Plurality and uniqueness in the journey living with HIV/AIDS

Multiplicidades e singularidades no caminhar vivendo com HIV/AIDS

Multiplicidades y singularidades en el camino de vivir con VIH/SIDA

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ABSTRACT
The study proposed to analyze the paths of care regarding the singularities and multiplicities of people living with HIV/AIDS. A qualitative study was developed, which had Cartography as a philosophical and methodological guide, and was carried out in a municipal reference unit for specialized care in a capital in the Brazilian Northeast. Initially, twelve interviews were carried out with people monitored at the service who required more attention than usual from the team. Among these, two users, Curuzu e Avenida Peixe, who provoked more reflections on the production of care and enabled a look at the network were selected to be the research users-guide. Two categories emerged from the analysis: 1) Bond (professional and family) as power: a call from Curuzu; and 2) Care and/or abandonment? A turning point on Avenida Peixe's existences. The analysis showed that the user-worker bond enhances the acceptance of care and social and family abandonment negatively impact this acceptance. The study allowed giving voice to those on whom the production of care should be centered and understanding their perceptions, guiding researchers in identifying the gaps in the provision of comprehensive care and driving the deterritorialization of workers and users.

Keywords: HIV, AIDS, patient-centered care, continuity of patient care.

RESUMO
O estudo se propôs a analisar os caminhos do cuidado frente aos processos singulares e múltiplos de pessoas que vivem com HIV/AIDS. Para tal, desenvolveu-se um estudo qualitativo que teve a Cartografia como norteador filosófico metodológico, e foi realizado numa unidade de referência municipal para a atenção especializada em uma capital do Nordeste do Brasil. Inicialmente, foram realizadas doze entrevistas com pessoas acompanhadas no serviço que demandavam uma atenção maior que a habitual por parte da equipe. Dentre essas, foram selecionados dois usuários, Curuzu e Avenida Peixe, que provocaram mais reflexões/inflexões
sobre a produção do cuidado e possibilitaram um olhar sobre a rede e ao cuidado para serem os usuários-guia da pesquisa. Da análise emergiram dois analisadores: 1) Vínculo (profissional e familiar) como potência: um chamado de Curuzu e 2) Cuidado e/ou abandono? Uma dobra nas existências da Avenida Peixe. A análise permitiu evidenciar que o vínculo usuário-trabalhador potencializa a aceitação do cuidado e o abandono social e familiar impactam negativamente nessa aceitação. O estudo permitiu dar voz àqueles nos quais a produção do cuidado deveria estar centrada e compreender suas percepções sobre sua vida, saúde e o cuidado ofertado, guiando os pesquisadores na identificação das lacunas a serem preenchidas na oferta de um cuidado integral e impulsionando a desterritorialização de trabalhadores e usuários para a produção de encontros cuidadores para ambos.

**Palavras-chave:** HIV, AIDS, atenção centrada no paciente, continuidade da assistência ao paciente.

**RESUMEN**

El estudio se propuso analizar los caminos del cuidado frente a las singularidades y multiplicidades de las personas que viven con VIH/SIDA. Para esto, se desarrolló un estudio cualitativo que tuvo como guía metodológica filosófica la Cartografía, y fue realizado en una unidad de referencia municipal de atención especializada en una capital del Nordeste brasileño. Inicialmente se realizaron doce entrevistas a personas monitoreadas en el servicio que demandan más atención de la habitual por parte del equipo. Entre estos, fueron seleccionados dos usuarios, Curuzu y Avenida Peixe, que provocaron más reflexiones sobre la producción del cuidado y posibilitaron una mirada a la red para ser los usuarios guía de la investigación. Del análisis surgieron dos análisis: 1) Vínculo (profesional y familiar) como potencia: una llamada de Curuzu y 2) ¿Cuidado y/o abandono? Un pliegue en las existencias del Avenida Peixe. El análisis mostró que el vínculo usuario-trabajador potencia la aceptación del cuidado y el abandono social y familiar impacta negativamente en esa aceptación. El estudio permitió dar voz a aquellos en quienes se debe centrar la producción del cuidado y comprender sus percepciones, orientando a los investigadores en la identificación de brechas para la atención integral y impulsionado la desterritorialización de trabajadores y usuarios.

