

The Emotional State of HIV Positive

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Abstract: This study reviews issues concerning description and study of emotional conditions of HIV-positive people. Study of this problem gives possibility to reveal peculiarities of emotional field of HIV-positive people which facilitate their adaptation to the fact of their viral state, to overcome life crisis, to mobilize and effectively utilize compensatory mechanisms to fight the disease. Description and study emotional states of HIV-positive people influencing on ability of an organism to adapt to circumstances and facilitating stabilization of psychic condition. Empirical study was passing on the base of city and regional centers on prophylaxis of AIDS in Almaty and Issyk cities. Beck depression test, Gissen somatic questionnaire, Spielberger-Hanin arousal test, method of evaluation of subjective relation to the disease of Serdyuk, unfinished sentences of Sydney-Sacchs, test of operative evaluation of well-being, activeness, mood "SAN" and Bass-Darkey aggressiveness test. HIV positive people are in need of psychological work during whole course of disease. The main target of psychological correctional work in HIV positive people must be emotional condition of the patient.

Key words: Emotional conditions, HIV positive people, psychological correctional work, emotional reaction, stressful situation

INTRODUCTION

For 30 years, the problem of HIV/AIDS remains relevant. Analysis of research shows that studies on the emotional sphere, personal characteristics which can help HIV positive people fight against impending disease not only from a medical but also psychological point of view, very little. They are scattered, devoted to specific aspects and systematized enough, due to the complexity of the subject matter and versatility.

The study of this problem gives an opportunity to identify features of the emotional sphere of HIV positive which help them to adapt to the fact of virus infection, overcome life crisis, mobilize and use mechanisms to fight the disease.

For 30 years, the problem of HIV/AIDS remains relevant. AIDS was first clinically observed in 1981 in the United States. The initial cases were a cluster of injecting drug users and homosexual men with no known cause of impaired immunity who showed symptoms of Pneumocystis Carinii Pneumonia (PCP), a rare opportunistic infection that was known to occur in people with very compromised immune systems.

In the early days, the centers for disease control and prevention did not have an official name for the disease, often referring to it by way of the diseases that were associated with it, for example, lymphadenopathy, the disease after which the discoverers of HIV originally named the virus (Barre-Sinoussi *et al.*, 1983).

In 1983, two separate research groups led by Gallo and Montagnier (1988) independently declared that a novel retrovirus may have been infecting people with AIDS and published their findings in the same issue of the Journal Science. Gallo claimed that a virus his group had isolated from a person with AIDS was strikingly similar in shape to other Human T-Lymphotropic Viruses (HTLVs) his group had been the first to isolate. Gallo's group called their newly isolated virus HTLV-III. At the same time, Montagnier's group isolated a virus from a person presenting with swelling of the lymph nodes of the neck and physical weakness, two characteristic symptoms of AIDS. Contradicting the report from Gallo's group, Montagnier and his colleagues showed that core proteins of this virus were immunologically different from those of HTLV-I. Montagnier's group named their isolated virus Lymphadenopathy-Associated Virus (LAV). As these two viruses turned out to be the same, in 1986, LAV and HTLV-III were renamed HIV (Aldrich and Wotherspoon, 2001).

Miller (1989) believes that people who learned about his HIV positive are experiencing range of feelings, at first, it's a state of shock from the diagnosis, in the ordinary sense sentence, end of life, the loss of hope for a favorable outcome. They are experiencing anxiety and fear for their lives due to a poor prognosis, the uncertainty of the disease and treatment, loss of mental, physical, social and professional opportunities. Before them there is a problem of risk of infecting other which can lead to social and sexual isolation.

Pokrovskiy (1990) said that the clinical course of HIV infection is a long latent period, characterized by a relatively long-term wellbeing, the disease is practically makes itself felt and has no significant effect on the biological and social activity. Human is not only retains the ability to work but also an active source of infection.

The emotional states regulation problem is one of the most complex in psychology. There are many approaches to the study of emotional states regulation. Berezin (1988) among the mechanisms responsible for the success of adaptation, Berezin (1988) includes mechanisms confrontation alarm-various forms of psychological protection and compensation. He found that violation of the mechanisms of mental adaptation or use of inappropriate forms of protection can lead to anxiety somatization, towards the formation of premonitory anxiety states. This happens because the anxious as well as any emotional state associated with the regulation of humoral and vegetative organism, in other words, changing process of this state causes certain physiological changes Ilyin (2001). Conducted by Berezin (1988) long-term experimental studies led to the conclusion that there are personality characteristics which determine a person's ability to successful adaptation to a variety of conditions.

