meaning of illness

Beyond changing priorities, participants described a gradual process of reconstructing the meaning of HIV itself. Initially, many viewed HIV as a symbol of failure, punishment, or loss. However, over time, some began to interpret the illness in more constructive and meaningful ways.

One participant described how his understanding evolved throughout the years.

“When I was first diagnosed, I saw HIV as evidence that I had ruined my life. Everything seemed dark and hopeless. As time passed, I started seeing things differently. HIV did not erase my value as a person. Instead, it became part of my life story. It taught me resilience, patience, and humility. Today, I do not see HIV as the end of my life. I see it as one chapter that has shaped who I am.” (P3)

Another participant explained that HIV encouraged him to develop a more compassionate perspective toward himself and others.

“Living with HIV changed the way I think about suffering. Before my diagnosis, I was often judgmental toward people who struggled in life. After experiencing illness myself, I became more empathetic. I realized that everyone carries burdens that are not always visible. HIV taught me compassion in a way that no other experience could.” (P16)

Several participants also described illness as an opportunity for spiritual reflection and growth.

“Although I would never wish HIV upon anyone, I cannot deny that it transformed me. The diagnosis forced me to reflect on my life, my faith, and my future. Through that process, I learned things about myself that I might never have discovered otherwise. In many ways, HIV became a teacher that helped me grow emotionally and spiritually.” (P19)

The narratives within this theme suggest that HIV diagnosis was not only experienced as a source of suffering but also as a transformative life event. Participants described moving from fear and despair toward reflection, personal growth, and a deeper search for meaning. This transition laid the foundation for subsequent efforts to negotiate the relationship between faith, identity, and self-acceptance.

Theme 4. Negotiating identity and faith

As participants gradually reconstructed the meaning of HIV in their lives, many continued to face an ongoing challenge that

remained unresolved. While HIV prompted reflection and spiritual growth, it did not automatically eliminate the tension between religious beliefs and sexual identity. Participants described a continuous process of negotiating who they were, what they believed, and how they wished to live. Rather than experiencing a definitive resolution, many found themselves moving back and forth between acceptance, resistance, hope, and uncertainty.

The experiences shared by participants revealed that negotiating identity and faith was not a single event but an evolving process. Some attempted to change their sexual orientation or suppress same-sex attraction, whereas others sought ways to integrate their faith and identity without abandoning either. This negotiation often involved emotional struggles, spiritual reflection, and repeated efforts to find a sense of balance.

Subtheme 4.1 Attempting to change sexual orientation or behaviour

For many participants, one response to spiritual conflict involved attempts to alter sexual orientation-related behavior, conform to heterosexual expectations, or suppress gender expression in order to align with perceived religious and social ideals. These efforts were often motivated by religious teachings, family expectations, or personal desires to align their lives with perceived religious ideals.

Several participants described investing considerable time and effort into changing themselves. Some sought guidance from religious leaders, while others intensified religious practices in the hope that their feelings would disappear.

One participant explained how he spent years attempting to alter his sexual orientation.

“There was a period in my life when I became completely focused on changing. I attended religious programs, met with religious leaders, increased my prayers, and avoided social environments associated with LGBT communities. Every day I hoped that my attraction toward men would gradually disappear. For a while, I convinced myself that I was improving, but eventually I realized that my feelings remained unchanged. That

realization was painful because it felt as though all my efforts had failed.” (P5)

Another participant recalled entering a heterosexual relationship in an attempt to conform to religious and social expectations.

“I genuinely wanted to live according to what I believed was expected of me. I entered a relationship with a woman and seriously considered marriage. I hoped that commitment and determination would change my feelings. Although I respected and cared for her, I could not develop the emotional and romantic connection that I believed a husband should have. Eventually I understood that pretending to be someone else was causing harm not only to myself but also to other people.” (P7)

Similarly, a transgender participant described repeated efforts to suppress gender expression.

“For many years I tried to behave in ways that would make me appear more masculine because I thought that was what God wanted. I monitored the way I spoke, dressed, and interacted with others. Every day felt like a performance. The more I tried to suppress myself, the more emotionally exhausted I became. It reached a point where I no longer knew whether I was living for myself or for other people's expectations.” (P16)

Although these accounts were grouped within the same subtheme, the form of change being attempted differed across participants. Gay participants described efforts to suppress or alter same-sex attraction, while the bisexual participant described entering a heterosexual relationship in response to religious and social expectations. In contrast, the transgender participant described attempts to suppress gender expression and present in a more masculine manner. These narratives indicate that the pressure to conform was shared, but its expression differed according to sexual orientation, gender identity, and relationship context.

