

Reducing anxiety in HIV/AIDS patients through cognitive therapy

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Reducing anxiety in HIV/AIDS patients through cognitive therapy

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ABSTRACT

This study aims to determine the effect of giving cognitive therapy in reducing anxiety in people with HIV/AIDS. The research subjects were 8 women with HIV/AIDS. Data collection was carried out using an anxiety scale, interviews and observations. The research design used was the Pretest-Posttest Control Group Design. The research analysis used is quantitative and qualitative analysis. Quantitative analysis by testing the hypothesis using the Mann-Whitney test analysis to determine whether there is an effect of cognitive therapy in reducing anxiety in HIV/AIDS sufferers in the study group before being given training and after being given training. Qualitative analysis was carried out based on the results of observations, interviews, worksheets. The results of the study, namely the pre-test and post-test anxiety showed that there were differences in anxiety after being given training with a value of $Z = -2.309$, $p = 0.021$, $p < 0.05$. In the post-test and follow-up study groups there was a difference in anxiety with a value of $Z = -2.323$, $p = 0.020$, $p < 0.05$. The conclusion of this study is that there are differences in the level of anxiety in the study subjects after follow-up.

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INTRODUCTION

Acquired Immune Deficiency Syndrome or better known as AIDS is a disease characterized by complex abnormalities in the body's cellular defense system and causes the victim to become very sensitive to opportunistic microorganisms. AIDS is caused by the Human Immunodeficiency Virus or HIV for short. This disease is a venereal disease, which was originally experienced by groups of homosexuals. AIDS was first discovered in the City of San Francisco, United States. This disease arises due to sexual relations (sodomy) committed by the homosexual community (Hawari, 2006).

HIV/AIDS is the most dangerous chronic disease today. Currently, not a single country on earth claims that their country is free from the malignancy of HIV/AIDS. This disease has spread evenly in developed countries and third world countries throughout the world (Irawati, Subandi, & Kumolohadi, 2011). At the beginning of its development around 1970, HIV/AIDS was still seen as an epidemic that was only endemic to certain areas and only to certain groups or groups. However, over time, this disease has turned into a pandemic that spreads very quickly with wider coverage areas, not only in one area and certain groups but has spread evenly to all groups of people without

exception to individuals who are considered unlikely to be affected. HIV/AIDS disease (Ardhiyanti, Lusiana, & Megasari, 2015).

According to Green, Halperin, Nantulya, & Hogle (2006), HIV/AIDS is seen as a disease that has no cure and is always associated with a very fast death process. In fact, the reality is that people with HIV/AIDS can live healthily for a very long time, even exceeding the estimated life span of sufferers which is only around 5 to 10 years. There are many ways that can be taken so that the quality of life and immunity of the body are not reduced and the patient is not included in the group vulnerable to opportunistic infections and depression. Currently, there are many forms of alternative medicine that are offered and can be used as an alternative treatment to boost the immune system. Quality of life for people with HIV/AIDS such as reflexology, meditation, therapy, giving vitamin supplements, and breathing exercises.

Many factors that make a person afraid of death. This fear is because humans do not know what they will face after death, because they suspect that what they have now is better than what they will get later, because they imagine how difficult and painful the experience of death and after death will be, because they are worried about thinking about and being concerned about facing the family that will be left behind, or because of a lack of understanding about the meaning of life and death, and so on, giving rise to feelings of fear and anxiety in the face of death. The importance of research on death anxiety is aware of the premise that every human being will die. In addition, the negative impacts arising from anxiety about death have many consequences that should not have happened (Shaluhiah, Musthofa, & Widjanarko, 2015). The fact that HIV/AIDS leads to death must be realized by every individual who suffers from it. Awareness of one's own death can lead to feelings of fear or anxiety about death (Adelbratt & Strang, 2000). Whereas anxiety about death can have a negative impact on individuals. Several studies have shown that anxiety about death has a significant relationship with psychological distress (Templer et al, in Chung & Easthope, 2000).

