

Impact of Counselling upon Anxiety and Depression of AIDS Patients

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One of the major challenges faced by India is the rapid growth of HIV/AIDS and its devastating impact upon human life. The AIDS patients suffering from severe anxiety and acute depression are unable to adjust within the given environment. The present study aims to assess the role of counselling as an effective technique for reducing anxiety and depression of AIDS patients. The sample comprised of 50 AIDS patients (34 male and 16 female). Purposive sample was used to select AIDS patients from ART Centre of PMCH, Patna. Their age ranged from 20 to 35 years. Beck depression inventory and Anxiety Rating Scale were used to collect data. Findings showed that counselling proved to be very effective therapeutic technique for reducing depression and anxiety of AIDS patients. Gender differences were also observed. Male AIDS patients experienced more depression as compared to females. However, no significant difference was obtained with respect to anxiety.

Keywords: Anxiety, Depression, HIV/AIDS and Counselling.

HIV/AIDS is currently spreading in the world as an epidemic form at the rate of new infection in every 50 sec. This disease is not confined to any one class, community, religion, age, gender, group or profession. So today, it is the major concern of health psychologists to fight with AIDS because it is a major health problem of this century (Lefton, 1997). One of the greatest challenges faced by India is HIV/AIDS and no other STI has greater impact on sexual behaviour or created havoc and fear in the mind of people other than AIDS (Santrock, 2007).

The Acquired Immune Deficiency Syndrome (AIDS) is one of the most dreaded diseases that mainly impairs body's immune system to fight bacteria, viruses, cancer, etc, (Lahey, 1995). Internationally accepted name of causative virus of AIDS is known as Human Immunodeficiency Virus (HIV). Following exposure to HIV, the person is vulnerable to germs that a normal immune system could destroy. HIV can be transmitted through

sexual/contact or from mother to child through the placenta or by transfer of whole blood or blood product. In 1993, it was further explained to include any HIV infected individual with CD4 count less than 200 per misrelate (Munjal, Mishra, & Rao, 1995).

People infected with HIV, can harbor it for several years without developing AIDS. But, whenever the people develop this deadly infectious disease, they are confronted with devastating psychological consequences (Lefton, 1997). However, some persons fearing contamination shun AIDS patients. Most of the AIDS patients are infected through sexual contact or intravenous drug and some attach a moral stigma to the disease. So, psychologically and socially they suffer more and are unable to cope up with the environment. Such patients self esteem fades quickly as they develop guilt feelings and blame themselves for having contracted the disease. And this self-blame leads to depression, anxiety, self-anger and

pessimistic outlook towards life (Lefton, 1997). Family members and friends also become similarly affected as they cope with a dying loved one and fails to understand the disease. Sometimes the persons is not responsible for the disease but he or she is blamed for. Such traumatic experience results in acute depression and greater anxiety. Higher level of anxiety and depression are of great concern in disease that are difficult to cure. AIDS patients shows comparatively higher level of anxiety and depression due to social, physiological and psychological factors.

HIV/AIDS patients experience the threat of major negative life events and medical conditions. Probability of premature death, physical disability and pain, loss of employment, social isolation, costs of medical treatment, anxiety for future of family members. etc may act as a potential and actual stressors and such persons may respond with signs of psychological distress. Early reports of psychological responses of HIV infection revealed pervasive feelings of anxiety and depression (Fleishman & Fugal, 1994). Depression is either mood of clinical syndrome, such as emotional, motivational, cognitive, somatic and behavioral. And the feeling associated with a depressed mood includes disappointment, helplessness and hopelessness (Comer, 1995). It is a sad stage, in which life seems bleak, challenging and its challenges are overwhelming. Similar experiences are also shared by AIDS patients. Several researchers have shown that experiences of stressful major life events are associated with depression (Pestonjee, 1992).

The other symptom found in AIDS patients is anxiety. It is a state of apprehension, tension and worry. In the general sense anxiety is a dull, vague, very unpleasant feelings of fear, nervousness and apprehension without any apparent stimulus, associated with physiological change (Reus, 1998; Sarason & Sarason, 2000). Most of the AIDS patients are also eager to improve their quality of life

including their psychological well-being. So, patients and their family members and close friends seek counselling to help them cope with emotional stresses resulting from AIDS. To reduce the psychological distresses, like anxiety and depression of HIV/AIDS patients counselling must go side by side with medical treatment. The counselling approach offers real hope in the persons to fight against AIDS (Coates, 1990).

Perez (1965) defined counselling as an interactive process conjoining the counselee who needs assistance and the counselor who is trained and educated to give this assistance. The counselor is able to facilitate initiate and maintain the interactive process if he shows feelings of spontaneity warmth, tolerance, respect and sincerity. It is a process which takes place in a one-to-one relationship between an individual beset by problems that he cannot able to cope alone and a professional experienced person can help others to reach solutions to several personal difficulties. (Hahn & MacLean, 1955). So, counselor helps the client to facilitate change in the behavior. (Pepinsky & Pepinsky, 1954).