Subtheme 4.2 Balancing religious commitment and sexual identity

As attempts to change or suppress aspects of identity became increasingly difficult, many participants shifted toward seeking an

internal balance between faith and identity rather than trying to eliminate one in favor of the other. This balancing process involved reconsidering how religious commitment and sexual orientation or gender identity could coexist within the same sense of self. Participants described learning to tolerate unresolved tensions, acknowledge both dimensions of their lives, and move away from viewing faith and identity as mutually exclusive. The emphasis in this subtheme was therefore on internal identity negotiation and psychological-spiritual integration rather than on the resumption of specific religious practices.

One participant explained how he navigated this complexity.

“I eventually realized that I could not simply erase my identity, but I also could not abandon my faith. Religion remained an important part of my life because it gave me hope, structure, and meaning. At the same time, my sexual identity was part of who I was. Instead of choosing one and rejecting the other, I began trying to live with both. It is not easy, and there are still days when I struggle, but it feels more honest than constantly fighting myself.” (P12)

Another participant described balancing religious commitment and identity as a lifelong journey rather than a final destination.

“People often expect a clear answer, as if there must be a moment when everything becomes resolved. My experience has not been like that. Some days I feel completely at peace with myself, while on other days the conflict returns. What has changed is that I no longer see faith and identity as enemies. I am learning to carry both parts of myself, even when the relationship between them remains complicated.” (P17)

The challenge of maintaining both faith and identity was particularly evident among participants who continued to participate actively in religious communities.

“I still attend religious activities because my faith is important to me. At the same time, I am careful about how much of myself I reveal because I fear rejection. Living in that space requires constant negotiation. I am always evaluating what is safe to share, how

people might respond, and whether I will still be accepted if they know the full truth about me.” (P20)

Taken together, these accounts illustrate that balancing faith and identity involved an internal process of negotiating self-understanding, belonging, and authenticity while living with unresolved tension. Religious participation could remain present, but the central experience was how participants psychologically and spiritually accommodated both faith and identity within their sense of self.

Subtheme 4.3 Seeking personal interpretations of faith

Another important aspect of negotiation involved the search for personal interpretations of faith. Participants described efforts to understand religious teachings in ways that allowed them to maintain a meaningful relationship with God despite ongoing spiritual conflict.

Rather than rejecting religion altogether, many sought deeper understanding through personal study, reflection, and conversations with trusted spiritual mentors.

One participant described how his understanding of faith evolved over time.

“When I was younger, I viewed religion mainly through rules and prohibitions. As I grew older and experienced HIV, I started asking different questions. I wanted to understand compassion, forgiveness, and mercy. I began reading religious texts more carefully and focusing on broader messages rather than only those that made me feel condemned. That process did not remove all my questions, but it helped me develop a more personal and meaningful relationship with God.” (P10)

Another participant explained that his search for understanding was driven by a desire to remain spiritually connected.

“There was a time when I almost gave up on religion because I felt rejected. However, the more I reflected on my experiences, the more I realized that abandoning faith would not solve my spiritual struggle. Instead, I started exploring different perspectives and interpretations. I wanted to understand whether

there was room for people like me within faith traditions. That search became an important part of my healing process.” (P14)

A participant from Depok described a similar journey of exploration and reflection.

“I stopped looking for simple answers because my life was not simple. The more I learned, the more I realized that faith involves wrestling with difficult questions. I may not have all the answers, but I have become more comfortable living with uncertainty. What matters most to me now is maintaining a sincere relationship with God rather than constantly judging myself through the eyes of other people.” (P15)

The experiences described in this theme illustrate that negotiating identity and faith was a dynamic and ongoing process. Participants moved beyond attempts to eliminate conflict and instead sought ways to live with complexity. Through efforts to balance religious commitment, sexual identity, and personal interpretations of faith, they gradually developed new understandings of themselves and their spiritual lives. These experiences became an important foundation for the process of reconciliation and spiritual peace described in the next theme.