Cognitive behavioral therapy is a process of teaching, training, and strengthening positive behavior. Cognitive-behavioral therapy helps people to recognize cognitive patterns or emotional thoughts related to behavior. This concept of cognitive behavioral therapy uses emotions and behaviors resulting from thought processes. Humans can change this process to get a different way of feeling and behaving (Kurniawan, & Sulistyarini, 2018). This cognitive behavior modification technique is a technique that has developed rapidly since the last decade with the combination of behavior modification and cognitive therapy. This therapy has developed very rapidly since the last 10 years. Cognitive behavioral modification is based on the assumption that human behavior is reciprocally influenced by thoughts, feelings, physiological processes, and their consequences for behavior. So if you want to change the maladaptive behavior of humans, then it's not just changing their behavior, but also regarding the cognitive aspects (Karneli, Ardimen, & Netrawati, 2019).

In this study, a cognitive therapy for religious behavior was developed, namely the combination of behavioral therapy techniques by incorporating the belief factor. In this study, the elements of belief that will be used in the intervention are elements of belief and the basics of Christianity. The element of belief included in this study is the repeated mention of God's name accompanied by an attitude of submission. The goal of this therapy is to change the client's irrational, maladaptive, unproductive, and debilitating thoughts or beliefs, and to adopt and strengthen more constructive beliefs and thoughts based on values. Based on the phenomenon above, the researcher is interested in raising the title: *Reducing Anxiety in HIV/AIDS Patients through Cognitive Therapy* at the Walihole Clinic, Kampung Yoka.

RESEARCH METHOD

This type of research is a quantitative study with a pre-test post-test control group design experimental design. This study uses the pretest-posttest design method, namely by giving a pretest (initial observation) before being given an intervention, after being given an intervention, then a posttest is carried out. The population in this study were HIV/AIDS patients at the Walihole clinic,

Kampung Yoka, with a total of 23 patients currently being hospitalized. Sampling in this study was carried out using the cluster sampling technique, so that those taken in the study were HIV/AIDS patients recorded at the Walihole clinic, Yoka village. A total of 8 people, consisting of 4 people for the experimental group (case) and 4 people for the control group.

Place of Research: This research was conducted at the Walihole Clinic, Yoka Village. This research was conducted in September - November 2020. Researchers used tools to support data collection, namely notebooks, ballpoint pens, pencils, erasers and others, which were used to record information that was considered important for research purposes obtained in the field. Data collection was carried out by distributing questionnaires about the "Hamilton Hars" anxiety scale to respondents. The steps taken by the researchers in collecting this data were (1) Compiling an Anxiety Scale for Death, (2) Interviews, (3) Observations. After the data is collected, the next step is data processing, namely editing, coding, data entry, and tabulating. Data analysis used in this research is quantitative and qualitative analysis.

RESULTS AND DISCUSSIONS

Overview of Research Locations

The Walihole Clinic is a PLHIV Service Center clinic or PLHA rehabilitation center, belonging to the GKI Tanah Papua partnership. Located on Jalan Kampung Yoka, Waena, Jayapura City. The name Walihole is named after the Chairman of the GKI Synod in Tanah Papua, Rev. Albert Yoku, S. Th. The word "Guardian hole" comes from the Sentani language which means "Giver of Life". This clinic was started/headed by Doctor Agnella Chingwaro, an HIV/AIDS consultant from the United Evangelism Mission Germany since 2010. She left her family in Boswana, Africa, to Papua, only to struggle with the church and society to tackle and reduce HIV/AIDS in Papua. The number of officers at the Walihole Clinic consists of: 2 doctors, 12 nurses and 7 general staff.

Description of Research Data

The data in the study described 8 research subjects consisting of 4 experimental group subjects (case) who were treated and 4 control group subjects who received treatment at the end of the study. Description of research data obtained from the results of pre-test, post-test and follow-up. Description of the experimental group and control group data can be seen in the following table:

Group Experiment

Table 1. Description of the anxiety statistics of the experimental group at pretest, posttest, and follow-up

Name	Pretest		Pascates		Follow-up	
	Score	category	Score	category	Score	category
MA	50	Tall	27	Currently	25	Currently
RO	49	Tall	26	Currently	24	Currently
YES	27	Currently	20	Low	18	Low
SI	26	Currently	20	Low	17	Low

Group Control

Table 2. Description statistics category worry group control moment prates, pascates, and follow-up

Name	Pretest		Pascates		Follow-up	
	Score	category	Score	category	Score	category
YES	27	Currently	40	Tall	26	Currently
CO	50	Tall	48	Tall	27	Currently
Y.N	49	Tall	47	Tall	45	Tall
NI	27	Currently	40	Tall	42	Tall

Based on the acquisition of scores and categories as in the table above, it is known that the research subjects, both the control group and the experimental group, have anxiety that is classified as moderate to very high. After being given cognitive therapy for religious behavior there was a significant difference between the control group and the experimental group. The experimental group has lower anxiety than the control group. Based on the acquisition of scores and categories as in the two tables above, it is known that research subjects in the control group who did not receive cognitive therapy for religious behavior still had anxiety that was relatively high, while the experimental group after receiving cognitive therapy for religious behavior all experienced a fairly drastic decrease in anxiety levels about death. This shows that there was a significant decrease before and after the administration of religious behavior cognitive therapy in the experimental group.