Likewise, HIV and AIDS counselling is a kind of discussion after establishing rapport between patient and counselor. Duration may be for long term or short term and it has following two major aims: (a) The prevention of HIV transmission, and (b) Direct and indirect support to HIV/AIDS patients. Counselling brings a voluntary change in the client. So, counselor provides facilities to the client to achieve the desired change. So, the client alone is responsible for the decisions he makes, but the counselor assist in the critical moment with his warmth and understanding relationship. Man has the capacity to experience awareness, is capable of understanding the factors responsible for psychological maladjustment and has the capacity to move away from them, that is, he can move towards psychological adjustment.

Fundamental to the counselling process is the client's perception of the experience. So, therapeutic change depends upon this the client's perceptions, follow his expectations as determined by his/her self regard. His expectations vary from feelings of fear to feelings of ambivalence. The counselor, by conditional acceptance of the client, helps him to explore and try and modify his perceptions. For this purpose client must have feeling of security, acceptance and belongingness. The counselor provides these by an unconditional acceptance of the client, showing positive regard, warmth, interest and understanding. In this friendly and warm atmosphere the client may, without any hesitation or fear of criticism of ridicule, be able to do a little self-exploration and self examination leading to self understanding. In this process, several experiences distorted or rejected hither to are experience without any anxiety. The client slowly and steadily progress towards self realization. So, counselling is essential because it can help in preventing the spread of HIV and it can also reduce the psychological and psychosocial stresses of AIDS patients.

The major objectives of counselling are to enhance personal development, to resolve the conflicts, to develop necessary social skills for proper social adjustments in order to meet new challenges of modern life. Following are the major objectives of preventive and supportive counselling of AIDS patients (Munjal et al, 1995). Counselling, care and support for people play a crucial role in preventing the spreading HIV/AIDS and also reduce its personal and social impact (Madhav & Chattopadhyay, 2008). In such circumstances, counselors must be more supportive to the AIDS patients since they lack social support from both family members and friends which can adversely affect their ability to cope. The main aim of the present study is to reduce the mental agony of AIDS patients through minimizing their depression and anxiety level with the help of counselling

technique. It father help them to cope up with the environment.

Hypotheses

1. There will be significant difference between pre and post counselling upon AIDS patients' depression level.
2. There will be significant difference between pre and post counselling upon AIDS patients anxiety level.
3. Male and female AIDS patients will differ significantly with regard to depression.
4. Male and female AIDS patients will differ significantly with regard to anxiety.

Method

Sample:

The purposive sample comprised of 50 AIDS patients (Male - 34 and Female - 16) were selected from ART center of PMCH, Patna. Their age ranged from 20 to 35 years.

Tools:

- a) Beck depression inventory adapted by Kapoor (1986)
- b) Anxiety Rating Scale by Sen Gupta (2006).

Results and Discussion

Table 1. Mean, SD and t-value of pre counseling (n=50) and post counseling (n=50) AIDS patients on Depression

Condition	Mean	SD	t value
Pre counseling	40.68	6.82	12.22**
Post counseling	28.46	3.94	

**p<0.01

Table 1 shows that th mean difference between pre and post counselling was significant (t=12.22; p<.01). So, the importance of counselling in reducing depression level of Aids patients is proved through the obtained results and Fleishman and Fogel (1994) and others also extend support to present findings. Counselling further prove to be very helpful in assessing

and educating the support system of patients. Families and friends. In other words, emotional support from the counselors helped the patients to overcome depression and anxiety. It also helped patients to have focus on their life and living. So, it help to minimize depression and develop adequate coping styles among AIDS patients.

Table 2. Mean, SD and t-value of pre counseling (n=50) and post counseling (n=50) AIDS patients on Anxiety

Condition	Mean	SD	t value
Pre counseling	47.44	4.6	14.15**
Post counseling	37.96	4.02	

**p<0.01

Table 2 showed that the anxiety level of AIDS patient during post-counselling was comparatively low Mean= 37.96) as compared to the value (Mean = 47.44) of pre counselling. The t-ratio is (14.15; p<.01) also significant beyond .01 level. Thus the impact of counselling minimizes the anxiety and depression level of AIDS patients. It also reduced anxiety level of AIDS patients. Recent training programmer by the Regional Aids Training Centre and Network in India (RATNEI) and AIDS Training wing of World Health Organization (WHO) viewed that counselling play vital role in treating AIDS patients.

