HOPELESSNESS IN PL-HIV

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ABSTRACT

Hope is an important factor in the life of PL-HIV (People Living with Human Immuno deficiency Virus) which influences all other factors of life. The study on 'Hopelessness in PL-HIV' was carried out in 2 NGOs in Ooty, the Nilgiris District. Fifty eight PL-HIV registered under the two NGOs were screened using the Beck's Hopelessness Scale. Forty-Six PL-HIV with high Hopelessness were selected for the study by Convenience Sampling Method. They were18 male and 28 female PL-HIV between the age range of 20-54 years(Mage=37.46). Cognitive Behaviour Therapy, a psychological intervention was given to each sample individually 2 days a week for 16 weeks. On the whole, 32 sessions were given to the entire sample. The duration of each session was 45 minutes to 1 hour. After 16 weeks of Cognitive Behaviour Therapy, the entiresample was re-assessed using the Beck's Hopelessness Scale. The experimental design used was 'Assessment before and after treatment without control group'. Initially, before treatment both male and female PL-HIV had high hopelessness with male M= 15.78 and female M= 16.96. The therapy showed reduction in the level of hopelessness with the mean of male M= 7.83 and female M= 6.50. The mean difference in hopelessness between male and female PL-HIV was 7.75. ANOVA test showed that the psychological intervention of Cognitive Behaviour Therapy played a vital role in dealing with Hopelessness in PL-HIV.

Keywords: Hope, Hopelessness, PL-HIV, Cognitive Behaviour Therapy

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"When things go wrong, don't go with them".

- Elvis Presley

Introduction

Hopelessnessisa feeling that conditions will never improve, that there is no solution to a problem, and, for many, a feeling that dying by suicide would be better than living. Hopelessness or negative expectation is among the psychological variables that are predictive of suicide in People Living with Human Immuno deficiency Virus(PLHIV). The person misconstrues his or her experience in a negative way and anticipates serious outcomes for his or her problems. This sense of hopelessness may lead the person to believe that suicide is the only feasible strategy for dealing with seemingly insoluble problems (Moosa and Jeenah, 2010).

Hopelessness in individuals with HIV and AIDS may be associated with depression, which may lead to decreased adherence to medication regimes, further suppression of immunity and accelerated disease progression as well as risk of suicide. From a psychobiological perspective, active coping is associated with higher total lymphocyte, CD4 and natural killer cell counts, while a passive24 or fatalistic-resigned coping style and hopelessness are associated with poor HIV treatment adherence and rapid progression of HIV disease, particularly if they are associated with depression and occurrence of severe stressful events (Moosa and Jeenah, 2010).

Feelings of hopelessness and/or helplessness can be some of the most frustrating feelings experienced when depressed. A sense of hopelessness reflects a negative view of the future that nothing will get better. Feelings of helplessness reflect a negative view of oneself. Self-esteem suffers, self-confidence is affected, and one may not believe that he/she has any control towards feeling better. One may give up and think, "What's the use?" (Caruso, 2012).

Need for the Study

When one is without hope, he/ she feel powerless. He/ she loathe taking action because one believes it won't matter anyway. Not taking action contributes to the feeling of

powerlessness, which exacerbates feelings of hopelessness. It becomes, in essence, a self-fulfilling prophecy because in one's despair one forgets that there is a salve for hopelessness right at our fingertips.Also one continues to ruminate on negative thoughts about oneself or the future and looks for evidence that such negative thoughts are true (Bage, 2012). The present study was undertaken to assess and manage the level of hopelessness among PL- HIV through Cognitive Behaviour Therapy Techniques.

Method

Objectives

The main objectives of the study were as follows:

- To assess the level of Hopelessness in PL-HIV
- To ascertain the impact of Cognitive Behaviour Therapy on Hope
- To ascertain the relationship between Hopelessness and Gender of the sample

Sample

Forty six PL-HIV (infected only with HIV and under medication) from 2 NGOs of Ooty, the Nilgiris District were selected by Convenience Sampling for the present study. They were 18 male and 28 female sample between the age range of 20-54 years (*Mage*= 37.46).