Theme 5. Seeking reconciliation with God

Although participants described prolonged experiences of spiritual conflict, guilt, and uncertainty, most narratives did not end with despair. As they continued to live with HIV and reflect upon their life experiences, many participants gradually moved toward reconciliation. This reconciliation did not necessarily mean that all spiritual questions had been resolved. Rather, it reflected a growing willingness to rebuild their relationship with God, accept their humanity, and find peace despite ongoing struggles.

Participants frequently described reconciliation as a gradual process rather than a sudden transformation. For some, it emerged through prayer and religious practices. For others, it developed through self-reflection, personal growth, or supportive relationships. Regardless of the pathway, participants

consistently emphasized that reconciliation brought a renewed sense of hope and purpose.

However, reconciliation was not complete or stable for all participants. Several participants continued to describe unresolved questions, recurring uncertainty, and periods of spiritual struggle even while reporting greater self-acceptance, renewed religious engagement, or hope. These accounts indicate that reconciliation could coexist with continuing tension rather than replacing it. Experiences of hope, acceptance, and spiritual peace therefore did not represent universal endpoints, but could occur alongside persistent or recurring spiritual conflict.

Subtheme 5.1 Returning to religious practices

This subtheme focused on the behavioral and practice-oriented dimension of spiritual reconnection. Several participants who had previously withdrawn from prayer, worship, scripture reading, or religious gatherings described gradually re-engaging with these practices. Unlike the internal identity negotiation described in Subtheme 4.2, returning to religious practices involved observable actions through which participants sought renewed spiritual connection, emotional stability, and a sense of closeness to God. These practices did not necessarily resolve all questions about identity or faith, but they provided a concrete way of re-entering spiritual life after periods of withdrawal.

A participant who had distanced himself from religion for several years described how his relationship with worship gradually changed.

“After my diagnosis, there was a period when I stopped praying regularly because I felt ashamed. I convinced myself that God no longer wanted to hear from me. As time passed, I began praying again, not because I felt worthy, but because I realized that I needed spiritual strength. The difference was that I no longer prayed out of fear. I prayed because I wanted to reconnect. Prayer became less about asking God to change me and more about seeking guidance to live honestly and responsibly.” (P3)

Another participant explained that returning to religious practices helped restore emotional stability.

“For a long time, religious activities made me uncomfortable because they reminded me of my struggles. Eventually, I realized that avoiding religion was not helping me heal. I started attending religious gatherings again, reading scripture, and praying consistently. These practices did not eliminate my questions, but they gave me a sense of calm that I had not experienced for many years.” (P8)

Similarly, a participant from Lampung described how worship became a source of resilience during difficult periods.

“When I first learned that I was HIV positive, I thought my spiritual life had ended. Today, I see things differently. I still face challenges and doubts, but religious practices help me remain grounded. They remind me that my life still has value and that I am more than my diagnosis or my past mistakes.” (P11)

Subtheme 5.2 Finding hope through spirituality

As participants re-engaged with their spiritual lives, many described discovering new sources of hope. Spirituality became an important resource that helped them cope with uncertainty, fear, and stigma.

Several participants emphasized that hope emerged not from certainty about the future but from trust that their lives continued to have meaning.

One participant explained how spirituality transformed his outlook on life.

“Before I reached this point, I often viewed the future with fear. HIV, spiritual conflict, and social stigma made it difficult to imagine anything positive ahead. Through reflection and prayer, I gradually began to believe that my life was not defined solely by those experiences. Spirituality helped me focus on possibilities rather than limitations. It gave me hope that I could continue growing and contributing despite the challenges I faced.” (P6)

Another participant described spirituality as a source of emotional strength.

“There are still moments when I feel vulnerable, especially when I think about the future. What keeps me moving forward is the belief that God continues to accompany me through every stage of my journey. That belief gives me strength during difficult times and reminds me that I am never completely alone.” (P9)

For some participants, hope emerged through a renewed understanding of divine compassion.

“The greatest change in my life occurred when I stopped viewing God primarily as a judge and started seeing God as a source of mercy. That shift changed everything. Instead of constantly fearing punishment, I began focusing on healing, growth, and gratitude. Hope became possible because I no longer believed that my story had already been decided.” (P13)

Subtheme 5.3 Accepting self while maintaining faith

Another important dimension of reconciliation involved self-acceptance. Participants frequently described learning to acknowledge their experiences, limitations, and identities without completely abandoning their faith. This process often required years of reflection and emotional adjustment. Participants emphasized that self-acceptance did not mean abandoning religious values but rather recognizing their own humanity.

