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Coping Strategies of Aids Patients: Coping with Depression in Terms of Adaptation to Illness

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ABSTRACT :

The present study is aimed to find out difference in the depression levels and coping styles of AIDS patients with their normal counterparts. The total sample for the present study consisted of 40 male (20 AIDS patients and 20 non-AIDS male) age range from 30-50 years. These AIDS patients were taken from S.N. medical college, Agra and Jalma Institute of Leprosy and Others Micro Bacterial Diseases, Tajganj, Agra. Both the groups were matched in terms of age, sex, educational level and marital status. Ex-post facto research design was used. Beck Depression Inventory (BDI-II) by Beck (1961) was used to measure the severity of depression and Coping Response Inventory (CRI) by Moor (1993) was used to measure different types of coping responses to stressful life circumstances. In order to findout the significant difference among the two groups, in the coping style and depression level, chi-square test was used. Results revealed that there in significant difference in the depression level of AIDS and non-AIDS group. Depression scores of AIDS patients are found to be significantly high as compare to their normal counterparts. Both the group were differed in the coping style for logical analysis, positive reappraisal, problem solving, cognitive avoidance and emotional discharge.

INTRODUCTION :

Acquired Immune Deficiency Syndrome–AIDS-is a very different high mortality chronic illness from the others in at least three ways. First, AIDS is a new disease and was virtually unknown before 1980. Second, it is an infectious disease that is caused by a virus (HIV) and is spread through the shared contact of blood and semen. Third, although the death rate from AIDS is fairly low in developed countries, it is a worldwide epidemic with 4.3 million deaths annually (UNAIDS, 2006). AIDS is the results of damage to the immune system. When HIV infection occurs, several years may pass before the person's immune function is impaired, mainly from reduced numbers of helper T cells and symptoms appear. During the period before symptoms emerge, the virus appears to hide in the person's lymph tissue, multiplying there and battling the immune system (Kemeny et al., 1997). Theperiod between contacting the Virus and developing symptoms of AIDS is highly variable, with some individuals developing symptoms quite quickly and others free

seropositive (+) but be free of a diagnosis of AIDS for years, perhaps even decades. However, during that time, the person can pass the virus on to others through the shared contact of blood or semen. This contact almost always occurs in one of three main ways: sexual activity that exposes each person's body fluids to the other's, sharing contaminated syringes in drug use, and birth by an infected mother.

Public health efforts have reduced these risks, especially among gay men and drug users in technologically advanced countries. But many people around the world still engage in risky behavior. The likelihood of becoming infected and developing AIDS depends on the person's age (UNAIDS, 2006), gender (CDS, 2006), and sociocultural background (NCHS, 2006).

The initial response to testing seropositive appears to be a short-term increase in psychological distress. Also those who test seropositive and learn their serostatus appear to sharply curtail for their HIV risk-related behavior. But, over time the psychosocial response to testing positive is surprisingly modest (Pearlin, and Scholar, 1978). One might expect that being infected with the AIDS virus would lead to considerable agitation, depression, and other adverse psychological response. Every epidemic arouses fear people tend to react in extreme ways to protect themselves and the people they love. Thus people lives with a major threatening event (HIV+ status) couples with substantial uncertainty and fear that family, friends, and coworkers will reject them (Weits, 1992). This may lead to their being secretive, and withdrawn, thereby curbing social support,

Coping with the possibility of death is also major stressor for those with AIDS. Immediately after diagnosis, some people regards AIDS as an imminent death sentenced and may respond by becoming depressed and isolating themselves from others (Reed, 1989). Intermittent anxiety and depression are very common (kessler et al., 1994). Expecting that the disease will eventually kill them, many AIDS patients commit suicide to avoid the painful, lingering death associated with the disease (Mazuraka et al., 2000). Social support is extremely important to people with AIDS. One study found that person with AIDS had emotional, practical, and informational support were less depressed; informational support appeared to be especially important in buffering the stress associated with AIDS related symptoms (Hays, Turner, & Coates, 2001).

Such findings suggest that augmenting natural social support and providing social support to people with AIDS should be an important mental health service priority. Psychologists use a variety of interventions to help patients reduced high risk behavior, cope with their illness, manage their symptoms, and adhere to the complex drug regimens that improve survival. The present study is an effort in this direction.

METHOD

Objectives:-1. To findout difference in depression level of AIDS patients with their normal counterparts.

2. To findout difference in the coping strategies of AIDS patients with their normal counterparts.

Design:- Ex-post facto research design was used in the presented study.

Sample:-The total sample for the present study consisted of 40 subjects; 20 non-AIDS and 20 AIDS male patients, age range from 30 to 50 years, who have taken various types of therapies on recommendation of their respective doctors. These participants were taken from S.N. Medical College, Agra and Jalma Institute of Leprosy and Others Micro Bacterial Diseases, Tajganj, Agra. Both the groups were matched in terms of age, sex, educational level and marital status.

Tool Used:-1.Beck Depression Inventory (BDI-II) by Beck (1961) was used to measure the severity of depression.

2. Coping Response Inventory (CRI) 'Adult Form' by Moos (1993) was used to measure different types of coping responses to stressful life circumstances.

Statistical Analysis:- Chi-square test was applied to findout the significant differences in severity levels of depression, and coping strategies of AIDS patients with their normal counterparts.

