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Impact Of Cognitive Behaviour Therapy On Hope And Quality Of Life In PL-HIV

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Abstract:

Hope is an important factor in life which influences all other factors of life including Quality of Life. The study on 'Impact of Cognitive Behaviour Therapy on Hope and Quality of Life 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 and the Quality of Life Questionnaire. Forty Six PL-HIV with high Hopelessness and low Quality of Life 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 (Mean = 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 entire sample was re-assessed using the Beck's Hopelessness Scale and the Quality of Life Questionnaire. The experimental design used was 'Assessment before and after treatment without control group'. Before and after therapy, there is a negative influence of Hopelessness over Quality of Life. ANOVA test showed that the psychological intervention of Cognitive Behaviour Therapy played a vital role in dealing with Hopelessness in PL-HIV.

Key words: Cognitive Behaviour Therapy, Hope, Hopelessness, Quality of Life, PLHIV

"We need to band together as a unit every day, especially to conquer the strength of the AIDS virus."- Dustin Hoffman.

1.Introduction

HIV - the Human Immunodeficiency Virus - is a disease of the immune system. It weakens the body's ability to fight off other diseases and infections. When this happens, the person is said to have developed AIDS. Over time the virus may damage a person's immune system so badly that they may die from other infections or cancers that they can't fight off. Eventually, the virus weakens the immune system so much that the person dies, often from complications caused by relatively minor bugs such as the common cold (Kidshealth.org, 2013). HIV progresses differently for each person affected. The course of the disease is determined by the specific infections or complications as HIV develops. HIV complications can affect different parts of the body: Some are localized to the mouth, others in the brain, and others result in total body changes like losing body weight. Skin conditions are also common (Connor, 2013). Although HIV does not appear to infect nerve cells, it does somehow affect their ability to function normally. People with HIV can experience:

- AIDS-related dementia
- A decrease in the ability to think properly and process information
- Brain tumours that either begin in the brain or spread to the brain from elsewhere in the body
- Progressive Multifocal leukoencephalopathy (PML), which is caused by a virus most people are already infected with, but does not cause disease in people with healthy immune systems. Symptoms include difficulty walking and talking, weakness in the limbs, and seizures.

Other neurological complications such as headaches, fever, nausea, and dizziness may occur as a result of HIV treatments (Connor, 2013). The psychological or internal challenges a person with HIV/AIDS faces vary from individual to individual. Each HIV/AIDS situation is as unique as the people involved. There are individuals who might face catastrophic changes not only in their personal and job relationships, but in their physical bodies and in their self-images and self-esteem. As a result of these changes in both working and personal relationships, the behaviour of those infected may change. They may become withdrawn, aggressive, and rude to colleagues and friends. This may be because the infected person may feel (or imagine) being victimized. Infected, and in some cases, affected, people can experience a decrease in self-esteem as they are no longer confident in themselves or what they can achieve. This is likely caused by the stigma within society against infected and affected people. They are seen as lesser persons and are at times devalued. This in itself is of course detrimental to the person's Quality of Life. Coping with being infected involves confronting fear and denial while maintaining hope (Bezuidenhoudt et al, 2004). HIV/AIDS has reached pandemic proportions. Due to the increased psychological distress associated with such a diagnosis, people infected with the virus are at greater risk of developing hopelessness which affects their Quality of Life. It is essential to address the hopelessness in these patients in order to increase medication adherence. (Andersen and Lena, 2009). Cognitive approaches emphasize the role that cognitions play in mediating feelings and behaviour. The aim is to modify thought processes directly. Therapy involves trying to identify automatic thought processes (such as hopelessness during the depression), and tuition in how to recognize and dispute such thought processes. It helps people to connect life events to mood episodes, and encourages people to find new goals.

2. Method

2.1 Objectives

The main objectives of the study were as follows:

- To ascertain the relationship between Hopelessness and Quality of Life in PL-HIV
- To ascertain the impact of Cognitive Behaviour Therapy on Hope and Quality of Life in PL-HIV

2.2 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 samples between the age range of 20-54 years ($Mage = 37.46$).

2.3 Tools

To collect information from the respondents, the methods of Interview, Case Study Schedule and Psychological Inventories were used. The tools used were as follows:

- Beck's Hopelessness Scale (BHS, 1978)
- Quality of Life Questionnaire (WHOQoL- Bref, 1998)

2.3.1. 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 an 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 the reliability is 0.93.

