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PSYCHOLOGICAL EFFECTS OF HIV/AIDS AND THE ROLE OF PSYCHOLOGICAL COUNSELING IN DEALING HIV/AIDS AMONG PERSONS LIVING WITH HIV/AIDS (PLWHA) IN KENYA

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ABSTRACT

Psychological effects are factors which can influence emotional state of an individual either positively or negatively. Psychological effects of HIV/AIDS refer to the factors that can affect the emotional state of PLWHA and make them psychologically unstable. HIV infection is not only a medical issue, but a psychosocial one as well. Infection and the subsequent progression of this disease present the client with a broad range of personal experiences to negotiate (NACC, 2010). At the same time, the person's condition may trigger a variety of reactions from others such as family members, significant others, employers, co-workers, and rehabilitation psychosocial counselors and other helping professionals. It is very important for rehabilitation professionals to understand the underlying psychosocial issues and stages of HIV infections and AIDS to provide the most effective services possible (Pettifor et al, 2005). Psychological counseling of PLWHA is supposed to help them to face the reality of life by overcoming the psychosocial effects of HIV/AIDS. Psychological counseling provides emotional and psychological support to PLWHA and it offers encouragement, hope and coping skills to their health situation. This paper will tackle the psychological effects of HIV/AIDS and role of psychological counseling.

Key words: HIV/AIDS, PLWHA, Psychological effects of HIV/AIDS, Psychological counseling.

INTRODUCTION

When an individual is diagnosed with HIV virus the effect is mainly psychological more than physical because it is a pandemic which so far has no cure. This subjects the individual to high level of anxiety that can destabilize the reasoning capacity and give rise to negative psychosocial wellbeing (Evian, 1995). This means that the PLWHA need more of psychological intervention more than ARVs. Ever since the HIV/AIDS virus was identified, people have been trying to find ways of educating others about this virus. Many campaigns have been put into place, and people have been made aware of the various effects of the virus (WHO, 2006). It is important to note that this virus has physiological effects, major psychological effects as well as the social effects. The reactions to an HIV positive diagnosis are part of the normal and expected range of responses to news of a chronic, potentially life threatening medical condition (UNAIDS, 2001). Many PLWHA adjust extremely well with minimal intervention. Some will exhibit prolonged periods of distress, hostility, or other behaviours which are difficult to manage in a clinical setting. It should be noted that serious psychological maladjustment may indicate pre-existing morbidity and will require psychological/psychiatric assessment and treatment (Shilts, 2000). Depressed PLWHA should always be assessed for suicidal ideation.

Effective management requires allowing time for the shock of the news to sink in; there may be a period of emotional "ventilation", including overt distress. At any point along the HIV continuum, an individual can experience a crisis and the appearance of any symptom can trigger a crisis. Crisis disrupts the emotional homeostasis of an individual and challenges their ability to cope with the new stressors of each progressive stage (Cook, Grey, Burke, *et al.*, 2004). The PLWHA need a lot of psychological assistance in order to overcome the emotional stress of the infection and be able to fit well in the social world. Gachui (1999) argued that majority of PLWHA are able to manage their emotional disequilibrium without excessive emotional, behavioral, or interpersonal disturbance even though they recognize the threatening nature of pandemic. Those who become more emotionally distressed develop low self-esteem and believe that they are extremely vulnerable and feel less equipped to cope with the challenges they face. In addition, feelings of helplessness and hopelessness are accompanied by cognitive distortions, misinterpretations and a poor sense of personal control (Cook, Grey, Burke, 2004). Anxiety, depression and anger can easily be magnified at this state.

Psychological Effects of HIV/AIDS

People with HIV/AIDS must deal with strong emotional issues that include a variety of emotional responses such as fear, shame, loss, grief, anger, depression, feelings of dependency, and hope as they are discussed below.