One participant reflected on how his understanding of self-acceptance evolved over time.

“For many years, I believed that accepting myself meant rejecting my faith, and maintaining my faith meant rejecting myself. Eventually, I realized that those assumptions were creating unnecessary suffering. Today, I try to approach myself with the same compassion that I believe God shows to human beings. I still have questions, and I still struggle at times, but I no longer view myself as someone who is beyond hope or beyond love.” (P4)

Another participant described self-acceptance as one of the most difficult achievements of his life.

“Learning to accept myself was not easy because I spent so many years fighting against who I was. HIV forced me to confront many truths about myself, some painful and some liberating. Acceptance did not happen overnight. It developed gradually as I learned to stop measuring my worth solely through guilt and shame. That change allowed me to experience greater peace than I had ever known before.” (P17)

A transgender participant described a similar journey.

“The most important lesson I learned is that I cannot spend my entire life at war with myself. I still value my faith, and I still seek spiritual growth, but I also recognize that I deserve kindness and understanding. Accepting myself has helped me develop a healthier relationship with both God and other people.” (P18)

Subtheme 5.4 Living with hope and spiritual peace

One dimension of reconciliation involved the experience of greater spiritual peace. Participants did not describe a life free from conflict, uncertainty, or struggle. Instead, they described reaching a point where spiritual conflict no longer dominated their lives.

Many participants reported developing greater emotional stability, inner peace, and confidence in navigating future challenges.

One participant explained how his perspective had changed compared with the period immediately following diagnosis.

“When I look back, I hardly recognize the person I was after learning about my HIV status. At that time, fear controlled every aspect of my life. Today, I still face challenges, but they no longer define me. I have learned to live with uncertainty without allowing it to destroy my sense of peace. That peace comes from knowing that I am continually growing and that my relationship with God remains intact.” (P1)

Another participant described spiritual peace as the result of a long process of reflection and healing.

“I spent years searching for answers to questions that may never have simple solutions. Eventually, I realized that peace does not

always come from having answers. Sometimes peace comes from accepting uncertainty and continuing to move forward. I have reached a place where I trust God more, judge myself less, and appreciate life more deeply than before.” (P7)

The same sentiment was echoed by another participant who emphasized the importance of hope.

“There was a time when I believed that HIV had taken everything from me. Today, I see that it also taught me many important lessons. I have become more compassionate, more reflective, and more appreciative of life. Most importantly, I have learned that hope remains possible even in circumstances that once seemed hopeless. That realization has given me a sense of peace that I never expected to find.” (P20)

The experiences described in this theme demonstrate that reconciliation was not characterized by the complete disappearance of spiritual conflict. Rather, participants described varying degrees of renewed spiritual connection, hope, and self-acceptance, while some continued to experience uncertainty, unresolved questions, or recurring spiritual tension. Reconciliation therefore represented an ongoing way of living with spiritual conflict rather than a uniform or final resolution of it.

Discussion

This study suggests that spiritual conflict among participants living with HIV was experienced as a complex and changing process of negotiating meaning, identity, and faith rather than as an isolated response to HIV diagnosis. This interpretation is based on participants’ retrospective accounts collected at a single time point and should not be understood as evidence of a directly observed longitudinal trajectory. Although several narratives described movement from earlier conflict toward greater reflection, negotiation, or reconciliation, these experiences were not uniform or strictly sequential. Participants described recursive and overlapping experiences in which guilt, hope, spiritual distance, religious engagement, self-rejection, and acceptance could re-emerge or coexist over time. The participants’ experiences

indicate that the conflict often existed before HIV entered their lives. Religious teachings had already shaped how they understood sexuality, morality, and their relationship with God. HIV subsequently entered this existing tension and gave it additional moral and existential significance. The central issue was therefore not simply whether participants were religious or whether they accepted their sexual identity. The deeper struggle concerned how they could maintain a meaningful relationship with God while living with an identity that they had learned to perceive as religiously problematic.