2.3.2. Quality of Life Questionnaire constructed and standardized by The World Health Organisation (1998) was used to assess the level of Quality of Life of the sample. The WHOQoL - Bref is a quality of life measure. It is an abbreviated form of the WHOQoL - 100. The WHOQoL - Bref consists of 26 items that measure overall quality of life as well as four specific quality of life domains: Physical, Psychological, and Social Relationships & Environment. Using a 5-point scale for each item, the client circles the number that best represents their opinion, based on their life over the previous two weeks. The 5-point scale ranges from "Not at all" (a score of 1) through to "Completely" (a score of 5). Higher scores indicate a better quality of life. The validity of Quality of Life Questionnaire is 0.51-0.64 and the reliability is 0.91

2.4. Techniques

Cognitive Behaviour 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 Behaviour 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.

2.5.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 and WHOQoL – Bref, a quality of life measure. Forty-Six PL-HIV with high Hopelessness and low Quality of Life 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 ($Mean = 37.46$). 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 entire sample was reassessed using the Beck's Hopelessness Scale and WHOQoL – Bref. 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.

3.Results And Discussion

VARIABLE	HOPELESSNESS	QUALITY OF LIFE
HOPELESSNESS Pearson Correlation	1	-.693**
QUALITY OF LIFE Pearson Correlation	.693**	1

Table 1: Table Showing Correlation Between Hopelessness And Quality Of Life

**=Significant At 0.01 Level, N= 46

Table 1 shows the correlation between Hopelessness and Quality of Life of PL-HIV. Hopelessness and Quality of Life of PL-HIV are negatively correlated at .693 which is significant at 0.01 level. Various studies conducted across the globe report that as the HIV infection progresses, it affects the QOL of the individual. Hope is significantly related to Quality of Life. Hope is found to be an integral resource for the increasing functioning of PL-HIV. The goal of fostering hope should focus on how to improve the Quality of Life of the individual. Significant associations are found between the presence and intensity of pain and psychological distress, depression, hopelessness, and quality of life. Also, QOL is identified as a useful medium to measure or determine the efficacy of treatment or interventions like dietary interventions (Catherine, 2004). The above table shows a negative correlation between Hopelessness and Quality of Life. This proves that as Hopelessness increases Quality of Life decreases and vice versa. Therefore, the alternative hypothesis, 'There is a relationship between Hopelessness and Quality of Life in PL-HIV' is accepted.

VARIABLE	HOPELESSNESS	PSYCHOLOGICAL WELL-BEING
Hopelessness Pearson Correlation	1	-.408**
Psychological Well-Being Pearson Correlation	-.408**	1

Table 2: Table Showing Correlation Between Hopelessness And Psychological Well-Being

N= 4, **= Significant At 0.01 Level

Table 2 shows the correlation between Hopelessness and psychological well-being in PL-HIV. Psychological Well-Being is one of the domains of Quality of Life. According to American Psychiatric Association (2012), mental health problems can strike anybody, but people with HIV are more likely to experience a range of mental health issues. Most common are feelings of acute emotional distress, depression, and anxiety, which can often accompany adverse life-events. Receiving an HIV diagnosis can produce strong emotional reactions. Initial feelings of shock and denial can turn to fear, guilt, anger, sadness, and a sense of hopelessness. Some people even have suicidal thoughts. It is understandable that one might feel helpless and fear illness, disability, and even death. Support from family and friends can be very helpful at these times, as can professional help. Hopelessness and Psychological Well-Being are negatively correlated at .408 level which is significant at 0.01 level. This shows that as Hopelessness reduces the Psychological Well-Being of PL-HIV increases.

Dependent Variable	Independent Variable	R	R Square	Adjusted R Square	Std. Error
Quality of Life	Hopelessness	.179a	.032	.010	5.08885
Quality of Life	Hopelessness	.693a	.481	.496	8.64593

Table 3: Table Showing Regression Analysis Effect Of Hopelessness On Quality Of Life

There is an influence of Hopelessness on Quality of Life, but the influence is a very limited value. As the adjusted R square value shows a value of .010, translating to 1% of the influence with the remaining being influenced by other variables. The regression test for the same set of variables after the intervention gives interesting details. In the table above it is identified that the adjusted R square value is 0.496, translating to 50% of influence of Hopelessness over Quality of Life. In both cases, before and after therapy, there is a negative influence of Hopelessness over Quality of Life. But after the intervention, the degree of influence is more, indicating that as Hopelessness reduces Quality of Life increases.

4. Conclusion

It is critical at this point in the global pandemic that efforts focus simultaneously on individual behaviour change and on wider social, cultural and economic change. Realistic strategies must be found that address the issues of people living with HIV/AIDS. This action research has shown a beneficial effect of Cognitive Behaviour Therapy on Hope and Quality of Life of PL-HIV.

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