**Palabras clave:** VIH, SIDA, atención dirigida al paciente, continuidad de la atención al paciente.

**1 INTRODUCTION**

Acquired immune deficiency syndrome (AIDS) is a pandemic with epidemic periods in which over 34.7 million people have died from diseases related to this health condition since the beginning of the epidemic. This syndrome is characterized as a universal, dynamic, and unstable phenomenon whose occurrence in different regions of the world depends, among other determinants, on the mode of existence in which the population is individually and collectively constituted (UNAIDS, 2020).
AIDS is a significant public health problem and is characterized by factors related to the conditions built during the entire process of illness, from diagnosis to treatment, which are essential for the conception of the subjectivization processes triggered by the disease. Therefore, the uniqueness and plurality that permeate the modes of existence of people living with HIV/AIDS (PLHA) who access healthcare services need to be considered so that the production of care can be developed, considering each specificity (Franco; Hubner, 2019; Cardoso et al., 2023).

Health problems, in general, require a reorganization of how individuals deal with their daily routines, social, work, and family networks, as well as changes in self-care, which can generate psychological suffering. For some individuals, an HIV diagnosis does not alter their perspective on life, desires, or expectations for the future, but for others it represents a significant interruption of life plans and the closure of doors to dreams and goals, leading to a reconfiguration of their identity. This is especially true for those who are already facing economic and social disadvantages, adding instability to different areas of their life (Oliveira; Junqueira, 2020).

In this sense, the subjective production of care becomes a promising model for minimizing difficulties in health care. The use of technologies such as listening, dialogue, welcoming, and counseling proves to be powerful and important for subjectivization processes developed individually by everyone facing diagnosis and care processes. This approach promotes the production of intersubjectivities, as well as a collaborative interdisciplinary team approach articulated at different levels of attention, which promotes powerful relationships for care production. Therefore, therapeutic project elaboration requires consideration of the users' life history, itineraries, desires, and expectations, not allowing a prescriptive approach to health care (Peduzzi et al. 2020; Seixas et al., 2019; Silva et al., 2021).

An HIV diagnosis represents much more than an untreated disease that can be fatal. It represents a scenario of the possibility of stigmatization and restructuring of identity. The way others view and enforce standards of "normalcy" can stigmatize individuals who deviate from those standards, causing feelings of guilt, shame, anger, confusion, and a disruption of their sense of self. This is known as social or civil death, which entails a feeling of a shortened life and a diminished ability to fully participate in society. In addition to the fear of dying, people living with AIDS also fear living with the social consequences of the disease (Muniz; Brito, 2022).
Therefore, care pathways adopted by users can be singular or multiple. It is necessary to recognize the social, anthropological, biological, and psychological dimensions of people living with HIV/AIDS (PLHA) according to their life context as a process interwoven with the interconnected care process in health services. The multiplicity of experiences, whether they are consistent or not with the imposed normativity, needs to be valued and contextualized to the offered health processes (Beltrão, 2019).

In light of the foregoing, the present study aims to analyze the care paths for the singular and multiple processes experienced by people living with HIV/AIDS.

2 METHODOLOGY

This is an exploratory qualitative study that used the semi-structured interview as a means of producing data for analysis of what is reported. As a philosophy, we seek an approximation to cartography, in terms of the existential territory, in the sense of understanding life and its construction processes throughout the course of the investigation. Therefore, the construction of this research recognizes the encounter between the researcher and the participants as a potentializing moment, and, therefore, a tool for the production of empathy and affections that must be immersed and perceived in the research (Lima; Merhy, 2016).

The study was carried out in a municipal reference unit for specialized care for PLHA, people with other Sexually Transmitted Infections (STIs) and Viral Hepatitis in a capital in the Northeast of Brazil. The study participants were accompanied in the service, and the selection for participation in the research arises in the daily work process from dialogues with workers who pointed out cases/people who were considered complex in view of their experience in caring, that is, the workers identified the demands that required more attention than usual from the team, totaling two users, both male.

Initially, as an inclusion criterion, to participate in the research, people needed to be accompanied by the Infectious diseases medical service, with a diagnosis of HIV, adults of both sexes, without restriction of gender identity or sexual orientation, who had a history of difficulty to perform the treatment at some point, since the paths and trails of this population tend to be more tortuous.
Therefore, a tool called user-guide was used as a methodological strategy to highlight the experiences presented in the production of data, which allows revealing in a singular and multiple way all the subjectivation processes related to the life of each interviewee. Thus, the voice that echoes in these bodies could be heard and the way that the bond with the other impacts on their lives, which allows analyzing the powerful life networks created in the encounters. So, this way of thinking about research allows a displacement of the user from the condition of the object of study to its centrality as a producer of knowledge (Moebus; Merhy; Silva, 2016).