Research result

The hypothesis in this study is that there is an effect of cognitive therapy on religious behavior on reducing anxiety about death in subjects living with HIV / AIDS. There is a difference in reducing anxiety about death between before and after being given therapy. Hypothesis testing was carried out using the Mann-Whitney Non-Parametric Statistical Test. The results of data analysis with the Mann-Whitney Test are in the table:

Table 3. Summary of the mann-whitney test

Measurement	Z	P	Description
Prates - Pascates	-2,309	0,021	Significant
Pascates - Follow-up	-2,323	0,020	Significant

Table 3 shows that at the pre-test and post-test there was a significant difference in anxiety in the study subjects, this was indicated by the value $Z = -2.309$, $p = 0.021$ ($p < 0.05$). At the post-test and follow-up there was a difference in the anxiety of the study subjects, this was indicated by the value $Z = -2.323$, $p = 0.020$ ($p < 0.05$). From the results of the hypothesis test, it can be concluded that there is a significant difference in anxiety after being given therapy to the research subjects and there is a difference in the level of anxiety about death in the research subjects after follow-up.

Discussion

The results of this study generally found that cognitive religious behavior therapy was able to help people with HIV / AIDS in reducing anxiety about death. The results of the non-parametric statistical analysis of the hypothesis test stated that there was a significant difference in the level of anxiety about death between the experimental group of HIV / AIDS patients who were given religious cognitive therapy and the control group of HIV / AIDS sufferers who were not given religious behavior cognitive therapy.

These results apply to the experimental group in this study and cannot be generalized to groups outside the experiment. Cognitive therapy for religious behavior is effective in reducing the level of anxiety about death in people with HIV / AIDS. Based on the acquisition of scores and categories as in the previous table it is known that at the time of follow-up, i.e. re-measurement of anxiety in the experimental group after 3 weeks of receiving cognitive therapy for religious behavior it is known that there is a significant decrease in anxiety scores for death in four subjects, so their anxiety also decreased from the very high to moderate category, although there were other subjects who only experienced a change from moderate to low.

The results showed that there was a significant decrease in the level of anxiety about death before and after the therapeutic intervention. The reason is the sincerity and seriousness of the therapy participants in participating in the intervention program (Yuliadha, 2022). The decrease in the level of anxiety about death of the participants was also inseparable from the influence of interconnected stages, so that the subject during the therapy process directly felt the benefits of each session of implementing this therapy program. The positive things felt by the subject from each

session in the implementation of the intervention made the subject understand the direct benefits of this therapy. Subjects who so far often feel anxiety with various kinds of problems that cause it, begin to get immediate benefits such as loss of sadness, sleep disturbances, appetite disorders, fear, anger and embarrassment, all the negative things that often appear gradually experience a decrease including various physical complaints they experience.

Besides that, the factors above, the activeness of individuals in carrying out therapeutic procedures at home also affect the condition of the subject's anxiety. The more diligent or active the subject is in carrying out recommendations during therapy, the lower the level of anxiety experienced and vice versa. Conditions or situations that become stressors also affect the subject's anxiety. For example, when the subject's physical condition decreases, it will affect mood, and other activities will also be disrupted (Aulia, 2019). This is related to state anxiety which tends to be unstable and certain conditions can increase anxiety (Rice, 1999). LT subjects experienced an increased level of anxiety about death during the post-test. This was because the condition of the subject had a cold, his child was fussy and kept crying when asked to be tested, so it greatly affected his mood (Hidrasari, 2010).

When negative thought patterns develop rapidly in people with HIV / AIDS. According to Beck et al in Chusna, N., & Nurhalina, N. (2019), there are at least 3 possibilities that arise in the minds of people with HIV/AIDS.

