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THE PSYCHOSOCIAL INTEGRATION OF SEROPOSITIVE PERSONS

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Abstract*

Aim. We can assume without fail that the psychosocial implications in case of HIV/AIDS are as overwhelming as the medical aspects. For the positive person as well as for those who assist the seropositive people, the uncertainty frames the medical prognosis. All the effects that occur are entirely funded: the loss of self-trust as well as mistrusting others, stigmatization, isolation, getting abandoned by the family, friends, neighbors and school mates or coworkers.

*Objective.*The current study aims to evaluate this aspect, the fact that the living environment of the seropositive person does not lead tosignificant differences as far as adjusting to HIV/AIDS diagnosis is concerned, but the adjusting differences are more related to the personality structure of the infected person, to the way this person identifies strategies of coping with the new situations he / she has to deal with (cognitive, emotional and behavioral strategies).

*Methods.*In the applicative part of the study, a relevant case for the psychosocial integration of the seropositive individuals is presented, through teamwork: doctor – psychologist – social assistant.

Results. By presenting this case study, we wanted to emphasize the fact that the social environment has an important role in accepting / adjusting to the HIV/AIDS diagnosis, especially for children / teenagers – among which family rejection is maybe one of the most important factors, particularly when we talk about children.

*Conclusions.*The HIV/AIDS infection has been and still is a challenge for humanity, firstly through the psychological implications of this diagnosis, and secondly due to the fact that currently there is still no treatment that could prevent the infection or that could slow down or stop the evolution of the disease.

Keywords: seropositive person, HIV / AIDS infected, anticipating anxiety, social isolation.

Introduction

AIDS or HIV infection does not present only *medical problems,* as it is still perceived. The HIV infection meets the criteria of being one of the chronical diseases. As in any chronical disease, the sufferance of the infected person interferes with his / her own family life, with important extra-familial consequences. Insidiously, the perfidious syndrome progressively destroys both the immune system, as well as the psychological immunity of both the infected person and his/her family. The HIV/AIDS infected and affected persons go through extremely hard to cope with situations, heavily affective overloaded, which determine the occurrence and the amplification of devastating experiences that have a destructive effect on the psychological health.

The HIV infected child does not realize the dimension of the drama, but as he/she goes through the cognitive development stages, out of the numerous direct or indirect messages, the child will sense the fact that he/she is infected with a disease that will limit his/her possibilities of succeeding at school or social, in a more or less near future. The child nay become aware of his/her own psychosocial relationships limitations, even though for a good period of time, he/she is not any different than his/her friends and colleagues. This *chronic frustration* determines the occurrence of certain *negative feelings: self-blaming, uncertainty, despair, anger, shame*, leading to *functional, emotional and behavior disorders, inferiority complexes, social maladjustment, anxiety, low self-confidence, even suicidal behavior, and suicide attempts.*

The impact with the disease and the reactions on learning the diagnosis are similar to those expressed in any other terminal stage, but there are also certain unique characteristics which make learning the diagnosis a particular difficulty. Due to the way this disease is seen by the society, *confidentiality* is considered to be a necessary condition in dealing with HIS/AIDS cases. If for the qualified personnel dealing with seropositive individuals, confidentiality is a must, for the infected persons as well as for their families, there are both

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advantages and disadvantages when it comes to braking confidentiality. There are questions about communicating this diagnosis to the close persons. This generates a state of tension which has different reactions. It is difficult to declare to the others that you are infected, or that you have a seropositive child or that someone close to you is AIDS positive (Buzducea, Lazar, 2008).

Social isolation of the HIV positive people along with their families, is a very common practice, being a specific characteristic of this disease. The seropositive person is often treated by the ones around as being "different" (both in a positive way, through the care of the person who is infected, but especially in a negative way, by those who label him / her as "the AIDS positive person"). The most common questions among the seropositive persons are: *"Am I, or am I not ill?", "Why me?", "Why do children run away from me?", "Am I going to die? Why am I going to die? When am I going to die?", "Why does God make me go through this?",*etc.

Unfortunately, the limit situations that seropositive individuals go through have often negative and traumatizing effects on the psychic, the alteration of self-image being one of them. It is well known the fact that in personality development process, as well as in social integration and adjusting process,self-image is an essential element. This begins to form during the first year of a child's life, along with the first perceptive interests on their own body. By self-image we understand a "self-portrait", both physical and psycho-social, materialized in the whole of self-opinions, more precisely a complex and intimate assessment. During lifetime, the self-image is changing, "adjusting" and this is normal, considering that the individual changes as well. It corresponds more or less to the reality. The modifications of self-image are generated by positive or negative events that occur at any age, in anyone's life. For the seropositive person, the self-image develops a series of characteristics which are stressed by his/her special relationships with the others, generated by the status of seropositive person. The widespread "common image" on HIV positive individuals, as well as on their closest persons essentially contributes to the above stated.