Table 3. Mean, SD and t-value of male and female on pre counseling (n=50) and post counseling (n=50) AIDS patients on Depression

Gen	Condition	N	Mean	SD	t-value
Male	Pre-Counselling	34	41.91	6.1	14.15**
Female	Pre-Counselling	16	38.06	7.59	
Male	Post-Counselling	34	29.06	3.62	1.52*
Female	Post-Counselling	16	27.16	4.38	

**p<0.01 *p<0.05

Table 3 shows the significant gender differences (t=1.78; p<.05). during pre depression counselling condition on the measure of depression . However, they doesn't differ significantly during post counselling condition as t-ratio (t=1.52; p<.05). was not significant. Analysis of the result reveled that this hypothesis was partially supported because male and female AIDS patients differed significantly (t=p 1.78 ; <.05). during pre-counselling condition but not in post counselling condition (t=1.52; p<.05). This shows that counselling technique equally effective for both sexes. While analyzing the result it has been also noticed that males mean score on depression is higher than females in both the condition of counselling. Talukder's (2007) findings also supported this view that males experienced more depression (84%) as compared to females (60%). It may be highlighted the fact that male being the only earning members in most of the families. they become more depressed while thinking the future of their families

Table 4. Mean, SD and t-value of male and female on pre counseling (n=50) and post counseling (n=50) AIDS patients on Anxiety

Gen	Condition	N	Mean	SD	t-value
Male	Pre-Counselling	34	47.82	5.5	0.033
Female	Pre-Counselling	16	47.25	5.889	
Male	Post-Counselling	34	38.56	4.91	1.33*
Female	Post-Counselling	16	36.69	4.52	

*p<0.05

Table 4 also reveals that mean of male and female AIDS patients (pre-counselling) on anxiety is 47.82 and 47.25, respectively. However, t-ratio (0.33) is not significant at .05 levels. It also shows the mean of male and female AIDS patients (post-counselling) on anxiety is 38.56 and 36.64, respectively. And t-ratio (1.33) is significant at .05 level. So the

hypothesis was not confirmed through the obtained result. However, researches (Nisita et al., 1991; Mello & Malbergier, 2002; Talukder, 2007) have shown that HIV Women suffered from higher anxiety and depression.

Conclusion

It is concluded that counselling technique proved to be very effective for reducing anxiety and depression level of AIDS patients. In the wake of crisis, counselling is the only solution to prevent and reduce psychological and psychosocial stress of AIDS patients. Counselling also help to observe the trauma of the disease and also able to lead a normal life through better communication with family members and society. In other words, counselors help in proactive coping where the patients understand how people live their lives. The AIDS patients do not appraise the situation as a threat, harm or loss but perceive it as a personal and it render life as meaningful and find purpose in life. Besides aids patients counselling, family counselling, social support, awareness of the diseases specially in rural areas and in low SES sectors are the essential requirements to to overcome their anxiety and depression.

References

- Coates, T.J. (1990). Strategies for modifying sexual behavior for primary and secondary prevention of HIV disease. *Journal of Consulting and Clinical Psychology*, 58, 57-69.
- Comer, R.I. (1995). *Abnormal Psychology*, New York : Freeman and Company .
- Fleishman, J.A., & Fogel, B. (1994). Copying and Depressive Symptoms Among People with AIDS. *Health Psychology*, 13, 156,169.
- Hahn, M.T., & Maclean, M.S. (1955). *Counselling Psychology*, New York, McGraw Hill.
- Lahey, B.B. (1995) *Psychology* (6th ed.). MA: Allyn and Becon.
- Lefton, I.A., (1997). *Psychology* (6th ed). Neetham Heights, MA: Allyn and Becon
- Madhav, G., & Chattopadhyay, S.P. (2008). Combating HIV/AIDS in India. *The Social Engineer*, 2, 64-69.
- Mello, V.A ., & Halbergier, A. (2002). Depression in Womaen Infected with HIV, *American Journal of Psychiatry*, 159, 789-96.
- Munjal, Y.P., Mishra, A.P., & Rao, A. (1995). I.M.A. & NACO AIDS Training Programme, OMA, New Delhi.
- Nisita, C., Perretta, P Galli; C.G.B. Scasso; A Nuccorini; & A. Della Santa, M. (1991). Sympomatological at risk. international Conference AIDS Jan 16-21, 7:208 (Abstract No. MB 2107).
- Pepinsky, H.B., & Pepinsky , P. (1954). *Counselling Therapy and Practice*, New York, Ranald Press.
- Perez, J.F. (1965). *Counselling Therapy and Practice*, Reading Mass, Addison, Wesley.
- Pestonjee, D.M. (1992). *Stress and coping the Indian Experience*, Sage Publication, New Delhi.
- Reus, V.I. (1998). Mental disorders In Harrison's Principle of internal medicine, 2. Fauci et al. (Editors), 14th Ed. McGraw-Hill.
- Santrock, J.W. (2007). *Adolescence* (11th Ed.) Tata-McGraw Hill Ed.
- Sarason, I.G., & Sarason, B.R. (2000). *Abnormal Psychology. The problem of maladaptive behaviour*, (8th.Ed.) PHI, New Delhi.
- Sen Gupta, A. (2006). *Anxiety Rating Scale*, Unpublished, Patna.
- Talukdar, P. (2007). *Study of coping and depression among women in West Bengal*. Unpublished MD thesis, West Bengal University of Health Sciences, Kolkata.
- WHO (2003). *Current Global situation of HIV/AIDS Pandemic: Global Programme on AIDS*, Geneva.

Received: September 24, 2008

Revision received: March 25, 2010

Accepted: May 31, 2010

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