As the research covers the geographic territory of the Liberdade neighborhood in Salvador- Bahia, a space that has a potent relationship of resistance and ancestry, and that its streets and alleys are rhizomatically connected, producing lives/ existences; how users are producers of their networks, which provoke textures to be built in the daily routine of health care; and in order to maintain the confidentiality of the research participants, names of locations (Curuzu and Peixe) were chosen to identify users during the results.

The interview was a fundamental data production technique, and an Iphone X cell phone recorder was used to ensure the reliability of the meeting, however, it was only used with the participant’s authorization. For the contemplation of this tool, a script was used in which it is divided into four dimensions (identification, production of the diagnosis, care paths and barriers and access). For the connection with the existential territories, the cartographic diary was produced with the intention of revealing the plan of the affections during the interview and in other meetings that occurred in the work process.

After conducting the interviews, they were faithfully transcribed for later analysis, as well as the cartographic diary, and then a floating and exhaustive reading of the entire production was carried out so that one or more analyzers could be established. From this practice, the analyzers emerged: (professional and family) bond as power: a call from Curuzu and Care and/or abandonment? A journey through the existence of Avenida Peixe.

For Baremblitt (1996) an analyzer is a tool that works to give voice and visibility to the object of study and includes reports and writings about formal networks and living networks, as well as the ways in which scenes, rituals and care take place in itself. Finally, at the time of the final analysis, the empirical data (interview and field diary) were articulated with what is currently being produced in scientific work, connecting the speeches and affectations produced
by promoting and interrelationship between the findings and what has production on the subject (Souza, 2019).

To start the research, the term of free and informed consent (TCLE) was exposed. The study was approved by the Research Ethics Committee of the University of the State of Bahia, which respected the brazilian norms for research with human beings, provided for resolution 466/2012 and the norms applicable to research in Human and Social Sciences provided for resolution 510/2016.

3 RESULTS AND DISCUSSION

The connections and intersections between users (Peixe Avenue and Curuzu) and the healthcare team produced intense flows that allowed us to build two analyzers. The first one to be presented is "Bond (professional and family) as power: a call from Curuzu" and the next “Care and/or abandonment? A turning point on Avenida Peixe's existences”.

3.1 (PROFESSIONAL AND FAMILY) BOND AS POWER: A CALL FROM CURUZU

Bond is one of the soft-technology tools of great power for care, given the complexity that this activity involves. Temperly, Slomp Junior, and da Silva (2021) stated that bond stimulates the reconstruction of a new existential territory between workers and users. Such power comes from the lived encounter and leads to a deactivation of identity territories that previously seemed shielded and unchangeable, configuring relationships and deterritorializing for caretaking encounters for both.

Since the bond is building affectivity according to Spinoza (2015), the encounter between living beings based on the produced affections can establish the composition or decomposition of the power to act, i.e., it can increase or decrease. Although the bond is an essential tool for health care, there is still a lack of recognition of its importance, which makes it something almost unattainable and/or unimportant, however, in the face of the expanded clinic, in which the subjective dimension of care is revealed as fundamental for building a care relationship based on mutual accountability between users and workers, in addition to contributing to the longitudinality of care. (Seixas et al., 2019; Souza et al., 2023).
Curuzu was one of the guide-users for whom the bond with workers proved to be an essential tool for care and to have a greater impact. He is a 42-year-old man who had very late access to AIDS diagnosis, before which he had had several pulmonary episodes treated punctually in emergency care. On the last visit to an emergency unit, his sister, who is a healthcare worker, drew attention to the possibility of HIV testing. Curuzu already had Acquired Immune Deficiency Syndrome (AIDS) and several associated opportunistic infections when the diagnosis was finally discovered. He went through hospitalization, and, in the transition between hospital discharge and outpatient follow-up, he had a Molluscum contagiosum condition that bothered him, especially in the way other people saw him.

Our encounter with Curuzu was unique. Access to care technology tools was necessary for the first contact since he was a complex user with not-so-common coinfections, posing us with the challenges of system limitations. He needed medication that was out of stock at that time, and we needed to find another alternative to treat his health problem.

To achieve the concreteness of the proposal for care completeness, there must be a balance of access to soft, soft-hard, and hard care technology tools. Soft-hard and hard technologies have their importance, but they have a limitation of care practice as an “intervention on an object,” which would link care to a pure technicist dimension, disregarding its inevitably ethical, affective, and aesthetic dimension (Carmo et al., 2022).

