# Drawing Strength from Closeness

Knowledge of having a deadly disease usually causes severe psychological problems, depression, or even PTSD. Can this be avoided? Can one find something positive in a tragic situation?

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According to the World Health Organization there are around 37 million people infected with HIV living in the world today, of which about 1.2–1.5 million die every year. The issue of HIV/AIDS is therefore one of the most important unresolved problems of modern medicine. Other scientific disciplines are showing interest in it as well. Health psychologists are analyzing how HIV affects the mental health and the psychosocial situation of those carrying the virus. An overwhelming number of studies point to negative effects.

## Hitting rock bottom

HIV is associated with high levels of stress, which may cause many psychological disorders in the infected person. The most common are depression and anxiety, which in many cases lead to psychotropic substance abuse. In recent years, researchers and clinicians have also noted the occurrence of post-traumatic stress disorder, or PTSD, in as many as 25% of cases.

*Posttraumatic Stress Disorder* occurs due to a traumatic experience associated with death, a life threatening situation or sustaining serious injury. The consequence is persistent re-living of the trauma (in intrusive memories and dreams), avoidance of thoughts, conversations, people or situations reminiscent of the

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trauma, and psycho-physical excitement manifested by excessive reactivity to stimuli reminiscent of the traumatic experience. In HIV patients, PTSD is linked to many factors, including the diagnosis itself, side effects of treatment, and the strong stigma that continues to undermine the social status of the people affected with this virus.

In HIV patients, PTSD symptoms may surface at two critical times: shortly after diagnosing the virus in the body, and when the infection transitions from asymptomatic to the symptomatic phase, as the first signs of AIDS-indicative diseases appear (such as tuberculosis, cancer, or abnormal pneumonia). For some patients, it is not the threat to life that causes the most stress, but the awareness of the unpredictability of the disease, and the inability to completely cure it. Although there has been much progress in the treatment of HIV, those infected with the virus can never be sure what disease they will encounter, how long they will remain in the asymptomatic phase, and just how much longer they will live.

## Back on the rebound

Recent studies are also reporting certain positive changes that can result from the struggle against this deadly disease, together comprising the phenomenon called posttraumatic growth. This concept was introduced in 1996 by Richard Tedeschi and Lawrence Calhoun of the University of North Carolina to describe the collection of positive changes in interpersonal relationships, self-perception, and in the adopted philosophy of greater appreciation for life and openness to spirituality.

People can experience it when they attempt to cope with the consequences of traumatic or highly stressful events. More specifically, posttraumatic growth occurs not only in those who have experienced traumatic events involving direct threat to their life or health, but also occur as a result of dealing with other stressful situations that require adapting to a new and unexpected reality (such as a serious somatic disease).

To date, there have been few studies focusing on posttraumatic growth in HIV patients. Their results clearly indicate, however, that these types of positive changes occur in anywhere from 59% to as much as 83% of study participants, numbering in the thousands. They also showed that such growth may have a positive impact not only on the psychosocial functioning of patients, but also on the course of the HIV infection: people who experienced it had higher CD4 counts, lower viral load (amount of HIV in the blood), and had a lower incidence of mental health disorder symptoms, including PTSD.

Unfortunately, little is known about the factors that affect the emergence of these changes in this group of patients. The available studies suggest that one extremely vital factor, which reduces HIV symptoms and improves the quality of life for these patients, is adequate social support.

## Both physical and mental

The problems of posttraumatic stress disorder and the posttraumatic growth phenomenon occurring as a result of HIV infection are not only under-researched, they are also a controversial subject to study. The trauma associated with HIV is complex, continuous and procedural in nature, which distinguishes it from other stressors traditionally considered in the context of PTSD: unexpected events, catastrophic, and usually occurring once or over a defined period in time (such as war, natural disaster, tragedy, or a serious accident). Therefore, some authors are not able to precisely define what constitutes the essence of the trauma experienced by people infected with HIV that can lead to PTSD. One of the obstacles encountered in studies of posttraumatic growth in this group of patients is the inability to obtain accurate measurements due to the variable and unpredictable nature of HIV, and to determine with any certainty which event to accept as the turning point potentially causing posttraumatic growth (the moment of infection, or the transition from the asymptomatic phase to the symptomatic AIDS phase?).

However, a large number of empirical studies indicating the presence of PTSD symptoms in people infected with HIV should alert clinicians and physicians to consider traumatic stress as a factor in diagnosing these symptoms. Knowing why some infected patients break down in the face of the disease, while others thrive during this crisis, can and will help develop more effective methods of support, or crisis intervention specifically targeting HIV-infected individuals. ■

## 35 years of HIV/AIDS

On 5 June 1981, the journal Morbidity and Mortality Weekly Report in the United States published an article on a rare type of cancer (Kaposi's sarcoma) occurring in healthy young homosexual men, which caused their death in a short period of time. This article is considered to be the first scientific report on Acquired Immune Deficiency Syndrome (AIDS). In 1982 it was discovered that AIDS is transmitted through homosexual and heterosexual contact, as well as via blood of the infected person mixing with the blood of an uninfected person. In 1983 the AIDS-causing virus was identified and named HIV (Human Immunodeficiency Virus). In subsequent years it was shown that AIDS is the final stage of the HIV infection. At the AIDS stage there is a sharp decline in the number of CD4 cells in the body of the patient, causing the incidence of indicator diseases which can have fatal consequences. At present there is no known cure for HIV/AIDS. The medications available only prevent the spread of the virus and make it difficult for it to penetrate the cells.

Further reading:

Rzeszutek M. (2016). PTSD w obliczu przewlekłej choroby somatycznej na przykładzie pacjentów zakażonych wirusem HIV oraz cierpiących z powodu chronicznego bólu: przegląd badań. [PTSD in the Aftermath of Chronic Somatic Illness as the Example of HIV+ and Chronic Pain Patients: Research Review]. *Polskie Forum Psychologiczne* 2016, Volume 21, Issue No 1 [9].

Ogińska-Bulik N. (2013). *Pozytywne skutki doświadczeń traumatycznych, czyli kiedy łzy zamieniają się w perły*. [Positive effects of traumatic experiences, or When tears turn into pearls] Warsaw: Difin.