Tools

To collect information from the respondents, the methods of Interview, Case Study Schedule and Psychological Inventories were used.**Beck's Hopelessness Scale** constructed and standardized by Beck (1988) was used to assess the level of hopelessness experienced by the sample. It consists of 20 true-false statements that assess the extent of negative expectancies about the immediate and long-range future. Each of the 20 statements is scored 1 or 0. Of the 20 true-false statements, 9 are keyed FALSE, and 11 are keyed TRUE to indicate endorsement of pessimism about the future. The 11 item scores are summed to yield a total score that can range from 0 to 20 with higher scores indicating high hopelessness. The validity of the Beck's Hopelessness scale is 0.62 and thereliability is 0.93.

Techniques

Cognitive behavioral therapy (CBT) is a psychotherapeutic approach that addresses dysfunctional emotions, maladaptive behaviors and cognitive processes and contents through a number of goal-oriented, explicit systematic procedures.Cognitive Behavioral Therapy techniques come in many shapes and sizes, offering a wide variety to choose from to suit each one's preferences. Therapist can mix and match techniques depending on what the client is most interested in trying and what works. CBT can also be a self-help technique. The Techniques used in the present study are as follows

Cognitive Restructuring

Cognitive Restructuring, a common method of CBT consists of actively disputing one's irrational beliefs. It has two basic steps:

Step 1

The client was asked to make a list of their problems and look for their absolute irrational beliefs. For example,

"I am worthless"

"I may die soon"

"There is nobody to help my family after me"

Step 2

The client is then asked to evaluate them for their accuracy and usefulness using logic and evidence, and if warranted, he/she was asked to modify or replace the thoughts with the more accurate and useful ones. For example,

"I have a purpose to live"

"I can live longer"

"I can help my family"

Guided Discovery

This technique is also called as Socratic dialogue. The subject was helped to reflect on the way they process information through answering questions that open up a range of alternative thinking for changing perceptions and behaviours. Example, "What is the evidence for the belief"? "How else can you interpret the situation"? "If it is true, what are the implications"?

Auto Suggestions

Autosuggestion is a very powerful mental process. It is a term applied to allideas, thoughts, proposals or affirmations that are applied by the subject as follows:
"Iamhealthy"
"I love myself"
"I can cope with my illness"
"I am confident"

Behaviour Strategies

Self-Monitoring

This is a Cognitive Behaviour Therapy technique that is useful for the subject to do as a self-help activity. It is a conscious process of watching one's own thoughts, emotions and behaviors outside the counseling process. The subject was told to follow the simple method of observing the behavior by keeping a behavioral diary and by rating them on a 10 point rating scale.

Procedure

The study was carried out in 2 NGOs in Ooty, the Nilgiris District, India. Fifty eight PL-HIV registered under the two NGOs were screened using the Beck's Hopelessness Scale. Forty-Six PL-HIV with high Hopelessness were selected for the study by Convenience Sampling Method. They were 18 male and 28 female PL-HIV between the age range of 20-54 years (M*age* =37.46). Cognitive Behaviour Therapy, a psychological intervention was given to each sample individually 2 days a week for 16 weeks. On the whole, 32 sessions were given to the entire sample. The duration of each session was 45 minutes to 1 hour. After 16 weeks of Cognitive Behaviour Therapy, the entiresample was re-assessed using the Beck's Hopelessness Scale. The experimental design used in this research was Assessment before and after treatment without control group.The data was analyzed statistically using SPSS package 16.0v.

Results and Discussion

The consequences of living with HIV include hopelessness and despair. PL-HIV tend to feel stuck in a situation, lose grip and sink into a narrowing existence, focus on impossibility and lose perspective of their future. So hopelessness is a possible element in the life situations of PL-HIV.

TABLE 1: Table showingSignificance of Mean Difference in Hopelessness between Male and Female PL-HIV

Gender	Number	Phase	Mean (SD)	Mean Difference	't'
Male	18	Before Therapy	15.78 (1.00)	7.75	10.57**
		After Therapy	7.83 (2.70)		
Female	28	Before Therapy	16.96 (1.73)	10.46	16.01**
		After Therapy	6.50 (3.35)		

**** = Significant at 0.01 level**

Table 1 shows the mean hopelessness in male and female PL-HIV. Before treatment both had high hopelessness with male M= 15.78 and female M= 16.96. Thus, the alternative hypothesis 'There is Hopelessness in PL-HIV' is accepted.

According to Moosa and Jeenah (2010) Hopelessness is a psychological distress reaction that is common but largely undetected in stable HIV-positive patients on antiretroviral. The coping skills and styles individuals utilize to deal with the stress of HIV infection greatly influence the psychological impact of this illness and potential consequent feelings of hopelessness.