Another psychological consequence of the fact that seropositive individuals suffer from an incurable disease is *frustration*. This can manifest in the form of psychical stress and intense aspects of the crisis.

The impossibility of being cured, the stress, the anxiety, the low self-esteem, the social marginalization, the helplessness feeling against the disease may generate *depression*. Refusing food and medicines, low general tonus, inferiority feeling, behavior disorders, low frustration resistance are also signs of depression. They associate with somatic and behavioral symptoms, inexplicable abdominal pain, migraines, loss of interest and focus. (Mitrofan, Buzducea, 2002).

Regardless of the living environment of the seropositive person – family, Foster Care Center, foster family – and in spite of his/her age, all these psycho-social implications of HIV/AIDS infection can be identified, more or less.

The influence of social factors on the seropositive individual**.**History reminds us that every century has had communicable diseases accompanied by moral accusations. The infected people were sometimes considered barriers against diseases eradication and against community survival.

Discrimination may be found in many levels: legislative, society level, community, interpersonal and even intrapersonal (self-discrimination). All these levels are well connected and influence each other.

Stigmatization, discrimination, and social exclusion accompanied HIV infection starting from the beginning of the epidemic. The origin of discriminating or stigmatizing behaviors and attitudes against HIV/AIDS positive persons can be found in those times when the virus was discovered. The stigmatization against HIV/AIDS refers to all the adverse attitudes, believes and politics addressed to seropositive persons, and also to their friends and family or to the community they might belong to.

Social isolation of the HIV positive people as well as of their friends and family is a common fact, being a specific characteristic of the disease. The seropositive individual is often treated as being "different" (both in a positive way, through the care of the person who is infected, but especially in a negative way, by those who label him / her as "the AIDS positive person") (Brian, 2001).There are cases when family abandons the HIV infected child either in hospitals or in Foster Care Centers, in order to protect the other family members from a future infection with this virus.

The most favorable environment for intellectual, emotional and physical environment for every child (healthy or with disabilities) to evolve is the family he/she was born in. Many times, keeping the child in his/her natural family is not possible because of different reasons, the family abandons the child temporary or for good, either in hospitals, Foster Care Centers or agreeing on maternal care.

Separating the child from his/her family has serious repercussions on the child's physical and socio-emotional evolution, such as: self-trust or mistrusting others, introspection, personal value minimization, aggressiveness, problematic behavior, indiscriminate affection, lack of self-knowing, intellectual and physical development delay, inferiority complexes, low adjusting ability, difficulties in establishing relationships with the others, negative feelings initiation. In regards to seropositive children, apart from all the above experiences, we could add the implications that the disease has on them: the hard treatment with multiple side effects, often and long hospitalization, the marginalization of these children and their family in the community they belong to. Even though the parent that has abandoned his/her child retakes responsibilities for the child,it does not mean that all the other psycho-traumatizing effects are completely eliminated. Once abandoned, the child might still experience "fear of abandon". (Buzducea, 2007).

*The influence of psychosocial factors on seropositive individual.*The adjustment to the disease is a continuous process that everyone who experiences such situations experiences, as they learn about the requirements and evolution of the disease. The process of adjustment is strongly influenced by the already existent mental representations concerning this disease, as well as by other factors such as: the received information, the relationship with the medical personnel, social and familial support, and the possible diagnose pre-existent emotional disorders.

The HIV/AIDS positive individuals live intensively, with a big emotional intake, day by day, the feeling of uncertainty in regards to the future – they lose hope. They live desperately and are they very stressed, becoming distrustful in receiving the treatment that could solve their problem (Kalichman, Caty, 2000). Any attempt to talk to these people about hope is seen with doubt and cynically. These loses and experiences that seropositive persons go through accumulate, in time, and they create a web out of which the person cannot go out anymore. However, from an emotional point of view, the major problem is *death.*In our society, death is seen as an estranged moment, concerning only the elderly. For a seropositive person, the death perspective suddenly becomes imminent. Even though, intellectually, the individual understands that HIV infection is a chronic disease, with which they can live long enough, emotionally, the anxiety caused by death imminence becomes the most painful aspect of the daily life.

This fundamental anxiety remains with the individual for the entire life, raising or decreasing in intensity, degrading or motivating him / her, as the disease evolves. Many individuals experience the pain of their own death, while there is still no sign of the disease. This is the *anticipating anxiety*which appears frequently to those diagnosed with a terminal illness, as well as to their family members.

The anticipating anxiety is one pf the biggest emotional resources and psychical energy consuming, and the specialist must recognize it and help the individual cope with it. (Mardare, 2007).