RESULTS & DISCUSSION:- Results are shown in the tables

Result Table-1, Chi-square values for comparison of 'Depression level' of AIDS and Non-AIDS group.

Groups	Below Median	Above Median	N	Chi-Square	df	Level of Significance
AIDS	6	14	20	4.91	1	p<.05
Non-AIDS	13	7	20			

Results table-1 reveals that the calculated chi-square values (χ^2=4.91, p<.05) is significant at .05 level, indicating a significance difference in the severity of depression levels of AIDS patients with their normal counterparts. According to Reed (1989) coping with the possibility of death is a major stressor for those with AIDS. Immediately after diagnosis, some people regards AIDS as an imminent death sentenced and may respond by becoming depressed and isolating themselves from others. Expecting that the disease will eventually kill them, many AIDS patients commit suicides to avoid the painful, lingering death associated with the disease. Mazuk et al. (2000), reported that rate of suicide is found to be very high among those persons who are suffering from AIDS.

Result Table-2, Chi-square values for comparison of 'Approach Coping Strategies' of AIDS and Non-AIDS group.

Test of coping strategies	Groups	Below Median	Above Median	N	df	Chi-square value	Level of Significance
Logical Analysis	AIDS	4	16	40	1	14.4	P<.01
	NON-AIDS	16	4				
Positive Reappraisal	AIDS	4	16	40	1	14.4	P<.01
	NON-AIDS	16	4				
Guidance/ Support	AIDS	10	10	40	1	0.92	P>.05
	NON-AIDS	13	7				
Problem Solving	AIDS	6	14	40	1	10.10	P<.01
	NON-AIDS	16	4				

From result table-2, it can be observed that calculated chi-square values for logical analysis (=14.4, p<.01), positive reappraisal (=14.4, p<.01) and problem solving (=10.10, p<.01) were found to be significant at .01 level. The chi-square values for these coping styles revealed that there is significant difference in the coping styles of AIDS and non-AIDS group. AIDS group used more approach coping strategies than non-AIDS group. This finding is in agreement with the previous study

which conclude that carriers of HIV used a larger number of different coping strategies and scored higher on measures of problem focused coping, positive reappraisal, seeking social support, self controlling and distancing/detachment (Palayattiyil, 2008; Sehlen et al., 2003).

Result Table-3:- Chi-square values for comparison of 'Avoidance Coping Strategies' of AIDS and Non-AIDS group.

Test of coping strategies	Groups	Below Median	Above Median	N	df	Chi-square value	Level of Significance
Cognitive avoidance	AIDS	8	12	40	1	4.78	P<.05
	NON-AIDS	13	7				
Resignation/ Acceptance	AIDS	14	6	40	1	1.66	P>.05
	NON-AIDS	10	10				
Altemative rewards	AIDS	16	4	40	1	1.90	P>.05
	NON-AIDS	12	8				
Emotional Discharge	AIDS	13	7	40	1	6.46	P<.05
	NON-AIDS	5	15				

From result table-2, it can be observed that calculated chi-square values for cognitive avoidance (=4078, p<.05) and emotional discharge (=6.46, p<.05) found to be significant at .05 level. This indicates that there is significant difference in the avoidance coping strategies of AIDS and non-AIDS group. This finding is in agreement with the previous studies, which had concluded that cycles of AIDS related diseases can arouse feelings of hopelessness and helplessness (Ciesla & Roberts, 2001). HIV victims with high stress reactivity, depression use avoidance coping strategies than others do (Kemeny et al., 1997; Leserman, 2005).

It can also be observed from results table 2 & 3, that chi-square value for Guidance/support (=.92, p>.05), resignation/acceptance (=1.6, p>.05), alternative rewards (=1.90, p>.05) coping styles are not significant at .05 level of significance. It indicates that there is no significant difference found among these three coping

styles of AIDS and non-AIDS subjects. This results are in agreement with the previous findings made by Awasthi et al.(2006), that perceived consequences of illness were negatively correlated with the degree of social support available to patients. Patients characterized by a high level of social support strongly believed that their disease was in control of either self or 'doctor', they reported more to 'approach coping strategy' in comparison to those patients who are characterized by low social-support.

On the basis of above findings it can be said that AIDS patients are found to be significantly higher on depression, anxiety, emotionality, sensitivity, insecurity and tension, as compared to their normal counterparts. Individuals who enjoyed more social resources from their family or friends rely more on approach coping such as positive reappraisal and seeking guidance and support and less on avoidance coping, especially emotional discharge. It is found that optimistic patients seem to cope in a more active, problem oriented way, whereas pessimistic patients tend to show more passive or avoidance. In general use of avoidance or emotion-focused coping was related to poor psychological adjustment and poor adherence to medical advice related to life-style changer, medication and self management. Whereas, active problem focused forms of coping show a positive relationship with successful psychological and physical adjustment (Carver & Scheier, 2000).

CONCLUSION

The present study leads us to conclude that there are significant differences in depression level and coping strategies of AIDS and non-AIDS groups. By developing positive coping strategies, researcher can help a patient to learn how to change problematic situation, how to manage emotional distress, and what impact AIDS may have on his or her life. Patients, who adjust well, are usually committed and actively involved in coping with AIDS, they are still able to find meaning and importance in there lives. Patients, who do not adjust well become less involved in coping and feel hopeless.

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