Ilyin (2001) several different approaches to consideration the problem of states. He examines conditions that develop in humans in the process of socially significant activities and affect both psychological and physiological structure of man. Such states he calls psychophysiological to separate them from the elementary states of excitation and inhibition.

By definition Ilyin (2001), psychophysiological state a holistic personality reaction to external and internal incentives, aimed at achieving the desired result. Ilyin believes that experience is a leader in the diagnosis of the state. It is an experience of something (apathy, fear, disgust, insecurity, etc.) can reliably judge about the arisen human psycho-physical condition.

MATERIALS AND METHODS

The aim of research: The study and description emotional states of HIV- positive, influencing on ability of organism to adapt to the folded circumstances and assisting stabilizing of psychical health (Table 1).

Empiric research passed on the base of municipal and regional centers on a prophylaxis and to the fight with AIDS, in the cities Almaty and Isyk. For realization of diagnostics of the emotional states HIV-positive was neat

Table 1: Demographic characteristics of study participants.

Descriptions	Values
Quantity of pro-questioned HIV positive (persons)	54.0
HIV positive, infected sexually (persons)	17.0
HIV positive, infected in the parenteral way (PIN) (persons)	37.0
Women	20.0
Including sexual way of infection	13.0
Consumers of injecting drugs	7.0
Men	34.0
Including sexual way of infection	4.0
Consumers of injecting drugs	30.0
HIV positive, sick with tuberculosis	8.0
Including women	3.0
Men	5.0
HIV positive, accepting anti-retrovirus therapy (the special medicamentous therapy applied at HIV infection)	11.0
Including women	8.0
Men	3.0
HIV positive, working persons	19.0
Including women	6.0
Men	13.0
HIV positive, unemployed persons	35.0
Including women	13.0
Men	22.0
Middle age	35.7
Including women	34.1
Men	36.7
Average status of HIV infection duration	4.5
Including women	3.6
Men	5.1

block of complementary and reciprocally checked up standardized and approved diagnostic methodologies (division 2.3).

Selection was made of 54 HIV- positive. Infected by a sexual way 17 persons, parenterally-37 from them women 20 (sex 13, PIN 7), men 34 (sex 4, PIN 30), patients by tuberculosis 8 persons (3 women, 5 men), accept APB therapy 11 persons (8 women, 3 men), workers 19(w 6, m 13) not working-35 (w 13, m 22), believers 7 (w 2, m 5), age examinee from 21-63 (w from 21-63 ages, m from 23-56 ages) positive status made a period from 1 month to 13 years. Thus, middle age examinee made 35, 7 years including: for women 34, 1; for men 36, 7. Middle indexes of presence positive status HIV of infections 4, 5 years for women 3, 6 years for men 5, 1.

Receipt research results were exposed to computer treatment the methods of mathematical statistics. With an account character distributions of sample size and methodologies used non-parametric statistics: authenticity of distinctions was calculated by means of criteria U-Mana Uitni, N-Karaskala-Uolessai cross-correlation analysis of Spirmen, factor analysis.

Accordance with an aim and research tasks next methodologies were chosen: test of depression of Beka, Hissenski questionnaire somatic complaints, test of anxiety of Spilberg-Hanina, estimation methodology of subjective attitude toward illness of Serduck, unfinished suggestions of Sidney-Saksa, test operative estimation of feel to activity, moods "SAN" and test to the aggressiveness of Bassa-Darki.

RESULTS AND DISCUSSION

Figure 1 shows distribution of depressions among polled. It explain that the expressed depressions are observed the easy degree of depression of situation or neuroticgenesis is educed at 81.5% polled including: women 29.6% and men 51.9% from the general percent of selection. On Fig. 2a general picture is presented on Gissenski to the questionnaire.

Brightly painted emotional complaints displayed concerning physical health observed at 2.9% men and 5.0% women that corresponds 3.7% from general index. The middle degree of painted is inherent 20.4% from them men 17.6% and women 25.0%. In this case, the high loss of vital energy and the need for assistance (wasting), experiencing 1.9%; average 22.2%; of whom are men compelling cost of 2.9 and 17.6%, respectively; in women with this scenario 0 and 30%.

Obvious epigastric syndrome (stomach complaints), are not observed, the average degree present in 3.7% (5.9% men; women 0%).