In turn, joint access to various tools promotes care that goes through technical competencies and tasks but is not restricted to them. Therefore, soft technologies are essential for the materialization of completeness as a dimension of care quality and for mediation and production of new territories of potentialization of life encounters. Hence, the movement of knowledge production ‘together’ and not ‘for PLHA’ strengthens the reconstruction and sustainability of these care practices (Moreira; Bosi, 2019; Bezerra, 2022).

Curuzu demonstrates in his speech how much he understands that accessing different health technologies, both relationship-based soft-hard and soft tools, is essential for his bonding and care.

At the 15th birthday party here, everyone only thought about me doing a presentation. What SEMAE means to my life. I talked about everyone from the door attendant to the cleaning staff. They are the professionals who, regardless of their roles, are the foundation that supports
my being here. And you know what? I know medications are essential. I used to take 21 pills a
day, and now I take only 2. But you know what is also a medicine for my soul? The care and
support I receive from everyone here (Curuzu).

He also demonstrates in his speech how important worker-user reception and bonding
were for accepting the diagnosis and continuing care.

So, I am going to try to take care of myself. It all started at the reception desk, where a
girl I did not know looked at me with such naturalness, it was scary. I will show you guys a
picture. I could not even look at myself that way, but I guess it is natural for people to react that
way, right? Like, how can you see someone like that and not be shocked? (Curuzu).

Curuzu was surprised by the reception he received from the first contact with the service.
His discomfort with his physical appearance at that time contradicted his initial expectations of
being discriminated against in the healthcare service because of it. The topic of overcoming
stigmas and prejudices is occasionally discussed by the team (Monteiro; Brigeiro, 2019).

Qualification on the topic, even though it may be considered insufficient, occurs more
often, which allows for a more humanized approach with the users, and consequently, they feel
increasingly welcomed in the healthcare space. This makes us reflect and emphasize the need to
recognize a daily action based on actions that do not constitute discriminatory behavior, which
is essential for a powerful bonding (Carmo et al., 2022).

Importantly, this user had a genuine desire to live, even in the face of depression and all
the suffering that AIDS brought him. Curuzu was joyful, healing, and had a certainty that
everything would be all right, and this contributed to overcoming barriers. In our conversations,
he always talked about the karaoke bar he frequented, how well he sang, and how the illness
affected his vocal performance. He talked about his romantic disappointments but said that when
he felt ready, he would open himself up to love again. Therefore, each meeting, each experience
in the process of illness, produces processes of subjectivation in a unique way that transform the
way of living and engaging the world at every moment (Santos et al., 2023).

He did not know that the conversations were not only healing for him but also for the
professionals who attended to him. The feeling of professional satisfaction in contributing to the
improvement of his health and, in his own words, ‘recycling that garbage,’ generated important rewarding feelings. It is, therefore, noteworthy the perception of how having a qualified team for the continuity of care, and above all, the importance of having the bond, empathy, welcoming, and valuing of their subjective aspects, intensifies the therapeutic potential of health encounters (Temperly; Slomp Junior; Silva, 2021).

This way, building the bond as a channel for dialogical relationships on the plurality of the user's daily life not centered on the diseases allows healthcare workers/researchers to sharpen their perception of his trajectories and experiences, as well as the context in which he lives. These factors are an important part of accessing the universe and feelings of users, interpreting data, and reaching fruitful understandings in the field of health, pointing out clues and directions for new reflections (Seixas et al., 2019; Souza; Ferreira, 2019).

It is also important to note that Curuzu perceived the value of his singularities in the production of his care when he referred to himself as a specific patient. "So, all of them here, you, B..., they all get excited about my progress, you know. That professional who cares for hundreds and thousands of people, but I was a specific patient" (Curuzu).

Health professionals in the researched location generally seek to pay attention to the particularities of each user, which they activate through relational technologies that are essential for the linkage of the living being and mainly in the acceptance of the diagnosis. Another healthy tool comprises soft-hard technologies (knowledge and skills), essential for each member of a working group to act to meet an identified singular need (Merhy et al., 2019).

The existing collaborative interprofessional work seeks to make comprehensive and resolutive care available. One of the widely used tools is communication, through verbal activation of one worker to another, discussing cases and referring them to a professional who could collaborate with the users’ set of needs. However, spaces such as team meetings that contribute so much to these work processes must be established and strengthened, which can improve the qualification of the attention to the health of the service (Abreu et al., 2020).