For the HIV or AIDS positive person, disregarding whether he / she is a child or an adult, along with the diagnosis, there come the changes as well. It is wide accepted the fact that HIV infection has both a medical component, as well as a social one. From the seropositive person's point of view, the social consequences become very important. In many cases, the seropositive individuals mention that after learning the diagnosis, the hardest part is to cope with the other people reactions, either family members, friends, neighbors or, widely, members of the community that they belong to. The rejection coming from the community that seropositive individuals often experience may lead to deepening the negative feelings, and as a result, these may generate the increase of vulnerability level of the seropositive persons, and on the long run, they might aggravate their health. The need of membership is one of the fundamental needs of any individual, and the integration in the community is considered to be a characteristic of social inclusion and citizenship.

The presence of psychopathological manifestations among seropositive persons, more than among general population, is understandable for any specialist. The stress that is generated by the particularities of HIV/AIDS as incurable illness, the change of the life style, the numerous losses, the burden of keeping the secret, the permanently perceived discrimination are issues that frequently cause the loss of psychological balance, generating major psychological disorders, with direct impact on the interpersonal relationships of the seropositive person, relationships that can be affected gradually, until dissolution. In this context, we talk about anxious disorders, affective disorders, sleep disturbances, and addictions. There can be persons that develop *delirious disorders, schizophrenia, somatoform disorders* or *behavioral* and *personality disorders.*

The answer of the young, and not only, to a chronic or terminal illness means: anger, hostility,

confusion, anguish. These feelings might be accompanied by disappointment and submission, related to the speed towards AIDS and the imminent death. The pronunciation of HIV/AIDS diagnosis generates different reactions, from shock to refusing to believe or accept. After a while, when the opportunist infections appear, when acquaintances or friends die from the same disease, the seropositive individuals start feeling more and more vulnerable, more fragile in front of this fear.

Methods

The subjects' sample– was comprised of 15young seropositive individuals between 14 and 18 years old, from their origin family and 15 young individuals from the Foster Care Center; all the 30 subjects come from the urban.

Purpose– the identification of the adjusting way to the HIV/AIDS diagnosis of the teenagers from the origin family, as well as of those from the Foster Care Center. The attitude of society is an important decisional factor for the quality of a young seropositive person, due to the fact that society can easily blame or, on the contrary, it can support any human action, therefore we aimed to identify the level of trauma, after the diagnosis being learnt.

Objectives: To identify the main causes on which teenagers' lives depend on; to identify the perceiving way of the seropositive persons and of the way of inserting them in the social group that they belong to; to establish the elements that confer safety in the young people's life; the way teenagers identify and understand the attained social status.

Instruments: in the current study we described certain significant study cases in regards to the debated subject. We present below one of these.

*Case study:*seropositive child, initially in a Foster Care Center and eventually, reintegrated in the extensive family.

Child's personal data:Name and Surname: C.G.**,** *Sex:* Feminine, *Date and place of birth:February,* 2002, Constanta**,** *Current address*: extensive family –the child's sister.

*Child's social history:*C. G. is the daughter of C. A. and V.G., AIDS positive, stage C1. The subject comes from a legally constituted family. There were two more children from this marriage: M.G, 22 years old, (married T.) and E.G., 15 years old.

Family problems started when the little girl was 7 years old, in 2009. As a patient in Children's Clinical Hospital, Pediatric Surgery Section, she was diagnosed with "interstitial pneumonia" and "fetal alcoholic syndrome".

Two years later, after some detailed medical investigation, the little girl was diagnosed HIV positive, when she was 9 years old. Due to the poor financial situation of the family the parents decided to institutionalize the minor girl in a Foster Care Center, where she could get the appropriate treatment, more precisely the treatment corresponding het status as a seropositive person (medical care, psychological evaluation and counseling and social care). During this time, the minor girl has been visited more frequently by her sister and her husband, and less frequently by her father. In July 2011 her father deceased. From the evidence of the visits it can be observed that the mother has been visiting the Foster Care Center twice in a period of four years, one of the times being under the influence of alcohol.

The social surveys conducted by the social assistant of DGASPC Constanta who is in charge with the case show that the girl's mother, V.G. is alcohol addicted. After the death of her husband, the woman has been living with different concubines, currently living in the house of V.M., 72 years old. Due to some conflictual situations generated by the mother's behaviour, the middle sister, E.G., has moved with the elder sister, immediately after the latter's wedding.

The minor girl's mother is the owner of a living accommodation with three rooms, poorly furnished and a domestic annex. As a consequence of not paying the electricity bills, she has been disconnected. Currently, the mother has neither an income, nor social aid from the city hall.

After all the assessments, it was concluded that the mother presents no moral or financial warranties in order to ensure the proper care of her daughter. The minor girl's elder sister has requested to take her under her care. Due to the conflictual situations between the elder daughter and the mother, the latter objected to this request.