This interpretation is consistent with research on sexual minority individuals in religious contexts, which shows that conflict between sexual and religious identities can generate distress when both identities remain personally important. (11) Importantly, the participants in this study did not generally describe faith as something they wanted to abandon. Religion remained a source of meaning, belonging, moral orientation, and hope. This makes the conflict more complex than a simple opposition between religion and sexuality. The distress emerged precisely because participants valued both. Their experiences therefore support the view that spiritual struggle can arise when two deeply meaningful systems of belief and identity cannot easily be reconciled (12).

HIV intensified this pre-existing tension by providing a powerful framework through which participants interpreted their lives. Several participants understood their diagnosis not only medically but also morally, associating HIV with past behavior, personal failure, or divine punishment (13). Such interpretations are particularly important because biomedical knowledge does not necessarily displace culturally and spiritually embedded explanations of illness. Similar patterns have been identified among people living with HIV, in whom negative religious interpretations and religious struggle may contribute to psychological distress and poorer adjustment (20, 21). In this study, the consequences extended beyond guilt. Participants described spiritual withdrawal, perceived distance from God, and difficulty approaching religious

spaces. This suggests that moral interpretations of HIV can deprive individuals of precisely the spiritual resources that might otherwise support adaptation.

The participants' trajectories also demonstrate that spiritual conflict was not static. Over time, some began to reinterpret HIV from an experience associated primarily with punishment and loss into an experience that prompted reflection about health, relationships, mortality, purpose, and faith (22). This shift is consistent with meaning-making theory, which proposes that disruptive events can challenge established beliefs and stimulate efforts to reconstruct a more coherent understanding of life (23). The significance of this process lies not in HIV itself being inherently transformative, but in the way participants gradually reconstructed its meaning. Some developed greater appreciation of life, empathy, self-awareness, and spirituality. These experiences are compatible with evidence concerning positive psychological changes that may emerge through prolonged engagement with highly challenging circumstances.

Meaning reconstruction also altered how participants approached the relationship between identity and faith. Earlier attempts to resolve the conflict often involved suppressing sexuality, changing behavior, intensifying religious practices, or conforming to heterosexual expectations. These strategies did not produce the anticipated resolution and were frequently associated with exhaustion and self-blame. Over time, some participants moved toward a more integrative position in which faith and identity did not have to be completely resolved into a single answer. Instead, they learned to tolerate ambiguity and construct personal interpretations of spirituality. This process is consistent with contemporary understandings of identity integration, in which individuals negotiate potentially conflicting identities to achieve greater coherence rather than necessarily abandoning one identity (24). It also demonstrates that religious engagement among LGBT individuals should not automatically be interpreted as evidence of rejection of sexual identity, nor should sexual

identity be interpreted as evidence of religious disengagement (25).

The movement toward reconciliation therefore reflected a change in participants' relationship with spiritual conflict rather than its complete disappearance. An important element of this change was the reinterpretation of theological meanings associated with God. Earlier accounts frequently emphasized divine judgment, punishment, moral failure, and fear of condemnation, whereas later accounts from some participants increasingly emphasized divine mercy, forgiveness, compassion, guidance, and continuing spiritual relationship. This shift was particularly evident in narratives describing a movement from viewing God primarily as a punitive judge toward understanding God as merciful and compassionate. Such theological reframing did not require participants to resolve every question concerning sexuality, morality, HIV, or faith. Rather, it allowed some participants to approach unresolved tensions with greater hope and self-compassion while maintaining a meaningful relationship with God (26). In this sense, spirituality could move from being experienced primarily as a source of condemnation toward functioning as a resource for coping and adaptation. Because religious affiliation was not examined comparatively in this study, these meanings are interpreted as cross-cutting theological themes emerging from participants' narratives rather than as doctrine-specific Islamic or Christian interpretations.

Taken together, these findings point to a process in which identity incongruence, HIV-related moral interpretation, meaning reconstruction, identity integration, and spiritual reconciliation are interconnected rather than separate experiences. The trajectory is not necessarily linear. Participants may move between guilt and hope, withdrawal and religious engagement, self-rejection and acceptance (27). What changes is the way they interpret themselves and their relationship with God. This provides a more nuanced understanding of spirituality among LGBT individuals living with HIV. Spirituality can function simultaneously as a source of distress and a potential resource for adaptation,

depending on whether the individual experiences the sacred primarily through condemnation or through meaning, compassion, connection, and hope (25).