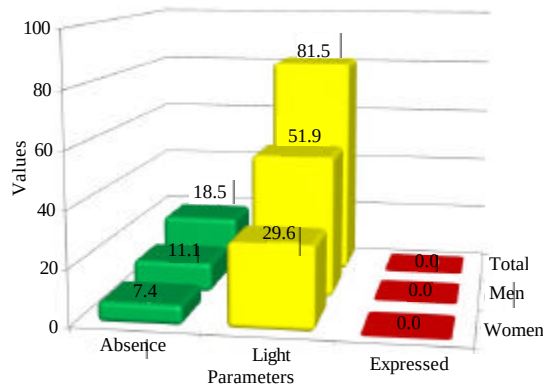


Fig. 1: Diagnostics of depressions

Rheumatoid factor which reflects the subjective human suffering and bearing the pain or spastic character, pronounced degree present in 1.9% of women and none of men; average severity at 27.8% (35.0% women and 23.5% men). Heart complaints indicating the desire to attract attention or to ask for help, represented the average severity, 13% (men 8.8%; women 20.0%). Pronounced no complaints. Assessment of the total score is based on the maximum possible amount of 100 points, including 50% of healthy people have at least 14 points, 75% menee 20, 100%, 40 points which was taken into account when interpreting the figures.

Consequently, the intensity of emotive complaints about the state of physical health more inherent in women, resulting in a sense of vital energy loss, the need for assistance and the desire to attract attention as well as a longer-terms than in men, painful manifestations but this epigastric syndrome is present in a greater percentage of men than women.

The results of the primary illustrations of the procedure anxiety Spielberger Hanina suggests that high levels of reactive anxiety was detected in 40.7% of the examinee total number; trait anxiety at 38.9% of which women accounted for 45.0 and 50.0%, respectively and men performance was as follows: 38.2% reactive anxiety, personality 32.4%. Consequently, the state of anxiety as an emotional reaction to a stressful situation, appears brighter than personal anxiety but as a character trait, it is more pronounced in women than in men.

Self-evaluation of the disease in the aspect of social significance, identified by the method Serdyuk is reflected in the following figures:

- Restriction career: high level significance of 13.0% (10.0% women, men 14.7%), very high 24.1% (women 20.0%, men 26.5%)

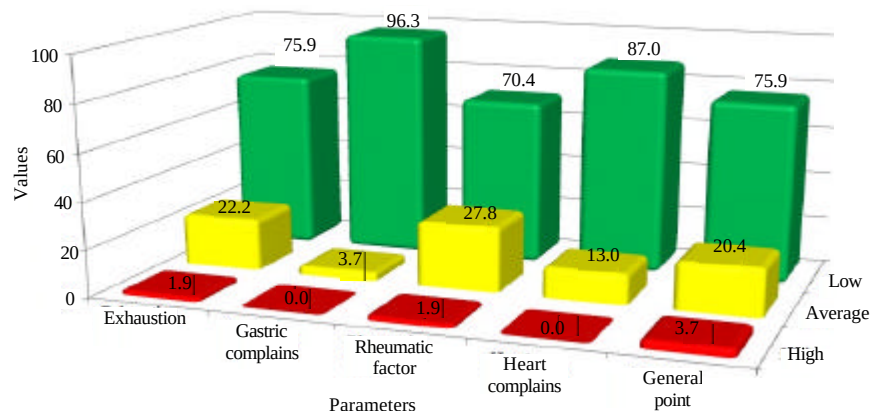


Fig. 2: A general figure is presented on Gissenski to the questionnaire

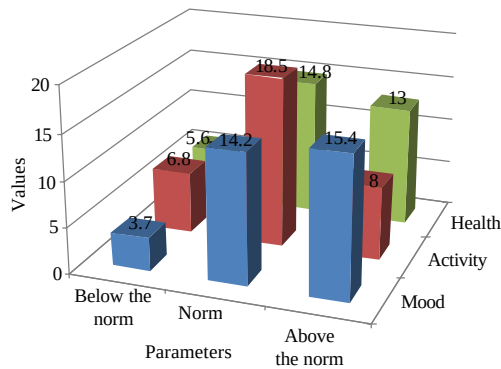


Fig. 3: Operational estimates "SAN" (men and women)

- Limitation of pleasures: a high degree of significance of 5.6% (women 5.0%, men 5.9%), very high 29.6% (women 20.0%, men 35.3%)
- Restriction of feeling of force and energy: high degree of significance 9.3% (women 5%, men 11.8%), very high 20.4% (women 25%, men 17.6%)
- Restriction of free time: high degree of significance 7.4% (women 10%, man 5.9%), very high 20.4% (women 15%, men 23.5%)
- Deterioration of the attitudes towards the patient in a family: high degree of significance 5.6% (women 10%, men 2.9%), very high 16.7% (women 10%, men 20.6%)
- Formation of feeling of inferiority: high degree of significance 5.6% (women 10%, men 2.9%), very high 16.7% (women 10%, men 20.6%)
- Decrease in physical appeal: high degree of significance 7.4% (women 0%, men 11.8%), very high 13% (women 15%, men 11.8%)
- Material damage: high degree of significance 7.4% (women 0%, men 11.8%), very high 13% (women 15%, men 11.8%)
- Deterioration of the attitude towards the patient at work: high degree of significance 14.8% (women 10%, men 17.6%), very high 3.7% (women 0%, men 5.9%)
- Restrictions of communication: high degree of significance 1.9% (women 0%, men 2.9%), very high 13% (women 5%, men 17.6%). Results of a technique SAN are presented in Fig. 3