In this way, the two parties affect and modify each other, configuring a relationship of intersection. The more health acts are affected by the singularity of an encounter, the greater the possibility of having responses that make sense for both parties, the more alive the work, and with that, they can favor a space of listening and recognition of the other. However, there is at least a third force value, teamwork, which depends on the force values care and work,
acknowledging that everyone governs. This force provokes knowledge cores of each profession, placing the singularity of situations experienced by users at the center of the interaction, shaping common sense (Merhy et al., 2019; Souza et al., 2023).

Therefore, the guide-user Curuzu illustrates to us how bond enhances diagnostic acceptance and continuity of care, making users feel valued in their singularities, having their autonomy respected, and having hopes for normalization and resignification of life. Affections generated by life-enhancing encounters allow users to feel their potential, wanting to live life as it is, full of senses and meanings (Cunha; Maciel; Moreira, 2022).

3.2 CARE AND/OR ABANDONMENT? A TURNING POINT ON AVENIDA PEIXE’S EXISTENCES

Since the conception of the research project, we had been thinking about which stories would be interesting to be known in greater depth regarding the care paths of users in the researched service. Furthermore, other professionals were asked to refer for the interview of patients who had complex trails during health care. Twelve interviews were conducted, with the last one being the most impactful from our point of view.

He was one of the first users listed back then during the conception of the study. However, for some reason, we felt that his path, not fully revealed until then, would justify how difficult it was for him to live with HIV and why we postponed the interview so much. It took us a month to start transcribing that interview. We had to experience our subjectification processes after what we heard and, with so much richness of detail, reliving with him all the crossings that moment of the interview provided us.

Bond, although enhancing care, also brings emotional wear, especially when the resolvability of the user's demands exceeds the possibilities of articulation of the worker. Such close contact with the user’s suffering or unsuccessful attempts to solve it can generate paralyzing, exhausting, and frustrating effects on the worker (Temperly; Slomp Junior; Silva, 2021).

Encounters with Avenida Peixe used to produce powerful affections. The feeling was that her acceptance of care and her life were always permeated by instability in its continuity. Avenida Peixe is a 39-year-old man who, despite his young age, has already experienced many difficult
and diverse situations. In childhood, he suffered racial prejudice from his own family, and was still mistreated by his stepfather, when he reached adolescence he was discriminated against because of his sexuality and tragically experienced two episodes of sexual violence. Faced with a life story of this nature, consequently, he attempted suicide four times.

It is important to highlight that the production of data allows experiencing a moment, which reveals a need to escape the pain of knowing a life marked by violence and abandonment. Therefore, recognizing that it is essential for the health worker to have an expanded view of health, and, consequently, of care. (Barbosa; Souza, 2020).

Peixe had experienced abandonment in different ways: family, social, etc. Disregarding the care required was just another way of being put on the back burner after a life lived with its many vulnerabilities. He mentioned in one of his speeches how he suffered racism from his own family.

In my case, my upbringing with my family was not great, to be honest. You know why? Because of my skin color. As you can see, I am dark-skinned. I was raised by my mother's family who are all blonde, so I was the only dark one in the family. I faced discrimination because of it. Some people might see it as harmless teasing, but sometimes those jokes can be mean-spirited, you know?! (...) Even my grandfather (...) was openly against black people. In fact, he did not want my father to marry my mother because my father is black. He was the kind of person who believed that black people were cursed. (...) My grandfather hated my father, really hated him. He called him all sorts of names, like ‘burnt Jurema stump’ and ‘rope tobacco’ (Peixe).

Peixe faced difficult and harmful challenges from childhood that limited his possibilities and social prospects in life. While the family should have been a nurturing environment, it was actually a hostile space where he experienced racism from his aunts and grandfather who raised him. Racism is a factor that impacts the psychosocial development of an individual, and their relationship with mental distress is a real concern that health services need to consider and address. Identifying mental and general health issues that may be related to this process allows for the symbolic representation, elaboration, and consequent care of these traumatic experiences, which is an important health demand for Peixe (Borret et al., 2020; Silva, 2021).
Untreated psychological distress can lead to impactful outcomes such as suicide. Untreated psychic suffering can lead to shocking outcomes such as suicide, especially when other elements connect and amplify the weakening process, and racial prejudice is a reality that contributes to this condition (Burton; Ritchwood; Metzger, 2023). In the context of AIDS, black men are more likely to die, and suicide is one of the outcomes that these people can experience. Therefore, public policies aimed at this disease need to jointly combat racism (Wei et al., 2023).