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Fear; fear is a negative emotional feeling that one can have when he is in danger, when something bad might happen, or when a particular thing frightens him (Cardwell, 2003). If somebody is experiencing fear he is forced to seek protection or can freeze where he is so that he may not be noticed especially at night (Plutchik, 1980). Fear is an intense anxiety that makes an individual remains coiled to a particular position. HIV/AIDS is usually associated with a lot of fear that makes the PLWHA to be afraid of taking a step in life or associating with other people in the society. Fear and shame may prevent PLWHA from confiding in others and gaining support; they may also be reluctant to seek help from AIDS organizations and the rehabilitation system. Fear can arise in the infected person from the unpredictable nature of the disease. Fear can aggravate depression symptoms and lead to feelings of hopelessness, frustration and being overwhelmed (Asunta, 2010). Fear can also arise in others, with repercussions for the person with HIV/AIDS. Friends and co-workers may pull away because of irrational fears of being infected or fears of a person's death, therefore leaving the person with HIV with a deep sense of isolation and loss (Lane, 2000). Emotional fear comes when PLWHA realize that they are not going to live up to the expectations that have been dreaming in life. There is fear of losing their significant people and this can make them never to reveal to them about their status and they would prefer to go on as if they have no problem (Marzuk, Tierney, Tardiff, *et al.* 1988).

Loss; loss refers to a state of not being in possession of something or somebody (Cardwell, 2003). HIV has been called a disease of losses because it results in the loss of life, psychological wellbeing and social wellbeing. Sadness is one outcome of experiencing losses repeatedly. PLWHA may have to grieve the loss of deceased lovers, children and friends while at the same time mourning the loss of their own future (Asunta, 2010). With many successive losses, it can take the form of "chronic, unrelenting loss". Other losses can include loss of partner, family, friends, co-workers, mobility, strength, weight, appetite, and physical attractiveness, locus of control, social role, income, employment and housing. This loss of locus control is experienced by nearly all the PLWHA. When HIV pandemic strikes a family each member is affected due to fear of loss of life.

Grief; grief is the intense emotion which floods the life of a person when the inner security system is shattered by an acute loss which is associated with the thought of one's death or the death of a significant person (Cardwell, 2003). A PLWHA usually experiences shock, numbness, disbelief, painful longing and pre-occupation with memories and mental images. It is the pain that develops following diagnosis of HIV virus when one goes for VCT (Cook, Grey, Burke, *et al.* 2004). Anticipatory grief occurs prior to loss and it is during this period that PLWHA mourns his own death (Hoffman, 1996). This grief comes because of the fear of death that threatens the lives of PLWHA and fear of how they will be treated by their family members and the community at large once they learn of their health status (Evian, 1995). This is the moment when these PLWHA need a lot of emotional support and not blame or stigma. The period of can last for several months or even years as long as the individual concern as not been able to reveal their HIV status and ask for assistance. At this moment of grief, many PLWHA have tendencies of

suicide and some commit passive suicide like refusing to take food or medication.

Denial; denial is a defense mechanism in which a person may deny some aspect of reality (Cardwel, 2003). Denial is thought to be a 'persons' initial reaction on learning of the diagnosis of terminal illness. The immediate response of PLWHA may be that some mistake has been made, and that the situation will shortly be reversed. This adjustment is both normal and useful. It lasts for a few days. Sometimes it could be extreme denial such as dissociation that the infection is happening to someone else or the results of HIV test are not true. Pathological denial may hinder the mourning task which is a very important component of the emotional process (WHO, 2006). Denial can be an important mechanism for fostering faith in survival. Confronting the denial of people living with HIV/AIDS may not serve positive purposes because constructive denial allows for needed cognitive and emotional breaks from living with the pandemic (UNAIDS, 2010). The counselor needs to help the PLWHA need to be empathetic and objective in assisting them to accept their status.

Anger; anger is a strong negative emotion which involves violence towards oneself and other people and it can be expressed verbally and through physical abuse of other people and it occurs when one is being prevented from doing what he intended to do (Cardwell, 2003). People who are annoyed can destroy anything on their way and can transfer this anger to innocent people (Hejmadi, Davidson & Razin, 2000). Anger may be directed at several targets simultaneously. The person with HIV disease may become angry at their own selves for having yielded in to the occasions that made them to acquire the HIV virus. They can also project their anger to the family members for not being able to do anything to help them overcome the fears of infections (Lane, 2000). They also displaced their anger on their support system for lack of understanding, empathy or compassion. Finally they can also become angry at the society for their rejection; and the medical establishment, for failing to find a cure (Navia, Jordan & Price, 1986). The fluctuating nature of HIV pandemic and the interface with the health care delivery system can cause frustration and anger. The anger is brought about by the unexpected HIV status, deterioration of body functions, and the erosion of their status in family as well as the shattered hopes for the future (Lane, 2000). They begin to despise themselves and resort into immense anger. The HIV status is disappointing and frustrating and the external forces can affect them, shape their perceived experiences and hence resort into anger. This can make them to commit partial suicide by refusing to take their ARVs or even food; they can also refuse to engage in communication with other people like family members, nurse or doctors.