The operational assessment of health, activity, mood was distributed as follows: lower than norm of 5.6, 6.8 and 3.7%, respectively. Women have 6.7, 6.7 and 3.3%, respectively. At men these indicators correspond to the following figures 4.9, 6.9 and 3.9%. The indicators exceeding norm can testify to a dedootsenka of gravity of the situation, the state which is shown in the form of euphoric able to lead to inadequate consequences in the form of violation of the treatment and prophylactic mode and refusal of ARV of therapy.

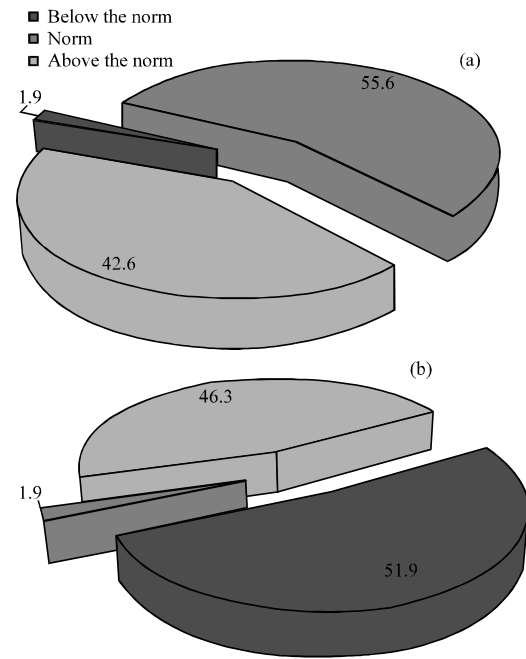


Fig. 4: a) Total hostility and b) Aggression by Bass-Dark (%)

Aggression level above norm was shown at 1.9%, from the general percent of examinees, hostility 42.6% including: women have 0 and 55%, respectively; at men 2.9, 35.3 and 24.1% have pronounced sense of guilt; women thus make 30% and men 20.6%. The resentment is shown at 5.6%; the share of women thus makes 5% to fall to the share of men 5.9%.

The high sense of negativity observed in 13 and 20% of them were women and 8.8% owned by men. The index of hostility includes the scales 5 and 6 which corresponds to the grievance and suspicion and the index of aggressiveness the scale of 1, 3, 7 physical and verbal aggression, plus irritation. Norm of aggression is the value of its index which is equal to 21 (+, -) 4 nonetheless from 17-25. Normal hostility 6.5-7 (+ -) 3 from 3-10 (Fig. 4).

Thus, the level of hostility is more expressed in women and aggressiveness-in men. Feelings of guilt inherent in representatives of both subgroups, men feel more offended and the manifestation of negativity is increasingly presented in women.

HIV positive women are more anxious, they tend to show the higher levels of anxiety, resentment and aggression in comparison with HIV positive men. Men in contrast to women tend to subjectively see in the disease the limit of opportunities for having fun (most of them are people who get infected by injection in drug addiction) which can be interpreted as more important and frustration of them is the hedonistic needs.

CONCLUSION

People living with HIV positive status, require the psychological work throughout the period of the disease. The primary target of psychocorrectional work with HIV positive should be the patient's emotional state. It is proved that the only fact of the disease is a vast psychological injury for patients, especially during the initial period of the disease. Due to the negative attitude to people with HIV/AIDS in society, their condition is usually characterized by the presence of negative emotional states. In psychocorrectional work with different categories of HIV positive should consider the individual differences as mentioned above.

Research of this problem gives, the chance to reveal features of the emotional sphere HIV positive which help them to adapt for the virus infection carrier state fact, to overcome vital crisis, to be mobilized and effectively use compensatory mechanisms for fight against an illness. The received results will allow to plan ways and ways of psychocorrectional work on optimization of the emotional states rendering a positive effect on mental health and significantly their lives influencing quality in general that in our opinion, defines relevance of the chosen subject of research.

Considering manifestation of negative attitude to such people in society, there is a question of carrying out educational work among the population, increases of tolerance to HIV positive, for from this illness anybody isn't insured.

Not all received results are reflected in this study. We conducted research of interrelation between emotional state self-control style and social-demographic status HIV positive.

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