In addition to racism, Peixe was also a victim of homophobia from his own family, as he mentions in the following statement,

When I was 14 years old, I was caught with a man. So, my life there was over(...) At that time, being gay was a bomb that mobilized the entire town, you know, so I was a victim of prejudice even at home by my own mother and father. (...) My father himself, I will never forget: He told me, “I’d rather see you crushed under my tractor than grow up gay.” I have been holding onto that ever since. So much so that I have not spoken to him since he said that, you know? That has been like 20-something years already.

Your father, who could have welcomed you for sharing the same skin color and all the intersections that this factor brought you closer, discriminated against you because of your sexual orientation. Your mother did the same. Once again, your body was rejected by the family. Homophobia is understood as a process of attempting to regulate sexualities, which the family's discovery form already causes initial suffering, in the face of a heteronormative patriarchal society that does not allow dissidence. The climax with family hostility and all the violence involved in this process when revealing your desires, and your ways of expressing yourself/being in the world, leads to more illness-causing factors (Cruz; Oliveira; Araújo, 2019).

A study conducted by Braga et al. (2018) shows that among the impacts experienced by LGBTQIAP+ individuals who are not accepted by their families are suicidal ideation and suicide, social isolation, academic underperformance, decreased self-esteem, and depression. Therefore, all the psychological suffering that Peixe faces may result from the various violence he has endured throughout his life, mainly from the family.
Finally, in addition to the verbal and symbolic violence experienced by this user, Peixe suffered two sexual waves of abuse. In one of them, he narrates the entire plot of what he endured and his feelings in the face of the abandonment that situation submitted him to,

Someone approached me and robbed me, but then, besides the robbery, there was something else. But it was not willingly, it was with a gun to my head. So, I was already aware of sexually transmitted diseases. Then, as I went through that violence, without a condom, when I got home, I was tired, so I just lay down on the bed. I remember it like it was today, I looked like a statue, a zombie. I lay down looking at the ceiling because, you know... because I am ashamed of the word rape. (....). I came home empty inside, you know? It felt like my soul left, my heart dried up, and my mind was totally empty inside, you know? (....)I was frozen, lying there in bed, just staring up, and I woke up the next day. That is when things hit me, you know? So much so that I didn't even go to work. I ran to get tested the next day.

Peixe suffered this violence in 2007. Combined prevention strategies were still incipient at the time, but Post-Exposure Prophylaxis for HIV infection was already available for vertical transmission, occupational accidents, and sexual violence since 1999. Peixe reports that he sought health services the next day. Why was he not informed about the possibility of this prophylaxis? There was an important access barrier in the process of his care. Given his account, it would have been possible to administer prophylaxis and prevent his infection and all the impacts that living with HIV brought to his life (Brasil, 2022).

The violence experienced by individuals is closely linked to psychological suffering, which can lead to a decrease in self-worth. The fear of future violence can be crippling and cause people to withdraw from social situations. This is made worse by the lack of support from policies meant to protect LGBTQIAP+ individuals from violence (Silva et al., 2021).

After the interview and in the days that followed, it became evident that the disease was no longer guiding his life, vulnerability was no longer a sign of helplessness for him. Instead, he was now focused on defending a life that is worth living, and he saw the potential for a fulfilling future with his middle age and a long life ahead. The negative perception of HIV as a death sentence for gay men, known as the ‘virus-prophecy,’ has given way to the ‘virus-territory.’ This
means individuals can now prioritize their health and relationships, as well as embrace new experiences and perspectives (Rios et al., 2021, Melo et al., 2021).

4 FINAL REMARKS

This research has explored relevant aspects of the subject, identified sensitive points in the realm of care, and pointed out possible paths to produce interprofessional collaborative care for people living with HIV/AIDS. The study has shown how much the user-worker bond enhances the acceptance of care and how much aspects of social and family abandonment negatively impact such acceptance.

The study has revealed two unique life paths, highlighting their complexities and challenges, which have been greatly shaped by common tools of relational technologies. By giving voice to those who should be at the center of care and understanding all their perceptions about their life, health, and care offered, the study has identified gaps in the provision of care and recommended the deterritorialization of workers and users for more effective caregiving encounters.
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