Limitation of the study

This study has several limitations. The purposive recruitment of 20 participants through HIV clinics, peer-support groups, and community organizations may have underrepresented LGBT individuals who are socially isolated or less engaged with HIV services. Although participants were recruited from Lampung, Bengkulu, and Depok, the findings may not fully reflect the sociocultural and religious diversity of Indonesia. The final sample comprised gay men, bisexual men, and transgender women, with no lesbian participants. Although subgroup-specific differences were evident in several narratives, particularly between gay and bisexual men and transgender women, the study was not designed for formal subgroup comparison. Consequently, potentially distinct experiences associated with sexual orientation, gender identity, marital status, and relationship context may not have been fully captured within the thematic structure, and the findings should not be interpreted as representing the broader LGBT population. The study also relied on self-reported narratives about sensitive experiences involving HIV, sexuality, religion, guilt, and stigma, which may be affected by recall or social desirability bias. Finally, because the study was based on single-time-point interviews and participants' retrospective accounts, it could not directly examine how spiritual conflict, identity negotiation, and reconciliation changed prospectively over time. Despite these limitations, the study provides in-depth, contextually grounded insights into the intersection of HIV, identity, faith, and spirituality.

Implications of the study

The implications for nursing should therefore be considered across the entire care trajectory rather than attached to individual themes. HIV nursing care for LGBT individuals should include sensitive assessment of spiritual

concerns alongside treatment, psychological well-being, stigma, and social support. In clinical practice, this assessment may be structured using established spiritual assessment frameworks such as FICA, which explores Faith and belief, the Importance of spirituality, spiritual Community, and how these concerns should be Addressed in care, or the HOPE framework, which considers sources of Hope, Organized religion, Personal spirituality and practices, and Effects on medical care and end-of-life issues (28, 29). These frameworks can help nurses explore spiritual concerns systematically while avoiding assumptions about patients' beliefs or identities. In the context of the present findings, assessment should include experiences of guilt, spiritual distance, fear of divine punishment, meaning, identity conflict, hope, self-acceptance, and sources of spiritual strength. The purpose of assessment should not be to resolve theological questions on behalf of patients, but to identify spiritual distress, understand what spirituality means to the individual, and determine whether supportive resources are desired. Where appropriate and with the patient's consent, nurses may facilitate referral to spiritual care providers or other trusted religious or community resources that respect the patient's beliefs, identity, confidentiality, and autonomy (30). This approach is particularly important because unresolved spiritual distress may coexist with otherwise adequate biomedical management of HIV. Integrating spiritual assessment within person-centered and culturally responsive HIV care may therefore strengthen psychological adaptation, support self-acceptance, and help patients mobilize spirituality as a potential resource for resilience and well-being.

Conclusion

This study provides insight into how participants living with HIV experienced spiritual conflict at the intersection of sexual orientation or gender identity, religious beliefs, and the meanings attributed to HIV. Participants described experiences of guilt, self-blame, fear of divine punishment, spiritual disconnection, meaning reconstruction, identity negotiation,

and efforts toward reconciliation with God. These experiences were not uniform and did not represent a single pathway, but reflected different ways of negotiating faith, identity, illness, and spirituality over time. For some participants, spirituality became a source of hope, self-acceptance, and renewed connection, whereas others continued to experience uncertainty and recurring spiritual tension. These findings are specific to the participants recruited from Lampung, Bengkulu, and Depok and should not be generalized to all LGBT individuals living with HIV in Indonesia. In nursing practice, culturally responsive and nonjudgmental spiritual assessment may help identify spiritual distress and support patients in drawing on personally meaningful sources of faith, hope, and resilience.

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Conflict of interest

The authors declare that there are no conflicts of interest related to this study.

Author's contribution

AW, IA: Conceptualization, Methodology, Formal analysis, Investigation, Project administration, and writing-original draft. IA, MT: Methodology, validation, investigation, resources, data curation, and writing-original draft. CE, BSH: Methodology, validation, formal analysis, writing-review & editing, visualization. ANZ: Conceptualization, Supervision, validation, and writing-review & editing. LA, AW: Conceptualization, Supervision, data curation, and writing-review & editing. All authors approved the final version of the manuscript

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