The Psychological Intervention, Cognitive Behaviour Therapy is problem focused and action oriented. The techniques like Cognitive Restructuring, Autosuggestions and Self-Monitoring helped the PL-HIV to address theirdysfunctional emotions and maladaptive behaviours. The therapy in turn showed reduction in the level of hopelessness with the mean of male M= 7.83 and female M=6.50. Therefore, the mean difference in hopelessness between male and female PL-HIV is 7.75.

Comparing the genders, female PL-HIV experience greater hopelessness than male PL-HIV.The‘t’ value of 10.57 in male and 16.01 in female PL-HIV was significant at .00 level.

TABLE 2: Table showing Between Group ANOVA

N=46

Source		Sum of Squares	df	Mean Square	F	Significance
Hopelessness	Between Groups	15.425	1	15.425	6.920	.012*
	Within Groups	98.075	44	2.229		
	Total	**113.500**	**45**			

***= Significant at 0.05 level**

Table 2 shows the ANOVA carried out to bring about the difference in the level of Hopelessness in PL-HIV Before and After Therapy. Before the treatment the level of Hopelessness was ‘Severe’. After the treatment of Cognitive Behaviour Therapy, the level of Hopelessness has reduced to ‘Mild’. The techniques of Autosuggestion, Guided Discovery and Self Control helped the PL-HIV to cultivate optimism.

One-way ANOVA test with F= 6.92 gives a significant value at 0.012. This shows a significant variance in the mean value of Hopelessness, between the groups (Male and Female) validating the efficacy of Cognitive Behaviour Therapy in dealing with Hopelessness in PL-HIV. Thus, the alternative hypothesis ‘Cognitive Behaviour Therapy has an impact on Hope in PL-HIV’ is accepted.

TABLE 3: Table showingCorrelation between Hopelessness and Gender

N= 46

Variable	Hopelessness	Gender
Hopelessness Pearson Correlation	1	.369*
Gender Pearson Correlation	.369*	1

***= Significant at 0.05 level**

Table 3 shows the correlation between Hopelessness and Gender at .369 levelwhich is significant at 0.05 level.

Herstad(2010) of the Health Policy Initiative states that gender inequity is recognized as a major barrier to effective care, treatment, and prevention efforts. It also adversely affects adherence in different ways for HIV-positive men and women. Some of the identified factors affecting HIV-positive women are inability to access antiretroviral drugs, financial problems, time and costs of traveling, lack of confidentiality, stigma etc. Inequitable gender roles are promoted as gender inequity results in relationships, where males have greater power than females, often leading to risky sexual behaviors as well as sexual coercion and physical violence. Hence, HIV protective behaviors are difficult to initiate and maintain under such circumstances.

To reverse the global spread of HIV/AIDS, the chains of poverty and gender inequality that help the disease to spread must be broken. Greater efforts are required to address the concrete needs of women and girls and to increase the roles and responsibilities of boys and men.

Conclusion

All diseases have psychological effects on people; those infected and those affected. It is most important to create a positive mind-set in those people who are living with the disease. The stigma about dying can be minimized so that people can realize that they can continue to live productive lives. Psychotherapy and education are the keys as people continue to be ignorant about AIDS as a cause of death.This action research has thrown light upon the beneficial effects of Cognitive behaviour therapy in the management of Hopelessness in PL-HIV.

References

Web pages : Bage R.J. (2012) ASPA National Web. http://aspanational.wordpress.com/author/rbage/.

Beck A.T. (1988)."Beck Hopelessness Scale."The Psychological Corporation.

Web pages : Herstad B (2010) Addressing Gender Issues Related To Hiv Treatment Adherence Programs. Health Policy Initiative. http://www.healthpolicyinitiative.com/Publications/Documents/1287_1_Gendertreatment_activity_report_FINAL_acc.pdf.

Web pages : Moosa, M.H.Y., and Jeenah, F.Y. (2010) Feelings of hopelessness in stable HIV-positive patients on antiretrovirals. Southern African Journal of HIV Medicine. http://www.highbeam.com/doc/1G1-226567974.html.

Web pages :Kevin Caruso (2012) Feeling of Hopelessness.http://www.suicide.org/hopelessness-a-dangerous-warning-sign.html