Feelings of Dependency; feeling of dependency a type of disorder where people become so reliant on others that they cannot make even the smallest decision for themselves (Cardwel, 2003). Feelings of dependency can be experienced by people with disabilities arising from a loss of functional capacity in both physical and emotional areas (Lane, 2000). PLWHA feel that being dependent on others is a cause of threats to autonomy, privacy, control, and independence and feelings of helplessness and vulnerability that are often intolerable. This can have the effect of being unwilling to ask

for accommodation because of change in identity, feelings of shame, not wanting to feel different or pitied. According to Portegies (1995), HIV/AIDS make PLWHA to undergo cognitive and behavioural disturbances which vary from one person to another according to the state of acceptability. To some, the symptoms might be mild but to others, they may be severe. As the PLWHA become aware of their status, some may have problems in concentrating in what they are thinking. They may take time to think and respond to questions asked or do what they are expected to do. This is due to memory impairment due to shock and this will make them to be dependent on others.

Hope; it is important to note not all emotional responses to HIV/AIDS are negative because for people with HIV/AIDS, maintaining hope is not merely a virtue, but a primary task (Gachui, 1999). PLWHA appears to live longer when they can hope for and plan future activities, achievements and relationships. Hope sustains them through the inevitable "bad days" and increases the capacity to appreciate periods of good health. Feelings of hope fluctuate daily, and sources of hope differ from person to person. Hope can be engendered by developing or maintaining spiritual practices such as organized religion, twelve-step programs and meditation (Lane, 2000). Hope is sustained by maintaining employment and relationships with co-workers; becoming involved in activist groups; cultivating social and family ties, and finding meaning in new roles as well as maintaining hope is active participation in decision-making (Gachui, 1999).

Role of Psychological Counseling

Psychological counselling is a confidential dialogue between a PLWHA and a psychological counsellor which is aimed at enabling the PLWHA to cope with stress and take personal decisions related to HIV/AIDS (Lyketsos & Treisman, 2001). The counselling process includes evaluating the personal risk of HIV transmission and discussing how to prevent further infection and ways of coping with the infection. Psychological counselling concentrates specifically on emotional and social issues related to possible or actual infection with HIV/AIDS. With the consent of the PLWHA, psychological counselling can be extended to spouses, sex partners and relatives (family-level counselling, based on the concept of shared confidentiality).

Psychological counseling provides emotional and psychological support to PLWHA and it offers encouragement, hope and coping skills to their health situation (AMREF, 2007). This form of counseling is carried out several times to assist the PLWHA to cope with the different psychosocial challenges that they might experience during the course of their illness. These challenges may arise from issues in their families, their work place, their social life and many other related areas (KEMRI, 2010). This counseling is offered to PLWHA who are in distress, shock or who feel that they are in extremely difficult situations and therefore will need counseling to help them deal with the crisis at hand (ATLIS, 2010). Psychological counselling has as its objectives for prevention and care and it involving a series of sessions as well as follow-up and it can be done in any location that offers peace of mind and confidentiality for the client (AMREF, 2007).

But these psychological counseling services are not fully utilized in most cases by those who have been infected with HIV/AIDS as well as the affected persons (MoH, 2005). This could be attributed to lack of background knowledge on the significance of psychological counseling on psychosocial wellbeing of persons living with HIV/AIDS. Based on this view, the counselors should put much emphasis on psychological counseling so as to help the PLWHA to adjust psychologically and be able to live happily.

Conclusion

Psychological counseling has significant effect on psychosocial wellbeing of PLWHA. It is only through psychological counseling that they are able to learn and acquire the strategies of overcoming the devastating psychosocial effects of HIV/AIDS. Psychological counseling is necessary for persons living with HIV/AIDS just like the way ARVs are necessary for them. Psychological counseling helps them to accept their health status and be able to work hard to earn their living, to live a positive life and be able to move on and realize their future aspirations.

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