Psychomotor development; health condition:

Medical data concerning the child's birth are unknown. The first data are recorded in 2009, when the little girl was hospitalized in the Children's Clinical Hospital. In 2011 she was diagnosed as being seropositive.

The current health condition does not present critical medical manifestations. The current diagnosis is: AIDS stage C1, chronic hepatitis and

easy mental retardation (IQ = 51). The child is under medical treatment with no restrictions or special indications.

Socio-emotional evolution:

During evaluation, the little girl showed that she was very close to her sisters. C.G. is a sociable, communicative, caring person, who wants a family. During the visits of the social assistant with the little girl to T.M., her elder sister, the girl expressed the wish and also the need of being protected and taken care of by the extensive family, composed by the middle sister, the elder sister with her husband and her children.

The attachment towards her sister's family was manifested through the fact that every time she visited, she gave the family members different symbolic presents, chosen from her own toys.

In the beginning of the evaluation, the social assistant tried to identify the possibility of reintegration in the child's biologic family, but the little girl was not attached to her mother, because the latter had been visited too rarely and did not ask about her during her stay in the Foster Care Center. Despite all these, the little girl talks respectfully about her mother and wants to go visit her, as many times as possible.

The daily schedule and the adjustment:

Before being given to the extensive family, the minor C.G. was a student in seventh grade of the Special School, every afternoon she was attending the after-school program of the Foster Care Center.

After being evaluated, she has been counselled to attend the courses of the fifth grade, as this was her level. The after-school hours have been dedicated to the time spent with her elder sister, who is helping with homework and explains the difficult problems. The elder sister taught her the multiplication table, how to read and write correctly.

Being sociable and friendly, the little girl did not experience any trouble with the other children from the Foster Care Center, neither with her new classmates to whom she got attached really quickly, and some of them became good friends.

After the discussions with the teachers, it was noticed that the little girl was very strong-willed and was trying to catch up in order to attain the knowledge level of her colleagues.

Identification date of the extensive family:

Name and surname: T.M.(the elder sister); Date and place of birth: 1979, Constanta; Marital status: married; Education: 8 grades;Health condition: good; Name and surname: T.I. (elder sister's husband); Date and place of birth: 1973, Constanta**;** Marital status: married; Education: 8 grades + vocational school;Occupation: farmer;Profession: auto mechanic**;**Health condition: good.

The T. family has two children, 11 and 9 years old. The two children have no health problems (chronic or psychological) and they are fit both intellectually and physically. The T. family owns a living accommodation with 4 rooms properly furnished, and the sanitary-hygienic conditions are suitable.

The husband and wife have a discreet behavior both in the family and in the society and did not break the rules of the social life. The family relationships are harmonious, they support each other and take good care of both their children.

In order to take under their care the sister (G.C), sister-in-law respectively, both husband and wife got information about her illness.

Currently, the financial situation and the living conditions give the possibility of providing the minor girl G.C. an environment that corresponds to her health condition, her proper care, and education.

The reintegration in the extensive family implied the support of DGASPC Constanta as well, which consisted of clothes, furniture, and school supplies for the little girl.

Results

Following the recommendation of the social assistant concerning the reintegration of the child in the extensive family, the GDASPC Committee approved that the minor G.C can go under the care of her elder sister T.M. and her family, as well as the integration of the former in the fifth grade of a general school.

The child is under the evidence of DGASPC Constanta, and the social assistant is monitoring the case, in order to observe the adjustment of the child inside the family.

As a consequence, the integration on a social/scholastic, familial and psychological level was successful in this case.

Discussion

As we previously described the psychological implications of this diagnosis, they are a real touchstone, both for the infected individuals, and also for the affected persons, with long-term effects, perhaps for the rest of their lives, in all the aspects of the directly affected persons. There are no differences as far as adjustment to the diagnosis is concerned, at list not in general – the labor of

adjusting and waiting is the same for everyone, but it is also true that every individual has his/her own rhythm of adjustment, his/her own adjustment strategies, according to their own individual structure, but also according to the particularities of the social environment that they come from and that they live in. (Mardare, 2007).

By presenting this case study, we wanted to emphasize the fact that the social environment has an important role in accepting / adjusting to the HIV/AIDS diagnosis, especially for children / teenagers – among which family rejection is maybe one of the most important factors, particularly when we talk about children.

Although the integration in the society of the seropositive persons is difficult, in Romania significant progress have been noticed, through the use of the *information campaigns*about HIV/AIDS infection, the *psychological counselling*, as well as the *teamwork between doctor, psychologist, social assistant and priest*(many times, the seropositive persons and their close people need the spiritual support of a priest). (Baban, 2001).

Conclusion

The HIV/AIDS infection has been and still is a challenge for humanity, firstly through the psychological implications of this diagnosis, and secondly due to the fact that currently there is still no treatment that could prevent the infection or that could slow down or stop the evolution of the disease.

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