The first is a negative view of oneself, in this condition people with HIV/AIDS feel worthless, damaged, feel they are no longer able to carry out activities, and their presence is no longer expected. Second, a negative view of the world and their environment, in this condition people with HIV/AIDS see the world and their surroundings as insensitive, punishing and cornering the existence of sufferers so that people with HIV/AIDS see the world pessimistically and cynically. The three negative views about the future, in this condition the sufferer considers the future as something futile and does not give the slightest hope, besides that the sufferer will always think up to here but always continue. Cognitive anxiety is a difficulty in concentrating, thinking, and disturbances in thinking or cognitive distortions. Another advantage of this therapy is that the implementation mechanism can be developed as a form of innovative treatment strategy and the results are more effective, efficient and cost-effective (Fairburn, 2002). Oemarjoedi (2004) adds that the goal of thinking therapy is also to invite clients to challenge wrong thoughts (and emotions) by presenting evidence that contradicts their beliefs about the problem at hand. The process of giving therapy so far is usually given by psychologists or psychiatrists or are called professionals, as a form of professional authority, as is the case with conducted research.

Even some skills require additional education after obtaining a degree, such as to become a psychologist or psychiatrist must follow a formal program of additional complex education and training for two to six years. In fact, to become a professional in the field of psychology requires compensation equivalent to a doctorate with a specialist in clinical psychology or counseling psychology. Those who are professionals have the ability to reduce or alleviate psychological discomfort and problems. Surrender is one of the strategies used by the subject in dealing with his death. Choosing to surrender is a form of emotional-focused coping. Emotional-focused coping is a strategy in which individuals choose to release negative feelings such as anger, frustration, and anxiety resulting from an event (Rahmatika, 2014). This type of coping appears to be more prominent when the individual concludes that there is little or nothing that can be done about the situation. The situation faced by the subject cannot change. However, their status as PLHIV will sooner or later lead to death.

Another technique taught to the subject is relaxation which in this study is focused on religious relaxation. This relaxation aims to overcome the physiological symptoms that arise due to anxiety and the subject is trained to do this relaxation at home when facing situations that cause anxiety about death, the subject tends to repeat the relaxation exercise when he feels the comfortable effect it causes (Greenberger & Padesky, 1995).

All subjects said they could feel the effect of relaxation, that by relaxing they felt calmer, comfortable, calm mind and enthusiasm for life. From the theory above, it can be commented that the level of anxiety is not solely due to therapeutic factors alone, but is related to other factors as mentioned by the figures above. This study supports several studies regarding the effect of cognitive behavioral therapy that have been carried out by previous researchers. Research conducted by Barrowclough et al in Fawzi, (2013), examined anxiety disorders in elderly adults aged between 55 and 72 years. This study tested the effectiveness of cognitive behavioral therapy to reduce anxiety disorders in elderly adult subjects using cognitive behavioral therapy and Supportive (5)ounseling (SC). The cognitive behavioral therapy treatments used are relaxation exercises, systematic desensitization, exposure, flooding, response prevention, and cognitive restructuring. The results showed that CBT was effective in treating anxiety disorders in older adults and the benefits observed at the end of the therapy were maintained up to 12 months of follow-up. Although the results showed that SC was also significantly effective in reducing anxiety levels, CBT therapy showed that treatment in the SC group was effective by 39 percent at 12 months of follow-up. This response was still higher when compared to the subject's response to treatment in the CBT group which showed a rate of 71%.

CONCLUSION

Based on the results of the study, it can be concluded that cognitive therapy for religious behavior has an effect on reducing anxiety about death in people with (4)IV/AIDS. The results of observations, interviews and assessment of anxiety through a scale show that there are differences in the level of anxiety about death before and after being given the behavior, up to follow-up. Feelings the subject becomes sensitive, calmer, happier, feels comfortable, can accept himself able to evaluate positively himself, the future and the environment and Behaviorally the subject becomes more confident, more patient, cheerful, has no difficulty sleeping, lust eat again, be more diligent in worship, more enthusiastic in living life and willing to re-socialize with the environment, more stable and braver.

Based on individual analysis, it was found that several factors influenced the decrease in anxiety in HIV/AIDS sufferers, including disciplinary factors in doing homework, doing regular and regular exercises, the subject's physical and psychological condition, in addition to environmental factors where the therapy took place and the subject's residence. also greatly affect the outcome of therapy.

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